Chapter 17 THE SOCIAL STRUCTURE OF A HEROIN COPPING COMMUNITY

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We have been studying heroin addicts in their natural setting in an effort to understand the factors contributing to the spread and maintenance of this disorder. In previous studies (Hughes, Crawford, and Barker, 1971; Hughes and Jaffe, 1971) we reported that (1) the majority of active street addicts in our urban area appeared to be organized for purposes of heroin distribution into neighborhood "copping communities," (2) an epidemiologic field team located at the local drug-distribution sites, called "copping areas," can obtain demographic and other epidemiologic data on the majority of copping community members, and (3) the field team can remove special samples from the copping community through experimental treatment projects.

During our visits to copping areas in various ethnic neighborhoods, we were impressed by the structural similarities of these drug-distribution networks and their high degree of social and geographical stability. The characteristic features of local distribution systems can be accounted for by two unique aspects of heroin addiction. First is the addict's need for a continuous drug supply to prevent onset of withdrawal symptoms. When he is sick and has money, he needs a place where he can go for symptom relief. Second, because these locations are frequently under police surveillance, the addict cannot walk up to a dealer, pass him money, and walk away. Therefore, copping communities tend to develop a rather complex organization to protect their membership from constant police pressure. In this way they resemble delinquent gangs and other criminal organizations.

We describe here the role structure elaborated by the membership of one copping community studied for a period of one year. Data are presented showing the distribution of the membership in the various roles and the social and treatability characteristics of the occupants of these roles. Implications of the findings for prevention and control programs are also discussed.

Method

Methadone-maintained ex-addict field workers were assigned to four major copping areas on Chicago's South Side, where they were known and trusted. The choice of one particular copping area for intensive study was determined by the unusual competence of the field worker.
By administering a survey card in the field, he obtained demographic and drug-use data on the majority of addicts frequenting this coping area. A weekly log was kept on the current addiction status of all coping community members for a twelve-month period. A "member" was defined as a heroin distributor or consumer who frequented the coping area for at least four weeks of the study period. The field worker's recordings were verified by professional staff through visits to the coping area and personal interviews.

Fifty-two members who were active during the months of April, May, and June, 1969, were offered a 50 per cent chance of immediate treatment if they participated in a questionnaire and home-visit study. The random assignment of participants to immediate treatment or to the four-month waiting list was made upon completion of the interviews. Thirty-four (65 per cent) cooperated with the project. A comparison of the effects of immediate treatment versus placement on the waiting list is reported elsewhere.

Each subject was rated on the Addict Psychosocial Functioning Scale (Schumann, Hughes, and Caffrey, 1971). This instrument evaluates addicts on eight subscales which assess severity of addiction, psychological and occupational functioning. Ratings were arrived at by consensus of a psychiatrist and two psychologists, one of whom conducted a clinical interview during the home visit. To provide a basis for ratings, the clinician who conducted the interview prepared a psychiatric history of each subject based upon questionnaire responses, interview material, and the field worker's report of how coping-community peers viewed the addict's social functioning.

**Results**

During the year of observation, 125 addicts and two non-heroin users were judged by field staff to be members of this coping community. Field staff determined that the majority could be assigned to one of the following primary roles: big dealer, street dealer, part-time dealer, bag follower, tout, hustler, and worker. Big dealers are defined as local wholesalers who supply street or part-time dealers, although they may deal directly to a few trusted customers. Street dealers sell heroin directly to consumers. Part-time dealers supplement their income by hustling or working, and move in and out of the dealer role for varying lengths of time. Touts carry out liaisons between dealers and consumers, sometimes steering customers to a particular dealer. They may also buy drugs for addicts who have no established connection with dealers. Bag followers attach themselves to dealers to support drug habits. The three in our study were attractive women who earned their drugs by enhancing a dealer's prestige or by carrying heroin on their persons because of the reluctance of police to search women on the street. Hustlers engage in various illegal activities other than drug distribution to support their habits; most commonly they are shoplifters. Workers maintain at least a part-time legitimate job, although
This division of labor follows the functional requirements of drug distribution originally described by Preble and Casey (1969). However, our classification does not include roles in the distribution hierarchy above the neighborhood level. It also differs slightly from Preble’s classification because of our desire to assign each individual to one primary role. The part-time dealer is the only label which we developed to meet this classification need. All other roles and definitions are based upon current use of these terms by heroin addicts in our community. Although some members were observed to carry out several distribution and consumer activities during the period of study, weekly recordings for a four-month period suggested a great deal of role stability over time.

The distribution of this copping community’s membership according to functional roles is portrayed in Figure 1. One notes that a high proportion, 34 per cent, are primarily engaged in drug distribution. Only two members of this copping community are nonaddicted dealers—that is, motivated purely by economic gain. The figure also shows the distribution of females and police informers within the various roles.

Although 127 were considered to be active members of this copping community at some time during the twelve months, on the average only 56 per cent were reported to visit the area during any given week. New members entered because of relapse or movement from other copping areas when higher-quality heroin became available. Others stopped visiting because of being in jail, being treated, and for other reasons. For example, during the last week of August 1969, there was a total of seventy-seven active members: seven big dealers, three street dealers, eleven part-time dealers, one bag follower, five touts, thirty-one hustlers, and nineteen workers.
Demographic and Drug-Use Characteristics

Role occupants are compared on several demographic and drug-use characteristics in Table 2. Role in the distribution structure for men was not related to age or formal education. Women were most frequently hustlers and bag followers.

Role occupants did not differ as a function of age of first heroin use, although touts had been heroin users longer than others. This finding lends some support to the belief among addicts that chronic heroin use and repeated arrests cause some to lose their "nerve"—that is, to avoid dealing and hustling because of the higher risk of arrest. Instead they "hang out" in the copping area in low status roles, hoping to receive small amounts of drugs from their touting services. Bag followers had shorter addiction histories than other role occupants, which would be expected because the role requires that they be young and attractive.

Individuals in higher-level distribution roles reported more frequent heroin use and more expensive habits. However, the cost of their drugs might be considered an auxiliary expense of maintaining the distribution system and does not represent a personal expenditure. This framework for analyzing the economics of addiction, then, shows that it is erroneous to equate the huge habits of dealers with direct economic loss to the innocent public. Furthermore, workers, who reported less frequent use and less expensive habits, paid for their drugs largely through their own legitimate income. The true economic loss to the public would more appropriately be based upon the cost of the average daily habit of hustlers who bring into this illicit marketing system real dollars or goods obtained from illegal activities. It must be emphasized that the net dollar loss to the public occurs only once, no matter how many times money may change hands after it enters this system.

Standard of Living
The popular stereotype of the drug dealer pictures him living in luxury, with the street addict reduced to sleeping in abandoned buildings. To bring some clarification to this question, the intensive study subjects were ranked on several measures of living standard: (1) relative condition of housing, (2) general condition of neighborhood, and (3) monthly nondrug expenses such as rent, food, and clothing. Housing and neighborhood rankings were made on a standardized seven-point scale. A score of 1 signified unusual comfort and luxury; a score of 4, average accommodations; and a score of 7, extremely substandard conditions. A score of 8 was assigned to addicts who were "carrying the stick" (had no fixed place of residence).

Although the two big dealers did live better than other members of the sample, their housing and neighborhood ratings were only average (4.0). One big dealer lived in a lower-middle-class neighborhood in a neat but modestly furnished apartment. His working wife paid for food and rent and occasionally contributed to his legal fees on court cases. The other big dealer lived in hotel rooms, which he frequently changed because he kept drugs there. Some may be surprised by the relatively low standard of living of big dealers. However, it must be remembered that these individuals were defined as big dealers in this one copping community. Had we studied distribution roles above the neighborhood level or in other copping areas, we might have found the higher standards of living commonly associated with persons whom narcotics officers consider to be big dealers.

The three bag followers ranked just below big dealers on housing (4.7) and neighborhood condition (4.7). The eleven workers followed with ratings of 4.9 and 5.4, respectively. The six part-time dealers ranked next with a housing rating of 5.7 and a neighborhood rating of 5.5. The one street dealer visited received a rating of 6.0 on both housing and neighborhood. Hustling addicts ranked lowest on housing (6.9) and neighborhood condition (7.1), with five of the ten visited "carrying the stick."

Many of us assume that the addict pays rent, board, and family expenses just as we do (perhaps $200 to $400 per month) and that these living costs are borne by the public through theft and other illegal activities. This stereotype did not hold for the sample studied. Although three members of the intensive study sample were totally self-supporting, six "carried the stick," and the remaining twenty-five lived with others. When an addict lived with others, this almost always meant that his family or girlfriend paid the room and board, with the addict spending his entire income on drugs.

*Psychosocial Functioning*
Subjects who participated in the home-visit study were assigned scores of 0 to 100 on the following eight subscales: economic autonomy, severity of addiction, degree of subjective discomfort, employment fitness, degree of mental health, quality of interpersonal relationships, degree of criminality, and social attractiveness. A score of 0 on any subscale indicated severe malfunctioning; a score of 100 indicated perfect functioning in an area.

Compared with the rest of the sample, the two big dealers ranked high on economic autonomy, stability of interpersonal relations, and social attractiveness. They showed relatively little subjective discomfort and the lowest degree of mental disturbance. These findings are consistent with the requirements of the dealer role. Higher-level dealers must possess a certain degree of reliability and responsibility in order to maintain a stable distribution system, which is threatened by constant law-enforcement pressure and internal manipulation by addict members. This role also requires enough self-discipline to keep a cash reserve on hand and to use only a portion of one's heroin supply for one's own habit. Big dealers' high ratings on criminality and low ratings on employment fitness suggest that they would require extensive rehabilitation. Although the one street dealer in our sample exhibited a relatively high degree of mental disturbance, his other subscale scores, particularly employment fitness and criminality, were similar to those of big dealers.

The six part-time dealers in our sample tended to be addicts who had difficulty meeting the requirements of the dealer role. Frequently they were unable to "discipline" their habits or maintain a cash reserve in case they were "burned" (sold poor quality drugs). Some part-time dealers held jobs and dealt only enough drugs to support their own habits. They tended to score high on subjective discomfort, stability of interpersonal relationships, and social attractiveness. They tended to score low on economic autonomy.

Although the three bag followers did not have long addiction histories, they showed relatively high economic dependence and subjective discomfort. They were rated low on employment fitness, mental health, and stability of interpersonal relationships.

The ten hustlers tended to score low on all subscales except subjective discomfort. Although there was considerable variation among members, the subgroup as a whole scored low because the most severely disturbed persons appeared to be in this category. The relatively high degree of mental disturbance among hustlers suggests that this is a catch-all category with minimal role requirements. A severely disturbed individual who would have trouble meeting the requirements of a dealer role or the demands of steady employment could still hustle, even
though unsuccessfully.

As a group, the nine workers were rated highest on employment fitness and lowest on criminality. They were also rated relatively high on mental health and social attractiveness, suggesting that they might be good treatment prospects.

Although the Addict Psychosocial Functioning Scale is still in its early stage of development, the findings presented here suggest that occupants of particular functional roles share certain characteristics that may be related to their choice of these roles as well as their ability to maintain them.

**Treatability Characteristics**

In an attempt to assess the treatability characteristics of role occupants, we compared the proportions entering treatment and the proportions remaining in treatment six months after their date of admission. Although the majority of subjects were assigned to methadone maintenance, some were assigned to other modalities such as therapeutic community and inpatient withdrawal. Therefore, our findings on treatment success must be viewed with caution.

Note: Treatability data include all coping-community members known to enter treatment during the twenty-one-month period January 1969 to September 1970.

Of the 125 addicted members of this coping community, fifty (40 per cent) entered treatment; and thirty (60 per cent of those entering) remained in treatment six months later (Table 3). As a group, workers were found to be the most favorable treatment prospects; that is, sixteen of the
thirty-six entered treatment, and thirteen remained after six months. The relative success of workers can be partially explained by their having already overcome one of the major hurdles to rehabilitation, obtaining legitimate employment. Not so readily explained is the finding that part-time dealers were most likely to enter treatment, with nine of the nineteen entering, and six remaining after six months.

The finding that big dealers, street dealers, bag followers and touts can be involved in treatment but tend to do poorly is consistent with our clinical experience. For example, we have observed a number of dealers who, after entering treatment, continued to sell drugs rather than seek legitimate employment. By continuing their illegal activities and by periodically returning to heroin use, they came under increasing pressure from clinical staff and eventually withdrew from the program.

Comment and Summary

We found that the drug-distribution community under study had elaborated a more highly differentiated system of roles than is usually considered—that is, a system involving only dealer and user. By studying drug use, personality, and treatability characteristics of the occupants of different roles, we were able to bring some empirical definition to this social system. Since drug-distribution role was not the basis for selection of the intensive study group, the sample sizes for most roles were too small to permit meaningful statistical comparisons. It must also be noted that the copping area studied was only one of perhaps twenty known to exist in the Chicago metropolitan area. The findings, then, should be viewed only as suggestive. Despite these limitations, the data suggest that the membership and dynamics of local heroin-distribution systems can be studied and perhaps altered by treatment programs.

Further field studies of the addict as a member of a definable distribution system should help to eliminate many of the myths surrounding the so-called addict subculture. For example, dealers in this neighborhood were not "pushing" heroin. The addicts, in fact, were in a seller's market—that is, they had to seek out the dealers. It may be that in such neighborhoods, where addiction is long standing, police surveillance and penetration prompt dealers to minimize the risk of arrest by selling only to trustworthy customers. One might expect an addict community experiencing less enforcement pressure to exhibit less structural differentiation, with dealers being more directly accessible to consumers. In such a setting one might see the "pushing" phenomenon and a buyer's market. It is interesting to note that Moore (1970) arrived at similar conclusions based upon purely theoretical considerations.
The distribution of police informers within this addict community is consistent with effective local enforcement penetration. For example, there is a concentration of informers in the tout role, which is perhaps the key communication position in the system. Although this aspect of our study is in an early stage, the ability to investigate police penetration into these systems may yield important clues to control. For example, the high degree of police penetration seen here may be partially responsible for the low incidence of new cases of addiction observed in this neighborhood (Hughes, Crawford, and Barker, 1971).

Despite the strategic location of informers, the system operates in a way that makes it difficult for local enforcement officials to arrest higher-level dealers. For example, during the period of study we noted that one big dealer in this coping area acquired four different felony charges for sale and possession of heroin. Shortly afterward he became suspected of being a police informer, lost his connections with the "main people" for drugs, and was forced to support his habit by hustling.

Although all heroin addicts share the same physical withdrawal symptoms, our findings indicate that addicts do not share the same psychological disturbance. By looking at the variation in psychopathology among addicts in their natural setting, our approach differs from studies carried out with the biased samples available in treatment or correctional settings. The approach used here permitted us to examine how differences in psychopathology might relate to the functional requirements of various distribution roles. It also incorporates the standards used by addict peers to judge one another in terms of social functioning. Although some professionals may consider all addicts to be sick, many members of the addict community are viewed by their peers as success models. Another result of our attempt to relate psychopathology to the social structure of this community was the location of the most disturbed members in the role with the lowest performance requirements.

The findings on treatability, if confirmed by future studies, may suggest improved treatment typologies and certain modifications in clinical practice. Our impression that major distribution roles were associated with lower motivation and higher dropout rates suggests that voluntary community programs might consider special approaches for involving and holding these groups. For example, one might obtain better results with big dealers by immediate hospitalization, thereby removing them from the temptation to continue dealing purely for profit. Alternatively, the demand for immediate behavioral change among big dealers might be postponed until they have worked through their initial difficulty in accepting the lower prestige of the patient role.

We are currently replicating our approach in different ethnic neighborhoods in order to assess local variations in role structure, membership distribution, and social and treatability.
characteristics of role occupants. Our search for an effective, medically oriented control strategy requires that we explore the usefulness of different operational models. For example, should local heroin-distribution networks be defined as disease-maintenance systems that might be eradicated through the use of public health field teams which involve the majority of active addicts in voluntary treatment and employ short-term quarantine for the small percentage who refuse treatment? Would it be useful to define these networks as illegal heroin maintenance systems which might be readily converted to neighborhood methadone-maintenance clinics? Or does their criminal role structure require that they be defined as deviant social systems best controlled by local law-enforcement pressure? In the absence of short-term quarantine laws, our intervention approach is limited to voluntary outreach projects. Nevertheless, we hope this intervention can be varied enough to permit experimental manipulation of the size, structure, and other characteristics of these drug-distribution networks, perhaps leading to their complete removal from some neighborhoods.

In summary, a field worker was assigned to a heroin distribution site or "copping area" in a Chicago Negro neighborhood for a period of one year. He identified and monitored 127 different dealers and consumers who were regular visitors to the site. Thirty-four of these addicts were involved in a home visit and outreach treatment project. These various sources of data permitted us to describe the role structure of this local heroin maintenance system, the distribution of members in various roles, and the social and treatability characteristics of role occupants. Our findings suggest that neighborhood heroin distribution systems are amenable to study and manipulation by treatment programs.