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“I Always Kept a Job”: Income Generation, Heroin Use and Economic Uncertainty in 21st Century Detroit

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Abstract

This qualitative study, based on a series of 30 in-depth interviews and 109 economic surveys conducted with active heroin users residing in and around Detroit, Michigan, describes reported patterns of heroin use and income generation activities. In spite of lack of access to regular, legal employment, we found that many participants displayed a dedication to regular daily routine and a sense of risk management or control. These findings are discussed relative to past research on heroin addiction as well as recent research on the changing nature of employment. We argue that this sample fits somewhere in between the controlled or working addict, and the “junkie” or “righteous dope fiend” of urban lore. We draw a connection between these stable patterns of addiction and income generation and the demands of informal and insecure labor markets. Finally, we discuss the implications of these findings for further research, interventions, and public policy.

INTRODUCTION

The image of the heroin “junkie,” as it appears in everyday culture and popular discourse, implies extreme lack of control over one's own daily behaviors. Compulsive, self-destructive “junkies” have been portrayed in novels, films and television shows, from *The Man with the Golden Arm* to *Midnight Cowboy*, and from *Requiem for a Dream* to *The Wire*. Though more nuanced than two-dimensional stereotypes found elsewhere, these portrayals nonetheless convey multiple assumptions about heroin as a drug, and about addiction itself. For example, heroin may be seen as a uniquely addicting substance; heroin addicts may be viewed as uniquely impulsive individuals, with “altered time horizons” (Petry, Bickel, & Arnett, 1998); or addicts in general may have a biological disease or disorder (Acker, 2001; Battin et al., 2008; Gossop, 1982; Wise, 2000), which by definition is beyond their control. Social scientists who study addicts within specific contexts, on the other hand, have consistently portrayed problem heroin use as a complicated pattern of behavior that must be seen in

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relation to a dynamic array of external factors, not reducible to any one cause or explanation (Acker, 2001; Dai, 1937; Friedman, 2002; Gossop, 1982; Lindesmith, 1968; Musto, 1973; Waterston, 1993; Zinberg, 1984).

The Harlem heroin abusers described by Preble & Casey (1969) and Johnson et al. (1985) were “on the street” during a good part of the day and night, engaged in a constant “game,” in which scoring heroin multiple times each day was the driving goal. These “righteous dope fiends” were proudly defiant of conventional expectations of work and routine. Similar depictions of the frenetic “hustling” subculture of urban heroin addicts have been provided by Agar (1973) and Stephens (1991). According to Stephens, it was primarily a commitment to this street heroin culture, rather than the pharmacological effects of the drug itself, that produced the compulsive criminal behavior associated with the street addict. Nonetheless, what emerged was a particular type of individual behavior pattern that was strongly associated with heroin use. This behavior pattern clearly maps onto the junkie stereotype described above.

However, other ethnographic research has demonstrated considerable variability in drug dependence behaviors, evident across a range of social environments. For example, the “working addicts” documented by Caplovitz (1976) maintained routines that were similar in many respects to those of the “normal” working population, and their drug habits directly reflected their work incomes, rather than the other way around. Zinberg and others (Zinberg & Jacobson, 1976; Zinberg, Harding, Stelmeck, & Marblestone, 1978; Zinberg, 1984) used case studies to illustrate the existence of stable patterns of heroin use that were not characterized by criminal behavior or reckless compulsion. The suburban White heroin users described by Pierce (1999), though also immersed in a daily quest for “dope”, did not engage in street-level criminal activity. Other studies of White heroin users, both rural (Draus & Carlson, 2006) and suburban (Agar & Schacht Reisinger, 2001) have also revealed significant variation in patterns of use, acquisition and income generation across social, cultural and economic contexts. Recent increases in heroin use, largely among populations located outside the urban core, necessitate an approach that recognizes this variability and responds in an appropriately nuanced way (Epstein & Gfroerer, 2008).

Unlike ethnographers, economists try to model addiction using controlled and predictable equations. The decision to consume addictive goods has been hypothesized to be a result of myopia (Orphanides & Zervos, 1998; Pollak 1976), inconsistent time horizons (Strotz, 1956; Winston, 1980), the existence of two selves residing in one body (Thaler & Sheffrin, 1981), and rational addiction (Becker & Murphy, 1988; Iannaccone, 1986; Stigler & Becker, 1977). The rational addiction theory was first proposed by Stigler and Becker (1977) and the modeling was later detailed by Becker and Murphy (1988). Becker and Murphy proposed that an “addictive stock” is created as the habit-forming good is consumed. Each use builds on this stock variable, making the production of a non-market sought-after effect extremely efficient (for example, euphoria or relief from pain). As use continues, stock rises. As stock rises, future consumption is more efficient. The marginal benefits associated with continued use exceed the discounted value of the marginal cost.

Becker and Murphy's rational addiction model is currently the prevailing theory within the discipline of economics with regard to the consumption of addictive goods, and rational addiction models have been applied to a variety of 'habit forming' goods such as cigarettes, alcohol, and gambling (Chaloupka 1991; Grossman, Chaloupka, & Sirtalan, 1995; Mobilia, 1993). In the case of cigarettes, as cigarettes are consumed addictive stock is built. As more and more addictive stock is built, cigarettes become a very efficient choice for the production of relaxation, morning alertness, and stress relief because the input and the stock work together as complements. Conceptualized in this manner, the consumer uses cigarettes for these effects because they are the most efficient input to the production function, not because there are no other choices. As a mathematical model and explanation for the role of addiction as one component of demand, rational addiction has had the best predictive value, using past consumption to predict already known present use when directly compared with results from myopic or other non-rational models.

In the perspective of most economists, the consumer is a forward-thinking, rational agent who is seeking to maximize utility. Ethnographers, who strive to understand the choices of social actors as they are understood by the actors themselves—that is, how their decisions make sense to them—do not differ fundamentally with this assumption of rational choice by individuals engaging in addictive behaviors. However, economic sociologists would describe this rationality as being embedded within particular social contexts, so that the choices available to an individual, and the benefits to be derived from those choices, are powerfully shaped and constrained by both social networks and previous experiences (Granovetter, 1985; Ghezzi & Mingione, 2007). Ethnographic research adds a vital dimension to economic models because it serves to shed light on the specific contextual factors that influence the calculations of individual drug users on a daily basis. Economic analysis, on the other hand, allows for close consideration of the deliberate ways in which addicted individuals manage the resources available to them.

In this paper, we employ qualitative interviews in conjunction with economic surveys of active heroin users in Detroit, Michigan, to cast light on contexts of heroin addiction in a poor, de-industrialized, predominantly African-American city. Specifically, we focus on individualized routines of work and heroin use, as well as accompanying social contexts and emotional states. We consider how heroin use becomes integrated into cycles of individual subsistence within a city defined by high unemployment, and we argue that heroin plays a particular role, both in the maintenance and reproduction of these patterns and as an adaptation to variable life circumstances that are becoming increasingly common within an emerging economy of risk (Mendenhall, Kalil, Spindel, & Hart, 2008; Smith, 2001). We compare our findings to those contained in the literature on lifestyles associated with heroin addiction, emphasizing the limitations of static typologies and arguing for a spectrum approach that would see varieties of heroin use and dependence along a sliding scale of adaptation modes that exist in relation to particular sets of economic and environmental factors. Finally, we suggest how policy and practice might be informed by a more nuanced, ethnographically and economically informed understanding of the relationship between drug use, economic circumstances, subsistence practices, and emotional states.

HEROIN, WORK, AND ROUTINE

Addiction has been defined as the compulsive use of a substance causing physical, psychological or social harm, and the continued use of that substance in spite of that harm (Rinaldi, Steindler, Wilford, & Godwin, 1988). However, Orford (2001) contends that those who engage in excessive consumption of particular substances do not differ fundamentally in their motivations from those who consume substances in moderation. In this perspective on addiction, the emphasis shifts from the addictive substance (pharmacology) or the addicted individual (neurobiology or psychology) to the societal contexts in which behaviors are embedded. In this view, patterns of “excessive” or “controlled” use exist on a continuum, with patterns of use shaped profoundly by both internal (individual) and external (environmental) factors. The use of drugs such as methamphetamine by oil field workers (Fuller, 2008; Nichols & Soper, 2007) or prescription stimulants by college students (McCabe, Teter, & Boyd, 2006; Talbot, 2009), for example, has been reportedly associated with the need to achieve a physical or mental state that is optimal for meeting daily task demands, as well as individual predisposition and market-level factors such as drug availability.

In line with this position, numerous studies have addressed the symbiotic relationship between patterns of opiate use and changing life contexts. For example, Wright, Oldham, & Jones (2005) found evidence for a relationship between levels of heroin use and various housing statuses, from shared low-income housing, to imprisonment, to “sleeping rough” and solitary living. Those who reported “sleeping rough” tended to have lower levels of heroin use, but also claimed that heroin helped them cope and adapt to their situations, specifically by easing pain and allowing them to sleep. Coumans and Spreen (2003) found a patterned relationship between drug use, homelessness and progression toward marginalization, involving decreasing control over one’s drug use and a contraction of non-drug-related social contacts over time. Levy and Anderson (2005) used a life course or career model to explore the gradual entrenchment of older heroin users within a drug lifestyle, leading to increased isolation and marginalization and decreased possibility of drug use cessation. These studies illustrate mutually reinforcing relationships between social contexts, inclusive of networks and routines, desired emotional states, and drug-use behavior, where heroin dependency is both a source of social marginality and a means of enduring it. They tend to view addiction along a continuum marked by the degree of segregation from mainstream economic and social engagement. This study expands this literature, exploring the relationship between particular patterns of work, heroin use, social contexts and emotional states, as expressed by daily heroin users living in and around the city of Detroit.

METHODS AND SAMPLE

Participants in this study were recruited through a larger, ongoing research program conducted by Wayne State University School of Medicine in Detroit, Michigan. This larger biobehavioral study focused on drug-seeking behavior among active heroin users. Participants were recruited through newspaper advertisements, flyers posted in public places, and word of mouth. To gain admittance to the program, subjects first had to undergo

screening by telephone to ensure that they met the criteria for the study in terms of their substance abuse patterns. If they passed this initial screening, they were then interviewed in person to evaluate their eligibility in terms of their physical condition and psychological state. Applicants who were younger than 18 or older than 55, or had diagnosable mental illness or serious medical issues, or were seeking drug abuse treatment, were excluded.

Applicants who qualified for the biobehavioral study were also offered the opportunity to participate in the ethnographic and economic studies described here, for an added stipend of \$20, paid in cash upon completion of the qualitative interview. Those included in the larger study eventually stayed in a medical ward and received daily buprenorphine maintenance. However, the qualitative interviews were conducted prior to participants receiving buprenorphine. Though participants were specifically told that the studies did not constitute treatment, some individuals reported being motivated by the possibility of receiving buprenorphine, in addition to the cash payment.

All participants in this study were daily users of heroin, either inhalers or injectors, at the time of the interview. The characteristics of the economic sample ($n=109$) and the ethnographic sample ($n=30$) closely resemble each other, and this was by design (see Table 1a and Table 1b). Knowing the overall demographics of the larger ongoing studies, we deliberately sought the same proportions, relative to race and gender, within the qualitative interviews. When the sample was nearing completion, for example, we had fewer women (as a percentage) than were represented in the larger study samples. Therefore, we stopped offering the ethnographic interviews to men, and only interviewed women. In this manner, we were able to achieve the desired balance.

It should be emphasized that this is probably not a random or representative sample of heroin users in the Detroit area. Even getting to this point in the screening process involved some degree of motivation and discipline. Therefore, the participants (in both samples) might best be described as a convenience sample which is somewhat skewed towards relatively “high functioning” urban heroin users, compared to many who might be found in “street” environments. For example, participants who demonstrated symptoms of serious mental or physical illness were screened out before they reached the point of being offered the economic survey or the ethnographic interview. In one case, an individual who was interviewed for the ethnographic study and the economic study was ultimately rejected for the buprenorphine study because his blood pressure was too low—largely as a result of his daily bicycling routine. This posed a potential health risk due to the administration of controlled opiates in the clinical phase.

Because our sample tended to include individuals who had, by whatever means, managed to maintain a certain minimum level of mental or physical health in spite of their daily heroin use, we explicitly place our findings within the context of the broader literature on *controlled* drug use. At the same time, the economic benefits and time constraints imposed by the study would also tend to exclude heroin users who are more regularly employed and not facing situations of pressing economic need. In layperson’s terms, the men and women discussed here were probably not so different from “average” or “normal” Americans of the same race, gender and class, other than being somewhat poorer and dependent on heroin.

SAMPLE INFORMATION

The principal investigator (first author) had funding sufficient to interview thirty individuals. As noted above, the goal was to achieve a qualitative sample that resembled that of the larger biobehavioral study in terms of race, ethnicity, gender and age. The final ethnographic sample consisted of 30 individuals, while the economic sample contained 109 individuals (see Table 1a and 1b). The majority of participants in both samples were African American and male and most of them self-administer heroin through intravenous injection (60%). The mean age in the ethnographic sample was 43.7 years old, and slightly higher (45 years old) in the economic sample. Most (80%) of the ethnographic study participants had earned a high school education or less, and most (70%) were officially unemployed, though the majority also engaged in regular non-criminal income generating activity (see Table 2).

METHOD INFORMATION

Participants in the economic survey were asked questions to ascertain past 30-day income, heroin price, all drug and nondrug expenditures, and drug consumption. Before the interview, it was reemphasized that responses to all questions were confidential. A confidentiality certificate was obtained from the US National Institute on Drug Abuse prior to the study. (The interview instrument is available upon request).

Participants in the ethnographic study went through the same informed consent procedure as those in the economic study. In addition to the economic survey, they completed a semi-structured interview (60-90 minutes) which focused on two main areas:

- Social history, especially drug use history, but also personal and employment history
- Social networks and daily routines? including an exercise in which participants mapped a typical day in which they used heroin, describing the places and people that they encountered and their relationships to those people.

At the end of the interview, respondents were given the opportunity to reflect on the process and what it revealed to them, to ask questions of the interviewer or to share issues that were not addressed in the interview itself. All interviews were tape-recorded and notes were also taken with the participants' knowledge and consent. Interviews were later transcribed and coded using the qualitative data analysis system NVivo®). The frame of analysis was interpretive, focusing on participants' own understandings of their situations and motivations expressed across the range of interviews. Emergent themes were noted during interviews and pursued further in later interviews with different individuals. This article, for example, results from a recurring theme of regularity and control that the interviewer detected in early participants' accounts of their work routines and heroin using behaviors.

SOCIAL HISTORY AND DRUG USE HISTORY

Many of the African American men in the sample were exposed to heroin during the 1970s epidemic, which coincided with American involvement in Vietnam, the peak of "White flight" from Detroit, and the first major wave of deindustrialization. The relatively high mean

age of the sample (43.7 years) reflects the presence of these “veteran” users. However, there was also a subpopulation of younger users, many of whom were introduced to heroin within very different contexts or pathways—through associations in “club drug” scenes or by way of dependence on prescription opiates. Regardless of their path to heroin addiction, the majority of the 30 men and women interviewed for this study participated in patterns of patchwork labor, drug selling, and drug use, some of them subsisting entirely below board, others rotating in and out of a local economy which consists mainly of low-paying, interchangeable and expendable jobs, with no fringe benefits, and sometimes associated with a degraded identity. Located below the bottom rung of the economic ladder, these substratum positions are largely reserved for the unemployed and those who are unemployable, due to prison records, low education, physical appearance, or substance abuse or addiction issues (see Table 2).

One 49-year-old African American man described his introduction to heroin by some older cousins in the 1970s:

I didn't know it was habit-forming and all of that ... Everybody knew each other in the neighborhood ... It started to get more regular, it was a social-type thing; the real attraction was the social climate.

He had never injected the drug, but was still inhaling it thirty years later. “I still sniff it, but it's not a social thing no more.” Another African American man, age 48, had a similar story. He smoked cigarettes at age 12, and started smoking marijuana and drinking alcohol at age 16, “hanging around on the corner with the fellas.” He grew up in an all Black neighborhood, and his family was involved in drug dealing: “I got shot when I was 16, sellin' drugs”—this was the 1970s. In 1979 he went to the penitentiary for unarmed robbery, and was released five years later:

I went back in '84 ... you know during that time I had picked up and started back to using drugs every day and selling. That's how I maintained my drug habit ... a couple guys that I knew ... they weren't close friends, but we grew up in the same neighborhood, and they liked the way I hustle, so they gave me a sack [of heroin]. Tell me I can make so much money off of this. I maintained my drug habit by selling, selling drugs.

Another participant, a 40-year-old White man, gave an account of growing up as a racial minority inside the majority Black city.

I was born in Detroit, born and raised in Detroit ... in elementary school, I went to, not that this has any significance to anything, but me and this other girl were the only two white kids in the entire school. I mean I just tell you ... in the city, inner city, is where I grew up ... I remember, I started smoking cigarettes about 11 years old, and shortly after that come alcohol. It just ... it was easy to obtain alcohol. And I started smoking pot the summer between sixth and seventh grade, and never really liked pot, but that was, I guess, peer pressure ... Shortly thereafter, I started eating acid and mescaline, and angel dust, all sorts of other horse shit, and I guess that was ... well I know for a fact I was 16 years old the first time I done heroin, and it was just readily available, it was just all over.

These two accounts present quite different experiences, to be sure, but both play out against a relatively stable local backcloth. These men, and almost everyone else that we interviewed, encountered heroin through friends, relatives or acquaintances who resided in close proximity to them. In the 1970s, heroin was literally a part of the neighborhood environment, as were the turf wars, racial divisions, and industrial jobs, already declining but still relatively plentiful. Some had worked many of these jobs throughout their lives, though involvement with illegal drug economies often overlapped or actively interfered with their “legitimate” work careers.

Another 41-year-old African American man, who had worked in a variety of low-paid, contingent types of employment, described the impact of his criminal history on his employment opportunities, both in terms of the jobs he was qualified for and the ones he was able to maintain:

By me having the criminal background that I have, a lot of times, you go through periods of filling out applications and going to interviews, and again throw in my age now, 40–41, you know late 30’s, yeah we’ll call you back ... You know, so ... yeah, sometimes it’s pretty hard. Now the areas that I do work on in now, construction and pest control, those are areas where, you know, I don’t have a lot of contact with people per say, so they usually don’t have a hard time hiring a guy to frame a house, you know, roof some things or do pest control.

He had been associated with the drug distribution gang Young Boys, Inc. (Jones, 1996; Mieczkowski, 1986) when he was in his teens, and did several stints in prison. After getting out of prison the first time, he moved out of state to avoid trouble. Later, he “moved back to Michigan, old neighborhood, same friends.” He started using heroin again, and for a time he supported himself by robbing drug dealers, in collaboration with other men who had also been drug dealers in the past. About this choice, he stated, “Well, in a crazy kind of way, you figure, well if I only deal with people that’s in a criminal element, then I don’t have to worry about the police.” Paradoxically, the threat of police control produces more potential for violent retaliation as those involved in illicit activities have to rely on interpersonal violence as a means to redress grievances (Topalli, Wright & Fomango, 2002).

One 48-year-old White man, who still resided in the Detroit neighborhood where he was born said, “I’ve always worked, I worked all my life, I’ve always been a hustler.” The activities of formal “work” and “hustling” or informal labor, though viewed as essentially different from an official standpoint, were almost synonymous in his view. In fact, like many of the others, his daily activities blurred the lines between legal and illegal, underground and legitimate economies. For example, he would perform “odd jobs” such as mowing lawns, cleaning, or painting around the neighborhood, but he would also do work for his drug dealers and for a local physician who (he claimed) gave him prescription medicines to sell on the local black market. Regular “employers” of these men would be elderly people living on fixed incomes who might rely on them to do work that they could not do themselves, but which they could not afford to have done by “above-board” service providers. In this sense, these men seemed to fit into a local sub-economy in which their services, though not greatly rewarded, were always needed, and to some extent valued.

Many of the men had worked in auto-related manufacturing and other labor positions. One 53-year-old White man had worked more than 20 years before his company folded. He then became involved in heroin use, through a fellow worker, and gradually drifted into a day-by-day existence. He was arrested once for heroin possession, and received a felony conviction. After recounting his story, he stated:

I've been able to put stuff behind me, you know, I mean, you can't dwell on the past, you know, because that will drive you into deeper depression and stuff like that, you know. I could sit here and sulk and say, you know, get a job, you know, I'd rather a tree fell on me than the last three years, nobody's hiring, you know, especially the job ... the job that I was doing, machinist, I mean that's a dying trade now in Michigan, the technical trade, it's none, it's non-existent, you know, and you know any shop that ... is not gonna hire me because I have a criminal background first of all.

Nonetheless, he hoped that he might eventually find a way to escape the vicious cycle of daily subsistence, by quitting his heroin habit and saving some money:

I gotta get like a little, you know, reservoir, a little savings, you know, couple hundred bucks, you know, to ... to get what I wanna do, and you know, if I get a job ... or when I get a job, I should see, you know there's rooming houses you know, where I can, you know ... \$80 a week they'll charge you. So ... but I wanna be able to you know, to have enough where I can pay a month in advance ... You can't live out on the street, you know what I mean, and work, you know, get a job and work, you can't get up from sleeping by the railroad tracks and go to work.

One 51-year-old Latino man described his current situation relative to his work history:

Jeez, I haven't worked in six years man, since I got fired. I've been trying to get jobs, but somebody hires you cause they say, like I worked for 22 years for General Motors and I got fired for my drug use and you know, it's just hard. They see you put up cases and people see you worked for General Motors for 22 years and you get fired from the corporation and I got, put down, I don't know why I put down I got fired for drug use and they see that and that kind of scares them away from you. And I was like forty-five years old. And that's another thing too man. I didn't like education; I ain't got that stuff either. It's hard, it really is. So I take days day to day, but I'm used to make like about twenty bucks a day ... I like to say to everybody the good graces of God that my aunt lets me stay with her and I don't pay her no money. And I got a little gig, I help a friend of mine who owns a store. I just help him out, you know what I mean. He gives me twenty bucks a day.

The inequalities embedded in the local social geography did not necessarily escape them. One 40-year-old African American man described how he managed these geographic realities after being released from prison:

I was more so trying to stay out of prison, so, a lot of old associations, you know, a lot of old behaviors as far as carrying pistols and, you know, riding around getting into dumb shit, pretty much left that alone, not to mention I moved out of state ... Got away from the old neighborhood, the old associations, just got a job, man, a

different economic ... economic place that had jobs, so I was able to get a job which pretty much worked to get my shit together.

As another 49-year-old African American man sharply put it,

That's the sad thing about the drug thing, it's real convenient in the city ... I can fall out my front door and get in a deal, but I can 't fall out my door and get a job, and I have a problem with that. (025)

In this one simple statement, we can see the link between the geography of opportunity (Briggs, 2005) in segmented postindustrial societies, and the reality of life in the jobless ghetto (DiFazio, 1995; Wacquant, 1996, 2001; Wilson, 1996) that much of Detroit has become.

WORK PATTERNS AND ROUTINES OF DETROIT HEROIN USERS

A pattern of regularity and self-regulation emerged fairly early in the study process. Many of the participants had extensive work histories, though most of them were not currently working regular jobs (see Table 2). One 53-year-old African American man, who described himself as a self-employed painter, summed up his work history in relation to his drug use:

I always kept a job. I always had some kind of job or some kind of skill that I could fall back on ... You just look at my record as far as a police report I could always say I always sold it but I never did nothing wrong like violence or rob nobody or took no life. I always got caught selling dope. I always had a job, hustling or something.

A 40-year-old White man likewise said, "I was a machine operator. I'm one of those rare things, a working junkie. I always worked, and I hustled to feed my monkey [slang for heroin habit]." Most of the participants had held numerous jobs in their lives, usually in auto-related manufacturing; in the trades, such as construction, concrete, roofing, or painting; or in retail services, such as department stores or restaurants. Several had worked for the state in white-collar positions at various times as well.

In terms of their routines at the time of the interview, most were not formally employed, but their stated past-month incomes were quite variable, ranging from less than \$1000 to more than \$4000, for an estimated \$12-40K per year (see Table 2). A majority of respondents fell in the middle range. In terms of pure income, this would rank them amongst the category commonly known in the US as the "working poor" (Acs, Phillips & McKenzie, 2000). Many did odd jobs, scavenged for aluminum cans and returnable bottles, or performed services such as cutting grass, fixing things, or babysitting for neighbors or family. One man, quoted above, was occasionally employed as an exterminator of pests, such as rodents and insects. A couple of others maintained themselves through day-labor jobs, such as distributing newspapers or leaflets. One 52-year-old African-American man described his daily routine this way:

I go out and do different jobs, like I just helped somebody move, so I got some money from him for the next couple days ... odd jobs to keep me goin, ya know, whatever it takes that's legal. Only other thing is trying to sell it, I still don't bring

it in stores or rob people or none of that ... Only income I get is food stamps and I eat with those, so, I still got food stamps but I don 't, you know ... My cousin, I stay there and I do work at the house, too. I fix things, paint it, whatever I can do at my house to maintain my house.

One African-American man, age 53, described a work situation that involved an active collaboration between the employer and the numerous addicts who worked for him.

Well, first thing in the morning everybody usually, our driver would ask us how many people need medication [heroin] and the people that are going to use would raise their hand and he'll get the drugs and pass it out. Usually here, the way it's been lately, we have to do it on the truck because we have to do our runs. They try to keep it from the owner of the company but the owner of the company knows. I know he knows. But I guess out of respect or whatever we don't want him to see us getting high.

Another 49-year-old African American man described the prevalence of heroin use in the construction trades, where he worked for many years:

We had a lot more heroin users in construction. They're what I call functional drug users. They use the drugs, and where as somebody else might OD [overdose] or fall out, can't perform the job, believe it or not, like I said we'll become functional. After a certain period of time, when you're using the drug, me anyway, I can't speak for everybody else, you want to get high, sure enough, but the main thing is just not to get sick.

This man then supplemented his work pay with income derived from selling heroin. Like many others in the sample, he had worked in auto-related industries as well, and in those positions the income was sufficient to support a habit.

Several participants clearly resembled Preble and Casey's (1969) profile of the urban heroin user, and made most of their income through "hustling." This might include panhandling, petty theft or "boosting," or running "scams" or minor confidence games. They were a minority within the sample (see Table 2). Even these individuals, however, went about their business in a rather workmanlike fashion, requiring consistent routines and discipline. One African-American woman described her daily routine, or "grind," which started every day at 9 a.m.:

For real, because the earlier the morning when you do, when you hit stores and malls when they first open, feel me, that 's how I would do it ... [Then] I be on my way to go get rid of it, to sell it to somebody, girls, men, lay [it] on the streets, whatever, I be on my hustle ... I got the merchandise, and I'm gonna sell it, it's just that simple.

A White man in his late 40s stated that he was out in the neighborhood every day, looking for "limping dogs," people whom he could take in on a "hustle" or a "scam." This man's history and habits reflected the blend of practices, routines, and rules that defined many of the participants' everyday lives. He had done a lot of construction work throughout his life, specializing in laying cement, but due to a serious injury had found himself unable to work

regularly in the trades. Nevertheless, his daily routine was fairly consistent, and involved both criminal (though low-level) and legal (though “off the books”) income-generation activities. He lived with his mother and sister and her kids. He woke up between 10 am and noon, and was “out the door by 1 p.m.” He then called his heroin dealer, a 25-year-old African American man, who met him at a specified location. Next, he visited a friend’s house in the neighborhood, and then ventured out on the main street, “on the prowl.” Beyond his street scams, he did a lot of yard work for people he knew around the neighborhood, where he had lived his whole life. However, he claimed that he never stole from those he knew because, as he said, “There’s cardinal rules. You never shit where you eat.”

Other participants seemed to pride themselves on a kind of self-reliance that often excluded any criminal entanglements. For example, one man who supported himself by “scrapping,” scavenging for re-saleable junk in Detroit’s many vacant lots and abandoned properties, stated:

I see some of the same people there, but they not my associates. We don’t kick it or nothing. I’m more of a loner, homebody, I don’t hang out on the street no longer than I really got to. You know I mean, I try to have everything home that I need. TV, movies, exercise equipment, stereo, food.

Unlike some of the others, this man had a stable home that was paid for by a working wife. He also had access to a van that enabled him to get around and work independently. He actually saw his limited daily income, and the hours of work that went into it, as one check on his drug using habit:

The more money you got the more money you gonna spend on drugs. It’s not that I need it, although I need at least one pack to keep from being sick, you know.

Two of the White male users, both in their late forties, resided within the city of Detroit in an ethnically mixed neighborhood where they purchased their own heroin from African-American dealers. Both maintained relationships with suburban White users, for whom they served as procurers. Most of the suburban White users (with one exception) were able to maintain their own habits through such distribution activity. One 30-year-old White man described his daily routine this way:

I get up, then my grandma will drive me to the bus stop, catch the bus down to Detroit and when I get there I go to one of two places. I meet one or two people. And from there I usually go to a restaurant or to a place to shoot up ... After I shoot up I go to the bus stop to catch the bus back and then usually I go to my boys house, I go to my friends house and I usually end up having to sell over there and usually hanging out with his girlfriend and then I either go back downtown after I make some more money or I go back home.

This particular pattern of both using and dealing may reflect the need to defray the larger cost, in terms of both time and gas or bus money, faced by these suburban heroin users. It also reflects the presence of other users in suburbs who don’t have the time or inclination to make the trip to the city. For those who lived in the city, where heroin was widely available, there was less motivation to engage in such small-scale distribution. The exception to this

was found in intimate partner relationships, where male partners would more often purchase heroin that would then be shared with a woman at home. The other major difference between men and women were the ways in which they generated income, with women being more likely to rely on housework or sexual exchange.

REASONS FOR **U**SING: **S**OCIAL **C**ONTEXTS AND **E**MOTIONAL **S**TATES

The most frequent explanation for continued heroin use, not surprisingly, was to avoid symptoms of withdrawal, to simply be normal or functional: “The thing now is not being sick ...” Most participants used daily amounts of considerably less than a gram, and did not obtain much euphoric effect. One 52-year-old African American man discussed the implications of going through life without using heroin:

It takes the boredom away. ‘Cause if I did have it, when I didn’t have it, and I had the TV, and I had all the movies that I wanted to watch, and I sat like this, and anything I wanted to watch, it was there, but I was bored to fuckin’ death. See ‘cause I had nothing to do with that time.”

Others talked about the emotional states, often linked to social circumstances, which reinforced their desire to use. One 51-year-old African American man said:

I’m all alone now. That messes with me too. I feel sorry for myself, a lot of times. Kinda think about that they looking down on me, and I have to change, and got worse, and ain’t done nothing with my life so far and I’m getting older—I ’m just caught up in a whirlpool, the world right now, using. I ain’t never had a break, you know? I tried when I got out of prison several times. In 1980 I got out and went to truck drivin’ school and finished it. Couldn’t get a job drivin’ trucks nowhere ‘cause all the time put the application in and put the truth down about been incarcerated and they tell me no, we don’t want you, we don’t want you, they always deny me, you know. That destroys me. That discourages me. So I get caught up again ...

A young White man talked about the easing of everyday anxiety that heroin seemed to provide:

I think it just to a certain point it shuts off that internal person that is sort of like picking at myself about unrelated things that I’m doing. Other than the stuff that I’m supposed to be focused on at work or whatever, I just don’t get distracted by worrying about other stuff. I think that’s how it started and then eventually got myself to a point that I have to maintain it otherwise I’ m going to get ill.

Others described heroin’s effects in similar terms, saying that heroin made one “just relaxed, not worried about the pressure of everyday life.” One 49-year-old African American man stated that heroin makes one feel that: “Everything is well with the world. TV seems more interesting, food tastes better, I really found my drug of choice when they came around with it.” However, the same participant saw his addiction as a problem or impediment that he needed to overcome for his life to progress.

It seems like the older I get, my way of thinking changes. I can see my way of thinking change. You get older, man it seems like these decades, you get more in tune to your own mortality, you know what I'm saying. You see your friends dying, you see your relatives dying, you know that one day you're gonna have to walk that same road. I mean I don't wanna be you know, 70 years old, still gotta get in mine truck, scrapping on the street, just to not be sick, I don't see my life being like that, 70 years old. Hell, I never had a new car, I'd like to have one before I leave this earth, you know.

When asked what he foresaw for himself in the future, another participant stated:

I see a dead end. I don't wanna do drugs all my life. I mean it's easy to say, but it's hard to ... you know ... 'cause I have been clean for a couple months at a time, but I always end up lying to myself Getting back on track, and saying I can handle it, I can do it, I can do this, so I just do it on the weekends, and then, it always happens where it starts getting ' repetitive again.

Even though the study they were entering was quite explicitly not intended as a form of treatment, many of the respondents saw it either as an alternative to other available treatment options or as a bridge to more conventional treatment. However, an African American woman, age 46, provided a somewhat different answer to the same question:

I foresee me using drugs until I find a means to get off the drugs ... I'm not gonna tell you I'm gonna quit drugs, because it might not be in my best interest to quit drugs at the time right now, because I ain't got nothing to fight with, I'm trying to quit drugs too, you know what I mean ... That don 't mean I don 't wanna.

Here the interviewer followed up, asking: "So the means, you said until you get the means, what do you mean by that?" She replied:

The means, find that ability where I ain't on the streets, I ain't homeless, trying to quit drugs on the street is the hardest thing you ever gonna try to do, it is, because everywhere you go is drugs. All I mean is I'm [gonna] quit when I can.

Her answer, more than some of the others, places the prospect of escaping the behavioral patterns of addiction within the context of the urban environment that surrounds her, and acknowledges the difficulty of trying to change one without changing the other. Even so, she placed the primary impetus on herself, saying: "that ain't really an excuse either though, I mean, I says, quitting is in your mind, I ain't ready to quit yet." The statement implies rational thought and planning—it is not in her best interest to quit right now. The description reflects the theory of utility maximization and proper time horizon perspective persistent in economic theory (Becker & Murphy, 1988). The response recognizes that the use of heroin, while clearly an impediment to achieving a "normal" life off the streets, is itself a valuable aid to surviving life on the streets.

The interlocking of economic necessity and pharmacological dependence was evident throughout the sample. Drug use is often entangled with a broad range of experiences and emotional reactions that make further use more likely and cessation less likely, while simultaneously reinforcing the overall context of oppression and helplessness in which users

find themselves (Hyman, 2005). As Goldstein (1979, p. 135) wrote more than twenty years ago, “Heroin primarily functioned to deaden the realities of prostitution, including the sexual reality, and to provide relief from withdrawal sickness, which hinders effective occupational functioning.” Among women in this sample, there were several accounts of exchanging sex for money to buy heroin. These women actively sought to limit or avoid sexual commerce if possible, choosing housework, day labor or other means of earning income first. A 44-year-old White woman, who was discussed above relative to her sexual behavior, described a situation characterized by a very limiting context and routine. Her networks were very small and local, and she spent most of her time between the vacant house, where she lived illegally, and another house on the same block, where her daughter, her niece, and her niece’s mother lived. She would use the other house to get water for cleaning and cooking, because they had no running water in the house where she was living. She stated that the niece’s mother was, “like a mother” to her, but she had no contact with her own parents or siblings. She had a couple friends whom she met at a methadone clinic that would come to visit her every day, and they also used heroin with her. During the day she would do odd jobs or clean houses. Sometimes her partner, an African-American man with whom she only rarely had sex, would arrange for one of his nephews to have sex with her. About her drug use, she stated, “I just want to get off sick right now. It’s not about getting high, it’s just getting normal.” Here we clearly see how heroin use made a particular routine necessary, and also made it endurable.

CONCLUSION

As Castells and Portes (1989) have written, the distinctions between the “mainstream” and “underground” economy are somewhat artificial and the boundaries between them grow increasingly fluid with the expansion of informality in post-industrial societies. These individuals, by and large, exist in state of perpetual social and economic insecurity. Within the contemporary city, as Scott (2008, pp. 553-554) has maintained, a class of relatively high-income “knowledge workers” is often “... complemented by and organically interrelated with a second stratum composed of poorly paid and generally subordinate workers.” Service workers and low-skill occupations have been subject to chronic insecurity for decades, but in recent years the overall trend has affected middle-class and white-collar workers as well (Mendenhall et al. 2008; Smith 2001). This condition, in other words, has become increasingly prevalent in the United States, and will likely only increase with the continuing of economic recession.

The result, sometimes described as a broad acceptance of downward mobility, may also be conceptualized as an expansion inwards and upwards of the social margins. On the one hand, the sheer numbers of people in low-wage categories has increased. At the same time, the growing gulf between very high income people and those living on stagnated wages has been largely unquestioned. In other words, the impact of wealth concentration at the top has been largely absorbed and internalized by those on the bottom, defined as a result of individual shortcomings in terms of education or ambition, and not as a structural shift. Generations of workers, who geared their educational goals and their expectations towards the needs of a large manufacturing sector that dominated their communities and political systems for most of the last century, have now been redefined as undereducated or

unprepared for the “new economy.” The Detroit region has been hit hard by a continuing loss of manufacturing jobs, and the loss of jobs that pay regular, decent wages has been especially acute in the central city, and more structural barriers to employment are found in central cities than in suburban areas (Kneebone, 2009; Wial & Friedhoff, 2006). The precariousness of labor conditions in the contemporary period has increased peoples’ reliance on informal economic activity in places formerly dependent on single industries (Venkatesh, 2006). Our participants exist at the epicenter of this ongoing “slow-motion disaster” (Draus, 2009). Set against this broad backdrop, we contend that the behaviors and experiences described by our sample of daily, subsistence-oriented heroin users represent points on a continuum of economic uncertainty and social insecurity, not discrete types within an isolated, marginal “subculture.”

These findings also reinforce the argument that poor and working class heroin addicts demonstrate active agency in using the drug to mitigate the multiple traumas of social marginality while also deliberately limiting risk (Cousins & Bentall, 1989; Valentine & Fraser, 2008), indicating rational behavior that can be modeled economically (Chaloupka, 1991). Though heroin is a very powerful psychoactive drug, its long-term use may become so routinized that it no longer fits a one-dimensional conception of addictive craving. In the cases discussed above, heroin use does not inevitably accelerate down an increasingly risk-laden and thrill-seeking pathway. Instead, it becomes something that one simply needs to do to be able to accomplish or tolerate other things in life. This reflects the motivation to use heroin to alleviate discomfort, not to achieve euphoria (Koob, 2009) .

Heroin-dependent individuals have been characterized as having a narrowed behavioral repertoire (Bradley, 1990) or short temporal horizon (Petry, Bickel, & Arnett, 1998), which can limit the user’s adaptive capacity in the absence of outside help or motivation. This doesn’t mean that heroin users are unaware of the negative consequences of their use. Most in this study clearly understood that their addiction limited their ability to escape particular conditions. Some of the participants even displayed dual-self characteristics that have been described in the economic literature—the doer and the planner (Thaler & Sheffrin, 1981). The doer continues to participate in drug use while the planner envisions a future without drugs. Though others lived very close to the “street” context, and some participated in activities that were at the very least “illegitimate,” if not criminal, relatively few of our subjects engaged in active drug dealing as a means of supplementing their incomes, perhaps because of the associated risks or relatively minor financial benefits (Roddy & Greenwald, 2009). This contrasts with research conducted among injecting drug users in Oslo, Norway (Bretteville-Jensen & Sutton, 1996).

Preble & Casey (1969) and Johnson et al. (1985) described the heroin user as almost maniacally active, constantly on the move between “scoring” and “hustling,” often engaging in criminal activity to afford his “fix.” Though this profile fits the daily routines described by some of our participants, many exhibited a striking dedication to orderly, fixed routines that occupied their days in a manner very similar to those of the presumably stable working classes. The emergent theme of regularity and discipline, expressed by numerous individuals in this sample, contradicts the dominant myth or stereotype that sees all heroin users as incapable of maintaining relationships or commitments (Acker, 2001; Gossop, 1982). This

modal pattern may partly reflect the relatively older average age of these individuals, compared to previous studies of this type. Nonetheless, it highlights the limitations of overly simplistic conceptions of addictive behavior and suggests that heroin use, *per se*, is not necessarily incompatible with “productive” patterns of work, but may in fact be woven into these patterns in a very consistent way, much as coffee and cigarette use is integrated into the daily cycles of millions of workers around the world (Scitovsky, 1976). Likewise, their reported incomes are not far off from those in the lower end of the workforce.

Clearly some individuals in this sample resemble the relatively higher-functioning and self-regulating heroin users that researchers have long recognized (Harding, 1988; Zinberg & Jacobson, 1976; Zinberg et al., 1978). However, none of these individuals would exactly fit Zinberg’s definition of “controlled drug use,” because all of them were daily heroin users, and all met psychiatric criteria for current opioid dependence (but not other drug dependence, except nicotine, or serious mental illness). However, they exhibited patterns of disciplined and regular behavior consistent with the controlled drug user concept. In this respect, they would probably fit best in the category of “stabilized junkie” described by Faupel (1987). While existing at the socioeconomic margins of society, they also presented characteristics resembling those documented in “working addict” (Caplovitz, 1976) populations. Treatment and intervention efforts might be usefully informed by a nuanced understanding of the linkages between the individual life-worlds of heroin addicts and the environmental or economic factors that underlie their self-limiting cycles of behavior. They might also take advantage of the regular routines that characterize the lives of heroin users such as these (Wagner & Ryan, 2004).

Our findings suggest that certain forms of contingent labor may form a strong symbiosis with heroin dependency that is difficult to break, especially in the absence of social and institutional supports or economic alternatives. Regular exposure to networks involved in drug using and dealing also made it more difficult for them to exit their drug-using careers. The result was a perpetual state of economic and social insecurity. While researchers have long recognized the relationship between drug-dealing and drug-using behaviors and macro-economic changes that hit hardest in distressed urban neighborhoods (Fagan, 1992; Kasarda, 1992; Sullivan, 1989), more work needs to be done on connecting variable patterns of heroin use with economic distress across a sliding scale of communities that are all increasingly affected by workforce changes, though perhaps not to the same degree. Rather than seeing suburban “working addicts” and urban “street hustlers” as distinct categories in a typology, we might envision them as points along a continuum of social and economic distress, recognizing, for example, that there are self-identified hustlers who also exhibit characteristics of regular working people, and regular “working” people who may become addicted and also engage in “hustling” behaviors. Heroin is not purely the cause or the effect of this distress, but problem heroin use, or addiction, is by definition a link in a loop of behaviors that tend to limit or “lock in” the individual. Unlocking that loop involves both individualized treatments and structural policies that target environmental sources of distress and promote human flourishing.

LIMITATIONS

There are some obvious limitations to this study. It is a fairly small sample and, as stated above, we have employed an interpretive paradigm. Therefore, our findings may not be applicable to heroin users in general, and correlations that we note cannot be judged in terms of statistical significance. We describe elsewhere, for a broader sample of Detroit-area heroin users, microeconomic circumstances and behaviors surrounding patterns of heroin purchasing and use (Roddy & Greenwald, 2009). In addition, as indicated above, both screening and self-selection processes likely shaped the final sample in a significant way, skewing it towards more controlled or “high-functioning” heroin users. Finally, we acknowledge that the race and gender-associated differences in patterns of income generation and heroin use, to which we alluded above, are not discussed in great detail in this paper. We intend to explore these issues in greater detail in future publications.

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Tables 1a

ETHNOGRAPHIC SAMPLE CHARACTERISTICS/DEMOGRAPHICS

Ethnicity	# (%)	Male	Female	Injectors	Inhalers
African American	17 (57)	13 (43)	4 (13)	8 (27)	9 (30)
White	11 (37)	7 (23)	4 (13)	10 (33)	1 (3)
Hispanic	2 (6)	1 (3)	1 (3)	0 (0)	2 (6)
Total Ethnographic Sample	30 (100)	21 (70)	9 (30)	18 (60)	12 (40)

Tables 1b

ECONOMIC SAMPLE CHARACTERISTICS/DEMOGRAPHICS

Ethnicity	# (%)	Male	Female	Injectors	Inhalers
African American	65 (59)	47 (42)	18 (17)	34 (31)	31 (28)
White	38 (35)	30 (28)	8 (7)	34 (31)	4 (4)
Hispanic	6 (6)	6 (6)	0 (0)	4 (4)	2 (2)
Total Economic Sample	109 (100)	83 (76)	26 (24)	72 (66)	37 (34)

Table 2

ETHNOGRAPHIC INTERVIEW SAMPLE: AGE, RACE, GENDER, SELF-REPORTED (PAST 30 DAYS) INCOME AND INCOME GENERATING ACTIVITIES

#	AGE	RACE	GENDER	Legal Income (taxed and untaxed)	Illegal Income	Self-Described Income Generating Activities
001	30	W	M	\$ 40	\$3000	Dealing heroin in suburbs, hustling, retail theft
002	53	A	M	\$2420	\$ 0	Distributing handbills
003	29	W	M	\$ 880	\$ 0	Self-employed painter and handyman
004	51	H	M	\$ 650	\$ 0	Odd jobs, money from friends and family
005	53	A	M	\$2055	\$2000	Food stamps, cutting grass
006	54	A	M	\$ 920	\$ 55	Self-employed painter
007	48	W	M	\$ 810	\$ 0	Money from friends and family, giving rides to other users
008	52	A	M	\$1200	\$ 10	Food stamps, odd jobs, helping people move
009	29	B	M	\$1200	\$1100	Worked as a janitor, in dialysis center
010	50	A	M	\$ 975	\$ 0	Distributing flyers, odd jobs
011	46	A	F	\$1200	\$1300	Boosting, hustling
012	51	A	M	\$ 155	\$ 905	Scrapping*, some petty theft
013	49	A	M	\$1460	\$ 260	Scrapping*, no crime currently
014	47	A	M	\$ 500	\$ 620	Odd jobs, used to work at GM.
015	36	A	F	\$1150	\$2400	Cleaning houses, boosting, running errands.
016	49	A	M	\$1870	\$ 100	Cashing checks, hustling, hauling, boosting, mowing lawns, moving people
017	48	W	M	\$1200	\$ 800	Scrapping*
sc018	52	A	F	\$ 820	\$ 40	Some work for family, husband does odd jobs (he also uses heroin)
019	40	A	M	\$2690	\$ 70	Works for uncle (building maintenance and labor), pest control
020	48	W	M	\$ 535	\$2000	Yard work, odd jobs, running scams.
021	44	W	F	\$ 603	\$ 65	Odd jobs, house cleaning, sex for money.
022	40	W	M	\$ 852	\$ 485	Hustling
023	54	W	M	\$ 333	\$ 220	Picking up cans, odd jobs, serving as “connection”
024	48	A	M	\$2000	\$ 125	Cutting grass, odd jobs, occasional theft
025	49	A	M	\$ 500	\$1050	Selling heroin, running errands, caretaker for mother and handicapped brother
026	26	W	F	\$ 0	\$3635	Unemployed, formerly a steel worker (fired due to positive drug test)
027	55	W	F	\$1600	\$270	House cleaning, selling sex for money
028	26	W	F	\$5620		Unemployed, “beggin’ and borrowin’”, odd jobs for relatives, scrapping*
029	43	A	F	\$ 500	\$1020	Working through temp service, occasional prostitution
030	38	H	F	\$4300	\$ 0	Drives limousines on weekends, formerly a bartender
109	45			\$1211	\$ 944	Economic Sample Mean (N=109)

A=African American, W=White, H=Hispanic, B=Biracial

* “Scrapping” refers to scavenging of metals and other saleable items and materials—it is a term commonly used in Detroit.