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Drugs & Inner City Text -1-

**DRUG ABUSE IN THE INNER CITY:
IMPACT ON HARD DRUG USERS AND THE COMMUNITY**

BRUCE D. JOHNSON

TERRY WILLIAMS

KOJO DEI

HARRY SANABRIA

Narcotic and Drug Research, Inc.

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DRUG ABUSE IN THE INNER CITY:**IMPACT ON HARD DRUG USERS AND THE COMMUNITY**

"If there is one story to be told... it is the increasingly devastating effect drugs are having on our city. Whether in law enforcement, health care or social services, ...we're forced to take resources from other, more popular programs to handle the rising caseloads caused by drug use."

(New York Times, Sept. 16, 1988:B3
quoting the 1988 Annual Management
Report for New York City

CENTRAL THESIS

Although many factors have contributed to growth in population and relative decline of American inner cities or "ghettoes," this essay advances the thesis that the expansion of use of hard drugs, and particularly the sale and distribution of heroin and cocaine, is both a symptom and an important factor in the continued relative decline of inner-city communities and persons who reside in those communities.

Delimiting the Focus

This essay provides an overview of the shifting patterns of drug use and sales, particularly heroin and cocaine--with a special emphasis on crack, in order to document various impacts upon inner-city residents and communities. Since a full attempt to provide complete documentation is well beyond the scope (and page limitations) of this essay, we will limit our coverage in several ways. First, our

review is directed mainly toward low income, inner-city communities in which nonanglo minority residents are typically a majority of all residents.

Second, we wish to make it absolutely clear that the vast majority of blacks and Hispanics in inner-city communities are not cocaine-heroin abusers or criminals. We focus primarily upon the proportionately few (although numerically large) inner-city residents who commit nondrug crimes and who will become frequent users of heroin, cocaine, or crack at some time during their lives.

Illustrative materials are drawn primarily from research in New York City, since there exists solid documentation about the drug problem and has the nation's largest number of heroin and cocaine abusers. The general organizational structure of drug markets, patterns, and consequences of hard drug use and sales and their impacts on New York City residents and inner communities appear similar in other metropolitan areas of the country.

Social Context of Adversity in the Inner-city

Massive amounts of evidence now document the deterioration of the inner-city. During the period 1960-1980, the number of persons living in communities (or census tracts) primarily occupied by low-income (including welfare and unemployed) blacks and Hispanics has approximately doubled (Murray 1984; Ricketts and Sawhill 1988; Hughes 1988). Between 1968-80, employment rates have declined substantially (from 78 to 55 percent) for nonwhites--mainly blacks (Larson 1988; Freeman and Wise 1982; Freeman and Holzer 1986). Minorities, especially in inner-city schools, remain educationally deprived, are less apt to complete advanced courses, to be placed in vocational tracks, and to dropout (Reed 1988; Glasgow 1981; Ogbu 1978). Between 1970 and 1985, the proportion of black children living in mother-only

families increased from 30 to 51 percent (Glick 1988), primarily because large proportions of black mothers never married (from 6 to 25 percent). The chance that a black child will experience poverty is almost 90 percent if he or she lives in a family headed by a single woman under age 30 (Gibbs 1988:25). The availability of affordable housing for low-income families declined dramatically in the 1980s; many persons became homeless (Ropers 1988; Johnson et al. 1988).

Living in inner-city communities with severe social and economic conditions, however, does not "select" which persons will become most impoverished and experience multiple social problems. As we argue in this essay, involvement with drugs and the criminal underclass is a major factor creating persons who will experience such multiple social problems, with wide ranging negative impacts upon their families and neighborhoods.

The criminal underclass subculture refers to the values, conduct norms, and life-styles and performance of roles in the criminal underclass (see Wolfgang and Ferracuti 1967; Johnson 1973, 1980). The criminal underclass subculture¹ appears to have several major conduct norms: 1) Illegal means are better than legal means to earn money. 2) Other people are to be manipulated and their goods/money taken for the offender's benefit. 3) Violence and its threat should

¹The editors asked the authors not to elaborate further on this concept, except to suggest how it has been altered by the drug subculture and economy. This concept emerges from two major and controversial intellectual traditions. The "Subculture of Violence" (Wolfgang and Ferricutti 1967; Johnson 1973, 1980) provides definitions of criminal norms and examples from which the following conduct norms are important for the arguments which follow. The recent analyses of an economic underclass in the inner-city by Wilson (1988) and Gibbs (1988) is very similar to the author's understanding and use of the term, except that the emphasis here is upon the role of drug use/sale by members of the underclass who also engage in crime.

be used to gain criminal returns and maintain reputation. 4) Expenditures of illicit money should support "fast living," even at the cost of necessary items. Thus, illegal income is to be spent for luxury items (gold, fancy clothes), illicit drugs, and entertainment of friends, rather than upon basic necessities (food, shelter, family obligations, and lifetime savings). 5) Participants should attempt to remain unknown to official institutions, especially police, taxing authorities, and others officials.

Organization

Section I traces the rise of heroin use and addiction in the inner-cities, particularly in New York, and the expansion of use of cocaine in various forms. This section also discusses the expansion and social organization of heroin and cocaine distribution in the inner-city at retail and street levels. Section II describes the rise of the cocaine/crack economy and the associated subcultural patterns that are emerging in relation to its use and distribution. Section III explores the effects of drug selling on levels of violence and neighborhood safety in inner-city areas. Section IV identifies and discusses a number of the consequences of hard drug use and sales for individuals and families in the inner-city. Section V, the conclusion, summarizes the preceding analyses and comments on promising directions for future research.

I. HEROIN AND COCAINE USE

The thing I don't like about crack is the fact that when it came on the scene it brought the whole neighborhood down. It's made a lot of people money, don't misunderstand me. But look what problems it brought. I mean it brought the police in. It brought the media in. It made kids kill their mothers for a "hit." It just fucked up everything for everybody.

Kitty, a "respectable" cocaine seller
of "dial-a-gram" service
(Williams 1989, fieldnotes)

The rise and spread of heroin and cocaine, and recently "crack" among inner-city communities is primarily a post-war phenomena. In this section, we briefly trace the shifts and institutionalization of subcultures of hard drug use and dealing among the inner-city criminal underclass during the post-war period.

A. The Institutionalization of Inner-City Heroin Use Subcultures

Prior to World War II, heroin was primarily confined to a few large cities, especially New York, and the prevailing stereotype of a narcotic addict was a white or Oriental. Prior to 1940, about 20 percent of those arrested for narcotic law violations were black, a figure which increased to over 50 percent by the mid-1950s.

(Courtwright, Joseph, DesJarlais 1989; Courtwright 1986). The war apparently disrupted illicit supplies of heroin and white/oriental heroin users became less common (Courtwright 1986).

WW II also brought thousands of southern blacks and Puerto Ricans to New York to fill wartime industrial jobs. Due to housing discrimination, most settled in inner-city white ethnic neighborhoods. From 1945-60, millions more black migrants moved from the south to inner-city neighborhoods of New York, Chicago, Philadelphia, Detroit, Los Angeles, and in smaller numbers to many other metropolitan areas (e.g. Cleveland, Boston, Newark). Large numbers of Puerto Ricans also moved to the New York metropolitan area, while many Mexicans migrated to Los Angeles and other southwestern cities.

During 1945-60, these first generation migrants to the large urban centers obtained employment in blue collar occupations and gained housing (although located in inner-city areas) which was superior to that in their home communities. Many whites left adequate inner-city housing to move into the new suburbs. Most first-generation migrants (including those in the 1980s) avoided drug and heroin abuse which affected their children (Lukoff and Brook 1974; Frank et al. 1988a,b).

In the mid-1950s, sizable numbers of white and minority inner-city youths in New York and Los Angeles initiated and became addicted to heroin. Heroin became heavily adulterated and most near-daily heroin users progressed from "snorting" (nasal inhalation), to "skinpopping" (injection under skin), to "mainlining" (injection into vein). By 1960, a heroin injection subculture had become institutionalized in New York (Chein et al. 1965; Hunt and Odoroff 1962; Feldman 1968; Preble and Casey 1969), Chicago (McFarland and

Hall 1953; Finestone 1957; Hughes et al. 1972), and Los Angeles (Bullington 1977), but was rare in other major metropolitan areas (Robins and Murphy 1967). Relative to the 1970s, however, the absolute numbers of heroin users was small in these cities.

By the early 1960s, drug subcultures and most heroin users were located primarily in a few inner-city areas of the largest metropolitan areas. But this changed dramatically as the baby-boom generation reached adolescence. Different drugs became available in local areas, use became increasingly regular among core cohorts of users, and became institutionalized. "New" drugs were typically added to substances already in regular use.

B. The Drug Revolution (1960-1975)

Four major historical events affecting the years 1960-75 dramatically altered the extent and pervasiveness of drug use and abuse. First, the civil rights movement greatly increased expectations and the political importance of the entire black population (and most minorities). Second, growth in the size of and isolation of minorities within major metropolitan areas led to explosive rioting in the early 1960s--which badly harmed the infrastructure of most major inner-city communities (National Advisory Commission on Civil Disorders 1968). Third, American's participation in the Vietnam war bitterly divided the nation, especially youths of draft age. Fourth, many in the baby-boom generation reached adolescence and young adulthood the ages of greatest risk for drug use and delinquency. These events provided the setting for a great expansion of drug use and abuse.

Marijuana use exploded after 1965 across America. Surveys among high school seniors and other segments of the baby-boom generation showed that by 1965, 5 percent of high school seniors had used marijuana in the preceding 12 months, this figure rose to 30 percent by 1970 (National Commission on Marijuana and Drug Abuse 1972; 40 percent by 1975, and 49 percent by 1980, with a slow decline afterwards, to 38 percent in 1985 (Johnston, Backman, O'Malley 1988).

A sizable proportion of white marijuana users also progressed to irregular use of LSD and psychedelic drugs, amphetamine, barbiturate, and tranquilizers (Johnston, Backman, O'Malley 1988). These drugs, however, generally did not gain similar popularity among inner-city black and Hispanic marijuana users who found heroin and cocaine more attractive as secondary drugs (Johnson 1973; Langrod 1970). Unlike the pre-1965 era, illicit drug use was no longer only an big city or inner-city problem.

C. The Heroin Generation in the Inner-City (1965-73).

Heroin use and addiction, particularly among minorities in inner-city neighborhoods, exploded during the period 1965-73 (Boyle and Brunswick 1980; O'Donnell et al. 1976; Clayton and Voss 1981; Rittenhouse 1977; Hughes and Crawford 1972; Hughes 1976; Hunt and Chambers 1976). Most youths initiated heroin use between ages 15 and 21. About half of the users became addicted within two years of initiation, but less than half of the addicted remained addicted for several years (Clayton and Voss 1981; Johnson 1978).

The most striking findings, however, concern the percentages of various age cohorts who initiated and became addicted to heroin in adolescence. The annual prevalence of heroin use of blacks youths in Harlem increased from 3 percent born in 1967 to 9 percent by 1973, but

declined to 3 percent by 1975 (Boyle and Brunswick 1980; Clayton and Voss 1981). After 1973, much lower proportions of blacks have been initiating heroin use and, if users, becoming addicted--even among inner-city populations.

The "heroin generation" of youths who became addicted in 1965-73 is evident in the black community in virtually every city of over 100,000 population (Hunt 1973; Hunt and Chambers 1976) and among inner-city Puerto Ricans (in New York metro area) and Chicanos in LA and the Southwest (Hunt and Chambers 1976, Bullington 1977; Moore 1978; Anglin and Speckart 1988).

The exact numbers of persons in this heroin generation cannot be accurately estimated; a low estimate would be 800,000 while a high estimate would be over 4 million (O'Donnell 1977). Probably half or more who were addicted to heroin at some time during the 1965-73 period have desisted from heroin use without any involvement in treatment (Brunswick 1979; Clayton and Voss 1981; Johnson 1978).

Many of the heroin generation entered detoxification, drug free treatment and methadone treatment programs, established during this era (Brecher 1972; Brunswick and Messeri 1986). This heroin generation remains the major population being treated for opiate addiction and has remained quite stable throughout the 1970s and 1980s; in the 1980s, very few new heroin addicts are from younger age cohorts. Thus, the average age of opiate addicts in treatment (DSAS 1985) and opiate positive arrestees (Wish, Brady, Cuadrado 1984; 1986) was in the mid-30s at the end of the 1980s.

Heroin users from this generation are primarily polydrug abusers who use a variety of drugs (especially alcohol, marijuana, tobacco, and cocaine) on daily basis or several times a week. Many of these

people prefer to heat heroin and cocaine together and inject the mixture as a "speedball" (Langrod 1970; Johnson et al. 1985; Hanson et al. 1985; Johnson and Wish 1986; Sanchez and Johnson 1987).

D. The Rise of Cocaine Use in the Inner City (1975-1984).

As the heroin epidemic began to ease in the mid-1970s, cocaine snorting (nasal inhalation) became increasingly popular among nonheroin drug users in the inner-city. Also during 1975-83, cocaine also gained the reputation of a "status drug" which was relatively innocuous; its use spread rapidly among marijuana-using segments of the baby-boom generation (Grinspoon and Bakalar 1976; Kandel, Murphy, Karus 1985; Johnston, Bachman, O'Malley 1988). Like middle class drug users, large numbers of inner-city drug users were snorting cocaine when they could afford it. In New York, "afterhours clubs" were gathering places for cocaine users and dealers (Williams 1978). By 1984, 43 percent of all Manhattan arrestees were positive for cocaine, while only 22 percent were positive for heroin; over half of the latter were also positive for cocaine (Wish, Brady, and Cuadrado 1984).

In the Los Angeles area, a new technique for purifying adulterated cocaine called "freebasing" emerged (Seigel 1982). Freebasing is a chemical process for converting cocaine hydrochloride powder into alkaloidal cocaine, or "free base." Cocaine freebase is not water soluble and cannot be snorted or injected. When heated at low temperatures and the fumes inhaled, the freebase user becomes euphoric within seconds. The high from freebase lasts less than 20 minutes, and is followed by rapid dysphoria in which the user feels worse than usual. Rapid episodes of use reoccur (Van Dyke and Byck 1983).

Freebasing became an increasingly popular form of cocaine use in the Los Angeles area during 1976-83. In the New York area, freebasing became common during 1980-84; many afterhours clubs became "base houses" where cocaine could be purchased and someone would "cook up" (base) it (Williams 1983; Hamid 1988a,b). Although some base houses were in transitional areas, most were located in minority low income neighborhoods, and run by minority owners (Williams 1983).

E. The Crack Generation (1985-present)

In 1984, Los Angeles authorities began to encounter cocaine "rock" and in 1985, New York officials began to uncover vials containing what users called "crack" (Brody 1985; Street Studies Unit 1985). Crack and rock are the same product: cocaine freebase packaged in retail form. In New York, crack is typically sold in a small plastic vial with a watertight cap; the asking price in 1989 was \$10 for a standard vial containing about 3-5 chunks of freebase, but it usually sells for considerably less (frequently \$5). Smaller vials with 2-3 chunks sell for \$3-5 and are marketed to the poor and youths. Thus, the cost of a dosage unit is very low, but users typically buy several vials at a time, or return for more within an hour or two. Multiple purchases and use episodes occur during a typical use day; the major limitation facing users is money to purchase crack (Williams 1989).

Crack use exploded during 1986-7 in New York, Miami, Detroit, Washington, D.C. and elsewhere; it now dominates illicit drug markets in most inner-city neighborhoods (Newsweek 1986, 1988; New York Times 1986, 1988). Urine testing in several major cities documents the widespread nature of recent (past 48 hours) cocaine use among arrestees. The Drug Use Forecasting project (NIJ 1988a, 1988b) shows

the 83 percent of arrestees positive for cocaine at arrest in Manhattan, about 65 percent in Los Angeles and Washington, D.C.; over 50 percent in Chicago, Dallas, Houston, New Orleans, Birmingham. The low figures are 33 percent in Phoenix, and Indianapolis (15 percent).

Although the full dimensions of this "crack generation" is not currently known, several features are clear in mid-1989. The number of cocaine users has not increased substantially due to crack. Rather the relatively few regular cocaine users appear to have increased the frequency of their consumption (Frank et al. 1988a). While crack selling is preponderantly based in inner-city neighborhoods and among minorities, crack use and its problems have spread to virtually all neighborhoods of the New York City region (Belenko and Fagan 1987).

Thousands of persons are seeking treatment for crack addiction (Division of Substance Abuse Services 1988), thousands more are being convicted of crack sales and sent to jail or prison (Balenko and Fagan 1987; Ross and Cohen 1988), and many more are at liberty on the streets at any given time. No treatment regime for cocaine or crack has been demonstrated to be effective in preventing relapse to cocaine for large proportions of dependent users (Science 1988). No long-acting cocaine derivative (like methadone for heroin) has been developed to prevent the rapid swings between euphoria and depression, although some new drugs and acupuncture may help alleviate symptoms (Smith 1988; New York Times 9-30-88; Science 1988).

It is unclear about how long this crack epidemic will last. Will this "crack generation" continue to recruit newcomers and low-income youths for many years (as with marijuana use)? Will crack users begin to consume cocaine free base mixed with heroin free base (referred to as "crank" in New York) and become dependent upon both (New York Times

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July 12, 1989)? Or will new cohorts of inner-city adolescents in the
1990s not initiate crack use as their counterparts chose not to
initiate heroin use in 1973-78?

II. DRUG SELLING AND DRUG BUSINESS IN THE INNER-CITY

The rise, institutionalization, and organizational improvements in the illicit distribution of heroin and cocaine has become a serious problems confronting inner-city communities. Unfortunately, very little systematic scientific research has been conducted on the organization of the drug business. The scant evidence about cocaine selling available has generally come from research conducted outside inner-city communities (Adler 1985; Carpenter et al. 1988; Waldorf and Murphy 1988; Mills 1986; Inciardi 1986).

A. Heroin and Cocaine Selling in the Inner-City

While Jewish bootleggers probably began systematic importation and sale of heroin in New York City, Italians became important prior to World War II. But they relied upon black associates to conduct retail sales in Harlem both before and after the War (Courtwright, Joseph, DesJarlais 1989).

While Italian mobsters controlled heroin importation and upper level distribution in New York during 1940-70, the fact that most of the market was in black communities led to the rise of black distributors. During the 1960s, blacks such as Nicky Barnes developed important distribution networks based upon the work of minority heroin user-dealers.

The Italians generally imported kilograms and sold them to black (and sometime Puerto Rican) wholesalers on a regular basis. At the lower levels of the heroin distribution system, heroin user-dealers would generally be advanced several "bags" of heroin to sell; they would use some, and sell enough to pay their supplier in order to "reup"--gain the next "bundle" of heroin to sell (Johnson et al. 1985). So many different suppliers were cutting, adulterating, bagging, and supplying user-dealers in New York that suppliers began advertising their wares by marking their heroin bags (Goldstein et al. 1984).

Cocaine selling (and supply) was less common than heroin prior to 1970. Most cocaine sellers were also heroin sellers. But when supplies of cocaine (and profits) began to increase dramatically in the late 1970s and 1980s, many sellers of heroin began to sell cocaine. By 1976, Preble (1977) estimated that there were two cocaine sellers for every heroin seller in East and Central Harlem. But the organizational structure at the street level of cocaine sales was very similar and parallel to that of heroin, as the following structural analysis suggests.

B. The Social Structure of the Inner-City Drug Business

[Figure 1 about here.]

The structure of dealing organizations is complex and filled with different roles performed in various ways by many individuals. Moreover, the terminology and drug argot vary greatly across geographical jurisdictions. The following discussion provides a paradigm of several major roles and relationships among dealers identified in the literature. Figure

1 identifies various roles, suggests their approximate role equivalents in the legal economy, and briefly describes activities occurring at each level (Johnson et al. 1987).

Inner-city residents typically have access to and routinely perform the lower-level roles as dealers, sellers, and low level distributors. Preble and Casey (1969) and Moore (1978) differentiated about six levels of inner-city heroin distributors, of which the kilo-dealer, house connection, street sellers, and "jugglers" are the most important. Kilo-dealers buy heroin or cocaine in large amounts (usually pounds and kilos) from importing organizations and typically supply several house connections with ounces of adulterated drugs. The house connection and his associates typically generate hundreds or thousands of retail dosage units (bags of heroin or powder cocaine or vials of crack).

Street sellers receive several retail units ("bundles" of 10-25 bags or vials) on consignment to sell on the streets or elsewhere; they are expected to return about 60 percent of the value to their supplier. Street sellers might be assisted by "steerers" who refer customers, "touts" who are employed to find customers, and "middle men" or "cop men" who transport money and drugs between buyers and sellers who do not meet, "jugglers" buy several bags, further adulterate and resell them (Johnson et al. 1985; Hanson et al. 1985).

Through the 1960s and 70s in New York City, the primary business relationship among occupants of these various roles may be described as free-lance or loose cooperation. A house connection might supply drugs to several street sellers, but each worked day-by-day, with neither party committed to the following

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days or weeks. Thus, a house connection might supply very
different street sellers 30 days apart. A street seller may also
switch to several different suppliers and choose his own time and
locations for "work" (Johnson et al. 1985, 1987; Johnson, Kaplan,
Schmeidler 1988; Hansen et al. 1985; Williams and Kornblum
1985). Studies of traffickers and dealers (Adler 1985; Waldorf
and Murphy 1988) and adolescent marijuana suppliers (Carpenter et
al. 1988; Chaiken and Johnson 1988) suggest this same free-lance
organization structure.

FIGURE 1 -- COMMON ROLES AND FUNCTIONS AT VARIOUS LEVELS OF THE DRUG DISTRIBUTION BUSINESS; EQUIVALENT ROLES IN THE LEGITIMATE ECONOMY.

Approximate role equivalents in legal markets	Roles by "common names" at various stages of the drug distribution "business"	Major functions accomplished at this level
Grower/ Producer	Coca Farmer, Opium Farmer Marijuana Grower	Grow coca, opium, marijuana; the raw materials
Manufacturer	Collector, Transporter, Elaborator, Chemist, Drug Lord	All stages for preparation of heroin, cocaine, marijuana as commonly sold
TRAFFICKERS		
Importer	Multi-Kilo Importer, Mule, Airplane Pilot, Smuggler, Trafficker, Money Launderer	Smuggling of large quantities of substances into U.S.
Wholesale Distributor	Major Distributor, Investor, "Kilo Connection"	Transportation and redistribution of multi- and single kilograms.
DEALERS		
Regional Distributor	"Pound and Ounce Men" "Weight Dealers"	Adulteration and sale of moderately expensive products
Retail Store Owner	House Connections, Suppliers Crack House Supplier	Adulteration and production of retail level dosage units ("bags," "vials," "grams") in very large numbers
Assistant Manager, Security Chief, Accountant	"Lieutenant," "Muscle Men," Transporter, Crew Boss Crack House Manager/ Proprietor	Supervises three or more sellers, enforces informal contracts, collects money, distributes multiple dosage units to actual sellers

SELLERS		
Store Clerk, Salesmen (Door-to-Door and Phone)	Street Drug Seller, "Runner" Juggler, Private Seller	Makes actual direct sales to consumer; responsible for both money and drugs.
LOW LEVEL DISTRIBUTORS		
Advertiser, Security Guards, Leaflet Distributor	Steerer, Tout, Cop Man, Lookout, Holder, Runner, Help Friend, Guard, Lookout, Go-Between	Assists in making sales, advertises, protects seller from police and criminals, solicits customers; handles drugs or money--but not both.
Servant, Temporary Employee	Run Shooting Gallery, Injector (of drugs), Freebaser, Taster, Apartment Cleaner, Drug Bagger, Fence, Launder Money	Provides short-term services to drug users or sellers for money or drugs; not respon- sible for money or drugs

C. The Rise of Vertically Controlled Selling Organizations

Although free-lance selling was the standard economic relationship between dealers, sellers, and low-level distributors, Nicky Barnes in New York, the Young Boys in Detroit (Mieczowski 1986), and Crips and Bloods in Los Angeles (DEA 1988) had developed semi-vertical organizations prior to 1985. Such exceptional organizations, however, rarely gained a near monopoly over heroin sales in certain areas.

The explosion of crack use appears to be fundamentally altering the social structure of dealing networks: from primarily a confederation of free-lance sellers and dealers, towards vertically organized dealing groups or organizations. A dealer who can buy a kilogram of cocaine a week is pressured by police, competitors, and supply-demand considerations to build and carefully control a vertically organized crack-selling group.

The vertical organization structure makes it difficult for police to arrest "sellers" with standard buy-bust techniques, because a variety of roles are performed by several persons: "holders" conceal bulk crack supplies on the street, "counters" or "moneymen" check and receive the buyer's money, "hand-off-men" provide the drug to buyers, "lookouts" warn of police or competitors, "musclemen" serve as guards and intimidate passersby and competitors, "lieutenants" or "crew bosses" supervise the whole street operation and collect money on regular intervals, "storekeepers" commingle drug money with legal store income, "runners" take cocaine to different buyers, "transporters" transfer larger amounts across state lines and "baby-sit" in

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prearranged locations. The lead "supplier" maintains separate
apartments for "stashes" of drug and money, as well as several
locations for "packaging," and "selling."

In such vertically organized selling groups, sellers and
support staff are frequently assigned to particular locales, work
for a specific time, hand over all money to the lieutenant or
money collector, and are paid at the end of the day, in either
drugs or money. Recent reports suggest that some crack dealing
groups recruit juveniles as lookouts and train them in a variety
of other dealing roles (Williams 1989; Hopkins 1988; Street
Studies Unit 1988; Newsweek 1986; Time 1988).

As police have become increasingly sophisticated and
effective at breaking up large congregations of crack sellers
(Kleiman and Smith, this volume; also see police tactics below)
in a particular locale, crack dealing groups have become very
mobile in New York, Los Angeles, Detroit, and other cities
(Newsweek 1986, 1988; New York Times 1988). They immediately
cease sales if any unknown outsider or police enters the block,
move indoors until the danger passes, and then resume regular
sales activity. Crack may be made and sold from several
different apartments during the week (Williams 1989).

While free-lance relationships among dealers and sellers are
common in Los Angeles, two loosely organized black gangs, the
Crips and Bloods, have become heavily involved in heroin,
cocaine, and crack ("rock" in L.A.) selling (DEA 1988), although
Klein, Maxson and Cunningham (1988) found only a loose overlap
among gang membership and drug sellers. The DEA (1988) believes
that these two Los Angeles gangs control and distribute crack
throughout most West Coast cities and even in the south.

D. Minority Controlled Dealing Organizations

A major shift in drug dealing has occurred during the late 1980s. Crack dealing groups in the inner-city are owned, organized, run, and controlled by members of minority groups. The DEA (1988) reports four major minority groups control crack trafficking: Jamaicans in east coast and midwestern states; Haitians in Florida and within 200 miles of Washington, D.C.; Dominicans in New York and Massachusetts; and black street gangs in Los Angeles for most west coast and western states.

Whites are seldom encountered at the upper or lower levels of crack-selling groups. In New York, persons from two or three ethnic backgrounds appear to be disproportionately important at upper levels. Colombians appear to control very large proportions of cocaine sold in the New York metropolitan area.

The Colombians appear to have developed transshipment arrangements and good working relationships with New York-based Jamaicans and Dominicans who head localized crack selling groups. Williams (1989) reports on the origins and innovations of one such local selling group, almost all of whom were youthful Dominicans. During four years of field work studying crack users, base houses, and dealing groups, Williams has also met approximately 50 persons (mostly Dominicans) who were upper level suppliers in Harlem and Washington Heights, and has encountered Jamaicans leading dealing groups in Brooklyn and Queens. Hamid (1988a,b) has documented the shift from marijuana to crack selling among West Indian migrants in Brooklyn.

Newspaper reports (New York Times 1988) and NYC Police suggest that American blacks direct several local crack selling groups in Brooklyn, Queens, and other boroughs. American blacks appear to have developed crack selling groups in Detroit, Washington, D.C., Chicago, and Los Angeles. While the ethnic composition of upper level crack suppliers will probably never be well-documented, youths and young adults from American black, Puerto Rican, other Hispanic (Cuba, El Salvador, Panama) and occasional white backgrounds are frequently employed in street level roles.

Other than police reports and newspaper or newsmagazine articles (generally based upon police sources), very little is known about crack dealing groups: How many people are employed at one time? How much crack is sold? What are the drug use and career histories of such sellers and employees? How many are successful in maintaining a middle class lifestyle or better? How many become crack dependent? Impoverished by crack use? How do the groups relate to noncrack or nondrug using inner-city residents? To such questions, few answers exist.

E. The Cocaine Economy Near the Street Level

The President's Commission on Organized Crime (1986) reports that the total value of illicit drugs was over \$100 billion annually, and about half of this was cocaine. This estimate was based upon cocaine powder sales, before the advent of crack; the value is probably even higher now (Mills 1986).

While this gross estimate includes cocaine sales among middle and upper class users, from all areas of the country, and conducted by a variety of sellers, we focus below upon some economic and subcultural aspects of cocaine and crack selling by inner-city youths whose activities appear to have had major effects upon low income communities.

In this section, we draw extensively from from a major ethnographic study conducted in 1984-8 in the Washington Heights section of New York City, when that area became a major center for cocaine and crack dealing in New York and the eastern seaboard (Williams 1989). This case study will illustrate how the "crack" market operates in one major city.

Max (age 18 in 1985) was the organizer and leader of the crew. Chillie was the crew chief who directed house and street sellers. Splib supplied cocaine to others and was a con artist. Kitty worked for a "dial-a-gram" service that sold cocaine mainly to middle class buyers. Charlie preferred direct sales to customers from the street corners.

1. The Economics of a Cocaine Crew

Max's supplier "loans" him three to five kilos a week of pure cocaine (street value between \$180,000 to \$360,000 in 1985) to be distributed. Max was responsible for returning about \$100,000 a week to his Colombian connection, Ramon. The amounts of cocaine advanced varied according to the amount sold in the previous week, how much Max had on hand, and the amount he has committed himself to deliver both to his crew and to others.

When the crew was first formed and began cocaine sales in 1983, Max would supply each member with the amount of cocaine they needed. The crew members were then responsible for selling their share to customers, frequently with assistance for others. After a designated time either money or unsold cocaine was return to Max. Max then paid the connection or returned the cocaine (the latter practice was frowned upon).

In the cocaine economy, suppliers like Max provide retail cocaine sellers with a variety of different units of cocaine and expect them to return at a specified time with about 60 to 75 percent of the potential gross sales in cash before "reupping." Among the Cocaine Kids, Max provided Chillie with the largest amounts of cocaine ("weight") at one time. For an adulterated "eighth" of a "kilo" valued at \$3,000 (1983 prices), Chillie was to return \$4,000 in cash from sales in one week. The profit for Max is \$1,000, less expenses.

Chillie adulterates the cocaine further, however, by mixing one part adulterant to one part cocaine, creating a potential of approximately 250 "grams" for sale at \$80/each which Kitty would sell to middle class buyers. Or Chillie could create about 1200 retail "bags" (for retail at \$10 each) of cocaine powder (averaging 200 mgs). Thus, the potential retail value for an adulterated "eighth" of a kilo ranges from \$12,000-20,000. But many of these bags may be

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consumed by crew members, other street sellers or steerers, touts, and copmen who work for Chillie and buyers may insist upon discounts ("shorts"). Expenses to feed and entertain the crew during the week may be high (See Johnson et al. 1985). Chillie will be fortunate to gain a gross cash income of \$6,000-\$10,000 from all sales from a given "eighth." After paying Max \$4,000, Chillie will realize a profit between \$2,000 to \$6,000. On an annual basis, Max and Chillie (and others dealing above the street level) can easily make a tax free income of \$100,000 or more after expenses. This is a very attractive incentive for young men and women in the inner-city who most likely would be otherwise unemployed.

2. Economic Importance of Middle Income Buyers for Inner-city Crews

Although such crews of inner-city youths are primarily from low income minority backgrounds, their buyers are not limited to low income minority drug abusers. A sizable proportion of cash income came from cocaine purchasers who were middle and working class persons from all ethnic backgrounds. The dial-a-gram service primarily served a middle and upper class clientele. Kitty and other women delivered grams of cocaine to middle class men who frequently paid high prices for cocaine (\$80-100/gram) and tipped them well (and offered additional money for sex).

Max had several white buyers from New Jersey, suburban New York, and elsewhere in the eastern seaboard. Many of these were sellers and dealers in their home community and would pay high prices for "eighths," "quarters," and even "kilos." Thus, Max was a major "connection" for middle class cocaine dealers in the entire region.

Even street dealers like Charlie make a sizable but unknown proportion of their sales to middle and working class buyers who never left their cars or who came by subway to buy.

For all practical purposes, inner-city minority youths working in the illicit cocaine economy are selling their labor, sales skills, and willingness to risk very substantial prison penalties. The willingness to take such risks is the only service which middle class persons value and pay for. Most middle class buyers did not socialize with Max's crew and would avoid them entirely otherwise. Only by selling the highest quality cocaine at the lowest prices in the region were Max and his crew able to interact with middle income persons and participate in American prosperity.

Given the important structural factors leading to the deprivation which residents of inner-city communities face, some members of cocaine and crack-selling crews have made an apparently reasonable decision. With few or no economic opportunities for an honest living, they choose the opportunities of making "crazy money" by working in the cocaine economy and use their communities as a locale for such illegal behavior.

3. Benefits for a Few

While the overall impact of cocaine use and dealing is primarily negative, several persons may benefit from the cocaine economy. While Max's crew was operating at its maximum (1984-6), he was earning "crazy money." Although not strongly pressed about how much he made, Max routinely made large cash gifts to his extended family back in Santo Domingo. About weekly, a trusted relative would fly to the Island with \$5,000 in cash, converting it at a very favorable exchange rate to the national currency. In this impoverished country, Max's

otherwise destitute relatives now have comfortable homes which approach middle class standards in the U.S. Max even exported a Cadillac to the island for his uncle, but a general's son seized it and told Max that he would turn him over to U.S. authorities as a drug dealer (Williams fieldnotes 1988). Moreover, several of Max's relatives arrived destitute in New York, but were soon proprietors of bodegas (grocery stores) and other cash businesses.

Several inner-city residents other than Max's relatives also appear to be benefiting. By 1988, Max's crew reached their early 20s. Their cocaine selling ended, but not because of arrest or homicide (although Chillie was shot). At the request of his wife, Max was last reported in Florida living comfortably. Kitty was married and living in a New York City suburb. Only Charlie was still selling cocaine. Although most are too young to "retire," most of Max's crew are much more prosperous than virtually all their counterparts of similar age.

Of course, there is no way of knowing exactly how many cocaine dealers do become prosperous or wealthy from their participation in the cocaine economy. On the other hand, many more probably strive to such success, than succeed.

F. Impact of Drug Use and Sale Upon Conduct Norms in the Criminal Underclass Subculture

Drug use and selling is also transforming the conduct norms of the criminal underclass subculture. Earlier, we defined five major conduct norms of the criminal underclass. Crack has dramatically expanded the prosperity of the criminal underclass economy as well as incorporated and strengthened new elements into the criminal underclass subculture.

1. Rejection of Conventionality and Manipulation of Others

Even prior to the 1960s, the criminal underclass subculture placed low value upon conventional behaviors. As the economic situation of inner-city males declined and as hard drug use and sale became important components of the criminal underclass, the disdain for conventional jobs appears to have continued. Working class jobs and food industry employment are viewed as providing wages which are only "chump change" (Williams fieldnotes 1989). Persons working at honest jobs and supporting their families are disparagingly referred to as "squares," "geeks," and worse.

Nevertheless, persons who made a living from crime were admired for their hustling ability. "Hustling" and "getting over" (Goldstein 1981) also refers to the ability to con or manipulate others to gain what is wanted. This includes true crimes (three card monte, confidence games for money), but also a wide variety of manipulations of others which are not illegal.

Virtually all persons in the social environment are to be manipulated. Women are viewed as 'hos' (whores or holes) and valued only for their sexual favors. Mothers, siblings, and extended family are expected to provide basic necessities (shelter, food, clothes) while able-bodied males make few contributions to family or its well-being. Family members who try to change such values are seen as "nags" and disregarded.

2. Violence and Its Threat

Hard drug sales have dramatically strengthened the subculture of violence (Wolfgang and Ferracuti 1967). Old patterns of using violence and its threat to obtain money via crime, and to defend

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masculinity have been further transformed. Protection of economic interests and drug markets are now important considerations. In addition to evading police, sellers and suppliers must now defend their "businesses" against robbers, competitors, and ordinary citizens who will call police. The entire population of the inner-city (and elsewhere) may contain potential enemies against whom the threat of violence and actual violence may need to be used.

Max told me about the shooting on 155th street. "Three kids were shot dead, he murmured in Spanish to Jake and turning to me, repeated his words in English. "Those kids don't know what they're doing. They're not professional. They are only so smart. They take three ounces of material and think they don't have to pay for it. So, they get killed." Jake takes pinches from a dollar bill hidden underneath the counter edge, while Chillie chimes in (between sniffs of cocaine) "It's good," Chillie says matter of factly, "because it teaches the others not to do what only professional should do." (Williams 1988, fieldnotes)

3. The New Meaning of Fast Living

Hard drug use patterns and the thriving cocaine economy have dramatically transformed the meaning of "fast living." While criminals continue to respect criminal underclass members who can afford middle class life-styles, housing, clothes, parties, and cars, drug dealing organizations have greatly expanded the type and magnitude of wealth necessary to support fast living. Particularly important is the belief that successful and "respectable dealers" can use as much cocaine or other drugs as they want and still afford other luxury items. "Parties" given by dealers are expected to be lavish affairs with lots of "free" drugs, alcohol, and women.

At a more mundane level, dealers reward impoverished youths who function in street selling and support roles with expensive sneakers, clothes, gold rings, and "ropes" (expensive gold chains) that weigh a lot. Chillie, Jake, Kitty, Splib, Charlie and Masterrap are not on the same level as Max but they do generate enough cash to keep them in the street, their families fed and clothed, with enough hope to carry on another day. Of course, they had several changes of designer clothes and shoes. They also had rings and several gold chains which they wore at parties, but usually not when dealing.

(Williams 1989, fieldnotes)

4. Incubators Of Criminal Underclass Subculture

For the most part, new standards have emerged from two sets of institutions: drug selling groups and social-recreational groups of drug users. The leaders of drug selling groups had to be very innovative in order to gain and maintain routine sales. Such innovations emerged mainly from personal experience, not from advanced education (where the basic principals of good team management are taught).

Dealing groups now rent several apartments within the same building or neighborhood, and a couple outside that area where large quantities of drugs, money, or both are stored. They switch dealing activities from one apartment to another, depending upon neighbors and police. When police began systematic raids and arrests of apartments where crack was sold, Max was one of the first to develop "piggybacking." He and his crew would effectively take over an abandoned building or 3-4 apartments in a low-income building. They would deal crack from one apartment for a while. When it was raided

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and closed, selling would begin shortly after the police left, but
from another ("piggyback") apartment in the same building. Of
course, the police subsequently changed their tactics to close all
crack apartments in a building. (Williams fieldnotes 1986)

In New York City, a variety of supportive social and recreational
institutions have evolved in response to the changing demands of
clientele and police or community pressure. These institutions have
various names and informally approved activities: shooting galleries
(where heroin users can rent equipment and inject drugs), afterhours
clubs (where alcohol is sold after closing time and cocaine is snorted
or sold), social clubs (for dancing, where illicit alcohol and drugs
are frequently sold), base houses (where someone freebases cocaine,
and the base is consumed), and crack houses (where crack is used or
sold).

In the early 1970s, afterhours clubs in inner-city black
neighborhoods were transformed from places where alcohol was illegally
available after liquor stores closed into locales for cocaine snorting
and use (Williams 1978, 1989; Williams and Kornblum 1985). At first a
few persons would bring cocaine and snort it while drinking. Early on
cocaine sellers became regular and high-spending patrons; they
effectively converted afterhours clubs into their social institution.
Users and sellers developed effective social rituals and norms which
emphasized moderation in cocaine snorting, social controls for "over-
indulgents," and social status symbols (gold or platinum coke spoons,
hundred dollar bills), etc. (Williams 1978)

The rise of freebasing in the early 1980s dramatically altered
afterhours club. Cocaine users now wanted someone to "base" their
cocaine for them. The resulting freebase was quickly "smoked up" and
the resulting cocaine-induced paranoia and depressions set in

quickly. The ratio of controlled cocaine users to overindulgers declined (Williams fieldnotes 1983; Hamid 1988a,b). Freebasing dramatically affected cocaine dealers. Their clients were demanding purer cocaine for purposes of basing. They wanted to purchase the base and smoke it on premises. Cocaine snorters did not want to continue associating with basers, so some afterhours became "base houses." While they made a lot of money, base houses were very hard to run because of the distrust and paranoia of basers.

While the crack user has become very disreputable, crack dealers and dealing have become the center of subcultural values. Persons who can organize and systematically control crack selling groups (as described above) are highly respected in the criminal underclass and become very rich quickly. Especially when they do not use crack themselves and devote full time effort to supervising their "employees," crack suppliers from inner-city backgrounds can rapidly attain great wealth.

Although many cannot sustain such networks for several years, during their period of active dealing, the leaders of crack selling groups can and do define the rules for work and promote a life-style which many others attempt to emulate. In order for their organization to survive (evade police and resist competition), such leaders must be constantly innovative and entrepreneurial in their business. For every tactic used by police or their competitors, new selling strategies must be copied (from the competition) or developed to avoid detection/disruption by police.

The need for such innovations means that organizational patterns of crack selling continue to evolve. Because of the attraction of high cash income and unavailability of legal jobs for inner-city youths, crack selling groups increasingly prefer to hire noncrack users or irregular users for selling roles.

When crack users are hired, they are warned not to smoke while working. In short, crack selling groups are moving towards the organizational structure very similar to legal businesses. The reward system is also being altered by suppliers. While user-sellers are still given a choice of money or drug supplies (or both) as payments, many of the noncrack sellers are also rewarded with gold chains, luxury clothing, and automobiles. The norms of this cocaine subculture stress high expenditures at parties and fast living which absorbs most of the funds earned.

Thus, many of these same youths remain unable to obtain good legal housing and improved economic well-being for themselves and their family. Moreover, most low income dealers know little about the legal banking and credit system, have no legal "job" to earn credit, and wish to avoid asset seizure in the event of arrest.

As of 1989 in New York (and many other cities), sales of heroin, cocaine, and crack have been incorporated as vital activities of the criminal underclass economy and subculture. Returns from drug dealing activities probably earn much larger amounts than all other forms of nondrug crime combined. Likewise, many values and norms have been developed regarding the use and sale of heroin, cocaine, and crack which are now influence and are central to the criminal underclass subculture.

Hence, the cocaine/crack economy and subculture provides norms, values, and money which are very attractive to large numbers of inner-city youths--who have no or few other options. Such norms and values are taught to youths by adult suppliers who gain most of the cash returns from their labor and the risks such youths assume. Such crack selling groups also hire many otherwise unemployable inner-city youths to perform risky jobs paying much higher wage rates than could earn at legal jobs, if the latter were available.

In short, the criminal underclass economy now offers real and substantial economic opportunities which can effectively employ the talents and labors of inner-city minority youths; this economy now competes directly with and frequently undermines the willingness of such youths to work at low wage legal jobs.

III. INCREASING VIOLENCE AND DECLINING SAFETY IN THE INNER-CITY.

Perhaps no other effect of hard drug use and selling become more visible or of greater public concern than the increasing levels of violence associated with the drug selling and the perception (and perhaps reality) of declining safety in inner-city neighborhoods. In this section, we propose a paradigm of factors which may help to understand the role of violence in the late 1980s.

A. Changing Patterns of Drug Law Enforcement

New York has always had the nation's largest number of addicts and drug abusers. Moreover, the high population densities and lack of cars among low income communities in New York has meant that much social and illegal activity takes place in streets and public locales (parks, bars, social clubs). As the heroin epidemic and heroin selling expanded in the 1950s and 1960s, corruption of local police officers by heroin sellers became a reality in New York. The

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investigation and trials instigated by Police Officer Serpico led to police policies that were implemented in the following years (Zimmer 1987). To prevent future police corruption, precinct police officers were discouraged and prevented from making drug sale/possession arrests; sergeants and officers in the Narcotics Bureau squads were routinely transferred; the Narcotics Bureau concentrated upon investigations involving higher level distributors.

A major unstated and unintended result of these policies was that few major police resources were devoted to arresting or controlling low-level street sellers. During the 1970s, thousands of free-lance user-sellers found that they could sell drugs with little fear of arrest or, if arrested, serious penalties. By 1978, many streets and most parks in Manhattan had become drug "copping" communities (Hughes 1972), locations where sellers and steerers routinely conducted business (Kornblum, Williams, Boggs 1978). In some locations, over 100 persons at a time could be observed buying or selling in what had become "drug supermarkets" (Zimmer 1987). Some streets in Harlem and the Lower East Side had become locales where all passersby were assumed to be buyers and offered drugs or intimidated to buy them. Particularly in the Lower East Side, thousands of buyers and sellers controlled the streets; shooting galleries and dealing organizations operated in the numerous abandoned buildings (Street Studies Unit 1988). Mayor Koch and the police commissioner agreed that law enforcement had lost control and that something drastic had to be done (Zimmer 1987).

The City's first black police commissioner, Benjamin Ward (1987), instituted Operation Pressure Point with the avowed intention of eliminating drug supermarkets and making the streets safe for ordinary citizens. In 1983-4, Operation Pressure Point moved thousands of

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police into the Lower East Side where they made thousands of arrests of sellers, steerers, and buyers; meanwhile bulldozers leveled abandoned buildings and storefronts rented to dealers were padlocked (Zimmer 1987). In the subsequent years, Operation Pressure Point (and its descendents) have spread to all other areas of the city (Toledo 1988). Similar police operations in Los Angeles have been directed against "rock houses" and rock sellers (Klein, Maxson, Cunningham 1988).

Since 1984, new public and police policy gives very high priority to preventing large congregations of street sellers in a given area, but this requires very large expenditures of police manpower. By the end of 1984 and to the present time, Operation Pressure Point and related police "crack downs" have essentially cleared many former drug supermarkets in the Lower East Side (Zimmer 1987), Harlem, and other areas of the city. Where previously 10-100 user-sellers loitered and sold drugs all day prior to 1983, the streets now appear much clearer and uniformed officers can frequently be observed in the summer of 1989 (Williams fieldnotes 1978, 1985, 1988).

Such intense police pressure, however, did not eliminate drug selling activity nor make major reductions in the number of sellers. Rather, heroin and cocaine sellers developed new strategies for marketing their products. Suppliers now prevented loitering and kept potential purchasers (abuser/buyers) moving; they frequently make buyers pool their money and purchase bundles (25 bags) which are subsequently divided (Hopkins 1988; Toledo 1988). Nevertheless, police actions made it harder for sellers to locate large numbers of buyers, and decreased the number of sellers from whom buyers could

select the best price. In short, police action probably increased somewhat the time between sales for sellers and the "search" time by buyers (Kleiman 1986; Kleiman and Smith 1989-this volume).

New York was fortunate that such drug supermarkets had been essentially eliminated by 1985, because the emergence of crack and crack selling groups would have made a bad situation even worse. When crack selling exploded in New York in 1986, the number of drug sellers increased (and possibly doubled). Police made thousands of crack-related arrests, even in the many areas of the city where few sellers had been arrested in previous years (Belenko and Fagan 1987; Nickerson and Dynia 1988). Crack and drug sellers had to shift their selling strategies to cope with police pressure and competition.

B. The Growing Cohesiveness of Drug Selling Groups

Throughout the 1970s and into the 1980s, most user-sellers worked on a consignment basis, and took their returns as drugs consumed while selling (Johnson et al. 1985; Johnson and Williams 1986). They essentially bartered their labor for drugs and obtained relatively modest cash incomes on days active (Johnson Kaplan, and Schmeidler 1988). Their "employment" was intermittent because it depended upon finding a supplier who would provide drugs to sell.

Such free-lance selling worked best in "supermarkets" where large number of buyers could select from a large number of sellers. The search time for buyers and sales time for sellers was reduced to about the same time it took to buy a quart of milk (Kleiman 1986). But Operation Pressure Point and subsequent police enforcement essentially ended such favorable conditions for free-lance sellers. While free-lance selling of heroin and cocaine powder, and even crack, remains very common for most users-sellers of these drugs, crack

selling is becoming much better organized. Many crack users who would prefer free-lance arrangements find that only support roles in crack selling groups are available.

1. Declining Cocaine Prices Increase Monetary Profits for Inner-city Sellers

Another factor greatly influenced the organization of crack selling in the last half of the 1980s. An oversupply of cocaine in the producing countries (Peru, Bolivia, Chile) forced foreign suppliers to cut their kilogram prices. The price of a kilogram of pure cocaine declined dramatically in New York from \$100,000 in 1980 to \$40,000 in 1986 to \$16,000 in 1988 (DEA 1988). The possibilities for making large monetary profits, due to low wholesale prices, became a striking reality to many persons in the criminal underclass. An effective, but relatively small-time, seller could be advanced or purchase an ounce or two of cocaine, free base it, make several hundred vials of crack which street sellers could sell within a day or two. Such suppliers could quickly double or triple their investment and monetary income, instead of working primarily for the drugs they consumed (Williams fieldnotes 1988; Williams 1989).

This affected the non-cash (barter of labor for drugs) market. As kilogram prices dropped so dramatically, low-level dealers began to receive and retain more cash than ever. And there was much more cash available to everyone.

2. Most Crack Abusers Can Not Be Reliable Sellers

Persons who had been effective street user-sellers but became multiple daily users of crack (a sizable proportion) quickly smoked up the drugs to be sold; they were "always late, always short, and always with a story" (Williams fieldnotes 1987; Williams 1989). If not assaulted for nonpayment, most crack abusers were "cut off" from

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consignments by their former suppliers, but offered other roles. Sellers who avoided crack use, but snorted cocaine in moderation or were irregular or nonusers of drugs, could be "trusted" by suppliers and earned good money (Williams 1989).

In order to make "crazy money," however, the supplier needed to prevent their user-sellers from consuming the product while selling and ensuring (like legal businesses) that virtually all dollars received (gross sales) be returned to the supplier. This led to several major changes in the social organization of crack selling which were still evolving in 1989.

3. Centralized Management Controls Crack Abusers and Counters Police Tactics

Crack dealing groups now generally have one primary boss ("supplier") who has established connections and can routinely obtain an eighth to a full kilogram of cocaine from a higher level traffickers, usually on consignment. Depending upon the size of the operation, the supplier may have 4-50 persons "working" for him in various roles. The identity and location of the supplier is usually concealed from all but a few trusted workers.

One or more trusted "lieutenants" or "crew bosses" oversee street and house dealing operations. Street selling operations divide illegal sales into several roles (lookouts, guards/ musclemen, steerers, touts, holders, money counters, drug dispensers, money handlers, etc.). Such role separation provides work and drugs to crack users (but they are not responsible for both money and drugs). Likewise, role separation is designed to counteract police buy-bust and street sweep tactics, making it very difficult for police to trace either the drugs or money back to its "owner," even if some lower level sellers can be "turned."

Running such a street selling operation necessitates "managers" having high levels of performance and coordination which are rare among free-lance sellers. Such organizations assure that most buyers pay the "asking price," that the gross cash income is returned to the supplier, and that workers are paid on an hourly or daily basis. A smooth functioning operation can generate gross sales of \$5,000 or more a day, equivalent to a small supermarket. Individual employees may earn \$100-400 a day or more, but are frequently offered drugs or goods (gold jewelry, women, cars). In short, such crack selling groups are now managed and function more like legal businesses than previously (but they don't keep good financial records nor pay taxes).

But such "crazy money" can be gained only under optimum conditions: no problem employees, no police, no complaining citizens, and no competition in the area. Violence and its threat, however, is almost always necessary to even approach these conditions.

C. Systemic Violence To Control "Employees" And Free-lancers

Because the sale of heroin, cocaine, and crack are illegal and serious felony crimes, persons and groups selling these drugs cannot seek protection of law enforcement and constantly oppose it. Thus, the use of violence, and even more important, threats of physical violence, become essential elements in controlling the many persons who do not comply with the selling group's conditions for optimum functioning.

1. Self and Social Selection of Violent Persons

Drug selling organizations frequently recruit persons who have previous histories of violence and who are physically menacing and verbally aggressive (Johnson et al. 1985; Chaiken and Chaiken 1982). Such persons also seek out drug selling groups. Persons who have no

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fear of and enjoy violence are particularly valuable in roles of lieutenant or crew boss and as musclemen or guards, although the violent-prone also perform other roles.

2. Weapons Intimidate Workers and Competitors

Crack selling groups now spend money to buy the latest weapons and guns (semi-automatics and small handguns) which the guards may deploy in public view. Guards and lieutenants routinely show such weapons and threaten violence with those who work for their selling group. Street sellers know that if they run off with drugs or money, or fail to repay debts, or act as informers with police, that they are likely to be physically assaulted or killed (Johnson et al. 1985; Goldstein 1985). In addition, free-lance sellers depart rapidly from good selling locations when threatened by weapon-carrying guards. Such threats, in addition to payments for work performed, are the "glue" which keeps drug selling groups functioning effectively and prevents persons "laid off" from complaining to police and others about their mistreatment.

3. Intimidation of Neighborhood Citizenry

With the mobile and rapid deployment of Narcotics Bureau squads, who target both street sellers and house/apartment selling operations, crack selling groups have also developed highly mobile tactics. Because police and Narcotics Squad activity are frequently based upon calls from community leaders and citizen complaints identifying specific locations, crack selling groups undertake efforts to control nondrug-using citizens and prevent them from calling police. Two major tactics are routinely employed.

a. Employ "Innocents" in the Drug Business

Crack selling groups attempt to "buy" the cooperation or silence of citizens. Such groups make very attractive offers to landlords or low income citizens to vacate their apartment or permit them to be used as a location for selling or packaging. They often employ young children, mothers with baby carriages, grandmothers, or other innocent-appearing persons as lookouts or drug "holders." They also provide their selling "staff" with badly needed money to give to mothers/parents/spouses to suppress their opposition to selling crack. [When crack sales are the only "job" to be found in inner-city neighborhoods, high cash payments are frequently accepted by "straights."]

In short, crack selling groups may make concerted efforts to buy the cooperation of ordinary citizens who would be present to observe their illegal activities and might call police.

b. Threaten and Use Violence Against the Uninvolved

Of equal or greater importance, however, crack selling groups systematically employ tactics designed to intimidate most citizens in their selling territory. Such citizen intimidation ranges from loud, aggressive talk among sellers to shootouts with rival groups. A common form of intimidation consists of implicit verbal threats ("you better not cause trouble") to persons who refuse generous "offers" of money for their apartment or who refuse to "work" for the organization.

After gaining and using an apartment in a building for selling, crack selling groups and crack users may also destroy plumbing or vandalize the building, thus threatening the marginally decent living accommodations of inner-city residents. Several crack users and sellers also make loud verbal threats to each other and to passersby. Guards in crack organizations may display weapons (semiautomatic guns

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are especially effective). Sellers and lookouts may attend "anti-crack" rallies to see who is opposing them. Some persons, especially low-income neighborhood leaders, may be physically assaulted; some have even been killed.

The end result of many hours and days of crack selling and related dealing activity is that most members of the inner-city community are bought off or sufficiently intimidated so police are rarely contacted or neighborhood organizations cannot generate sufficient support to demand improved police protection.

Police ability to eliminate crack sellers for long periods of time without large manpower resources is spotty. From 6/86 to 8/88, Manhattan's prosperous west side was a favorite sales location for many crack sellers, including Max's crew, because many middle class buyers would come to the neighborhood. By October 1988 most crack dealers were gone (senior author's personal observations):

But for many (repeat crack dealers) the door is slamming shut; not only arrests, but convictions are up, the result of a highly focused effort by diverse group of government agencies who've joined forces with the community to combat drugs. Amsterdam Avenue, plagued in recent years by thickets of drug dealers, appears to be clearing up, according to a task force team who've been targeting Amsterdam and intersecting streets for the past five months. During that time 450 drug-related arrests were made. The District Attorney's office had been responsible for the conviction of and sentence of 158 persons... and had obtained particularly stiff penalties. The Westside Crime Prevention Program involved top commanders of two precincts, housing police, the D.A., and local politicians. The reclamation of Amsterdam Avenue seems now a work-in-progress. (Westsider 1988)

Similar results have yet to be accomplished in Harlem and Washington Heights, partially due to the magnitude of the problem and a citizenry less effective in demanding action from city government than the middle-class elites of the West Side. Neighborhood intimidation and effective control by crack selling groups is particularly evident in many inner-city public housing projects, especially in Chicago, Detroit, and St. Louis (Newsweek 1988).

4. Violence Among Crack Selling Groups

Crack selling organizations ("gangs," "crews," and "posses") face several fundamental problems. They are all trying to sell the same undifferentiated product to a relatively small number of crack abusers (who use it frequently) and always try to bargain the price down. Price reductions by and competition from free-lancers and other crack-selling groups are probably the major constraint limiting profits. Competition among selling groups is probably more important than police tactics (which usually result in arrests of lower level sellers), not the upper management.

Emerging crack selling groups have, for the most part, been effective in controlling free-lance sellers, by moving them out of their "turf" or by providing employment in their group. The major problems arise over which organization is going to sell crack within a specific delimited area ("turf"). Well managed crack selling groups typically gain and maintain control of most crack sales within a building or perhaps several blocks. The presence of armed guards and other musclemen are designed to frighten off other crack sellers and crack selling groups (although citizen intimidation is also an important factor).

Other crack selling groups, however, will frequently challenge and try to establish their sellers in particularly good locations. Such efforts to break into a local near-monopoly of sales frequently generate the most serious street violence. Armed guards and employees may engage in executions or gunfire with guards and employees of another crack selling group. Such shootouts, by persons with no fire-arm training sometimes occur in busy neighborhoods, may wound or kill innocent persons. Such shootings are almost always reported on TV and in the local press. Such publicized incidents provide a most effective form of citizen intimidation.

5. Cumulative Impact of Crack Selling Groups

Such crack selling groups have expanded dramatically since 1985. Many have a vertical business organizational structure, control the actions of several employees, have well armed guards, and are willing to use violence and its threat on a daily basis to maintain optimal selling conditions. Such well-armed and financed organizations now exist in New York, Los Angeles, Detroit, Chicago, Washington, D.C., and can be found in the inner-cities of most cities of over a million, and many smaller urban areas. They maintain effective paramilitary control much of the time in many inner-city streets and neighborhoods, although they generally cede control to police when they pass through.

From 1986 to the present, the police in most communities with crack have devoted major resources to arresting crack sellers. For example, the monthly number of crack arrests in New York City increased from 3000 in fall 1986 to 6000 in fall 1988 (NYCPD 1988). Moreover, in comparison with cocaine arrestees in 1983-4 (primarily Operation Pressure Point arrestees), crack arrestees in 1986 were more

likely to be held at every stage of criminal justice processing and to be sentenced to more severe penalties (Belenko and Fagan 1987; Nickerson and Dynia 1988; Ross and Cohen 1988).

The end result is that persons convicted of drug sales, especially of crack, have surpassed robbery convictions and now constitute the largest proportion of all inmates entering jails and prison in New York (Ross and Cohen 1988). The results are similar nationally; jails and prisons bulge with inner-city crack user-dealers arrested and convicted on a variety of charges, but especially for sales.

Few officials believe that inner-city neighborhoods are much safer because so many crack user-dealers have been incarcerated. Moreover, the core members of crack selling organizations are rarely arrested and convicted, so that arrested street-level sellers are rapidly replaced (Chaiken and Chaiken 1984, 1985,; Chaiken and Johnson 1988; Williams 1989). Rather, general agreement exists that community safety in the inner-city and other neighborhoods has declined substantially during the latter half of the 1980s (New York Times 1988; Newsweek 1988).

IV. CONSEQUENCES OF DRUG USE AND DEALING FOR THE INNER CITY.

The vast majority of inner-city users and dealers of cocaine, heroin, and crack come from backgrounds which generally exhibit two or more of the following interrelated social problems: broken or disturbed families, illegitimacy, abuse or neglect by parents, parental alcoholism/drug abuse, parental deviance/criminality, poor housing, below average school performance, school dropout, parttime work or unemployment, or no legal employment, welfare dependency, long term economic impoverishment, etc.

Such multiple problems are common in the social backgrounds of many, if not most, inner-city residents. Even in the worst communities, however, most inner-city residents deal in their own ways with poverty, poor housing, low education, welfare, family dissolution, and other problems. Despite their severely disadvantaged backgrounds, the vast majority of inner-city residents do not become regular users or dealers of heroin, cocaine, or crack, although regular use of marijuana and alcohol may be more common (Clayton and Voss 1981; Frank et al. 1988a,b).

Despite their own lack of personal involvement with heroin, cocaine, or crack, however, most inner-city residents in the 1980s routinely confront hard drug use and dealing in their neighborhoods and among their families, relatives, and friends. Moreover, with the advent of crack dealing and use, these impacts have apparently worsened significantly in the last half of the 1980s, as described below.

A. The Rise and Economic Importance of Drug Dealing for the

Criminal Underclass.

In 1960, probably less than 5 percent of the total population, and probably less than a quarter of the criminal underclass, had ever used any type of illicit drug. While drug possession and selling were classified as felony crimes in 1960, relatively few persons sold drugs because the demand was not large and supplies were very limited. With the dramatic rise in marijuana consumption after 1965, the heroin epidemic in 1965-72, cocaine (1976-84), and crack epidemic (1985-present), the number of persons involved and frequency of felony crimes of sale and possession of illicit drugs expanded dramatically.

For all practical purposes, drug sales were like a "new crime" after 1960. Like alcohol during prohibition, illicit drugs were commodities which many persons valued and willingly paid a high price. Drug sales were a "victimless" crime (Schur 1962; Scher 1967) in which the buyer would generally not cooperate with--much less complain to--police. The actual economic costs of producing marijuana, heroin, and cocaine were low for suppliers. The major costs were the risks of arrest, apprehension, and imprisonment for violation of drug laws (Moore 1977).

Drug selling and related dealing roles rapidly became a favorite crime for many inner-city youths participating in the criminal underclass. For the poorly educated, unemployable, impoverished youth, drug selling had few skill or training requirements; all skills could be learned "on the job" from other seller/suppliers. Several hours of selling would consistently net greater dollar returns than the commission of almost every other form of crime (robbery, burglary, theft) and had a lower

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probability of arrest and incarceration because the "victims"
sought out the seller (Johnson et al. 1985; Johnson, Kaplan, and
Schmeidler 1988).

Somewhat like legal businesses, the real economic rewards
from drug dealing came from employing and supervising others to
conduct the routine sales work and to assume the risks of
arrest/incarceration. Criminals who could organize and supervise
3-5 street dealers to make over 200 transactions or about 400
sales units (bags, vials, etc.) a day would make "crazy money"
(Williams 1989)

The labor of the drug-abuser "junkie" became valuable.
While the junkie might not be trusted to sell his drug of
addiction, he would work much of the day to assist sellers by
performing other key roles (lookout, tout, holder, etc.) and take
payments in drugs rather than cash (Johnson et al. 1985; Johnson
and Williams 1987). As a victimless crime which had eager buyers
paying large cash amounts for illegal drugs, drug selling rapidly
became the most frequently committed crime, even among criminals
who otherwise seldom used drugs (Chaiken and Chaiken 1982, 1985).
Especially among daily users of marijuana, heroin, cocaine, and
crack, virtually all engage in direct sales and related roles.
They engage in hundreds or thousands of drug transactions
annually (Chaiken and Chaiken 1982; Johnson 1985; Ball et al.
1982; Chaiken and Johnson 1988).

B. The Hard Drugs-Crime Connection

An extensive research literature now documents the linkages between heroin and criminality, and increasingly between cocaine and crime (Ball et al. 1981; Nurco et al. 1985; Chaiken and Johnson 1988; Wexler, Lipton, Johnson 1988; Johnson et al. 1985; Johnson, Lipton, Wish 1986; also see Hunt, this volume).

There are several ways in which hard drug use/sales have increased criminality. First, among youths who initiate criminality at an early age (13 or under), sizable proportions also initiate drug use and hard drug use at early ages. In short, those predisposed toward criminality also are at high risk for also becoming hard drug users, although the majority may not become life long hard drug users (Elliott and Huizinga 1984; Robins and Wish 1978; Brunswick 1979, 1988).

Second, even among persons not predisposed to criminality and those from stable working class or middle class origins, a small proportion (but with sizable absolute numbers) become regular users of heroin or cocaine/crack, commit several felony crimes, and become participants in the criminal underclass subculture (sometimes while also holding steady employment). Thus, drug abusers from outside the poverty class may also be recruited to the criminal underclass.

Third, heroin and cocaine, and recently crack, are drugs which rapidly lead to dependence. They produce euphoria (highs) which many users find extremely rewarding, but after several administrations, users experience dysphoria/depression or withdrawal symptoms which the next administration of the drug quickly, but temporarily, relieves. Even after several days or weeks without such drugs, users experience strong cravings for use; relapse is usual predictable outcome (Gold 1984; DesJarlais

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et al. 1983; Anglin and Speckart 1988). Such cycles of repeated
administration, euphoria, and dysphoria, occasionally punctuated
by days or months of abstinence--followed by relapse--creates
pressure on the user to commit crimes to obtain the drugs or
funds with which to purchase hard drugs.

Fourth, since heroin, cocaine, and crack are expensive
illicit drugs, many users, especially from inner-city poverty
origins, quickly exhaust their legal resources, and engage in
cash generating crimes (primarily thefts, burglary, robbery, and
prostitution--females) or drug dealing crimes on a regular basis,
from several times a week to two-ten times a day (Anglin and
Speckart 1988; Ball et al. 1981, 1982; Johnson and Wish 1987;
Johnson and Kaplan 1988; Johnson, Anderson, Wish 1988).

Fifth, although the majority of heroin and cocaine users
have initiated criminality prior to their use of these drugs,
their crime rates increase from relatively few felony crimes
(under 50 annually) prior to addiction to many crimes (about 200
nondrug crimes and over 300 drug sales annually) during periods
of daily and multiple daily use. If such hard drug users
temporarily abstain or reduce consumption to less than weekly
use, their crime rates decline to approximately their
preaddiction levels, but increase when they relapse to daily use
(Anglin and Speckart 1988; Ball, Shaffer, Nurco 1983; Ball et
al. 1981, 1982; Nurco et al. 1985, 1988).

Sixth, the most serious crimes (robbery and assaults) are
committed primarily during periods of heaviest (daily, multiple
daily) use of heroin and cocaine; such offenders rarely commit
these crimes during periods of less-than-weekly use of these
drugs (Hunt, Lipton, Spunt 1983). Criminal income from robbery

is rapidly expended, primarily upon heroin and cocaine among speedballers in New York (Johnson, Anderson, Wish 1988; Johnson and Wish 1987).

Seventh, persons who engage in hard drug sales must systematically protect themselves against arrest and incarceration, and have no access to law enforcement to protect their property. Sellers at all levels must be prepared to resort to violence or its threat to control their associates.

Eighth, the economic returns to dealing organizations from drug sales are so substantial that many expensive goods and services can be afforded to maintain control. Particularly important is the ability to purchase weapons, especially guns and automatic weapons.

Hence, hard drug use and sales have probably increased the number of participants in the criminal underclass substantially since 1960s. The participants appear more likely to commit serious crimes, and to commit all felony crimes at higher frequencies than prior to 1960 and in comparison with criminals who do not use hard drugs. The dramatic expansion of drug selling and related roles since 1960, and the economic values of illicit drugs, have provided the criminal underclass with very real and substantial economic power and criminal means to prevent law enforcement from imposing sanctions on the majority of offenders.

The central conclusion is that the criminal underclass in the inner-city has experienced substantial growth since 1960. Drug use and sales have been incorporated into, and surpassed all other criminal offenses, in the criminal underclass economy. The monetary returns from drug sales have so dramatically expanded

the economic value and importance of the criminal underclass economy that it may rival or surpass the licit economy in inner-city neighborhoods (although hard data on this point are impossible to obtain). The consequences of such growth in the criminal underclass economy and its subculture for individuals are discussed in the following sections.

C. Declines in Economic Well-being of Drug Abusers in the Inner City

While a few upper-level suppliers like Max make "crazy money" from cocaine and crack sales, the vast majority of inner-city youths who enter the cocaine-heroin and criminal underclass rarely improve their economic position in American society. Instead, the regular use of heroin, cocaine, and crack frequently brings about rapid impoverishment (Williams and Kornblum 1985). The following paradigm of "declining economic well-being" among drug abusers is designed to help organize and understand diverse findings about family disintegration (Deren 1986; Gibbs 1988; Glick 1988; Hoeffrith 1985; McAdoo 1988), homelessness (Ropers 1988; Johnson et al. 1988), unemployment and underemployment (Freeman and Holzer 1986; Freeman and Wise 1982; Larson 1988; Williams and Kornblum 1985; Glasgow 1981), and the economic underclass (Hughes 1988; Ricketts and Sawhill 1988, Shannon 1986; Wilson 1988).

"Economic well-being" may be defined as the ability to gain and maintain housing, food, and accumulate tangible assets, and-- in the illicit markets--the consumption of drugs. It also refers to intangible assets such as good relationships with other

persons to gain assistance in hard times. Economic well-being can be measured by the dollar amounts expended upon housing and food plus the dollar value of tangible assets acquired (value of house, furniture, cars, etc.) plus cash savings and investments, plus the dollar value of legal and illegal drugs consumed. At very low levels, economic well-being may also be conceptualized as including the dollar value of "avoided expenditures" (Johnson et al. 1985) for housing, food, or drugs which may be given by the "good will" of others who provide such subsistence.

The majority of near daily users of heroin and cocaine experience severe declines in, and have very low, economic well-being because most of their resources are expended for drugs--regardless of how much they earn from legal work, illegal activities, and drug dealing. The majority of cocaine-heroin abusers and even dealers experience absolute declines in economic well-being within both the licit economy and in the drug dealing economy.

1. The Downward Cycle in the Licit Economy

The life-style of drug abusers during typical cycles of daily or multiple daily use of heroin/cocaine, or crack needs to be placed within its context. Most inner-city adults have welfare support or a legal job providing modest legal income which supports expenditures for a home or apartment, sufficient food, and some household furniture. They are also likely to have friends and extended family willing to "help during hard times" (McAdoo 1988:160-6). While several adults may use heroin or cocaine recreationally (once or twice a week or less often),

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among persons who become daily users of heroin or cocaine, the following scenerio--drawn mainly from Johnson et al. 1985; Hanson et al. 1985; and Williams 1989--is common.

They enjoy the drug induced euphoria so much, and they feel so sick or depressed shortly afterwords, that they must have their drug of choice, again, and again, and again! If available, cash savings are spent, the entire paycheck or welfare check is spent in a couple of days, credit is borrowed up to the limit. Their food consumption and expenditures drop (heroin and cocaine suppress appetite). Phone service is disconnected and the rent is not paid. In about six months (unless a spouse or family member or police/treatment intervenes), all tangible assets have been sold or traded for drugs, and a permanent residence is lost. Frequently, a legal job has been lost as well. Legal economic well-being has declined below federal poverty levels, if not to near zero. The frequency of criminality increases.

Next comes the "couch person" or "garage person" phase. Drug abusers avoid expenditures by sleeping on a couch or floor (or garage) of a relative or friend who will frequently provide them with a meal or two. After the theft of some goods or several days stay, however, this hospitality typically ends, and the drug abuser must find another friend who will provide shelter and some food. Depending upon the extent of the kin and friendship network, most drug abusers become homeless shortly afterwords.

The "homeless" phase occurs when the drug abuser has exhausted virtually his entire economic well-being, owning only the clothes which he wears. He eats at soup kitchens or spends a few dollars on snacks and sleeps outdoors, in abandoned

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buildings, or in cold weather in public shelters. Arrest/jail or
residential treatment entry provide a few limited opportunities
to eat and sleep reasonably well.

2. The Downward Cycle in the Drug Dealing Economy

During the process of losing legal economic well-being, however, heroin abusers report earning substantial cash incomes--about \$8,000 annually in 1982 in New York (Johnson et al. 1985)--from nondrug crimes such as burglary and shoplifting for males, or theft and prostitution for females. Most of the returns from each crime episode are spent within a day upon drugs and very little will be spent for food (Johnson, Anderson, and Wish 1988).

Prior to becoming "homeless", most heroin and cocaine abusers also engage in drug dealing. Suppliers may advance them "bundles" of 10-25 dosage units (bags or vials) to sell. Average sellers can easily make gross sales of \$200 to over \$1000 a day, of which about 60 percent must be returned to the supplier in order to "reup" (receive the next supply). Such gross sales should generate \$50-\$400 a day in cash income, but this is rarely the case. User-sellers frequently consume some of the drug consignment as their "returns" in drugs. In addition, the user-seller must frequently give drugs to others who steer or find customers or who protect him (Johnson et al. 1985; Williams 1989).

Recently, as crack selling groups have become vertically organized with crack users (and nonusers) being hired to sell at assigned street locations for a wage, persons who do not make enough sales during the week are not rehired. Moreover, as users

of heroin or crack begin to use several times daily, their reliability as sellers declines. They consume so much of their drug consignment that they cannot return the expected cash amount to their supplier or they use as much as they sell (Williams 1989). Soon their reputation spreads and suppliers will no longer advance them drugs to sell. Nevertheless, a variety of roles in assisting sellers remain available; users can tout drugs, steer buyers, lookout for police or competitors, hold money or drugs, etc. The key feature of these roles is that the person is responsible for either money and drugs, but not both, and for some roles, he has access to neither.

If their excessive consumption of heroin, cocaine, or paranoia from crack bothers suppliers or impedes performance in these roles, however, users/sellers will be discharged. Thus, they can no longer obtain supplies to sell, nor will others hire them to assist in selling drugs. They have exhausted their economic well-being and reputation even within the dealing economy. They can no longer earn drugs easily. Especially when they can no longer share their occasional supplies of drugs, they may not be welcome to stay at apartments of other crack/drug abusers.

At the end of the downward spiral, economic well-being in both the legal economy and the drug dealing economy has reached near zero. Abusers become unemployed, homeless, without tangible assets, can get neither meals or shelter from friends and relatives, and have lost their earning power and reputation in the drug dealing economy. Despite such near-zero economic well-being, a relatively large number of drug abusers persist in living at that level. Only nondrug crimes (and prostitution for

females) will raise the money needed to purchase their valued drugs and minimal food. Many become mendicants, depending primarily upon panhandling, the least reputable hustle in the criminal underclass subculture.

I was waiting at a small restaurant to meet Headache. When I saw him, we walked about half way down the block. He was approached by a scrawny young girl named T-bird who apparently knew him. She asked him for some money. He said no and wanted to know would I lend her anything. I gave her a dollar and she left immediately for the local groceria. We were standing on the corner talking a few minutes later when she walked by. She held several party cakes in one hand, a coca-cola in the other and a bag of potato chips between her teeth. Over the course of the summer I saw her begging many times. Headache said she only begged for money to buy food because she could get crack from a friend named Rock at the crack spot because he (Rock) liked to have her oral sex talents.

T-bird was not an isolated case. Begging has become so prevalent among the female (and male) crack users to the point where it was routine behavior that bordered the con game. Many wanted money for drugs while others obviously needed food or transportation.

(Williams fieldnotes 1988)

Arrest and incarceration or admission to inpatient drug detoxification (if they have medicaid) are two primary routes which provide a break in this bleak life-style. Occasionally some enter methadone treatment or residential drug programs and

begin a process of rehabilitation. But usually after several months of abstention or low to intermittent use, most relapse to daily use and the cycle is likely to repeat itself.

Remarkable though it may seem, many heroin and crack abusers subsist at a very low level of economic well-being, even though their illicit incomes may greatly exceed federal poverty levels, and sometimes would provide a comfortable middle class existence--if it was not all expended for drugs.

3. Homelessness and Shelters

Declining economic well-being has added many hard drug abusers to the growing numbers of homeless and "couch people." While the number of homeless cannot be estimated with precision, the large numbers of drug abusers are clearly evident among the two major institutions for homeless, public shelters and low-income hotels. In New York, Human Resources Administration (1987; Crystal and Goldstein 1984) estimates that approximately 10,000 persons live in "welfare hotels" and "single room occupancy hotels" or other "low income hotels;" this number is half of the figure in 1970. In addition, a stable population of 7,000 reside in public shelters which swells to nearly 10,000 on the coldest winter nights. Moreover, several thousand homeless sleep in bus, train, and subway stations. Many others sleep in parks, on the street, and in abandoned buildings or drug-taking locations. Los Angeles (Ropers 1988) has approximately 3,500 homeless living in private emergency shelters, but probably 35,000 more sleep in garages and outdoors.

Studies of New York shelter residents (Struening and Kolmar 1988; Street Studies Unit 1988; DSAS 1988; Joseph 1988) found that approximately a quarter of "transient" respondents admitted to the use of heroin, cocaine, or crack and two-fifths to recent marijuana use (Johnson et al. 1988). Such figures must be considered as minimal estimates due to underreporting. Moreover, among "couch persons" and homeless hard drug abusers, public shelters are frequently the last resort; bus and train stations and the streets (in mild weather) are generally preferred (Joseph 1988). Hard drug abusers will likely to continue to provide a sizable and probably increasing share of the nation's homeless in the near future as well. This may be partially due to extraordinary difficulties in rehabilitating drug abusers.

4. The Difficulty of Rehabilitation

The drug abuser lifestyle is very difficult to alter for long periods of time, especially for abusers from poor inner-city backgrounds. A large and complex literature on treatment of heroin abuse documents these difficulties (DeLeon 1985; Johnson, Lipton, Wish 1986; Wexler, Lipton, Johnson 1988; Anglin and Hser, this volume). While probably over half of heroin abusers seek treatment during their careers, the long-term rehabilitative prognosis is least favorable for detoxification, which addicts prefer (Lipton and Miranda 1982).

Methadone maintenance and therapeutic communities keep addicts in treatment longer; their drug abuse and criminality is substantially reduced while enrolled. Upon departure from such treatment, however, relapse occurs within a year for about two-thirds of the addicts. Additional cycles of treatment,

relapse, and treatment, are associated with slow improvements towards rehabilitation (Simpson 1984; Tims and Ludford 1984). Two groups of heroin addicts have particularly poor prognosis: those who are criminally active and homeless from inner-city backgrounds. Both groups are most likely to depart from treatment against medical advice and relapse rapidly to heroin, cocaine, and crack.

Rehabilitation difficulties have increased dramatically with crack. The only "treatment" that consistently rehabilitates crack users is total abstinence from all drugs, but those who abstain are a distinct minority (Washton 1989). Even programs designed for middle class and employed working class crack users have dismal outcomes. Over 80 percent relapse to crack and other drug use within a year, most within 30 days of treatment exit. While a variety of experimental treatments are underway, the current prognosis for finding a treatment which can keep the one year relapse statistic under 50 percent appears distant (O'Brian et al. 1988; Gawin and Ellinwood 1988; Barnes 1988).

In the late 1980s, the demand for treatment greatly exceeds available slots--and the vast majority of heroin, cocaine, and crack abusers are not seeking treatment. Most of those who enter will rapidly depart and relapse. Those who remain in treatment for 9-12 months have the best prognosis towards rehabilitation in future years, but even a majority of these will relapse. With the dramatic rise in crack abuse and lack of cocaine-specific treatments for the many inner-city drug abusers, very large numbers appear likely to continue their addiction cycles, depleting their economic well-being, have few opportunities for

rehabilitation to legitimate activities, and continue to overwhelm the criminal justice system, correctional institutions, drug treatment system, and health care system.

D. Morbidity and Mortality in the Inner-city

The abuse of heroin, cocaine, and crack are also associated with difficulties in achieving gains in inner-city public health. While public health indicators are generally improving for the U.S. as a whole, virtually all studies (Brunswick and Messeri 1986; CDC 1985, 1986) show inner-city communities have the worst measures on virtually all indices of public health. The data are suggestive, but not conclusive, that cocaine and heroin abusers are at highest risk for almost all health measures, and that they contribute a very disproportionate share of all persons who are "ill," regardless of the specific sickness.

1. Accumulation of Years of Poor Health Practices.

The basic reasons for the poor health of heroin, cocaine, and crack users are easily understood. First, regular nutrition, sleep, and preventative health practices are typically neglected. These drugs are appetite suppressants, so the user does not eat as often or as much as normal. Users frequently spend "food" money for drugs, and eat "sweets" (sodas and candy) rather than a variety of foods. Normal sleep and rest are not routine. During runs of cocaine-crack, they may be awake for several days.

Second, these drugs are effective at suppressing a variety of physiological symptoms, so that warning signs of illness and chronic poor health are masked by these effective painkillers or ignored by users. They typically seek medical attention only for acute and life-threatening episodes.

Third, cocaine-heroin abusers frequently engage in many practices dangerous to their health and prone to the development of chronic diseases such as: lung and heart diseases (due to multiple daily smoking of tobacco or marijuana, cirrhosis of the liver (due to high alcohol intake), sexually transmitted diseases (due to sexual practices with several sex partners), Hepatitis B and AIDS (due to injection and needle sharing).

Particularly during their teens and twenties, and after onset to near daily use of heroin, cocaine, or crack, such abusers typically accumulate several years of poor nutrition and sleep, consistently high rates of tobacco-alcohol consumption and intravenous injections. Sometimes earlier, but usually when in 30s and 40s, many if not most, cocaine-heroin abusers experience chronic ill health from several diseases, frequently have several hospital episodes, or even die.

Although public health indicators are not specifically focused on the inner-city, the following summarize a few major studies which have examined the relationship of indicators of morbidity, mortality, and AIDS among hard drug users.

2. Morbidity Indicators: Drug Abusers Often Have A Variety of Serious Illnesses.

Goldstein's et al. (1987) review of several studies of public health indicators point out that these may be related to heroin and cocaine abuse. While many studies demonstrate that most measures of poor health are highest in inner-city communities (Gibbs 1988) and that many drug abusers in inner-city health facilities (hospitals and clinics) have these diseases, very few studies directly show what proportion of persons with a specific disease are heroin abusers. Their study strongly suggested that heroin abusers probably constituted a substantial proportion of all reported cases of the following diseases: hepatitis B, endocarditis, pneumonia, and assaults.

One study (Goldman and Sixsmith 1982) investigating such direct linkages between heroin use and medical disease occurred at seven public hospital in New York City; it examined the patient's entire medical record (including urinalysis, blood tests, and self-reported drug/alcohol use) for evidence of addictive status, regardless of the admitting or presenting problem or disease. A sizable proportion of patients, about 20 percent, had evidence of substance abuse, frequently for several substances such as alcohol, heroin, cocaine, and methadone. In cases where some drug use was present, approximately two-thirds of the medical diagnoses were clearly caused by drug use, and only a quarter were clearly not caused by drug use. Drug abusers entered via emergency care and stayed hospitalized longer for their illnesses than other patients. About 20 percent left against medical advice prior to completing the prescribed treatment. About a quarter of the drug abusers had 3 or more

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previous hospitalizations compared with 18 percent of other cases. They absorbed a disproportionate share of medical and economic resources at these hospitals.

3. Mortality Indicators: Drug Abusers Are at High Risk for Death at an Early Age.

The evidence is much clearer regarding the association of heroin abuse and premature death. Even before the AIDS epidemic, heroin abusers had much higher death rates than their nondrug-using counterparts and evidence for cocaine and crack abuse suggests similar findings (Sells and Simpson 1976; Simpson and Sells 1982; DeLeon 1985; Des Jarlais et al. in press; Des Jarlais and Friedman 1987; Joseph and Appel 1985; Dole and Joseph 1978).

During periods when drug abusers remained in treatment, their annual death rate was about 5 per 1000 person-years. But when they relapsed to daily heroin use, the annual death rate increased to about 15 per 1000 person-years. The three leading causes of death were narcotics overdose, alcoholism (cirrhosis of liver, etc.), and homicide. Other causes of death (traffic\other accidents, heart/lung diseases, natural causes) were much less frequent.

Another grim set of statistics documents the increasingly close connection between drug abuse and homicide. In New York City, estimates of the proportion of homicides which were "drug-related" have increased from about 24 percent in 1984 to about 56 percent in 1988 (New York Newsday 10-3-88--part of this increase may be due to improved definitions and recording practices).

Goldstein (1985; Goldstein and Brownstein 1987) proposed and have measured three ways in which homicides in New York State in 1984 may be "drug-related." Because New York City cases could not be back coded, only figures for non-New York City homicides were available. Although widely feared by the public, the "economic compulsive" variety (homicides committed during robbery of ordinary citizens) was relatively uncommon (less than 2 percent of all homicides). The "psychopharmacological" variety (homicide while very heavily intoxicated with alcohol, heroin, or paranoid after heavy use of cocaine) occurred in about 25 percent of the homicides. The "systemic" variety (murders committed among persons involved in drug dealing networks) accounts for about 10 percent. Approximately 40 percent were clearly not drug-related (wife kills husband, fight between nondrug-using friends, etc.) and 20 percent of the homicides were unknown.

A recent review of the "new mortality" among young black males (Gibbs 1988) revealed that homicide was a leading cause of death, as well as suicide, accidents, and other life-threatening behavior (such as alcoholism and lung cancer). She summarizes her book length review with this strong statement:

The evidence is overwhelming that young black males are truly endangered--not only indirectly from society's neglect and abuse, but quite directly by their own actions and activities.... (They) are continuing to kill, maim, or narcotize themselves faster than they could be annihilated through wars or natural disasters. They not only destroy themselves, but also jeopardize their families and friends,

restrict family formation for young black women, threaten the stability of the black community, and endanger the health and welfare of the entire society.

(Gibbs 1988:281-2)

In the early 1980s, medical examiner reports of deaths among those with narcotic drugs in their system began to grow in number, a harbinger of a new cause of inner-city mortality: AIDS.

4. AIDS as the Grim Reaper of the Heroin Generation

Acquired Immunodeficiency Syndrome (AIDS) was first diagnosed in 1981 as a distinct disease and a test for exposure to the Human Immunodeficiency Virus (HIV) was developed in 1984. Data from the 1970s show that exposure began among New York City heroin injectors in 1976 (Des Jarlais et. al. in press).

Intravenous drug abusers, primarily blacks and Hispanics from inner-city neighborhoods, now constitute a majority of detected AIDS cases in New York City (Friedman et. al. 1987; Stoneburner et. al. 1988). Over 90 percent of female AIDS cases have occurred among intravenous drug abusers or spouses of such abusers; they also have virtually all the perinatal transmissions or AIDS babies (New York City Department of Health 1988; Des Jarlais and Friedman 1988).

In 1988, approximately 50-60 percent of intravenous drug abusers in New York Cities tested positive for HIV. Needle sharing and frequent rental of "works" at "shooting galleries" are a primary factor for the such high levels of exposure to HIV in New York (Des Jarlais et. al. 1988, in press; Des Jarlais and Friedman 1987; Marmor et. al. 1987; Marmor and Des Jarlais 1988).

In Los Angeles and many other major urban cities, shooting galleries and needle sharing among heroin abusers do not appear as frequently in New York City. Less than 5 percent of heroin abusers test HIV positive. Addicts are getting the messages about AIDS, and are increasingly reluctant to share needles (Friedman and DesJarlais 1988).

Probably 250,000 persons or more New Yorkers have injected heroin (or other drugs) during the past decade (1978-88) (State of New York 1988, 1989); this is a conservative estimate. Persons who have injected drugs since 1976 and become HIV infected are at very high risk of death, although no accurate estimate can be made which predict how many will die of AIDS or HIV-related diseases. Probably tens of thousands will die before the year 2000 (assuming no medical breakthroughs).

Clearly, AIDS has and will kill thousands of heroin injectors nationally before they reach their fiftieth birthday (New York State Department of Health 1988, 1989). Although many addicts do not know it (and avoid tests), many are already HIV positive. The grim reaper is working steadily to remove them from society before the end of the 20th century.

E. Family and Kinship Ties

Recent reviews (Gibbs 1988; McAdoo 1988; Wilson 1988) of family research provides extensive evidence of deterioration in the status of minority males and their families since 1965. Despite mountains of fine research into the causes and consequences of declining well-being of black (and Hispanic) families, the role of drug use/abuse and drug dealing is routinely ignored. We suggest that patterns of hard drug abuse

(since 1965) among parents continues to undermine and weaken inner-city families and reduce the support provided by the kinship networks among the inner-city families.

1. The Rationale

Alcohol abuse affects more families than drug use, but most families can adapt to the alcoholic parent. In families in which a spouse (or even adult-aged children) becomes alcoholic or marijuana abusers, a limited share, probably under 10 percent, of family economic resources (income and savings) goes to purchase of alcohol or pot. The major impacts of alcohol abuse primarily involves affective relationships within the family. Nonalcoholic family members and children may develop elaborate defenses to deny a problem, protect outsiders from knowing, and cover up for the alcoholic family member (Hendin et al. 1987).

The economic impact is far more important when family members become regular or near daily heroin or crack abusers. If such abusers obtain legal income (via jobs or welfare) for the family, they soon spend most such money for drugs and cease monetary contributions to the family. When their legal income is insufficient to buy drugs, they frequently will turn to stealing family possessions (TV, appliances, etc.) which they sell to buy drugs (Hanson et al. 1985; Johnson et al. 1985).

In order to protect the family's economic well-being, nondrug-abusing family members must take steps to remove the abuser from imposing further hardships on the family. This usually means denying him/her access to the house, denying food and shelter, and literally being "put out" on the street. In short, family breakup due to drug abuse becomes the responsible solution to preserve the rest of the family (Rosenbaum 1981).

Hard drug abuse may badly damage or end relationships between family members. Companionship and sexual pleasure between adults declines due to drug consumption. Time spent with children frequently ends; the abuser's erratic and unreliable behavior undermines parent/child relationships. Once out of the household, the male drug abuser rarely has contact with his children, although female addicts may try to maintain contact (Deren 1986). In short, cocaine-heroin abuse (unlike alcoholism and daily marijuana use) severely undermines, if not destroys, the family as an economic and affective unit in rapid fashion; frequently such dissolution represents responsible action on the part of the family member who remains. (Williams 1989).

2. The Children of Alcoholics and Substance Abusers

One of the best documented findings in the alcohol literature is that the children of alcoholics are at high risk of becoming alcoholics themselves. Especially during the 1960s, 70s, and 80s, children growing up in inner-city families with an alcoholic member were also at high risk becoming abusers of drugs as well as alcohol. Members of the heroin generation have had several children (2-3 on the average), although parents were infrequently married and rarely living with their families. In short, these children of substance abusers (COSAs) in inner-cities may not know who their father is. If they know their father's identity, contacts with him may be very rare, as have been his economic contributions to the family (Deren 1986).

The effects of drug abuse on the abusers' children may begin during the prenatal phase, extend to neonatal withdrawal symptoms, and continue as the child is raised in a drug-abusing environment.... it has been estimated that more than 234,000 children in the U.S. have heroin-addicted mothers. Addicted mothers usually receive little or no prenatal care...and suffer complications during pregnancy. Newborns of addicted mothers are more likely to be born prematurely, and about 50 percent are low birth-weight infants. Up to 90 percent of infants born to heroin-addicted mothers experience withdrawal symptoms.... In New York City, between 1979 and 1981, (such) infants had a mortality rate almost three times that of the general population. Substance abuse in parents has been associated with higher rates of substance abuse in children.

(Goldstein et al. 1987:96-7).

If their mother was a hard drug abuser, children of substance abusers have frequently been raised by grandparents, kin, and/or the foster care system. And these children of heroin abusers, as well as many children of the inner-city, are now at high risk for becoming crack abusers.

Female crack abusers are very active sexually and engage in prostitution as a common source of support. Although many claim to use condoms, they frequently do not employ effective birth control nor follow accepted patterns of prenatal care when pregnant; most also smoke (both tobacco and marijuana) and drink alcohol heavily in addition to their crack consumption. Over 10

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percent of babies born in New York City (New York Times 4-1-88)
test positive for cocaine, a sizable proportion abandoned by
their mothers before leaving the hospital and never reclaimed.

Society appears to have a growing number of children with a
"no parent" family (Moynihan 1988). That is, no natural parent
of the child (mother or father) is responsible enough to raise
their offspring; few or no members of the child's kin network are
willing to assume this responsibility. Finding relatives or
foster homes willing to accept high risk babies (born to heroin
or cocaine-abusers or who are HIV positive) who are abandoned in
hospitals ("boarder babies") has and will challenge the welfare,
foster care, and adoptive systems for years to come.

CONCLUDING COMMENTS

This essay has provided an overview of the major impacts of hard drug use and sale on the lives and quality of life among inner-city communities and residents. In this section we will reflect upon the--largely negative--"progress" which has occurred in the inner-city, by reflecting from the past to provide a window into the future. We will compare the situation in 1965 to 1988 to suggest some general prognoses about the year 2000.

Prior to 1965, the civil rights movement had ignited expectations of improved conditions for blacks and minorities all across America. Yet the inner-cities exploded in riots or near-riots in Watts (Los Angeles), Detroit, Newark, and many other cities. New York was largely spared because Mayor Lindsey met often with black leaders and visited the streets (National Commission on Civil Disorders 1968). Despite the civil disorders, however, black males were only somewhat less likely than white males to be employed, although primarily in low-wage unskilled jobs. Most inner-city minorities had homes, stable legal income (jobs or welfare), low education, and a variety of other supports (see several essays in Gibbs 1988). While heroin addicts were present in several inner-cities, they were few in number. Cocaine and hallucinogens were not well known. Illicit sales of drugs were relatively uncommon and typically occurred in private places among the few users. Drug use and drug sales were relatively unimportant in the economy and had little visible impact upon inner-city communities.

By 1988, the situation has changed dramatically--for the worst! We may briefly summarize the major points of this essay as follows:

- . The drug revolution has brought American society epidemics of drugs: marijuana and LSD (1960-75), heroin (1955-73), cocaine powder (1975-84), and crack (1985-present).
- . Drug selling and business has expanded dramatically in economic importance, the cocaine economy has become a major factor in the inner-city and is a major employer of otherwise unemployable youths.
- . Drug use and selling has had substantial impact on the economy and subculture of the criminal underclass.
- . The economic importance of the drug trade has increased the systematic use of violence by dealers; drug selling organizations can be found in most inner-city neighborhoods.
- . As drug sales have become particularly prominent in the inner-city, criminality by users and dealers has increased, becoming more frequent and severe.
- . Most hard drug abusers experience important declines in their economic well-being, and typically live well below poverty levels--regardless of their cash earnings.
- . Drug abuse appears to be associated with a variety of morbidity and mortality indicators. Sharing needles is a primary cause of AIDS among heroin abusers.
- . Family formation, child rearing, and responsible parenting are very difficult if not impossible during daily use of hard drugs. Children of substance abusers are at high risk for similar outcomes as they grow up.

The analyses above have implications for social policy towards drugs in spite of President Bush's declaration that "this scourge will end." The most critical implication is that the already adverse conditions in the inner-city has been further harmed and continue to be aggravated by the growth and violence of drug distribution groups. The cocaine and crack economy has become a major factor in the expanding the criminal underclass in the inner-city, enriching a few upper level distributors, but impoverishing thousands of compulsive users. Moreover, the expansion in number of sellers and low-level distributors plus the flexible organization structure of crack distribution groups in the inner-city gives every indication of expanding well into the 1990s.

Researchers must continue to provide vital information designed to improve public understanding about the impact of drug use/abuse and public policies upon inner-city residents and communities. Three major lines of research badly needed, but are not occurring at the present time. First, much more interdisciplinary and systematic research is needed about the structure, functions, and economics of the drug distribution industry, as well as the impact of current policies which support police crack downs on street dealers, and imprison thousands of sellers. Second, researchers need to provide improved understandings of how drug use, abuse, and distribution affects family formation (or its lack), structure, and functioning in the inner-city communities. Third, innovations and demonstration programs designed to increase the effectiveness of treatment for crack abuse is essential.

At the end of the 1980s, an optimistic scenario for the inner-city in the 1990s is that the drug problem will not get worse. A more likely scenario for the 1990s is that thousands of inner-city youths will be attracted by the rewards of or bullied into working for drug distribution groups, in part because few other legitimate jobs or economic activity will be available in their communities.

We conclude this essay by asking a question. Will policy makers in the year 2000 consider the drug use/sale problem of the inner-cities in the late 1980s (as documented above) to be as benign as we (in 1988) consider the inner-city drug problem to have been in the early 1960s? The whole history of drug abuse in the inner-city in past 30 years suggests that the answer may be "yes!"

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