Drug Users in a Therapeutic Cul-de-sac

C.H.Foster

PhD
The University of Edinburgh
28 7 95
This is to declare that this thesis is my own individual work

Clive Foster
ABSTRACT

The research took place in a Scottish local authority housing estate. Built in the 1950s as a utopian response to the inner city slums, within a decade it had become a ghetto and is now an area of considerable multi-deprivation. The estate experienced a massive influx of good quality heroin during the early 1980s and the subsequent patterns of drug injecting produced high rates of HIV/AIDS. The uniqueness of the investigation compared to previous research is based the unusual nature of this drugs/AIDS relationship and the fact that the ethnographic research was on the drug users and their families rather than just the users as isolated individuals separated from the total social context.

Some twenty years experience in the former approved school service, latterly as a head teacher, provided the candidate with an awareness of the culture of those researched. This gave unique access and a long term biographical overview of the individuals and their families. It is for this reason that the role of the participant observer is examined in some detail.

The dominant theme of drugs and the criminal activity on which it is predicated is examined both historically and in relation to their effects on community and individuals and their wider family networks. The thesis also examines the notion of heroin procurement as 'work' and the effects of subsequent 'unemployment through harm reduction policies.

The chaos of heroin use, followed by the uncertain trajectory of HIV/AIDS confused previous systems of classification, so demanding different forms of description. An extensive use of narrative emerged in order to constitute and re-shape a thus ruptured community, define its boundaries and sanction social controls. Restating the myths of an 'heroic' past, enabled the problematic present to be endured.

Indigenous strategies to cope with HIV/AIDS frequently took the form of attempting to reconstitute the self in order that the illness did not dominate the life script. The process in many instances re-stating the chaotic lifestyle of the drug user. This reconstituting of
the self, and the positive use of both denial and anger, enabled individuals to distance themselves from their illness and continue the remainder of their lives.

Snowballing techniques in fieldwork had produced a predominantly female research population and access to their homes rather than the more usual method among other researchers of investigating drug users on the street or in associated drug agencies. This provided an opportunity to examine the place of women in the male dominated drug culture. It appeared that prostitution and criminal activity were imposed on them in their roles as providers for their drug using partners. For some women the constraints associated with their HIV/AIDS status trapped them to a greater extent in violent relationships. Women's experiences of child abuse and the myths of a masochistic pathology were also explored.

The conclusion highlights the main themes in the context of wider aspects of anthropology.
Page numbers 255 is repeated, instead of 254.
INDEX

1 Introduction 1

Chaos 5

Abstracts of chapters 7

Perceptions of community 10

2 Brealodge and my research sample. 24

Brealodge, a utopian dream 24

Utopia to reality 29

Special housing association report 30

Accounts past and present 31

Aspects of poverty 34

Research sample 37

Access to family and other resources 38

Kinship and patterns of residence 39

Awareness of HIV infection 42

Patterns of contact 43

Community attitudes to AIDS 44

Jamie's tale 49

3 A process of research 53

A collage 54

Personal history 58

Unpacking a celebration 61

Positioning the ethnographer 68

Conclusion 78
4 Anti hero to prescription junkie

Associated research 82
Comparison with my own findings 87
Historical perspective 90
Shooting galleries 95
Heroin procurement on the peripheral estates 98
Drug overdose 99
Self deception 102
Illegal drug use as work 104
Technical processes of administering drugs 109
Drugs in prison 111
Harm reduction 113
The ritual of today's patterns of drug use 120
Conclusion 127

5 Of tales and myth 130

A reason for telling tales 130
A Scottish tale 135
Tales at the boundary 136
The mutilated body 138
Knowledge is power 146
Blaming the outsiders 148
Other outsiders 152
They've too much bloody power! 155
Conclusion 159

Drug users in a therapeutic cul-de-sac
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Managing AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A ritual cleansing</td>
<td>161</td>
</tr>
<tr>
<td></td>
<td>Shug's story</td>
<td>161</td>
</tr>
<tr>
<td></td>
<td>Reconstruction of identity</td>
<td>165</td>
</tr>
<tr>
<td></td>
<td>Keeping HIV/AIDS at a distance</td>
<td>172</td>
</tr>
<tr>
<td></td>
<td>Positive anger</td>
<td>175</td>
</tr>
<tr>
<td></td>
<td>A positive attitude</td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>Symbolic markers</td>
<td>183</td>
</tr>
<tr>
<td>7</td>
<td>Women and violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In medias res</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>Women as objects</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td>A male hegemony</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td>Response to violence</td>
<td>201</td>
</tr>
<tr>
<td></td>
<td>Obsessive possession of women</td>
<td>203</td>
</tr>
<tr>
<td></td>
<td>Women's lack of support against violence</td>
<td>206</td>
</tr>
<tr>
<td></td>
<td>Why</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td>Male libido and reflections of powerlessness</td>
<td>212</td>
</tr>
<tr>
<td></td>
<td>More than enough</td>
<td>216</td>
</tr>
<tr>
<td>8</td>
<td>Women as members of a muted group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy, heroin and HIV/AIDS</td>
<td>222</td>
</tr>
<tr>
<td></td>
<td>Sex as a commodity</td>
<td>225</td>
</tr>
<tr>
<td></td>
<td>Pathways to prostitution</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>Lynne's story</td>
<td>232</td>
</tr>
</tbody>
</table>

Drug users in a therapeutic cul-de-sac
Jenny’s story 235
From the outreach unit 238
Women as dealers 239
A Goffmanesque presentation 242
Conclusion 245

9 Conclusion 248
Definitions of community 249
Location and history 250
Positioning the ethnographer 252
Culture of illegal drug use 255
Uses of narrative 255
Development of an indigenous strategy 257
The violence of men towards women 259
Women and the dominant culture 260
Harm reduction, ? 261
An anthropological journey 262

Appendix 264
Glossary 266
Bibliography 268

Drug users in a therapeutic cul-de-sac
CHAPTER ONE

INTRODUCTION

My thesis is about a group of people living in a Scottish local authority housing estate who had become heavily involved in the illegal heroin culture of the early 1980s. The preferred method of administering this drug was by injecting, and, given police attitudes during this period, it became necessary for the drug users to share injecting equipment. This method of administering heroin produced a rapid transmission of the blood born Human Immunodeficiency Virus, HIV, and its subsequent development to a seropositive state leading to AIDS.

One of the responses of the Local Authority Health Board to this epidemic was to put into effect a harm reduction policy whereby the heroin user was offered alternative drugs on prescription together with various forms of agency support. It is the subsequent effect of this policy on the drug users' perceptions of self and the reconstruction of their notions of community that forms one of the major themes in my research.

Prior to early retirement and returning to university to study anthropology, I had spent nearly twenty years in the former approved school service teaching those young people whose activities had brought them before the courts and resulted in their being placed in a residential school. I could claim an awareness of their culture and in fact had taught some of the people I subsequently went on to study.

In 1989 the AIDS issue was prominent and, given this prior knowledge of some of those concerned, it seemed appropriate that I should choose this as the area for my Ph.D. study. It was in preparation for this that I had written my M.Sc. dissertation on 'Drugs and AIDS in a Scottish City'. Later I obtained a small grant from the Scottish Office Home and Health Department to cover
fieldwork expenses and the use of a computer, and in return presented a report on lay care (Foster 1992).

Part of the uniqueness of this investigation is that the patterns of drug use, concentrated as they are in the city's three peripheral local authority estates and in the old dock side area, produced very high levels of HIV infection in these areas. Unlike other major conurbations in the UK experiencing the problems of drug related HIV/AIDS, this concentration within relatively discrete areas, together with a marketing structure that encouraged the wide use of 'shooting galleries', were the major factors which gave rise to the AIDS epidemic that was to earn the city the sobriquet of 'AIDS capital of Europe'.

The other distinctive aspect of my research was that my previous often quite extensive knowledge of some of the people I was to meet again, enabled me to place the locus of my work, not on the street or in drug agencies - the more usual method of investigating drug users - but in their homes. Once established, the technique of 'snowballing' enabled me to become accepted in other homes and a pattern was developed which provided a unique access, not only to the drug users themselves, but also to their partners, their children, and in many instances to their parents and wider kin.

My decision to place fieldwork in a specific estate, Brealodge, was twofold. First, of the particular housing schemes within the city affected by the drugs/AIDS issue, this appeared the most discrete in terms of population and boundary and I was already aware of the reputation of the Brealodge drugs ghetto from my previous experiences of the city's peripheral housing schemes. That this physical boundedness did not wholly pertain, I did not become fully aware of until much later in my research. My second reason was that the local G.P. medical unit had for the previous three years been engaged in a detailed study of the drugs/AIDS problem in their area and had published, via the Scottish Office, material that appeared to be relevant to my research aims, and cultural data which accorded with my own previous experiences of that community (Robertson 1986 1989).
My dissertation will have no conclusion for, like Judith Okely in The Traveller Gypsies (1983:231), I offer no hypothesis to be tested, save perhaps the fact that if you are a young adult, unemployed and live in a multi-deprived urban community into which a considerable amount of good quality heroin has been introduced, then, for various reasons, there is a definite possibility that you might be tempted to try using it. If also, it becomes the norm in that community that the preferred method of taking that drug is to 'shoot' it, usually in the company of others of a like mind, and that there is a considerable chance that some of these people are infected with HIV, then there is a 'definite possibility' that you may eventually die of AIDS.

My thesis proceeds to examine the themes which became emergent during the course of the research as a response to what I perceived as the salient issues of those I met, and as a reaction to the inadequacies of much of the quantitative material initiated by a primarily medical perspective.

Okely states that the holistic and open ended approach of anthropology has authority and that the view from within and below gives voice to those not represented in the social circles of the state (ibid:232). I too attempt to give voice to those 'not represented' or if they are, only within the stigma of a severely marginalised group whose behaviour is perceived to pose a considerable threat to the wider society. But, since unlike most ethnographers I enter my research in a privileged position, then perhaps I will be able to make some attempt to represent that voice from within and below.

Previous school experiences of some of those I was about to research had taught me that a direct question would frequently result in an evasive response, if not a down right lie. I had learnt that a little patience, some quiet observation and a nudge or two in the right direction was far more likely to furnish me with just who had been up to what. While I was obviously no longer faced with such responsibility for their behaviour, it seemed that old habits were to die hard and it was possible that, for some of those I was to meet again, remnants of my previous authority and style might still pertain in our new relationship. It was partly for this reason that I found specific questions difficult to ask and was more comfortable in the role of listener. That this was still an effective approach might be
seen from the fact that, although I set out to examine a group of people who are engaged in the criminal activities associated with illegal drug use and the violence and extortion that goes with it, such was the nature of my relationship with some of those I met, that I was forced at times to ask them to 'shut up' or change the subject lest our conversations give me information concerning present day illegal drug activity. A knowledge of which, were it to be known I held, could be awkward. This point was also made by Power in his examination of participant observation techniques in the study of illicit drug abuse. He notes that the observer becomes party to sensitive and potentially damaging data, stating that, '....one of the prime onuses on the researcher is to ensure that such data is protected (1989:48).

Brealodge had been researched by many people for many years and those subjects I met seemed uncomfortable with this role of 'researcher' for a person who had returned from a previous occupation. I was ascribed the role of, 'the one who was going to tell their story', a tale some of them are keen to have told for they are all too well aware of their marginalisation. The stigma society has attached to them has warped and distorted, in the eyes of others, the 'real' them as they perceive it. Yet, advantaged though my position may be, especially for an anthropologist, it brings with it the hidden agendas of those who are telling their tale; a problem that I became only too well aware of when I came to examine the data I had collected from many of the young women in my research, and an issue I attempt to address in the chapter six

Ultimately I came to accept my ascribed role, as too I learnt to accept the reality of my own position in this community. For, given the fact that I have known some these people since before they were even teenagers, taught them, lived with them in a residential school, worked with their parents and tried, usually unsuccessfully, to place them back into society with some chance of 'going straight', I have little option but to recognise my place in their lives if I am even to attempt to tell their tale. It is this 'telling of the tale', this production of ethnography, that informs the greater part of my dissertation, for, like Coles in his introduction to 'The Call of Stories' (1989:xv), and Myerhoff in reflexive mood recalling the influence of her
grandmother's storytelling (1982:31), I too come from a background where the telling of tales was an important part of my childhood. It is probably because of this that the processes of telling stories have always fascinated me, whether it be reading the poems of A.A.Milne to my children when they were very young, recounting the antics of young lads in a residential school for one of the Times Supplements, or writing stories about squirrels in my garden for some women's magazine (Foster: 1980-89).

I discuss the issue of story telling in chapter four, but I would want at this point to take the idea even further. If the fixing on the page is to be something more than that of sterile social facts, and the arts and intuitive skills of anthropology are to have any chance of approaching an emic reality, then all that nattering seated around a jar of jam in a shopping centre car park or over a cup of coffee and sticky cream bun in somebody's living room - and like Rabinow (1977:19), I too at first thought it self indulgent and not problematic enough - then at least the story deserves to be told in a way that has some chance of producing a meaningful picture. And yet, this very process of fixing onto the page a moment in the lives of those we observe carries with it a curious validity that is something more than just the sum of our observations and ideas of what is going on. The process of writing down seems in some way to produce a gestalt from our raw material that, given the chance, can create for us an awareness of those we studied, elements of which had up till then resided only in our unconscious minds. Cohen (1992:8) refers to our unconscious memory as 'headnotes', yet for me the process is more complex than mere memory. If it is the very practice of writing itself that seems to enable us to become aware of the more delicate and subtle hues of our picture then, I suggest, the more pains we take to produce this picture, to tell our tale of those we observe, then the more likely we will be able to call on that intuitive skill so essential in attempting an anthropological understanding.

Chaos

For service providers, researchers, media, and indeed the community itself, the term 'chaotic' when referring to the illegal drug user has common usage. That my thesis also frequently uses this word causes me to define the parameters of its application.
This is difficult, for not only is there considerable ambiguity surrounding its use, but, like the drug use it purports to describe, it also contains a considerable weight of symbolism. Seen in Douglas' terms, it represents the 'ill articulated non-form' of the user and is thus associated with perceived threats to the social system (1966:99) - a point I expand in a later chapter.

Yet, it is an appropriate term. The broken appointments, the slurred inarticulate speech, the manipulative behaviour, and the seemingly irrational response to everyday events, may be effectively subsumed under such a rubric. But whose definitions are being alluded to here? What in fact is 'rational' or 'non-chaotic' behaviour and who is describing it as such? Is the term merely being used because the events are viewed as 'different' from some accepted social norm and as such is little more than a value judgement?

Given the plethora of agency provision in response to HIV/AIDS and illegal drug use, much of the 'chaos' of the user's lives may be attributed to the often uncoordinated demands of these service providers. The 'totalising gaze' of agency (and researchers) can itself create images and experiences of chaos out of everyday ordinary and rational behaviour. (p.c. Huby). Thus, failing to keep a clinical appointment or not managing to see one's 'kids' at a time previously arranged with the foster carers, labels the individual as 'chaotic' and untrustworthy. They are 'junkies' and such irresponsibility is to be expected. Little consequence is taken of the difficulties in catching several buses across the city in order to keep these appointments.

Similarly, a maintenance prescription may not be considered sufficient, or the 'drug of preference'. Manipulative skills to obtain more from the GP rather than have to negotiate on the street are not viewed as initiative but rather as further evidence of a 'chaotic' pattern. Add to this the inherent confusion of a life-style centred on multi-deprivation and (often) violence, it is not surprising that the words illegal drug use and chaos become synonymous.

Defining 'chaos' is difficult. Never-the-less, it is a term I choose for, despite its ambiguity, connotations of value judgement, symbolism, and 'whose definition is it in any case', it is still an appropriate description of much of the behaviour I was to observe.
Abstracts of chapters

As I show later in this introduction, defining those I researched as a community occupying a specific locale is problematic. That they live in certain specific areas of the Brealodge estate is not in dispute and in chapter two I examine some of the material from local press cuttings over the last forty years in order to produce an historical account of how the estate has evolved and the political climate within which this has taken place.

As early as the mid sixties there was evidence that Brealodge and the surrounding Lochborough estate of which it is a part were experiencing social difficulties. This eventually prompted a plethora of social research programmes and I examine some of this material to provide indices of the multi-deprivation that is so prevalent in the area.

I then examine the structure of my research sample, my methods and frequency of contact, and some of the complexities involved in establishing kinship patterns among the more chaotic drug users. Finally in this chapter I detail an incident from a particular evening during my research as a way of 'setting the scene'. The events recounted are not untypical and, told here in narrative form, show the wide range of responses that chaotic drug use can evoke.

Given my unique position in my fieldwork, I devote chapter three to a reflexive examination of the processes of research. Here again I extract a specific incident, in this case an impromptu party to celebrate the release of someone from prison on a technicality, and attempt to place my own history within the context of this party and the lives of those present. I also address the issue of 'unconditional regard' and its effect on the acceptance of the ethnographer. Once established, this acceptance placed me in a neutral position which, given my eventual acceptance of a reciprocity of personal experiences with those I researched, a willingness to give of oneself, I was able to become more involved in the lives of the people I met.

In chapter four I explore the central concerns of my thesis. As mentioned earlier, the local General Practice unit had produced extensive and innovative research into the lives of those who had
become involved in heroin culture and subsequently became HIV+. I examine the various Scottish Office reports produced by this research and, with the use of ethnography, place their findings against my own.

Based primarily on 'street knowledge' culled from my ethnography, I trace a history of drug use in the city together with the technical details of its marketing processes and use. I also compare and contrast some of this data with examples of primarily quantitative research published in such journals as the 'The British Journal of Addictions'. Finally in this chapter I address the central issues of harm reduction, the complex arguments for and against its adoption, and its effect on the notions of self and community.

I have already expressed my interest in narrative and in chapter five I explore its use both as a means of making sense of events that have overtaken people and as a syncretic device by which they attempt to retain notions of self worth and to reconstruct their community identity in the face of the massive social change brought about by harm reduction policies. I also focus on one particular narrative in order to show how it is not only a boundary marker of an exclusivity of community knowledge and a didactive element in the processes of social control, but that its appropriation by drug dealers enables it to reflect and reinforce their hegemony within the drug using community. I suggest that these 'tales' are modern myths and that their telling and re-telling enable the individual to transcend the powerlessness of multi-deprivation, massive drug use, and the ultimate threat of AIDS.

Chapter six is concerned with managing HIV/AIDS and how individuals attempt to reconstruct their lives in the face of its complex and indeterminate trajectory. I start with a 'life account' of someone who is now diagnosed as having 'full blown AIDS' and then examine how personal attitudes to the illness are reflected in the development of coping strategies. I go on to explore some of the symbolism surrounding AIDS and how, for instance, the somatic text of the emaciated body of the AIDS patient attains a processural significance. Finally in this chapter I reflect on community notions of stigma and marginalisation and, basing my ideas primarily on the work of Mary Douglas, I show how a process of scrubbing
contaminated blood from a stair wall becomes an expression of ritual cleansing manifesting the irrational public fears that have become associated with AIDS.

Because much of my research was based in people's homes a majority of my informants were women and, although aware of issues of domestic violence and abuse while engaged in my fieldwork, it was not until I analysed my data that I realised the salience of these issues for those concerned, nor the extent to which this violence towards women took place. It is for this reason that much of chapter seven is used to explore the nature of this type of violence per se, and to place the theoretical and experiential findings of others against my own ethnography. I also explore reasons behind the violence, especially where it is exacerbated by the 'unemployment' of harm reduction policies, the obsessive dependence of the male drug user now facing AIDS towards a (female) partner, and the loss of male libido brought about by a drug using lifestyle and illness.

Chapter eight further examines issues concerning women and here I look at notions surrounding sex as a commodity, shoplifting and 'blagging' cheques, as means by which women maintain their place in the drug using community. I then explore the processes and routes into prostitution in more detail, and how, even in the overwhelming 'catch 22' situation of drug use and sex work, there is a very real attempt to maintain self respect.

I conclude by noting that my original assumptions concerning the significance of AIDS to those I researched were exaggerated and that for those living with the illness, until such times as its symptoms become blatantly manifest to them, there are far more compelling issues in their daily lives. Ultimately, I find my ethnography has become concerned with notions of community and rapid social change, and that the salient issues of those I researched are about placing the self in relation to the problems of poverty, unemployment, drug use, and an illness which they endeavour to keep in proportion. To quote one individual in the field, "AIDS is a category, not a real person."
Perceptions of community.

As I pointed out on page five, I have some difficulty with the notion of community. Those I studied, described in some detail in the following chapters, are not wholly constrained in their concepts of a social collectivity by a physical locale nor by a notional paradigm constructed on the spatial metaphors of boundary. Yet, they define themselves as 'belonging' to a community with all the implications that this claim purports. This curious paradox between a social identity contingent on locale while at the same time mediated by a necessary interaction with the more extensive drug using culture within the City, raises questions of definition upon which these notions of community may be based and about anthropology's traditional failure to problematise spatial boundaries. Hastrup and Fog Olwig suggest in their introduction that there has been:

...an assumption implicit in many anthropological monographs that location and culture coincide and can be studied in neat, bounded field sites (1994:3). and that, The idea that cultures and, by consequence, people are rooted in a particular landscape is obsolete.... (ibid:10).

Williams, in his interesting vocabulary of culture and society, notes that in defining community :

What is most important, perhaps, is that unlike all other terms of social organisation (state, nation, society, etc) it seems never to be used unfavourably, and never to be given any positive opposing or distinguishing term (1976:66).

In fact, the very ambiguity of the term evokes the rhetoric of politicians and administrators, connoting an image of the social good, or evil, while at the same time leaving unsaid the specificities of their loquacity. Yet, people share a common locality, create a common identity, are at some pains to ensure the boundedness of that identity and, in the process, define self and other from within it.

Anderson suggests that:-
Communities are to be distinguished, not by their falsity/genuineness, but by the style in which they are imagined (1983:15).

This definition is certainly somewhat less ambiguous, for community is indeed imagined, be it from the perspective of the sartorial eccentricities of a rather inebriated Whalsay elder (Cohen 1986), or the particular proclivities of administering heroin in a drugs ghetto.

Neither is my task simplified if, instead of using the term 'community', I define those I researched as a culture. As Williams suggests, 'Culture is one of the two or three most complicated words in the English language.' (1976:76). In fact I use the term quite frequently in my thesis, however, in doing so I am also aware of the necessity to define accurately its parameters if it is to encompass any real meaning.

Turning to the philosophers, Carrington states that:-

...there is, and can be, no unique, a priori, God-given meaning that a word must have: it means whatever circumstances have in fact made it mean to whoever may be concerned (1949:61).

This draws me to a quotation in 'American Anthropologist' where Kaplan states that:-

...it is that anthropologists engaged in empirical research, however they may philosophically define the concept, tend to view culture as a class of phenomena conceptualised for the purpose of serving their methodological and scientific needs (1965:960).

Perhaps this pragmatic perception of community/culture may serve, but even within this perspective I must look further than definitions of a social collectivity which are based purely on locale if I am to address the paradox which faces me. Returning to Hastrup and Fog Olwig's notion of a field of study not spatially bounded, they conclude their introduction by suggesting that:-

Generally, we may define the field, not primarily in terms of a locality, but as the field of relations which are of significance to
the people involved in the study. This makes it possible to examine both the nature of the non-local relations and the way in which they are molded and in turn were molded by different localities where they touched ground. The following studies reflect, to a great extent, a processual approach to fieldwork, where new locations are incorporated into the research, as the researchers realize their relevance to the topic under study (1994:15).

It is to this 'processual' aspect of study that I now turn.

In a general sense there is a cognitive awareness of community in those I studied which is indeed geographical. It is possible to define locality, and, accepting some ambiguity at specific categorical boundaries, the various areas constituted by it. Given the peculiarly Scottish propensity to address housing schemes under a common generic form, differentiating only by description - Brealodge Court, Rise, Avenue, View etc - the notion of locality is readily available. What renders these definitions more complex however, is that an ascription of proscribed activity attributed to a particular location may well include areas adjacent to it but outwith the generic definition. Thus, while the term 'drug ghetto' may be rightly imputed to the Brealodge generic area, in real terms it will include several areas contiguous with it. Furthermore, the use of the generic definition to establish locality will also attribute this proscribed behaviour to those not actually involved, for it is only in a small number of specific blocks of flats in which illegal drug activity takes place to any great extent.

Charsley points out that community in any real sense only becomes manifest in some form of action, and that merely 'living there' did not instil community identity (1986:174). This was evident when a decision was made to demolish a large section of the Lochborough estate known as East Ampleton. Concern was expressed over the re-housing of its tenants since this would place further restrictions on housing availability, especially for young single parents who would normally express a preference to be housed close to the natal home. Given the basis of street naming within the five generic areas in Lochborough, this soon polarised into a form of community identity based on the demand in these specific localities.
Community for Brealodge was cognitively proscribed by outsiders on the basis of illegal drug use and its concomitant criminality and violence. That the drug culture existed in other areas of Lochborough was not considered significant, indeed, over a third of those I came to know during fieldwork did not live in Brealodge. Nevertheless, once established, its reputation meant that 'this was where the action was', each drug related act defining and reinforcing its community identity and sense of belonging for those drug users who lived on the Lochborough estate.

One element of my paradox is that community in Brealodge can certainly be defined in terms of 'belonging' to a specific locality. Indeed, to conflate the following definition of belonging extracted from Cohen's description of the people of Whalsay, with the disapprobative behaviour of a group of illegal drug users, may not be such a spurious undertaking as it may at first seem.

Belonging....suggests that one is an integral piece of the marvellously complicated fabric which constitutes the community; that one is a recipient of its proudly distinctive and consciously preserved culture - a repository of its traditions and values, a performer of its hallowed skills, an expert in its idioms and its idiosyncrasies (1982:21).

Perhaps my claim may be taken to task from a temporal perspective, for the history of this particular community is little more than a decade. Yet, as I show in chapter five, this has proved quite long enough for the construction of myth and the formation and reinforcement of community identity from within it. Even the contentiousness of the word 'proudly' when referred to drug users is arguable. During the period of extensive heroin use in the early 1980s, the young initiate would have been 'proud' to have been, 'given a loan of the dealer's works' for this would have signified the individual's acceptance into serious drug use. Similarly, the community of those I studied is indeed a, 'marvellously complicated fabric, distinctive and consciously preserved in its culture', for the very illegal nature of its activities assures this most emphatically. Without an adequate 'performance of its skills and knowledge of the appropriate idioms and idiosyncrasies', individuals would indeed be
excluded, sometimes quite violently, from the very activity they might seek to follow.

My difficulty is not with Cohen's definition *per se*, but the foundation on which his 'rich fabric' is constructed. As he states in his introduction to 'Belonging', '...there is common to all of them the *contributors* (italics mine) an emphasis on the local, indigenous perception of locality...' (1982). As I have already suggested, in one sense those I studied do retain a strong awareness of place, and, like Whalsay, there are dominant perceptions of territoriality in which their notions of community inhere. My paradox is that this territorial aspect is only one element in their construction of a social collectivity, and, unless I wish to embroil myself in some highly complex integration of the various 'territories' across the city contributing to their notions of collectivity, I must seek an alternative basis on which to build my analysis of a drug using community.

Mewett, in defining community as a didactic form, as distinct from a bounded locale, states that:-

> Members of the same group share a cultural cognition which generates interactional ground rules and ensures that they are known by all members. The absence of a shared knowledge of such ground rules can act as a boundary marker (1986:72).

He further clarifies his notion of knowledge as a marker of community by pointing out that the common theme of the process of cultural bonding is that:-

> ...relatively small bodies of people, be they urban or rural dwellers, can define themselves as different from other neighbouring bodies through the control of the discourse that constitutes the specific stock of knowledge that situates their social existence. This knowledge is related, revived, renewed and changed in its telling; in the discussions and gossip of everyday life that constructs the discourse relating to the collectivity. ..... restrictions are placed on those who can enter the discourse pertinent to the collectivity's projected image of itself. The boundary then, comes from within as part of the
socio-cultural process through which a collectivity discerns its own distinctiveness (1986:74). (emphasis Mewett's)

Transferring this notion of discourse to the construction of a drug using community enables territorial determinants to be set aside, no longer posing as the dominant theme. Seen from this perspective, community identity becomes an hierarchical form which has at its apex a general level of discourse engaged in by drug users, agency provision, social scientists, politicians and media. The specificity of knowledge necessary to situate the social existence of the collectivity at this level is very broad and widely available. Similarly, awareness of territory is minimal and defined only in general terms such as, the Scottish drugs issue, the inner city drug problem, drugs in peripheral local authority housing schemes etc. It is only at the base of this hierarchical pyramid that specificity is articulated in precise terms and where knowledge of 'locale' becomes important. There is a direct linear relationship here between the stock of special knowledge and notions of territory, and one that is further extended by the degree to which 'interactional ground rules' are generated in order to sustain the exclusivity of the collectivity.

Thus, at the level of 'everyday gossip', is constructed the knowledge base unique to a particular locale, as, in Mewett's terms, are the restrictions placed on who may enter this particular discourse. A point made by Gluckman when he points out that:-

... the right to gossip about certain people is a privilege which is only extended to a person when he or she is accepted as a member of a group or set (1963:313).

If however, I now substitute this notion of locale for that of 'activity', in this case the activity of obtaining drugs, and, recognising that the knowledge base pertaining to this activity is of necessity culled from various locales outside that of residence - prison, drug agencies, out-patients clinic of the HIV/AIDS unit etc where this gossip may take place - then Mewett's paradigm of community constructed on a basis of discourse may go somewhere towards examining the complexities of my paradox. For while people's awareness of the fundamental differences between themselves and others is, as Mewett points out, a central element in their attachment to locality, this awareness, I
suggest, may also be expressed in their attachment to a dominant activity. Moreover, an activity which may not necessarily pertain to one specific locale.

What I am proposing at this point is the notion of a drug using community situated, not only in a specific place, but as a process of discourse generated from a series of interacting points - the prison, agencies etc - which together produce a common stock of knowledge its members need in order to inform and guide everyday behaviour, situate social existence and define boundary.

Within these interacting points, drug use is conceptually envisaged and made meaningful via classifactory concepts such as dealer, user, runner, drug squad, jagging, gouched, straightened out, and the dominant argot then in use for drugs of preference. These representations order the processes of knowledge within the culture and, when addressed to specific individuals, define the hegemony of drug dealing through which the community operates. Thus is created a knowledge base determining a tacit sense of belonging - now in Mewett's terms - and so defining the boundary of self and other.

However, as already suggested, these representations are not defined solely on the basis of any given territory. What appears to be happening is that these 'wider interactional ground rules' are generated by this agglomeration of different drug using collectivities - the prison, agencies etc. - in the necessary discourse needed to establish, revive and renew its common stock of knowledge. The context in which this takes place has now moved upwards from the from a baseline of the pyramid towards these other collectivities.

While, like notions of belonging, the levels of discourse may be drawn at descending societal stages - British, Scots, the city, Lochborough, Brealodge - the presentation of self becomes increasing complex as these levels descend. Furthermore, with this uniqueness comes an enhanced public awareness of each individual within the collectivity, an awareness which mediates and informs social conduct and the terms under which social transactions may take place.

In fact, although an intermittent process, it is because using drugs is a dominant activity that its effect on the construction of community
is so pervasive. It attains a complexity usually associated with more isolated settings rather than the simplistic typifications of each other normally found in the relative anonymity of an urban environment. During periods of sustained drug use individuals must of necessity become closely integrated into the wider drug using community in order to procure an adequate supply. They have to engage in an exclusive society where transactions are evaluated, not on the specific purpose of a given encounter, but on the public knowledge of that individual as a social being within the collectivity. Thus, a person might hesitate to score from a particular dealer, not on the basis of the heroin on offer, but because the web of social relationships surrounding that dealer, could, if the individual was not part of that web, offer a 'hard time' before the drug was provided.

So far in my argument I have suggested that a model of community based on discourse and activity, as well as on territory may go some way towards explaining the complexity of drug using relationships. I wish now to examine more closely the structure of this process of discourse, why it is necessary, and the basis on which it is constructed.

Wadel, in examining what he terms, 'the hidden work of everyday life', points out that:—

"...social institutions are created, maintained and changed by social action, and that these 'social actions' require the effort of persons. Thus, the social form of an institution is achieved by a process of 'work' and it would be appropriate to present the question; what activity and effort is necessary for the creation, maintenance and change of a given social institution. From this perspective, everyday activities which, when considered in isolation may appear 'trivial' and not merit the label work, when aggregated and considered in relation to formal work, do constitute a prerequisite of effective institutional arrangements (1979:372)."

At this point I wish to put forward the notion, explained in some detail in chapter 4, that heroin use and its procurement fulfilled the cognitive and affective needs of the individual in a form similar to that of 'normal' paid employment. I now take this concept further by
suggesting that this 'job' constituted a 'social institution', in Wadel's terms, and, as he suggests, work is done in the process of its creation, maintenance and production of social change. Within this paradigm, the informal trivia of social interaction of a 'normal' work situation is little different from the exchange of everyday gossip which, in Mewett's terms, constructs community discourse and, takes place within this agglomeration of locales available to the drug user. (p15) The work place may indeed be a house that is being broken into, a shop whose till is being robbed, or a particular 'stair' where drug dealing is taking place. Nevertheless, the same criteria hold true.

An example of this in a normal work situation could be the general gossip in the finishing room of a woollen mill which included some 'moaning' about the lack of weight of a particular batch of cloth. Not considered significant enough for a formal complaint and the cloth to be returned, the 'nattering' among the fleters - those who operate the machines which increases the cloth weight - might well ultimately result in some re-negotiation of the piece rate for that particular batch, or if not, at least a grudging acceptance by all concerned if the difficulties. The social institution, in this case a specific department within the work place, has been maintained and possibly changed as a result of informal social interaction. Furthermore, this pragmatic form of gossip is situated within the wider social relationships that exist between co-workers and takes the form of general tittle-tattle about the previous evening's soap, family activities, or the chances of the local football team. This means that the webs of social intercourse that take place in the work-place are themselves part of the 'informal work' that ultimately constitutes the formal work situation.

Returning to the 'formal work' of obtaining illegal heroin, a similar situation pertains. Within the informal gossip, this time taking place on a street corner, a drugs 'drop in' centre, someone's flat, or in a prison, are forged the social relationships that permit the exchange of information vital to the enterprise of drug procurement. Admittedly, content as distinct from the form of gossip may raise ethical issues to the outsider, especially if that individual is about to become a recipient of the work process. Never-the-less, hearing about the going rate on a particular type of video, who is seen in the shopping centre and thus leaving their house free to be broken into, or which security
staff are bent and on the 'take', constitute informal work as much as the comments about cloth weight in the woollen mill.

Given the dominant entrepreneurial elements of heroin dealing/using and the lack of a formal structural base to the work place, the 'gossip' is an essential element in the work process. The 'need to know' engenders a thickening of the Geertzian webs of social significance (1975:5), thus re-emphasising the community awareness of those involved. This aspect of the structure heroin use and the wide base on which its knowledge is acquired is highlighted in Taylor's study of women users in Glasgow. She suggests:-

These social relationships are not only developed within the community in which the women live but also fostered within establishments such as prisons and treatment centres. In this way, the very agencies set up to control and help drug users are also agents for the continuation of drug use. They provide the circumstances in which information can be exchanged and associations formed which allow women alternative and more extensive sources of drug supplies (1993:78).

The lynchpin of this process is, of course, the heroin itself and the knowledge of its availability and quality. The daily shopping around for 'good stuff' brought users into close contact with each other, especially during the early period of heroin use before it became established in the peripheral council estates and was primarily concentrated in the dock side area. It is the lessening of these webs of social intercourse, brought about by the harm reduction policies, that became one of the major concomitants in the need to reconstitute notions of community identity. Heroin, no longer the drug of preference now that prescribed alternatives could be easily obtained, gave way to dealing in these prescribed pills. Knowledge and availability, the prerequisite of any illegal drug use, moved from the wider agglomeration of areas of social interaction across the city towards the territory of residence. Locale now became a major determinant of identity, as it had been before the introduction of heroin, and, although some of the helping agencies where the users met were outside, the therapeutic cul-de-sac into which many of the former heroin users were now moving was based in their own area.
Having suggested that notions of community are based on discourse as well as locale, and put forward the concept that this discourse is an essential element in the 'work' of creating and maintaining this community, I have still to address the issue of drug use as an intermittent activity and that those involved still have to exist within the mundane world. This is a complex issue, for the experiences of the 'gouched' - under the influence of drugs - user are utterly different from those of the same individual in this 'everyday' world.

Hannerz (1992), in investigating the intricacies of urban social groups, examines Cohen's work on delinquent boys where he suggests that:-

...where a number of individuals with similar problems of adjustment are in effective interaction, they are able to create their own model of society by gradual testing and exploratory gestures - if you stick your neck out I will stick mine out a bit further - culminating in a commitment by the participants to an emergent subculture (1955:53-61).

Hannerz goes on to suggest that the somewhat amorphous awareness of the lack of fit between available meanings and the individual's problems become resolved in this process of the participants - sticking their necks out together - thus developing into a subcultural form serving their specific needs. However, this inchoate subculture is not created in a social vacuum. It emerges from the 'relational anchorage' from which the participants, in their search for a meaningful cultural form, come from. Nor need this new subculture encompass every element of the individuals life, only such aspects as may be of use. However, a situation may be created where the relationships of the new culture become inextricably entangled with the original. While acknowledging it is possible to become 'totally encapsulated' within a single subculture, Hannerz suggests that,

People can be involved with one subculture through one role or a constellation of some of their roles, and with other subcultures through other roles in their repertoires (ibid:74).

He states that in order for these subcultures to grow, people should not only be in similar circumstances, they should also be in 'effective
interaction' and in some measure isolated from others. '...in this way, their reciprocal flow of meanings becomes a comparatively large part of the total cultural flow reaching them' (ibid:74).

Seen from the perspective of the drug user this would indeed seem to be the case. Not only is there an effective interaction generated by their need to acquire drugs, but they are also isolated and criminalised by their illegal activity and thus limited in their access to 'cultural flow'. However, chaotic though their lifestyle may be, especially when drug intake is high, individuals must still exist in the wider community and derive meaning from it, as too they derive meaning from their newly conceived subculture.

What is interesting is how the new drug subculture came to be created and maintained out of an already extant criminal culture Robertson and Bucknall (1986:27). Seen from this perspective there was a 'relational anchorage' existing in a culture of long standing, together with comparative isolation and effective interaction. Thus, the emerging drug culture already had a head start in that many of its participants were familiar with the infrastructure of the criminal culture on which it was based, which, although predominantly opportunistic petty crime, could and did escalate considerably during the period of heroin use. Or in Hannerz's terms, the process of - sticking the neck out - was already familiar.

Yet, this criminal culture and the drugs subculture it has spawned has to exist within the wider community. It is not a total social world and those intensively engaged in mutual communication and collective problem solving - the process of acquiring a drug supply on a regular basis - will, because of their integration within other subcultural texts, view their worlds from different perspectives. Young mothers, for instance, may well have attachments to a subcultural milieu which, like the overarching drug subculture itself, has developed as a process of providing meanings specific to their needs. As Hannerz points out, 'People manage meanings from where they are in the social structure' (author's italics) (ibid:65) and thus the various subcultural attachments which go to make up the individual's world view produce a kaleidoscope through which the dominant drugs subculture is viewed.
Hannerz, although admitting the metaphor may have its problems, suggests that the individual may lay claim to membership of a 'mosaic' of subcultures. Not all equal in their effect, or the commitment to them, nevertheless, each providing a perspective from which meanings are managed. Nor are these subcultures bounded in any clear dichotomy of meanings existing on one side or the other. The edges are 'fuzzy' and contextual, and their role in creating a perspective may have as much to do with the salient situation as the individual's adherence to the demands of that particular subculture (ibid:73). Such is the complexity of this mosaic that subcultures may even exist within each other and thus produce a notion of sub-subcultures. Hannerz cites the example of an ethnic subculture splitting on the basis of class and then again on the basis of age and gender (ibid:75).

The notion transfers readily to the drug using community and one can see how the original criminal culture splinters, first on a basis of drug use itself, and then into territory, age, gender, drug agency and, for those who are HIV/AIDS, their attachment to the plethora of agency support spawned by the 'AIDS industry.

This splintering of subcultures leads Hannerz to develop the notion of 'microculture' as the lowest level in a hierarchy of what he terms 'contextualised specification of culture'. These microcultures are defined in terms of the shared experiences and biographies of those participating (ibid:77). Yet, like the subcultures further up the hierarchy, the microcultures are also generated and maintained in order to provide a perspective towards meaning. Typical of this process would be the local drug agency situated in the Lochborough shopping centre. Seen by those outside the specific microculture as little more than a 'gang hut' for a small exclusive coterie of users, it provided an effective perspective from which meaning could be established in a world of chaotic drug use and HIV/AIDS. A perspective which, although recognising the infrastructure and more generalised meanings of the wider subcultures from which it stemmed, reflected the needs of its individual participants, a process which I go on to examine in some detail in chapter five.

It has not been my intention to produce an innovative paradigm on which the complexities of a drug using community may be defined.
Here, no firm conclusions are reached. Rather, a deconstruction of a complex community is taking place in order to focus on some of the problems of defining this social collectivity on which the use of illegal drugs is the dominant activity. In short, I attempt to contextualise the idea of a Brealodge drugs ghetto within the wider milieu of the city's urban drug culture. I begin by examining notions of territoriality and how these extend from the ghetto outwards to other collectivities engaged in the drug enterprise, and I propose that it is a process of discourse which assembles these elements towards concepts of selfhood and community awareness. Having taken my argument thus far I have still to address the problems of integrating these concepts into an awareness of community outside the dominant activity, and I turn to Hannerz's configuration of a multi-subcultural infrastructure as a means of examining this problem.

Ultimately, my reason for focusing on community in such detail is, as I point out on page one, that the heroin use of the early eighties, on which the original community identity was based, was to be faced with the effects of a massive social change brought about by the political decision to introduce a harm reduction policy. Since this social change is a dominant theme throughout my thesis, it is appropriate that the construction of this community is addressed.
CHAPTER TWO

BREALODGE AND MY RESEARCH SAMPLE

In this chapter I will examine the processes by which a utopian dream became a drugs ghetto and, adding substances to this material, place it against experiences of those who have lived and brought up their families on this estate since it was first built.

The level of multi-deprivation in Lochborough and in Brealodge in particular is high. In order to focus on this issue and to provide indices against which it may be compared, I refer to a recent research project by Brietenbach (1992) specifically commissioned to examine poverty in the Lochborough area.

Having 'placed' my fieldwork, I go on to define my research sample and methods of contact, the patterns of residence and kinship, and, referring to Wallman (1986), give some examples of the complex nature of family access to resources.

Situating AIDS within a general perspective of Scottish health, I then address some of the issues surrounding community attitudes to drugs and AIDS. Here, I explore processes of stigma as a form of cultural reductionism which attempts to simplify in order to make manageable an alien and threatening activity.

I conclude with a piece of ethnography, typical of the type of incident it portrays, and a means whereby I 'set the scene' of my research and my place within it.

Brealodge; a utopian dream

Thornton, in an examination of space, time and culture among the Iraqw, points out that, '...territory is a made thing, a sort of artifact that is fundamentally no different from other made things, from pots to pasture, halters to houses.' This notion reflects the conflict between the differing discourses of space as engaged in by the local authority and the tenants. Brealodge, defined by the planning department in terms of a sixties utopian dream, became a 'space' realigned to serve the specific needs and reactions of those who came to live there. Seen
in these terms it was indeed a 'made thing', an artifact, a territory constructed to a specific purpose.

In order to trace this process, and as a contribution to the history and physical characteristics of Brealodge I have chosen to focus on representations in the printed sources of local newspapers. Not only does this provide descriptive images of the estate as it evolves, but, more importantly, also gives some indication of how the outside world has constructed its images of the location.

A large majority of the original tenants of the Brealodge estate were moved there from the city's dock side tenements. This was in response to the growing awareness of the slum conditions in inner cities and the eventual post war boom in local authority housing estates. It was, as an article in The Guardian April 9 1994 suggests, an age where the massive power of 'production line' housing held the promise of thousands of homes built fast and cheap and where the concept of 'high-rise' building would combat the fears of an urban sprawl - a factor reinforced by the then central government's policy of providing better grants for high rise housing stock.

The major employer was the docks and its associated industries, and the extensive 'whiskey' bond warehouses situated on the shore side. These employers had been a significant aspect of the city's economy for many years and had, over time, established a thriving close knit community. Wages during this period, the nineteen fifties and sixties, were relatively good and unemployment rates low. Given the coming together of these factors; a willingness to clear slum dwellings, a massive local authority building programme backed by central government funding and a healthy local economy, it was not surprising there was a utopian attitude to moving people out of the slums and into the now open, green peripheral estates.

Evening Dispatch, Friday, September 25, 1953:- 'The (Brealodge) scheme will probably become the envy of the country,' said councillor X, convener of the Construction Sub-Committee. 'It is a new approach towards housing the people on the most attractive lines. The City Architect's Department were to be congratulated on their work' said Councillor Y. 'For once the provision of open space is unlikely to present any problems', the article continues, 'nearby is an eighteen hole golf course at present under construction and the estate's northern boundary overlooks the local foreshore.' The enthusiasm is
taken up by other papers and periodicals of the time, but even before building was started, there was a hint of the trouble ahead. As one of the periodicals noted, the provision of a neighbourhood centre was only envisaged as part of the ultimate development of the estate and not one of its first essentials.

Building was started in 1957 and completed a year later. Further local press cuttings in the early sixties show the enthusiasm with which the new scheme was greeted. They record pictures of young toddlers enjoying the panoramic view from one of the high-rise flats, the young housewife in her modern kitchen and groups of smiling youngsters playing in the streets. A comment from a new resident in one of the high-rise flats is perhaps somewhat prophetic, for it suggests that living in one of these new blocks is rather like living in a glorified filing cabinet. Evening News 27 11 61 (The following three photographs are taken from the city library archives 1961-2. Specific dates are not available)
Seen in terms of the utopian ideas of the fifties, this picture heralds the promise of a bright future for these youngsters. Set against the values of today, it is little more than a prison.
The shiny new kitchen says little about the isolation of the young housewife, and, turning to the picture below, one wonders if the aggressive play of these young boys is not a portent of their future.

A room with a good view (top) is this high flat kitchen. Without permanent shops, the travelling shop is a frequent visitor to the scheme and (inset) the customer can step right inside to make her selection of goods.
Utopia to Reality

1964 saw the 'topping out ceremony' celebrations for the city's highest blocks of flats built as an extension to the estate along its north western edge. Yet, by the September of that year the Evening News (15964) was already reporting that the original flats were, 'plagued with dampness and flooding on the ground floors', and by the November 24th. (ibid) it was carrying the headline, 'Six Year Old Building a Slum.' and that councillors visiting the area had expressed their disgust at the appalling condition of the property. The following March 15th. (ibid) they report the threat of a localised rent rise to cover the cost of repairs to the high-rise courts caused through vandalism. There was a continuing problem which brought the suggestion from the local councillors that a remedy might be found by making a small charge for the use of the lifts in these flats. It appears that this suggestion was not in fact carried through, for there are no local press reports of such a contentious charge being made on any of the tenants.

By the early seventies, the local authority recognise the need to set up a 'Family Aid Centre' to advise the mothers on housekeeping and mothercraft. Rent arrears are becoming a serious problem, an issue which may have prompted the Aid Centre decision. However, I find no evidence of the decision being implemented at that point, although by the time I came to do my fieldwork, there were over forty organisations involved in community project work on the Lochborough estate.

By the mid seventies, the problem of difficult families was becoming a major issue in the city's local authority housing schemes. The Evening News, 19th June 1975, reports that there is a move to segregate the city's anti-social families, the housing chairman stating that the city's policy of integration was not working and that these families were causing serious deterioration on some of the council schemes. This report highlights the political aspects of the issue, as fears are expressed that its implementation could lead to housing ghettos. Headlines such as, 'Horror at Tory Scheme.' or, 'Row looms over Tory Group plans to segregate anti social tenants.' gives some indication of the emotions that this contentious proposition raised in the city's council chambers. In the same article a housing spokesman is quoted as saying, 'Behaviour which would not have been tolerated
twenty years ago is being tolerated in the seventies,' and referring to parts of some estates as being, 'virtually a jungle.'

**Special Housing Association Report**

The Scottish Special Housing Association produced a detailed report (1971) on the Brealodge estate in the late sixties as a preliminary to introducing a modernisation plan to overcome the deprivation that was now rife in many areas. The facilities available to the inhabitants at that stage were; one primary school, a secondary school which covered the whole of the Lochborough estates, nursery and playgroup facilities in the immediate area, two main shopping centres within half a mile, a police station and two public telephone boxes. The report notes a complete lack of youth facilities in the area and that those previously available had been damaged by fire and subsequently closed down. It was also pointed out that there were no dance halls, discotheques, cinemas or adequate cafe facilities, although there was some local church input. The two recreational areas covering some twenty five acres were little used, although they were marked out for various sporting activities.

They report a considerable lack of cooperation between tenants sharing common areas and that the condition of the buildings themselves was very poor, especially the stairways, gardens and public areas where litter, broken glass and rubbish was strewn everywhere. (Was then, is now; for some twenty years later as you stand waiting at the answer phone by the door of one of the blocks of flats, there is still a pile of litter and broken glass at your feet and graffiti on the walls.) The report differentiates between the east and west areas of the estate, noting that the east has a more stable population and smaller family size. This compares with the west end of the scheme where, for instance, one block of flats was seen to contain twenty nine children from its eight households. The general consensus in the report was that most of the youngsters in the area were felt to be out of parental control. The report also notes that 45% of the population in the west were under fourteen.

There is, they suggest, a lack of a normative system which would provide social control for these deviant families and that the low population stability compares poorly with the old inner city estates from which most of the families came. Much of this instability was the result of the fragmentation of old community networks that had
pertained in the dock side slums. Individuals were placed in the new estates with little regard or awareness of previous neighbourhood ties and the supports these had provided. Many of the tenants themselves complain about the social decline and there are frequent comments referring to 'jailbirds getting into the estate', 'that there are too many roughs coming into the area' and that the place is, 'now just a slum'.

Interestingly, Brealodge, despite the influx of difficult families, was considered nowhere as bad as the western end of the Lochborough estate, along which the new Brealodge had been built. The issue of anti-social families was one that was having to be addressed in several areas of the Lochborough complex and it is possible that the report's philosophy for Brealodge may have influenced the subsequent heated council debate on segregation mentioned above. The association's thinking was that to remove bad tenants, thus segregating them from the rest of the community, would ultimately produce 'deviant subcultures' or ghettos wherever these people were eventually housed. They suggest that there should be a 'controlled number' of problem families in any one scheme so that they would not be able to become the dominant sub group. They do suggest small scale segregation however, in terms of single blocks of flats in order that, 'problem families could live near people whose way of life was closer to their own'. At the same time they noted the 'Orwellian overtones' in implementing these recommendations.

The report places much of the blame for the poor condition of stairways, gardens, back greens and public areas on the lack of cooperation between tenants and the poor parental control over the children. We are talking of the early seventies and, going forward some twenty years to the period of my field work, it is probable that some of these youngsters are the ones who grew up to become the drug users of the mid eighties and the AIDS patients of the nineties.

Accounts of Past and Present

The isolation brought about by the move into these new impersonal schemes, especially for the women, raised considerable problems. Frankenberg, in examining a similar rehousing process of families in the London area, points out some of the differences between the two types of environment. Gone was a gas stove on a landing, a narrow living room with stained wallpaper and shaky floorboards, a
communal tap in the back yard and the street as the kid's playground. Instead, families were suddenly transported into a spacious modern home, a real kitchen with sink and larder, a newly painted lounge and fields, trees and open country. The improvements were not without cost, for along with the modern facilities and open spaces came the loneliness. In the inner city the family was linked to relatives, neighbours and friends in a complex web of infinite relationships. On the new estate, once again especially for the women, it was a life of isolation (1966: 225). Young and Wilmot highlight some of these problems in their Bethnal Green study where they cite the comments of some of the wives who had moved out to the Greenleigh estate. As one housewife put it, 'It's like being in a box to die out here.' or, in more detail, 'When I first came out I felt I had done a crime, said Mrs Prince, 'it was so bare. I felt terrible and used to pop back and see Mum two or three times a week. It's your family, that's what you miss. If you're with your family, you've always got someone to help you' (1957:132).

The residents of Brealodge, in fact those in any of the city's peripheral local authority estates, had faced the same problems. While, over time, some of the estates had become established and effective community networks developed to replace those known in the inner city tenements, other areas such as Brealodge had not done so, primarily because of their unstable populations.

Placing Frankenberg's and the Young and Wilmott findings in the context of Brealodge, I turn to a conversation with one of the parents of the drug users. Dougie and I were chatting about 'the old days', we were of a similar age and despite our differing social backgrounds, we found we had a lot in common, especially when reminiscing about the values of the past. We were in the kitchen making a 'cuppa' when Dougie paused for a moment to look out of the window at the large block of flats across the way.

"Do you know, Clive," he says, "apart from one of my lads who lives in that concrete monstrosity over there, the two neighbours either side of me and that barmy lass of mine up in the Tower, (the Tower is one of the six high-rise blocks) I've lived here twenty bloody years and they're the only people I know. Oh, I say hello to folks if I see them on the street, but I don't know them, I wouldn't ask any favours of them. Twenty odd years and nobody knows anybody. I thought at first it was because I was a bloke, even though I did bring up my
kids on my own, but Jenny next door says it's the same all over, they shut their doors and don't want to know. Not like the old days when we lived by the docks."

Dougie was fond of talking about the 'old days' and, despite the obvious privations of the dock-lands slums, he had happy memories of the characters who surrounded his childhood. I was in for another 'Aunty Bella' story but since I was quite likely to chip in with a few reminiscences from my own childhood, I settled back to enjoy 'a bit of a natter'. Dougie, like may of those living in Brealodge, had moved there from the old tenements in the dock-side part of the city. Like Frankenberg's Londoners (1957), they too had exchanged the primitive conditions of the inner city slums for modern flats and open spaces. Yet, the isolation and loneliness which contrasted so sharply with the warmth, bustle and lively world that went with the complex networks established over generations in the old tenements, was a price that had to be paid.

"It's the kids I feel sorry for you know," says Dougie, "most of the Mums had to go out to work in them days, new houses cost money to furnish. In any case with all the neighbours not knowing each other because they were all from different parts of town, and all stuck up and not talking, you spent more time at home. There was weeks I didn't get down to the pub. Well there wasn't any money, the wages weren't bad but it all went on keeping up with the Jones's didn't it? Back in the dock-side, if somebody had a bit of furniture they didn't want or if somebody had died and there was a few bits and pieces, well you said 'ta very much' and were grateful for it. Not any more it wasn't. They move out to these fancy estates and everybody has to have new furniture and that, turn their noses up and anything second hand all of a sudden. Like I said, that meant the Mums had to go out to work as well and the kids were left running wild when they gets home from school. Now, in the old days it was all different, if Mum did have to go out to work there was always old Granny Wymmes or Aunty Bella to check the kids if they got out of line.

I mind coming home from school and calling round at me Dad's sisters for a jammy piece and then off out to play till Mum comes home and gets our tea. I mean, we had fun and that but there was no going into each other's houses if the grown ups weren't there, and if you did too much yelling around you'd like as not get a thick ear off Granny Wymmes. It was the same in all the tenements, there was
always some of the older grown ups around to see that you were OK and that you didn't get into bother. They come out here and it's all different. Mums working, the kids in each other's houses with nobody to keep an eye on them, either that or they're roaming around the streets in gangs and if you tell them off all you get is a mouthful for your trouble. I know, I mean my kids were the same if I'm honest. I did me best but having to go out to work and bring up the kids as well. I used to make arrangements for them when they came home from school but it wasn't the same. Not like the old dock-side days when everybody cared and you knew you were just as likely to get a clout off your mate's Mum if you were doing something daft. The kids were safe in those days, people cared about each other. There were values weren't there?"

Dougie's memories seem to add substance to the housing association report, for within a few years of Brealodge being built, much of it was indeed deteriorating into a vandalised graffiti bedecked slum, garlanded with rubbish and subjected to the unrestricted forays of youngsters with too much time and too much freedom. The dates tally, for it is some fifteen years later that many of these children are to find themselves as young adults only too ready to swap the boredom and frustrations of unemployment for the excitement, status and job satisfaction of a career in illegal drug use.

Perhaps a final quote from that 'bit of a natter' with Dougie, "You know, Clive, they'd no bloody idea, they just dumped people anywhere, and with nobody to keep an eye on them while their mums were out at work, the kids were just left to get on with it. Little wonder that when the drugs came along in the late seventies they all wanted to try it. They were already into mischief, half of them, so what the hell. Anything for a bit of fun. Bloody fun! they're all dying now."

Aspects of Poverty

I am indebted to Esther Breitenbach's (1992) draft report for the Centre for Social Welfare Research written with the express purpose of defining the extent of poverty in the Lochborough estate. It provides some interesting quantitative material against which to place ethnography. Because of the differing statistical sources from which the report is compiled - the estate is split into five area components comprising the individual estates in Lochborough - of
these I have concentrated on Lochborough, Brealodge and a Lochborough/Brealodge combination in that they represent the main areas in which I did my fieldwork and are reasonably discrete within the overall Lochborough estate. In order to cite the data accurately I refer each heading to the specific page number from which it is taken.

Population (p3)

The late eighties/early nineties saw a considerable decline in the population of the city's peripheral local authority housing estates, some 17% overall as against 0.6% for the city as a whole. The population of Breitnach in 1989 being 6,944, a drop of some 1,300 over the previous five years.

The age distribution figures during this period suggest that 30% of the Lochborough/Brealodge population was under fifteen and that of these, approximately 10% were under fives, considerably higher than the city average of 6%.

Employment (p5)

Although at the time of my research all those I met were without work and had been for a considerable time, either because of their drug use or their subsequent illness, the following data are important as part of the overall picture of poverty in these areas

Lochborough/Brealodge has the city's highest unemployment rate. Available figures for 1991 put these at 15.5% and 16.5% respectively, compared with 8.3% for the city itself. The Breitnach report also suggests that a high proportion of the population of Lochborough/Brealodge, at least between seventy and eighty per cent, are on state benefit for all or part of their income. In addition they note that women are paid less than men and that single parents are among the lowest paid. An analysis of all benefit claimants within the city seen against roughly the Lochborough/Brealodge area - claimant statistics are not compiled within exactly the same physical boundaries - show that 16% of all unemployed; 19% of all single parents; 21% of all disabled/long-term sick and 17% of all other claimants live on these two estates. Also, over twice as many single parents live in these areas as for the region as a whole.

Housing Benefit (p8)
A further indicator of low income is the number of people receiving housing benefit. Local authority figures indicate that the Lochborough/Brealodge area accounts for 70% of all housing benefit in the city and that over 60% of all those living in these areas are in receipt of this benefit. They also note that over 70% of the tenants were in receipt of income support. Another poverty indicator is the level of rent arrears, with Lochborough/Brealodge accounting for 26% of the city's total in 1991, this being the highest percentage of the three main housing schemes and the highest average amount of arrears per tenant.

**Free School Meals (p9)**

Over 56% of children in primary school in the area receive free school meals as do 50% of those at secondary.

**Birth Indicators (p17)**

Half the live births in Lochborough/Brealodge are to non married parents, the city's average is one in four, and one in every five was to a mother under twenty, compared to one in thirteen for the city. The area also has a high proportion of births to large families.

**Crime (p21)**

An analysis of crime in the Lochborough area for the 1990-91 period shows that the most common was serious assault followed by the possession of drugs. Of these, half the serious assaults took place around the Brealodge estate as did a third of the drugs offences. Brealodge also had the bulk of housebreaking offences.

**Housing (p11)**

One of the factors contributing to instability in these estates is the high concentration of young people and single parents. Housing allocations for Lochborough/Brealodge for the period 1990/91 show that some 70% were 16-21 year olds and that only 15% of these were receiving income from employment. Extrapolating from housing statistics for the for the Lochborough area for this same period, the housing allocations showed that some 50% were to single people, a large proportion of which were under twenty five, and that over twenty five per cent of the allocations were to single parents.
My own discussions with the Housing Department suggested that the area has a high 'void' level - housing stock unoccupied. Coupled with the transitory nature of the single young people who occupy a significant proportion of the housing stock, together the tendency towards squatting by some of those who are unable to obtain housing on a legitimate basis, the true nature of occupancy levels is difficult to assess. The local authority, increasingly aware of the difficulties of the area, is now in the process of demolishing some of the worst blocks of flats and replacing them with lower density property. Recognising the specific needs of a significant proportion of single parents now in the area, the local authority propose to replace some of the old three/four bedroom stock with smaller properties more suitable to this type of tenant. Declining populations coupled with a high void stock level are a serious issue in terms of community stability, since a significant lowering of the population density will result in an erosion of the market base. When this happens, local shops close through lack of business leaving those still living in the area to go further afield. Given the level of poverty that exists already, this would seriously exacerbate an already difficult situation.
(p.c. Howey, A. Local Housing Department Development Officer)

Research sample

My research sample was obtained primarily through several 'snowball' circuits and from these I gained access to some 41 drug users and to 12 parents of drug users. Given the particular age range of the users, between twenty five and thirty five, most were couples, although this situation was somewhat complicated in those whose drug use had not stabilised. The majority had become heroin users in the early nineteen eighties and diagnosed HIV+ from 1983 onwards (Robertson 1989:15-19). As well as drug users living with a partner, eighteen pairs in all, there were five unattached individuals living alone or with parents. Of the twelve parents; seven were women who no longer lived with their husbands, two were men, one living with a drug using daughter and one living alone, and four were women living with either their husband or a partner. I was to meet other people in the drugs culture, but while they may have contributed in some way to my overall data, I have not included them in these statistics as the degree of contact was not significant enough.
Access to family and other resources.

Wallman, in developing the notion of household as process, offers a typology based on developmental, ecological and strategic factors. These process produce an analytic frame which:-

...conceives of households as differently bounded in respect of different resources; and as differing from each other in respect of the resources available to them, the resources they choose to deploy, and the kinds of value they vest and invest in them for particular purposes in local or cultural contexts of various kind. (1986:53).

She further points out that the value of a household resource is not fixed and one must question what kind of value, for what purpose and from whose point of view (ibid:54). This specificity of resource definition highlights some of the complexities of community and family relationships. Tam, for instance, has kinship ties with the ' heavies' through one of his daughters and is believed, rightly or wrongly, to use these as a threat in protecting another daughter from what could well be the somewhat drastic results of her chaotic drug behaviour. Olive, on the other hand, is known to befriend some of the young women when their ' men' are in prison and, as a result, is able to call on return favours in order to protect one of her sons while he is inside on remand.

Entrepreneurial skills are also harnessed to family needs. The ability to get a 'reinforced' window fitted, the height of a garden fence increased and to call in kin to baby-sit the house, all in response to a spate of fire-bombing, are the same resources that produced for the household a porch extension without breaking the bank.

Other resources may take the form of access to information. Welfare rights, for instance, are not only about specific benefits but also how to deal effectively with the officials involved, especially in light of the all too frequent abuse these agencies receive from many drug users. Olive, who has considerable experience of negotiating this type of resource on behalf of her family and of others, is not averse to writing specifically to directors of social work, housing, and to her member of parliament, where she considers services received are inefficient.
Other resources are more manipulative. Kate will frequently call on Olive, complete with her brood of children, just before mealtimes knowing that she is bound to be offered food even if only because of the youngsters. Although Vic, Olives husband, and since his retirement now the household's cook, resents these visits, in Kate's terms her ability to manipulate others is a valued asset.

An important access to resources is concerned with the care of children. Of the eighteen couples I met, only two did not have children living with them at some stage during fieldwork, although several others were to have their children either placed in care or with relations for a period of time. A pattern of child sharing emerged whereby the majority of the early care, when the parents, especially the mother, are likely to be heavy and chaotic users, is provided by the grandmother or occasionally a more stable married sibling. This care is then gradually relinquished as the parents, or parent, come to have some control of their drug use and are able to take over the child who is by now less dependent. Another factor is the demands of the drug culture on the mother as a provider for her partner through prostitution and shop lifting. It was not unusual for some women to place the children in voluntary care or with gran while they went back on the 'shore' - a local euphemism for prostitution - to balance the family economy or provide for a new 'bloke'. This care by the grandparent eventually comes full circle as the user, now suffering with AIDS, again becomes incapable of looking after the children and, as an alternative to statutory care, the family resources are called on.

Ultimately, the access, needs, availability and reciprocal nature of resources are dependent on the families position in the drug community and, by and large, its overall resource levels. Given the matriarchal nature of most of the family units I researched, often of necessity because the man was missing, it is not surprising that these resources focussed on the drug users' mother. Gran, for this community, was often a very important person.

**Kinship and patterns of residence**

An interesting pattern which seemed to emerge in some instances was the concept of what might almost be called 'serial motherhood'. While it was common for siblings to have different fathers, the constraints on relationships brought about by the 'virus' - the usual
term given to being HIV+ - tended, certainly as far as the women were concerned, to a sexual continence which inhibited the choice of partners to those already infected in order not to further increase the rate of infection. This meant that a man could well father children by several different women, so that as well as belonging to a group of siblings from the same mother, a child may also have blood ties with other sibling groups via the same father. What made this even more complicated, certainly as far as trying to trace kinship patterns, was that acknowledgment and claims to fatherhood were often made on a pragmatic basis. For instance, X could be the biological father of Y's child but, because he was living with A, who at the time was an efficient provider, he could quite likely disclaim his fatherhood. Given a change in fortunes, however, - A goes to prison for shoplifting and Y, having secured a local authority flat and reasonable social security benefits because she is HIV+ is now a good option - X could now claim his rights as the father of one of the children as a basis for 'getting his feet under the table'. In some instances even the blood tie was unnecessary, for a young woman with a 'Monday book' - her social security allowance book which she would draw at the post office each Monday - and a flat for her and the 'bairn', could be sufficient for a man to attempt to move in and claim, at least temporarily, some rights if not responsibilities to fatherhood.

The adolescent hedonistic behaviour of the chaotic drug users, even well into their twenties, meant that family relationships could be unstable. This factor was exacerbated by the patterns of violence towards the women which could lead in some instances to a woman and her children 'doing the rounds' of available partners in an effort to escape this violence and yet often ending up where they started. Against this, however, was a dependency by some women on their partner, since a reluctance to let others know they have the 'virus' meant that their 'man' was the only person to whom they could talk about their fears and anxieties. In some cases this led to them having to come to terms with considerable levels of violence, since even that was considered better than the isolation of coping with the illness on their own.

While kinship patterns were difficult to establish in drug users, there was some pattern in that of their parents. It should be remembered that Brealodge had been in existence for over thirty years and in some parts of Lochborough since before the war. This would mean that established families who had lived there since the early days,
even given the enormous upheaval of moving from the old inner city tenements, had had time to establish some stability and effective networking. Furthermore, the crisis of the 1980s heroin use had, in a rather perverse way, reinforced these networks, as parents of the drug users had roamed the streets looking for their offspring lest they be the next to overdose.

It was predominantly one of these networks of parents with which I eventually became involved. Of the twelve parents, only two did not have most of their offspring living in close proximity, usually on the same estate. This pattern could take several years of close negotiation with the local housing authority to establish, especially where, like Olive and her family, the demands for housing were outside the drugs ghetto and in one of the more acceptable estates on the fringes of the Lochborough. Within Brealodge, access to local authority property was much easier because of the high level of vacant tenancies. Many of the single and more chaotic users would also be housed there either legitimately or by squatting or moving in with other users. In either case, the patterns of residence meant that most siblings would live within a few hundred yards of the parental home which in many cases they would visit frequently. Even when later in their drug career the couple would stabilise and, in an effort to keep off chaotic drug use, would sever their connections with previous using friends and move out of the ghetto, they rarely moved far away. In most instances they would still live on the Lochborough estate and maintain parental contact.

Stevens, in an examination of kinship visiting patterns in Australia, noted a high frequency of weekly visits to 'mum' with some 33% of men visiting each week and 76% of women (1978:193). These patterns are mirrored in my own research and as well as the more pragmatic reasons for calling on mum, such as dropping off the kids of while shopping or visiting the GP or the HIV/AIDS clinic, there was often a need for emotional support. As Rachel commented on her family's visits to mum-in-law just across the street, "We pop over to mum's quite a bit. It's someone to talk to and the kids like being at their gran's and that. Mac sometimes goes over on his own when he's feeling a bit edgy like, you know, with the virus and that. Maybe he'll go over and see if his brother's there. He gets so fed up just hanging around the house."
It seems that despite the complex and changing kinship networks of the drug users themselves, the close relationship framework revolving round the parents was preserved even though chaotic drug use could make the rapport between parent and sibling, at times, very problematic.

**Awareness of HIV infection**

Given the very high rate of HIV infection among the injecting drug users, there was almost an assumption on the street that if you 'jagged' then you had the virus. Of those users I had significant contact with, six females and three males claimed not to be HIV+ although all were in a high risk position either because of an infected partner or their injecting drugs. Assessing infection rates was difficult, for not only was the almost innate process of denial a significant factor, but the stigma attached to AIDS meant that were instances of even close family not being told.

Given the intimacy of the drugs network in Brealodge it was very difficult to hide one's status yet still have access to the key sources of drugs. One aspect of this denial pattern concerned the parents rather than those infected. There were several instances where, though the illness of one or even two siblings would be admitted, there would be an abject denial by the parent concerning the status of other offspring, even though it was known on the street that the individual was attending the HIV clinic or had even been admitted to hospital because of AIDS related illness. The anguish of what could amount to a whole generation dying before their parents - in one family this had already happened - was very real and, although the 'AIDS industry' made considerable resources available to those who were infected, the parents themselves felt that little or no recognition of their plight was taken by the various agencies.

This meant that a lot of my contact with these parents placed me in the role of one upon whom they could ventilate their anger and anxieties, especially since, as an anthropologist, I was not an official and, as the outsider, could be considered safe to talk to. That one of my previous qualifications, CQSW (Certificate of Qualification in Social Work), had trained me for this process was to my advantage, although I was also only too well aware of my own position in these transactions, an aspect I attempt to discuss in chapter three, 'A Process of Research'.
Patterns of Contact

The rate of contact between myself and both the parents and users varied, some families and individuals being seen almost daily while others were purely on an opportunistic basis. Some patterns were established according to a particular need of the person involved and, once that need had been fulfilled I would move on. This happened with several of the parents of drug users and I had to develop a technique for them to 'get rid of the anthropologist politely' on several occasions when it was obvious I was no longer required. These lapses of contact were not permanent however, and I would often get a message that somebody would be quite pleased if I would like to pop in again for a cup of coffee and a chat. Usually these contacts revealed a clear utility to the people concerned. This contrasts with criticisms frequently levelled at anthropologists for using people and then moving on without any reciprocity.

My contact with the users varied and could often be broken, either because they were on a drug high or because they were engaged in some activity which it would not be appropriate for the anthropologist to know about. Despite this, I not only renewed some of the friendships I had made when I had been teaching, but also found new friends; even to the extent of exchanging Christmas presents in some cases - some of which, given the particular skills of those involved, I didn't enquire too closely as to how they had been acquired.

My experiences with the local health board ethics committee had indicated that there were strong lines of demarcation defining their profession, and a process of protectionism against the incursion of other disciplines unless their proposed research protocols were under the committee's control. My encounter with these people had made me cautious about engaging in any research on their territory. I would visit individuals when they were in the special AIDS ward of the local hospital but deliberately and quite genuinely adopted the role of one visiting a 'friend', complete with grapes and bunch of flowers as appropriate. This way I could avoid any accusations of doing research within the medical domain. Since I tended not to ask my informants questions in any case, my visits were important aspects in building up relationships and could often add considerably to my data.
I always made a point of walking through the local shopping centre several times a week to see who was 'hanging around'. I was following the footsteps of classic studies in 'street' research and the work of sociologists and anthropologists such as Whyte (1943), Hannerz (1969) and Liebow (1967). In fact I did very little research 'on the street' and more often than not these visits would end up with me meeting one of the young women and giving her and the children a lift home with the shopping. Contact with those who were unattached, other than passing the time of day and picking up a bit of the latest gossip, was invariably through the parents. This could involve anything from chasing round the estate because one of the 'lads' had gone to ground and mum was worried in case they OD'd, to giving a lift to the local prison to visit a son. Unexpectedly, the prison waiting room was at one point quite a useful source of information.

Community attitudes to AIDS

I arrived to collect Kate and the children for delivery to special school, hospital and the chemist, the latter being the most urgent as Kate was somewhat in need of her 'daily scrip' - drug prescription for those on a harm reduction programme, often collected daily when the user cannot be trusted with a larger supply. This routine at one point took place about twice a week and, provided I remembered to take the wire from the back of my car radio before I got there, if I didn't then young Lynne, the eldest, would insert a pop music tape and play it at full blast, the journey provided a good opportunity for a chat, especially once we had dropped the children at their various destinations. This particular morning there was a strong smell of disinfectant in the hall and in reply to my inquiring sniff Lynne informed me that, "some bastard had shoved a lump of shit through the letter-box." Kate, whose description of the incident was rather more lurid, was certain it was the 'bloke' from the flat below who on frequent occasions had, according to her, told her to take herself and her 'AIDSED up kids' out of the block and not contaminate decent folk. Unlike some of those who were HIV+ Kate was not one to hide her status and had on several occasions appeared in the national tabloid press. That morning the conversation was all about, 'that bastard down the stairs' and a catalogue of the various incidents between them, ranging from slanging matches in the street to the obscene graffiti that had been scrawled on her door.
These attitudes were not necessarily confined to the infected drug user. Maggie, for instance, a mother whose two daughters were HIV+, one of them a very chaotic user, was being hounded out of her flat by the other residents mainly because she was looking after one of her grand-children who, they said, had the virus. The situation was not helped by the bizarre behaviour of the father, also HIV+, who was known to stand in the street and yell abuse up at her. Complaints to the housing department aimed at her removal were based on her daughters' infection although neither of them lived with her. Other incidents by which some members of the community showed their disapproval included petrol bombing, a lighted gas cylinder being thrown through a window during the night and burning rags shoved through the letter-box. There was also difficulty at school and in the street for some of the youngsters of infected parents and, despite official claims to tolerance on the part of the schools, it was necessary in some cases for the children to be educated out of the local area.

Not all residents were intolerant and attitudes seemed to be a curious mixture of pretending the problem didn't concern you, a stance learnt as a way of coping with the outlandish behaviour of the drug users during the past decade, to positive offers to help for the individuals concerned. Nevertheless, some examination of the reasons behind the processes of stigmatising of those who 'had the virus' would be useful.

Horton and Aggleton suggest that from the outset AIDS was characterised as a member of a larger category of STDs, (Sexually Transmitted Diseases) yet Hepatitis B, a familiar viral infection to those who inject illegal drugs and also capable of sexual transmission by exactly the same body fluids as HIV, was not. This taxonomic identification of AIDS as an STD profoundly affected the perceptions of the syndrome and the way in which those with AIDS are represented. Thus, linking it with the syphilitic, a 500 year old disease that even at the start had connotations with the 'other' and the apportionment of blame - Neopolitans called it the 'Mai Française while the French called it 'Mal de Naples' and nearly everybody called it the English disease - meant that, rather than it being seen as an individual affliction, it became a symbol for corrupt sexuality and a vehicle for rhetoric of prescriptive moral reform (1989:74-100).

Given this particular paradigm, AIDS came to be socially constructed as an affliction of groups who willfully transgressed a perceived
morality. The authors suggest that the situation was further exacerbated in the USA because the Centre for Disease Control - CDC - consistently constructed the epidemiology of AIDS according to risk group criteria, thus creating a situation where the term 'risk group' came to imply that these 'groups' may form a 'risk' to the population as a whole. (ibid:86) This point is also taken up by Douglas where she argues that public moral judgements powerfully advertise certain risks, and that, 'The well advertised risk generally turns out to be connected with legitimating moral principles' (1986:60).

Horton and Aggleton further state that:-

Epidemiology is sociologically interesting precisely because the classifications it uses not only reflect the prevailing thought-styles but help to establish modes of thinking and doing around AIDS which condition strategies and response (1989:87).

Frankenberg however, suggests that there has in fact been a shift in epidemiology, as yet incomplete, whereby a concern with the aggregation of individual attributes through shared behaviours is now beginning to focus on the 'life styles' of risk groups (1993: 221). Despite this and given the enormous significance of CDC world wide, certainly in the initial stages of the AIDS epidemic, it is hardly surprising that rational discourse, while aware that it is specific practices which may put the individual at risk, has difficulty in arguing against the emotional forces of fear and anxiety which create the irrational behaviour and attitudes.

The processes of stigmatising, once established, extend beyond the original prescription and, as Goffman suggests by pointing out that in our beliefs that those with stigma are not quite human, we discriminate against them and effectively reduce their life chances. Thus, we construct ideologies to explain their 'not quite human' behaviour and rationalise our animosity to them by further basing it on other differences such as race, gender and sexual behaviour (1986:5).

This process of stigma also serves other purposes and can be used to justify actions and attitudes to risk that in other circumstances may not be acceptable. In an attempt to examine attitudes to drugs and HIV/AIDS by sexually active individuals outside the drug culture but living in the Brealodge/Lochborough area, I had arranged to meet a
group of six single young men, age between eighteen and twenty two, to discuss their ideas. They constructed my enquiries purely in terms of their risk of getting AIDS, an understandable perspective given their age and the considerable weight of AIDS risk presentation mounted by the local authority and the media in general.

Their overall consensus of opinion was that AIDS had little to do with their lives and that it was not really a subject they would discuss in normal everyday conversation. True, the 'junkies' lived in their community, just across the street for some of them, and, while they held a belief that, 'these people probably all had AIDS', it was nothing to do with them as they had no social contact with these people. This was despite their close proximity and awareness of the high rates of HIV infection in the area. We discussed heterosexual transmission and the notion of multiple partners highlighted in the 'How Many People Did You Say You'd Slept With?' poster being used as part of the city's 'Take Care of AIDS' campaign. (see following page) Their response was to see HIV infection as belonging to those, 'not like us' and that since they did not seek partners from this stigmatised 'risk group' they considered they had little likelihood of catching the disease. This attitude was despite the fact that safe sex in terms of condom use was rarely considered appropriate with the drug users and, even in the wider community inhibited by attitudes similar to those these young men were expressing. A point made by several authors, whereby the ability to negotiate safe sex and condom use was determined more by male dominance in gender relationships than by rational choice (Morrison 1992, McKeganey 1992, Holland et al 1990, Foster 1991). As one of the young men put it when we were discussing their own attitudes to using a condom in relation to safe sex.

No way! If I manage to get a lassie to that stage, I'm no going to be daft enough to screw it up by messing about with one o' they bloody things."
The poster used to highlight the risk of heterosexual transmission of AIDS.
These attitudes appear to mirror Scahs and Wallman's notion of interrelated angles on the risks of catching HIV/AIDS. (1992). It would seem that the young men's notion of the drug users not representing a 'risk' since they have been stigmatised and thus, 'not like them', is similar to the image of, 'the less that person is 'like me', the less do I see myself at risk.'

Unfortunately I was not able to interview a similar group of young women. My enquiries from those I met individually, even though they were associated with the drug culture, seemed to indicate a more positive attitude to safer sex procedures, although, like the findings of Holland et al (1990), they were usually not in a powerful enough, position to negotiate it.

Stigma, for the illegal drug user, is a complex issue. Not only is it associated with AIDS, but the community will have already 'constructed its ideologies' to account for the danger represented by chaotic drug taking and, in Goffman's terms, 'imputed this much wider range of imperfections'. Drug users were known collectively as the 'low lifes' and, as I attempt to show in the following 'bizarre film clip', were considered by many to be best left alone, to be ignored, to be 'passed by on the other side'. They were indeed perceived as 'not quite human' and within this particular context, AIDS became in the community's eyes just another element in the already established dehumanising process.

Jamie's tale

Finally in this chapter I want to 'set the scene', to tell a tale of those I observed, in the hope that it will convey some of the pathos, indifference, hopelessness, violence and care that I was to meet during my eighteen months of fieldwork.

It is a pleasant summer's evening when even the gaunt grey walls of the ghetto seem tolerable if you don't look too closely at the broken bottles, cans and general garbage scattered round the blocks of flats and the obscene graffiti sprawled on the walls. It is early days in my fieldwork and Olive and I are having a wander round the estate, she gossiping with friends she has known for many years and I being introduced and, where possible, exacting promises to meet again. We cross through the small shopping centre, now closed except for the off licence and the two video shops. Others are taking advantage of the
evening sunshine and as well as the ubiquitous huddle of young teenage boys at the entrance to one of the nearby flats, their female counterparts assessing them from the safe distance of a nearby shop doorway, there is a steady stream of people passing through.

We go through a passageway into the deserted car park to find some sort of altercation going on at the back of the social work department and, recognising the participants, we stroll over. Jamie, a lad in his late twenties, is holding court, waving a knife around and yelling his head off. The general drift is something to the effect that, 'no bastard wants him any more and he might as well top himself.' He makes some pretence at waving the knife in the direction of his throat but when his mate Pago attempts to take it off him he reverses its direction and threatens him with it. Pago backs off quickly, for Jamie is one of the local heavies and has something of a reputation.

Both men are well away. There are several cans of 'special' sticking out of their pockets and, since in all likelihood they will have been dropping some pills as well, neither of them are in a fit state to behave rationally. Olive, who has known Jamie since he was a 'wee bairn', tells him in no uncertain terms to put the knife away and stop being bloody stupid. Jamie looks across at me and grins sheepishly. He puts the knife in his pocket and I find myself in something of a time warp, for it almost as though we had both stepped back some twelve years or so and Jamie and I, as pupil and teacher, are in the school room where I first knew him and he is putting away something he has been caught messing about with in class.

We were aware that some hours earlier the police had raided the shopping centre and 'lifted' a group of drug users who had been fighting and causing a disturbance. Jamie and Pago, coming later to the scene had missed the net but, given their present behaviour it wouldn't be long before there was another visit from the local police. Olive and I decide that while I go and get my car, she will try and persuade these two to 'cool it a bit' so that we can get them out of the centre and drive them over to Pago's flat. I return some five minutes later to find that Jamie is trying to kick in the shop door of the newsagents because he is out of cigarettes, while Pago is egging him on. Olive gives Pago some money to go to the off licence for some cigarettes and, with the promise of a 'fag' on its way, manages to calm Jamie down. He then sits on the pavement and starts off on another round of, 'nobody wants me and I'll top myself.'

50 Drug users in a therapeutic cul-de-sac
We are eventually managing to cajole the two men towards the car when Nora, looking very smart in a new jeans outfit, comes over to join in. We say 'Hi' and Jamie asks her for a couple of pills because he's on a bad 'downer'. Nora herself isn't all that straight for it takes her some time fumbling around with a bottle to extract a couple of 'rugby balls' (Temazepam) to give him. By now Jamie has sat on the pavement again, tears streaming down his face and saying he is going down to the beach to drown himself, (the term 'beach' has considerable cultural significance and is explored in detail in chapter five) Nora then joins him on the ground and is cuddling and stroking him like a small child.

At this point we are joined by a woman of fifty or so who asks us for a cigarette. Pago gives her one but finding that nobody has got a light she gives it him back and walks away. It's all a bit surreal for during this unsuccessful transaction she takes absolutely no notice of the two people on the pavement in front of her who are now crying and lamenting each other's woes quite loudly. The other curious point was that nobody seemed to know who she was.

Nora leaves Jamie and, still crying, goes over to Olive who puts her arm round her trying to console her and suggesting that we take her home as well. This brings an even bigger flood of tears as she doesn't want her mother to see her stoned like this. Jamie, his speech now slurred, is yelling at passers by and at one point falls flat on his face. We go over to try and pick him up but he becomes angry and takes a swipe at Pago. By this time it is obvious that they are now much too far gone to even try and get them into the car, and Olive and I decide that, police or no, we will have to leave them to their fate. All three now sitting on the pavement 'swigging' the cans of special.

The curious thing about this whole incident were the people walking through the shopping centre while all this was going on. Even when Jamie was yelling his head off and trying to kick in the newsagent's door, it was as though everything was invisible and the disturbance, loud and threatening though it was, just didn't exist. They all walked past as though nothing was happening and there was not even a deliberate 'looking the other way' that is so often the response to an embarrassing situation. It was as though people had seen it all so often before and no longer considered it worth their notice. In the end I was left with the strange sensation that I had been taking part in some grotesque film clip which had been spliced into the main
production out of context. My conclusion was that this deliberate lack of attention by those passing by was a means of 'coping'. It was as if in ignoring this 'surface appearance of doing', this public performance of boundary identity (Cohen 1986:13), (for I am certain that is what was taking place) there was a wish that it might eventually go away.

Olive and I drive back to her house both feeling a little sad. "You know," she said, "they're all so vulnerable, they were great when they were kids. Jamie used to play with my lads and I mind Nora as a wee bairn in her pram and our Bette pushing her out when she came home from school. And then they grew up, some bastard introduced them to heroin and now they're all dying of AIDS"

She shrugs at the futility of it all and I too am left remembering the past and a young teenager on the school football field, fit, healthy and full of life. Was it only twelve years ago?
CHAPTER THREE

A PROCESS OF RESEARCH

Cohen in his paper 'Self Conscious Anthropology', states that; 'It is a commonplace of fieldwork experience that we learn a good deal about ourselves while struggling to understand others' (1992:223). If this is true, then I would contend that it is this 'learnt self' that becomes very much a part of our processes of understanding and interpreting the fieldwork from which it came. This chapter is by way of trying to unpack this new awareness of the 'self' in terms of its relation to the 'other'; a way of attempting to comprehend my new role in a community whose way of life, to some extent, I was already aware of. A way of wearing a new hat in front of some old friends.

However, there is always a danger in maintaining a reflexive stance. As Gellner suggests; in addressing the ubiquitous problem of the mutual intelligibility and translatability of the study of members of one culture by those of another - the anthropologist - one must still address the interests, expectations and prejudices of the observer. The danger lies in the the reflexivity leading to a kind of narcissistic hermeneutics (1992:26). He argues that, taken to extremes, the processes of an anthropological reflexivity may reach a point where:-

...a social anthropology study degenerates from having been a study of a society into a study of the reactions of the anthropologist to his own reactions to his observations of the society (1992:23).

This said, my function as one who gathers data about the lives of others places upon me a responsibility to examine closely my own place in this enterprise. I must attempt to make explicit the processes of my research, for, as Malinowski pointed out some seventy years ago:-

No one would dream of making an experimental contribution to physical or chemical science, without giving a detailed account of all the arrangements of the experiments......in
ethnography where a candid account of such data is perhaps even more necessary, it has unfortunately in the past not always been supplied with sufficient generosity (1922:2-3).

This process of reflexivity I find problematic, for, apart from situating myself in the tales I tell of those I studied, there is an inherent disinclination within me to write explicitly about my own motivations and awareness. And yet in the thesis the circumstances and history of my involvement among the people studied are vital aspects. It is then a nettle that must be grasped, for past experiences of the community I researched, together with twenty years of working with those from a multi-deprived culture, produces an ethnographic role that is somewhat unique.

As Myerhoff points out:-

...in anthropology special problems arise because of the complex relationship between the ethnographer and the subject of study. It is through understanding the self-to-other that the investigator comes to examine culture.... The anthropologist, as a data-generating instrument who must also make explicit the process by which he or she gathers data, is an integral part of the final product: the ethnography (1982:19).

As well as addressing the overall problems concerning the relationship between ethnographer and the community, I must recognise other problems associated with the fact that those I researched were heavily involved in the drug culture. Plant et al have noted that, once friendly contact had been made, drug users were probably above average in co-operativeness because many of them believe they ought to be studied and better understood. The researchers do, however, point out the dangers of becoming partial, selective and partisan (1976:157-9). These issues were particularly relevant in that, on several occasions, I was confronted with the moral dilemma of my reactions to the, at times, blatantly criminal activities of those I researched.

A collage

I begin with a collage drawn from various pieces of my ethnography. Here, I bring together elements of my relationships with those I studied in order that I may then, in a process deconstruction, better
understand them. It is lunchtime and I'm having a wander round the shopping centre, partly to see who's about but also to get myself a sandwich. One or two familiar faces are there and I say 'hi', but somehow the chance of stopping for a chat doesn't seem to be around this morning. I'm about to give up and go into the bakers when I spot Fran and her youngster coming out of the supermarket.

"Hey Clive, great news, Lenny's just got out this morning."

"Out? I thought he was a dead cert for at least five, so did he last time I went to see him."

"Technicality! We got him a good lawyer so he's got away with it. Great isn't it? He's at home now, why don't you come over. He'll want to see you, he was real pleased you went to visit him inside."

We walk over to my car, put the pushchair and shopping in the back and set off for Fran's while she bubbles over with excitement because her 'man' has been released from prison.

It's a nice flat, well furnished, with some expensive hi-fi equipment and TV, and I rather suspect that Fran may have continued the family business while Lenny was inside. There is the usual reinforced front door.

Fran ushers me in, calling out to Lenny who is in the kitchen making coffee for the several visitors who are also there. It is some nine months into fieldwork and I recognise everybody.

"Hey Lenny, look who I found while I was shopping."

I say hello to the others and call out to Lenny in the kitchen.

"Great news, Lenny, good to see you out."

Lenny grins, comes over and shakes my hand and then gives me a bear hug. I'm glad he's only kidding, He's about six foot two and probably weighs in at fifteen stone. He seems pleased to see me!

"We fooled 'em, Popeye, we fooled 'em. See, that's what you get when you've got a bloody good lawyer, 'get away with anything, that's me."

My pleasure at Lenny's release from prison is genuine, yet in a way it puts me in something of a moral dilemma. Lenny was on remand for
a serious assault charge. Somebody had looked sideways at Fran one evening as they were having a drink in a pub, Lenny decided this was not on, lost the 'rag' as they say, and the man ends up in the local infirmary. As well as picking up this story from the street I had also been given the details by Lenny himself when I had gone to see him in prison. By all accounts this was a serious criminal act and yet here was I happily congratulating him on getting away with it.

"How's the book going, Clive?"

The questioner is George, he used to live with Kim but eventually her drug habit became too chaotic and he now has another lass in tow who was Tim's woman before he went back inside, who used to be married to... and here I loose track. But then this is not unusual and I am frequently having to be corrected because I've got who is living with who mixed up again.

Fran and Lenny hand round the coffee and the conversation, as might be expected, turns to the latest news about the local prison. At one point the subject gets round to drugs and how easy it is to get them inside and Ian's lass looks rather pointedly at me.

"Don't worry about Popeye", says Lenny, "he's OK."

He is giving me one of his big grins as he is saying this, as if to reassure Ann that I'm not likely to 'grass' anything I hear to the authorities. The conversation is, however, beginning to put me into a position I'd rather not have to get out of.

"Look, I know very little about present day drug dealing, and if it's all the same to you lot, I'd feel a darn sight happier if I knew even less."

"You've got a point there", says Fran, "it could get a bit difficult if the police did decide to question you."

There is now something of an hiatus in the conversation and at this point Ann takes out a small brown medicine bottle from her bag and asks me if I would mind all that much if she took a quick swig.

"I'm a bit strung out," she says rather nervously, "its OK, I'm no going to do anything daft, ken, it's just me medication.."
Ann takes her swig of methadone and then, rather shyly, places the bottle back in her bag.

"Wasn't Billy Crawford at the school when you were there, Clive?" she asks.

"Aye, and Big Mary half the time," I reply.

"Bloody hell, she was a character," says George, "scare the shits out of us when we were kids. Get a thick ear off Big Mary and you see stars for a week."

"I didn't know you lived round that end of town, George, you and Billy would have been kids together then?" I ask.

"Oh aye, in fact it was the stair at me Mam's flat that they knifed Billy's Dad.

"Sad about Billy though, wasn't it?"

"Aye," says Ian, "it was five days afore they found the body. Mary's no been the same since, first her man dies and then Billy ODs."

"You know, I think I remember seeing you when I was in 'cessy'. (Assessment Centre) Long time ago now though, I was only a kid."

Ann throws this comment into the pot and it starts off a series of reminiscences about Assessment Centres and List D schools in general. As well as dredging up their own memories, they seem anxious to recall instances that I too might have known and can share with them.

"Hey Clive, remember the time you gave us the belt for being stoned on glue? Right sod he was in those days, get the belt offa him and you knew you'd had it."

This comment is from Ian, and although he's got me mixed up with somebody else I let it ride and just smile. It's a tale for the telling, not for correcting.

Lenny asks how long Frank's been inside now and Fran asks me who was the other lad at the school who got life for murder, I feel embarrassed because I can't remember, yet comforted because they all seem to be trying to help me recall the name. I suddenly realise
that I am very much at ease in this company and that although it is only Lenny and Ian that I have known since they were youngsters, there are shared experiences of the past that are common to us all. It is as though we are all engaged in a process of 'bridge building', a way of 'connecting', a way of feeling comfortable in each other's company.

I have intentionally gone into some detail in re-creating this collage of a typical gathering, as I feel that by attempting to unpack it I may be able to examine my place in this community. Each person, most of them now in their late twenties, would have been part of the heroin scene of the early 1980s and, apart from Fran, had all been in prison. All are now on some form of drug support, usually methadone, and while at the moment their drug habit is fairly stable, they are all quite liable to lapse into chaotic behaviour given the chance. They are all HIV+ and three of them are beginning to show signs of pre AIDS illness.

**Personal history**

Okely points out that:-

```
.......the specificity and individuality of the participant observer are ever present and must therefore be acknowledged, explored and put to creative use (1975:171-88).
```

The specificity of this particular observer in this particular community must indeed be acknowledged and explored, for, as I have already said, I have been here before. Hastrup suggests that fieldwork is situated between autobiography and anthropology (1992:117). Accordingly, an examination of my own autobiography in this context is relevant to my understanding of how the interrelationships between myself and those I studied affected, not only the events of fieldwork, but also my subsequent interpretations.

Like its counterpart in England, the List D schools in Scotland were, until the early 1970s, part of the Approved School service under the overall supervision of HM Prisons. I had joined this service just prior to the change-over, as a remedial teacher, working firstly with boys from Liverpool and then in Bristol. In 1977 I came to Scotland as part of the senior staff team in one of these List D schools and with responsibility for the teaching staff.
Today, political expediency and media hype are tending to push the pendulum of attitudes towards young offenders back in the direction of custodial treatment although, knowing the system as I do, I strongly suspect that much of the rhetoric and media headlines has little to do with reality. In fact, with the change-over from the prison service to social work control had come a gradual realisation that the previous custodial philosophy of these schools was no longer practical and that efforts should be made to provide supports for these children in their own communities. Most of them were unable to function adequately in their own schools as to a large extent they were the key members of the disruptive elements within them.

Accepting this, but also accepting the necessity to equip them with as appropriate an education as possible, moves were made for many of the children to be provided with their schooling at List D yet remain living in their own homes. This was not easy for these were the youngsters who had usually come to us as chronic truants over and above their other behaviour problems. By and large a carrot and stick philosophy was used, the carrot being the ability to spend their free time at home with their family and friends, the stick being our ability to have them back into the school as residents again if they did not make it. One of the key elements in this, and one in which I became very much involved, was liaison with the parents, not only to ensure that they got their 'little Johnny' up in the morning in time to go to school, but also as an attempt to pass on to them some basic parenting skills.

Those of us involved in this work (for ours was not the only school attempting this shift back into the community) were in a fairly favourable position as far as the parents were concerned. They wanted their children back home again and were prepared to give us their support. There were times when one wished this support might be more positive, but one was left with a general feeling that they were helping both us and their children as best they might.

As a way of illustrating local attitudes to these schools, when I was going for my first interview after leaving Manchester university in 1972, I had given a lift to a man from Speke; then one of the more notorious council estates in Liverpool, and it appeared he knew something of the particular school I was going to. As far as I can remember his comment was something to the effect of, "Great school
that, it's like Harrow, they puts your name down for it up our way as soon as you're born." The Approved School system and its later counterparts were accepted in this sort of community. Although there was a certain inevitability about it for some families, and irony apart, there was also an element that, even for those who didn't make it and went on to prison, the system at least provided a stable education and, at that time, the chance of learning a trade.

All the families I studied during fieldwork had at least one or more siblings within their network who had attended these schools, and while most of these were male, several of the females I met had also gone to a girl's List D or at least been at an Assessment Centre as the result of unacceptable behaviour. In fact, nearly a quarter of the List D schools in Scotland during the late 1970s, which is when those I was studying would have attended, were for girls (Martin:1976).

My point here is that, because attendance at a list D school was so common, and because the system, by-and-large, was seen to have certain positive effects (if they did end up there then at least your kids were likely to get something out of it), family attitudes tended to be if not positive, at least not wholly against the schools and those of the staff they came into contact with. This attitude seemed to extend to List D schools in general and there appeared to be a 'way of knowing' about them that covered whatever contact the family and its children may have with the system.

This meant that, even for those who had gone to a different school from the one I had taught at, my role would be within this 'way of knowing'. I was understood as - 'a person in charge of teaching in a List D school'. I was 'known', and from that 'knowing' a role could be created which would allow me to do my research. Okely states that,

The people in the field relate to the ethnographer as both individual and cultural category, whether or not the ethnographer acknowledges this (1992: 24).

In my case, as well as this cultural identity that I must be aware of, there was also the specificity of my previous position. I had thought that the authoritarian nature of this position, the carrot and stick philosophy that we had applied to both the children and their parents, might have caused some difficulty, but this appeared not to
be so. It seemed that my role in those days now belonged to a period in their past that, in the light of their present difficulties, this authoritarian aspect was no longer particularly significant. Indeed, there were times when my 'supposed' authoritarian role was cited in their conversation as an indicator of the 'hard' school they had been to and how 'tough' it was there. All lies I hasten to add, although it is likely that the tradition of the approved schools would have engendered the 'tough' image and, maintaining this, the individual could uphold his macho identity in the community.

Significantly, and rewarding both ethically and intellectually, it was they who ascribed to me the role of, 'the bloke who was writing the book'. There was a feeling in the community that the various professionals had got it wrong and that they didn't really understand what it was to be a drug addict who had, or was going to have AIDS. The idea that somebody, already 'known' in the community, was going to really listen to them and then write it all down in a book, seemed to be acceptable. My original explanation that I was a researcher was not accepted. They were 'sick of researchers', people had been researching the area long before AIDS and a researcher was, it appeared, not an appropriate role for me as far as they were concerned. Writing the book however, was; even to the extent that their usual greeting to me was invariably, "Hi! how's the book going Clive?" It is possible that they were differentiating, consciously or otherwise, between an implied surveillance of the researcher, no matter how benign the intention, and the author/writer who could fulfil their desire to have their voice recorded.

If this then was was my ascribed role, I want now to go back to that group of people in Fran's flat and try to make some sense of what was going on. Here I draw on my past encounters and experiences with them in a different guise in the hope that my 'specificity and individuality' may be put to some creative use.

Unpacking a celebration

Lenny would be about twelve when he first came to the school. A tall gangling boy, already big for his age with an impish grin and a sense of fun that would have to be sat on for a bit if he wasn't to get out of hand. He had come before the panel - the Scottish equivalent of the juvenile courts - as being 'out-with' control at school and, as a result
of subsequent truancy, involved in shop-lifting and petty theft. He had also hit a young female teacher with a board rubber which she had been stupid enough to throw at him because he was disrupting her class. When attacked, even at that early age, Lenny was likely to 'have a go'. He had responded well to residential schooling and seemed comfortable in an environment where the limits to behaviour were well defined and maintained.

Within this sort of setting, the staff get a chance to build up a working relationship with the youngsters, indeed it is from these relationships that one hopes to enable the child to make some progress toward a more integrated attitude to society as a whole. Obviously, one got on better with some boys than others and, after an initial 'run in' with me because he had chanced his arm a bit too far with one of my staff, he and I got on pretty well. His family was supportive and would come up to see him once a week of an evening, usually when I was on duty, and I got to know mum and the two bairns quite well.

During the early stages of fieldwork I was aware that Lenny was around, and in fact had just missed him at one point when I had given someone a lift to the HIV out-patients' department at the hospital. I had learnt that he was on remand, and since I was already visiting someone in the prison, it was easy enough to make arrangements to see Lenny as well.

He seemed pleased to see me and we spent most of that first visit reminiscing about school days and what had become of everybody since then. He also pointed out several old friends of ours in the visiting room who were inside with him.

I have yet to resolve completely the 'moral' question of Lenny's release on a technicality, it was a situation I came across several times during fieldwork and my attitude probably stems from an overall professional philosophy towards difficult and often disturbed children that centres upon the idea that, whilst one may deprecate their actions, one does not reject the child. In terms of child care, this attitude is essential, for if one equated the child and the deed together, especially instances of mugging, assault and even murder in three instances I had experience of, there would be little chance of building up this working relationship that is so fundamental to
helping these children. Furthermore, it would be somewhat naive to assume that one's efforts would produce the results deemed successful by the outside society. Most of the boys would continue to commit crime, most of them would go to prison and, if they followed the usual pattern of petty recidivism, would probably retire in their mid thirties.

I was once asked what I thought we actually achieved in these extremely expensive residential schools - I believe they actually cost more than sending a child to Harrow - and the only convincing answer I could come up with was that we probably gave them a few happy childhood memories. My answer at the time was a touch facetious and yet there were many instances in fieldwork where I was nearer the mark that I thought. If we gave them nothing else we provided a secure environment and the safety, at least for a while, for them to explore the world and maybe have a bit of fun as well. What I had not realised in those days was that I was to carry these philosophies with me into my relations with them as adults.

A meeting during fieldwork with an ex-pupil was frequently an excuse to recall incidents of school days and the things we got up to, staff as well as boys. Ian for instance was quite ill and as well as pre-AIDS illnesses had to contend with a severely ulcerated groin caused through 'jagging' into his femoral artery. It was likely that they would eventually have to remove his leg. Yet, chatting with him and a few others some weeks previously, he was happily recalling instances from school days, some of them not exactly to my advantage. Even his comment about my giving him the belt was said with a smile and part of the 'macho' image. It is possible that this recalling of what now seemed happier days was a process of pointing to somewhere else, out of present time. It was a way of distancing themselves from the lives they now endured, and I became for that moment, the catalyst in their reliving memories of better times. As Wacquant describes in his portrayal of a hustler in a Chicago ghetto, there were memories of a childhood that retrospectively appeared almost fortunate in comparison with the present (1994:12). These attitudes would at least provide some explanation for the frequency of these tales from the past and may even vindicate my somewhat flippant 'raison d'être' of the former Approved School system.
The conversation in Fran's flat however, contained rather more than mere reminiscences of their less problematic days of being at school. There was also a process of relating me to their past. It seemed important to them that I already knew pieces of their history from the previous experiences of my own past. For instance, I did indeed have memories of Big Mary, and George wasn't the only one she 'scared the hell out of'. Mary's 'bairns' might be a load of trouble but God help anybody, including the staff of a List D school, if she thought they weren't getting treated properly. It wouldn't be the first time that the sight of Big Mary coming up the school drive was enough to send the staff scuttling into the corners, leaving the poor duty senior, frequently me, to cope with her wrath of that particular moment. Oh yes, I knew Big Mary well enough.

It seems that what they were saying in this piece of conversation about Billy, was; "You know and understand about Billy and Big Mary from things you have done that are outside what is happening between us now. We are part of that understanding because these people are part of our history as well. Our shared experiences of Billy and Big Mary help us to build a bridge between us that will enable us to understand each other better."

Neither was it only the major events of their lives that brought to mind these shared experiences of the past. As Okely argues in her examination of the way vicarious experience was used to relive the past lives of old people in rural France. 'It only needed a few key words or remarks to conjure up their memories and to imagine mutual knowledge... ' (1994:6).

There was a lot of this 'bridge building', mostly in the form of our gossiping about mutual acquaintances and experiences, and it was not unusual for claims to a shared past to be somewhat tenuous at times. Ann's claim to have seen me at the 'sessy' for instance, while it was just possible that I might have met her, it would have been unlikely and I certainly do not remember it. This is unimportant, it is the need to build these bridges that is significant, this link between people that becomes almost a yearning to be understood. A way of 'gathering' even the accepted outsider into the fold of a mutual acceptance. As Gluckman points out:-
...the right to gossip about certain people is a privilege which is only extended to a person when he or she is accepted as a member of a group or set, ... There is no easier way of putting a stranger in his place than by beginning to gossip: this shows conclusively that he does not belong (1963:313).

Lenny's use of my nick-name is quite interesting, earned incidentally from the fact that in those days I invariably had a pipe hanging out of my mouth and was wont to spin yarns from my days in the navy when I had to cover for a teacher who was absent. Usually when I first met an ex pupil during my fieldwork I would still be referred to as Mr. Foster and some of them found it quite difficult to break the habit and use my first name.

My point about just who George was living with is something that I touched on in chapter two, where I examined the complex and unstable relationships between partners in this setting. It did raise practical problems and it was not uncommon for me to resort to questions like, 'and how's your man?' or, 'how's the lass getting on?' while I engaged in some hasty indirect questioning to determine just who the 'man' or 'lass was at that particular moment. Being accepted as one who could now be included at a level of local gossip brought with it responsibilities, and it was important that one should at least try to avoid embarrassing people by being out of date as far as their current partners.

My attempt to stop the conversation about drug dealing in prison was important. Up to date knowledge of the drug trade could have proved problematic, and while I actively sought details of the days of heroin dealing because of its relevance to the structure of that community, I was at pains to stress the fact that I was not interested in what was going on now. Agar, in his research into those injecting illegal substances, suggests that in the streets the fieldworker avoids questions because data could be used by police and others to the detriment of the informant. Yet, he points out, to be accepted in the streets is to be knowledgeable and capable of understanding what is going on with a minimum of cues (1980:45). A curious paradox emerges here whereby the fieldworker needs the knowledge in order to operate successfully and yet spurns it because its possession may be dangerous.
That my reluctance to discuss the present day drug market was a wise decision can be illustrated by an incident that occurred in the local pub about half way through my research. Dougie, one of the parents of the drug users that I worked with quite closely, was relieving himself in the pub loo when one of the locals came up and asked him if he knew anything about this bloke who was writing the book about the drugs. Dougie said that there wasn't a book about drugs and what the hell was it to do with him in any case. The individual concerned was known to be a 'runner' for one or two of the bigger dealers and any questions from this quarter could possibly cause problems. Dougie and others decided that the best thing to do would be to arrange for me to meet one of the dealers and explain just what it was I was up to, so that the word would then get around. This happened some two weeks later and I was able to reassure the individual that I was not interested in today's drug dealing and was writing about AIDS and harm reduction.

I refer in my collage of the 'gathering of the clans' to celebrate Lenny's release, to Ann's hesitancy in taking a swig from her bottle of methadone. One of the things that is not common for the drug user is the idea of an 'unconditional regard'. All too frequently the professional or those outside their culture that they come into contact with will, often unintentionally, show their underlying disapproval of the individual's behaviour. This may just be via an unconscious body posture or a word out of place. The users are all too well aware of the inflections of disapproval. They are also well aware of those who do have a respect for them, irrespective of what they have done or who they are, and moreover, they actively seek to retain this respect.

There were many instances of this in my fieldwork and I came to refer to them as the 'cup of coffee' syndrome. A lot of my work entailed visiting people in their homes for, unlike the usual techniques of studying drug users, I did not work all that much on the 'street'. One would invariably be offered a cup of coffee and, as well as this being a mark of hospitality, I was also aware that there was a considerable degree of symbolism attached to the offer as well.

That I was to incur several mild doses of oral thrush - a common problem for those with HIV/AIDS - appeared to be an occupational hazard. Consultation with my GP assured me the condition was not serious, and that if I was to insist in drinking from poorly washed
mugs I would be well advised to rinse my sore gums with salt water when I got home.

I first had the cup of coffee idea explained to me in no uncertain terms about fifteen years ago. We had a boy at the school who could never manage to get back from his weekend leave, and I would spend frequent Monday mornings calling round to his house to collect him. I was always greeted with a cup of coffee and a bacon roll while the young man was brought from his bed. Surrounded by a fair collection of her large brood, Mum and I would once again go over the merits or otherwise of her attempting to get this particular son back to us on time. It was one of those 'sticky carpet' houses (Young 1991) where the accumulated grime of spilt food, booze and the general detritus of her large family had produced a patina of grease over the carpet and upholstered furniture. The overall smell left quite a bit to be desired.

Mum was asking if I was enjoying my coffee which, apart from my wondering when the cup had last received anything more than a cursory rinse under the tap, I had found acceptable enough, despite the lipstick left on the rim. It appeared that she classified her 'official' visitors into two groups, those who politely refused, and those who accepted her coffee. She was well aware of her low standards of hygiene, but the cup of coffee, as well as being a mark of her hospitality was also a symbol of acceptance. As she put it, 'if you didn't want her coffee then you were one of those effin' stuck up bastards and, as far as she was concerned, you could go and bloody well run.'

Over the years I had taken many cups of coffee in quite a few 'sticky carpet' houses and had become only too aware of the offence that a refusal could give. The lack of hygiene had certainly caused me no significant harm and, as a marker of my acceptance, had eased relations between myself and the parents in our efforts to get their sons home and back into normal society.

The cup of coffee idea came up again when I was discussing relationships between the drug users and the plethora of agencies that had sprung up in the area as a response to the drugs/AIDS issue. My colleague on this occasion was an extremely experienced and well respected drug worker who knew most of the users and their...
families. She too had come across the symbolism behind the acceptance or otherwise of this form of hospitality and, as a senior member of the major statutory agency in the area, and with considerable contact with other agencies, she was well aware of those who tended to 'politely refuse' and the reactions of the people towards them. Our conclusion was that the best policy was just to enjoy your coffee, for in Maussian terms, the reciprocity entailed not only the 'gift' but also the reciprocal obligations of receiver in accepting the person who was offering the coffee, warts and all. '... to refuse to accept the gift (my italics) is tantamount to declaring war; it is to reject the bond of alliance and commonality.' (1950:13) In other words, don't look too closely at the cup, and that if people were kind enough to offer you their hospitality then you would be a darn fool to refuse it, that is of course if you had any genuine intentions of building up a worthwhile relationship.

Like Ann's hesitancy in taking her much needed swig of methadone, or the lurid details of a life of prostitution one is asked to listen to, accepting the cup of coffee is much more than a mark of hospitality. There is the underlying question that is saying; "Look, I know I've made a balls of it, my house stinks, I'm a junkie, I work on the shore, I've got AIDS, but, in spite of all that, I'm a real person. I need to know you accept me for what I am and not what I have done". Which puts me neatly back into the professional philosophy I had when I was working with young people in the List D system.

**Positioning the ethnographer**

Rosaldo suggests that, as a positioned subject, the ethnographer may grasp certain phenomena better that others, and that this 'position' is a structural location from which one has a particular angle of vision such as age, gender, being an outsider etc, which will influence what one learns. He also suggests that that the 'lived' experiences of the ethnographer, carefully recognised for what they are, may themselves assist in the intuitive processes of attempting to understand the culture under examination (1984:193). This positioning within a given age set was to my advantage. Firstly, it placed me in a 'structural location' vis-a-vis the parents in that we had shared experiences of parenthood; secondly, my age and parental experiences also placed me in another advantageous 'structural
location' vis-a-vis the drug users, or to put it another way, being somebody's 'dad' was quite a useful identity.

My fieldwork generally divided itself into two distinct groups of people; the heroin users, now on drug support and mostly HIV+ on the one hand, and their parents on the other. A few of these parents, as already noted, I had known from my days at List D, but most of them I was to meet as a process of snowballing. They were nearly all part of a group, mainly the mothers, who, in the early 1980s had come together in response to the heroin use of their 'bairns'. They had met because they were bewildered, heroin was not part of their 'ken' and they had roamed the streets looking for their teenage sons and daughters least they, like others, were to OD on this new drug. Many of them had known of each other since their children had played together in the street, but it was the crisis of heroin that brought them together and it was the catastrophe of AIDS that they now had in common.

For these parents there was a curious paradox. Heroin, no matter how terrible, might at least come to an end, there was a hope for the future and even if their 'bairns' did not give up drugs completely, there was at least a chance they could stabilise their use and live relatively normal lives. Drug use could be accepted, one could try and help and with a bit of luck there was still a light at the end of the tunnel. AIDS was different, and while people might die of an overdose of drugs, there was not the terrible inevitability that existed in having 'the virus' which, together with the stigma, gave rise to a metaphorical hiding behind closed doors and even in some cases to an abject denial that their offspring had the disease. This meant that, unlike the problems associated with drug use where support group activity could and had taken place, there was now little effective help for these parents, for to acknowledge that their children were ill also meant coping with the stigma attached to the disease. There had been attempts by the various agencies to set up self help groups but these had met with little success and most of the parents were left to cope on their own. It was this isolation which provided a research opportunity, for, as the listening stranger I was able to place myself, if only for a time, as someone who might fulfil a need.
It appeared that one of their fundamental needs was just to have somebody sit down and listen to their problems. Rabinow, in describing his relationship with French ex-patriots he was studying, tells how:

......the needs of the various participants were such that they were in search of an outside observer to whom they could recount their troubles and reflections (1977:19).

This point is also made by Anne Oakley where she suggests that many of her informants saw talking to the researcher as having a therapeutic effect and a means of 'getting it out of your system' (1981:42).

I too seemed to be placed in a similar role for, like Rabinow, I was neither a threat nor in a position to offer economic or political assistance. This neutral positioning meant that there was no purpose in 'presenting' a particular facet of their lives in the hope that I might be willing to negotiate on their behalf. This aspect of my relationship with people held true for virtually all those I met, even if one or two of the more manipulative drug users did 'try it on' occasionally. Thus my most useful position in a relationship was that of the stranger who was prepared to sit quietly and listen, with perhaps the occasional grunt or supportive comment. An ideal placing for the ethnographer, yet one that was not without its problems.

Pat for instance, a parent I had been introduced to by Olive, one of my major informants, had just been robbed by her son for the seventh time in order to get money for drugs. She was understandably angry at this and invited me to her house so that she could let off steam. On my third visit, the conversation got round to what I suspect was her real reason for the invitation, namely her fears that her son was HIV+. He was refusing to be tested and Pat, like other mothers in this position, was finding the awful uncertainty difficult to cope with. Eventually after another two visits it appeared that I had served my purpose and Pat was now anxious to discontinue these sessions but neither she, nor I knew how to bring this about in a satisfactory way. It seemed that the ethnographer must not only learn to present himself properly, he must also learn how to bow out gracefully when he is finished with. As Okely
suggests, 'The relationship between anthropologist and host is ever changing, with continuing implication for both.' (1992:14)

Initially I felt my role in these situations, indeed in any situation where I was collecting data, was to listen, to play a passive role, and to intrude as little as possible into the process. As fieldwork progressed and people became more used to me, I found this changed and there was an expectation that I should be prepared to put my own experiences into the melting pot as well. This was at its most noticeable among the younger people who seemed to want details of my family life, what my young children were doing at school, how we had spent the weekend, or what were our plans for the holidays. There appeared to be rather more that mere curiosity here, for these requests for details of my family seemed to be a way of using my experiences as a mirror to their own. It was as though I represented to them a life that was unproblematic, indeed in comparison with theirs it was, and to talk about what they saw as 'normal' things was important to them, a point they frequently made during these conversations.

Myerhoff suggests that marginalised individuals seek opportunities to define their notions of self and retain some sense of a 'normal' reality. She defines these encounters as 'definitional ceremonies' and suggests that the socially marginal, what Goffman calls individuals with 'spoilt identities', seek opportunities to appear before others in the light of their own internally provided interpretation. Her research in an old people's centre showed that these 'definitional ceremonies' were a major part of their collective behaviour as, again and again, they attempted to show outsiders, as well as themselves, who they were and why they mattered (1982:104).

While to some extent these 'definitional ceremonies', these advantageous presentations of self are common to us all, I would suggest that the fragmented and serious disarray of the lives of some of the young women, like Myerhoff's old people, denied them the proper audiences against which they might successfully reflect their 'selves'.

With the parents of the drug users there was a similar exchange, although here it seemed more as a process of the shared expectations of individuals from the same age set. For instance, Olive has
introduced me to Nan and I am told her son George has recently died of AIDS. The two women are gossiping and despite their attempts to bring me into the conversation, most of it is above my head since, at this fairly early stage in fieldwork, I have not achieved enough local knowledge to be able to recognise the people being talked about. Eventually Olive brings the conversation round to Will's death and how Nan is managing to cope. Nan says that she still feels very angry about it all and that it's all bottled up inside her. 

"Have you tried talking about it, you know, just talking and getting it out of your system?"

Nan says that it's not much use as she can't really talk to the family, and that since Will died people seem to keep out of her way. "AIDS is a bad way to die, Olive, folks just don't want to know you any more."

Olive suggests that it might be an idea if Nan talks to me. She assures her that I don't go blabbing things around and that for a cup of coffee I'm quite good at just sitting there and listening.

"It can't do no harm, Nan, and sometimes talking to strangers is easier than to folks that know you."

I arrange to see Nan the following week and we spend an hour or so talking about Will, and drugs, and AIDS, and anger, and all the bits and pieces that make up the salient issues in Nan's life at that moment. She seems pleased that I have called and extracts a promise that I will be there the following week. I do call the next week, and the week after, the strange thing is Nan keeps telling the same story yet I get the impression that there are other issues she wants to talk about but somehow cannot.

Half way through the third visit Nan is drying up and, for want of something to keep the conversation going, I comment on a bowl of chrysanthemums she has on the table. It seems she has grown them herself and, since I'm also interested in chrysanths and dahlias etc, we start talking about cuttings, and bagging blooms, and phosphate feeding, and all the other technicalities of growing speciality flowers. Nan knows far more about it than I and I'm only too happy to pick her brains. Her knowledge, it seems, comes from an ex husband and this somehow leads us onto the subject of divorce and remarriage.
I find myself with a difficult decision to make. I too have been divorced and remarried and it is possible that sharing experiences would place our relationship on a different plane and get Nan over the hurdle of not being able to raise issues that are obviously important to her. The choice is not easy, although I must admit that eventually I made my decision, not on the basis of rational scientific reasoning but purely by just saying, 'what the hell!' and jumping in with both feet. After all, I'm only too willing to ask Nan for personal details of her life so why shouldn't I share some of mine? As Oakley pointed out in her article on interviewing women, 'no intimacy without reciprocity' (1981:81). A point also made by Coles where he too refers to the advantages of the processes of reciprocity in his relationship with those he interviewed. (1989:18)

Hastrup in discussing the violence of ethnography, suggests:-

..... we must be careful not to miss the point that making other people tell their story my be extremely wearing to them, and symbolically imply their death (1992:120).

In a way this is indeed true, the stigma of the death of her son through AIDS has made Nan vulnerable and even though she herself instigated our discussions, the process was far from easy.

For some reason my divorce seemed to surprise Nan and I got an impression that it rather brought me down to earth in her eyes. In fact, apart from a recognition of our shared experiences, it was a subject that was not raised again between us. It may however, have 'humanised' the researcher, who perhaps now might be able to understand other things that were happening in Nan's life.

The issues that she had wanted to talk about were to do with her daughter and the boyfriend and her concerns, in view of his drug injecting and refusal to take an HIV test, for her daughter's health. Our talks became an interesting examination, not only of parental concern but also the way in which Nan became powerless in the face of the boyfriend's influence on her family. The acknowledgement that I too had experienced the trauma of divorce seemed to enable Nan and I to move on in our relationship, to 'touch', and in so doing grant me the privilege of 'knowing' just a little more.

73 Drug users in a therapeutic cul-de-sac
In her 1991 Munro lecture 'The Native voice', Hastrup discussed the idea that the native inhabits a social space and that our understanding as ethnographers is gained by our being allowed to become part of that space. The processes by which we do so are frequently ones in which we draw on the experiences of our own past, often unconsciously, in order to inform our relationships with this native. For me, as well as the instance cited above, one of the more noticeable examples of this process was in my relationship with Kate.

Kate was nothing if not a survivor, if there was a grant, a DHS single payment, a special allowance, or anything else going, 'our Kate' was there. She knew how to play the game and her home, although usually something of a tip, was well furnished and she and her two children were not short of clothes. I would also mention that her successful manipulation of statutory and voluntary funding was frequently supplemented by her 'working' on the shore - a local euphemism for street prostitution.

My relationship with Kate was something akin to a business proposition. I used my car to run Kate and her children on various errands, she in turn would supply me with information. Initially, this was a fairly satisfactory arrangement, Kate was one of the community's 'characters' and, more to the point, knew nearly everybody else. She was a consummate gossip and fund of local tittle-tattle, cheerfully regaling me with choice pieces of scandal each time we met as though these snippets of information were to be her 'payment' for my taxi service. Kate was also HIV positive, as was one of her two children.

After a while I began to get the feeling that, gossip apart, my now quite extensive contact with Kate was getting me no nearer to her and the two children than when I had first met them. It was as though Kate was feeding me what she felt I ought to know, a sort of daily press release, and, judging by her collection of press-cuttings from the tabloids, she had plenty of experience of that. If I was to get to know something about the real problems of AIDS, then this warm outgoing young woman would be an ideal opportunity. The difficulty was that this business footing she had put us on placed me firmly in the role of researcher and as such, any contact between us, friendly though it maybe, was kept strictly within well defined limits.
Although not an intentional decision on my part, what eventually happened was that in bringing some of my own personal experiences into our relationship, mundane though they were, there was a shift in our perceptions of each other. As though using one's own life experiences to become involved in the minuta of daily life, the ethnographer was permitted a closer awareness of the world of the informant.

I had arranged to call early one morning and take Kate and young Noreen to the hospital. I arrived about eight thirty to be greeted by a bleary eyed Lynne, the older of the two girls, who should by then have been on her way to school.

"Mum's no up yet, she says if it's you, you're to come in."

"No school this morning Lynne?"

"Nah, I'll tell Mum I got a sore leg or something. Don't feel like school!"

"You want to go and give Mum a shout for me? We're due at the hospital for nine thirty so Noreen can get her tests."

"Is that Clive? Make him a cuppa, Lynne. Give Noreen a shout. God, my head." From the sound of it the voice from the bedroom is still well under the bed-clothes.

I go into the living room. As well as the usual conglomeration of last night's supper things, children's clothes, and toys scattered over the floor, there is an interesting collection of saucy black lace underwear, black stockings, high heeled boots and an abandoned dress. Kate was obviously working last night, although whether the clothes were the result of customer or odd boy-friend I'm not sure. Kate appears in a lacy negligee that is only just about covering the vital bits. That she had been hitting the bottle last night is only too obvious. Noreen peeps round the door, bright as a button as usual and offers me a cheeky grin. I wink and she jumps up on the couch and pats the cushion next to her for me to sit down and join her. Noreen had already 'sussed' me out the first evening we met and we are by now the best of friends.
At this first meeting I had sat at one end of the couch with Noreen at the other. I was offered a hesitant smile and, under the pretext of showing me a drawing she had been doing, she edged herself towards me. She got within about six inches of where I was sitting and then seemed to stop, still smiling but as though she was asking if she should come any nearer. It suddenly dawned on me that, even as a three year old she was well aware that being HIV+ meant that some grown-ups weren't going to let her touch them. I held out two hands and the little toddler literally bounced onto my knee giving me a big hug. This one was OK it seemed, you could give him a cuddle.

After admonishing Lynne for not brewing the tea and informing the children that they would have to get themselves ready because she was definitely 'dying', Kate, pulling the negligee decorously around her at last, goes off to get dressed. I am left with a three and an eight year old who are showing no inclination to get ready and little chance of getting Noreen to the hospital on time. This incidentally is quite important because she has already missed one appointment this week and it is essential that she has her treatment regularly.

The youngest of my own four daughters was then fourteen, the other three girls ranged from thirty-three downwards. Despite the passing of the years, I still considered myself reasonably competent at the art of getting wee lassies washed, dressed, hair brushed and ready to go out. I picked up a giggling Noreen and we charged off into the bathroom before Mum could hog it. A quick wipe round with the flannel and, giving the teeth a miss because there wasn't any toothpaste, we went off into her bedroom to find some clean clothes. Clothes there were a plenty, clean ones there were not, so, making the best of what we could find, Noreen and I went back into the sitting-room to get dressed by the fire.

"Skin a rabbit.", as off comes a pyjamas top and Noreen and I make a game of getting dressed. Lynne comes back into room. Thankfully she is dressed, and is watching Noreen and I curiously.

"Can you brush hair?", she asks shyly. Lynne has got lovely long brown hair but at the moment it resembles a hay stack. I finish putting Noreen's shoes on, bundle her off onto the couch to watch the telly and get Lynne to kneel down in front of me while I tackle the hay stack with a large brush. We get through this painlessly enough
and I am asked if I will put her hair up in a plait. A quick think while I try to remember how I used to start one of these things off on my daughter Sue's hair, and the request is duly complied with.

The two children are now ready and Kate, mumbling something about not being able to find her other black boot, comes into the room.

"You've dressed the kids." she says with some surprise.

"Oh aye, Kate, after four daughters of my own, I'm an expert at that game."

She looks at me thoughtfully and walks away to look for her other boot.

Eventually I hustle the three of them out through the front door, late, but not too late.

"You don't fancy a job as a nanny do you?", says Kate, grinning.
"Funny, I never really had you figured as a Dad."

There was a change in our relationship from then on. There was still something of the business agreement to it, but then that was Kate's way of surviving and a free taxi service was always very handy. But there was a bit more flesh on me now, not just some researcher who had to be 'fed' information. We had 'touched' and I was also a dad who knew a bit about bringing up young lassies. I could be allowed the odd peek at the real Kate and insights into the world she lived in.

I have attempted so far in this chapter to examine how the life experiences of this particular sixty-year-old ethnographer informed his relationships with those he studied. Not all these relationships were successful however, nor would I have expected them to be. There were the introductions that never got past the first base, the stilted conversations that somehow one knew were not going to lead to further visits. There were the appointments made and the knock on the front door that was not answered. At first this gave some cause for concern, for it was a not an uncommon occurrence and could lead to feelings of rejection. I learnt later that a refusal to answer the door could also be the result of chaotic drug use. One might make arrangements to visit somebody later in the week, only to find that in the intervening period their drug use had become
chaotic again and they had become too 'gouched' to be bothered to see anybody. This was a pattern encountered by most people working with drug users and not necessarily peculiar to anthropologists.

Conclusion

At best one's ethnography offers but a partial glimpse through the shutters, and, as Auinger argues; provides a knowledge that is incomplete, distorted, tentative, speculative, and thus contestable. What is more:-

When put down in writing, this knowledge cannot be separated from the way it is presented in the text ... this raises the question of to what extent plausibility equals rhetorical and stylistic persuasion (1995:98).

I must acknowledge this statement for, as my thesis shows, I am essentially a story teller and use my skills in that direction in an attempt to 'bring alive' my ethnography. Yet, I must also take this 'tentative and incomplete' knowledge further if I am not to be accused of what Leach described as 'butterfly collecting' (1961:2). I suggest that it is this process of 'bringing alive', this intentional 'stylistic persuasion' I admit to in order to flesh out those I research, and in the process record my own place in these ethnographic transactions, is a means of enhancing the intuitive processes of anthropology.

In my efforts to 'tell a story' I must endeavour to get close to my cast. These are not the anonymous voices, slotted into the text to substantiate some vague hypothesis. They are living individuals and, in recording their experiences in this way, I contend I achieve a better understanding of what I witnessed. This said, I also acknowledge another problem inherent in anthropology, and one which my privileged position in this community exacerbates. I refer to the particular perspectives from which I view my investigations, not only of generalisations such gender and age, but the influences of my previous profession.

Campbell in emphasising our ethnographic interpretations of other peoples, points out that:-
...the grounds of our interest in them are just as much part of the question as the peculiarities of what they say and what they do, and that to obliterate the 'us', the ethnographer and the people, (my italics) side of the relation, ...turns the enterprise from a fluid indeterminate effort of understanding towards a petrified lump of observed fact (1989:11).

This concept of our understanding being the result of a particular encounter with the 'other' and, as stated above, an encounter which already has a set of predetermined interests, seems to lead to Gadamer's notion of the three elements of an hermeneutic understanding. He points out that the processes of understanding are not so much a method but a, 'talent that requires a particular fitness of mind' (1975:274). The act of understanding is made up of three essential elements; an understanding, an interpretation and an application, and that understanding itself is always an act of interpretation. However, these elements do not occur in a vacuum, the process must take place in the real world. Gadamer cites the example of legal and theological hermeneutics and distinguishes the text set down - of law or proclamation - on the one hand, and on the other the sense arrived at by its application in the particular moment of the interpretation in a court of law or from the pulpit of a church (ibid: 274-5).

Transferring this to what might be termed an anthropological hermeneutics, it would seem that what Gadamer terms the 'applicational elements' of the particular encounter would equate with Campbell's 'grounds of our interest' or 'point of view' that the anthropologist brings to this process of the understanding the other. For instance, as an understanding of a law is only made valid through a particular interpretation consequent upon the specific circumstances to which it is being put, so too, the anthropological sense of the peculiarities of the 'other' must also depend on a given contextual interpretation.

Situating this argument within ethnography, and referring to Jamie's bizarre antics in the shopping centre mentioned in my introduction, a policeman would interpret this encounter in terms of the illegal and disruptive nature of the activity. These would be appropriate 'grounds' of interest, the 'application' of understanding. As an anthropologist my 'application' in this encounter is of a different
order and, although in this instance recognising the 'grounds of interest' of the police, as indeed Olive and I did in our attempts to remove the two miscreants from the scene of their misdemeanours, there were, for me, other interests to be pursued and within which I would structure what I saw and how I might make sense of it.

For instance, I am interested in community reactions to the chaotic behaviour of drug users, especially if they are like those Hunt and Lipton describe as now only being interested in, '...cracking a few scrips' (1986:1751-71). There are other interests that I must recognise which will also be filtering my observations, such as the sense of community expressed in the fact that Olive has known Jamie since he was a young boy and how this may have an effect on her decision and way removing the knife from him. It so happened that I had been talking to Nora's mother the previous evening and as a consequence, was now interested in the relationship between mother and daughter in terms of their attempts to support each other by denying the reality of Nora's heavy drug use, now very much apparent in this evening's encounter.

There would, however, be other scenes played out in this particular episode that I would not be interested in, that I would not necessarily have observed or taken note of, and that another ethnographer with different 'grounds of interest' might have seen as crucial to their research. It is possible, for instance, that an anthropologist with a feminist perspective would have been more interested in Nora's role in this encounter, or the supportive matriarchal attitudes portrayed by Olive. Both perspectives are justifiable processes of understanding, yet both are also subjected to this anthropological hermeneutic whereby the understanding and interpretation is made valid by the specific circumstances to which they are put.

This 'application, or 'grounds of interest' inherent in my own work, means that for all my observations of them being 'gouched', lining up a morning's pills, feverishly grabbing a swig of methadone because they're strung out, the lying, the excuses and the explanations, the anger and the despair, the crying, the loving, the fighting, the dignity and the caring, I still fix on the page but little more than my own particular hermenutic recollection of an encounter. I have, consciously or unconsciously, adopted a 'stance', a perspective, and
my understanding of drug taking, AIDS, and the effects of harm reduction policies are of necessity worked out in the context of these particular encounters within the framework of these particular interests. I do not really 'know' their notion of what it is to be a part of this drug culture. As Rapport argues, we make but, 'inevitable reifications of what they purport to convey' (1993), and hence I but scratch the surface of the real meanings viewed essentially form my point of view. Yet I am also discussing and recording these interests in the light of current debates and social science literature on illegal drug use and AIDS. That my intervention coincides with a public moral and political focus on these subjects is the reason I wish to distance myself from 'researchers' and my extra need to personalise the encounter.

Thus, the 'gestalt' of the ultimate processes of writing, as it dredges from my unconscious the consequences of these interests, will reflect my own particular concerns as well as the historical and political contexts in which these events take place. I am a major part of the equation and I must take this into account in laying claim to my endeavours. Yet, as Hastrup suggested in her 1992 Munro lecture and subsequent paper, '...a genuinely anthropological understanding is different from mere knowing' (1993), so that while I must recognise that there are a whole set of other possible understandings available, each of which bring to the interpretive process their own applications, my own must take its place among these and, given the intuitive processes of my profession, stand or fall by these skills.

Finally, in this somewhat hesitant exploration in reflexivity, I would point out that the acknowledgement of the anthropologist's interests in those being studied is by no means new. As Geertz pointed out some thirty years ago:–

...once you know what view an anthropologist has of himself, you can predict what he will say about the people he studies, all ethnography being part philosophy and a good deal of the rest confession (1967:28).

A contentious opinion perhaps, for the research endeavour also brings its own patterns of interest. However, that this opinion was formulated nearly three decades ago is a curious reflection on the professions hesitancy, until recently, to address these issues.
Cohen, in his paper *Self Conscious Anthropology*, seems at one point to be asking, 'Who am I?' (1992: 229), and in a way posing the 'Burnsian' question, 'O wad some Pow'r the gift ti' g'ie us To see oursels as others see us!' Since our informants perceptions of us as 'the anthropologist' can at times become problematic, perhaps I might finish with a somewhat humorous although pertinent example of this from fieldwork.

I am in Olive's house and she is talking on the phone to Tam, an ex pupil of mine now serving a life sentence for murder, the one whose name I couldn't remember at Fran's flat above. Also on the phone upstairs is her son who has known Tam for many years. Olive suggests that since I know the person I might want to talk to him as well and she passes the phone over. There now begins a three-way conversation aimed at establishing for Tam exactly who I am, for it is some seven or eight years since we last met and he does not recognise me by name. This takes several minutes but eventually recognition dawns. "Oh," says Tam, "you mean yon fat bugger wi' the moustache." As Rabbie said, 'To see oursels as others see us!'
CHAPTER FOUR

ANTI HERO TO PRESCRIPTION JUNKIE

Although for reasons of an ethical confidentiality it may not be acknowledged in detail, the innovative research conducted by Robertson and his colleagues (1986-1989) used many of the respondents I was to meet during fieldwork, and who were to inform much of my own investigations. It is for this reason that I begin my chapter on drug use by examining some of the findings of this particularly unique research protocol and place them against my own ethnography.

Here, using not only fieldwork but also my own experiences of working in this and similar communities in the city, I express their essentially quantitative data in terms of a more emic description of the events pertaining to the drug using culture we both studied. Furthermore, I not only substantiate their findings, but extend the material to include original data on the day-to-day events of drug procurement, its methods of administration, its place in the community as an alternative to paid work, and the social and emotional affects of its use. I also examine illegal drug use in an historical perspective and, retaining this context, explore issues such as drugs overdose and attempts to reduce drug intake.

I return to the notion of drug use as 'employment' and examine this concept in relation to the subsequent 'un-employment' that was to be brought about by harm reduction policies initiated by the local authority. The technical processes of illegal drug use are complex and, basing most of my data on street awareness, I show some of the ways by which these drugs are administered. I also provide what evidence I have of the drug culture in prison.

The second half of this chapter is concerned with the impact of harm reduction policies. The political initiatives are examined and I show something of the lifestyles of those now on prescription drugs and how this 'unemployment' has affected their lives.
Towards the end of the 1970s when visiting some of the peripheral housing estates in the city, usually to do with picking up absconders or those who had got themselves too high on a 'poke' of evostick to be able to return from weekend leave, I would hear rumours that hard drugs were around. Since their use seemed to be confined to an older element than those in our charge the issue was of little import at the time, and in any case we had more than enough problems coping with our own glue sniffers. The city, like most large European conurbations, had its heroin users, but up to then, the misuse of illicit drugs had not been on a scale to cause concern. It was not until the early eighties, with the influx of inexpensive high quality heroin from the 'Golden Crescent' of Iran Afghanistan and Pakistan that problems began to arise.

The public image of the drug user portrayed by the media now became one of violence and chaos and mirrored similar media processes found by Fieldman in his study of violence in Northern Ireland. Here, by conflating notions of hard-men and gunmen, the media produces an image of unrelenting violence within certain Belfast communities (1991:47). In a similar way, by institutionalising this conflation the media reifies crime, violence and drug use as a fixed cultural characteristic of the user. A taxonomic definition is created irrespective of the intensity, frequency and nature of drug use. Thus, even those now on harm reduction programmes retain this stigma despite the considerably reduced levels of criminal activity and violence.

The Robertson and Bucknall research into 117 Scottish injecting drug users attending their local GP clinic, suggest that by the mid eighties the number injecting heroin within the area covered by the clinic was twenty times the national figure for those within the 20-24 age group and that overall they had four times the number of heroin users than would be expected in a random national sample (1986:13). This research is somewhat unique. Unlike most studies of those injecting illegal heroin which are of necessity based on visible users attending drug clinics, drop in centres, needle exchanges, or on the street, the Robertson and Bucknall study had the advantage of accessing those they wished to research via their normal visits to their GP. Furthermore, most of these patients, some 90%, had been
known to the group surgery for some time, many since birth. This meant that not only could their work be based on a considerable 'in-depth' knowledge of the person concerned, and in many cases the family as well, but because the individuals were giving the information to their GP, there would be less likelihood of them falsifying the data. The doctor, because of access to medical records and personal knowledge, was less likely to be taken in.

The data given in their report together with my conversations with Dr. Robertson produce a very similar picture to that gained during fieldwork and my own previous experiences of working in this community. Furthermore, their study offers a wider quantitative setting to my own qualitative material and is entirely consistent with it.

The following is based on their findings from a sample of 54 injecting drug users attending their group surgery between Jan. 1985 and Mar. 1986.

Schooling. (ibid:15)

A typical user will have left school at a mean age of 15.5 yrs.

26% of both men and women had received List D education.

28% were expelled from mainstream school

30% report persistent truanting and being in trouble at school on a regular basis.

Only 3% report having done well at school.

General details. (ibid:16)

Although most had had a full time job at some time, only 4% were working at the time of the study.

90% were receiving DSS payments.

While 70% had both parents living, there were 35% from divorced or separated parents with a mean of 8yrs when this happened.

Family size mean was 3.6 with a range of 1 to 10.
43% said that their parents had drink or drug related problems with 26% of fathers and 22% of mothers said to have had drinking problems.

30% reported that their siblings were also using heroin.

On drug use patterns. (ibid:19-23)

Rather than progressing to heroin via other drugs, most users in the sample went onto the other drugs such as amphetamines, cocaine and LSD, after they had become heroin users. Drugs prior to heroin were mainly cannabis and solvent abuse. Most users said they became involved in drugs because their friends were already using them, although only a few reported that they were under direct pressure to do so. Other reasons given were boredom and heroin use related to the partner, in this case it was mainly females who reported. Most said they had been introduced to heroin by a friend and 22% by the partner or spouse.

The quality of heroin available was relatively high, 38% as against the New York figure of around 10%, and it was usually sold in £10 bags of 100 mg. Although at this high purity it would be economically feasible for the drug to be snorted, the local culture was for injecting. 92% reported this as their regular method and all reported injecting at some time. Only 19% reported that they never shared needles.

The women were more likely to become embedded in the drug culture than men because their available circle of friendships is more limited in this culture. This means that they are likely to have fewer non-drug using friends from whom to gain support. This pattern is exacerbated by the greater likelihood of their having become involved in heroin use because of their partner.

The average maximum daily cost of drug use was £70, 2/3 to 3/4 of a gram of heroin daily, with a range of £5 to £200. Nearly all said that they had made attempts at coming off heroin although there was little pattern in the reasons given. Some said they were 'sick' of what they were doing, often through witnessing the damage done to their friends, others giving multiple legal, social and medical problems as their reasons. Few cited prison as a reason for coming off and only 4 of the women came off drugs when their men were inside. Concerns over pregnancy and welfare of their children were also given as
reasons for coming off by some of the women. In general, the reasons for stopping the use of heroin were as varied as the reasons for starting and there was little evidence of a pattern to all this. The same holds for the reasons for relapsing. Coming out of jail, meeting up with old 'using' friends, boredom and, in the case of the women, depression and stress, were reported as a reason for starting again.

The user is 12.4 times more likely to die than the normal population.

Criminal involvement. (ibid:27)

Apart from some of the women having their drugs supplied by their partner, virtually all reported criminal activity in order to obtain money for drugs. While only a third said they had been convicted before becoming a user, most, 87%, reported being involved in criminal activity, serious shoplifting or housebreaking, at some time before heroin use. It suggests that this population does represent a sub-group involved in criminal activity prior to, and unrelated to, its use of heroin. Most, nearly 90%, had been convicted of non drug related offences and far fewer, about a third, had been convicted of possession or possession with intent to supply.

The causal connection between heroin use and crime is complex and its association with property crime has been grossly overestimated. While a user may need some £70 for a day's heroin, the assumption by professionals that this is a repeated daily occurrence is false. The drug habit is not continuous and the user will have repeated and quite often long periods of abstinence or low level controlled use. This means that the total amount of money required is much less than the daily figure would suggest, as is the crime required to produce it.

Comparison with my own findings

Comparing the Robertson and Bucknall quantitative data with my own research, I find that their description of education patterns is typical of those who get into difficulties with the school system and are either removed from the mainstream or in effect vote with their feet via chronic truancy. This truanting, once established as a pattern in the pupils life, invariably leads to further deviant acts such as petty thieving and other opportunistic crime. During this period, experimentation with glue sniffing and alcohol is prevalent, the
favourite cocktail being a 'poke' of glue and either a can of 'special' or vodka.

The average family size of those I studied was just over four, at least half came from divorced or separated parents and, although not raised as a specific question, there was sufficient evidence of parental drink related problems, and in three instances difficulties with drug use as well, for this to be a significant issue in child development. This situation appeared more prevalent among the young women although this could have been because heavy drinking was considered less of a problem with the men and as such not as likely to be raised in conversation.

All the parents reported that there was more than one user in the family and the reason for an individual not having used drugs was often that they had been well over teenage and settled down before the cheap heroin became available. There was a greater chance of a female member being able to keep away from drug use where her circle of women friends was not associated with the dominant male culture. However, even here there were several instances of them taking up with their brothers' friends who were users, and eventually getting into drugs because of their choice of these individuals as partners.

Robertson and Bucknall give a figure of 28% of their respondents having received List D education. Because my own involvement in this system of education was well known, previous school experiences were often a topic of conversation, indeed, in the chapter three I cite instances of individuals claiming to have known me from those days as a way of reinforcing our shared experiences. In fact, all those I met during my research had been, had relations who had been, or had partners who had been in a List D school or the Assessment Centre. Given that the reason that they would have been placed in the system will be predominantly because of criminal activity, and that the Scottish Panel system, before whom this activity would have brought them, is geared towards trying to prevent young people from being put into the List D schools wherever possible, then it is a reasonable conclusion that even as youngsters the majority of those who eventually became heroin users were part of a culture in which criminal activity was prevalent.
The relationship between illegal drug use and criminal activity is complex. Bean and Wilson examine the links between drug taking and crime in terms of; to what extent does drug use lead to crime, to what extent does crime lead to drug use, and to what extent does crime and drug use emerge from a common set of circumstances? They found their results gave little support to the first two propositions but much support to the third if it is defined in terms of the drug user's position on, and contact with, the illicit supply system (1988:534).

Bennett, also examining the links between crime and drugs, points to other factors such as the user becoming enmeshed in the deviant world in order to obtain drugs. He suggests that many users will have been part of this world before they commenced using and that substantial proportions will have received criminal convictions prior to illicit drug use (1990:834). These patterns reflecting Robertson's research and my own experiences. They are also brought out in Hammersley et al's research, where they suggest that crime explained drug use more than drug use explained crime. They point out that having delinquent friends and the lack of conventional social supports (notably having been in care) were more significant determinants in criminal activity than actual drug use (1990:1583).

While acknowledging in their report that detailed information on criminal activity was unavailable, Robertson and Bucknall produce some interesting data concerning the number of convictions and jail sentences an individual had acquired. Interestingly, no gender differentiation was discovered and nearly 90% of the group reported having been convicted of non-drug related offences, the average being 7.6 convictions per person and a mean age of 17.1 for the first conviction. Prior to the age of sixteen the individual would have been brought before the panel system and as a minor not indited with a criminal offence. (Italics mine) Only 37% had been convicted of possession of an illicit substance or possession with intent to supply; the two main drug offences (1986:27).

Looking at my own data of those of my more significant informants who found themselves in prison during my period of fieldwork; Ian, Angie's partner, got a short sentence for theft; Lennie, Jamie and Doug were either convicted or on remand for serious assault and Kenny was on remand for murder, although he was later released.
Actual offences concerning drugs were much less of an issue as 'possession of an illicit substance' (class A drugs) did not apply to the numerous pills that were now the predilection of most of the users since the introduction of 'harm reduction' policies. Eddie, however, was raided by the drug squad, but by then I felt that he was becoming too dangerous to follow up so I do not know if he was charged. Ann's partner, Paul, was arrested for trying to deal inside the hospital, although again the details are somewhat vague because shortly after this they fell out and Paul was no longer an acceptable topic of our conversation.

One curious comment, made on several occasions when talking with the users' parents, was an assertion that although they would acknowledge that their offspring had done a 'fair bit of prison' because of drugs, there was usually a claim that before all this started - the introduction of heroin into the community - their 'kids' had been straight. Comments such as, 'My kids aren't thieves, its the drugs that put them inside.' seem in conflict with the knowledge that many of these 'kids' had previously been placed in List D school long before the advent of heroin into the community. It was as though the criminal base on which these subsequent illegal activities were predicated was being emphatically denied. This 'myth', I found curious. These parents would have known that my having been part of the List D system meant that I would be aware of the nature of the crimes committed. I must assume therefore, that these claims to 'innocence' are part of a process of maintaining a self image of respectability, and that placing blame on heroin is seen as a way absolving them from their perceived shortcomings as parents.

**Historical perspective**

The position occupied popularly by heroin as the 'hardest drug', and the perception of it as the source of many of the social evils in modern society, depend on many things not necessarily related to its effect on the human body or its properties as a drug of dependence. In common with other social evils there are many facets to heroin use. Many of the problems associated with use of heroin are related to its illegality rather than its toxicity, and its position as a socially unacceptable drug has an important influence on the real and apparent dangers. Robertson (1987:24).
Heroin, a derivative of the opium poppy 'Papaver somniferum', was first produced in the British Isles in 1893. Primarily a pain killing drug, it was also used as an active ingredient in many proprietary medicines until the early part of this century. The opiate properties of the poppy had also been known in rural communities long before its use by the medical profession. London et al record the re-introduction of a process whereby poppy tea, made by boiling the heads of poppy flowers, had been a traditional herbal remedy in East Anglia since before the nineteenth century. So popular was the herb that there is even anecdotal evidence of it being used to enhance local beers as late as the 1930s. The practice, eventually dying out during the second world war, in now being revived by illicit users in the area (1990:1346).

As well as effective use as a pain-killer the opiate or 'narcotic' analgesics produce feelings of well-being and euphoria. Heroin has a rapid onset across the blood-brain barrier - the rush - especially when it is injected, producing for the user the required mood altering effects. Although there is a high intensity of withdrawal symptoms associated with heroin these are relatively short lived - some eight to ten days. Methadone, developed as a synthetic opiate in Germany and called Adolphine after Hitler, is equal to heroin in strength but has a longer period of action - eight to twelve hours - and a slow development to tolerance. These properties mean that its use in the treatment of narcotic dependence enable the patient to establish a controlled lifestyle when used under supervision. Methadone is more difficult to withdraw from, its adverse effects lasting three to four weeks (Robertson 1987:30-31).

I have mentioned earlier the necessity of being familiar with the specific knowledge of the drug culture within which the user was operating, for, like those Kane and Mason were researching, I too was aware that there were the classic hallmarks of a culturally distinct scene, an insider body of knowledge, rules of appropriate behaviour and an accepted argot (1992:203). This body of knowledge, certainly where it related to the period of heroin use before the introduction of 'harm reduction' policies, was, unlike the more contentious knowledge of present day drug dealing, reasonably available. Indeed, it had not only passed into mythology but was now one of ways by which massive social change was being assimilated. I came to know
several of the main 'characters' of the mid eighties when heroin was in its hey-day, and I was able to tape some fairly detailed, and at times, lengthy sessions of them recalling their history. Admittedly, one had to do some 'sifting out', but then most of us if asked to recollect some of the significant details of our past might be forgiven a little exaggeration. It is from these taped conversations that the local history of heroin, as I came to understand it, is produced.

The patterns of drug use can be split into two discrete periods. That of predominantly heroin use which peaked at around 1983/4, and the subsequent use of prescribed drugs following the local Health Board's decision to introduce 'harm reduction' policies. Prior to the introduction of cheap heroin in the early eighties, there had been some notifiable addicts in the city, although these were not considered a problem. They would be seen by the Health Board's psychiatric services who were in general against prescribing for these people and it was usually left to one particular consultant to do any prescribing that was considered necessary. This policy was to have a considerable effect on the eventual problems caused by the massive heroin use that eventually swamped the peripheral council housing estates. Together with a police response that reacted severely to the increase in crime brought about by the need to feed heroin habits, these negative attitudes towards drug users were to result in a pattern of needle sharing that eventually brought about the AIDS epidemic.

I should point out that at this stage it is doubtful if a change of attitude on the part of the authorities would have had much effect on what was to happen. By and large the heroin was plentiful, it valorised petty crime and the 'kids' were having a good time. It was exciting, daring, it fed the need to take risks, and, in a community that suffered from chronic unemployment, the processes of obtaining drugs offered an effective substitute to going to work.

In short, the users, especially those who were dealers as well, even if only to feed their own habits, became the anti heros, looked up to and emulated by the young. Heroin was special and to say that the local big shot gave you a 'lend of his works' was a mark of status. To be known to take H was 'the' thing, it meant that you were into the real world and no longer messing around on the fringes of the drug activity. Given that sort of belief, it is little wonder that, as one
individual was to put it; 'the cult spread like wildfire, the 'kids' had no chance and the dealers were having a ball.'

A significant comment from the concluding passage in Phillip Dick's book, *A Scanner Darkly* reflects the attitudes of those caught up in this culture. Dick, himself a one time user and now a successful science fiction writer, says that his story is about:-

People who were punished too much for what they did. They wanted to have a good time but they were like children playing in the street; they could see their friends getting run over and killed or maimed, but they continued to play anyhow.......... Drug misuse is not a disease it is a decision, like a decision to step out in front of a moving car, it is an error of judgement. The motto is 'be happy now because tomorrow you are dying', but the dying begins almost at once and the happiness is only a memory. It is a speeding up, an intensifying of ordinary human existence. It is no different from an ordinary life-style, only much, much faster........ The people wanted to go on having a good time forever and they were punished for that (1977:219).

This passage would seem to suggest the drug user it not a passive victim, at least not at first, and that the initial 'error of judgement' is almost made in a social vacuum. He is writing of America in the early 1970s and his drug users are predominantly middle class. Yet, despite the lack of social motivation in terms of unemployment and multi-deprivation, the metaphors still ring true.

Dealing, prior to it moving out into the peripheral estates, took place mainly in the city's dockside area. Although researching the Glasgow area and their costings based on 1988 values, Frazer and George's analysis of the wholesale and retail structure of the heroin market provide an interesting picture that would compare with my own research area of an earlier date. The larger wholesaler would buy in heroin in kilo quantities, usually direct from the continent, and sell out to the distributing wholesaler in one or two ounce lots at between £900 - £1200. Where credit sale was involved this would rise to £2000. This dealer would split the heroin into one to five gramme packets to be sold between £85 to £100 per gramme. Retail outlets, usually buying in one to five grammes at a time, would sell at £50

Drug users in a therapeutic cul-de-sac
per 1/2 gramme, £35 per 1/4 gramme or in £10 deals of ten to fourteen deals per gramme. The end user would usually buy in these £10 deals. The process of 'cutting' the heroin taking place within each marketing level (1988:657).

By the time I came to do my research the 'big dealers' were no longer prominent. Their activities had become part of the mythology and those who were not in prison - the police had 'cracked down' on dealing and many were still inside - were no longer significant in practical terms now that most drugs could be had on prescription. In the hey day of heroin they were powerful figures who controlled specific territories, and the myths surrounding them reflected this power, how it was maintained and the conflicts pertaining to their different spheres of activity. These conflicts and the narratives told of them served not only to maintain territorial rights, they were also a means of sustaining the power and identity of the bigger dealers to those beneath them.

Lewis, referring to patterns of ceremonial exchange such as the Kula or the Moka in the New Guinea Highlands, suggests that power and prestige within one's own community are enhanced by successful confrontations with equals 'outside' it. Thus, if the outside world takes a leader seriously, so too will the local followers. He cites, among others, the Russian and American heads of state where both realise that their authority over their followers depends on how they 'square up' to each other (1976). This competitive exchange translates to much of the posturing and violence between the bigger dealers whose activities have become 'better for the telling'. The prestige and reputation gained in successful confrontations with equals enables them to protect territorial rights, manipulate smaller dealers and control users. Nor is this control based purely on coercion and fear. In a community that has few heros, these individuals become significant role models, and, as I point out in chapter five, the telling and re-telling of their escapades become part of community folk lore, especially now that harm reduction has placed these escapades into the mythical past.
Shooting galleries

An important element in the dealing structure was the setting up of distribution centres or 'shooting galleries. Police directives at the time were to prohibit the use of injecting equipment by making it an offence for it to be carried, and to destroy any that they found. This was before any real awareness of the problems associated with HIV/AIDS and as such these attitudes were understandable. As Foucault points out:

One must calculate a penalty in terms not of the crime, but of its possible repetition. One must take into account not the past offence, but the future disorder (1975:93).

Chemists were unlikely to sell equipment to users and at one point the only place they could obtain 'barrels and spikes' was a surgical suppliers in the centre of town. This meant that the limited supply of needles frequently ended up in the hands of the dealers and it became common practice for the user, having bought a £10 'bag', to inject there and then. These 'shooting galleries' provided some protection for the dealer. By demanding that the user 'hit up' the heroin on their premises, they ensured that the individual could not subsequently be picked up by the police for having 'works' in their possession. 'Stoned' or not, they were in the clear. This meant that the police were unlikely to seriously question them about who was dealing as they had not been in a position to charge them.

There were other reasons for the shooting galleries, and, dangerous though they were to become in the spread of infectious diseases, reasons which precluded notions of safety and 'clean works'. Barnard examines this aspect of injecting and points to the urgency, recognised by fellow users of the need to inject the drug as soon as possible after possession. Given this urgency, the sterility or otherwise of the 'works' would not always be a major concern (1993:806). She goes on to suggest that even though the pharmacy or needle exchange may be open, they may not be convenient at the time, and that HIV related risks were not always a prominent part of the user's calculations (ibid:807). As Nita put it to me one evening, sometimes it's a case of 'I want a hit and I want it now'.
Sharing of works was also a difficult issue for women. Barnard points out that many of them see drug injecting as a breach of their role as women and child carers. Their use of needle exchanges is problematic for, to be seen there publicizes their drug habit. She offers several examples from her ethnography of women's reluctance to buy works or to use the exchanges, and that their reliance on others to obtain their works places them in a tenuous and often dangerous position (ibid:808). My own research also highlighted this problem. Lynne said she would not use the needle exchange agency, although now that her chemist would exchange them it was better because she no longer had to get her men friends to get her clean works. Angie, also facing the same problem, was prepared to use the needle exchange, but went to the one some distance away in the dockside area, rather than risk letting her neighbours know she used drugs.

Most women would share works with their partners, although as Barnard points out, while they did not see this as involving HIV risk - this would only be considered in terms of sharing outside the relationship - they were still in considerable danger. This trust assumes the partner is not himself 'sharing', and in fact, given the overall frequency sharing by the men, coupled with women being averse to risk taking behaviour, it is somewhat paradoxical that they place themselves in such a high risk situation (ibid:811). I have recorded several incidents of this attitude myself. It is strange, for I am well aware that the women know their men are likely to be sharing works outside the relationship. My own tentative conclusion is that they have little or no choice. To accuse their partners by refusing to share works with them could seriously disrupt the relationship, and, turning this idea on its head, the sharing is itself part of the bond between the two individuals. Either way, I am sure the women, aware of the risks they are taking, find them themselves in the invidious position of being able to do little about it.

The procurement of heroin during the periods of heavy use became the dominant activity. Quoting from a conversation with one of the major figures of those days, "You didn't have to hassle H then, if you had the money, you bought it. If you didn't have the money you went stealing, or mugged somebody, or stood outside a dealer's block and get (mug) him and take his. If you could get money you could get H. 'Sometimes you could get a 'lay-on' ,a sort of loan if you were just
going to cash a book or something. It's different now, the least you can buy is a gram and it's top grade stuff. The big dealers don't want to know. It could cost you £90 a day at least. The addicts don't want to take the risk now-a-days.'

Another reason why the shooting galleries were so prevalent was the particular structure of crime in the city. Here, major criminal activity is considered to be predominantly concerned with money, and its influence on the heroin trade appeared to be that of financier rather than direct supplier. Unlike other cities, where supply of heroin and other illicit drugs is usually in the hands of the major 'gangs', most of the supply seemed to filter down fairly quickly onto the streets and the local dealer or dealer/user. There were significant individuals controlling the main supply and these people had their own structure to protect their interests. Nevertheless, in contrast to some inner cities where the areas in which the heroin was bought could be dangerous, especially if you were gouched, going to get your 'bag' here was reasonably safe and you were less likely to get mugged if you remained in the area. Couple this with the fact that these middlemen dealers were the only people to have 'works' and it is not surprising that the shooting galleries were prevalent.

Although of good quality, heroin was of necessity cut as it passed down the line to the street user. Some dealers were greedy and the eventual amount of cutting would produce a poor quality drug, exacerbated in some instances by what was used to cut the heroin. The usual substance was baking powder but where this was not available alternatives were used; any powder would suffice and some, such as scouring powders - Vim, Ajax etc. - could be very dangerous. This meant that the supply of heroin could be unpredictable and word soon got round when a quantity of 'good stuff' was on the streets, or who was dealing in rubbish.

In the early days, the dock-side area was the centre of dealing and people would come in from the estates to score. The fact that the users had to come into one particular area of the city, plus the need to seek out the 'good stuff' meant that people got to know each other even though they came from different estates, the situation being reinforced still further when they found themselves attending the same local prison. At one point there was a considerable proliferation
of suppliers concentrated in this small area, as they said on the street, 'there were more dealers than 'Paki' shops'.

One particular venue, the gang hut, the users were so numerous that they could be seen queueing up outside. The hut was frequently raided by the drug squad but never 'busted'. The end of this particular tale was that the dealer who ran the hut eventually ODd and the place closed down. Another supplier who was known to provide fairly regular source of good quality heroin would arrive at his 'pitch' on one of the dock-side streets at ten o'clock of a morning. As one user from those days put it, "It was like the queue waiting to get into a football match, there were that many waiting for him. We used to sit around on the street drinking cans of lager 'till he got there." Other tales emanating from the hey days of heroin concern a manufacturing chemists' wholesaler where security at one point was extremely lax. They produced medical grade opium and were for a time seen as one of the major sources of street supply. However, since this place has now closed down, and in view of the dubious nature of the 'myths' of those days, I am not in a position to vouch for the accuracy of this story.

**Heroin procurement on the peripheral estates**

Eventually the supply of heroin passed directly into the city's peripheral housing schemes themselves. Various techniques were involved in the actual dealing, one of which was the use of empty flats. A property would be broken into and the dealer would set up shop by dealing through the letter box. This way the dealer hoped to remain unknown to the user so that in any subsequent police intervention the user would not be able to name the person from whom the heroin was obtained. The police, I was told, were not beyond waiting until their suspects were 'strung out' and desperately in need of a 'hit' before questioning them. As a further safeguard, young teenagers were sometimes used to do the actual transaction and, since they were often paid for their work with a 'bag' or at least part of one, this meant that a new customer would be on the way to becoming an addict and in the dealer's power. Police raids were frequent and one of the ways the 'stash' was hidden from them was to hang it out of the window on a long piece of string to be swung across to the window of another flat waiting to receive it.
Another method of protecting the 'stash' was to have women carry it to the point of sale. This was because there was often a good chance that there would not be a woman police officer on duty, thus making it less likely that male officers would pick up women suspects for a strip search. A point also made by Taylor in her research (1993:70)

The idea of payment with drugs instead of money, and the individual eventually becoming dependent on the dealer, was good for business. Frequently a small time dealer would have spent the money obtained from business dealing, and, where the supply had been on a credit basis, would be unable to pay the debt. When the amount involved was fairly significant, then retribution in the form of a severe beating up would probably occur. However, it was quite common for the dealer to take advantage of the situation and to offer the small timer a deal based on heroin alone, Here, payment for running errands, delivering dope and 'carrying the cutty' (looking after quantities of heroin for the dealer so that it would not be found in police raids) would be in the form of a supply of drugs. True, there was a business risk in such transactions, for there was always the probability that the person entrusted with a quantity of drugs would be tempted to dip into them and, like the idea the one drink always leads to another, become too stoned to know what they were doing. There are several narratives in my field notes of those carrying the cutty being tempted in this way, as well as tales of them taking a fatal but accidental overdose.

Drug Overdose

Fieldman, in his examination of violent death in Northern Ireland, suggests that, '...death has its oral history that is organised around the allegory of symbolic genocide' (1980:65). This symbolism of death becomes reflected in a recitation of the drug using dead, and their dying creates calendrical markers that anchor events and redirect the social relations of the living. It was not unusual, for instance, for a conversation among a group of users to recall these 'calendrical markers' in the recounting of certain significance deaths in order to place other events in their lives. Typical of these tales was the death of an individual who had taken an overdose on Christmas eve and whose body had not been found for over a week. Thus prompted, other deaths would be recalled and, in doing so, the groups would construct some aspect of its history which might then inform
contemporary events. Death by overdose was an ever present sword of Damocles held over the user. It is not surprising that those who succumbed would create a symbolism which anchored the living to a reality that overarched the hedonism of their drug use. Even the nature of death is confusing and one can be forced to ask if it was an overdose or AIDS.

Death also creates its own metonymic substitutions. With AIDS it is transformed into the illness itself and recalls the isolation, stigma, fear and uncertainty mirrored in its positioning as a 'bad death'. An overdose reinforces the instrumental viability of drug taking itself, demonstrating the user's commitment to serious involvement and an acceptance of the values of the culture to which this statement has been made. The body, paraded in both fact and narrative - it was not unknown for the body to be physically removed from the flat where the OD took place in order to deny the authorities the need to enter - becomes the metonym for the risk and excitement of the drug taking activity. Reflected outwards into the wider community, this metonym is restated in family legers and culminates in the narrative of the mother who has lost all her children to drugs.

The question of taking an overdose is difficult to put into context. To what extent is it accidental - assumed to be the most frequent cause - as against ideas that, in the face of a life threatening illness those with access to these drugs are more likely to attempt to take their own lives. The general attitude among users appears to be that an OD is an occupational hazard and that, 'if you're that far gouched then you couldn't care bloody less in any case'. There is talk of 'taking a big one' when you are in the final throws of AIDS. I sat in on what seemed a very rational conversation one afternoon with Kate and George. They were discussing this issue and stated most emphatically that they would 'top themselves' once they had put their affairs in order and made necessary provision for the children. I know of no instance where this has happened, although obviously this would be difficult to ascertain. It appears more likely that the individual will hang on no matter what the circumstances of dying. An example of this is Pat's son who, despite loosing his mental faculties and suffering severe incontinence did not attempt to OD although he had at one point said that he would do so. In this instance the circumstances of his dying so shocked those other users who saw him
that they began to consider an OD as a viable response to the terminal stages of their own illnesses. Witness for example, Shug's story cited in chapter six, where he talks about his own feelings on death and OD. The subject of overdosing on drugs came up in my discussions with Ian and in view of his very considerable experience of illegal drug use, I quote from the tape of that occasion.

Although I was aware that this would be a difficult area to examine, I had raised the question of intentional ODs.

IAN:- Well, I don't know anybody, to be honest with you, that's done it intentional. Must be over a hundred times people have ODd in my company and I've always got them round again. Some of them have been at death's door and I've always got them round, you know, walking them round the room all the time so that they're still conscious. I've no had anybody died on me.

I mind I was drunk, really drunk this day, right. This was about ten year ago. I'm with this dealer but the smack is the other side of town. OK, I get a taxi down with him, this is about half ten at night, right. So I wanted a gramme. If you bought a gramme instead of fiver packets you wouldn't be robbed. You got it cheaper, ken. So he says to me, 'Ian, you've had a drink, dinnea take too much, right'. So I says, 'no, I'm only taking a tenner packet.' I put about a quarter gramme in, right. So I banged it up. I remember going over to the sink to clean my syringe out. I always carried my own syringe, right. I remember cleaning it out and I felt my head going. He had all these dishes in the sink and I sent them flying. Not sure what happened but I remember they've got me on the ground and giving me mouth to mouth and banging me and everything. I don't know about this, but they telt me after. They couldnea get me together. One of the guys was on licence for a life sentence so he splits and the other guy calls the ambulance and tells them it's real urgent 'cause I'm dying. This was all at about two in the morning. They got me round at ten the next again morning and I was all covered in bruises. The nurse telt me that I was the nearest thing they've ever had to death that they've brought back. I was sick everywhere, it all came out of me. My ribs were broken where they had tried to get my heart started again.

With an overdose they had to get the police and I had about £400 on me. They took it' but I got it back months later. I asked my pal why
he didn't take the money off me instead of the police getting hold of it. He said he was afraid I was dead and with all the bruises and that, they would say he had battered me to get the money.

Self deception

The issue of coming off drugs and why, despite repeated attempts it is rarely successful, is a complex one. The heavy user not only has to face the physiological problems of withdrawal, there are also considerable social factors to be coped with as well. Taylor highlights some of these in her study and, examining the notion of being unemployed when coming off drugs, she points to the individual having to relinquish the support networks built up around drug use, and the problems of social isolation and loneliness and having to restructure time (1993:131).

For many addicts the idea of coming off or reducing their use of drugs can be about trying to maintain their self respect. Nor does this process have to be real, for it is not so much the actual reduction of drug intake that is at issue but the belief, no matter how false, that the individual is actually cutting down on drug intake. Paul, Ann's partner, was a case in point. He had gone to considerable lengths to assure me that he had cut down to twenty pills a day and that his GP was really proud of how well he was doing. I knew from other sources that he was dealing and that in all likelihood he would be taking some of these as well. It was for this reason I assumed that his claim to having reduced his drugs was more about his self image than his actual intake. Some weeks later I got the chance to raise this with Ann when Paul was not around - this incidentally was before they had fallen out - and she told me that he was not 'putting it on' just for my benefit and that even with her he would still claim that he was down to this twenty a day.

"More like fifty I think, especially if trade's good. We could be rolling in it if he wasn't taking them as well as his scrip. Now me, I just take my scrip and that's all. Just enough to keep things on a level, you know. I don't get high on it, I just use it to keep the pain away. I mean I jag some times, but no always. It depends on how bad I need it, it gives you a quicker hit and you don't have to wait to come round. I mean sometimes when I'm really bad I can't wait half an
hour, I need a hit then, but no always and it's just the stuff I get from the doctor's, I don't buy or anything."

Ann too I know is giving me 'a load of blarney', for it would not be the first time I've gone up to their flat and found her gouched out of her mind yet, despite the fact that we both know she is not telling the truth about her drug use, she means what she is saying and is trying to convince both me and herself that she is not one of the chaotic users. However, this 'keeping things on the level' that Anne refers to is by no means easy. This is one of the reasons why many users are put onto a 'daily scrip', for a week's supply in the house would be too tempting. This problem is also referred to by Taylor who says that, given the increasing tolerance of heavy users, a business stash can be injected away and no profit made (1993:71).

This need to maintain a self image as one who, if not actually having their drug use under complete control, is at least not a chaotic user, raises the issue of validity across a wider spectrum. The quantitative Robertson and Bucknell research quoted earlier in this chapter will have been affected by this bias and while, given the uniqueness of its protocol I rate its authenticity highly, it is still subject to the individuals need to maintain an acceptable self image. Another example of this self deception affecting quantitative data, concerns injecting. Here, the individual, now relatively stable, will deny using injecting equipment since this symbolises for the community the chaotic user. There were several instances in fieldwork where people had told me that they had 'straightened up' and no longer jagged, and I feel certain that their perceptions of self at that moment were of people who did not inject drugs. Later however, I was to find that, given the right set of opportunistic circumstances, they would and did revert to injecting, even if only very occasionally.

This self perception is also part of the individual's reaction to the sense of powerlessness engendered by drug use. Ian, a user for many years was discussing the intermittent nature of drug use and I asked him why, having proved he could go for some time without taking drugs, he had not stopped altogether.

"It's not like that," he said, "It's about getting back in control. If you know you can stop and, bloody awful as cold turkey can be you really do stop for a bit, then you're back in control again, the drugs aren't
ruling you, so it's OK to start taking them again. I know, it all builds up and gets out of hand but you always know that you can stop using if you really want to."

I asked how often he had used cold turkey and actually got himself off drugs, even if only for a week or so. "Ah well," he said hesitantly, "no that often I suppose, but I know I can do it if I want to so I'm not really a junkie." There is a curious paradox here. Given the inherent powerlessness of a multi-deprived deprived community and the lack of status and control over one's life caused by chronic unemployment, one of the reasons that heroin was so readily accepted was precisely the fact that it did offer some form of control. It was a job and, illegal though it may be, it fulfilled the psychological functions of being employed.

Illegal drug use as work

Robertson and Bucknell suggest that heroin, by replacing employment as an occupation, produces several key psychological factors. These include financial reward, social contact, challenges and a means of filling the day with purposeful activity (1986:37). This theme is also taken up by Fagin where he refers to the fact that, 'We use work to identify ourselves, as a calling card to the rest of the world' (1979:32). Identity, in this instance predominantly the male macho image, is an important component of the community structure and one that was well maintained by those who could parade their skills in obtaining heroin in the male dominated culture. Not only were these needs met, for the drugs enterprise amply fulfilled the affective needs that unemployment had produced. 'Taking care of business' was an acceptable means of achieving status among one's male peers and in the eyes of the drug using women of the community. True, the user would still have to acknowledge the heroin dealer's position and power but there was room to negotiate, one could always to go to another dealer. You could hassle, there was at least some dignity to be retained in the transaction, and your position in the eyes of other users was measured by your success.

It was because of this need to retain masculine identity, threatened with emasculation by chronic levels of unemployment, that the active procurement of heroin and associated drugs was dominated by men.
McElhinny, citing Martin (1980:89), raises this point when she describes men's work as :

Work that entails responsibility, control, use of a skill, initiative and which permit the use of strength and/or physical agility characteristic of males is highly valued not only for its own sake but for its symbolic significance. Similarly, working in an all male environment reinforces the notion that they are doing 'men's work' and is a highly prizes fringe benefit of a job (1994:161).

There is a curious paradox here. McElhinny is talking about the police yet her description of male employment fits equally well into the crime and violence of illegal drug procurement. Like Hannerz' street corner men referred to in chapter five (1968:105-17), the 'job' provided an alternative means of working out male identity in an environment where its 'normal' attainment was problematic.

The position of women in an illegal drug using culture is difficult to define. Apart from the Taylor study, there are few specific studies of women users, and even these can only emphasise the complexity of gender in relation to women's place in the culture. Satow, in an unpublished dissertation on women cannabis users in Colchester, suggests that relations between women can be of great importance in establishing initial patterns of drug use. While they may first encounter 'dope' in the company of men, they will also smoke it with other women, or on their own (1983:17). Taylor points out that the male user is not the only route for women to be introduced into the drug culture. She suggests that many young girls may have been introduced by other women friends, and that it is frequently a subsequent male partner who will be responsible for their shift towards the 'hard' drugs. These men usually become the role model for their women it teaching them how to 'score' drugs and how to inject (1993:32).

There are however, essential gender differences in perceptions of 'heroin as work'. Women, where they are not placing themselves as dependent on men for their drug supply, appear to integrate the task of procuring drugs into the more prosaic activities of their lives Taylor provides an example of this where she states:-
For some women, shopping for drugs became part and parcel of shopping for other items. Scoring was often carried out at the same time as buying groceries, nappies for the baby, or whatever, or broke up the afternoon sitting in the house or in the community centre. Many of the purchases were made either from 'respectable' members of the community who sold their prescriptions (A point I refer to in the next section) or from friends, again lending an air of normality to the proceedings (1993:59).

An example of the intrusions and problems of integrating heavy drug into the demands of domestic life is Julie. Now reasonably stable on her methadone, she recalls how in bringing up her 'bairn', it was often a choice between a bag of disposable nappies of a 'bag of H'

"Sometimes it all got mixed up, ken, and you'd be having to do the messages and score at the same time. Pills mainly. I'd no take the bairn wi'me if I was going to 'hit up' at the dealers. No then, it'd no be fair."

Taylor also highlights the social interactional aspect of drug procurement where she shows that:

Going scoring is not simply a case of locating a dealer. It is a social occasion which provides an opportunity to find out where the deals are to be found and when.... It is also an opportunity to discuss other matters of importance to each other, such as who had been 'ripped off' by whom (1993:57).

These findings are reflected in my own concept of discourse as a basis of community, and in Wadel's model of hidden work in everyday life referred to in chapter one.

Seen from this perspective, and, ignoring for the moment the ethical considerations of the illegal activity and violence associated with the drug business, the decision to become involved in the drug culture is, if not rational, then at least understandable. This is especially true when one considers the hedonistic behaviour that is carried on into adulthood and the need for risk and excitement that is fulfilled in the drug using culture.
Schwimmer moves away from the purely psycho/social aspects of work and examines it as a commodity. He points out that:

Work as a concept is based on the assumption that, from a certain viewpoint, all economically useful activities are fully comparable by a yardstick transcending their diversity, in other words, that labour has become a commodity and that the technical and administrative direction of that labour has become part of the same kind of commodity (1979:287).

Thus, the procurement, and for some the redistribution of illegal drugs, is an economically useful activity transcending its versatility, even though it is criminal in nature. Dealing, in these terms, may take its place among other 'normal' forms of work. Indeed, some aspects of illegal drug activity may serve a positive function for the wider community, especially where there is a considerable degree of multi-deprivation.

Shar, for instance, a skilled shop-lifter, would frequently take orders from her neighbours before going on one of her forays into the town, and when it became known that I did not have a TV or video, not only were there several offers to supply these goods on the cheap, I was on one occasion asked if there was any particular make I fancied. The thieving, illegal though it may be, provided an access to goods for those in the local community that would otherwise be unavailable because of a lack of money.

This aspect of the illegal drug culture, its technical and administrative direction in Schwimmer's terms, is brought out in Taylor's comments about the considerable organisation and structure involved the lives of the women users she studied. As she says:-

Drug users are commonly perceived as leading chaotic lives. In practice, however, their lives are far from chaotic, but require to be carefully planned and structures if their goals are to be achieved. Shoplifting, for example, was often carefully planned, both methodologically and in terms of choosing items that would be easily sold (1993:64).

She goes on to point out that the ability to provide poverty stricken non-drug users with cheaper goods through the informal economy gave the women status and importance. (1993:153)
Her assertion that drug use is not associated with a chaotic lifestyle is, in this context, accurate. Indeed, the 'grafting' needed to obtain an adequate supply of heroin and non prescription drugs demands considerable organisation and knowledge. There are differences however, and I would maintain that the inherent demands made on women per se would of necessity lead to their having more organised lives and less prone to the more opportunistic patterns of drug procurement of their male counterparts. Furthermore, my own repeated assertions of a chaotic lifestyle are concerned firstly, with the specific behaviour of particular individuals, and secondly, with the effects of the harm reduction policies on those who, like Jamie for example, (chapter two) have not managed to straighten themselves out.

Returning to the notion of drug use as work, Gilman provides an interesting comparison between drug users and the life of the professional soldier or the industrial entrepreneur. Both risky, adventurous and providing status, he suggests that:-

...normal, unemployed heroin addicts are not running away from 'life'. On the contrary, in sustaining their heroin habits they display talent, innovation and entrepreneurial energy that would put them at risk of receiving the 'Queen's Award to Industry' in any legitimate endeavour. ...a drug addict is a drug 'user' who has chosen to 'Join the Professionals'.
...anything's better than the dole (1988:10-11).

In another article Gilman offers an interesting description of the heroin scene in Liverpool which mirrors closely the findings in my own research area. Here he suggests that the drug users of the early to mid 1980s were attracted to heroin for several reasons. The drug was available at a price they could afford and in a culturally acceptable form. As their habits developed, they became 'addicted', not only to the heroin itself but also to an active 'taking care of business' lifestyle which slotted perfectly into the mass unemployment that was so much part of their existence.

Without something to fill the unemployment vacuum, daily heroin use 'won by default' again and again. Spells in prison and treatment were the only interruption to this busy drug centred lifestyle (1992:10).
These psychological and structural determinants go some way towards explaining what may at first appear as irrational decisions, and it is the ethical values of the wider society that cloud the issue and prevent the emic actualities of those engaged in the enterprise from being made aware. As I point out in quoting Robertson earlier in this chapter,

Many of the problems associated with use of heroin are related to its illegality rather than its toxicity, and its position as a socially unacceptable drug has an important influence on the real and apparent dangers. Robertson (1987:24).

Technical processes of administering drugs

Before going on to the social change brought about by the introduction of 'harm reduction' schemes, I want to highlight the actual processes and dangers, of injecting drugs that were common in my research area. The reasons for 'jagging' are mainly questions of culture and economics. In the days of massive heroin use it was the norm in this city to jag rather than chase the dragon. (inhaling) This was how you were seen to be one of the real users and not just somebody messing about on the side and sniffing a bit of H now and then. This was about taking risks, about status, about belonging to the drug culture, and about one way of coping with the multi-deprivation that existed in the community in which you lived. There was also an important economic factor. Jagging meant that the amount of heroin required, and to some extent the quality used, was certainly less if the drug was administered intravenously than if it was snorted - usually heated on a piece of tin foil and the vaporised fumes inhaled. Heroin, even in its heydays of 1984/5 cost money and this had to be obtained primarily through criminal activity.

Given the shortage of 'works' in the mid eighties, it is not surprising that blood born infections such as hepatitis and eventually HIV were rife. Added to this were the ancillary infections such as ulcers and abscesses, together with the dangers of attempting to inject pills as well as the heroin. Diconal, one of the most 'preferred' of the drugs in tablet form, was particularly dangerous and was to cause several users to have their legs amputated.

109 Drug users in a therapeutic cul-de-sac
The usual way of injecting is to use the veins in the upper or lower arm, a tourniquet applied to 'raise' the vein where clenching the fist or slapping the skin over the vein is no longer effective. Given that the 'spike' would already have been used and probably blunt, the veins in this area would become damaged and the user have to find alternatives. Other areas would be the legs and feet although, since the blood flows slowly here, the 'rush' (the effect of the drug getting quickly to the brain) would be delayed. Again the eventual damage and collapse of these veins would force the user to areas such as the wrist, groin and even the neck. The problem here is that these also contain major arteries, with the risk of severe bleeding and even death if it is not stopped in time.

To reduce the risk of collapsed or infected veins, or where they are in such a state that it becomes difficult to find one that can be used, an alternative is to inject into the muscle, usually those in the thigh. As with using veins, the process will leave a residue and eventually this will damage the tissue and inhibit its use. Another danger here is that the shorter spikes normally used for veins may break off inside the muscle and, given that they are likely to carry infection from previous users, this can lead to severe damage.

A third method, known as 'skin popping', is where the user attempts to inject the drug between the skin and fat layers, usually in the stomach. This method has the disadvantage of only being able to inject small quantities at a time and for the heavy user the difficulty of having to inject several times in order to get the required amount of the drug into his body.

Injecting can become more than just an economic viability and there are users who become 'needle happy' and will jag in any case no matter what drug they can get hold of. One of the difficulties with injecting tablets is their preparation into a liquid form. They are first crushed into a powder between two spoons and then dissolved in water by heating the solution in the spoon with a match. In some cases it is necessary to add lemon juice or ascorbic acid to help dissolve the powder. The main risk with all tablet forms is that they contain chalk which is one of the major causes of blocked veins. Another risk is the source of the water, and is is not uncommon for a user to seek the privacy of a public toilet to 'hit up' and to use the water from the pan to provide the necessary solution.
Information aimed at providing today's injector with 'safe' techniques are only partially effective, for if the individual is desperate for a 'hit', then ideas about using boiled water, avoiding arteries and making sure the 'works are clean, go by the board. The danger is also exacerbated by the process known as 'booting' used by many injecters. Here, in an effort not to waste any of the drug, the individual's own blood is drawn back into the syringe to wash it out. Given the known effects of sharing, this is liable to increase infection risk considerably.

Drugs in prison

Given the significance of prison life on drug users, it is important to include what knowledge I have of the drug culture inside; data which for various reasons has sometimes been difficult to come by. For instance, I had been visiting Lenny at the local prison while he was being held on remand for a assault charge. His girlfriend was quite a successful dealer and I got the feeling that there was some scheme afoot whereby she was able to get a supply of pills into the prison to be marketed by Lenny. This must have been the case, for on going to see him a week or so later, I was informed that he was now on 'closed visits'. Drugs coming into prison was an on-going problem. One response to the issue was to restrict the visiting of those who had been caught or suspected of being involved. Here, instead of the open visits where prisoner and visitor could meet across an unobstructed table, the visit had to take place with a glass partition between them. Conversation was conducted by means of a speaker system which could be taped. There was also a member of the prison staff in close attendance.

These closed visits are about communication at the boundary. Speech, guarded because of the tapes, may cross that boundary, so too may silent visual communication - as it did during my visit to Lenny between his sister and himself - The game is to find ways by which objects - drugs - may cross that boundary, a process made somewhat easier for those on remand who may exchange their own clothes for laundering outside.

Despite repeated press reports of drug use being rife in prisons, and I do not deny this problem, the reality is somewhat more constrained. Life in prison is in many ways an unwritten agreement
between prisoner and staff, there are agreed cultural norms accepted on both sides. Within this framework a precarious balance of power is maintained which permits prison life to take place with reasonable equanimity. The same holds true in the case of illegal drugs. In general, the prisoners do not want a lot of drugs around, it puts them at the risk of extortion and rackets and can seriously undermine the power balance. Accepting the fact that there will be some for whom the need to obtain drugs becomes essential in their prison existence, there is a self regulatory process among the inmates that stops the drug situation getting completely out of hand.

In some ways the provision of illegal drugs in prison is part of a 'game', a way of getting one over on the 'screws' and re-establishing one's status within the depersonalising system of the prison; a game played by inmates and connected more with status and identity than maintaining drug use. Yet again, a process of taking control in the face of powerlessness, even if only for a short time. A variation on the 'game' idea was suggested to me by Taylor. During a visit she made to Glenochle Prison to investigate an outbreak of hepatitis and HIV infection among the inmates (Bryan 1993), the prisoners suggested to her that drug use provided a means of getting through the day. It was something that took place outside the prison regime and, apart from the actual provision of illegal drugs, its numerous activities provided a day-to-day topic of interest for the inmates (Taylor in conversation).

It would be impossible to support a full habit while inside prison. Given the number who use drugs seriously and who would probably have an average intake of around 50ml of methadone plus 20/30 pills a day, as Ian, referring to his extensive experience of prison was to point out, the drugs would have to come in by the van load. This 'game' pattern is also one of the reasons why jagging is no longer as prevalent. Not only is it still difficult to get works into the prison (the favoured method is to cut down the syringe, place the spike inside with the needle going up into the hollow plunger, wrap this in a tied off condom and insert into the rectum) but, as already
suggested, heroin is no longer the preferred drug now that 'harm reduction' systems are operated.

Rahman et al appear to paint a much gloomier picture and suggest that:-

...imprisonment neither eliminates nor reduces intravenous drug use by IVDUs who are imprisoned, and that there is some evidence that when needle sharing IVDUs are imprisoned, they increase this risk taking behaviour (1989:926).

Once again the system brings with it more problems. In the days of heroin use, a prisoner with a heavy habit would have about two weeks of severe flu like symptoms while he 'cold turkeyed' and then be reasonably clear. Today, with the dominant drugs being the benzodiazapines, the withdrawal problems are more severe, and as well as lasting several months, they can include psychiatric disorders such as anxiety and aggression. The official response is to treat the symptoms of withdrawal with such medications as librium, valium, codeine etc., but not to treat the withdrawal process itself, although there is now an option of voluntary drug reduction in place in the local prison. One of the problems with any system where the drugs themselves are available, is that prisoners will join the programme in order to gain access to the drugs rather than having any real intention of reducing their intake.

Given the reduced access of drugs inside, prison is a chance for the individual to straighten out. The difficulty here is that once outside again the ex-inmate is only too well aware of how to get drugs and for many the temptation is all to great. The ideal would probably be to give the person a maintenance scrip on release so that the need to go to the illegal market is removed. As it is, the advantages of enforced reduction are quickly dissipated into the ready market outside.

Harm reduction

The introduction of specialised medical services in the mid eighties for those with HIV/AIDS was to have a profound effect on the social structure of the heroin using communities in the city. As part of the clinical management of intravenous users who were HIV+ it was decided to offer prescribed medication as a means of reducing needle
sharing in the hope of also reducing the spread of this disease, cutting down the incidence of hepatitis and ulceration, and inhibiting the use of street drugs. For some time this produced the anomalous situation of a two tier system of drug use, since there was also a large number of users who were either not infected by HIV or had not been tested and who were still trading on the street. By 1986/7 it was decided to offer 'harm reduction' prescribing to all addicts, as it was then recognised that their patterns of needle sharing meant that they too would be at risk of HIV infection and of spreading the disease. This decision resulted in the Health Board setting up a specialised drug service where the needs of the individual user could be assessed and, with the cooperation of their local GP, an appropriate prescribing pattern established. The user would also be supported by the community psychiatric nursing services.

These decisions reflect the political climate of the period and, placing them within that context, I turn first to Stimson's 1990 Okly Memorial Lecture on HIV/AIDS. Here, commenting on the nature of the response to HIV/AIDS, and the lack of an official policy of moral condemnation, he points out that:-

The new public health model of HIV and drug use is marked by pragmatism. It is interesting that in the UK, Conservative health ministers, with support from ministerial colleagues, and the enthusiasm of civil service and other advisers, have pursued a pragmatic rather than moralistic policy. As one minister put it, it is not a matter for dogma, but for hard, practical common sense. (1990:334).

Des Jarles, replying to Stimson's paper in a report to the British Journal of Addictions, reinforces these pragmatic policies by further pointing out that, while one would obviously applaud such a 'practical common sense policy' by government and the way that it does not appear to have succumbed to moral condemnation of much of the general public, the consequences of such decisions still have to be examined. He further points out that the conflict inherent in harm reduction policies between reducing HIV and encouraging drug misuse is not as real as it may appear, stating that:-

One must add that all the evidence to date indicates that these conflicts exist only at the level of public beliefs about
drug misuse. There is no evidence that any of the 'safer' injection programmes have led to any increase in drug injection (1990:348).

To assess the effects of these decisions it is useful to look at the results of 'harm reduction' systems as they have operated elsewhere. Gilman's Liverpool study gives an example of a harm reduction system which resulted in an:

...easy access to substitute prescriptions and the offer of 'early retirement' for those tired of taking care of business. The results of this wholesale retirement option saw large numbers users being shunted into therapeutic cul-de-sacs where they now mark time, serviced by prescriptions and injection equipment. They have been neutralised and are no longer the attractive anti-heroes busily taking care of business and providing role models for the new, younger user. The hope is that they will be bored out of their 'addiction'; the fear is that they will grow old with it, excited only by the odd bit of 'street gear', 'bit of coke' or bottle of Thunderbird' (1992).

Hunt et al, studying men on methadone maintenance and the effect on recruitment to treatment programmes in America, suggest that the image of the methadone client as a 'loser' makes them ambivalent and even hostile towards their participation in treatment programmes. These attitudes, they suggest, are influenced by the norms of the drug subculture where great value is placed on being able to 'take care of the business'. There is an ideal of an aggressive, challenging, adventurous and rewarding male lifestyle that goes with this ability. The goals of methadone treatment are in direct conflict with this stereotype, for they are in sharp contrast with the addict's image of himself as an active participant in a fast paced drug career. To put it another way, 'Methadone clients are people who have 'given up' (1986:1765)

This perception of those on harm reduction is also reflected in the comments of those still hustling H on the street:-

They (the methadone clients) are just basically lazy individuals who don't want to do anything. They come in and pick up their juice, then sell it. They go crack a few scrips, sell
that. You know, they take goof balls. They get high, they stumble about the streets. They get their heads all the time, and they are satisfied.....(ibid:1765).

These views contrast sharply with the norms of the addict community who value highly the ability to be alert, flexible and resourceful. Another quote from the street also reflects the heroin user's low opinion of those on maintenance'....They're out there grubbing a dime, grubbing a quarter to get a pill. You can't do that for a bag of dope.....' (ibid:1765).

The person on a harm reduction prescription is seen as being 'zombianized', as being slowed down, and there is an image of the methadone client as the loser. The image is not based on fact but rather on the comparison with the values of the dominant drug culture. The 'losers' are the visible ones seen staggering around the street and drop in centre, the real addict who is still 'going for it' is not to be seen (ibid:1761).

This sharp contrast between the 'self determining' lifestyle of the heroin user and the powerlessness of those now on 'harm reduction' programmes is the basis of the massive social change that this policy has brought about. Unlike the American study, the effects of the policy, together with the impact of AIDS, has meant that serious heroin use has all but vanished from the area, and whatever heroin remains is either for the long term addict or as opportunistic use. Although heroin is still available in the city, the present day structure of its marketing means that it is unlikely to be feasible for those on prescription to start using it again in any serious way. This, as already suggested, has also meant that there are no longer any major heroin dealers in the city, since there is no viable market for them to trade in and what serious dealing does take place would appears to centre upon ecstasy and the rave scene.

In this context any heroin which periodically comes into the community creates ripples of anxiety, especially among the parents of those who used to inject it. This is understandable, for it brings back memories of the horrendous days of its use. Then, it was not uncommon for mothers to have to barricade themselves in the house in order that their 'stoned' offspring and their 'mates' couldn't get in to wreck the place and take whatever they could find to sell for more
drugs. There were quite a few occasions when the knowledge that heroin was back on the street would trigger the stories of the fear and chaos of those earlier days. As Olive put it on one occasion:

"I used to creep round the house if they were still gouched and sleeping it off, for fear that they would wake up and go off out again to get more dope. When that happened you would sit at the window waiting and hoping to God that they would come back and not have ODD like many of their mates. Either that or I'd get my coat on and go out and try and find them and see if I could get them home before it was too late. That's how most of us mums got to know each other, wandering round the streets looking for your kids and just hoping they were still alright."

This lack of a heroin based market with its 'positive' ethos of 'doing the business' meant that a vacuum had been created into which the marketing of prescribed drugs has appeared in order to fill the needs of both the ex-heroin using community and that of the newer teenage users of today. The marketing is complex in that it is motivated, not only by a need to obtain alternative drugs of preference, but by availability and by notions of self image, especially for the male users.

Hammersley et al, in examining drugs of choice, suggest that Buprenorphine and Temazepam are more popular than heroin or alternative opiate drugs, and that this may be more closely associated with availability than actual choice. (1990:301) Although their data is from Glasgow where heroin is still largely available, it reflects the popularity of these two prescribed drugs in my own research area.

Another aspect is the negotiations with the GP or drugs unit which, in some cases, appear to have been problematic. Given the intention is to stabilise use and, hopefully, work towards reducing intake, the prescriptions given to users were not always considered by them to be adequate or appropriate. This meant that street dealing to 'top up' was prevalent and there was some 'swapping around' in order to obtain preferred choice. Bean and Wilson refer to similar patterns in their own research where they found that:-

Twenty-one of thirty-seven users in treatment said that they were not given sufficient drugs by the physicians and the
remainder said that they did not like what they had been given Methadone, it was said, did not give a sufficient 'buzz' and there is amongst some a wish to inject (1988:538).

Polydrug use and associated injecting was also a feature of the research by Klee et al. Again referring to Glasgow but pertinent to my own area of investigation, they comment on the popularity of benzodiazepines as a substitute for preferred drugs, to compliment the use of the preferred drug, or simply to experiment. They are, in comparison with heroin, reasonably cheap and fairly easy to obtain from unsuspecting physicians. The researchers also found significant associations between polydrug use, the use of temazepam, and the sharing of injecting equipment.

One of the major difficulties in stabilising drug use, even for those well motivated, is the notion of a 'treat'. As Senay points out, methadone should not be used in intoxicating doses and the object of good programming is to produce a patient who is alert and comfortable, ie without opioid withdrawal (1988:262). However, given that the patients are provided with their methadone even on a daily basis in order to control intake, opportunities for a 'treat' or the need to become intoxicated for whatever reason, produce considerable difficulties. Bean and Wilson refer to the notion of a treat as a 'hit' or special use of drugs when things were going badly, or things were going well. ie the use of a treat could be justified on any occasion. A treat was the favoured drug or a drug used rarely, to give an additional 'kick' They, the users, saw the addiction units as miserly and thus continued trading on the illicit market.

One could speculate then that irrespective of the type and amount of drugs licitly supplied, and perhaps irrespective of the extent of social security benefits, they would never have enough (1988:538).

Given the hedonistic attitudes of many of the drug users, this is hardly surprising.

Wallman, in her introduction to ASA monograph 19, and referring to circumstances where the state pays the basic bills, suggests that there are 'other-than-economic' perspectives concerning the 'work' of maintaining social status, personal esteem and credibility within the
community. (1975:5) She adds that the loss of work may cause the corresponding loss of these necessary non-economic resources (ibid:7). This would also apply to the situation facing the heroin user, for the 'work' of procuring the drugs, as I have already stated, does indeed maintain social status, esteem and credibility. The subsequent 'unemployment' brought about by 'harm reduction' policies brings with it the equivalent loss of non-economic resources such as identity, status and the structure of time. Wallman defines work in terms of the management of some six specific resources: land, labour and capital, time, information and identity. (ibid:20) Here too these resources are also relevant to the heroin user. The 'land' can be translated as somewhere that heroin may be safely used or where dealing transactions can take place. The 'labour', as the necessary criminal activity in procuring money to purchase drugs or to deal. The 'time', as that required to negotiate drug deals and to acquire capital, and the 'information', as the knowledge necessary to procure and deal drugs. The 'identity' of the drug user/dealer can also be translated, for it is essential that the person involved be known and accepted by those in the drug using community. It would seem that the 'unemployment' of harm reduction has denied these elements to the users now on prescription, and they are left to face the consequences of this lack of both economic and non-economic resources.

While the 'harm reduction' policies introduced by the local Health Board have drastically reduced the drug related crime in the city and begun to have their effects on the reduction of needle sharing, they also have a very considerable impact on the self image of those who had once been the 'anti-heros'. Not only were they reduced to 'begging' for their drugs from this new dealer - the drugs unit or their GP - but the profession of dealing, once an almost exclusively male prerogative, was now being infiltrated quite successfully by some of the women. The anti-hero had disappeared and all that was left was, certainly according to those who had now managed to control their own drug use, was a whining individual reduced to pleading with the GPs, stealing blank prescription forms and mugging those had just collected their day's scrip from the chemist.
The ritual of today's patterns of drug use.

To make matters worse the individual now has to compete with the new teenage user in the growing black market trade in prescribed drugs. This is a profitable business. A bottle of 30 temgesics obtained on prescription can fetch over £100 on the streets, DF118s sell at around 20p a tablet yet valium might fetch between 50p - £1 each, a 'norrie' or normison costs about £1 and the more powerful pain killers can go for as much as £10 a tablet. Given the number of pills an addicted individual would need to 'drop', a habit will probably cost around £30 a day to feed. The pills are plentiful and, for those in the know, there is no difficulty in obtaining them in the clubs and pubs or even on the street.

The pills reach the market by various routes. A user may fake symptoms of illness to the GP in order to obtain a prescription. Experienced users will 'tour' different GPs across the city, either using fake credentials or safe in the knowledge that it will take time for the doctor to check the validity of the individual patient. Given an opportunity, it is likely that several blank scrips would be torn from the pad while the doctor's back is turned. The street price of some of these tablets is high, and it is not unknown for those outside the drug culture to top up their DSS income with a prescription or two. Indeed, one of the 'tales' that did the rounds suggested that if a person wanted a new pair of trainers, the cheapest way to get them was to go the the GP complaining of back pain, the scrip was always worth £30 or so down at the 'local'.

As I suggest in my chapter on narrative, it was not that the medical profession was being gullible. GPs are well aware that some of the drugs they prescribe are being abused, but they are faced with the dilemma that if they do not do so, there will be a massive increase in crime and the likelihood of a considerable rise in HIV infection. This was pointed out by Forsyth (1991) reporting a local GP, Dr. I. McKee in a feature article in The Evening News, specifically on the dilemma of prescribing for drug users. The doctors also face the problem of the drug user being only too willing to create havoc in the surgery if their demands for drugs are denied. For those doctors whose catchment area contains drug users there is a fine balance to be maintained between the addict's often vociferous demands for more pills; a prescription that the GP considers adequate, and the likely
reaction of other patients in the waiting room to a noisy confrontation between doctor and drug addict.

In the mid eighties, taking care of business had filled the day, but the therapeutic cul-de-sac into which many users had now been placed meant alternative ways of filling in time had to be found. This process of filling in the time could be problematic, for as Taylor found in her research into women drug users in Glasgow, one of the difficulties of heavy drug use is that without the drugs there is a great deal of time left to think. Many of these thoughts can be unpleasant and entail strong feelings of guilt. One of the attractions of taking drugs is the lack of emotions experienced when under the influence. One of the main fears of coming off drugs is precisely because it means having the time to face up to reality (1993:193).

A typical day for a user on a 'harm reduction' programme and who will have got his or her drug use under reasonable control, would start around mid morning, although the young mums with toddlers to get off to school will start earlier to struggle to pull themselves together and get their youngsters away. The morning dose of pills or swig of methadone is for many something of a ritual, rather like that first cigarette of the morning or picking up the paper from the newsagents as you get the bus to work. Like these rituals, the day can be thrown if the elements of the ritual are missing. Eileen, for instance, counts out the number of pills, about ten, and lines them up on the kitchen table, she will then drink most of her cup of coffee and eat a piece of shortbread as a way of 'lining her stomach' beforehand. This done, she will take the pills with what is left of her first cup, pour out a second and wait the fifteen minutes or so for them to take effect and put her back together for yet another day. The ritual is not all that different if she has run out of pills for her morning dose. Somewhat tense and strung out, she will make up a flask of coffee, wrap some shortbread, and then make her way across town to the chemists. Having got her daily scrip, she will find a secluded doorway and, counting her pills in her hand, commence again her daily ritual.

This ritual is not uncommon, for I find it has been alluded to several times in my ethnography and, discussing the process with an experienced drug worker, it appears to be mainly associated with women who are attempting to control their drug intake. I was aware that one needed to 'kick start' the day, as one individual put it, with a
fairly substantial dose of medication, and I had on several occasions either been present or provided the means of transport for the medication to be obtained and the ritual observed. Why, however, for some people, was the ritual needed in the first place? Why not just count out the number of pills, swig them down with a drink of water or tea and not make an issue out of it? Outright questioning did not seem to provide an explanation and the nearest I got was the quintessential anthropological answer, 'that's how I always do it'. Other responses were about being so dozy in the morning that lining the pills up made them easier to count, this was a possibility but not one that seemed to go far enough.

In attempting to seek an explanation I turn to the work of Myerhoff. She cites Nadel's definition of ritual as, '...actions exhibiting a striking incongruous rigidity, that is, some conspicuous regularity not accounted for by the professed aims of the action.', an appropriate description of some of the morning rituals I saw or was told about. She goes on to suggest that 'The mechanical redundancy of ritual inhibits spontaneous and idiosyncratic personal response, thus assuring that the symbols employed will not be contemplated with full consciousness.' Yet, she says, rituals occur significantly in dangerous situations but because these are in the form of ritual the unthinkable can be approached. Thus, '...ritual controls but does not eliminate danger.' for a completely safe ritual is dead, ritualised and reduced to mere form (1974: 239).

If Myerhof is right and a ritualistic mechanical redundancy does indeed 'inhibit spontaneous and idiosyncratic personal response' then, in Eileen's case for example, the ritual may in effect be a subconscious means of control. Eileen was, on her own admission, still not beyond indulging in the odd 'binge' and recognises that she would still be capable of dropping a few extra pills if she was feeling a bit down. The ritual may in fact serve the important purpose of controlling the number of pills being taken. While I am not suggesting that these are conscious decisions on Eileen's part, beyond a common sense notion that if she doesn't find some way to control her daily intake of pills she will quickly revert to her previous chaotic state, it is possible that, by inhibiting 'personal spontaneous responses' the ritual has become a way of ensuring she always takes the correct number of pills. Put another way, the ritual defines the
exact number of pills and, by removing any conscious decision about this number, also removes the likelihood of her deciding to take more than the prescribed dose. Taking her medication can be dangerous, especially if it is the beginning of the week and she has a plentiful supply. This, as I have already pointed out, is why many of the chaotic users are put on a daily scrip. The ritual then, for some of those who have got their lives together, can well be part of their processes of maintaining control.

Douglas suggests a different paradigm for ritual behaviour and points to it creating a spatio-temporal frame which provides a continuity by marking off a special reality which is repeated from one session to the next. (1966:63) In the same way, one may see Eileen's daily pill taking ritual as also providing a continuity, a frame which produced order in a life which could so easily get out of hand.

Returning to Eileen's daily routines, her next stop could well be her sister's place on the Brealodge estate where, along with a bit of gossip and maybe a trip down to the shops at the centre, she might hassle some speed or pick up some hash to go with watching the telly or a video that evening when she gets home. In all likelihood, there will be one or two friends at her sister's, not heavy users, but, like Eileen, people who need to get through the day and manage on their scrip plus the odd 'bit' here and there if it's going. Sometimes she will pull an early evening trick on the shore, although not that often these days, and, feeling flush she might score some good stuff. When this happens, she is likely to be out of circulation for a few days as she goes on a 'bit of a bender'. On one occasion, as I was giving her a lift home after a 'working' evening, she became extremely concerned that we did not exceed the speed limit in case we should got stopped by the police as, since she was carrying a fair quantity of 'sulf', she thought they might pick me up as well.

While these two particular instances refer specifically to women, the pattern for men could be very similar. Although there were occasions when I would hear of them hanging around the house and getting under the women's feet. Shug, for instance, after getting up late, might call in at his Mum's on his way to spend the day with one or two of his friends, who, like him, were now quite ill. Len and Nita's flat would frequently be visited by some of Len's mates, or they might go up stairs to see another young couple who were also
reasonably stable users and HIV+. The drop-in centres were a popular meeting place for some, and couples like Jimmy and his partner would drop the children off at her parent's house before going. Others might take their young toddlers with them and it was not unusual to see young lassies, their youngsters in pushchairs, discussing the antics of their bairns while their men also gossiped about who was doing what or or some latest 'gen' on the drug scene.

In some instances, collecting the daily scrip can become part of a different ritual. Lynne, having parked her young daughter at her Mum's, will then take the bus to the docks some distance from where she lives and pick up her pills from the chemist in the high street. From there she will walk round the corner to the drop-in centre where she will find coffee and some of her mates. The pills swigged down and feeling a bit more human, getting yourself 'glued together' as she puts it, the rest of the morning will be spent swapping tales and gossiping about who's now going with who and who might have a few rugby balls or DI's for sale. Some of them might go off to one of their flats, picking up some meat pies or some chips for lunch on the way and, given that she's still 'got it together' and not gouched, Lynne will make her way back to her Mum's for about tea time.

Sometimes there's business to be done, a claim to be made to DSS for extra allowances because of HIV related illness, a letter to the housing to be re-allocated, or to the medical claims board to re-apply for mobility allowance. One of the difficulties is that many of those now on maintenance scrips just 'can't be bothered' and by default find themselves coping with the minimum DSS payment even though by applying to the appropriate authority some of them could almost double their weekly income. For some, the 'retirement option' had brought with it an apathy where, despite their continual moaning about the unfair way they are treated and why some seem to get all the goodies while they get none, they have little inclination to do anything for themselves beyond scrabbling for the odd bit of 'dope' to top up their prescription. The drop-in centres offer plenty of help and advice. But all too often, unless they are also prepared to take the individual by the hand and write the letters, make the phone calls and fill the forms out for them, many of the users were unlikely to do anything for themselves. As Gilman suggested, the users have been neutralised and show little sign of wanting or even needing to
do anything positive about their addiction (1992). This pattern would certainly be true of a lot of the men who used the centre. The women however, because of their responsibilities towards their children and partner, tended to take a more positive attitude. This could easily be replaced be apathy or chaotic drug behaviour if their children were to be taken into care, a persistent fear for many women.

Taylor points out that involvement with the social worker is universally dreaded by all women drug users with children. Most women are determined to look after their children and to do their best. What they feared was that the negative images that social workers and other professionals had of drug users would become the basis of them using their power to take the children into care. Even those who were allowed to keep their children felt that the social workers were continually watching them for signs of failure (1993:116).

Reiterating these comments of Taylor's, Hannerz points out that :-

Despite any code of service, the fear of the predatory professional may linger and the client may be left alone with the burdensome task of reintegrating his entire existence around whatever is the outcome.... For the client, however, many such experiences intervention by professionals (italics mine) can come together in one or more diffuse feelings of dependence, intensified perhaps by uncoordinated and even contradictory demands they may involve (1992:121).

He goes on to suggest that there is a semantic interface between the professional and client, and that terms such as 'need' and 'care', central to many kinds of expert/client relationships, also suggest the vulnerability of the client and the subsequent client passivity in the encounter (1992:122).

Against these attitudes and feelings of powerlessness in the hands of the professionals, some users attempted to retain their hustling skills as a vestige of the autonomy lost, now they no longer had to 'graft' for heroin, and they have redirected their energies towards manipulating the new providers of goodies. Tam and Meg for instance were into 'screwing' TVs and videos from their local area to the extent that things would eventually get too hot and they would have
to move quickly to new pasture. This meant negotiation with the housing department which in normal circumstances could take several months. Meg would get Tam to give her several 'love' bites on her face and, now looking as though she had been severely assaulted, she would present herself at the housing department stating that her man was battering her and she needed to move to another area before he nearly killed her. The added touch of no make up, torn tights and a couple of toddlers in tow, her sister's incidentally since hers were in care, never seemed to fail. Within a week the couple were set up in another part of the city ready to start their thieving again in order to feed their drug habit. I have already mentioned the experienced users and their skills in manipulating the GPs. They were not the only agencies to come in for a spot of hustling. Anywhere that some clever manipulation could provide a few extras and enhance the individuals status among other users, would be fair game for those who had not given up.

There are other negative aspects to 'harm reduction' schemes which have to be set against their effects in reducing crime and the sharing of needles. For instance, prescription means that the user now has a regular supply of drugs whereas before, the intake of these substances was periodic and, as Robertson points out, there were often significant periods of little or at least well controlled use (1986:43). For those on prescription their drug use no longer fluctuated and was now a regular daily process, topped up, in many instances, with other drugs as they became available.

It was as if the whole process of drug taking had been lifted onto a higher level of overall intake. The user still had opportunistic bouts of chaotic use and the argument can be put forward that the support systems are only a back up to the street trading that still goes on, although these days in pills rather than heroin. In other words, the individual's level of overall drug intake on a 'harm reduction' system, is now greatly increased.

Proponents of the schemes argue that even if this so the user is now at least in regular contact with the agencies involved and that there will be an increased likelihood of them using de-tox services and eventually coming off drugs altogether. Unlike the Hunt & Lipton (1986) study, there are data from the Scottish Drugs Forum Conference, 'Needs of the Nineties' (1991) which I attended, that
indicate a definite increase in those on 'harm reduction' coming forward for treatment. Against this however, there does not appear to be any corresponding data on the number who actually succeed in stopping their drug use. In fact the failure rates for de-tox systems are considered to be very high (Robertson 1987:105).

There is also resistance to 'harm reduction' schemes from the parents of drug users who see them as little more than a routine supply of drugs with virtually no additional support. They resent this because it is usually the family who has to suffer the chaotic behaviour of the user who, with a now regular provision plus what is obtained from the street, can become very disruptive. The problem is especially acute during weekends and evenings when the drug agencies are not open.

The situation is further exacerbated because the drug workers see the problem in terms of the individual user while the parents see it as an issue for the whole family. This could to some extent be alleviated by both parties working together, but all too often the user is reluctant to let the drug worker contact the parents. Doing so would risk bringing their drug use out into the open and further exacerbate the already difficult relationship between user and parent. Direct involvement with parents would also raise the difficult issue of the user's considerable feelings of guilt.

In terms of spontaneous remission the average junkie is likely to come off after about ten years. If this is the case, a scheme that is at least aimed at keeping them as healthy as possible during this period, is probably as useful as any.

Conclusion

The dominant significance of illegal drug use which provides the central theme of this research is the reason I have, in this chapter, examined alternative data related to the specific circumstances of my research area, and placed these findings against my own material. From a base line of these findings I have gone on to examine the drug culture in more detail and, in the process, produced original insights into some of its activities.

I began with an historical perspective in which I place the 'mythical past' of heroin use into the context of the lives of some of its
protagonists, and in doing so I explore the creation of shooting galleries and the contentious issues surrounding police decisions to confiscate injecting equipment.

I examine some of the structural implications of heroin procurement and attempt, by reference to ethnography, to explore the difficult area of drug overdose. The notion of self deception and the need to maintain an appropriate image is placed against issues of powerlessness and the means by which, even if only temporarily, the drug users may take some control of their lives. This is followed by an exploration of the concept of illegal drug use as work, and how, both for men and women this informs social, economic and psychological elements of their lives.

The technical processes of administering drugs are explained and I detail what data I have obtained concerning the drug culture in prison. Finally, I address the issue of harm reduction and place this within a political framework. I construct a typical day-in-the-life model of those who were the heroin users of the past and have, to varying degrees, now come to terms with their lives. I then use this model as a means of describing the processes of social change which these policies have brought about.

I suggest that harm reduction appears to have far more significant consequences for those to whom it was directed than the merely pragmatic effects of a reduction in needle sharing and crime rates. That these policies were to drastically alter the lives of the heroin users of the eighties was, I suspect, little realised by those who created and implemented them. I have explored just how far reaching their effects became, both on status and self perceptions, and on the subsequent patterns of drug use and distribution. I continue to examine the effects of these decisions in later chapters.

My own stance is difficult for, coming from a child care discipline involved with those who commit crime, and that believed in accepting the individual irrespective of what crime had been committed, the more serious nature of these crimes, and the age of those now concerned, raises ethical questions for me. Asked to choose, I think I would want to side with Phillip Dick. They were 'kids' with virtually no prospect of a job from a community whose multi-deprivation offered little hope for their future. They were
looking for kicks and adventure. 'Somebody sold them heroin and they didn't know what hit them'.
CHAPTER FIVE
OF TALES AND MYTH

In this chapter I show how the processes of narrative, by placing the inchoate within existing frameworks of meaning, help those whose lives have become disorientated by drug use and HIV/AIDS. I examine the creation of contemporary myth and its place in the strengthening of cultural norms and individual identity. I then show how the notion of fixing a mutable story in an immutable place may constitute and re-shape society and lend authority to the narrator.

By situating ethnography within these paradigms, I go on to show how tales are constructed to meet the specific needs of a community coping with the social change wrought by harm reduction policies, and its powerlessness in the face of a plethora of agency provision in response to drugs and AIDS.

A reason for telling tales

I have just spent half the morning looking for Nita to take her down to the hospital for her regular HIV check. In terms of doing ethnography this is usually fairly productive as it lets me talk to the young lass on her own for the half an hour or so that the journey takes. This time I am unlucky for it is at least two hours late for her appointment before I run her to earth in the car park at the back of the shopping centre. She and Len, her partner, and another couple are sitting with their backs against a wall sunning themselves. Greetings are exchanged and Nita mutters something about, "oh shit! I should be at the hospital, shouldn't I." The lost appointment is shrugged off and I join them and give Nita the jar of home made jam I've brought for her. (a peculiar thing about heavy drug users, they seem to have a very sweet tooth) We're gossiping about this and that and are eventually joined by several others, all sitting on the ground, getting a suntan, and just chatting. The jar of jam gets passed round for inspection and the odd taste on the end of a finger. I resist the hint that it might be a good idea if someone went round to the bakers
for a few rolls to go with it. The conversation eventually gets round to an OD that had happened the previous week and this seemed to start off reminiscences of other similar incidents. Of such situations is the telling of tales begun and this time I'm fortunate enough to be there.

The horrendous effects of this massive and chaotic drug use permeated every aspect of the lives of those involved, whether they were drug takers or not. It overwhelmed them and almost certainly went beyond their capacity to express in a normal way what was happening to them. Superimpose upon this a Durkheimian sense of anomie brought about by the realisation that many would soon die of AIDS, and it is little wonder that people sometimes floundered in a sea of unexpressed feelings as they attempted to understand the reality of their existence.

One of the ways in which attempts are made to make sense of their lives is in the tales that they tell of themselves and others. Tales which relate to their values, their history, their heroes and villains, and their way of doing things. Early in my field-work I felt that these tales were getting in the way, especially when they seemed to be little more than another rehearsal of some past injustice or yet more lurid details of an OD. I was eager to obtain my 'data' and wished my informant to 'cut the cackle' and get on with telling me what I thought I wanted to know.

As I overcame my novitiate status and learned to listen better I became aware that these tales were an important part of their way of communicating, not only to me as somebody they were willing to 'tell the tale' to, but also to each other. I began to find that there was a lot to be learnt from listening to a couple of old stagers placing the latest tit-bit of news into its historical context, and that a statement such as, "of course that was the way of it last time, ken..... and do you mind when......," was likely to herald a mine of information.

Denzin suggests that tales tend to focus on key issues of people's lives and that to interpret them, the researcher needs to become an informed reader of the tales themselves and of the biographies of the people to which they refer. As well as the biographical details, it is necessary to have knowledge of the historical and cultural setting,
not only of the tale itself, but also of the person telling the tale (1989:35-47).

I would go further, and suggest that what we may have here is a 'chicken and egg' situation. While Denzin is right and that it is essential to be aware of the biographical, historical and cultural details of the tale and its teller, it is often from the very tales themselves that many of these details can be gathered.

I must be aware, for instance, of the unequal power relationships as dealing moves from the street corner towards the big money in the city, if I want to make sense of an accusation that the local GP is responsible for the OD of a young teenage girl. However, it is only by listening to the tales of drug dealing that I begin to build up a picture of this process and am able to begin to understand why there is a relationship between two seemingly unconnected facts, ie drug dealers and the GP.

As a technique, the analysis of tales goes beyond an idiographic perspective and attempts to contextualise the narratives within their structural and historical settings. These are not the interpretations of outsiders; be they the researchers or those who may seek to impose structure, such as the police, doctor, DSS, housing department, social workers. Here, one is attempting to address an emic understanding. The problem for the outsider, however, lies in a lack of ability to experience the real meaning of the narrative for those who are telling it.

I have already suggested that events had overtaken people to the extent that they were often unable to express coherently their feelings and understanding. In an effort to overcome this, they appear to be creating an alternative vehicle; a new vocabulary with which they attempt to cope with the human suffering that has been brought about by illegal drug use and AIDS. As Geertz suggests, they attempt to cope with suffering, '...by placing it in a meaningful context, providing a mode of action through which it can be expressed, and, being expressed, understood, and being understood, endured' (1965: 1-46).

This aspect of making meaningful the incoherent is also taken up by Myerhoff where, quoting Lévi-Strauss as well as Geertz, she puts
forward the notion that it is in the creation of meaningful categories that the individual can come to comprehend otherwise confused and subjective experiences. She suggests that a known, shared, and intelligible set of events described in terms of a set of collective representations may relocate the person into a familiar, coherent and orderly world (1974:234). True, the drug user may not have recourse to shamanistic skills, nevertheless, the creation of narrative can, and does inform a process of establishing a coherent world out of the chaos of drug use and AIDS.

My initial interest in the concept of 'telling tales' comes from a chapter in Hannerz's 'Soulside' (1968), where he attempts to explain the male street corner gatherings of a downtown Washington ghetto. He suggested that this street corner sociability has at its base, moral and intellectual concerns. With in the ghetto there was a strong tendency for fathers to be absent which lead to a matrifocal structure. This meant that there was a lack of role identifying models for young boys. To compensate for it, there was a ghetto specific male reality that had to be worked out. He points out that the never ending series of narratives were attempts at resolving these conflicts and ways of providing an awareness of self. They also provided the individual with a social anchor from which he could go on to build his identity within the accepted cultural norm. The tales delineated what experiences they had in common and enabled them to arrive at a consensus of normality. Each single recollection represented an individual's claim to a part of the collective identity, and the telling of it replenished that identity as each new tale passed through a screen of cultural verification by which the events were assessed and interpreted (1968:105-117).

This is a process not dissimilar to Cohen's notion of the public treasury of identities in Whalsay. Attributed to people via public discourse, he suggests that each identity in turn replenishes that treasury and so anchoring the community as a basis from which the individual can develop concepts of self-hood and belonging (1987).

Hannerz considers these tales as a form of myth making. The myths are not sacred neither do they deal with primeval time nor with men who are Gods. The time is yesterday and the protagonists are unemployed and in trouble with the law. The myths do, however, represent a reality, and through them the individuals are able to
reflect on the conditions in which are grounded the beliefs and hopes of their world (1965:115).

If myths are the ways by which we try to make sense of our world, then the tales I hear are indeed myths, for like Hannerz's ghetto, they seem to be ways of resolving the moral and intellectual issues of this particular community. As Hannerz suggested, myth is seen as the charter for social action, strengthening the individual's belief in cultural norms and identity within them (ibid:116). Many of the tales I hear seem to do exactly the same, although frequently they strengthen an identity the owners would wish they did not possess and reinforce a social action they could well do without.

Furthermore, the harm reduction policies brought about in response to the spread of AIDS by needle sharing resulted in a massive social change within the community. Heroin, and the concomitant structural elements on which its culture was based had virtually passed into history, and with it the narratives of its devotees into mythic past beyond verification. A process not dissimilar from Barth's notion of myth as a discourse that, at one level can transform historical events into nature, thus placing them into the eternal and sacred where they are no longer available to be challenged (1972:129). The tales were anachronistic and no longer viable in the face of change.

To understand this process of story telling, this myth making and the complex ways it is used by the community, I want to examine a particular narrative of a mutilated body in order to explore the processes whereby it came to gain currency and significance for the community. Within this story there is a convergence of text, boundary and violence which reflects the hegemony of the drug dealer, a cognitive awareness of social control, and the means of establishing the male identity. It is a tale of the appropriation of a conceptual boundary whereby, for those who transgressed the dealer's authority, there was always the possibility that this didactic, somatic text may also come to be writ large on their own bodies. It is a tale, as Voltaire suggests, pour encourager les autres.

However, in order to contextualise this exploration within a theoretical framework, it is first necessary to examine the processes whereby the appropriation of a 'topologised space', in Thornton's
terms (1980), may lend authority to myth and empowerment to its narrator.

A Scottish Tale

As a nation the Scots are 'ower' fond of rehearsing the glory of their past battles in song, poem and story and, as well as providing almost a lynch-pin to the tourist industry, it is a means whereby the myth of legend and the truths of history combine to create and recreate a Scottish national identity. Yet these stories do not stand alone, for many of the battle-grounds of the past have become the hallowed places of monuments to past heroes and of the shops and cafes of the Scottish National Trust. I do not decry tourism, nor the august body that does so much to maintain these places of history, for to visit one of these battle-fields is to take part in a curious alchemy whereby the immutability of the physical place seems to lend stature and authority to the tales of past glory.

Let me take as an example the battle of Killiecrankie which took place in 1689 and where a Highland army under Claverhouse defeated a rebel army who were supporting the claims of William of Orange. This is the battle of the famous leap where, being pursued by the Highlanders, one of the soldiers is said to have made his escape by a prodigious athletic feat of leaping over the gorge. Other tales too are told by the young Highlander in full regalia who now conducts our party of tourists around the battle-field. Tales for instance of the farmer who fired the first shot of the battle killing one of Claverhouse's officers. The man, it appears, then returned to his farm and, having done what he felt was his duty, left the fighting to others.

The story, read perhaps in a book or told over a dram among friends reminiscing past glories of Scottish history, might be taken with a rueful smile, for the place of one rebel in a battle which killed thousands is unlikely to have had a significant effect on history. It's truth in these circumstances is immaterial, it is merely a tale for the telling which takes its place among many others in recreating its country's identity.

Place the telling of the story physically at the battle-field however, see the spot where the burn runs into the river at the base of the gorge and where the officer fell, and then look over to the other side.
from where the shot was fired, this indeed is a far different story. The rocks of the deep gorge, the burn, the swirling wide river and the cleft high on the other side bring the story to life. The alchemy has worked its spell and one no longer doubts the veracity of the tale, at least for the present. Bruner suggests, the process of attaching a mutable story to an immutable place is a device to fix meaning and lend stability to authority and interpretation. Furthermore, he puts forward the notion that as well as these prominent stories helping to constitute and re-shape society, they also define and empower the story teller (1984:57-84).

Returning to Killiecrankie and the young Highland guide, I suggest a similar case may also be made for this 200 year old battle. Here too there is a process of constituting and re-shaping society, as indeed is the empowerment of the narrator, although I would admit that his being dressed in full Highland regalia complete with targe and claymore may also have helped to sustain the belief as well.

For Bruner, no story is 'a story' nor 'the story', but a dialogic process of historically situated particular tellings. Narration is a process, not an entity; it includes voice, point of view and the positioning of a narrative within a discourse. A story becomes a processural text as each person engages in the, '...dialogic narration, adding, interpreting and subtracting according to their own societal perspective, using the tale for their own ends' (ibid:57).

Both the battle of Masada, the particular incident Bruner refers to, and the battle of Killiecrankie, appear to articulate his notion of stories which exist in, and help to create, their social worlds. Furthermore, they are situated in named places whose permanence becomes the anchor for the elusiveness of their tales. I now take this model and see if it might be used to examine my other tale. The tale of a body on the beach, a named place which, I will contend, also helps to constitute and re-shape the society from which it is born.

**Tales at the boundary**

Along the northern edge of the estate where I conducted most of my research is the coastal road. Although a bus route, it is not one of the major access points for people living there and it is fairly uncommon to see people using it on foot. The other side of this road is a large
expanse of green, some sixty or so yards wide leading to a promenade and then down to the beach. When the estate was built in the late 1960s, it was considered a 'utopian dream' when compared to the inner city slums from which most of the new residents were to come. This stretch of green field, the golf course adjacent, and the beach itself, were seen by the town planners as an idealised amenity, and one that would greatly enhance the lives of those living on this 'dream' estate. Their calculations were wrong, for, within some ten years the estate was to become a drug ghetto.

The stretch of green is a strange piece of land for, despite its close proximity to the estate, I have rarely seen people on it. This is even more curious when one considers the high proportion of families with young children that live nearby and the fact that it would be an ideal place for Mums to take young toddlers to play. There are playing fields on the southern side of the estate set out for football and these are sometimes in use for organised games, but there is a strange unwillingness to use this stretch leading down to the beach even for a 'kick-about'. Of the actual boundary, the beach is rather stony even at low tide and it is little used. Its main occupants seem to be the tourists from a nearby caravan site, some older couples who have driven there and decide to stretch their legs with a walk along the prom and, at lunchtime, a few company reps who have come down for some peace and quiet while they make up the mornings sales list. There was occasionally an anthropologist writing up some field-notes as well.

Thornton puts forward the concept that:-

Boundaries are literally imaginary; they consist of images of continuity and closure applied to a continuous reality. Boundaries are communicated in 'practical' acts (Eg scientific survey, of the Australian aboriginal 'walkabout', or the Masay ceremony). Once constituted they may be related to human individuals or groups in many ways (1980:11).

Seen from this perspective, the 'constituted imagery' of the beach as boundary, communicated in the political acts, not only of a local authority concept of a utopia, but also of a community's own notions of the limits of acceptable behaviour, becomes a vehicle in the construction of identity. Thornton points out that Van Gennep's
achievement was to show that territory was a cultural phenomenon, in that he recognised that boundaries were not 'natural', but collectively conceived and ritually established (1980:16). Thus:-

Territory is the symbolic differentiation of space (topologisation) and the appropriation of this topologised space into a structure of meaning by attributing shared and public values to places, directions, and boundaries such that it may be graphically, cognitively, or ritually represented as a coherent and enduring image (1980:19).

Given the common usage of 'the beach' in my ethnography - in narrative if not always in fact - it would appear that, for them, it had indeed become a 'ritualised space' which was cognitively represented in the narrative processes surrounding it. Despite its apparent lack of use, the 'beach' had become a significant landmark to those I studied and it plays an important role in 'constituting and re-shaping' their society, as well as lending authority to its tales and empowering the story teller. It is a place whose tales, like Bruner's processural texts, are used by the narrators for their own ends and to enhance their own authority, while at the same time re-shaping and constituting the society they live in.

Yet, these texts are not conscious processes, for, as the sartorial eccentricity of a sodden greatcoat and its inebriated wearer became a metaphor for the resourcefulness of Cohen's Whalsa' folk, (1986:15) so too does the beach attain a metaphoric status in representations of violence and social control. There is a reluctance of cultures to treat their indigenous events as signifying anything beyond themselves. However, if they are just events, why then are they told, retold and embroidered, until in some cases they attain a metonymic value whereby a word or phrase becomes sufficient to recall the symbolic meaning of their telling. Thus, the word - the beach - becomes sufficient in itself in recalling the purpose to which the narratives are to be told.

The mutilated body

We are in Jenny's sitting room talking with Sam and his girlfriend about drugs and the virus. Up to now the conversation has been centred upon Sam's own experiences which, since he has been
heavily involved in the local drug scene, has meant rather copious note taking on my part. Jenny has known Sam since he was a 'wee bairn' and played in the street with her own children all of twenty odd years ago. The families are friends from the days before this estate was built and, like many of the people around, are Old-towners, as those from that locality are known. So too are many of the big names in the drug scene, and it is to reminiscing about these that Jenny and Sam have turned. Many of the 'big shot' dealers are recalled and Jenny tells how she knew them as 'ragged arsed kids with nothing to shout about'. Their memories gradually exclude me from the conversation and I sit back to listen to yet another variation of the 'old days', hoping that I might be able to add, if not an entirely new tale to my collection, at least some snippet to add flesh to an existing one.

There had been a particularly horrendous murder some years ago when a young girl's body had been found badly mutilated on the beach. According to the tale the girl had been 'carrying the cutty' (it was quite common for a dealer to use young women to carry and look after a supply of heroin as, if stopped by the police, they were less likely to be searched) for one of the big dealers and had been dipping her fingers into the stash (the supply of heroin) to the tune of several thousand pounds worth of smack. The dealer had decided to make an example of the girl, and Sam was now revelling in the gory details of what had been done to her body before she had finally died.

"The police never got him you know," said Sam, "the dealer, he got away with it."

"No well, they left it a wee bit late didn't they," said Jenny. "He ODd."

"No exactly," said Sam. "He didn't intend to, somebody gave him one"

Quite early into fieldwork, I had heard several references to the 'beach' as being the place where those who transgressed the boundaries of acceptable societal behaviour would be taken to be shown the error of their ways. The particular story of the murder, usually complete with gory detail that left little to the imagination had, I assumed, been a tale for the telling rather than imparting information, and that the dealer had being given an intentional 'OD' of pure heroin was new to me. It was also new to Jenny I noticed, for by
now I knew her well enough and could tell by the expression on her face that for once she had been upstaged. She wasn't about to acknowledge this however.

"Of course you know who it was," said Sam.

"Oh aye." said Jenny, and there now began a game between them of 'I know more than you do'

Jenny offered a first name in her bid to reveal the extent of her knowledge about the murder. It was not accepted by Sam and rather embarrassingly she was forced to offer several more. Sam then whispered a name across the room to Jenny. I didn't actually hear it and since I was sitting considerably nearer to Sam than Jenny was, I very much doubt if she did either. Jenny nods wisely as if to say that, while she would acknowledge Sam's superiority in this particular instance, she could at least maintain the status of knowing a fair amount about the person concerned.

The game is over, what appears to be the pecking order revealed, and we return to the more mundane details of Sam's experiences. I would contend, however, that far more has taken place than the mere establishment of a pecking order and that this narrative is an important process in the construction of the society in which Sam and Jenny live. The beach and its significance as a place of retribution had yet again be restated and its immutability had lent stature to Sam's claim for status.

Yet, there is a reason why this particular narrative has become a 'processural text' to be recalled and interpreted as though part of some hermenutic circle to be taken down from the shelf once again, dusted a little, and retold. I have already suggested the cognitive significance of the beach as a place of retribution. I now put forward the notion that the mutilated body has become a means of reinforcing and sustaining that cognition.

Feldman, referring to stories of the atrocities of a loyalist murder gang operating in Belfast in the mid seventies, suggests that the, '...violent location of political codes in a somatic space ... is in effect a statement about social space,' and that violent incidents and the particular persons involved, '...function as condensed symbols of
historical possibility.' Thus, the acts and figures mark an outer limit to the performative logic of paramilitary violence. (1991:59)

The body on the beach narrative reflects a similar discourse in the violation of somatic space as the mutilation of the woman's body becomes constructed into a metonym for the violence of the drug culture and the limits of its performance. The voracity of the narrative is immaterial, for the more harrowing the detail the more the somatic image recalls the consequences of transgressing the wishes of those who rule. The mutilated body is abstracted from the self to become a political token of the dealer's power. A token to be read and acknowledged by others that they may learn and obey.

This aspect of the legitimation of violence is also taken up by Foucault when, in explaining a public execution with all its attendant horrors, he suggests:-

Its aim is not so much to re-establish a balance as to bring into play, as its extreme point, the dissymmetry between the subject who has dared to violate the law and the all powerful sovereign who displays his strength (1975:49).

For the sovereign, we may read 'dealer'. The horrors attributed to the killing on the beach and their subsequent embellishment in narrative serve to re-establish the power of the dealers and the 'dissymmetry' between them and the user. Foucault goes on to point out that:-

...the atrocity of a crime was also the violence flung at the sovereign; it was that which would move him to make a reply whose function was to go further than this atrocity, to master it, to overcome it by an excess that annulled it (ibid:56).

There are two levels of explanation here; the notion of 'annulling' the crime by violence and atrocity - the mutilation of the body - and the concept of justifying that violence. The dealer was the 'anti hero', his power was acknowledged and legitimated, and, as such, it must be seen to be upheld. Within a violent community where disputes could, and were, resolved with the knife or a beating, the notion of excess by those with 'sovereign' power would be maintained as a process of defining community in their terms. While the actual crime may be deprecated, by using it at the level of narrative, it performed its didactic purpose.
Thus, the narrative of a past violent excess, fed by the tales of other acts of retribution attributed to the anti-hero, is passed into myth, and, now beyond verification, serves to legitimate this sovereign violence. An example of this violence occurred one afternoon when Olive, the mother of one of the drug users, and I were combing the estate trying to locate her son who she knew was ill but who, for various reasons, had 'gone to ground'. At one point we were witness to an altercation directly across the street from us where, Bill, a 'small time' dealer was punching and kicking another man quite violently. Eventually the man hobblies away with Bill yelling at him that he will be round the following day for his money.

This done, Bill now crosses the street towards us. His manner to both Olive and myself is very friendly and respectful, and, on being asked by Olive what the fight was about, he is off-hand and dismissive, as though the incident was of little consequence and merely an adjunct to his business. There seemed to be an assumption on his part that, as a dealer, he had the right to 'uphold his sovereign power', in Foucault's terms, and that this right should be, if not actually condoned, then at least recognised.

Olive goes on to ask Bill if he knows anything of her son's whereabouts. He does, and is most helpful and considerate in then escorting us to the block of flats where the son is now living. I detail this incident because it seems to show quite clearly the attitudes and assumptions of the dealer hegemony and the presumptuous manner in which violence is meted out. It is, in Fernandez's terms, 'a 'revelatory incident' ... those especially charged moments in human relationships which are pregnant with meaning' (1986:xi). Fernandez suggests that these incidents often contain colloquialisms, expressed in a Bernsteinian restricted code (1959), which consist of evocative figurative expressions of images and tropes. They are not so frequent in the flow of everyday life as to be easily noted by any tourist, and in any event the awareness of them and their significance is the fruit of participation over the long term (ibid:xii).

While I would admit that this particular incident might indeed have been noticed by some passing tourist, the significance, however, the 'revelatory text' inhering in this violent incident, is in the manner in which it is quickly discarded by the perpetrator. Fernandez points out that this long term participation enables us to give these
moments of a 'sudden constellation of significances' an adequate reading. My reading here is that the off-hand manner in which the violence took place, amplified and exaggerated in the sharp contrast of Bill's subsequent behaviour towards Olive and myself, reflect only too clearly the dealer's sense of 'sovereign power'.

I have suggested that the re-telling of the stories of the mutilated body is a significant element in the narratives surrounding the notion of the beach as a didactic text. There is, however, another element in this hermeneutic circle, for, while each gory version upholds dealer authority, it is also an attempt to justify violence within the community per se, and to valorise the narrator's position as one who is able to operate successfully in this environment. There is an iconicity surrounding this somatic discourse that becomes an essential element in community identity. Reference to it, even in metonym, is a means of acknowledging the dangers of participating in the drug culture. It is a way of saying, 'you gotta be tough to make it 'round here', for it is an element in the processes of sustaining the macho image.

In order to contextualise these narratives, to place them into the fieldwork setting, I now go to a drop-in centre for local drug users, most of whom are HIV+. It is about eleven thirty in the morning and the centre has been open for an hour or so. The usual routine is for the users to drift in as soon as the place opens. They are given a cup of coffee and sit around waiting to 'score'. At this stage some of them are quite tense and strung out, the atmosphere is subdued and there is little talking, apart from the occasional greeting as they huddle round the small table in the centre of the room sipping their drink and cadging the odd cigarette. Eventually, somebody will arrive who has a supply of 'rugby balls', 'Up-Johns', 'DF's', 'meth', or whatever happens to be available that morning, and they will go outside to do some trading. More coffee is made and the pills are swigged down. The tension relaxes and the gossip of the day begins.

Swartzman suggests that story telling is much more than a pastime. Stories shape and sustain the image of the organisation and the roles within it and furthermore it is a form that individuals use to interpret each other and their experiences (1984:81-91). Although her studies were of the staff in a community mental health centre, it would seem that her observations are pertinent to the situation here.
This too is an organisation which meets daily and has, for the most part, a regular clientele, to the extent that one of its major criticisms was that it operated virtually a closed shop and was little more than a 'gang hut' for the exclusive use of a few junkies.

Gossip and story telling are an integral part of the centre's role and, as Swartzman goes on to suggest, provide the individual with a means of interpreting, constructing and reconstructing events, discovering a meaning of what they are doing and, most importantly, create a way for individuals to legitimise their actions to each other (ibid:87). This getting together to engage in a sort of collective story telling is a way for the users to cope with the chaotic lifestyle brought about by their drugs, and the underlying fears of their HIV/AIDS status.

The previous week some of the people from the centre had been taken to a local sports complex for the afternoon and later that morning there was to be a group meeting to discuss some trouble that had occurred and which resulted in the centre being banned from further visits. Other trips were recalled which extolled the skills or several of the men present when the group had been taken on a one day outdoor pursuits course the previous summer. There were also several stories concerning some of the more untoward activities that had taken place on past trips and, like the one to be discussed, had also lead to people being banned.

The conversation becomes quite heated at one point over the issue of what would constitute suitable retribution for those whose actions lead to others being denied access to these various facilities. Two of the men are very much for them being, 'taken down to the beach and given a doing' while one of the women is putting forward a very strong argument that much of the unacceptable behaviour is the result of drugs and the individuals concerned could hardly be held responsible for their actions. She recalls an incident concerning one of the people she is arguing with and where, in this instance:-

"You were so full of bloody speed that you wrecked the soddin place. The way you're going on it's you we should be taking down to the fucking beach, you're bloody mad, that's your trouble."
The talk has changed from collective story telling and is getting rather too personal. It wouldn't be the first time that this sort of situation has developed into a fight and, since it's not beyond the bounds of possibility for the odd knife to be tucked away somewhere, it is time for the staff to step in before things go too far. Another round of coffee is served, and with a considerable degree of skilful manipulation on the part of one of the staff, plus calls of encouragement form some of the users, calm is restored.

Tales about the 'beach' are obviously important to those sitting around the table for, despite a risk of further aggression, they hold onto the subject even after calm has been restored. A story is told of a small-time dealer who had set up his customers to be mugged as they left the empty house that was being used for dealing and so get back the heroin he had just sold them. The tale goes on to tell how he was eventually taken down to the 'beach' to effect retribution. Descriptions of the process of his being 'dealt with' vary from having his legs broken with an iron bar to just a general beating up. Like Bruner's dialogic narration of historically situated particular tellings (1984:57), each person is engaged in the process of adding, interpreting or subtracting from the original version according to their own perspectives. Some of the men, for instance, are using the tale as a base from which to launch into narratives or their own experiences of the days of heroin dealing, each version becoming a manifestation of the macho image that is no longer viable now that the skills of dealing are replaced by the whining negotiations with medics in an effort to obtain an increase in prescribed drugs.

Repeated references are made to the 'beach' and to examples, not only of its past use, as for example the murder of the girl, but of instances where the transgression of the social code would deem it to have been an appropriate response. Interestingly, there would appear to be more of these tales than of actual incidents, and I am left with an impression that it is the beach itself that is the significant entity. It is indeed being used as a named place, fixing meaning and adding that authority to the tellers of other narratives that are now surrounding it.

What also appears to be happening in this process of communal story-telling is a re-shaping and reinforcing of the role of the 'beach' in the collective identity. The extent to which it is actually used is
probably of little importance, and indeed I have very few tales in my field-notes of specific incidents taking place on the beach, for most of them have occurred in somebody's flat or stairway. What I do have are quite a few recordings of the 'beach' being used as a threat towards unacceptable behaviour or as a mark of what others deem as an appropriate response. It is an indicator of what is, or is not, acceptable to the community and its tales constitute and re-shape the role that it serves. It would seem that in the telling and re-telling of 'beach' narratives, its specific place as a construct of the margins of societal behaviour is being reinforced. This construct is important, it must be maintained in order that the disruptive behaviour brought about by a culture of illegal drug use is kept within some acceptable bounds. The beach is a marginal zone, defining both physical and symbolic boundaries.

Later that year there were several particularly violent incidents that were eventually laid at the door of one of the more chaotic and aggressive individuals in the community. I heard several references to the fact that he was going 'over the top' and that eventually somebody would have him taken down to the 'beach'. In fact he was dealt with in an empty flat and was to spend some time in intensive care at the local hospital. The beach, however, had served its purpose, it had defined the margins of behaviour and its physical situation had lent authority and justification to an act of retribution.

Knowledge is power

To return to the tale of Jenny and Sam which I outlined in a department seminar paper during my first postgraduate research year. At that time, quite early into my field-work, I did not acknowledge the importance of situating events and its significance in constituting community identity. Part of my interpretation then, was that here was a statement of belonging, a mythic tale told to establish identity, taken down from the shelf, dusted a little with perhaps a piece of embroidery added according to the whim of the teller, and then replaced a little better perhaps for the telling. And what of these embellishments? Sam's little piece about the OD on pure heroin or the whispered accusation that I suspect we weren't meant to hear in any case? Are they fact? I do not think it is really important, for truth is not the issue at stake. If, as is likely, the next person to take the tale down from the shelf is Jenny, the re-telling of
it will probably contain the new additions and even something of her own. Bruner raises this point when he suggests that, 'Narrative 'truth' is judged by its verisimilitude rather than its verifiability', and that in some sense there is a way in which narrative, rather than referring to reality may in fact create or constitute it (1991:13).

Why this need to add something to the tale? for it is certainly not the first time I have come across this sort of pattern? Sometimes the additions are not accepted, they are too far fetched or the hearer is in a position to dispute them. Yet, the process seems to be part of the way some of the tales are told.

Knowledge in a drug community is power; power to make money, power to get drugs. It is a commodity and like commodities is negotiable. As well as operating at a pragmatic level, knowledge is also about status, status which in a multi-deprived community is not readily achieved by normal channels. One of the ways of attaining a high status is in one's knowledge of the community itself. One is recognised as an afficionado, an authority to whom others bow. Indeed, even to survive, it is essential to know how the system works, the terminology of drugs, who does what, who is dangerous, who is liable to 'con' you, 'grass on you', 'fit you up' for something you didn't do. Who would 'cut' you if they thought your face didn't fit. It is likely that this specificity of knowledge for each different drug community is the reason why people are reluctant to accept being placed in another drug use area in the city by the housing department. They would not have the knowledge to sustain their existence there and they would be easy prey for the other users.

There was for instance, the example of the young woman who had applied to the housing department to be moved into one of the schemes the other side of the city because she and her children were being subjected to considerable violence by her ex partner and his family. She was a fairly chaotic drug user and her lack of the specific knowledge of the area into which she had moved made it difficult for her to obtain the drugs over and above her daily prescription. The problem was further exacerbated because, as a stranger, she had no means of protection in the new community and became easy prey to being mugged of her methadone and pills as she left the chemist each morning. Eventually, she decided that to return to her ex partner
would be the lesser of two evils, despite the violence. At least there she would be able to maintain her drug habit.

I suggest that part of Jenny and Sam's game of 'I know more than you do' is about belonging, and that it is a game created, not only by the necessity of having a detailed knowledge of the drug community in order for the individual to survive, but it is also a statement about being seen as part of this particular society and having a specific status within it. For Jenny and Sam this 'dialogic' process, this adding to, interpreting and subtracting from the piece of their community mythology that they have just engaged in, and their joint processes in re-establishing and even altering it, is, within their differing perspectives and needs they bring to bear, a way of interpreting each other. What is also interesting is the way their interpretation of the meaning of the beach has been used to authenticate the status of these interpretations.

Their process is similar to that described in Myerhoff's analysis of myth in the Peyote hunt. Here, she places myth as providing:—

...the cliches and formulas by which one person may 'explain' something to another. But these explanations, because highly stereotyped, operate towards the same purpose as ritual - not to question but to persuade (1974:238).

The repeated narratives certainly attain ritual status, and what one sees here is two very experienced old stagers playing the game but from two differing perspectives. Jenny, as a Mum who has watched her 'bairns' and her life become dragged down by the drugs, and Sam as an experienced dealer and user who, because he is now on methadone support, no longer retains his macho image of tough competent heroin dealer. Both are seeking to 'persuade' each other of their respective positions and status within the community, and in so doing they are also sustaining its image and their roles within it.

Blaming the outsiders

My examination of these tales so far has been about the ways they are used to voice the social and ideological positions they represent and their position in maintaining and reaffirming the society from which they came. I want now to look at the ways narrative is used as a means of coping with and giving meaning to the awful dilemma
created by drug abuse and AIDS. I start with the joke that was going the rounds which suggests that if you want a new pair of trainers, go and tell the GP you've got a bad back. He can't prove you haven't and you're bound to get something off him in the way of pills that you can sell for about thirty pounds.

Since heroin is no longer the main drug source, although it is still occasionally available, most users are on methadone support together with a cocktail of temgesic, temazepam, valium and, if they can find it, diconal. This means that most of the dealing is now in pills, a rather complicated exchange and selling system that seems to have as much to do with status and self image for some users, as it has to do with making money for others. There is, for example, the story about the dealer who has a group of girls going to their local GPs and complaining of period pains. They are prescribed the pills, he sells them and they get a cut. So common is this process believed to be that there is now assumed to exist a regular trade in information on which ailments are liable to have which specific pills prescribed for them, even to the extent of people consulting a copy of Mims, the pharmaceutical bible.

True? I wonder! I don't think I would want to deny that there are fiddles going on, for a GP can be put in a very difficult position when confronted with ailments whose specificity is difficult to pin down, but that's not the point of these tales. They are not about the gullibility of the doctor. The truth or otherwise is not important, for the real purpose of these tales goes back to things that happened in the mid 1980s. There's the tale about the young woman who came up to the city from London as a witness in a court case. Although previously resident here, she had now moved from the area but was still a user and had gone to her old GP to get herself a 'scrip' to last the two weeks she expected to be in the city. The doctor, it was said, had given it to her and, unlike his normal practice of making it out so that she would have to go the the chemist each day to get her 'fix', he had given her a 'scrip' for the two weeks. Unable to resist this unexpected windfall, she had become so stoned that she took the whole bottle of pills and died.

Another story in this genre concerns the fact that the amount of violence in the area had suddenly increased and that there had been several 'cuttings' - stabbing or slashing with a knife - during the past
two weeks. One evening during fieldwork I had heard that the police had raided the shopping precinct because of a fight. Several drug users had been arrested and although I had just missed the incident I did arrive in time to try and put a couple of those who were left in my car and get them home out of harms way before the police returned as a response to their continued, 'disturbing the peace'.

This is the story I recount in chapter one and, discussing the incident the following day with a small group of users, I was told that the fight was to do with the GPs trying to find out who was dealing their scrips and more specifically, who are the weekenders. These are people whose drug habit is under control and, apart from recreational use, do not use all their prescription. They manage, however, to convince the GP that their habit is much heavier than it really is, and so have a surplus of drugs for the market. A quite useful way of topping up a DHS payment by the odd forty pounds a week.

"The medics are offering to double your 'scrip' if you tell them who is at it," said one of the group.

In other words the GPs know this is happening and they want to know who is doing the dealing. This I am told, means that people will 'grass' to the GPs just to settle old scores.

"It's bloody obvious," they said, "half the agro that's going on at the moment is to do with the medics, no wonder there's all this cutting." I think I get the point, but then, like the other tale, its not really about agro at all.

This last tale is told of a woman who has seen several of her children die because of drugs and AIDS. I had been commenting about a photograph of her young granddaughter on the side-board. She thinks the world of this girl and she is telling me how bright she is and how well she is doing at school. Suddenly, apropos of nothing in particular, she starts one of her interminable tales that I heard so often before.

"It's that bloody Dr Williams," she says, "if he had come when I sent for him instead of saying that she could wait till her appointment in the morning, my daughter would be alive now. He didn't give a shit if she lived or died, she was just another sodding junkie to him. He
should have come when I sent for him, it was obvious the lass was ill."

In fact, the daughter's death was not connected with the doctor refusing to visit, if indeed he had been called at all. The daughter was virtually dead when they found her and the woman had not known about the death till the following day. It appeared that her brother had been caught dealing and had hidden the 'stash' in the girl's flat while he was in prison. Some time later, the young girl finds the heroin, but is too greedy and accidently ODs. The woman knows all this, for the circumstances have been explained to her many times. Rather than accept them she would prefer to tell the tale of the doctor who couldn't be bothered to come out.

What then have these tales got in common? What are they really about? How are they part of this Geertzian notion of placing experience in a meaningful context so that it may be expressed, understood and endured (1965).

Let me recap; the gullible GP, the young woman from London who was given a 'scrip' for too much medication, the GP who will double your 'scrip' if you grass on the dealers and that 'bloody Dr. Williams' who wouldn't come when he was sent for. What is the common thread running through all these narratives?

Heroin is no longer on the street, or at least not at the moment to any great extent. This means that the heroin dealer is not around. Drugs are obtainable on prescription and, although there is this complex system of exchange and selling, the drug user is no longer beholden to the heroin dealer for his 'fix'. But, as well as providing 'smack', the dealer served another purpose. On him could be heaped all the blame. The junkie wasn't responsible for what was happening to him, it wasn't the junkies fault. It could all be passed down to the dealer. He was the villain of the tale.

Parents for instance could deny their guilt feelings about the way they had brought up their children to become drug users, for what chance did they have in the face of the enormous amount of heroin brought in by these terrible people? One of the most frequent themes I hear is about the extent of the dealing. One parent for instance is never tired of telling how the big Range-Rovers and fast motor bikes
would pull up at the house opposite, usually in the middle of the night, the size of the transport indicating the status of the dealer. This is then followed by the tale of the police raid and the drug squad crawling all over the roof. If that amount of dealing was to go on right across the street, then what chance did she have of keeping her bairns straight.

I suggest that by placing all the blame on the dealer, people could attempt to make sense of their world, understand what was happening to them, and understanding, could endure. By the telling of tales, by creating images, truthful or otherwise it didn't matter, the process enabled people to find a way of coping.

But today there is no illegal drug dealer, at least not in the accepted sense of the heroin dealers of the past, and certainly not one whose actions are horrendous enough to be able to shoulder all this blame. But, there is a legal dealer, there is still somebody who provides the drugs, somebody who, like his illegal counterpart the user is still beholden to, somebody who pulls the strings and says what drugs you can have and when you can have them. He's called a GP. What has happened is that in the absence of the illegal heroin dealer, the legal one has been made to take his place, and the tales told of those who supplied heroin have now been transferred. That they are a pack of lies or a distortion of the truth does not really matter. What does matter is that the means of expressing the human suffering can continue, the people can still make sense of their world. The GP is now the villain of the tale, an outsider and, what is more, a respectable middle class enemy. It would seem that this irrational behaviour is part of a process of scapegoating and projecting the blame outwith the margins of the drug using community onto the outsider, in this case the doctor.

Other outsiders

I want now to look at another theme that runs through the lives of those affected by drugs and AIDS and how stories again seem to be used as a way of coming to terms with issues that confront them.

I have promised to take Nita some clothes for her youngster that I have been given by a local church charity and am hoping that her partner, Len, is not too stoned this time as I want to get him to tell
me about the days of heroin dealing and how he, and others, were able to bring the heroin in from the continent. There is no answer to my knock at the door, a not unusual situation which could mean anything from their being too 'gouched' to be bothered to open it, to the fact that they've forgotten I was coming. It could also mean they don't want to talk to the anthropologist today. I return to the lifts but decide to call the one on the other side in preference to the stink of urine of the one I came up in. There are four doors in the landing, Nita and Len's, a young woman who lives on her own with her two children, and the two others boarded up as the flats are uninhabitable. My lift arrives and this young woman gets out with her two children plus Nita's youngster who jumps up to see what I have in the carrier bag.

"I'm looking after her while Nita's at the dentist. If you're wanting Len, he's up at Tam's with a load of others."

I check that I have Tam's flat number, and digging in my pocket for sweetsies that I invariably carry for these sort of occasions, I then enter the lift to go up another three flights. This one incidentally doesn't smell too bad.

There are some half a dozen people in Tam's flat including his girlfriend and and three-year-old son who is playing with a rather expensive toy gun that is far too big for him. Tam has a predilection for adding strong lager to his cocktail of pills which makes him somewhat violent, a fact that his girlfriend knows to her cost and is the reason why she no longer lives with him. She still sports a black eye, and I am left wondering if it was Tam or somebody else who gave it to her.

I say 'hi' to those I already know and am introduced to the others as the bloke that's writing the book about AIDS. There's a polite enquiry as to how the book is going and I mumble something about my still talking to people and how they are giving me lots of information. I have found that this is quite a good opener in these group situations as it tends to prompt anecdotes, especially if it is a person I have not met before. In this instance a tall emaciated looking individual who is later to give me a lot of information about the concepts of dying with AIDS asks if anybody's told me the one about the steel door.
The tale takes place in the older dock-lands part of the city during the hey-day of heroin dealing. It seems that in an effort to prevent the police raiding a flat that was used as a distribution point and storage facility for one of the bigger dealers, the front door had been lined with steel and a reinforced architrave fitted. When the police did eventually raid the property, and after spending some considerable time and effort trying to break the door down with their sledge hammers, they found that the door opened outwards instead. The telling of this particular narrative raises a fair amount of humour for it is obviously well known by those present. It is also the prompt for other tales of the same genre like the time they raided a house to find the owner busy papering the living-room. The 'stash' of heroin had been emptied into the bucket of paste and, despite a thorough search, for the police were convinced there were drugs in the house, they didn't think to look in the paste bucket. This tale sets everybody wondering if the room has been redecorated by now or if it would be worth having a lick at the old wallpaper. These particular tales are statements of the boundary markers, they are symbols of the drug using community's defence against outsiders, in this case the police. The following narratives, also about the police, concern responses to the invasion of the self and the injecting needle becoming a symbol of this defence. There is also the story of the community's ultimate victory over authority.

In the first instance there are other tales about 'junkies' and how they would leave their used works in their pockets in the hope that the police officers searching them would get a needle stick injury and become infected with HIV. This particular tale was quite common and I heard different versions of the story repeated several times. Towards the end of fieldwork I had arranged an interview with DCI Watson, then head of the drug squad, and was told that there had been no incidents of this kind reported by his officers. There had been situations in the cells where infected prisoners had attempted to contaminate the police. On one occasion a man had scratched an officer's face and then spat on him and there was also an incident where excreta had been thrown in an officer's eyes. There were however no cases of infection.

Finally, of course, there has to be a tale about the police that caps all the rest and which everybody makes sure the anthropologist is
aware of. This one concerns a female dealer who sets up a kinky sex session for some of the drugs squad and, unbeknown to them, has the whole thing videoed. I was never told exactly who this person was, although there did seem to be a pattern of accusations being made against individuals who, known to be successful dealers, never seem to be raided. I am certainly in no position to sanction the truth of this tale, neither do I think its veracity or otherwise is all that important. Its significance lies in the role that it plays. I would add one last comment on this tale, and it concerns a female dealer whose family I had known for some years. We were discussing this particular story in relation to drug dealing that had been going on in the local prison and my friend gave me what could only be described as something of a knowing smile. But then, even as a child, she always had a sense of humour and perhaps the laugh was on the anthropologist after all.

As I have already pointed out, Denzin (1989) argues that these tales tend to focus on key issues of people's lives and that to interpret them, the researcher needs to become an informed reader. These stories about the police are being told by ex heroin users and dealers and reflect the issues that concern them. They are about those who were their enemies in the days of injecting heroin, those in authority, those who defined their activities as illegal. As Kane and Mason point out, while in the eyes of the law and the 'square world', the drug user is seen as a criminal, to the user, participation in drugs is simply, '...a career, a process of surviving, and making the hustles work for him so that he can avoid being sick (going through withdrawal) and taking care of himself' (1992:205). They go on to suggest that earlier ethnographies of the heroin subculture clearly demonstrated that the attitudes associated with law enforcement had a considerable shaping effect on the illegal drug business. The narratives serve to reinforce this perspective both to the users and those around them, they are a way of 'stating a position' and, in their continual re-telling, becoming comfortable with it.

They've too much bloody power!

This next group of stories, although following the same common theme, reflect other priorities and are recounted by a different group of people, in this case two mothers of drug users are talking over a cuppa. The conversation so far has mainly been an exchange of experiences about their respective offspring and the problems of
drug use and HIV infection. Olive has a friend who is having difficulties negotiating the care of her grand-children with the authorities. The daughter's lifestyle has been far too chaotic for her to bring up her 'bairns' and so far the children have spent most of the time living with the grandmother. However, the son-in-law is now making things difficult and demanding that they live with him, that is when he is not actually in prison, and the woman is trying to obtain legal custody but feels she is being thwarted in this by the social worker.

"They've too much bloody power, that's what," says Olive, "You've no sodding chance trying to argue with that lot."

"I mind one of them getting his come-uppance though," says her friend, "He was going out with that lass up at the high flats, you know, Jenny something-or-other. Anyway, I told the stupid sod she had a dose of the syph, and she had too. You should have seen his face, talk about sick. He was a stuck bastard, always shouting the odds, serve him bloody right."

This leads on to an exchange of tales concerning the nefarious deeds of social workers. Olive, not to be outdone, cites the case of a neighbour, a social work assistant, who had a succession of young boys calling at his house. "Aye, and you'll ken what that's all about. I rang the social work but they never took any notice. They look after their own that lot, like the bloody police."

There are quite a few tales that seem to tie in the social worker with the police and a strong belief that, 'they're all tarred with the same brush'. Olive's friend goes on to tell how it was the 'social work' that stopped her son from getting attendance allowance and this is capped by another tale of how, 'those whom the gods (social workers) favour' get everything that's going. The 'we hate social workers' syndrome is quite popular at the time, since it is being fed daily by the media castigating the profession's image because of the Orkney enquiry into child abuse. Most of the stories are concerned with issues of child care, for it is in this area that the generic workers of the local department are most involved. There is a real problem here, for there are quite a few instances where the children being taken into care have resulted in the mother engaging in even more chaotic behaviour. This is a concern that I examine in chapter eight. Thus,
like the 'police' tales told by the drug users, there are tales told about other areas of authority. In this case it is the social work department, although there are similar stories concerning the housing department, DSS and the voluntary agencies.

I suggest that these tales, which reflect issues concerning those in authority, are a means of coming to terms with a sense of powerlessness and feelings that the world is something that happens to a passive recipient. The narratives are ways of stating, however short term the instance, some small triumph over the authorities, of 'cutting them down to size' so that this sense of powerlessness is modified in some way. It is as though their lives are being 'authored' by those in power and that in their 'otherness' they seek to reclaim some sense of self awareness. Narrative is a way of 'doing identity'.

Thornton, in examining client/patient relationships with those engaged in agency provision comes to a similar conclusion to that reached by Mayer and Tims discussed in chapter six. They too suggest that different discourses are taking place, although Thornton offers a more detailed explanation where he suggests that:-

The client or patient comes to believe that the therapist or social scientist These terms refer essentially to social work and allied professions. (Italics mine) has at his/her disposal the means to unravel the presence behind the work, the real behind the symptom, the self behind the mask. In offering to decipher the 'significance' of symptoms, the therapist assumes the role of an expert who can cure the root cause of the symptom.

But this offer may turn out to be bogus because the client has taken at face value the therapist's claim to knowledge and authority; whereas, in reality, what has happened is that the discourse of therapy has become part and parcel of the discourse of the client.

But these discourses are not compatible - the client/patient and the social scientist/therapist do not constitute a functioning entity engaged in a mutually beneficial encounter. They become protagonists addressing two entirely different problems (1989:150).
Thus, claims to agency provision, if validated and legitimated, give power to those who make them, since the client/patient has, without access to prerequisite knowledge, difficulty in constructing viable counter discourses which permit effective challenge. Under these circumstances other less convincing dialogues are brought into play and the recipient resorts to a condemning narrative which berates those whose offers of support are considered, at least for that moment, inappropriate.

Where the individual does attempt to confront authority there would appear to be very little lateral thinking in the process, almost to the extent that if the first option doesn't work then you give up. There seems to be an underlying pattern of passivity and lack of willingness to become engaged in creative problem solving. Given this approach, then recounting minor conquests is at least one way of rationalising negative attitudes. Yet, it is possible that the very recounting of these tales becomes a way of retaining that passivity. The tale is told, what else is there to do?

This passivity is also reflected in Foucault's notion of the 'normalisation' of power where he points out that:-

The judges of normality are present everywhere. We are in the society of the teacher judge, the doctor judge, the social worker judge: it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects his body, his gestures, his behaviour, his attitudes, his achievements. This carceral network, in its compact or disseminated forms, with its systems of insertion, distribution, surveillance, observation, has been the greatest support, in modern society, in the normalising of power (1975:304).

Given a community where, as I suggest, there is a limited access to discourses of effective challenge, then the panoptic functioning of agencies such as police, social work, and the medical profession, in adopting this 'normalising' stance, leave those they serve little option but to accept an essentially passive role. It is little wonder that occasional outbursts in reaction to this imposed role may go further that story telling and erupt into violence.
Hannerz suggests that the ghetto 'man's' reminiscences when added together may give the understanding of forces transcending the fate of any particular man because these forces are the same, regardless of who happens to be the narrator. By sharing their experiences in their tale or 'myth' telling, the men appear to establish the fact that they can hardly help the womanising, drinking and getting into trouble; that is their life in the ghetto (1968:116). It would seem that Hannerz too is recognising the idea that the individual is, to a large extent, mainly a passive recipient in a world where he is powerless. His ghetto 'man' comes away from his street-corner myth making strengthened in his belief in ghetto specific masculinity. The myths have compensated for the cultural passivity by providing a means of solving the problems of identity and self-hood in a less painful way than having to confront the real issues. Telling stories help you feel better even if deep down you know you're not really solving the problems.

So too, I suggest, do the stories of the police, the social worker, the GP, the clerk in the housing department and all the other individuals who hold authority over people. Indeed, the triumphs are so few that those which do exist become apocryphal stories that are used, built on and recreated to serve their purpose. It is the shared processes of the collective tale, the myths, told and re-told and added together which, as in the case of Hannerz's ghetto men (ibid:117), transcend the fates of the individual narrator and provide a rationale for the things that are happening to them, a rationale that excuses the need to confront the real issues.

**Conclusion**

I have offered in this chapter some explanation of the many and varied tales and their elaboration in multiple repetition that were so much part of my fieldwork. That there were so many is partly explained by the fact that my informants had a lot of time on their hands. Getting together to gossip and spin out some yarns was part of the way of getting through the day. Gone were the times when the day was made up of scoring 'H', knowing who had some 'good stuff', who was out of the house and could be 'screwed'. As I suggest in the chapter four, heroin dealing gave life a purpose, there was work to be done and a status to be achieved. Harm reduction systems mean there is a lot of time left to be got through. Much of this time is spent
just gossiping, yet, this is not aimless behaviour, for as Paine suggests, gossip is purposive, it is a device intended to forward and protect individual interests (1967:282).

As Hannerz reveals of his 'ghetto-man', 'he gets together with his peers in a cultural process where their shared problems are made the basis of shared understandings' (1968:117). So too with the drug users as they get together and engage in this cultural process, examine and attempt to make sense of the shared problems of drug use and AIDS, create and re-create their myths and in so doing attempt to survive.

I began this chapter by examining the work of Hannerz, Bruner, Denzin, Thornton and others in order to establish the notion that story telling and gossip are meaningful activities which enable people to constitute, re-shape and strengthen cultural norms; establish and re-affirm identity, and 'make sense' of each other. I then examined a specific story in some detail to show how, within a framework of myth and the immutability of place, it attained metonymic status representing the boundaries of societal tolerance and the hegemony of dealer authority. I then contextualised this narrative by situating it against others in the same genre that are told one particular morning in the local drugs 'drop in' centre.

The massive drug use of the eighties engendered considerable feelings of guilt, especially among the parents of users. Feelings that were exacerbated by the concomitant onset of HIV/AIDS brought about by needle sharing. I demonstrate how narratives are constructed in order to dissipate these feelings and to place the blame on others, invariable and increasingly, with historical change, on outsiders with power.

I then went on to examine the construction of narrative as a response to powerlessness in the face of agency. How tales of the inadequacies and blunders of the police, social workers medical authorities and others were used, if only temporarily, to recreate feelings of self worth. I then suggested that even this strategy eventually does little more than reinforce an acceptance of passivity in the face of the panoptic gaze of those in authority.
CHAPTER SIX

MANAGING AIDS

In order to examine the stigma associated with drugs/AIDS and the relationship between the drug culture and the wider community locale, I begin this chapter with an exploration of a process of ritual cleansing. This is followed by an example from ethnography detailing the experiences of one individual who had become heavily involved in the heroin culture of the early eighties and who is now classed as 'full blown' AIDS.

Having situated the nature of HIV/AIDS, I then examine some of the ways those suffering from the illness manage their lives. How, for instance, individuals attempt to re-constitute the self in such a way that the impact of HIV/AIDS may, to some extent, no longer dominate their life script, and how for others, the very reverse of this process enables them to keep their illness at a distance. I also explore the trauma and uncertainty of the illness and how this produces periods of anger and violence, which, although destructive, can also be used as displacement techniques and hence part of the managing process. Many authorities, both from the medical and social work professions, extol 'positive attitudes' towards the illness as a way of 'living with' rather than 'dying of' AIDS, yet, for many people this advice is too simplistic, for it cuts across other indigenous strategies which are frequently at odds with these professional philosophies. I look at these issues and show how some of the ways of managing HIV/AIDS generated from within the community may in fact be, for some individuals at least, a more productive option. Finally, I look at some of the symbolic constructions surrounding AIDS and how they are used to manage the complex and indeterminate trajectory of this disease.

A ritual cleansing

The stigmatising of the HIV/AIDS infected illegal drug user is a process of cultural reductionism, simplifying, in order to make manageable an alien threatening activity. Thus, the conflation of drugs/AIDS and dirt, stemming in this context from nineteenth
century concepts of dirt and the bacterial transmission of disease, implies two conditions. Viewed in Douglas' terms these are; a set of ordered relations and a contravention of that order (1966:35). Dirt, in this case a disease called AIDS brought about by drug use, calls into question systems of order and classification. It is the negation of these normal assumptions of correlation and category - the labelled items slotted into pigeon holes (ibid:36) - which instils a fear of the 'other' and ascriptions of a pathogenicity that has more to do with stigma than reality.

Douglas suggests that by labelling anomalous events dangerous - these alien threatening activities of drugs/AIDS - a subject is placed above dispute and the process helps to enforce conformity by strengthening the definitions to which they do not adhere. We may treat our anomalies negatively and, in perceiving rather than ignoring them, we condemn (ibid:38-40).

This condemnation, this fear of the dangerous other be it phenomenon or person which contravenes ordered relations and negates assumptions of corelation and category, was effectively illustrated one morning by what became a ritualistic cleansing of a polluted, anomalous substance. The removal of AIDS-contaminated blood from a common 'stair'.

One of the effects of heavy drug use, exacerbated by HIV/AIDS, although the connection is somewhat medically contentious, is that of repeated fits. These are similar, in performance at least, to that of epilepsy, in that the patient has very little warning of their onset. This is one of the reasons why Donna, for instance, a young HIV+ mother, had, at one point, virtually become imprisoned in her flat. She was, she said, afraid that if she had a fit in public it could be reported to the social worker and her children taken from her.

Vince, since his AIDS related illness had become more frequent, now virtually lived with his parents, although, to relieve them of the burden of care, and, I suspect, his own feelings of guilt, he would sometimes move out to a nearby flat. He was prone to these fits and, frightening though they were, Olive and Vic had learned to cope with them. However, in this particular instance the fit had taken place as he was coming down the stair from his own flat. He had fallen down
several concrete steps and, cutting his head quite severely, had splashed blood on the stair well as he fell.

Vince, it appeared, had managed to return to his flat and the knowledge of the fall eventually reached his parents later that day. The information, however, related to the blood contaminated wall rather than the fact that their son had hurt himself. The parents went to the flat and brought Vince home. They then returned with bucket, scrubbing brush, cloths and bleach, to clean the blood from the wall.

Having lived in the area some thirty years, and also been considerably involved during the past ten years in helping both drug users and their parents, Olive and Vic were well known. Certainly many of the people in this particular block of flats knew them and it was with some surprise therefore that they found themselves met with hostility as they set about their task of cleaning. They were watched but no greeting or acknowledgement was offered. It was as though the residents were there to observe ritual and qualify the effectiveness of its performance.

Douglas points to the human body as a model which:-

- can stand for any bounded system. Its boundaries can represent any boundaries which are threatened or precarious.
- The body is a complex structure. The function of its different parts and their relation afford a source of symbols for other complex structures. The contaminated blood symbolising irrational fears and the stigma attached to the 'other'. (italics mine) We cannot possibly interpret rituals concerning breast milk, saliva and the rest unless we are prepared to see the body as a symbol of society, and to see the powers and dangers credited to social structure reproduced in small on the human body (ibid:115).

In washing the contaminated blood from the common stair, itself a boundary space, a ritual was taking place and those performing it, the parents, were themselves deemed contaminated while so doing. The silent watching - even the water had to be brought from Vince's flat three floors up as the onlookers were to offer the ritual officiants no assistance - restated the ascription of fear perceived in the blood, itself broken from the somatic boundary to contaminate symbolically.
its social equivalent. The boundary must be purged by scrubbing with water and bleach, and it was befitting the ritual should be performed by those deemed suitable, those who had given birth to the carrier Olive and Vic are studiously ignored like the new mother in Helias' village. Polluted by childbirth, she must be 'churched' before re-acceptance. (1975/8:30) Here too, their polluted form, engendered by association, must, like their son's blood, be expunged by ritual cleansing.

Douglas states that pollutions may come to be used as analogies for expressing the general view of the social order (1966:3) Here, the polluted blood has come to represent the threat to the social order by AIDS. The ritual cleansing, observed in detached silence, serves to re-establish that order.

The nature of the relationships between the HIV/AIDS infected drug users and the wider community is complex, It can range, as I suggest in chapter five, from an almost complete refusal to acknowledge the existence of the problem; to the acts of disapprobation such as posting excreta through the letter boxes of those infected, reported in chapter four.

Douglas puts forward an interesting paradigm concerning a correlation between black and white magic which may have resonances in the social relations between these two elements of the community. She suggests that :-

...where the social system is well articulated, I look for articulate powers vested in the points of authority; where the social system is ill articulated, I look for inarticulate powers vested in those who are a source of disorder. I am suggesting that the contrast between form and surrounding non-form accounts for the distribution of symbolic and psychic powers: external symbolism upholds the explicit social structure and internal, unformed psychic powers threaten it from the non structure (ibid:99).

This may provide some explanation in that the articulated and ordered wider community becomes threatened by the ambiguous 'unformed' position of the drug user. She suggests that there is a type of unconscious power to harm emanating from inarticulate areas of
the social system, and cites the position of Jews in English society whereby belief in their sinister but but undefinable advantages in commerce justifies discrimination. Their real offence is to have been positioned in that ambiguous place outside the formal structure (ibid:103). Thus, to those who are a source of disorder, may be attributed inarticulate psychic powers which threaten the external symbolic order. They are the witches, the polluted ones, the malefactors who should be hounded down (ibid:99-103).

One may construct a similar model to explain some of the attitudes of the wider community. The ill-articulated non-form of the drug culture, reflected in bizarre acts often performed in public - again I refer to my account in chapter one - may indeed be viewed as attaining some unknown psychic power which may threaten the explicit social structure. Add to this the anomaly of AIDS and its concomitant negative categorisation, and it is not surprising that those who are active participants in the drugs culture may be perceived as the polluted ones, the malefactors who should be hounded down.

Douglas points out that communities cannot ignore the anomalies which arise out of their systems of classification and must develop some provision for dealing with ambiguous or anomalous events. (ibid:39) Citing the Nuer, she recounts how they placed dead twins, one of which was deformed, in a tree - for twins are birds - and in the water - for a deformed child is a hippopotamus (Evans Pritchard 1956:84-5). Similarly, the re-interpretation of the AIDS infected individual as 'other' may serve to justify their removal to special hospital wards or hospices. Furthermore, Evans Pritchard suggests that this re-classification restates community values (ibid:85). In a similar manner the process of defining AIDS as 'other' justifies the adoption of a high moral tone and also restates these values.

Shug's story

Shug had been spending a lot of time with Vince up in his room. Both men are HIV+ and although it is Shug who is now diagnosed as 'full blown' AIDS, it is Vince who is at present having to spend most of his time in bed with an AIDS related illness. They have known each other since they were 'bairns' playing in the streets, attended the same schools and had gone to the same List D school, although not the
one at which I had taught. Like others in the early eighties, they had become part of the heroin scene, chasing the 'brown powder', going to prison, becoming 'desperadoes' and being part of the exciting, risk taking life of the drug user. They are in their early thirties. Their drug use, now mainly on prescription, is heavy but relatively stable and they have outgrown the chaotic and hedonistic behaviour of their younger days.

Olive had wanted Shug to talk to me for some time. She had been responsible for many of my introductions to drug users and was keen for me to meet those individuals who, she felt, would be good informants for 'the book' she was determined that I should eventually write. It was important to her that someone should let those outside know what it was really like to have lived with the chaos of heroin use and now have to face the trauma of HIV/AIDS. She had asked her son Vince to try to persuade Shug to talk to me but, having come to terms with the fact that he was dying of AIDS, Shug had withdrawn into the company of just a few friends in a similar position and was reluctant to talk to outsiders. I was surprised therefore when, coming down from Vince's room to say cheerio to Olive one afternoon, he asked me if I was still collecting material for 'the book'.

"Maybe it's time I got my story down," he said, to Olive rather than me. "I'll want to know what's being written though, see it, check it's all there."

He turned to me. "That all right, will you do that? Type it all up and let me check it each time we meet?"

I agreed and suggested we use a tape-recorder, but he was not keen. "No, I couldn't talk into one of those things, my mind's muddled enough as it is, they would put me off. Better just talk and you make notes to copy up after so that I can check them."

In retrospect he was right, although for my part it was for a different reason. There is always a danger that the recorded voice takes on an authority that goes beyond the validity of what is being said; an authorial truth which allows little room for the interpretive skills of anthropology. It reduces the role of the ethnographer to someone collecting words rather than attempting to 'hear' what is being said.
As Hastrup suggests in quoting Clifford (1986:107), 'What we listen to are the informants voices, but what they speak are not 'cultural truths'; they are circumstantial responses to the ethnographer's presence and questioning' (1978:121). In a situation as emotive as this, the danger was very real. It would be better that the text be informed by the experiences of field-work, and an awareness cultivated by some twenty years experience of this type of community.

These then are field-notes taken from our sessions together. They are disjointed, for Shug is beginning to suffer the dementia of AIDS, but, in order to retain some feeling of their validity and significance, I state them as they are recalled.

Shug seems hesitant to start and again asks for reassurance that he will be able to vet my notes the following session. He begins by talking about the present day availability of heroin.

"There is some smack coming from Ireland and into Glasgow. Some of it is filtering into Edinburgh. I don't want to see smack around, it would be too easy to OD on that stuff when I'm feeling really down. I can't OD on the pills, I'm on too much [he told me he was taking 30 DFs, 10 Vallium, 30 Tems a day] I would just get sick and in any case I would need to take too much to be certain of dying. I couldn't hold that much down. What I want is a quick OD near the end, when I'm almost going. I don't want to end up all messy like some of them. When it gets to that stage I'll want to end it all quickly. I don't want it to be like when my mate died. He just lay there, his mind had gone. There is no dignity in a death like that. I want to die with dignity, you know, a bit of a fight right at the end."

We stop there for a moment and Shug takes a swig of coffee. He is obviously tired and having to try and put his thoughts in order is requiring a lot of effort.

"I don't make plans any more. Mind you, I stopped really making plans when I got onto the drugs I suppose. You forget you see. You make plans to meet somebody but after two minutes you forget. It's the virus as well as the drugs that messes up your mind, you stop being able to remember. You don't have any concentration any more. It happens a lot when you're talking to the professional people like
the doctor. They're trying to tell you something important but you can't concentrate. You forget what they have said to you almost right away, you only remember bits of it."

The subject changes again.

"It's strange, having the virus didn't hit me for a long time. I suppose when it did I felt a mixture of being angry and self pity. It started when I got laid off. I'd tried a bit of hash at school, but nothing serious. I had a good job but they closed it down and there was nothing else. We're talking about '79 I think. Somebody gave me some pills, just to try, you know. I was bored, no job and it seemed something to do. I'd no intention of being a junkie or anything. Somebody asked me if I wanted to try it and it gave you a nice feeling. DFs, Seconal, Mandies, that sort of stuff. No smack, I wasn't a junkie, not then. I tried coke when I was 19, that made you feel good. Then I suppose it was smack. I had the cash to buy from my lay off money. That ran out of course and I'd see my mates, still working. It was the weekends that were the worse, especially after the money ran out. I used to hate being broke at the weekends. That's when the stealing started, you need cash for the smack."

We take another break and I ask Shug if he's sure he wants to go on. He had lost the thread of our conversation and we started to talk about the attitudes to the virus in prison.

"The cons are OK about it, well, a lot of them have got it, so you're in the same boat. The screws don't bother too much. Half of them say that new place is a good idea, the other half don't seem too sure. (This refers to a new unit in the prison that has been set up for prisoners who are HIV+.) It was a bit hairy in the early days because nobody knew what AIDS was about. It's OK now though. Some places were pretty bad, Perth and the Linney." (other Scottish prisons)

"It's strange, it seems to go in groups. It's like all the ones I know are either dead or they're dying. It's like we all got ill at the same time. Then there will be other groups, like they're waiting to come on next. Funny that, I can think of a lot who I used to go with and they're all dead or dying."

"You did crazy things just to get your smack. There was no scruples or nothing, only the smack was real. Shops, houses, conning, stealing
off my kid sister, anything. You had to get the money. And dealing, though like most of the others, only to keep me going, never made money on it, just to get smack. If you got strung out you would do anything. It was ’79 I think, I got Hep. We didn’t know anything about AIDS in those days. Not that it mattered, you’d do it with anybody who had some works. They had a chemists in Cotton St., they would sell you some works. 10p for a barrel and a penny for a spike. They closed it down, the police, you couldn’t buy works after that. It was exciting. Not just the heroin, the crime as well, stealing and things, making money. I made money as well in those days. I could get enough for my shot and one for the morning as well. You had to get enough for one for the morning, just to get yourself started. Sometimes if I hadn’t, I’d get a ‘lay-on’. That would set me up and I could get out and steal enough for the day. Mind you, you would have to pay back the ‘lay-on’ or you couldn’t get one the next time you were strung out. You could also get done over if you didn’t pay up."

"You would take terrible risks just to get the money. Called it the desperadoes. I’ve seen me go into a till and know the shop assistant would only be away for a few seconds. You just took the risk because you needed money so badly. They say that Mike got so bad that he killed his Gran. Just to get some money to buy smack." He shakes his head in disbelief at the memory.

"Nobody took all that much notice of AIDS. I’ve seen twelve of us in a room and there was this girl. She says she’s got the virus. Nobody took a lot of notice, we just went on sharing the works. I used to clean mine with vodka."

We finish there and arrange to meet the following week when Shug will vet my typed up notes. I cadge another coffee from Olive and furiously write up my log while memory is still fresh.

At the start of our next session I hand over my data but Shug is strangely disinterested. He looks worse than when I last saw him and the lines on his emaciated face are heavily drawn. He returns my offering without really reading it through. I’m not sure if this lack of interest is because he is not feeling all that well at the moment or if the process of trying to read through a piece of his own history is itself disturbing and, despite his previous insistence, he now finds
difficult to do. As Hastrup points out, '...we must be careful not to miss the point that making other people tell their story may be extremely wearing to them, and symbolically imply their death' (1992:120).

"Aye, that'll do I suppose, where were we? Oh aye, talking about drugs and that. It changes you that stuff. I used to stay in my bed until I'd got my head together. You got right moody, pick on your family and things. You were bad to them. I've got a chip on my shoulder about my Mum. I know I'm ill, got to keep warm and that, and look after myself, but my Mum's scared. She's frightened of losing her son. She would rather go than me, I know that. I'd rather it was me that went. I used to be greedy with my family, took all I could get. Now I try and buy them things. I seem to have matured a lot now, sort of grown up. I knew drugs were bad when I started, but no that bad. I didn't know they could take me over. You feel better when you're off. But since I've got AIDS I stay on.

There is a pause and for some reason the subject changes now changes to Shug's experiences of women.

"I suppose I see a girl every three months or so, I'm practically celibate. There's two lassies I see but I'm no really interested all that much. In any case it takes a long time to come off. At the start you don't want a lass to know you're on drugs. I went out with one for two months once and she didn't know. At the top of it is not to pass on the virus. I use a condom and say that I've been with someone else and could have got something and that. The trouble is, after two weeks they say for you to take it off, you know, not use one. That's silly. Anyway I don't see anyone enough these days for that to happen so it's OK."

"I got this flat, hadn't a penny to put anything in it. I went to the dole and all they gave me was £75 crisis loan, and the bed cost me £70. Nothing for a cooker and Telly and that. I managed eventually I suppose. I don't use it much, I don't know anybody there. I stay at my sister's and her boyfriends mostly, and at my Mum's sometimes. The council pay my rent except for £5, I pay that. I don't use my flat much, it's so boring there, and it's dark and the lorries wake you in the morning. Sleep comes in phases, sometimes you sleep and sleep, others you're awake all night. If I've got something on my mind I'm
awake mostly. On smack, a good shot, you're gouched. No asleep exactly, you can hear what's going on. It's just that you're no bothered about anything. "

"They could sort this AIDS business out dead easy, never mind all this fancy treatment, they probably don't know what they're doing in any case. Why not give out some good heroin, at the surgery so it can't be sold and just keep us on a nice even level as we become more and more ill. Problem solved, the H stops you from thinking and also stops you from feeling any pain. When you get near the end they just give you a big shot and it's all over. Simple, saves all the hassle and you can live the rest of your life nice and easy."

"You keep thinking, 'is this going to be the last time I do this?' You know, Birthday, Christmas, see the world cup, that sort of thing. You want to know how much time there is left."

"Mum is more tolerant now, she kicked me out when I was on the smack, well I don't blame her, I wrecked the place mostly, and robbed them. I'm going over for a bath later because I've only got a shower at my place. I'll have to come home eventually, when I'm too ill to look after myself. She used to be worried I'd burn things with my fags, it's OK now, she understands a bit better. I don't want her to have to look after me but I suppose that's to be the way of it."

"I get more confused these days, I lost my tablets the other day and had to go and see the Doc for some more. He knows I used to try and con him in the past but I think he knows now that I really am getting so confused that I loose things. He said not to try that one again, but he's said that before as well. It's two years since I had to ask for more so he knows I'm not on the con. It's not that I'm selling, if anything I'm buying. I used to be on 60 valium a day, I've come down a lot now and I don't get the fits I used to. They're bad, you don't know when they're going to happen. I was here the other week when Vince had one. The Doc wasn't interested though and Olive blew her top at him. There's not much they can do about the fits though, by the time anyone gets there it's all over mostly. They don't know what the hell they're doing in any case."

"Knowing about the virus didn't really sink in until they told me that I was full blown. That's heavy, you start to think about life when you
know you're dying. I think about it a lot. You know, the only reason we are here is just to live. Never mind all that about philosophy and that, it's just to live, as simple as that."

We talk a little about euthanasia. It seems that Shug was there when Nan's son, George, was dying and I think this is where his ideas about dying with dignity come from. He says he doesn't want the family to see him in the state that George got to. It is almost as though there is a vicarious suffering of one individual in another's death. As though metaphorically the mind as well as the eyes is averted and the person is saying, this is not me, I shall not die like that.

Shug hangs on to the idea that he may have got the HIV virus from contaminated blood in the early eighties before the hospitals knew to test it for AIDS. Given his massive involvement in the heroin scene at that time this is statistically unlikely, and it is as though he is trying to convince himself that he is innocent of the means of his death and that it was all the fault of the medical authority.

These were the only two sessions Shug and I had together. Vince got better and moved back into his own flat which meant that Shug was no longer making his daily visit to Olive's house. I record the material virtually verbatim, for it seems to typify many of the attitudes of the heavy drug user to AIDS.

**Reconstruction of identity**

Berger and Luckmann suggest that when problematic experiences threaten to disrupt we work to integrate them, often by marking them off as 'finite provinces of meaning' from the reality of everyday life and placing the problematic sector into that which is already unproblematic (1967:24). We attempt processes of 'reconstruction' and, by placing the anomic experiences within a framework of meaningful everyday life, we translate them into a form that allows us to cope, even if only temporarily, with the problems they have created. An example might be a woman grieving the loss of a husband and frantically cleaning the house, immersing herself in an every-day 'unproblematic' activity and transferring her grief into something she can, for the moment, cope with. Bisset and Grey point to a similar process from their experiences of counselling AIDS patients (1988:26).
Pierret (1992:66-91), in a useful resume of predominantly European literature on coping with AIDS, places this technique in a broader context. She puts forward the notion that the person coping with AIDS will attempt biographical work in order to 'reconstitute the self' in such a way that process of coming to terms with the virus is also a process of 'putting one's life back together'. This is attempted in order that what is left of future life scripts may have some existence independent of the illness. It is as though the individual is picking up the pieces of a life shattered by the knowledge of a terminal illness and trying to find another way of putting them all back together.

Pierret suggests that one of the techniques is a process of reconstructing one's identity through involvement in voluntary associations for helping People With AIDS (PWAs) (ibid:81-4). Most of these associations have been created from within the homosexual community and are very much the product of an articulate middle class. While these voluntary associations provide a considerable service to PWAs from the drug using community, they do not recruit from them. This is primarily because the inconsistent and chaotic behaviour of the drug user would not be compatible with the needs of a voluntary agency. This has meant that the drug user, denied this method of reconstructing identity, has had to turn elsewhere.

During the early stages of fieldwork, the local drugs drop-in centre did, to some extent, serve a similar function. Here, although the active participation, in terms of help, was provided by paid and experienced drug workers, daily attendance at the centre did provide some form of reconstruction. The biographical work here, however, seems to have been little more than the reinforcing of already problematic identities surrounding chaotic drug use. While this does not actually reconstruct identity, it is able to buttresses the existing alternative to the point where it serves the same purpose.

Bruner defines this process in terms of the accrual of narratives to the point where they might form cultural traditions or 'world versions' of what is real and acceptable (1991:19). It would seem that the continual telling and re-telling of the 'junkie' tales in the drop-in centre may be explained in this manner. Put another way, if you can believe that being stoned out of your mind is 'OK' and that this belief is being reinforced by others in a similar position to yourself, then it is one way of coping AIDS. One of the difficulties for this organisation
was that the processes of re-constitution, this reinforcing of the drug using identity, meant that the drop-in centre was seen as little more than a 'gang hut' for the exclusive use of a small number of PWAs and so became the focus of considerable anger in the community.

Eventually the centre reconstructed its own identity and, instead of being a 'drop-in', it instituted a system of appointments and concentrated its efforts and skills on more practical aspects of helping. The conflict between the difficult expectations of the professionals and the uses and the perceptions of those for whom the centre existed was exacerbated by the negative attitudes of the wider community. This focus of a considerable amount of hostility produced 'tales' of untoward activities of those in charge and of malpractice and 'fiddling; tales taken up by the users themselves. At one stage the centre's shutters, pulled down to protect it from vandalism, became an authorial space on which these accusations were graffitied. The inscriptions 'othering' the staff and articulating the sense of powerlessness in the face of the language of 'authority' which had become incorporated into the everyday discourse of the AIDS industry. Change was unwelcome, their drop-in centre was to be denied them and there was a gut reaction to the removal of a formal space in which they could, in Swartzian terms (1984), engage in meaningful gossip. Unable to formulate the salience of this aspect of the closure themselves, they appropriated the narratives of the wider community in condemning those who they saw as responsible for the change.

A similar pattern could be seen elsewhere, in that other services offered to the user, while providing such things as medical treatment and support, also reinforced the drug using identity, if only because those attending all knew each other. Places such as the local hospital or the needle exchange centre were common meeting grounds to swap gossip and information on the availability of drugs. This returns to a theme in chapter four. Places like the drop-in drug centre, the out-patients ward for those who are HIV+, the local prison and even where people happen to congregate in each other's houses, are the venues where the stories about drug taking are told.

I suggest in my chapter on drug use that one element of the story telling is a process of boundary marking, of defining, of saying, 'this is the way it happens in our community'. As Cohen states,
...these boundaries consist essentially in the contrivance of distinctive meanings within the community's social discourse. People construct their community symbolically, making it a resource and a repository of meaning (1986:1-17).

My contention here is that if the drug identity is indeed being reinforced as a process of biographical work in 'putting one's life back together', then for those who choose this path, the construction, definition and reinforcing of the community identity in which it takes place is essential in order that it can in fact become 'a resource and repository of meaning'. Given this process, it is not surprising that there were accusations of a drug coterie and that the drop-in centre had become an exclusive gang hut. It was in the interest of those involved to ensure that it did so. It had become one of the major symbols in the boundary marking processes of that particular group of the community, and hence the considerable feeling generated by the closure of its drop-in function.

This posed problems for those seeking alternative ways of reconstituting their identity in the face of infection. For those who had stabilised their drug habit tended to keep away from other users, as it would be only too easy to tread that path again and seek solace in the plethora of pills available on the drug market.

**Keeping HIV/AIDS at a distance**

Pierret suggests that refusal to take part in the various voluntary helping organisations may act as a means of keeping the illness at a distance (1992:83) Evidence from field-work would appear to support this.

Sal, for instance, a woman in her late twenties and showing early signs of illness, now has her drug use under reasonable control and, apart from the occasional hash or a drop of speed, she manages to stick closely to her weekly prescription. She keeps well away from local agency support, even to the extent of going to a GP the other side of town. Coupled with her rejection of their values is her idea that one way of coping with the virus is to see it in the same terms as any other life threatening illness, for example cancer.

"I can do that in my own mind, it's something that's happened and you have to go on from there. It's like I just got a bad disease like
normal people could have. Aye, I ken I was a junkie and that it's really AIDS and not something like cancer, but if I keep away from that lot it's no so bad. Any way, I've no time for them, they just hang around the hospital to get more drugs, they've given up, they're just a load of hop heads waiting to die."

Betty, in a similar position to Sal, also reflects these attitudes. "If you're seen at the hospital you're admitting that you're ill. You're also back into the drug scene again and that's bloody stupid. Look, if you take AZT and stuff, it means that you're saying you're ill. Time enough to start taking they bloody pills when I am really ill. They don't know what they're up to half the time in any case, and there's no way I'm going to be one of their soddin' guinea pigs."

In fact, Betty is quite ill and is on various medications, including AZT. I learnt later that her way of 'managing', of keeping the illness at a distance, was to only take half the full dosage. As Pierret mentions with reference to AZT, taking it is a signal that one is in the process of falling sick (ibid:80). In fact it has become almost a symbol for the community of being well down the path towards full blown AIDS. This attitude is causing a problem for the medical team in that they want it to be seen as a prophylactic and to be taken much earlier in the process of HIV infection. Hockey raises this issue when she points to the elements of anger in the doctor/patient relationship. She suggests that it is the medical models of living and dying that are resorted to as sufficient accounts of human experience, and that:-

A willingness to submit to mutilating or humiliating medical treatments, and anger over the 'inadequacy' of medical practitioners, are the human responses which indicate that these are models which evoke enormous expectations - ones which may be held with the unquestioning trust of a religious faith (1978:57).

Given the uncertainty of AIDS and the medical profession's inability, so far, to provide a cure, it is hardly surprising that there is an undercurrent of anger and resentment.

AIDS research has produced evidence to discredit AZT, especially its prophylactic properties. Set against the vociferous media hype surrounding AIDS, for example the Sunday Times series of articles
during 1992-3, and the considerable vested interests involved in the AIDS industry, research findings such as these tend to confuse the issue. Thus, the effect of these investigations on the symbolism surrounding AZT for those I researched, was merely to complicate already problematic attitudes to this form of treatment.

A variation of Sal and Bette's response to AIDS, and one which appears to reflect more closely the professional ideal, can be found in the way Len and Nita reacted to their illness. They had been showing me their array of medicines, together with some extremely explicit and personal details of what each was for. On the surface, their attitude seemed to be one of, 'look how well we are taking care of ourselves, we recognise that we are ill, but we are fighting it, taking our medication, and not giving in to AIDS. What was missing in this display was the word 'AIDS'. Throughout the whole conversation and the display of the various medications, there was not one single reference to their illnesses being associated with HIV/AIDS. Yet both were known to be suffering from repeated opportunistic infections and were frequent patients at the specialist HIV/AIDS clinic. This curious process went even further. At the time Len had pneumocystis carinii, but was insisting that he had a cyst on his chest instead. Indeed, he was only too keen to show me the 'lump' in his now rather emaciated body. Here was yet another version of the process of distancing the self from the illness. The convoluted rigmarole over the numerous medicines, together with the semantic adaptation of the Latin term for Len's condition, was a way of acknowledging that I knew they were ill. I had seen them both at the clinic at one point. Even so, they were determined to keep a distance from reality.

Len and Nita's behaviour was very similar to that of Betty and Sal, in that each of these people were trying to construct a normative framework that they felt enabled them to have some minimal control over what is left of their lives. For the two women, the issues were around severing connections with previous drug using friends and having at least some influence over the way they used their medication. For Len and Nita, severing the drug connection was not an option, as they were still dealing. But even for them, denying reality was a process of 'distancing' and attaining some control.
Positive anger.

Frankenberg suggests that AIDS is a 'super-vulnerability' where the person is in a constant transfer from patient to person and back again - a roller coaster of ups and downs. This continual uncertainty of the disease, not knowing if the next bout of illness will be the last, exacerbates the already chaotic behaviour of the drug user. It manifests itself in frequent bouts of heavy drug use and violence as the realisation of the enormity of the illness grows (1989:21-36).

Vince brought up this point one evening when we were yet again moving his gear back home to Mum's place because he had been having another bout of fits. As he said, "You need to take your mind off dying, it's not just the things the doc does for you, and all the practical help and the counselling and that, it's what goes on in your head. You need a way of getting rid of all the evil and twisted thoughts that keep buzzing round in your mind."

Dilley highlights the problems of those facing life-threatening illnesses with particular reference to AIDS. As he says:-

In addition to having to come to terms with the usual existential searching that accompanies the diagnosis of a life-threatening illness and the potential for stigmatisation that is so common with this disease, the person with AIDS must also cope with the anticipatory grieving that comes with facing a limited life expectancy. The expected multiple losses are constant psychic companions and can result in waves of emotion as the individual learns to live with the reality of the diagnosis (1988:32).

Expressed in more prosaic terms by one of the male users having to face these waves of emotion, "Knowing you have the virus seems to build up inside you and in the end you have to blow. That's when the furniture gets busted and the lassies get battered. You don't really mean to do it, you just blow up, like your head wants to burst open. You just lash out at anything."

This issue of violence by men towards female partners I discuss in some detail in chapter seven, however, for many women there is a curious acceptance that their man will lash out at them. Ann, Paul's partner quoted above, was nodding in agreement when he was telling
me about these feelings of wanting to blow. It was as though she was accepting the violence towards her as part of Paul's illness and something that he could not help.

There was a similar and rather more vivid case when I went to see Nita and Len one afternoon. A large piece of the architrave round the front door was missing and the door was badly splintered round the lock. My first thought was that they had been raided again by the drug squad and that the damage was the result of a few hefty blows with a police sledge hammer. As in the case of most dealers, Len's door was reinforced, although not as effectively as some I had seen. The damage was not caused, however, by the police, but by Nita having accidently locked Len out when she had gone down to the shops. He was so enraged, that despite his now emaciated condition, he had managed to break the door in just by kicking at it. He is telling me about this when Nita joins us from the kitchen. She had a black eye, a purple weal across her cheek and her arm and hand bandaged and in a sling.

"See that," he says, nodding towards Nita, "I took one of my turns didn't I lass? I knew fine she was at the shops but I just blew when I found I could'na get into my ane house. I tried to strangle her when she came in."

Nita nods and the two of them start discussing the incident as though they were telling me about some new treatment they had been given at the hospital, instead of what must have been a quite horrendous assault on Nita. To what extent Len's relationship with Nita would have been violent without the waves of emotion caused by the continual uncertainty of their illness I am not really sure, and it is possible that AIDS may have provided an excuse for the violent behaviour, or have been part of a process of speeding up or exaggerating what was a 'normal' level of violence that existed in any case. Within their own terms, theirs was a stable relationship, for they had now been together for some five or six years. I was aware however, that Nita had suffered considerable violence and sexual abuse as a child and that this may have been a factor in her relationship with her partner.

"He gets like that sometimes, he just gets so angry at it all," says Nita, now sitting next to Len on the bed and holding his hand. "It's the
virus, he's really ill, ken. Sometimes it all gets on top of him and he can't take any more. That's when he lashes out at everything, including me. I didn't have mind though, no afterwards at any rate." she smiles at Len and gives his hand a squeeze. There is a curious affection between these two, despite all the violence.

Neither is this violence necessarily always directed towards the distaff side of the partnership. Dougie and I are talking about one of his daughters, a chaotic user who is showing signs of pre AIDS illnesses. It seems that she has been getting violent towards her partner lately, even to the extent of taking a hammer to him at one point.

"It's a lot to do with the virus, Clive. One minute the medics think the kids are dying and then a week later they're fine. It's the stress, not knowing if this time they're not going to get better and that's the end of it. I know the drugs have a lot to do with it as well, but it's the uncertainty that's causing all this violence. Jackie says she gets so angry, why should it all be happening to her? You can't blame them for lashing out at everything, or going back onto the drugs, or those damn cans of special she's knocking back as well these days. She's out of her mind half the time."

This willingness to 'blame the virus', to impute a biological determinism to the violent behaviour is common, and, as this example shows, is not just restricted to those participating in these violent acts. As Kelly points out, violence in heterosexual relationships is one of a range of options available to men in their bid to control their women (1988:127). It would seem here that AIDS is possibly being used as a means of excusing or attempting to hide an already a high level of domestic violence in the community.

The word 'anger' comes into these conversations like a theme running repeatedly through this discourse of uncertainty. Why me? Why did I get the virus? Why was there so much 'H' around? A lot of the anger is closely related to feelings of frustration and helplessness in the face of AIDS, yet it is not all negative. As Bette said at one point, "If you can hold onto your anger you don't have to face the pain, you can use your anger to lash out at something else and pretend that AIDS isn't going to happen to you. No you. No yet"
The 'anger' was not restricted to close personal relationships and could be directed at many of the agencies working in the area. The housing department for instance, was frequently being harassed and statements like, 'If they bloody housing would only move us we could get away from all these drugs and get straightened out.' or, 'They bastards'll no even give you the time of day let alone do anything for you, they just think we're a load of junkies that dinnae need a decent house to live in. They don't even care we've got the virus.' Similar accusation were made against social workers, the local GP clinic and the drug centre. In fact any of these very powerful agents closely involved in people's lives was likely to become a focus of these attacks.

I looked at various explanations, for it was possible that the institutions themselves were the objective causes. The housing department, for instance, was a traditional 'Aunt Sally' in local authority estates if only because of their significance in providing a house to live in and the problems of maintenance. The anger directed at social workers, the police, the doctors, when depicted as prosecutors of social order, could be reflections of powerlessness. The drug drop-in centre because of its assumed access to illegal drugs, the drug support units because of the constraints they placed on the users in return for their supply, these could also be seen as a rational focus. Yet, while it was possible to provide perfectly logical explanations for the specific anger directed at all these various agencies, there seemed to be some underlying process, that, while not negating the argument, was common to them all.

I discussed the situation with some of the specialised professionals who had considerable experience of working in the area and whose opinions I valued because of their acceptance by those who were ill. They too had knowledge of this anger and suggested that it was yet another way people managed their illness. It was seen as part of a process of directing thoughts away from the real problem, by creating or magnifying some other area of difficulty. As Bette had said, "Hold onto it and you don't have to think about AIDS."

As an illustration from field-work, I will return to the housing department. Tammy was ill, a heavy drug user, and a partner whose drug intake was even more chaotic than her own. Whenever we met, which at one point was quite frequent, she was, 'yelling her head off
about the bloody housing'. How they wouldn't re-house her so that she could get away from her, 'soddin man and get a chance to bring the kids up without him beating the hell out of her and them.' She would tell how she had been down to the 'housing', and how they had forcibly removed her from the building because she was 'stoned'. She would also recount how they had refused to speak to her on the phone or answer her letters requesting a move. For Tammy, it seemed that her whole life centred upon her continual battle with 'the housing' to get her and the children away from her 'man'.

In fact, I had a contact inside the housing department and it appeared that, as far as they were aware, Tammy had never even been there. At one point I offered to write a letter to them on her behalf, and indeed did so. She insisted that I gave it her to post and I'm almost certain that as soon as I left, it was put in the waste bin. I would not want to suggest that Tammy did not have her problems, nor that her relationship with her 'soddin man' wasn't violent. What was evident, however, was that the last thing Tammy wanted was for the housing department to offer a new house. For if they did she would have to find somewhere else to direct her anger. The whole thing was a charade, as too were her demands to get away from her 'man', for despite his violence, whenever he was out of prison, they were 'as thick as thieves'. Both of them were ill and when she could diverted from the subject of 'the housing', it was obvious that she was very concerned about the future of the three children. AIDS was never discussed, and whenever the conversation got anywhere near the subject, it was a cue for her tirade against 'the housing' again.

There is another, less positive, side to this process of anger and one which is differentiated by gender. As I have suggested, much of the male anger manifests itself in physical violence and, while a lot of this takes place in the home, there are also frequent instances of it flaring up in the streets or within agency premises. It is not unknown for the local GPs to be physically attacked or the police to be called to incidents in the social work department and elsewhere. The incident with Dougie's daughter excepted, most of the female violence is inwardly directed and takes the form of self mutilation, attempted OD and a process of self destruction.

As Frankenberg suggests in discussing the structure of the AIDS illness:-
Uncertainty about prognosis is widely recognised as one of the major pains associated with many kinds of chronic disease and disability. Combined with the prospect of a not too distant death and possible guilt about sexual and moral lack of control, it can be a recipe for misery which, in the absence of support, may lead to suicide or deliberately anti-social behaviour (1989:21-36).

I would take the argument further. This 'deliberately anti-social behaviour' is not only due to a lack of support. It is also in part a positive processes of anger which enables the individual to make sense of a world containing this, 'not too distant prospect of death'.

**A positive attitude?**

In the face of a disease whose trajectory is not only indeterminate, but which, unlike cancer and other progressive life-threatening illnesses, has this 'super-vulnerability, (Frankenberg 1989) the patient needs to seek some form of control. Add to this the uncertainties of the medical profession and its inability to provide a cure, then it is hardly surprising that there is a process of 'clutching at straws'. Patients are encouraged to follow a healthy lifestyle, to take exercise, plenty of fresh air and eat wholesome and nourishing foods. Laudable as this may sound, it is not without its problems. To follow this advice can produce something of a dilemma for those who are ill. As Pierret suggests:-

> ....assuming responsibility for leading a healthy life ....implies both a positive attitude about the future and the idea that the course of the illness can be somewhat controlled. (1992:80)

While this attitude holds good for those who have come to terms with their illness, there are those for whom a process of denial is, at least at the early stages, a more acceptable option. Where this is the case, exhorting the patient to take up a healthier way of life is liable to be met with resistance, since to do so one has to admit one is ill in the first place and this is precisely the reason for the denial.

This emerged in a conversation with Dougie about his son who is also HIV+ but, unlike daughter Jackie, has been able, to some extent, to come to terms with it. Dave, although on methadone support and having to cope with the early stages of AIDS related illnesses such as
periodic chest infections, oral thrush, night sweats etc, manages to lead a reasonably normal life. He takes exercise and eats well, although he complains bitterly about the cost of fresh fruit and vegetables in the local shops compared with the big supermarkets which are too far away for his family to use.

"You know," says Dougie, "I wonder which comes first, the chicken or the egg. Dave's got the right attitude and looks after himself and that, and I'm not saying a decent diet isn't doing him some good, but you know, maybe it's the other way round. You see, because Dave's got the right way of looking at this AIDS thing and doesn't pretend it's going to all go away, then he's going to want to do something about it in any case. It's not the diet that's important, it's the willingness to change to a more positive attitude that's the main thing."

The other side of this coin is Jackie. Dougie has long since given up trying to suggest that she changes her attitude, for she is so steeped in her drug user identity that any reference to the illness is not only denied but also liable to make her extremely angry.

Robertson and Skidmore suggest that the techniques being used to manage HIV/AIDS in the community are similar to those already experienced in dealing with alcohol problems, where a mixture of optimism, fear, deliberate and subconscious denial and crisis management are all evident (1989:62). Their analysis is convincing in the light of observations from field-work.

To some extent the practice of individuals only responding to problems when they reach crisis point is an issue which many of the agencies working in the area find problematic. As Mayer & Timms suggest in examining the relationships between client and agency in a social work setting, for the client the presenting problem having reached a point of crisis is the issue that needs to be addressed. The agency however, sees the problem as a manifestation of some deeper difficulty that must be faced up to if it is not to be repeated. This conflict between client and agency comes to the fore only too often. The agency provision is seen by the client to have little relevance to the issues facing them, and the client is seen by the agency as feckless and unwilling to face up to the real difficulty (1970).
Kate, for instance, had been having problems with her 'man' again and she had kicked him out of the house. More in retaliation, I suspect, than anything else, George had returned when she was out and 'done' the meter. This, it appeared, was a fairly frequent occurrence in the past, although usually with the connivance of Kate. She and George would then inform the police that they had been broken into and that money had been stolen from their gas meter. It would seem that they had 'chanced their arm' once too often and Kate was now to be charged with fraud. Given that she had several other charges pending, Kate was seriously worried that she could be given a prison sentence and her children taken into care.

I was given most of the details of this tale, including her anger at the fact that for once she wasn't the one who had 'screwed' the meter, as I was taking her and her daughter Noreen for the usual hospital check up. I had arranged to meet her in the hospital cafe afterwards, where she eventually arrived in an extremely angry state.

"The last thing I want is a load of fucking advice from they stupid bastards. So I've got AIDS, so Noreen's got AIDS, so every bugger down there's got bloody AIDS. What the soddin hell do they stupid lot know about it? Silly bitch with her posh accent, what does she know about bringing up sodding kids?"

This tirade was said at the top of her voice, much to the amusement of the rest of the people in the cafe, while I felt like ducking under the table. It transpired that, while Noreen was being checked over, somebody decided it would be a good idea to give Kate some sound counselling on coping with motherhood in the face of her illness. A counselling service was always available at the hospital and I had indeed heard good reports of those offering the service and the advice they were able to give. However, Kate had rather more pressing things on her mind at that moment. We had been stopped that morning by the police as we got into the car to go to the hospital and they had presented Kate with the summons appertaining to the fraud charge. With a risk of prison, Kate was in no mood for advice about her kids. As she said later after she had calmed down.

"Why the hell can't the stupid buggers realise that there's more to our lives than just AIDS."
Donna had raised a similar point, although perhaps not quite so vociferously, when we were talking about the professional and voluntary care that was available, and the fact that those offering it were not always aware of the feelings of the people they were attempting to help.

"Aye, I ken they mean well, but giving care should really be about what's happening there and then. When all hell's breaking loose, the last thing you want is a load of chat. You listen to what's being said to you when it's making sense. Like you want to listen about kids and AIDS when they're threatening to take your kids away from you, no when you're pig sick because you cannae pay the gas bill and they're going to cut it off."

This means that the relationship between the agency and those being provided with care can, and does, lead to friction, and that ultimately the agency and client find themselves talking about two completely different problems. A situation arises where the agency has a view of the client as unco-operative, demanding and only willing to take action when crisis looms, while the client views the agency as incompetent and unwilling to meet their crisis demands.

Yet this ambivalent attitude by the client to the provision of care can be positive. To stay on your feet, to dip in and out of what care is available to you and only to use it when things are at crisis point, is a way of managing HIV/AIDS. True, there are instances of families and individuals who appear to have 'collected' agencies and will attempt to use them in ways that are not necessarily pertinent to their particular remit. Yet, this inconsistent stance, while it may antagonise those providing the care, reflects for some a positive attitude towards their illness. It is about getting on with life, even though there are those who may interpret this as merely becoming more involved in the drug using culture. It can mean that the person is still fighting and not yet ready to go under. 'So what', that in doing so the individual stumbles from one crisis to the next. Crisis management is complex and, seen within the maze of problems facing those who are ill, the traditional frustrations of the agency may need to be re-thought. Indeed, for those facing a life threatening illness there is likely to be little inclination to, 'face up to the, 'manifestation of some deeper difficulty'.

Drug users in a therapeutic cul-de-sac
Symbolic markers

Finally in this chapter I want to examine some of the 'symbols' associated with the processes of coming to terms with HIV/AIDS. Cohen, points out that symbols 'express' things in ways which allow their common form to be retained and shared among members of the group, whilst not imposing upon people the constraints of uniform meaning. They provide media through which individuals can experience and express their attachment to a society without compromising their individuality. He then suggests that there is a symbolic dimension within a community that exists as something for people 'to think with'. 'The symbols of community are mental constructs: they provide people with the means to make meaning' (1985:19).

I have suggested in chapter five that the trauma of AIDS superimposed upon a massive and chaotic drug use had overwhelmed people to the extent that it had, in many cases, gone beyond their capacity to express in a normal way what was happening to them. I also suggested that one of the ways this was managed was through narrative. Another strategy adopted by people to provide meaning in the face of AIDS is via this 'symbolic dimension'; those constructs, which people may interpret through their own perceptions of reality, but which nevertheless are created from within their community and to serve its needs.

One of these symbolic constructions is the notion that the individual has contracted the disease, not through drug injecting, but via some form of minimal contact such as contaminated blood, heterosexual contact with somebody outside the drug using culture, or, 'I use drugs but I only ever jagged the once'. This latter statement is fairly common and often used in the face of almost irrefutable evidence to the contrary. Shug for instance, despite his considerable involvement in heroin use and admitting that he had often shared with other infected users, would still claim that he 'may' have got the virus from infected blood. Paul, another user/dealer of note, is quite adamant that he was infected by a girl he picked up at a disco, although he tells a different tale when his partner, Ann, is around. Kate is sure she got it from her 'ex', despite the fact that he seems to show no evidence of having the virus at all. Moreover, not only are individual claims made by the people concerned, but the wider community itself
appears to recognise, to some extent, the validity of some of these claims and, by repeating them, reinforces them.

For instance, Dougie's daughter, Liz, is stated to have been infected by her drug using husband although she herself is not a user. Val is said to have got the virus because her man deliberately injected her with his works so that she too would become an infected 'junkie' like him, although it is said that he only did this once. Others are cited, but in each case there is a common theme of minimal contact from which the HIV/AIDS has appeared.

I am not disputing the fact that it is possible to get the virus without being heavily involved in needle sharing, indeed, talking with some of those who are part of the community mythology in this respect, their present lifestyle and attitude could well substantiate the claim. The question I do ask however is, why are there so many claims to minimal contact and why have some of these claims become part of this mythology?

I would contend that part of the explanation is concerned with the self image of the drug users have of themselves. The stereotype of the junkie suggests an individual who is so engrossed in the processes of drugs that there is little thought or consideration for the opinions of others. While this may hold true during periods of use, the 'junkie' is in many ways like the individual who, having got very drunk at a party and disgraced themselves, will, on sobering up, feel strong pangs of remorse and an urgent desire to keep well away from those who witnessed this untoward behaviour. For drug users this can be a continuous process, and their disgust at the way their addiction has caused them to lose their self respect leads them to create symbols by which this respect may be re-established.

By pointing to people who became infected outside the needle sharing culture, they may in fact be saying that it is not only the losers and no-hopers who can get the virus. By associating themselves with the 'normal' they are able to lessen the image of themselves as 'people at the bottom of the heap'. By saying they don't have to be a junkie to get the virus and that 'normal' people get it as well, they are also saying that they are a little nearer to being normal themselves, and not just another junkie. Ann put this idea rather
succinctly, although in this case in a different context, when she was talking about getting her daily 'scrip' of drugs from the chemist.

"Och I'm no a junkie the now, I get my medicine from the chemist same as the wifey who goes to get her weekly bottle of cough syrup. I'm no well, I ken that, and like the wifey I need my medicine. But I'm no a junkie, no any more. I'm just like all the rest who go to the chemist for medicine."

The fact that she was also dealing in anything she could get her hands on, and usually 'dropping' nearly twice as many drugs as she got on her scrip was, for Ann, beside the point. She was able to use the respectable and everyday image of the 'wifey' going to the chemist as a way of lessening her own image as a junkie who had become HIV+.

Another symbolic way of 'making meaning' in the face of AIDS, is manifest in the process of dying. The illness, as I have said, is frequently 'put aside' to allow individuals to at least make some attempt to reconstruct their lives, but, there is still the ultimate fact of death to be acknowledged and coped with. For a variety of reasons, mostly to do with the drug culture, the majority of those in the community who have the virus through needle sharing know each other. While attendance at the special HIV/AIDS out-patient department is accepted as a normal part of being ill, indeed it is more than accepted for a lot of people, since it is also where they get their monthly drug prescription, admission into one of the special wards has considerably more significance. Most admissions, except at the later stages of the illness, tend to be a process of stabilising a particular infection and the patient has every expectation of returning home. For the community however, an admission into one of these wards has far more meaning. This is also where people go to die and, despite its role in coping with the series of opportunistic infections associated with the illness, it becomes a stark reminder of the inevitable. The knowledge that somebody has been admitted to one of these wards passes quickly round the community. It re-activates fears that have been put aside, the seriousness or otherwise of why the person is there is blown out of proportion, for it is an omen of what will happen, and there is a closing of ranks. Olive likened it to the early days of heroin when news on the street of yet another overdose would send parents frantically searching the estate
for their offspring lest they were to be the next. A special ward admission is similar; it concentrates the mind, not only of those who were ill, but also those who were concerned for their care.

Dying of AIDS is also a process and one that must follow a predictable path, as though the very unpredictability of the illness itself can be 'managed' by seeing its progress in specific observable stages. One of the main indicators is the patient’s CD4 cell count, and one frequently hears it referred to as a marker of how well, or otherwise, a person is. For some individuals even a slight rise or fall in their latest test results can have considerable significance and, I suspect, may also have significance for their psychological health as well. This can also be true for those close to the patient. There were several parents and partners of PWAs for whom the cell count seemed almost as important to them as it did to those they cared for. Moss, in a useful handbook on AIDS for general practitioners, defines the significance of the CD4 count by stating that; 'While there can be considerable variation between individuals it is generally accepted that a count repeatedly under 400 is an indication of immune deficiency and one under 200 an indication of marked deficiency with an increased risk of development of AIDS (1992). The significance of a CD4 count below 200 is now recognised universally and a classification, CD200 (those who have shown two consecutive CD4 counts below 200) is used in AIDS assessment and forecasting. The significance of the cell count can, in some cases, cause problems for the doctor/patient relationship. Because it has attained a status as a symbolic marker of the PWAs progress in an illness whose sheer unpredictability is one of the major problems, going to the doctor to get the latest test result can become an extremely traumatic experience. In some instances the individual, having learnt that drug use is a way of coping, will arrive at the surgery or hospital in a highly drugged state. Not only does this make communication difficult, but any information the doctor wishes to pass on to the patient, other than the cell count itself, is not likely to be understood too well.

Other omens are associated with specific opportunistic infections and, depending on which ones the patient is exhibiting, the stage of the individual’s progression towards full-blown AIDS is indicated. For instance, night sweats, weight loss, oral thrush and shingles are recognised as an indication that the person has now reached the point
of 'being ill' and that the denial of the HIV infection is no longer a really viable proposition. This condition is recognised clinically as an indication that the person has ARC (AIDS related complex). The individual whose illness has progressed past this initial stage of 'being ill' will in all probability have PCP or pneumocystis carinii pneumonia. To have a serious chest infection is seen in the community as a marker of the person being 'full blown'. Although there are other infections which are recognised indicators of the individual having progressed to actual AIDS, these do not seem to carry with them the symbolic weight of significance associated with chest infections and are seldom referred to except in specific cases.

Another important indicator is the degree of emaciation exhibited by the patient. The skeletal individual is recognised as one who does not have long to live. Physical appearance is a very obvious marker, carrying with it a considerable symbolic significance. Its importance was highlighted in the death of Johnny, Pam's boyfriend. I had gone to visit Pam one evening, only to find that she was 'stoned out of her head' and that any chance of talking to her about the difficulties of having the 'kids' taken into care would have to wait. I didn't realise she had a boy friend and so the introduction of Johnny as 'her bloke' was something of a surprise. Pam was fast reaching the comatose stage of no longer taking any part in the proceedings and this left Johnny and I to chat about things in general while waiting for his 'lass' to come to.

Johnny was in his late twenties, medium height and looking quite fit. He lived with his parents and seemed one of those who had quietly accepted his illness and was, for the most part, able to get on with his life. He told me he had been a heavy user but that, apart from his scrip, he was now off the drugs and, Pam excepted, had little to do with the drug scene. He thought he had probably got the virus in the mid eighties and was now experiencing some of the opportunistic infections, including chest complaints, but, despite his illness he looked fit. I arranged to meet him at his parents home the following week and, given that he was unusual among my informants in that he took no part of the active drug scene, he would be a useful source of data and means of comparison.

The following Tuesday I learned from several sources that Johnny had died of AIDS over the weekend, that his body had been found by
Pam in a friend's flat and that she had spent over an hour trying to give him the kiss of life. The word on the street became confused. Pam was a known chaotic junkie whose information may, or may not be believed. Johnny's parents, not closely associated with the rest of the community, were not specifying the cause of death, and the flat where Johnny had been found was a known haunt of the local drug users. Given this pattern, the street knowledge of the actual cause of his death was uncertain. What was significant, however, was the effect on the community itself.

The initial reports put the cause of death down to AIDS and this was extremely unsettling. If Johnny could die of AIDS without going through a process of visible emaciation, then others who were ill might do the same. Suddenly, it was possible to die tomorrow, and even though it was accepted that the disease left the individual with a curtailed and uncertain future, at least if you had not yet reached the skeletal stage, there was still some time left. An important component of the step by step procedure had not taken place. One of the major symbolic constructions adopted to manage the illness had been shattered and if this was to become the pattern, there would be no time to prepare for death.

Eventually things settled down. Johnny, although known to have rejected drug use was deemed to have taken an over dose, and with no specific information coming from the family, one way or the other this provided an easier explanation. A person might not be able to prove it, in fact the actual truth or otherwise was immaterial, at least it did not fly in the face of important symbolism. Like the Lévi-Straussian blooded feathers the shaman extracts from his mouth in order to validate cultural beliefs (1963:73), community values had been retained. The iconicity of the emaciated body reflected images of the processual discourse of AIDS, and, being ruptured, the community sought to reaffirm this icon lest the social structure become fractured.

Many of these strategies which evolve from within the indigenous community appear to go against the professional philosophies of the various helping agencies, and, as I have suggested, there is a conflict of expectations. Yet, the culture of multi-deprivation has a long experience in creating responses to crisis, and in many ways AIDS is seen as yet another dilemma in a long chain of adversity.
Ultimately, I must recognise that the perceptions of AIDS held by those outside, perceptions whose dominant themes are of risk group, stigma and threat, bear little resemblance to the meanings held by those suffering from the disease. As Quimby, a health worker in another community summed it up, 'Aids is just another drop of suffering in our population (1992:160).
CHAPTER SEVEN

WOMEN AND VIOLENCE

In this chapter I will place my findings on domestic violence within the context of current research. Of my fieldnotes obtained from the young women I met during my work, I find that some 40% of their data is related to the violence towards them. Given the salience of this issue it is appropriate that the theme of violence against women, and the implications of a culturally determined male hegemony, be addressed as a separate chapter.

I begin by contextualising the nature of this violence and to do so I use two direct examples from fieldnotes. I follow by examining the notion of the objectification of women and how such attitudes lead to 'taken for granted' assumptions of a normality of their exploitation by men. This leads to an assessment of the cultural construction of a male hegemony and its place in justifying violence. Responses to violence are examined, as are the lack of support systems, and I then go on to address the question of why men are violent towards women and the apparent collusion of many supporting agencies.

An issue raised by several of the young couples I met was that of the loss of male libido and its concomitant effects on relationships, often leading to violent outbursts. I place these concerns against other research in this area in an attempt to explain them. In the final part of the chapter I explore the notion of 'enough is enough' and the complex reason why women stay or ultimately leave a violent partner.

In medias res

Following Foucault (1975), I begin in medias res, for in this manner I may contextualise and exemplify the violence to which I refer and which was such a salient aspect in the lives of many of the young women I met during my research,
Lynne

Three weeks ago Lynne had got a 'lay on' for some speed and had not been able to pay up when the time came. The dealer had sent round three 'heavies' to relieve her of her 'book'. The previous day, the Monday, they had gone with her to the post office while she drew out the weekly allowance for her and her daughter. Of the sixty or so pounds, they took fifty and retained the 'book' in order to repeat the process the following weeks until the debt had been repaid. This transaction completed, they returned with her to her flat and, leaving her terrified three-year-old screaming in the living room, they had held her prisoner in the kitchen while they forced her to perform certain crude sexual favours. Eventually a neighbour had heard the noise and had hammered on the front door loud enough to intervene. With threats to the effect that they would be back to see her the following day - today - to finish what they had started, the three men had left.

Although I had made an appointment to see Lynne that afternoon it had taken some loud banging and my yelling through the letter-box before she had opened the door. Given the fact that she was also expecting the three debt collectors this is hardly surprising and I have to admit that, as well as listening to her recounting the experiences of the previous day, there was also a part of me wondering what was likely to happen if and when her callers returned. That they did not do so was just as well, for I'm not sure exactly how this ethnographer would have responded to the situation and neither was I particularly keen to find out.

It was obvious that Lynne needed to retell what had happened to her that afternoon and indeed to go into some detail. She asked if we could use the tape recorder and there was a curious cathartic relationship between her and this small machine as she poured out her experiences. What emerged, however, was not so much a revulsion over the sexual acts themselves, as she said, "What the hell, you do it six times a day in the saunas if business is any good, only difference is those bastards weren't bloody paying for it. I tell you, you felt like you were just a bit of shit under a man's boot" Her main concern had been to get it all over as quickly as possible so that she could reach her screaming child. Eventually the tale is done and
Lynne passes back the tape machine. She gives me a sort of wry smile. "Fucking awful world innit?"

She goes into the kitchen to make some coffee and we talk of other things. There is a baby who is HIV+ and who is being looked after by someone else. We talk of the nursery school the young toddler is soon to go to and we talk of Lynne's own childhood as well. It is a pleasant afternoon outside so we go in my car to a small park where Lynne had played as a youngster and we push her daughter on the swings and the roundabout. We are both trying very hard to recreate something normal and to put away her memories of the previous afternoon. I destroyed the tape that evening.

Kate

I had been avoiding Kate since she had kicked George out of the house after the incident with the gas meter. She had, as one of her friends put it, been 'running around like a headless chicken' in search of a 'man', any man. At one point even I was considered worth a try as, still dressed only in her negligee one morning, she steered the conversation round to some ex-boyfriend who had been, 'well into his forties', at the same time showing me a bruise at the top of her hip obtained during business the previous evening. Discretion being the better part of valour, I tried to ensure that under these circumstances I now only met Kate in the company of others. Eventually she finds herself a new boyfriend. A pleasant enough young man, so I was informed, who came from one of the other estates and was not involved in the drug scene.

After a fairly short courtship, a matter of a week or so, Frank, the new boyfriend, had moved in to take George's place, and a smartly dressed and more relaxed Kate was to be seen around the shopping centre as she resumed her wifely duties towards her new man. The two children were retrieved from gran and, deeming it now safe to call, I was warmly welcomed as Kate showed off her partner and youngest daughter Noreen presented me with paper and pencil in order to resume my post as her personal artist in residence.

Some three weeks later I received a call from Olive to say that all hell has broken loose at the Kate household and can I get over to her place as quickly as possible. I arrive to find Kate with a badly bruised
face and a large gash on her forehead. There are also, I gather, quite a few other bruises on her body, although this time I am not asked to inspect. I suggest, in view of her HIV status, that it might be an idea if I take her down to the hospital to get the wound properly dressed. Kate refuses, and I leave Olive to clean and dress the injury while I try to calm down two tearful children.

George, it seemed, was not too happy on hearing that somebody had usurped his place at Kate's fireside and had got himself 'tanked up' on some pills and cans of special. Thus armed, he goes over to Kate's and 'gives her a doing'. Kate, now restored to something like normality with a whiskey from Vic's drinks cupboard, is telling the tale and, I suspect, relishing the details of how George had hit her and what she was going to do to him when she next got the chance. I was aware from the occasional black eye I had seen in the past that it wasn't the first time she'd fallen foul of George's displeasure, and the rather violent manner in which he was apt to express it. In some curious way the tale was being recounted almost as though it was a part of every day life and her real anger was being directed towards the new boyfriend and not George.

"He just fucking stood there," she went on. "Didn't lift a bloody finger while me and the kids was getting battered. Then when George tells him to piss off, he just walks out like a bloody lamb. Just wait till I see the sod again, useless bloody burk."

Women as objects

The 1992/3 Home Affairs Committee on Domestic Violence acknowledge that the extent of violence against women is extremely difficult to define. In their 'Memoranda of Evidence Vol.1', data from the Women's Aid Federation (England) indicate that 30,000 women used their refuges and that over 100,000 contacted them for support (data for 1991) (1992/3:112).

Further evidence is provided in Vol.11, where submissions from the Metropolitan Police Service on Domestic Violence indicate that domestic violence accounted for 42.7% of murders in London and that this was the largest category of murder. They also state that domestic violence comprised 25% of all serious assaults. (data for 1991) (1992/3 28)
In their culminating report, they state that:-

In most cases of domestic violence (italics mine) the abuser was male and the victim female. Violence can also take place within male or female homosexual relationships and 'very occasionally' in heterosexual relationships where the man is the victim (1992/3:VI).

Given the extent of the issue it is not surprising that considerable research has been focused on aspects of violence against women especially within the domestic setting. Dobash and Dobash in their own research in this area point to a curious paradox where they state that:-

Although it is not generally thought to be proper or masculine for a man to hit a woman, this constraint does not strictly apply to the treatment of one's wife or partner. (italics mine) It is commonly believed that there are times when every woman needs to be taken in hand. Usually these are occasions when a woman challenges a man's authority, fails to fulfil his expectations of service, or neglects to stay in 'her place'. On such occasions men will treat women with disdain and use subtle or obvious means to degrade, isolate, or ignore them. It is almost inconceivable that he would punch her in the jaw, unless, of course, she happened to be his wife (1979:93).

In assessing the effectiveness of its 'Zero Tolerance' campaign against domestic violence, the women's committee of Edinburgh District Council approached local secondary schools in order to examine attitudes towards domestic violence among teenagers. They found that there was a wide acceptance of violence against women among boys, and that both boys and girls found violence more acceptable if the perpetrator was married to the victim. (Elaine Sampson, Chair person EDC Women's Committee, in conversation)

Returning to the Dobash and Dobash research, they found that:-

....violent men often view other people as objects to be exploited in their attempts to meet their own needs. They elevate the fulfilment of their personal desires to the status of a 'natural law' operating on the premiss that their own welfare is of primary and exclusive concern to others (1979:105).
This notion, which in the context of gender relations predicates the objectification of women is also taken up by Brittan. Citing Dworkin, he suggests that, 'The problem simply stated, is that one must believe in the existence of the person in order to recognise the authenticity of her suffering,' (1983:20-1) It is, he points out, this trivialisation of women that negates the ability to recognise her personhood. Woman becomes object, a resource devoid of reality in social space.

Yet, this objectification, especially in terms of sexual violence, is so sedimented in our culture that it is almost taken for granted. He argues that most men do not find this state of affairs wholly unobjectionable because they implicitly deny women respect. There is a nagging uncomfortableness in men that resents the discourse of their violence towards women, in whatever form. Thus, those who expose the degree to which women are subject to this violence, are attacked by indignant commentators and face accusations of exaggeration and bias (1989:64).

He further suggests that:

Objectification implies the denial of intersubjectivity. There can be no real communication between subject and object because, by definition, the object is not a person and is devoid of status-worthyness (ibid:170).

Strathern also raises the issue of objectifying others and negating subjectivity. She states:

Western culture imagines people as persons existing in a permanently subjective state that is their natural and normal condition, and a person can dominate another by depriving him or her of the proper exercise of that subjectivity.....Thus a person may be made to act in such a way as to deny her or his subjectivity or personhood. A subject can be turned into an object (1988:338).

A male hegemony

de Beauvior argues that to define herself, she must first of all say:

I am a woman; on this truth must be based all further discussion. A man, on the other hand need only present
himself as an individual, and while the man represents both
the positive and the neutral definition - the common use of
man to designate human beings in general - woman represents
only the negative, defined by limiting criteria, without
reciprocity (1949:16).

This leads the notion of a male epistemilogical stance that assumes
the status of the 'true discourse' of gender relationships. Yet, this
stance is hegemonic and belies an implicit masculinism whereby
women's feelings and intentionality are denied. They are made
objects to be exploited to gratify the needs of men.

This notion of the 'true discourse' is taken up be Meigs where she
points out that:-

One never, to my knowledge, reads sentences like, 'Male status
among the X is high.' The status of men in any community is
recognised to be heterogeneous depending on the political
manoeuvres of ambitious individuals and groups. It is only
females who are alleged to have homogeneous status. They are
in this kind of residual category. After political and economic
structures in which men manipulate and manoeuvre for power
have been discussed in detail, one comes to the women whose
status is there, simple and composite, as a left over of the real
system (1990:107).

She suggests that this notion of female status as simple and unitary
may well be a legacy of biological determinism, and that a recognition
of multiplicity, complexity and contextuality is essential in seeing
women, the female role and femininity as a cultural construction
rather than natural facts (ibid:112). '...female status in any
ethnographic context, like male status, is constructed out of a complex
variety of components' (ibid:107).

This aspect of gender relations is also made by Brittan :-

Gender is never simply an arrangement where the roles of men
and women are decided in a contingent and haphazard way.
At any given moment, gender will reflect the material interests
of those who have power and those who have not (1989:3).
Given the male dominated structure of a drug using community it is hardly surprising that these material interests leave women in the position of, what Ardener (1987) terms 'muted individuals'. Strathern, in examining the basis of those situations in which men appear to dominate women, puts forward the notion that this male power may have roots, '...in the replication of all male relations in the plural form which enlarges the capacity of each individual' (1988:327). As she points out, male dominance:-

...inheres in all the small personal accounts in which one man finds himself at an advantage because of other men at his back.... and that ultimately, this, ...turns into penalties, the enclosure of domestic life into confinement, and the cause of men's activity into the wounds of someone who is beaten and given pain for it (1988:327-8).

This notion that collective relations aggrandize individual acts adds a further dimension feeding into the culturally determined paradigms of a hegemonic masculinity. Thus, the predominantly collective processes of acquiring drugs, essentially a male activity, is reflected in Strathern's ideas and produce yet another facet in the expressions of male violence towards women.

Response to violence

Yet, violence evokes response. It must be attended to, and, even if not prevented, it must at least be rationalised and some means of ameliorating its effects be addressed, Ardener, in examining women's use of iconography and gesture in response to men's domination, points out that:-

The use of gestures and metonymic signs in the way described to repudiate the negative evaluations of a dominant group is, ...a resource of muted individuals or groups. (whether composed of men or women or both) I refer to those who have not equally generated or do not equally control the dominant modes of discourse which embody the values being rejected, and who are unable or unwilling to employ direct aggression, or unambiguous hostility in order to demand a hearing or re-evaluation (1987:136).
The verbal gestures of some of the young women in my research is, in their angry denunciation of their partner's violence, one of the few options open to them, their alternative being to abandon the relationship altogether. The inevitable sequel to any stance which could be interpreted as 'unambiguous hostility and aggression', places their membership firmly within Ardener's definition of a muted group. Given their lack of control over these 'dominant modes of discourse', it is not surprising that so many remain with or return to their violent partners. As Dobash and Dobash point out, a women's decision to leave is concomitant on factors other than the physical violence towards her, and, quoting one of their informants on why she stayed with a violent partner for so long, 'Fear, I think, fear of going, fear of staying' (1979:147).

An example of an angry denunciation, an attempt, if only for the present, to respond while still leaving options ambiguous and open, is a meeting with Val, a young woman for whom violence is no stranger. I quote directly from field notes.

Monday 7th; Val had left her man last week because she had had enough of his beating her up. This has happened before but now she means it. She had come down to see Pat as she wanted to talk about getting a new house and getting her children back. The baby is in official care of her sister and the older one looked after by her Mum. She feels that if she can get established in her own place, well away from Eddie, she will be allowed to have the kids and lead a normal life. She has told Pat she wanted to talk to me and Pat has arranged for us to meet.

When I had last seen Val it was at her place and she was a wan, pasty faced lass who had little to say for herself and seemed to be acting as Eddie's shadow. I arrive to meet a smart, well dressed young woman, carefully made up and full of confidence.

According to Val, Eddie is nothing but a 'con merchant'. His whole life is made up of lies and she was expected to support them in front of other people. For instance, he says he is on 80 tensesics a day but has convinced the GP that he is coming down. In fact he is doing a lot of buying and his intake may be even more than this, depending on supply. Meanwhile the doctors think he is a great guy and, 'Isn't he doing well!'
"He must think it's big to be slapping women around, says Val, "I've had enough beating and I'm no taking any more of it."

"He's around me twenty-four hours a day. Even if I go out he follows me around all the time.

"My brothers gave him a beating for slapping me around. He wasn't so bloody tough then, It didn't stop him though, he still went on beating me."

"He used to make me take drugs so that I would end up like him and not be able to do without him. It didn't work, I'm no a junkie. It was just so as he could keep a hold of me."

"He has the virus and pretends he's dying just to get round you, It's all a pack of bloody lies, he's no that bad yet"

"He's had the virus since 82, They did a check on me when I had the bairn and I'm OK,"

"When I first knew him he injected me with smack. He's tried to get me on drugs since but I'm no having any. What about the bairn in any case, all those needles lying around."

"My first bloke was an alki, mind you he only beat me up if he was drunk. This place is a dump in any case. I used to have a good job until I met Eddie. Good house and the kid as well. I lost it all because of him."

"He lives in a fantasy world, it's all made up. It's just boring, yes dear, no dear, it's just lies all the time. If you look sideways at him he thinks you're getting at him and will belt you."

"He said the bairns fell, but it was him battering them. I got them put into care out of his way. At least they're safe there"

Friday 11th, Val is now back with Eddie, something we both knew was going to happen in any case.

Obsessive possession of women

An aspect of Val's tirade against Eddie, and a theme common in many of the relationships between young men and women that were part of fieldwork, was this obsessive possession the men exhibited
towards their women. As Val says, "He's around me twenty-four hours a day. Even if I go out he follows me around all the time". Dobash and Dobash also record this obsessive control of partners and discuss the notion of a 'normal' restriction of the wife's social life. As they point out:-

A wife must show her commitment to her husband, which necessarily means her growing isolation and his growing sense of control over her. As one woman put it, 'He wouldn't let me out. It was alright for him but not for me.' He isolates her in order to prevent her from violating her commitment to him and to keep her available for service. 'He likes me in a box and comes when he needs me, but I'm not allowed to have needs' (1979:90).

Another example of this obsessive behaviour was the relationship between Mac and his wife Rachel. I was giving them and the two children a lift into town when Mac asked if I would stop off at the bookies. As soon as we were no longer with Mac, Rachel said, "I suppose mum's told you he beats me." This was the first indication I had of there being anything untoward between these two. Mum I knew very well and she certainly had not told me that there was anything wrong between her son and his wife. In fact she would often hold Mac and Rachel up as an example to her large and quarrelsome brood. The young couple had always struck me as a family unit who had got their lives together despite their drug use and the trauma of Mac's infection, and, although whenever I saw Rachel she was nearly always in Mac's company, I had not seen anything sinister in this.

"It's to do with his brother I think, he's terrified I'll leave him and he'll finish up like John." John, like Mac, had become infected through drug use during the hey days of heroin and they were both now experiencing AIDS related illnesses. John at one point had a steady partner but the chaotic lifestyle of the user had eventually broken this up and, amongst many other things, he was now a very lonely man. Rejecting his parents, he now had nobody at home to look after him as his illness becomes fully blown. "He's no real," said Rachel, "he's that shit scared I'll go that you can see it all build up in him. Sometimes he just lashes out at me. He's sorry after, but I'm no sure how much more I can take. Lucky he does'nae take it out on the
bairns or I'd have gone long ago. I tried talking to mum about it, she's great with the kids, baby sitting and that and always giving us things, but if I try to talk about him knocking hell out of me she does'nea want to know, and just pretends it's nothing to do with her. I ken she used to get battered off dad sometimes but no this bad."

In not letting their women out of their sight the men appear to be objectifying them as property. The women become a commodity in the discourse of anticipated needs of care. There is a fear of the women's underlying sexual voracity, an assumption that as the illness progresses the man's sexual power will decline. It is thought she will seek her satisfactions elsewhere, leaving her partner for others and denying him care. Women are considered capable of potential treachery to which the man responds with physical violence. He perceives his authority over his partner as diminishing with his illness and his response becomes irrational.

Notions of honour and masculinity, interpreted within the community in terms of risk taking and criminal activity leading to the effective procurement of drugs are, through illness, commuted to servile negotiations with medical authority. These notions imply an ability to control their women. However, given the reduction of self esteem brought about by illness and unemployment, the maintenance of this control becomes increasingly destabilised. As Tolson points out, the male libido is reduced during periods of unemployment, and worklessness has a profound effect on the 'deep structure' of masculinity (1987:56). It is hardly surprising that violence is seen as the ultimate means of re-establishing control.

Drug dealing framed the discourses of gender and the hegemony of the dealing hierarchy not only fixed the accepted notions of masculinity, but also defined access to women. Heroin was currency and a man's position within its distributive networks regulated his access to worthwhile commodities, including women. Harm reduction and HIV/AIDS illness became translated into perceptions of a male powerlessness in front of their women. The men were frightened the women would leave them, so they hit them.

Mary Douglas makes an interesting comment on this subject where she suggests:-

205

Drug users in a therapeutic cul-de-sac
...that many ideas about sexual dangers are better interpreted as symbols of the relation between parts of society, as mirroring designs of hierarchy or symmetry which apply to the larger social system (1966:4).

Seen from this perspective, Mac's possessiveness is not only a reflection of his fear of losing his primary carer, his fear of her sexuality is also mirrored in his lowered status within the male hegemony.

Despite the apparent pragmatism of this obsessional restriction of women's freedom; the men were ill, their access to alternative partners was restricted, their violence was irrational and the result of HIV/AIDS, the ideology of the cuckold still pertained. (Brandes 1981) Ultimately their behaviour was a reflection of their perceptions of their own declining masculinity.

Women's lack of support against violence

Rachel's apparent lack of support from her mother was not uncommon. Dobash and Dobash refer to a similar incident from their research and quote an informant as saying:-

I used to talk to his mother about it. I'd have bruises and she'd say, 'Has he been striking you?' I'd say, 'yes' and she'd say, 'well, clear off now and make a new start or you stay together.' Cos his mother understood all about what it was like to be struck (ibid:173).

This lack of positive advice reflects the realities imposed by the structural embodiment of the beliefs in a male hegemony. It rarely questions the husband's authority and control, or poses a challenge to the violent relationship. The woman remains vulnerable despite her attempts to gain support from those seemingly in a position to help. This aspect is also mirrored in Edward's notion of the complimentarity of gender roles:-

...the paradox that femininity, socially constructed as the compliment of masculinity, not only undermines women's capacity for sexual (and social) self determination, but actually increases their physical and psychological vulnerability to male attack (1987:19).
It is as though there is a conspiracy, not only by the family but also upheld by those placed to offer support, which deems violence towards women, a discourse to be strenuously avoided.

An example of the attitudes of those, 'placed to offer support' is given in Edwards' research where she cites key factors influencing police discretionary action in responding to violence against wives and cohabities. These are:-

1. The physical severity and visibility of the injuries sustained.

2. The degree to which women conform to or deviate from appropriate female roles of wife, mother, homemaker.

3. The degree to which women are seen as responsible.

4. The degree to which women are thought to have provoked their own demise either by: a) being sexually inappropriate, that is, having friendships or relationships with men outside marriage, being bisexual or lesbian. b) being inappropriate in terms of gender, that is, bad mothers, bad cooks, bad housewives. c) challenging either the gender assumptions of their expected roles or challenging male domination (1987:158).

Given this wide degree of discretionary powers, the police are a reflection of how the law may uphold the male hegemony and virtually sanction violence against women. As Edwards states:-

Women.... are expected to be 'good sweet maids'. Women who contest male power are seen to deserve their lot and the law, through discretion, has correspondingly held out little protection (ibid:153).

An example of this type of attitude occurred one evening when I received a phone call from Olive to say that Kate had been raped and was at the local police station, and would I meet her down there so that we could bring Kate back to Olive's place. In fact, by the time I arrived Kate was already at Olive's, a somewhat tearful dishevelled young lass with torn and muddy clothes and a large bruise appearing on the side of her face.
It appeared that Kate had called in at the local pub on her way home and had met up with one of the local rent boys. To save her a long walk through the estate he had offered to 'chum' her through an unlit pathway between the pub and some waste ground which led to the shopping centre. Her companion, whom Kate had known for some time, was, according to her, 'a bit of a weirdo' but seemed safe enough, and in any case she was late getting home and would, 'likely get a doing', especially if her man found out she had been to the pub.

It appeared that the man was bisexual and, knowing that Kate was a prostitute, had, as Kate put it, decided to get himself a free ride. Kate's response to the actual rape seemed more to do with the attitude towards her at the local police station. "They sods couldn't care bloody less", she said. "They took all the details and that, but you could see they weren't going to do anything about it. Mind you, it was a bit awkward, if I'd said who it was then me bloke would have found out I'd been down the pub and he's have gone mental". She shrugs. "What the hell, they know I'm on the streets so I suppose they think I can look after myself. I bloody can too. Just wait till I get that bastard"

I tried to raise the subject of the rape some days later but Kate was still off-hand about it. "Its one of the risks you take, Clive, and you'll get no soddin help from the police, that's for sure. I'm more bothered about ruining that jacket, I'd only worn it the twice."

I saw Kate about two weeks later and she had a wide grin on her face. "I got him," she said, "I knew I bloody would. See, I told you didn't I. Smashed a bottle right over his head and kicked him in the balls. He'll no be wanting any for a while, that's for sure. Stupid sod came back into the pub, didn't he. He might have known I'd be looking out for him"

It appeared that Kate had gone into the local and her assailant was sitting at one of the tables with some of his mates. The man had not been put out by seeing Kate again, and had in fact greeted her as if nothing had happened. This off-hand manner had angered Kate who had taken a beer bottle from the table and hit him over the head with it. I'm not sure how she managed to deliver the kick as well, but Kate now felt that, with or without support from the police, justice had been done.
Another area concerning those 'placed to offer support' was the social work department. McWilliams and McKiernan examining working class domestic violence in Northern Ireland suggest that although many of the women subjected to this violence were in contact with social workers, there was always an underlying fear of having the children removed if the true extent of the violence was understood. They also felt that the social worker was not helpful because they ignored the violence against the women and showed only a concern for the children. They found social worker's attitudes problematic and felt that they were difficult to talk to because, short of advice to 'get rid of him' or 'get back together and talk', they had little to offer the battered women.

There were similar difficulties in their relationships with the GPs. Although over half of their respondents did see the doctor, only a third found them at all helpful. They cite instances where the GPs, even where the injury and bruising was obvious, would ask whether the women had hurt themselves falling down stairs or walking into furniture. It was as though there was a process of mutual denial taking place between the women and the professionals which reinforced the women's views that nothing could be done to help (1993:72).

The Dobash and Dobash research also highlights these attitudes where they state that:-

In such cases attending the doctor because of injuries caused by their partners (italic mine) treatment often consists of bandaging wounds from an 'unknown source' and administering drugs so that the woman can cope with a problem known to both doctor and patient but mentioned by neither (1979:181).

They also refer to the doctor, knowing or suspecting the existence of violence, yet trying to avoid the subject and thus denying the woman the opportunity to discuss the real issue.

The McWilliams and McKiernan findings are also reflected in their research into attitudes towards social workers. Quoting a battered woman on her experiences of social workers, they report:-

209 Drug users in a therapeutic cul-de-sac
Social workers read nice books, psychiatrist's books, they go to nice lectures.... but they want to go into some pubs an meet some of these people who've been drugged up - because it's all very well when you put feelings of violence in nice words and you cotton wool it (ibid:201).

Why

Ptacek examines the broader issue and attempts to answer the question of why men batter their wives and partners. He suggests that two types of account are used by men as a means of neutralising socially disapproved behaviour - wife beating. Excuses; where the abuser denies full responsibility for his action. Justification; where some responsibility is accepted but there is a denial or a trivialising of the wrongness of the violence (1988:141). An obvious example of the excuses would be where men maintain that their self control was diminished by alcohol or drugs. Other excuses offered would be in terms of a frustration-agression description of violence, and where accounts are presented as a loss of control due to a continual build up of internal pressures within the relationship.

On justification, Ptacek refers to one man as saying, 'I never beat my wife, I respond physically to her' (ibid:146). He suggests that men also minimise the extent of the women's injuries by claiming that they brace easily and states that:-

The statement that 'they brace easily' goes beyond an observation of comparative anatomy. By admitting that they have brused a woman, and yet denying that it is very significant, the more internal non-physical injuries are also denied: the instilling of fear, the humiliation, the degradation, the assault on her identity as a woman (ibid:147).

Other categories justifying violence are where the man finds fault with the woman for not being a good cook, house keeper, mother, sexually responsive or deferential to the man. In other words, for not being a 'good wife'.

He points out that much of the clinical literature on wife battering takes the excuses of loss of control and provocation at face value, and that the 'batterers' and clinicians use a similar language to characterise behaviour. There is a notion that the 'batterer's violence
lies outside the realm of choice, and that while he is not abnormal enough to be considered a psychopath, he may be considered 'temporarily insane'. Furthermore, Ptacek claims that the clinicians accept the batterer's rationalisations for their violence and that in the process, there is a construction by professionals of socially approved vocabularies for avoiding blame which become standardised within the culture. He concludes by saying:-

The excuses and justifications I have detailed are ideological constructs: At the individual level, they obscure the batterer’s self interest in acting violently: at the societal level, they mask the male domination underlying violence against women. Clinical and criminal justice responses to battering are revealed as ideological in the light of their collusion with the batterer's rationalisations (ibid:155).

This issue of excuses and justification I have raised in chapter six where I referred to Nita's seeming acceptance of Len's violence towards her as a result of his 'having the virus'. Given that this form of rationalisation was not infrequent among some of the couples I met, nor as an excuse given by parents for the violent behaviour of their sons towards wives and partners, I feel that there may be some form of culturally learned response taking place that is indeed ideological in its form. The considerable agency input into the community because of drug use, multi-deprivation and AIDS, would, given the tendency to deny an open discourse on this subject, give rise to some form of professional rationalisation to the ever present problem violence against women which would become passed on to clients. As Ptacek put it, 'a collusion with the batterer's rationalisations'. This response then becomes 'learned' in terms of an every day rationalisation to the extent that it is accepted as a justifiable 'reason'. 'Men batter their wives and partners because they are drug users, have HIV/AIDS, they are unemployed or they live in a multi-deprived environment'

In fact, as Brittan shows in his research, unemployment does not cause violence, it merely amplifies the violence already existing. Failure, in employment, in sexual relations and in other matters pertaining to male status, equates with a loss of potency. These feelings have to be attended to and all too often violence is seen as a solution, a legitimate response within the partnership. Rational
discourse is dispensed with and the hegemonic position is reclaimed by means of a physical superiority. The violence re-establishes the shattered male ego (1989:189).

An alternative to this notion is that the violence may well be accepted as part of a masculine approved culture, and that the valorisation of masculinity is not due wholly to a loss of control but as part of a 'manly' decision. However, this decision making must be set against the very considerable stress that drugs and AIDS impose on individuals and the high correlation between stress and violence. Neither do I deny the implication of an inherent adolescent hedonism among drug users, irrespective of age, as a further constituent of the complex processes of violence. However, despite the rationalisation laid at the door of 'circumstances beyond their control' the violence does exist, and unfortunately their partners are the most convenient object to be exploited in the reclamation of the male identity.

The male libido and reflections of powerlessness

Another salient issue in this complex process of violence, and one that, in various guises, was reflected in conversations with young couples during fieldwork, is that of the male libido and the subsequent consequences of its lack of potency. Brittan, quoting Foucault on the cacophony of sexual discourse, states:-

...people will be surprised at the eagerness with which we went about pretending to rouse from its slumber a sexuality which everything - our discourses, our customs, our institutions, our regulations, our knowledge - was busy producing in the light of day and broadcasting to noisy accompaniment. And people will ask themselves why we were so bent on ending the silence regarding what was the noisiest of our preoccupations. In retrospect, this noise may appear to have been out of place, but how much stranger will seem our persistence in interpreting it as but the refusal to speak and the order to remain silent (Foucault 1981:157-8) (1989:51).

Yet still there remains a sexual repression which serves to reiterate the dominance of ultimate male sexuality by continually placing sex, as Foucault suggests, in the forefront of every day discourse. If sexuality itself has become so prominent then the male organ
becomes the ultimate objectification of that discourse. Remove the attainment of that 'object', and male gender identity is seriously called into question, since the concomitant repressions denies the male the corresponding discourse whereby this lack of libido may be examined and resolved (ibid:51).

This, Brittan continues, posits the notion of sexuality as the linchpin of gender inequality and suggests that male sexuality has roots in heterosexual institutions such as the nuclear family. It is, he points out:-

...in the family that men acquire their sense of power, their belief in the ubiquity of their desires, and it is here that the penis becomes valorised. To put it differently, it is in this context that the penis is transformed into a phallus, into a sign of difference and domination (ibid:56).

Discussions during fieldwork around the theme of a lost male libido were complex. Where both partners were present I had the impression that the 'acceptable outsider' - the anthropologist - was an opportunity for this important issue to be explored and, from the women's point of view, a means to reassure her partner that his 'making it' was, for her, not that vital an element in their sexual relationships.

Approaches to this sensitive area of gender relations would invariably stem from a wider discussion about safe sex and AIDS, and, given the massive public awareness of this aspect of sexual behaviour, it was clear that it being used as an appropriate means of entering more sensitive issues. Typical of one of these exchanges was a conversation one afternoon with Bridget and Ernie, a couple in their late twenties, reasonably stable drug users, both HIV+ and Ernie now experiencing pre AIDS illnesses. The usual preamble had taken place and confirmed, once again, the lack of condom use, when Bridget, smiling somewhat ruefully at Ernie, exclaimed, "No that we get round to it all that much these days, do we love?"

"It's the drugs I suppose", replied Ernie, "that and the illness. When you do, it takes so bloody long to make it it's no worth the bother. It's like you're no longer a real man. Bloody hell, I'm no yet thirty. I should be banging away all night at my age."
They both laugh at this and Ernie goes on, "Aye! wishful thinking maybe, but she was no short of it before I got the virus.

It's no the 'making it' that upsets him", said Bridget. "I keep telling him that I dinna mind, and that it's just fine him being there. You know, loving and that. It's like his no getting it means he doesnae want to try any more. It gets him so angry wi' hissell, and wi me. I ken why and that, but it all bottles up inside I suppose and he blows his top.

"Aye", said Ernie, "I know she means well, but she does'nea really ken what it's all about. You've got to make it if you're a man, otherwise it' nae use your bothering." He shrugs. "Ah well, what's the use. You get the virus and that's bloody that."

This theme, in various guises, was taken up by several couples. However, the conclusions were generally the same. The drugs, HIV/AIDS, and the concomitant stress of their lifestyle, culminated in a lowering of the male libido. Thus, despite a willingness to reassure them, sometimes in the face of violence, their partners did not really understand the awful importance of male potency and the demand for an orgiastic efficiency which, if not met, called into question hegemonic identity.

Jackson reiterates this notion where she traces the role of a male dominated scientific and medical discourse in articulating the institutionalisation of this masculine hegemony in heterosexual relationships. She suggests that the essentialist assumptions are internalised in western society at the level of 'common sense', and that:-

The model not only reflects and legitimates the male supremacist myth that the male sexual urge must be satisfied; it defines the very nature of sex in male terms.... That the failure of a man to penetrate a woman with his penis should be described in both scientific and every day language as 'impotence' is perhaps not insignificant in terms of understanding heterosexuality and its relationship to male power. 'Impotent' means powerless, and it carries the implication that a man who is unable to penetrate a woman is also unable to exercise power over her.(1987:73-4).
Given this denial of power in one discourse it is not surprising that there is recourse to alternative forms via violence. There were hints in this direction during my discussions with these couples, as Bridget said, 'it all bottles up inside him and he blows his top.' Talking with George, a young man in a very similar position to Ernie, we were discussing over a pint his reaction to his ex girlfriend's newly found awareness of her own orgasmic abilities, an aspect of their relationship which he had appeared to find difficult to cope with. He was attempting to rationalise his own feelings of anger at the situation and there were hints of his violence towards her which I strongly suspected was the reason they were no longer together.

"You get so bloody frustrated at no getting there," he said, "especially with her blowing her wee heid off every time. I get that bloody angry. No wi' her, ken, wi' miself, although its her I'm wanting to lash out at. I canna be bothered wi' it all, ken what I mean? She were getting that keen and I just got more angry. It's no worth it, no any more.

This point is made even more emphatically by Morgan where she states:-

His powerlessness.....connects inextricably with his sense of impotence, his sense of hollow self. For him assuagement is not an authentic strength of self but a strength perceived as such by his adversary: it is a closed circle of male perception, male definition (of both potency and impotence) male conception of self as strength violated by other males. Her powerlessness (enforced and intensified by his) is not synonymous with impotence either in his eyes or in hers.

He may have defined her solely as a sexual creature, he may have circumscribed her by his perceptions of her erotic and reproductive functions as mere resources for him, but she is after all human - and she has always known that the sum of herself is greater than genitalia and womb.

The irony is that while she has defined herself as a multi-faceted being, he is the impatient entity ceaselessly operating in terms of his sexuality: fearing it, seeking it, demanding it,
proving it, forcing and enforcing it. His is an ejaculatory politics....her's is the politics of eros (1989:83-4).

More than enough

In responding to this violence there is always the issue for the woman of determining at what point 'enough is enough'. The decision to leave is not just related to personal concerns but also to structural and material factors such as financial support, accommodation and child care. June Taylor, a very experienced outreach worker who runs one of the major support projects for female sex workers in the city and who became one of my main informants in this area, cites several instances where, after finally giving up on male relationships because of the repeated violence towards them, irrespective of who the partner was, some of the women had turned to other women. There was, she felt, a bottom line for these women whose sense of self worth was so low that to be needed, to be allowed to care for someone, anyone, was in the end all that mattered, for if you could feel that somebody needed you, then you couldn't be that bad.

Oakley, citing Nancy Friday's My Secret Garden, suggests that secretly, women express 'a natural warmth and tenderness' towards one another that they do not act out in ordinary life and, that although this does not mean that women want lesbian relationships, it may not be so surprising that, given the violence and lack of tenderness and support in their everyday relationships with their men, some may be prompted to examine these fantasies more closely (1981: 278).

At one point this is decision was contemplated by Jude, a young woman who worked the 'shore' and whose relationships with men invariably ended up in violence towards herself and her children. We were discussing the subject one morning after dropping the 'bairns' off at school and play group on our way to the local chemists for her daily scrip. It transpired that the previous evening Jude, having left the children at her mother's and, assuring her that she wasn't going down the shore that evening, had visited a well known gay/lesbian bar in the city centre.

"I'd no been in one of they places before and I walked past the door three times before I got enough courage to go in. My pal lives with..."
another lass, they're both on the shore like, but she says its OK and at least she doesn't get battered any more. I got chatting to some of the girls and they were all friendly and that, but it was a bit creepy. You know, like I wasn't sure about going through with it. Know what happened in the end? I finished up with a bloke that liked it both ways. Typical me innit!"

Typical of Jude perhaps, although not I feel a typical answer to the problem. Usually when a woman did leave her male partner she was more than likely to return to him despite her being only too well aware of the consequences. Dobash and Dobash suggest that women initially believe that the violence will not continue and that the man will reform. At the early stages the pattern is almost always the same. He goes after her, apologises for hitting her and promises it will not happen again. He reaffirms his affection and pleads with her to return. Initially the woman is forgiving and goes home in the belief that her man will change (1980:145).

What exacerbates the situation here, however, are women's attitudes to to the issues surrounding AIDS. Wilson and Ramsay point out that female partners, rather than reject the infected person have, more often than not, increased their loyalty but that there are times when feelings of resentment at the excessive pressures involved in the caring process can give rise to feelings of guilt. Rather than blame the role they have been forced into, they blame themselves, 'What's wrong with me, why can't I cope?' (1989:1-9). This sense of inadequacy, and the resentment and anger from which it stems, can, as Bisset and Grey indicate, turn to depression and feelings of self blame associated with a low self esteem. Many of the women they worked with expressed feelings of being 'dirty' or of 'being inhuman'; attitudes in which society is only too willing to collude (1988:26-30). Given such assumptions of low self worth plus the added stigma of AIDS itself women will frequently put up with the violence because they will have now been placed in a position where they lack the confidence to attempt new relationships.

This leads to accusations that 'they must like it or they wouldn't put up with it' and to notions of what Dobash and Dobash refer to as as the 'they accept it' myth, and ideas of a masochistic pathology (1980: 160). These explanations are very comforting to others as they
remove the moral outrage over the woman's victimisation and enable outsiders to quietly ignore the problem without feeling guilty.

The McWilliams and McKiernen research noted that most women who had made the decision to leave or end their relationship because of the violence towards them had also returned to the violent partner. As they point out:—

...their decision can only be understood if the high value they place on the relationship and the high expectations they had for the fulfilment of their own emotional needs and the provision of security for their children are properly acknowledged (1993:45).

The process of returning, often several times, to a violent partner produced problems in their obtaining agency support because their seemingly ambivalent attitude to the violence towards them meant that they were often not taken seriously. In fact, this fear that they wouldn't get help the second or third time round was a contributory factor in their staying longer in violent relationships, as was the fact that:—

Feelings of shame, pride and self blame deterred them from making the issue public by leaving. Women also pointed to their own lack of confidence and their fear that no one would believe them if they did tell about the violence (ibid:46).

These researchers also suggest that men's insistence on coming back to their partners was also a major problem for many women and they cite instances of women having to go the great lengths and at times relinquish valued support networks in order to get away from the demands of a violent partner. They state that:—

When it came finally to taking action, the main impetus was not usually a particular episode of violence. For most it was realising that things were not going to change and deciding they had had enough. ...it was the recognition 'I can't take any more', 'that my nerves are wrecked' (ibid:47).

Although family were the first and most consistent source of support for women who had experienced domestic violence, family attitudes could in fact deter women from telling them. In some instances the
women were not believed, and in others were not welcome because of the disgrace that the broken marriage brought to the family.

Leaving would be admitting defeat, maybe I could have tried harder. This attitude was often encouraged by husbands, as one woman said, *He had me convinced at that time, that it was my fault. That I was no good as a wife, as a mother I was a slut, a whore* (ibid:53).

Returning to the Dobash and Dobash research, they suggest that there is often a conspiracy of silence which in the beginning the woman can be an active conspirator, especially where there is no history of violence and she has every reason to believe that it will never happen again. Over time this silence becomes dictated by notions of privacy, respectability, shame and guilt and the stigma attached to the excessive violence results in a great reluctance on the part of family members to seek any assistance from outside sources (1979:165).

This isolation is greatly added to when the woman is HIV+ and where, because of her feelings of shame, she keeps this knowledge to herself. Her illness becomes a bond in her relationship with her partner since she has to rely on him as one of the few people she can talk to for fear of letting others know she has the virus. This is especially true where she is trying to keep this knowledge from her natal family. An already difficult situation is exacerbated in that, denying herself access to the help and support of others, she is forced to cope on her own with the high anxiety levels of her partner and the often aggressive and violent behaviour that he is likely to exhibit because of his own status. If one then adds the patterns of intense jealousy that derive from the fear the male has of losing his main carer, then in these situations the woman becomes extremely vulnerable.

Given the levels of violence towards women that may exist in the community as a whole, the issues surrounding AIDS, exacerbated by the adolescent impulsive hedonism of the drug user irrespective of age, leads to a situation where the vulnerability of the woman is increased and where in some instances, she is even more at risk because of her enforced isolation. Add to this the notion of 'junkies' being at the bottom of the heap and lording it over women as a way
of proving their manhood, for to subjugate the women by means of verbal and physical violence becomes a way creating somebody who is even lower than themselves, then the situation becomes almost untenable.

Another explanation is that some men see being violent towards women as a way of maintaining their perceived supremacy. As a colleague at university was to point out from his experience as a priest taking confession in a Chilean shanty town. The men saw little point in confessing to having beaten their wives; 'she did wrong, I beat her, she deserved it, so what is there to confess!' It was, it seemed, the natural order of things and I fear was also the natural order for some of those I was researching, a point reiterated by Oakley when she suggests that,

Physical force and its threat is used against women by men is a form of collective social control, the structural underpining of hierarchical relations, the ultimate sanction of a dominant group keeping it's subordinates in line (1981:257).

I began this chapter with just two examples of the violence shown by men towards women. That there were many others, and that these young women were willing to relate them, is a mark of the salience of this issue in their lives and the way in which this violence becomes exacerbated by the trauma and stress of drug use and HIV/AIDS.

I have examined the notion of a male hegemony as a 'true discourse' and how this had led to an objectification of women. I then suggested that this objectification and the anticipated needs of care resulted in the man's obsessive possession of his partner and a concomitant violence towards her through his fears of these needs not being fulfilled.

I explored women's responses to this violence, the difficulties facing decisions to leave their partners, their lack of support systems, and the collusion of agency in upholding the male power and authority. However, I have also pointed to the powerlessness of men brought about by their illness and by the implications of the policies of harm reduction in response to the HIV/AIDS epidemic. I have then gone on to show how, once again, violence may be perceived as the legitimate response to male inadequacy.
I examine the isolation and vulnerability of women who are HIV+, and I conclude my chapter with the premise that, for many of those in my research, the 'taken for granted' assumptions of the 'normality' of male violence towards women is, '...the ultimate sanction of a dominate group keeping its subordinates in line.' (Oakely: previously cited).
CHAPTER EIGHT

WOMEN AS MEMBERS OF A MUTED GROUP

Having, in chapter seven, examined issues of domestic violence towards women, in this chapter I am concerned with other salient features of their lives. Many of the items discussed were centred on the period of hedonistic drug use during the early eighties and how the lives of women were articulated within the heroin using culture. Like the tales explored in chapter five, these descriptions are of a mythic past and reflect the excitements and dangers of that period rather than its mundanities. Aspects of their lives today are addressed but, the processes of denial as a response to the crises of drugs, AIDS and multi-deprivation have meant that much of the data in this chapter are situated in the past.

I begin by exploring attitudes to becoming pregnant. Firstly, in terms of the sexual relationships during the period of heroin use, and then in examining attitudes once there was an awareness of HIV/AIDS. I show how women situated themselves within the male centred structure, and I explore the specific skills they brought to the acquisition of drugs. I then examine the role of women as drug dealers, and their place in this once male dominated activity now that harm reduction policies have caused a 'shift' in entrepreneurial endeavours. I highlight the notion of sex as a commodity and trace routes into prostitution of two women as exemplars of the drugs/sex work process. I then explore this ethnography in relation to Kopytof’s (1990) notion of an existential identity. Finally, retaining this notion and exploring women's responses to circumstantial demands, I show how, despite the exigencies of drug use, AIDS, and for some women, the necessities of sex work, they strive to retain their identity as dignified individuals.

Pregnancy, heroin and HIV/AIDS

Many of the young women I talked to during fieldwork are now in their late twenties to early thirties. This would place them as young
teenagers during the days of the massive heroin use. Many became pregnant by the time they were sixteen or seventeen and now have teenage children of their own, although several of them, like Anne and Billy, have not seen their children for some years, as the latter were placed in care because of the mother’s chaotic drug behaviour. This is not as common an occurrence as might be expected. Robertson and Skidmore suggest that in the course of observing drug users in this community over a period of a decade, the removal of the latter’s children into care seems to be less common than that of the children of parents with other problems (1989:5). What was more likely to happen was for the child to be cared for by relations during periods of high drug intake or, as happened with Kate on several occasions, for them to be placed into care on a voluntary basis. These patterns of child care were also observed in Taylor’s Glasgow research (1993:116).

Issues surrounding teenage pregnancy in a multi-deprived community are complex, even outwith the problems of illegal drug use. Bury, then a GP working in one of these areas and previously associated with the Brooke Advisory Centre, points to the ambivalence surrounding the sexuality of some of these young women and suggests that:-

Many young women, especially those who feel that they have no prospects for achieving anything fulfilling in their lives, may see pregnancy as a desirable option or, at the least, may not feel that there is much incentive for them to prevent pregnancy. Having a child may feel like the only creative thing they can do (1988:18).

Bury also suggests that the processes surrounding decisions to become pregnant are further exacerbated by the cultural expectations of their role as women. As she points out:-

They may want to have sex and yet they may have been brought up to believe that women should not want to have sex and should be passive in a sexual relationship. They may, therefore, find it very difficult to use contraception and especially to be prepared for sex by having contraception available as this would mean accepting that they are sexual and interested in sex (1988:18).
This point is also made by Holland et al (1990:15-17), Bury (1986:40), and Foster (1991:11). Given the hedonistic attitudes associated with heroin use it was not surprising that these young women became pregnant. Pam's comments about being, 'too bloody stoned to give a shit what was happening' seems to reflect these attitudes, as are Sharon's remarks about pregnancy being, 'just something that happened'.

The impact of a diagnosis of HIV/AIDS made decisions about becoming pregnant even more complex. Powel points to the necessity of women having to re-assess their desires for motherhood in the face of this illness and suggests that the psychological stresses surrounding such decisions can be considerable. As she states:-

In a society which continues to define a primary function of women as child-bearing, then 'not bearing' makes that woman an abnormal part of society. adding that: For IV (intravenous) drug users, pregnancy may be one of the few times they 'feel good' about themselves, or have the incentive to change their drug behaviour (1992:19).

Bury also addresses the problems of decisions to become pregnant in relation to HIV/AIDS, where she says:-

If they are HIV positive, the incentive to have a baby may be even greater - there may be a desire to achieve one thing before they die or leave something after them - even knowing there is a risk that the baby may be infected. They may accept that they should not become pregnant because of the risks but may be swayed by other emotions that make pregnancy seem attractive. Such ambivalence about pregnancy makes it very difficult to use barrier contraception reliably (1988:19).

This attitude was brought poignantly home to me when I was talking with Donna. We had been discussing the enormous difficulties of bringing up children within a drug using culture and had got onto the wider subject of life in general and hers in particular. I said how amazed I was that she still managed to cope in spite of it all, and must admit that I was at a loss to answer the reply from this young woman who probably did not have all that long to live. "Oh, I've not done that badly, Clive," she said cheerfully, "there's three fine bairns
there, they're all healthy and happy enough, that's something to leave when I've gone."

Drug use was not the only problematic issue for many of these young women in their role as mothers. The patterns of multi-deprivation experienced in their own childhood would have equipped them poorly for their own maternal role. As Harrison points out:

Children from these areas - the deprived inner cities - are more anarchic and undisciplined than average. They come from families where arguments, disruption and instability, often involving violence, are every-day occurrences (1983:279).

Fisk et al, in a three year follow-up of the parental functioning of young mothers on methadone support, suggest that:

The mothers, often deprived of nuturance themselves, have unrealistic expectations of their infants. Addicted women face more problems, yet have fewer social supports and personal resources, and less skill in handling practical problems and psychological stresses (1985:658).

This lack of support was typical for many of the young women during the early stages of motherhood. For some, the problems were not greatly eased even as their children became older. Leaving these children with grandparents during periods of heavy drug use was not always an acceptable alternative to them being taken into care, as this could present unacceptable risks. In several instances where their own childhood had contained experiences of incest and sexual abuse perpetrated by males within the natal household, the women were unwilling to place their own children in this same environment.

Sex as a commodity

Teenage pregnancy was, and remains a likely outcome of a young woman's role in the drug culture. Sex was a marketable commodity even outside the overt sex-worker role, and once dependent on heroin, providing sex in return for a 'score' was at least one way of maintaining the habit. 'Sleeping around' was common, and under the influence of drugs, some the young women could be induced to take part in more bizarre sexual activities often deliberately set up by dealers.
Eileen for instance, now in her early thirties, lives with her teenage son in a flat some distance from the Lochborough estate. She is reminiscing about the 'old days' and how sometimes it all got too much and you wanted desperately to escape, that is until, 'you ran out of dope and came screaming back to score at any price'.

"It was OK if you were good at shop-lifting, and later on I teamed up with a bloke who could nick wallets and who I could trust not to hang onto them. No, if you were'nae into all that there was only sex left. Mind you, some of the dealers weren't bad looking in those days. I mind it got a bit rough at times, and we did a load of daft things sometimes. But what the hell, you were stoned most of it. You know, I'd have a job to remember what did happen.

The level of actual sexual activity among drug users has been examined Klee et al. Here, they suggest that:–

A variety of pharmacological and psychological factors may affect levels of sexual activity among drug users. For example, chronic administration of opiates may lead to lowered testosterone levels in men with a consequent impact on sexual functioning. Frequently reported is the extended time required to reach ejaculation and also a decline in interest in sexual activity (1990:414).

Another reason for the sexual activity would be the need of the user to have a 'packet' (£5 or £10] available to get to sleep at night and also to have one to wake up with. Sleeping around with those who were able to supply drugs was one way for a woman to ensure her supply. Put against the work required to maintain a £100 a day habit, it is hardly surprising that sex was tradeable. An extension of this would be overt prostitution where the woman, if successful, could maintain not only her own habit but that of her 'man' as well. Take this further, and a woman who through sex work could get a reasonable supply of 'dope', would find it easier to get a high status partner and protector.

Others, like Angie, worked the sex business another way and used their looks to get themselves 'kept' by a succession of dealers, although, as she said, it could have its problems.
"Some of them were OK, you know, treated you properly and that, but some were absolute soddin pigs. There wasn't much you could do about it, no if you were strung out. If you need the dope that badly you put up wi' a battering just because the bloke was in a bad mood. Well you did until it went over the top, then you got out and either found yourself another bloke or you went on the streets. I tried that one night, bloody pissed down it did, all night, and I didn'ae get a punter. Just as well I suppose, or I'd still be working the shore."

These stories about incidents of sexual activity and drug use are, of course, from the mythical past. Tales told by the men reflect, yet again, their macho image and deal with gang bangs, voyeurism and bizarre sex, those told by the women are different. In their tales sex itself seems just another commodity; it was something that you did because it allowed you to operate within the group. It was a product you had on offer, like your skill at shop-lifting or blagging cheques. The women's stories reflected these attitudes and allusions to sex would be told as a 'throw away', part of some other tale or just something that happened because you were there and wanted a hit. Other stories, like the tales told by prostitutes to be examined later in this chapter, tell of the stupid behaviour of the men, of their bragging, their lack of prowess, and in some cases their peculiar tastes. Unlike the men, women's references to sex were pragmatic and certainly had little to do with their own self image.

There were however, other tales told by the young women, tales where their place within these interstices of the dominant male drug culture led to degrees of violence that could not be passed over. As Angie said, the violence was always there and there were times when it became too much and women had to make decisions about where they were going. For some, even that wasn't possible and the paths their lives took within this drug culture were taken out of their hands. Pat's young daughter, for instance, going to collect a 'hit' for herself and her boyfriend, had been mugged by a group of young men in the 'stair' and then been dragged into a near-by flat and 'gang banged' by her attackers. The experience had been so traumatic that, although at the time she was a heavy and chaotic user, she had gone to a de-tox unit in England and was now off drugs. Her story was now held up by those in the community as an example of one of the people who had made it out of the drug scene. What I found curious
in this tale was that it was told as an example of an individual successfully coming off drugs, and the horrendous experiences of the girl herself, although recounted, seemed almost incidental.

**Pathways into prostitution**

Before examining the processes entailed in making the decision to take up prostitution, I want to place those involved within a theoretical framework in order to explore the effects of their drug use in pursuing such an option.

Taylor's research into women drug users in Glasgow found that prostitution was regarded by those women engaged in it as a shameful occupation, and seen as a last resort when all else had failed (1993:72). Quoting an informant who saw prostitution as a trap leading to a rapid escalation of drug use. She states:

> Without exception the women disliked what they did and regarded it as morally reprehensible. Many of them also found what they did physically disgusting. Drugs were used as a mechanism to allow them to cope with the physical and emotional side of their work; thus contributing to the increase in drug consumption (ibid:73).

However, although a woman might be 'called' (criticised) for the way she was bringing up her children, or for her inability to maintain a stable relationship with her various partners. Her sex work was, in the main, accepted as her means of supplying her drug habit. Sex work was seen as an unfortunate choice some women may be forced to take. Thus, within the drug using community, while the woman may or may not be criticised as a mother, a home maker, or a partner, her decision to become a prostitute was largely accepted. It was an understandable response to the circumstances in which she found herself. These attitudes are mirrored in Taylor's findings where she point out that a cardinal rule in the drug community was that one user should never consider herself superior to another. 'Nobody knew what the desire for drugs would make them consider as a means to this end' (ibid:72).

A similar pattern is seen in Kopytov's research into the Suku of Zaire. Here, the 'free women', those who had not married of for whom no bridewealth had been paid, had, like the women drug users, found
their place within the interstices of the dominant culture. They had become the entrepreneurs, the concubines to migrant workers, the traders in shops and bars, and the sex workers. Kopytof suggests that, despite their operating outside what was considered 'appropriate' for Suku women, there were seen as responding to the 'circumstantial elements' of their position in that society as free women. As such, their identity as 'woman' remained intact. As he points out:-

...they bore children and, like other women, thereby asserted their womanhood. Free women were not disparaged as 'loose' because of their role as prostitute. Any criticism of an individual would be on the basis of her behaviour (but not her role) which might or might not be shameful (1990:88).

To examine the route into eventual prostitution for many of these young women I now to return to Lynne's story and show how her drug use lead her to working in the saunas and eventually on the shore. She is twenty six, a little younger than most, a tall 'lass', slim, and her illness has not as yet produced the haggard, hollow cheeked looks of full blown AIDS. She is the youngest of three children whose parents separated shortly after she was born. Childhood was unsettled, and, as she herself admits, she was 'a bit of a handful'. Although all three children had experimented with drugs, Lynne was the only one to become addicted and the only one to have the virus. She has had two spells in prison for drug related offences and now lives with her young daughter, having fairly recently been rejected by her boyfriend because of her prolonged periods of chaotic drug use. She is at the moment without a partner but, given the fact that she has her own flat, an income from DSS and is good looking, the situation does not particularly worry her. She is confident she will soon find somebody else. She suffers from night sweats and thrush, and is beginning to show signs of chest infections. Despite her own illness, she tells me that her main concern is what will happen to her youngster when she dies. For all this, when I visit, she is one of those who manages most of the time to 'live with' their illness, and I usually find a cheerful young woman who is only too willing to talk about her life.

It is several weeks after the incident with the 'heavies', the debt has been paid and they did not keep their promise to return, although the expected threat was sent the following day to the effect that if
she did not pay up they would have to 'arrange' to have the flat done over. There is another woman in the flat whom I only met once and they are talking about the very high incidence of child sexual abuse among the female sex workers. Lynne is telling how at the age of about six or seven a game of hide-and-seek with her sixteen year old brother would end up with him bouncing on top of her and forcing her to feel inside his trousers. She says that she knew there was something not right about this but was unable at that age to place it. The game wasn't worth the way it would usually end up and that while she wasn't actually hurt in any way she was still forced into the sexual activity that accompanied the romping. She knew even at that age that it was best to try and avoid being alone with her brother. It appears that her older sister, then about eight, was also subjected to this sort of abuse but that a 'game' of secrecy was imposed by the brother. It was not until the girls were in their twenties that they became aware that they had both had to endure his attentions. This aura of secrecy appears to permeate the issue of child sex abuse and incest, to the extent that whole families would contrive to ignore a situation that they were fully aware existed. As Kelly suggests:-

The fear of family break-up or of 'abandonment', which many researchers have presented as some sort of unconscious defensive mechanism in families where incest is happening was, for this group of women, the result of internalising explicit threats from the abuser. It is not surprising therefore, that none of these women told anyone about the abuse while it was happening (1988:124).

The two women suggested that most of the prostitutes would have incidents like this in their lives, with the abuse usually centred upon the new step father or step brothers. Other males involved would often be the succession of 'uncles' who came to the house once the regular partner had left. They felt that, apart from it being a common theme in the lives of the 'girls', it was difficult to place this sort of activity. At one end of the continuum is overt sexual abuse where the child is very frightened and is aware of what is happening. At the other, the natural curiosity of young children for each other's bodies manifest in the normal games of mothers and fathers or doctors and nurses. To some extent the situation is defined by the age of the male
in these games, but even this is not all that simple. As Lynne said, "In a childhood where there was not all that much love around, it was great to have somebody to play with you and take some notice of you." Where then, in the child's eyes, is the line that says this is sexual abuse?

Van den Berg and Blom, researching for de Graaf Stiching, a Dutch national organisation investigating the problems of prostitution, attempt to distinguish between prostitutes who use heroin and heroin users who prostitute, in their examination of the various routes into sex work. While this distinction becomes somewhat blurred, they highlight various characteristics of the sex industry as it pertains to the prostitution/heroin syndrome and which are relevant to my own research.

They found that in most cases the affective ties with the woman's family had been disturbed, usually via divorce and alcoholism, although they also cite cases of incest. The woman, after running away from home and ineffective periods in care would return to an older boyfriend who invariably had contact with the heroin culture and who was part of an extremely masculine deviant subculture. Having been introduced to heroin, when their income was insufficient to maintain both their drug habits the concept of her sex as merchandise was introduced. They suggest that the eventual entree into sex work was in the context of a discourse of extreme subordination to the man. Eventually, bankrupted of her romantic relation with this man who, even though a user himself was unlikely to tolerate her new identity as a junkie, the girl would finish up as a heroinprostitute working the streets. Thus the girl would find herself in a position where her heroin demands are unpayable without prostitution and her prostitution is unbearable without the heroin.

They also point to other routes into prostitution and examine the 'best friend' syndrome. Here, an adolescent girl, deprived of real love and affection at home turns to a 'best friend', usually older and experienced. Since this takes place within the deviant subculture in any case, the young woman is introduced to drugs and will either be tempted to try them out of curiosity or because she had nothing to loose except their 'best friend'. She becomes more-or-less 'talked' into heroin use and, once addicted, is also 'talked' into prostitution as a means of feeding her habit. Unlike the previous route where the
young woman has, at least until she is seen as a junkie, the support and protection of her boyfriend, these women are vulnerable and on the margins of the profession (1985:1-14).

**Lynne's story.**

During our walk in the park that afternoon, Lynne had pointed out to me a hide-e-hole where she and her friends would go after skipping school and where they would sniff glue. Like many youngsters who took to using a 'poke' - a small bag, usually an empty crisp packet that the glue would be sniffed from - Lynne, once started on mind altering substances, experimented further and it was not long before vodka and cans of special were added to the cocktail. By the age of thirteen, school for young Lynne, had become a virtual redundancy and she was now something of a leader to the rest of the gang. The cocktail became more complex and the availability of barbiturates and amphetamines provided an easy route into the drug scene.

There was a 'best friend' who, although she did not introduce Lynne to heroin, was seen as a successful sex worker who had plenty of money. Lynne, now finding it hard to feed her habit, is encouraged by the best friend to answer an advert in the paper for a sauna girl. As she said, "I'd no the guts for shoplifting and in any case I thought it was a straight job. You know, massage and that. I knew there was sex and things around but I thought that was extras and that you didn't have to do it unless you want to.

On the day of her interview she drops a few pills, "Just to get a bit of confidence like. You know. It was no that bad. I had to strip off and he was pawing me about and things, but as I'd got a bit of a buzz on I didn't really mind all that much. He was'nae into screwing me anyway"

She learns that there is no wage as such and that there is a set tariff for her services, a portion of which is paid to the house. Full sex is £30, oral sex £25, a hand job is £10 as is the price of a reverse massage. These are 1985 prices and will have obviously risen due to inflation. She also learns that there is a shift system in operation with three girls to a shift. Lynne opts for the ten-to-five shift in order to have her evenings free and is soon making an average of £80 a day with up to £120 at the weekends. The money would get blown every
night on providing her dope and having a good time. There was a succession of boyfriends, but she was too busy having fun and making a lot of money to stick with any of them.

McKeganey and Barnard raise an interesting, if somewhat sad reflection on the problems of female prostitution that women like Lynne find themselves following. They show how the speed with which large sums of money can be made by prostitution (they cite sums of £150 a day) can lock the woman further into her addiction. There is, they point out:-

...a cycle of increasing drug use generating the need to work longer hours. The pressure of this cycle may itself have a direct bearing on a woman's ability to turn down the offer from clients of more money for unprotected sex (1992:75).

High remuneration for sex work is also highlighted by Scrambler et al, who cite one informant as saying that within two hours, earnings from prostitution would be the same as most women working a forty hour week. This research also examines the range of sexual services demanded by clients, and suggest that some 25% require elaborate rituals of dressing up or domination (1990:263).

To continue with her narrative, eventually Lynne becomes pregnant and is also found to have the virus. After the birth of her daughter, she returns to the sauna but is now rejected by the other girls because she is HIV+. Curiously enough her employer doesn't seem all that concerned. Things start to deteriorate at this point; her drug use enters a chaotic phase and she is unable to keep her series of partners, despite being able to offer them a roof over their heads and a reasonable amount of money. This exacerbates the situation, as living on her own means it is difficult to find baby sitters for the child. Ultimately she is forced to give up the sauna and the protection it affords and to go out onto 'the shore'. (This is an area of the docks traditionally used by prostitutes to 'ply their trade'. Although no longer a sex work area; it now contains several smart restaurants and bars, the phrase is retained in the community as a euphemism for prostitution.) The street work in the city is not structured and there are few if any pimps. True, the higher end of the trade such as the saunas and escort agencies are organised and are mainly controlled.
by outside agency. The shore, however, is easy to operate on and while it is a more risky venture it does enable the women to work.

This marketing structure of street sex work in Scotland was a subject of discussion at the 1991 European Prostitutes's Congress held in Frankfurt. They reported that, unlike most English cities, the Scottish street women do not usually work for a pimp.

Lynne's attitude to the work is rather ambivalent; it paid for the 'dope' but, as she pointed out, at the end of the day you had nothing to show for it except perhaps a feeling of disgust for men in general.

"It's no real some of the stupid things they ask you to do to them. What the hell, you just charge them an extra tenner and get on with it. You're usually doped up in any case, well you have to be don't you. You dinnae like having to do it, but dropping the pills helps." The conversation gets round to the use of condoms. "Oh aye, they all want to know about that one don't they. They're shit scared the girls are going to spread the AIDS around. Well, if it's a punter I put one on him. I tell them I've got the virus and if he's daft enough to want it without then that's his bloody problem. Suits me, I just up the price. Most of them don't bother though, it's usually just a straight screw. It's different with your own bloke. Well, lets face it, I like sex if it's no fae business, 'dinnae want to spoil it do you?"

The use of condoms with clients is widespread, as evidenced in the low rates of HIV infection among prostitutes. Scrambler et al place this as low as 5%, which, given an estimated ratio of multiple partners at 17:1 client to sex worker, would seem to substantiate this assumption (1990:261). (This data refers to prostitution in the industrialised west) Condom use assumes the ability of the sex worker to negotiate safe sex with the client. McKeganey et al in their study of prostitutes in Glasgow, found that in most cases the women were able to establish relationships with the client that enabled them to insist on the use of condoms (1992:23). The ability to negotiate condom use can be negated in financial terms, as Lynne says, "If he's daft enough to want it without, then that's his bloody problem". However, statements such as these can hide the importance of the financial implications involved in the extra payments demanded for unsafe sex. Given a few hours with no customers and a drastic
shortage of cash for drugs, misgivings about not using a condom can soon be dispensed with.

McKeganey and Barnard also report that prostitutes rarely engage in protected sex with their private, non-commercial partners. The women they interviewed said that condom use within a private relationship would make it, 'seem like they were still working'. It was as though condoms in this setting would blur the distinction between work and personal life. Despite an undercurrent of awareness about the risk of AIDS, there was an ambivalence towards protected sex outside work. As the researchers point out, attitudes to condom use with boyfriends or husbands appear in keeping with those voiced by heterosexuals in general (1992:82). This aspect is also confirmed by Ross Philpot et al, in their research into drug using prostitutes in Sydney (1989:504).

Jenny's story

Jenny's route into prostitution followed more closely the pattern illustrated in the Van den Berg and Blom (1985) study of female subordination in the extremely masculine deviant subculture. The whole family were well into the heroin scene, including the mother and her then boyfriend, who used their well established links in the criminal fraternity in order to deal. Jenny becomes pregnant at sixteen and is given a council house in what is eventually to become the drug ghetto. Her house soon becomes a 'pad' for the group of junkies centred upon her three brothers and a sister who has just come out of jail for shoplifting - it seemed she had been running a shoplifting ring in order to feed her habit and that of her man. This is during the late seventies, and as well as a plentiful supply of good heroin, they are also into coke, hash and a whole variety of pills. Jenny at this stage is not addicted and her drug intake is little more than experimental, she is however under considerable strain, due to the difficulties of trying to bring up her baby son in a household that is now virtually a heroin shooting gallery.

A friend of one of the brothers stays with them for a week or so and in return gives Jenny a daily 'tenner packet' [about 1/10 gm.] of high quality street heroin. Jenny takes this and finds that the stress goes and she feels good. She can get on with her life, do the house work and cope with what is going on around her. She gives no thought to
the consequences and finds that the heroin is giving her the confidence she felt she was lacking. She was not really aware of the real effects of the drug and felt that as she came down off the heroin, her symptoms were little more than having had a bad cold. Her experiences are similar to those found by Taylor, who quotes one informant:

"At first I thought I had a cold because I had all these sore heads and you've got sort of cold symptoms. You've got a sore head, runny nose, sneezes, your eyes all watery, you yawn all the time, your legs get sore, your arms, and you feel as if you have the flu" (1993:45).

That she had got a 'habit' did not seem to occur to her. She was snorting and not jagging at this time. The simple answer to this feeling of having a bad dose of flue was to go and score some more heroin. As she said, it was like going to the chemist and getting contact 2000 to make you feel better, she still wasn't really aware of the consequences. After six months she was spending £50 a day on drugs, snorting smack and dropping DFs as well as Tems, Sodium Amitol, Seconal and Nembutol and Diconal.

Her son is still living with her and is now about four years old. Despite the effects of the drugs, Jenny still manages to retain a 'sensible streak' in her concern for her child. For the first two years of taking drugs she is, 'into it with a passion', but later, as a confirmed addict, every waking morning becomes a nightmare, 'oh no! not another day'. At this stage the son is having problems going to school. Jenny is keeping him away from other children as he is getting ragged because his mother is a junkie. As a result the child spending most of his time with the family surrounded by a group of chaotic drug users. He is unable to get to school on his own and would go off crying. Other people would find him or he would hang around his door or cross the dual carriage-way to get to his Nanna's. Jenny eventually arranges for her mother to take care of the youngster, leaving her to get even higher on the drugs.

Her habit costs money and of the alternatives open to her she attempts to 'blagg' stolen cheques. This is successful for a while and she is able to feed her own habit as well as that of her current partner. She tells me of some of the technicalities of 'blagging'; of the
need to be provided with 'fresh' cheques and credit cards, for within twenty-four hours details the theft may well have reached the check-outs of the multiple stores. There are tricks for practicing a forged signature, and how waiting for a busy till may lessen the risk of detection. Jenny also tells me of certain chemicals that will remove the signature from a credit card, enabling the individual to sign the false name in their own writing. For some reason she is reluctant to divulge the actual secret, and I am left to learn it from Anne Taylor, who tells me that it is a mixture of brake fluid and bleach (p.c. Taylor, and 1993:66).

Eventually Jenny is caught forging cheques and is sent to prison. While there, her cell mate suggests the possibility of taking up prostitution as an escort girl; the higher end of the trade, and on release she is introduced to one of the people running an escort agency. We are talking about how this decision was made and Jenny suggests that it was almost inevitable.

"I was no going back to blagging, twelve months was more than enough to tell me I was nae that good at it. I did'nae have the guts for shoplifting and there was no way I was going to get some bloody dealer to keep me and likely get battered every day. I was young, I had a good figure and no a bad face. If some punter wanted to pay money to screw me, then that was OK by me. The money was bloody good and wi' the agencies you were no likely to get some weirdo who wanted to cut you up or something. Anyway, it was no bad while it lasted, plenty of money which meant as much drugs as you wanted and I was'nae short of regular blokes to go out with. Trouble was I started getting too high on the drugs and in the end the escort agencies would'nae touch me. I tried the saunas for a while but even they got fed up wi' me and I was left to go on the shore. Bloody awful that, especially in winter, you're cold and wet, no many punters, and you're desperate for work because you need the drugs. Bottom o' the heap and it was bloody awful, but that's all there was left.

I went into one of they help places in the end, there's one near the shore, you know, somewhere where you can at least get out of the rain and get warm and a bit of help sorting yourself out. I'd no seen my bairn for over a year as my ma would'nae let me into the house because of what I was doing. I still worked but I started to see a chance of getting straightened out a bit, and maybe getting the bairn
back. It took a long time because I needed the money for my habit and I couldn'ae kick it, no properly.

Eventually they got a doctor to put me on methadone which meant I did'nae have to work so much, but I could'nae go back home because that meant getting back into heavy drugs again. I got the housing tae get me a place instead o' just dossing around. I was lucky because it was the other side of the estate and I did'nae have to see the family and that. I got the bairn back offa ma mam then and went to live there. I worked a bit, you know, the odd trick to buy furniture and things, I still do if I'm honest, like when the lad needs school clothes and that, but no that much, no for buying drugs. No these days."

Jenny's life is fairly ordered these days and while she occasionally tops up her weekly 'script' with a 'bit of speed', she is no longer the chaotic 'lass' working the shore. It is interesting that her use of the outreach services reflects Maciver's examination of service provision for prostitutes in Glasgow. Here, she points out that what the women wanted was somewhere they could go to get warm, have a coffee and a chat. They wanted easy access to free condoms and GUM services. They wanted good health care without having to explain what they did. The IDUs wanted access to re-hab when they felt they needed it. Women needed a place to go for help when attacked at work, help with court fines, welfare rights, housing and violent partners. 'Nobody wanted a service designed to save them from prostitution!' (1992). In Eileen's case however, it virtually did.

From the outreach unit

Finally, in these tales of becoming prostitutes is a description recounted to me by June Taylor, an experienced outreach worker with prostitutes who ran the drop-in centre in the dockside area of the city. This narrative appears to be virtually the opposite of the normal route taken by these women, and in some way perhaps it is the saddest tale of all of them. It concerns a young mother with three young children. Her husband is serving eight years in prison and she is left to fend for herself. Money is short, there is no food in the house. As she looks out of the window she sees a 'street girl' below. She makes the decision to do the same for the sake of feeding the 'bairns' and the 'take' for her night's work is £40 from two punters. She meets other women and is introduced to pills as a way of making
the existence tolerable. Eventually it becomes a way of life and with it the pills increase. She becomes addicted to heroin and, now being part of that community, she becomes infected with HIV from injecting.

There were other tales from the outreach unit, some of them, as I state earlier were lurid in their details and part of a process of 'sussing out' the anthropologist to determine if his interest in the 'girls' was genuine or if he was merely a intellectual voyeur. But other things went on as well. There was the evening spent labelling packets of condoms with the agency's sticker before they were taken round to the saunas. It was one way to let the women at least know where help was available. Another evening spent going round various saunas with June as she did her 'outreach work' in offering practical help and advice to the 'girls'. There was the afternoon spent walking up and down the agency office with a fractious six week old baby in my arms. The mum was out working and June and the secretary had already done their share of trying to quieten the rather noisy infant. At least I didn't have to change the nappy. This was one of my few experiences of agency provision and, in this instance, I was impressed by the down-to-earth practical attitudes and the decided lack of any moralising stance.

**Women as dealers**

Although there were some women who were significant dealers during the heroin period, what evidence I have appears to suggest that these individuals were backed by family contact within an already extant criminal network. Dealing, certainly on the peripheral local authority estates, was predominantly a male pursuit. The inception of harm reduction policies, as well as reducing the rate of needle sharing, criminal activity and violence, also altered the structure of what dealing now took place. Thus, the collapse of heroin as the 'drug of preference' created a window of opportunity for those whose entrepreneurial skills allowed them to venture into the prescribed drugs market.

While much of this market is at an individual level - conning the GP out of a bottle of pills and selling them in the local pub - there was a consumer demand for these products and a skilled dealer could make a comfortable living. Unlike heroin, this market did not retain the
macho image of its predecessor. Although there were men dealing in prescribed drugs, this enterprise, previously denied them in all but a very few instances, was now open to women. However, this poses two questions. Firstly, in what way did their incursion into a previously male dominated activity affect the life style and self identity of these women; and second, how did the drug using community adjust to the fact that women were capable of operating successfully within this market?

With women's entry into drug dealing came an interesting association of ideas and language. Here, the conflation of concepts of 'maleness' and female aptitude became the markers of community approval of these new entrepreneurs. Sexual idiomatic expressions attained a new currency, and the adoption of male gender specific attributes came to be used in the drug using community's development of coping strategies in response to this aspect of social change.

Brandes suggests that:

...we have recourse to idiomatic expressions which are like jokes, proverbs, and legends in that they are culturally shared and transmitted, but are unlike them in that they operate largely as unconscious vehicles for the transmission of sexual attitudes (1981:219).

For example, it could be said that one needed 'balls' to deal in heroin. It was a male dominated occupation and the metaphorically codified speech associated with it reflected male attributes. Similarly, one could be 'shafted' - sold poor quality heroin or otherwise duped in some way - by an unscrupulous dealer. These terms, denoting a male dominance in the sexual act, refer, unconsciously, to male the hegemony. The conflation of these two aspects of male assertiveness and aggressive behaviour were, in Brandes' terms, projected linguistically to the genitals. Transferring this concept, the heroin dealer was like his 'conjondo' - the big balled man - (ibid:231). What is interesting is that his 'conjonda' - the big balled woman - was now, certainly in some instances, replacing her male counterpart. In order to accept this usurpation of the dominant hegemony it was necessary for these women to become metaphorically associated with masculine genital attributes. Gwen, for instance, was considered to have 'the balls' to make a good dealer, and the fact that she had not been
raided by the drug squad was referred to in terms of her having 'shafted' the police.

The transfer of male genitalia and purpose to successful women dealers became a means of coping with their invasion of this predominantly male occupation. This need to define these women as 'substitute men', was further exacerbated by the fact that they were, by and large, rather more competent dealers than many of their previous male counterparts. They did not blow their profits on a self indulgent spree of drug taking.

Another woman, a successful dealer, is known to have the 'readies' to finance deals, although one is warned that she will 'screw' you if she gets the chance. This presumably pertaining to the high interest charged on the 'business' loan. What appears to be happening is that since some of the men, now unwilling, uninterested, or unable to retain the middle ground of local dealing (There is an assumption that major, city wide dealing is still retained by the 'big' men.) the successful women entrepreneurs are recognised and accepted as fulfilling a market niche. It is these symbols of acceptance, the means of adapting to these elements of social change brought about by harm reduction, that are associated with the transfer of male idiomatic sexual forms, and as such articulate the community's response to these women.

Another aspect concerning women becoming engaged in this previously male dominated activity, was that they did not appear to adopt a male persona. McElhilly, in examining the gendering of police work, suggests that women did not manipulate socio-symbolic resources. Although behaviours did change, the women did not interpret their behaviour as masculine. As she points out:-

Because masculinity is not referentially (or directly) marked by behaviours and attitudes but rather is indexically linked to them, *ie marks of gender which are non exclusive* (italics mine) female police officers can interpret behaviours which are normatively or frequently understood as masculine (like non-involvement or emotional distance) as simply 'the way we need to act to do the job' in a professional way (1994:167).
Thus, it is this 'indexical' element of their new role that becomes interpreted by the women dealers as 'the way we do our job', rather than their having to adopt masculine referential markers. Rene, for example, is seen as a 'hard' no nonsense dealer with considerable 'muscle' to back up her enterprise. At the same time, she retains her image as an attractive, feminine young woman and caring mother. In taking over her partner's venture she had not needed to adopt a masculine role despite having to maintain this 'hard' image in order to stay in business. She had merely interpreted those markers she required, to her own ends.

A Goffmanesque presentation

There is, outside those behaviours associated with the use and procurement of drugs, a 'presentation of self' which attempts to respond to perceived demands of socially acceptable conduct, and retain elements of self respect. I found frequent examples of this during fieldwork, many of them in seemingly inconsequential incidents.

The ubiquitous Kate, for instance, who, for all her conniving and brashness, was not beyond responding to being treated with a little old world chivalry. It is my wont when ushering somebody to my car that I will open the passenger's door first and then go round to open my own door, although by then the passenger may well have opened it for me from the inside. A small courtesy and, I suspect, little more than a legacy of my upbringing. I did this quite unconsciously one morning when I was taking Kate to the chemist and she seemed rather surprised. Being Kate, she responded by acting the duchess and we had a bit of a laugh as she got into the car. We talked about this and that and eventually I dropped her at a chemist to get her daily 'scrip' of methadone. She had been a bit 'strung out' on the way there and was obviously in need of her morning's 'swig'. As she got back into the car she held the small bottle in her hand and seemed rather hesitant. "Clive," she said, "Look, I haven't got a spoon with me, would you mind all that much if I just took a swig." Perhaps one courtesy had prompted another, I don't know, but it did seem that despite the brash almost 'hard nosed' attitude to life that she adopted in order to survive, there was still underneath it all a young woman trying to maintain her dignity. This aspect came out again later when I commented on the change of fortunes in the household evidenced
by some new and quite expensive clothes she had bought for herself and the children. "Well," she said rather diffidently, "I suppose you know I've gone back to work." I paused for a moment, not sure at that stage what the word 'work' exactly meant. "You know," she went on, "The shore. You don't mind? We were getting a bit short and, well, if I can get someone to look after the kids I can make quite a bit on a good night. I don't do it that often." Kate is almost apologising to me because she has gone back on the shore and I am embarrassed because I find her concern that I should not think too badly of her difficult to cope with.

I had run into Bridget one afternoon in the bakers and, as she appeared to be treating the family to some big sticky cream doughnuts for their tea, an extra one was popped into the bag for me. She and Ernie were one of the couples who, despite living in the centre of the ghetto, had 'got things together' and managed to lead a relatively stable lifestyle. They were certainly heavy users, and could well have been dealing. My relationship with them had been somewhat erratic for, during their periods of drug use, their door was normally kept firmly shut against intruders, even the friendly anthropologist. Outside these times however, they were very helpful and theirs was one of those places where I was more than likely to meet other users. Bridget and I walked back to the flat, she apologising for not answering the door the last time I had called; something about Ernie's brother having got hold of some 'good stuff', and I arrived to find Ernie and someone who turned out to be called Keggie sitting on the rather battered sofa with a familiar glazed expression. There was also some 'works' on the small table in front of them. It was Bridget's reaction to this that struck me. In clearing a space on the table for the doughnuts and the coffee to come, she very deliberately covered the injecting equipment with the day's copy of the Mirror, smiling somewhat apologetically as she did so. Ernie, still with us, just, wanted to know what the fuss was about and pointed out that I knew well enough that they all 'jagged' and why bother to hide a bloody needle? Bridget shrugged, "Look love," she said, "I know we're all soddin junkies but Clive's from outside and I'd soon as not shove it in front of his nose." I said that I didn't mind but by then Ernie was well away and past caring whether I did so or not. Bridget and I sat down to a cup of coffee and to eat two doughnuts each. "Sorry," she said at one point while we were munching away.
and both getting covered in cream, "there is another side to us you know, we're not always stoned out of our heads."

Eileen, as I have already pointed out, now lived some distance away from the ghetto and her family, and would go to considerable lengths to make sure that her new neighbours did not know anything of her past. Since her drug use was now under reasonable control she was on a monthly script from her GP and would collect her pills and methadone each week from the chemists. I was giving her a lift into town one morning when she asked if we could stop off and collect them. I assumed she meant her local shop and was somewhat surprised when she asked me to drive to a rather middle class area of the city some distance out of our way. I asked why she didn't use her local chemists which was not in a drug using area and where she would be unlikely to meet other users. She told me that she thought the assistants would probably gossip about anybody who was collecting methadone each week and that, since they would live locally, she was not going to take the chance of the word getting round. This particular presentation of self closely mirrors an example given by Hannerz in his studies of urban anthropology. He cites the example of an individual engaged in shopping:-

An anonymous supermarket clerk may not think twice about one's purchases, however, Mr. Brown in the corner store who chats with all one's neighbours would perhaps never forget (1980:234).

I then asked why she used a chemists that was, without her own transport, quite difficult to get to. "I'm not sure," she said, "I think it's something to do with not feeling so bad about getting my stuff if I'm in a nice part of town. In any case, they're all very friendly to me there and I don't feel I'm being looked at like a junkie."

There is an interesting theme in both of these instances which links up with the notion in chapter three of boundary and differential space. Bridget's idea that I was from the 'outside' and Eileen's wish to get her scrip 'from a nice part of town' highlight this perception of two worlds, both women making a statement about there being an 'inside' - the world of drugs and AIDS - and an 'outside' which is to do with that other world where these things don't happen. Even with Kate's hesitancy about not having a spoon and her concern about my
male dominated and essentially criminal hegemony. Ardener suggests that women's position as members of a muted group comes to be accommodated within the social structure in which they are placed by them finding their own satisfactions within its interstices or outside the dominant structure. As she states:

...members of muted groups, instead of ignoring the dominant group, or of merely tolerating its demands, may even go further and accept the burden of maintaining or 'policing' the system which to onlookers appears to disadvantage them (1978: 28).

This notion of finding a place within the dominant group would seem to provide a basis of explanation for some of the behaviour of women within the drug using community, even to the extent of their maintaining the system. True, some women had found their place within the interstices of this culture either by blagging cheques, shoplifting or, in whatever guise, trading sex. However, even outwith the inherent violence towards them, for most, their choice of options were limited, both by the aggressive dominance of men and by their need to acquire drugs.

With the introduction of harm reduction policies, the associated change the social structure had its concomitant effects on the lives of the women concerned. For some it was a chance to stabilise their drug use, to re-establish relationships with their partners, and the chance to begin again the processes of home making and the return of their children. For others, it provided the opportunity to discontinue sex work, at least on a regular basis. Some, namely those with entrepreneurial skills, saw their chance to fill the market niche left by heroin; and for most, there was the opportunity to gain just a little more self respect in a world where the processes of a cultural reductionism has stigmatised those who use illegal drugs.

Life is still difficult for women drug users, even without the traumas of heroin use. Methadone support brings its own versions of trouble and, rather than it dissipating the dilemmas of their attempting to operate within this male dominated culture, there is now a new hazard as a man tries to maintain his diminished macho image by re-establishing what Oakley terms the, 'physical force of their collective social control' (1981). Invariably this culminates in taking out his anger and frustrations on those nearest to him and increasing the
patterns of violence that are already there. For some, the routes into crime and prostitution are the same, although the lower rates of heroin use may make it a less immediate response. There is still the poverty exacerbated by chaotic drug use, still a 'habit' to feed even if now-a-days it is in the form of pills supplementing a prescription.
In the introduction to his work on urban anthropology Hannerz argues that:-

...in applying itself to questions of health and welfare, law and justice, schools and jobs, urban anthropology has become a 'reformer's science' which, in the process has resulted in a 'commonsense anthropology' measured more by its practical relevance and results than by its intellectual worth (1980:3).

Had I, as was my original intention, set out to develop an hypothesis concerning the effects of HIV/AIDS on a multi-deprived drug using community, I believe my research could well have come under the rubric of 'reformer's science'. That I chose to listen with as open a mind as possible has precluded this possibility, and, while laying some claim to a common sense anthropology, my investigations reflect some of the issues my informants considered important. As Okely argues:-

The anthropologist rarely commences research with an hypothesis to test....There are theories, themes, ideas and ethnographic details to discover, examine or dismiss. The ethnographer must be ... open to objects trouvés (1994:19).

It is this holistic, open ended approach to what may be 'found' in the field that allows the anthropologist to develop the 'themes' of the research enterprise. Themes moreover, that gradually emerge and reflect the concerns and priorities of those who are the subject of the study. Thus, in allowing the transactions between researcher and informant to take place in a 'natural', unstructured manner - as distinct from purposive interviews conducted in specific situations such as on agency premises - the research enterprise gains access to a commonplace day-to-day existence.
Given such a context, the interconnectedness of complex social networks become apparent, although sometimes to the extent that any original premiss becomes wholly disrupted. This could be particularly true where the situation is interrupted by the raucous demands of young children or a 'gouched' partner interjecting the conversation with seemingly nonsensical comments. Seen in terms of a research 'interview', even an unstructured one, these distractions could be considered an annoyance. Viewed from a different perspective however, and one which this study was at some pains to follow, they provide yet another facet of the kaleidoscope of people's lives.

It is in attending to these complex interactions that their particular relevance, often obscure at the time, provides a richness to the thesis. Furthermore, it was this willingness to move away from a structured format which showed that my initial assumptions concerning the significance of HIV/AIDS were but a reflection of 'media hype' and the considerable fears which surrounded the conflation of illegal drug use and the stigma associated with this illness. I was to find that, for those who were infected, there were other more pressing concerns. Huby, a colleague researching HIV/AIDS in the same area but reflecting the interests of community based services, found a similar emphasis of concern. She suggests that:

The infection itself is no longer a main concern, but only one of many problems people face in managing their day-to-day lives. Social and economic deprivation, drug use, violence, stigma and marginalisation which follows drug use and may follow some sexual preferences - these are aspects of the lives of people with HIV infection which often seem much more pressing and prominent than the infection itself (1993:5).

If then HIV/AIDS is a peripheral concern, at least until such time as the exigencies of the illness become paramount, then this open and holistic approach has allowed some of dominant themes to develop.

Definitions of community

The complex spatial interaction upon which illegal drug use is predicated precluded a conventional community study. As Hastrup
and Fog Olwig argue, the framework on which the details of ethnography may be organised consist of:-

...relations, many of which extend beyond the local contexts of life. It is such relations that call for an analytical construct which is methodologically manageable, yet encompasses the complexities of lived life (1995:1).

The intricacies of the 'lived lives' of those I researched, dominated as they were by the use and procurement of drugs, meant that notions of a physical boundedness needed to be re-examined. Locality could not be taken for granted, since to operate successfully within the drug collectivity required access to many 'localities' and a cultural pattern in which the links and relations so formed could be explored, exploited, and utilised. Nor was this the only problem in exploring such an analytical construct. The drug habit is an intermittent activity and, outside the chaotic behaviour during the periods of actual use, the individual must exist in the wider community. This is made even more problematic in that this 'other world' is one of multi-deprivation further exacerbated by a loss of status and employment brought about by the policies of harm reduction.

Hastrup and Fog Olwig suggest that:-

... we may define the field, not primarily in terms of locality, but as a field of relations which are of significance to the people involved in the study (ibid:15).

In examining this notion of a 'field of relations', firstly by exploring the significance of an epistimology of illegal drug use and the processes of everyday gossip and transactions in its development, and secondly, by placing Hannerz's concept of a hierarchy of cultural forms against examples of my ethnography, the research provided an innovative paradigm against which concept of a drug using community could be examined.

Location and history

Here, the parameters of the research area and the nature informants are defined. Typical of many local authority housing schemes built in the 1960s, those moved from the inner city slums found themselves isolated. Nor was this isolation purely physical, for, deprived of the
complex webs of supports long established in the tenements from which they came, there was a psychological as well as social isolation which precluded their effective adaptation to the enormous social change which this move entailed.

Furthermore, the patronising attitudes of those involved in this process of slum clearance, including the role of media reportage, did little to enhance the self esteem of the new residents. Neither were the architects themselves blameless. Despite their obvious fascination with new building techniques and the immense scope offered by a government policy which had both space and money in abundance, they appeared to leave the wishes and needs of people out of their equations. In an article in the Sunday Observer entitled 'From Bauhaus to council house', Watson points out that the Bauhaus mistake was to assume that the poorer classes would be grateful that building etc. had been designed with them in mind. 'But the designs were so plain, so minimal, as to simply rub in that the recipients of this largesse were at the bottom of the heap' (1995:18).

Set against the 'muddled warmth' of the artifacts adorning a tenement flat, the stark minimalism of the new home could only enhance the loneliness. Yet, as Dougie pointed out in chapter six, these old artifacts were to be rejected, save perhaps for a few memorabilia, in favour of the 'status symbol' of the new functional furnishings, themselves also minimalist in design.

The move out of the housing schemes reflected what Honneth, in referring to Bourdieu's Distinction (1979), saw as a life informed by a 'realistic hedonism and a 'sceptical materialism' of the lower social strata predicated on a decision to acquire financially procurable pleasures (1986:61). Defined by Bourdieu as the tastes of necessity inspired by a lack of cultural capital, this materialism was in sharp contrast to the ideologies of their previous cultural values in the tenements (1979:379). However, despite the then high rates of employment there was a cost to be paid, and the race to 'keep up with the Joneses' seemed to leave the young children behind and Dougie's 'granny Wymmes' no longer there to guide them. Many of these same children would have been confronted with heroin, and, as an option to the massive unemployment that faced them as they came to leave school, some were to chose this path.
The degree of poverty, as the Breitenbach report showed, placed Brealodge as the worst of the city's local authority schemes. Yet, there is a need to move away from the determinism of the Chicago school and the notion of the ghetto as suffering purely from a malintegration into the wider society Whyte (1943). There is an indigenous organic process taking place and, as Wacquant argues, the ghetto:-

...constitutes a dependent universe, finely differentiated and hierarchized, organised according to definite principles generative of a regular form of social entropy (1993:20).

Although describing the black American ghetto, the notion of a 'generative degradation' applies equally well to Brealodge. While I do not wish to become embroiled in the minefields of Oscar Lewis' culture of poverty argument (1959:1), the generative links between responses to poverty exacerbated by drug use, and the production of culture, were inherent in the people I studied. As Maxwell states in his re-examination of culture of poverty studies:-

Poverty studies also are differentiated on the basis of the extent to which they assert that poor people, as opposed to broader economic and political institutions and processes, are responsible for poverty (1993:231).

At whatever point along this continuum one places a study of deprivation, one must address the dialogue between existential poverty and the community's own processes of its production. My contention here is that the enterprise of drug procurement and use, set as it is within an extant multi-deprived culture, adds to this situation. To equate the poverty associated with illegal drug use solely on these economic and political institutions negate the determinism of the users. The need for drugs can, and does, become paramount, and it is not unusual for a household to become stripped of its assets in the processes of drug procurement.

**Positioning the ethnographer**

In acknowledging some twenty years experience of communities such as the one on which I based my research, it was essential that I addressed the perplexing issue of 'this' self in relation to 'that' other self. Furthermore, that I had known some of my informants since
they were young children, not only provided a unique access but also coloured significantly my new relationships with them. (See photograph on the following page)

These experiences gave access to a unique diachronic biography, supported by a shared past, and reinforced by my being accorded an ability occasionally to recognise that Geertzian 'wink' (1975:6). That I was ascribed the role of 'author' rather than researcher was also to my advantage. Thus, my previous knowledge, together perhaps with a certain sagacity of maturity, provided a distinctive space in which to undertake the research endeavour.

In an effort to focus more closely my relationships with those I studied, I constructed a collage of events taken from ethnography. This enabled me to bring together such notions as my place in their past and how, by reaching out to shared experiences, sometimes tenuous, we were able to build bridges that made us comfortable in each other's company. Barley argues, much of the data we collect is unconscious and cannot simply be approached by asking questions (1983:126), add to this my own previous experiences of 'asking questions' and the sometimes 'imaginative' responses I had received, my preference for an unstructured and open listening was logical.

However, concomitant upon this role are responsibilities to the informant. To receive brought with it the expectation of the listener being perceived as a person - warts and all. I became in many instances a mirror in which they might reflect their own lives, and to do this meant placing myself in this melting pot of narrative. My tale too needed to be told, and, like Rapport, (1986: 50-70) I was to feel comfortable in placing myself within the tales I told of others.
This photograph, taken in the school playground in 1979, shows several of the people I studied during fieldwork when they were young children. Some of them now have HIV/AIDS. Some of them are now dead.
Culture of illegal drug use

Chapter four contextualised illegal drug use within my particular research area, beginning with a comparison of the Robinson et al research (1986) and a process of illuminating to this essentially quantitative data with reference to my ethnography. Historical factors and the prevalence of a culture of illegal activity were examined, as were notions of drugs as a viable alternative to chronic unemployment, the dealer as 'anti hero', and the particular structure of heroin procurement within the city leading to the use of 'shooting galleries' and the subsequent rapid spread of HIV/AIDS through needle sharing. Data on the technical aspects of drug taking and on drug use in prison came primarily from 'the street', as this provided a more indigenous epistemolgy.

Issues surrounding the local health authority's decision to institute a policy of harm reduction were explored in terms of a pragmatic rather than a moralistic philosophy. However, while accepting the positive aspects of these decisions, I also pointed to their effects on the self perceptions of those now inhabiting this therapeutic cul-de-sac.

Uses of narrative

Narrative appears as an essentially diachronic device, valorising the past and providing idioms against which the helplessness of the present may be reflected and managed. It is a vocabulary devised to cope with suffering and deprivation, and a stratagem against which individuals reflect the beliefs and hopes of their world. It is essentially a Barthian discourse into a mythic past beyond verification (1972).

Bruner's notion of the immutability of place lending authority and stature to story was examined, as was the concept of the hermeneutic circle of narrative articulating the needs of the story teller and providing response to powerlessness and loss of status. This concept was then extended in order to deconstruct the tale of a beach that has particular currency within the community and, referring to Foucault (1975), and Feldman (1991), the thesis examined the construction of narrative as a didactic text. While Feldman's work in this context was useful, especially his notion of the violation of a
somatic space, there has been considerable criticism of his research. (Jenkins accuses Feldman of, '...doing unpardonable intellectual violence on the people it his book, is written about.' (italics mine) (1992:235)). Nonetheless, his examination of the stories of the atrocities in Belfast lead me to see the mutilation of a woman's body in the tale of the beach as a metonym for the violence of the drug culture and the authority of the dealer.

This 'beach' boundary, relational rather than natural phenomena, is a means by which cultural identity is affirmed, restated, and made ideologically aware. There is a sense in which the putative violence not only represents social proscription but also restates the collective identity. To be threatened with 'the beach' is a symbolic 'statement in action', for in crossing the boundary of acceptable behaviour the individual is at risk of being taken across another boundary.

As well as situating narrative as myth, at least in Hannerz's and Barth's terms, the thesis also contends that as a construct of meaning and action, it may equally well be construed as metaphor. As Fernandez defines it, metaphor is:-

a strategic predication upon an inchoate pronoun (an I, a you, a we, a they) which makes a movement and leads to performance. it is a strategy for dealing with an inchoate situation (1986:8).

Seen in these terms, this domain of a lived reality of drugs, AIDS, and deprivation, may, by expressing it in terms of a metaphoric narrative, be distanced by the individual and thus dealt with as 'other than me'. Hence, a tale of the incompetence of the drug squad becomes a metaphor in which the powerlessness of the individual may be dealt with. As Fernandez states, these metaphoric assertions make manageable objects of the self or of others, and facilitate performance (ibid:7). It becomes easier to accept the power of others through metaphor since, in so doing, the person is not denying the lived reality of the self.

As well as these assertions making the self and others manageable at an individual level, there is also a sense in which this metaphorical form of non-figurative description comes to attain its own ontological status. It is as though the tales themselves, be they related to the
values, history, heroes, villains, or merely the way-of-doing-things, become their own truth and, in so doing, serve some overarching purpose.

Parsinnan, in examining Malinowski's ethnography, suggests that his use of metaphor:

is not surprising, for it effectively frees him to concentrate on the distinctive aesthetic properties of his formulation, rather than the uncapturable qualities of his private experience. The result is a creation accessible to the reader because it is complete, concrete and immediately susceptible to comparison and judgement. One might in fact argue that metaphor lies closer to the 'truth' of individual experience than non-figurative description, since it bears the individuating mark of the experiencing self (1982:215).

This raises the point that, in using metaphor, we may in fact not translate it back into this 'non-figurative' reality and that interpretation takes place only at this metaphoric level. If this is so, then the 'overarching purpose' may well be that the unwanted elements of reality can be ignored. As Lakoff and Johnson argue:

...the very systematicity that allows us to comprehend one aspect of a concept in terms of another (e.g. comprehending an aspect of arguing in terms of battle) will necessarily hide other aspects of the concept (1980:10).

Thus, by not re-translating the metaphorical discourse back into its non-figurative description, the indigenous processes of denial are restated. Given, as I suggest in chapter six, the positive aspects of this process in terms of restructuring identity in the face of AIDS, these metaphoric elements of narrative play an important role.

Development of indigenous strategy

One individual in the field asserted somewhat vociferously, that, 'there's more to our lives than AIDS'. In acknowledging this statement there is an assumption of the peripheral nature of this illness and that the community is capable of developing its own coping strategies. It is the failure to recognise this shift away from the outsider's perceptions of the illness, or the dominant policies of
those in authority, that can lead to a corresponding failure in an awareness of these indigenous strategies. Huby et al point out that:-

There is a danger that a discourse develops within the HIV research and treatment setting which focus on people's needs and difficulties and overlooks their resources and coping abilities, and which accentuate abnormal and harmful behaviour at the expense of 'normal, healthy' behaviour. Such a discourse will reinforce ideas about drug users and people living with HIV and AIDS as 'problems' rather that people with problems and varying resources to cope with these (1993:18).

It is to the recognition of these resources that the chapter on the management of AIDS demonstrates how indigenous strategies are adapted cope with yet another crisis in a life of multi-deprivation. In order to locate an existential reality of AIDS and drug use, a detailed and inevitably disjointed account is provided of the life of one individual who is now considered to have 'full blown' AIDS.

The thesis then explores the ritual cleansing of contaminated blood as a way of describing the stigma associated with HIV/AIDS, and how the body can, in Douglas's terms (1966), come to represent threatened and precarious boundaries.

By examining the notion of reconstructing identity, and how processes of denial and anger, viewed frequently by statutory and voluntary agencies as negative and self destructive, may be seen as a positive response, some of the community strategies are highlighted. However, the dichotomy between the attitudes of these agencies and those they provide for can, in many instances, show little real compatibility. It would seem that they engage in a complex discourse which perceives the one as the unco-operative client, and the other as the incompetent provider. Yet, I contend, despite the agencies' negative responses to a philosophy of crisis management, the process of dipping in and out of care as the need arises was a means of 'staying on your feet'.

An interesting example of this pattern of accessing agency provision concerned an individual who, at one point, was 'on the books' of some 27 different agencies and who resisted most vociferously any
attempts to rationalise this situation. An explanation might be seen in terms of Turner's notion of the multivocality of symbols:-

...each has a 'fan' or 'spectrum' of referents which tend to be interlinked by what is usually a simple mode of association, its very simplicity enabling it to interconnect a wide variety of significata (1967:50).

Thus, attitudes to agency support become symbolised as a 'means of provision' which enable the person to exist in the multi-deprived environment. The specificity of the provision is superseded by its symbolic value in the overall need to survive. The resultant interconnectedness of the plethora of agency provision for HIV/AIDS produces an attitude to the different agencies which cause them to be, like symbols, multi-referential. As such, their specific provision becomes over-ridden and, like symbols, they are interpreted according to need rather than their specific remit.

Huby presents another example of this pattern, in this instance as seen from the agencies themselves. She was attending a case conference on a particular patient at which nine different agencies were represented. It seemed that many of these people did not know that they were working with the same person. (p.c. Huby)

The violence of men towards women

In order to contextualise this violence, the narratives of two young women are presented. The first was a description of violence to maintain dealer hegemony which, once began, perceived the victim as 'object' and became transformed into the power of men over women in their demand for sexual gratification. As Edwards argues:-

Violence has come to be seen as a socially produced and often socially legitimated cultural phenomenon, rather than the natural expression of biological drives or an innate male characteristic. ...The basic proposition is that violence and sexuality are socially constructed in ways that serve the interests of male dominance (1987:26-7).

My reasons in chapter seven for detailing this particular incident as a case study, apart from it depicting some of the horrendous experiences women within a drug using culture may have to face, is
that it typifies the trivialisation of women and the negation of their personhood in the face of men's demands.

The second study is concerned the complex and frequently violent nature of gender relationships and the notion of heterosexuality as a system of control Hammer and Maynard (1987:3). There is a second element in this story which concerns the powerlessness of men whose image of themselves is slowly eroded by drugs, HIV/AIDS and the policies of harm reduction. Morgan suggests violence appears when power is in jeopardy (1989:84), and the narrative is a cogent example of the obsessive need to retain at least some vestige of that former image.

Unfortunately, for many women, the processes of doing so culminated in their being 'battered' by their men. (It appears that, no longer being able to control effectively their lives outside, the men resort to violent control of those closest to them.) Heroin dealing framed for men the discourses of gender, status and power. Exacerbated by diminishing sexual prowess, a man's fear of women's sexuality mirrored his own lowered status in the male hegemony. His solution resided in his violence towards her.

Women and the dominant culture

It was inevitable that with much of the research taking place in people's homes, the majority of the informants were women. Here, comfortable in their own surroundings and often with their young children, it was possible to gain access to an inner perspective of their lives, for they seemed more at ease in this context with the anthropologist. Thus, in a research setting that was outside the dominant sphere, many of the women were prepared to discuss their lives in some detail, and it was not unusual for quite personal issues to be explored.

It was in this environment that they could examine with the 'acceptable stranger', their feelings and aspirations as women within the male dominated drug culture. Many of these discussions concerned their past, for, like the metaphorlic narrative, this provided a means of distancing themselves from an all too often unpleasant now. It was here that their ambivalence towards teenage pregnancy was discussed, as were pragmatic attitudes to the notion of sex as a
commodity in their procurement of drugs. It was also in this setting that some of the women would talk about how they became prostitutes.

The cup of coffee and the comfortable if somewhat battered armchair provided other details, some concerning women and drug dealing. The latter was alluded to, not directly admitted - except in one instance where, in all innocence, I nearly became involved in getting drugs into the prison. Yet, in these stories of shoplifting, blagging cheques, and prostitution, there was a sense of making sure that, 'the bloke who was writing the book' should know that their place as women within this male dominated culture was not entirely muted. That there was also a resilience, a strength of purpose, and a will to survive. In the end there was a Goffmanesque 'presentation of self' that, even in the face of the stigma of deprivation, the shame of illegal drug use, and the fear of AIDS, provided these women with a sense of self respect.

**Harm reduction?**

The introduction argues that the decision by the local authority health board to put into effect a policy of harm reduction was to have a significant effect, and that this would form a major theme running through the thesis. Despite the positive outcomes of these decisions in terms of a reduction in needle sharing and spread of HIV infection, and a considerable lessening of crime, these were by no means the only consequences. This was a policy which also served to hide the intransigence of illegal drug use, and I contend that those who made these decisions did not fully understand their subsequent effect on the social structure of drug using communities.

The procurement of heroin was, for some, an effective replacement for the chronic unemployment which faced them. It utilised time, furnished affective needs, and, above all, established and maintained an acceptable male macho identity. The negative aspects of harm reduction on the drug users were very similar to those experienced by unemployment. The user still required drugs but was now frequently reduced to whining negotiations with the GP or drugs agency. The exiting role of the anti hero looked up to by the novice user was gone, to be replaced by an individual 'grubbing' for a few pills. The response to this loss of status and self image culminated in

261 Drug users in a therapeutic cul-de-sac
an increase in violence, especially towards the women. As Brittain points out, 'Unemployment does not cause violence, it merely amplifies the violence already existing (1989:189). This failure - in employment, and through drugs and illness in sexual relations - equates with a loss of potency. Rational discourse is dispensed with and the hegemonic position is reclaimed by means of a physical superiority. The violence re-establishes the shattered male ego yet entails the paradox in that it seriously disrupts the opportunity that harm reduction provides in stabilising drug use and re-forming family relationships.

Perhaps there is a certain naivety in the concept of harm reduction, for, like the Naskapi's missionary believing he had converted the Indians to Catholicism, the prescribed drugs became in the end merely a convenient alternative. The ritual is still 'mokoshan', be it eating the marrow of a caribou bone or the bread of holy communion. Ultimately it has the same effect, that of providing access to desirable goods Henriksen (1973:78).

An anthropological journey

I began chapter two by referring to Cohen's notion that the enterprise of fieldwork is also a process of learning about ourselves. I accept this concept, yet for me, it has also been a journey. A journey in which, as I set down its details, I seem to have been a traveller from the outside to the inside.

I began, even though from a privileged position, very much on the outside, for I found that the accepted notions of a bounded community did not fit well with the lives of those I studied. My first task therefore, was to explore a paradigm that might, in more general terms, explain the 'collectivity' of those who used illegal drugs.

This attempted, I move inwards a little and, using media reportage from the city library archives, I showed how the drug ghetto in which my research took place was established. A view however, not so much of my own making, but that of the wider community as it was seen through the eyes of the local press.

Much of my fieldwork seemed to consist of listening to stories. Perhaps this is not surprising, for the processes of harm reduction leave people with a lot of time on their hands and 'spinning the tale'
is a pleasant enough occupation. I learned, however, that there was more to many of these narratives than at first appeared, and, in a process of deconstruction and of asking why the tales were being told, my journey took me a little deeper into the lives of those I studied.

In exploring the central theme of drug use I deliberately confined most of my knowledge to that available on my 'own particular street'. (The alternative would have been to refer to the plethora of publications on the subject.) This had many advantages, for not only did it provide an indigenous material, but in the process I began to access the idiosyncrasies of some of the users, and a degree of awareness of local drug use which I was occasionally at pains to inhibit least I found myself in a dangerous position.

In the latter chapters of the thesis I show how my belonging to the age set of the parents of the drug users was to my advantage in their introducing me to their families. Thus I was able to move from the street into people's homes and to meet, on their own grounds, the young women and their children who were to make up so much of my research material. It was here that I was accorded the privilege of intimate and often horrendous details of their lives, and of the dignity they strive to maintain in the face of multi-deprivation, drugs, and AIDS.

I have indeed undertaken a journey from the outside to the inside, and, in recounting it, strived to achieve at least some sense of an emic reality. It has also been a journey of learning, not the least of learning about myself.
# APPENDIX 1

## DRUGS OF PREFERENCE USED IN RESEARCH AREA

<table>
<thead>
<tr>
<th>DRUG</th>
<th>STREET NAME</th>
<th>EFFECT</th>
<th>STREET USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzodiazepine Valium</td>
<td>Vallies</td>
<td>Depressant</td>
<td>Injected or swallowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(downer)</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepine Nitrazepam</td>
<td>Moggies</td>
<td>Depressant</td>
<td>Injected or swallowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(downer)</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepine Temazepam</td>
<td>Yellow/Green eggs, Rugby balls, Jellies</td>
<td>Depressant</td>
<td>Injected or swallowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(downer)</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepine Triazolam</td>
<td>Up Johns</td>
<td>Depressant</td>
<td>Injected or swallowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(downer)</td>
<td></td>
</tr>
<tr>
<td>Hallucinogen Cannabis</td>
<td>Pot, Dope</td>
<td>Natural</td>
<td>Smoked or eaten</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hallucinogen</td>
<td></td>
</tr>
<tr>
<td>Hallucinogen LSD</td>
<td>Acid</td>
<td>Hallucinogen</td>
<td>Swallowed</td>
</tr>
<tr>
<td>Opiate Diconal</td>
<td>Dikes</td>
<td>Painkiller</td>
<td>Injected or Swallowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depressant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(downer)</td>
<td></td>
</tr>
<tr>
<td>Opiate Dihydrocodene</td>
<td>DF's</td>
<td>Painkiller</td>
<td>Difficult to inject, usually swallowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depressant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(downer)</td>
<td></td>
</tr>
<tr>
<td>Opiate Heroin</td>
<td>Smack, H</td>
<td>Painkiller</td>
<td>Injected mainly, Smoked</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depressant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(downer)</td>
<td></td>
</tr>
<tr>
<td>Opiate Methadone</td>
<td>Meth Temgesic (Buprenophine)</td>
<td>Painkiller Depressant (downer)</td>
<td>Swallowed Injecting crushed tablets, linctus or ampule</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Opiate Methadone</td>
<td>Tems</td>
<td>Painkiller Depressant (downer)</td>
<td>Injected or dissolved in the mouth</td>
</tr>
<tr>
<td>Stimulant Amphetamine sulphate</td>
<td>Sulph Speed</td>
<td>Stimulant (upper)</td>
<td>Injected Swallowed Sniffed</td>
</tr>
<tr>
<td>Stimulant Cocaine Coke</td>
<td>Stimulant (upper)</td>
<td>Cocaine; injected or sniffed Freebase; heated and inhaled</td>
<td></td>
</tr>
<tr>
<td>Stimulant Cocaine Snow Crack Dexedrine</td>
<td>Stimulant (upper)</td>
<td>Injected or Swallowed</td>
<td></td>
</tr>
<tr>
<td>Stimulant MDMA (Ecstasy) Ecstasy, E, X, XTC</td>
<td>Stimulant/ hallucinogenic</td>
<td>Orally</td>
<td></td>
</tr>
<tr>
<td>Barbiturate Seconal Seggies</td>
<td>Depressant (downer)</td>
<td>Injected or swallowed</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX 2

### GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A doin'</td>
<td>To be beaten up.</td>
</tr>
<tr>
<td>A heavy</td>
<td>An aggressive person.</td>
</tr>
<tr>
<td>Bag</td>
<td>Small quantity of heroin.</td>
</tr>
<tr>
<td>Bairn</td>
<td>Young Child.</td>
</tr>
<tr>
<td>Barrels and spikes</td>
<td>Injecting equipment.</td>
</tr>
<tr>
<td>Bender.</td>
<td>To go on a 'binge' with drugs.</td>
</tr>
<tr>
<td>Blagging.</td>
<td>Using stolen cheques.</td>
</tr>
<tr>
<td>Busted</td>
<td>Arrested by the police</td>
</tr>
<tr>
<td>Can of special</td>
<td>Strong canned larger, usually over 9% alcohol.</td>
</tr>
<tr>
<td>Carrying the cutty</td>
<td>Looking after a stash of illegal drugs</td>
</tr>
<tr>
<td>Chase the dragon</td>
<td>Inhaling heroin.</td>
</tr>
<tr>
<td>Chummed</td>
<td>To accompany.</td>
</tr>
<tr>
<td>Cutting</td>
<td>Assult with a knife.</td>
</tr>
<tr>
<td>De-tox</td>
<td>A process of 'drying out' from drugs.</td>
</tr>
<tr>
<td>Gouched</td>
<td>In a comatose state through taking drugs.</td>
</tr>
<tr>
<td>Hep.</td>
<td>Hepatitis B.</td>
</tr>
<tr>
<td>Jaggng</td>
<td>Injecting drugs</td>
</tr>
<tr>
<td>Ken.</td>
<td>To know</td>
</tr>
<tr>
<td>Lay on</td>
<td>A loan of drugs to be paid for later.</td>
</tr>
<tr>
<td>Man</td>
<td>A woman's male partner. They may or may not be married.</td>
</tr>
<tr>
<td>Medication</td>
<td>Prescribed medication for those on harm reduction.</td>
</tr>
</tbody>
</table>

266 Drug users in a therapeutic cul-de-sac
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messages.</td>
<td>List of items to be bought at the shops.</td>
</tr>
<tr>
<td>OD</td>
<td>A drug overdose</td>
</tr>
<tr>
<td>Ower</td>
<td>Over, as in 'over fond'</td>
</tr>
<tr>
<td>Poke</td>
<td>Small bag, crisp packet, used in glue sniffing.</td>
</tr>
<tr>
<td>Pull a trick</td>
<td>To engage a client when sex working</td>
</tr>
<tr>
<td>Runner</td>
<td>One who runs errands for a dealer</td>
</tr>
<tr>
<td>Screwing</td>
<td>To steal.</td>
</tr>
<tr>
<td>Scrip</td>
<td>Prescribed drugs</td>
</tr>
<tr>
<td>Sessy</td>
<td>Assessment unit</td>
</tr>
<tr>
<td>Snorting</td>
<td>Inhaling drugs such as heroin or cocaine.</td>
</tr>
<tr>
<td>Stair</td>
<td>Stairs and entrances in a block of flats.</td>
</tr>
<tr>
<td>Stash</td>
<td>A quantity of illegal drugs.</td>
</tr>
<tr>
<td>Strung out</td>
<td>Badly in need of drugs</td>
</tr>
<tr>
<td>The shore</td>
<td>Local euphemism for street sex work.</td>
</tr>
<tr>
<td>The Virus</td>
<td>To be HIV+</td>
</tr>
<tr>
<td>To fit up</td>
<td>To be framed for a crime you didn't commit</td>
</tr>
<tr>
<td>Works</td>
<td>Injecting equipment</td>
</tr>
<tr>
<td>Your man</td>
<td>Woman referring to male partner.</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY


BBC Radio 4 (26 8 94) *Have Your Say*


Drug users in a therapeutic cul-de-sac


GILMAN, M (1992) No More Junkie Heros* Druglink* May/June


Drug users in a therapeutic cul-de-sac


HOME OFFICE (1992/3) Home Affairs Committee Memoranda of evidence Vols I & II and Proceedings of the Committee. HMSO


HUBY, G. (1992) Hospital Based and Community Based Services for People with HIV Infection. University of Edinburgh Department of General Practice.


MALINOWSKI, B (1922) Argonauts of the Western Pacific. London: Routledge


Keegan Paul


276 Drug users in a therapeutic cul-de-sac


Drug users in a therapeutic cul-de-sac
SCOTTISH OFFICE, HOME AND HEALTH DEPARTMENT. (1993) Health in Scotland. H.M.S.O.


280 Drug users in a therapeutic cul-de-sac


The following references used in chapter two (not under by-lines) were taken from the city library archives:-

The Evening Dispatch. 25 9 53

The Evening News. 15 9 64

The Evening News. 24 9 64

Drug users in a therapeutic cul-de-sac
Drug users in a therapeutic cul-de-sac