Exploring user perceptions of occasional and controlled heroin use

A follow-up study

Tim McSweeney and Paul J. Turnbull

This study follows up earlier research on occasional and controlled patterns of heroin use in order to examine how – if at all – this group's use of the drug changed over an extended period of time.

The previous study (*Occasional and controlled heroin use: not a problem?*) revealed that some people felt able to regulate and manage their use of heroin so that it caused them few problems – a finding that is starkly at odds with media portrayal of, political debate about and public understanding of heroin users. This study aimed to re-interview up to 51 heroin users originally questioned during 2004 and 2005, to establish the stability of controlled and non-dependent patterns of use reported during the initial study and thus eliminate the possibility that these merely reflected transient or temporary changes in heroin use.

The findings will be of interest to both a policy and practice audience, offering a better understanding of the nature of dependence, and identifying tactics to help dependent heroin users gain greater control over their drug use and ultimately abstain.

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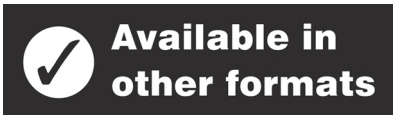

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Exploring user perceptions of occasional and controlled heroin use

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Contents

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Summary

It is often thought that heroin use leads inexorably to dependence. This study, by the Institute for Criminal Policy Research, King's College London, is a follow-up to earlier research of occasional and controlled patterns of heroin use, which suggested that, for some people, regular use of heroin did not inevitably lead to problems in other aspects of everyday life. The follow-up study located two-thirds of those involved in the original study. It found the following.

- Most of the 32 respondents reported having either reduced the frequency with which they used heroin (seven) or stopped using (14). This latter group comprised those who had not used during the last six months and had expressed a desire to stop using heroin.
- Six respondents reported that the frequency of their heroin use had increased, while a similar number (five) reported no change in levels of use.
- The majority (12) of those who had either stopped or reduced the frequency with which they used heroin had managed to do so without help from treatment services.
- Respondents reported a range of interrelated factors leading to a reduction or cessation in use: becoming bored with the routine of using heroin and the unpleasant effects of withdrawal; regular exposure to people and situations that placed them at personal risk; and growing tired of the routine involved in maintaining their use and in particular acquiring the drug.
- Using heroin as a coping response to problems encountered at a personal and professional level was one of the most common reasons given by respondents for their increased levels of use.
- Active users continued to make rational and autonomous decisions about how they might best manage their use so that it caused them fewer problems, i.e. by consciously regulating the amount of heroin they used or the frequency with which they used it.
- Many remained extremely sceptical about treatment services and wary of contacting them.

The researchers conclude that there is scope for developing and promoting strategies that might persuade *some* heroin users to gain greater control over their use. This could help further reduce drug-related harms by encouraging more people to take greater responsibility for regulating their use and seeking help if necessary.

Background

This research builds on an earlier study funded by the Joseph Rowntree Foundation of occasional and controlled patterns of heroin use (Warburton *et al.*, 2005). The research revealed that some people, at certain stages in their drug-using careers, were able to regulate and manage their use of heroin so that it caused them few problems. This finding is starkly at odds with media portrayal of, political debate about and public understanding of heroin users.

This follow-up study aimed to reinterview

up to 51 heroin users originally questioned during 2004 and 2005, in order to examine how – if at all – this group's use of the drug had changed over an extended period of time. The intention was to establish the stability of controlled and non-dependent patterns of use reported during the initial study and thus eliminate the possibility that these merely reflected transient or temporary changes in heroin use.

From both a policy and practice perspective it is important to examine this subset of users. Understanding how they use heroin can help us to better understand the nature of dependence and it may also identify tactics for helping dependent heroin users gain greater control over their drug use.

Changes in patterns of use

There were some considerable changes in overall patterns of heroin use reported by the sample. The most striking development is that most reported having either reduced the frequency with which they used heroin or stopped using (21). This latter group comprised those who had not used during the last six months and had stated their intention to stop using heroin. There were no significant differences between these abstainers and others in terms of age, gender or length of using career. Six respondents reported that the frequency of their heroin use had increased, while a similar number (five) reported no change in levels of use.

Our respondents reported a range of interrelated factors leading to a reduction or cessation in use. A number of interviewees described how they had become bored with the routine of using heroin and the unpleasant effects of withdrawal. Referring to their regular exposure to people and situations that placed them at personal risk, others reported how they had grown tired of the rigours involved in maintaining their use and in particular acquiring the drug. These were all consistent with accounts that described a general maturation or drift away from drug use and the drug-using scene. Employment and the need to focus and perform professionally also featured prominently in explanations for a reduction in levels of use. Recent health problems, news of a pregnancy and the birth of a child also prompted major changes in heroin use for some.

These narratives of change rarely sustained themselves in isolation but instead were informed, reinforced and continually developed through interaction with others. Forming new, non-drug-using relationships and distancing oneself from those closely associated with heroin use were important facets of this. Partners and significant others also helped sustain these narratives and create a social context where continued heroin use was neither facilitated nor condoned.

By contrast, using heroin as a coping response to problems encountered at a personal and professional level was one of the most common reasons given by respondents for their increased levels of use. Others described using heroin more frequently for perceived functional reasons – either to counter the effects of their increased use of other drugs like crack cocaine or in order to self-medicate and alleviate a range of physical and mental health symptoms.

Strategies for managing and regulating heroin use

A central tenet of current policy is the inevitability of dependence and its associated problems. Our sample starkly contradicted this popular assumption in a number of important ways. They highlighted the value of being employed, having a partner, focus, direction, support structures and non-heroin-using interests and friends as factors insulating them from the risk of developing problematic or uncontrolled patterns of use. Many continued to articulate the benefits for them of feeling productive, fulfilled and having a stake in society. Perhaps because of this level of structure and integration this group were also keen not to abdicate responsibility for their drug use but instead, by consciously regulating the amount of heroin they used or the frequency with which they used it, they continued to make rational and autonomous decisions about how they might best manage their drug consumption so that it caused them fewer problems.

Perceptions of heroin use and contact with treatment services

Some respondents (18) continued to use heroin for a range of different reasons. While non-dependent users continued to emphasise their enjoyment of the physical and psychological effects, controlled dependent users highlighted the need to alleviate the symptoms associated with withdrawal. For both groups, ensuring that heroin use did not impact on or disrupt other areas of their lives was considered an important aspect of control. By failing to display attributes more commonly associated with the 'junkie' stereotype, this group felt they were able to successfully avoid being labelled or thought of in this way. Most also believed that the impact of their heroin use was negligible when compared to their use of other substances.

While contact with treatment services was, for some, an important mechanism for retaining control over heroin use, many remained wary of contacting them. Respondents identified a range of barriers and concerns that had prevented them from accessing support: suspicions about confidentiality; the skills and attitudes of staff; excessive waiting times and bureaucracy; and inflexible or punitive treatment regimes. All of these problems are procedural in nature and within the power of services to control. Clearly, more needs to be done if non-dependent and controlled dependent heroin users are to be enticed and encouraged into utilising mainstream treatment services.

Conclusions

The results of the follow-up study confirm the conclusions of the earlier research and show clearly that there are sub-groups of heroin users who are either non-dependent or dependent but stable and controlled in their use of the drug. The study has also demonstrated how heroin users will abstain from using for lengthy periods of time without recourse to treatment services. It highlights a number of important lessons that could be applied for the benefit of *some* groups whose use remains largely uncontrolled and problematic. In particular, this learning could be used to help drug treatment workers deal with clients who are attempting to stabilise and control their heroin use, rather than give it up. A more realistic goal for these clients,

at least in the short term, might be developing strategies for managing or controlling their heroin use. We have drawn on evidence which suggests that there may be both a demand for controlled heroin use among treatment-seeking drug users and a willingness within British treatment services to embrace the concept as an acceptable outcome goal for *some* clients. But perhaps the greatest challenge remains convincing policymakers and the public about the merits of this endeavour too.

1 Introduction

The findings outlined in this report build on our earlier study funded by the Joseph Rowntree Foundation of occasional and controlled heroin use (Warburton *et al*., 2005). The research revealed that some people, at certain stages in their drug-using careers, were able to regulate and manage their use of heroin so that it caused them few problems. While this finding is starkly at odds with media portrayal of, political debate about and public understanding of heroin users, similar results have been consistently reached by many studies conducted across different locations over the last 30 years (Robins *et al*., 1977, 1979; Zinberg and Harding, 1982; Blackwell, 1983; Zinberg, 1984; Shewan *et al*., 1998; Shewan and Dalgarno, 2005).

Popular perceptions of heroin are based on some taken-for-granted assumptions: that heroin leads inexorably to dependence and that, once dependent, heroin users suffer deterioration in physical and mental well-being. Our findings suggested that, for some people, in certain circumstances, regular use of heroin does not inevitably lead to problems in other aspects of everyday life. We found that sustained heroin use did not necessarily lead to dependence and that dependence did not always cause heroin users significant problems – particularly involvement in crime and personal degeneration. The heroin users in our sample showed that some people can use heroin and look after themselves and their families, hold down a job, remain in relatively good health and have an active social life. This group clearly demonstrated that heroin use does not always inhibit users' capacity to make conscious, rational decisions about their drug use.

The study did not set out to assess what proportion of heroin users are able to control their use. It is likely to be a minority, and possibly a small minority – though this remains an unknown. We believe the value of the study's findings is to be found in the lessons for less controlled heroin users that treatment services can draw from based on the experiences of this group. Key findings from the first study were as follows.

- The sample differed from those normally recruited for research on heroin. Almost all were in work or studying; they were financially better off and better housed.
- Heroin-using careers varied. Some had never been dependent. Others had moved from dependent to non-dependent use. A third group maintained long-term patterns of controlled dependence.
- Respondents took great care over where they used heroin and with whom they used. Most avoided using with people who were deeply immersed in the heroin subculture or involved in crime.
- Avoiding those involved in the 'heroin scene' and being discreet about their use enabled them to maintain identities with no associations with uncontrolled use, 'junkies' and 'addicts'.
- The group used a range of different strategies for avoiding dependence or for retaining control over their dependence.
- Non-dependent users tended to follow rules that enabled them to restrict the *frequency* with which they used.
- Dependent users aimed to contain the *amount* of heroin that they used on a regular basis.

Why mount a study of occasional and controlled heroin use?

The prevailing view of heroin use presupposes it to be inherently problematic because of either its pharmaceutical properties or its capacity to corrode moral purpose. The belief is that users quickly lose the ability to control and make conscious, autonomous or rational decisions about their use. Current policy aims to dissuade people from trying drugs such as heroin with good reason – it recently attained the highest harm rating from among 20 licit and illicit drugs of potential misuse using a risk assessment matrix devised by the Advisory Council on the Misuse of Drugs (ACMD) Technical Committee (HoCSTC, 2006, p. 114).

While the harm potential posed by heroin is undeniable, research also suggests that these harms are, on the one hand, mitigated by the characteristics and behaviours of users and, on the other, compounded by the context in which the drug is used and its legal status. Given the growth in availability, experimentation, use and acceptability of illicit drugs (Parker *et al*., 1998), it seems inevitable – if politically and socially undesirable – that some people will encounter and try this particular drug at some point in their lives. For many, that will be as far as it goes; others may go on to use heroin more frequently. But, as Hammersley and Reid have suggested:

> … [i]*t should not be controversial to recognise that some drugs can be used without harm, by some people, in some conditions. Indeed, a major objective of addiction research should be to understand how and when this occurs.*
> (Hammersley and Reid, 2002, p. 25)

While this kind of assertion will always prove unpopular in certain circles – one only has to look at some of the reaction to the recent work of Shewan and Dalgarno (2005) to get a sense of this (Scott, 2005) – there is nevertheless a growing empirical evidence base to support this contention, even for those drugs deemed to present the greatest potential for harm such as heroin. For example, using the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* criteria for measuring dependence (American Psychiatric Association, 1994), *Results from the 2003 National Survey on Drug Use and Health* revealed that 43 per cent of the estimated 314,000 past-year heroin users in the United States were not classified as being dependent on or abusing the drug (SAMHSA, 2004, p. 59). These findings are consistent with recent research from Australia (Kaya *et al*., 2004, p. 113), which suggests that over 60 per cent of all heroin users there start and stop in the same year, and that only one in four will have a using career lasting in excess of three years. Such conclusions have led some to exude a degree of confidence that most of those who ever use heroin will not go on to develop dependent patterns of use (Best *et al*., 2006a, pp. 2–3).

Of course, population-based prevalence surveys of the sort referred to above, important though they are, fail to adequately explain or enrich our understanding of the processes that enable people to control and manage their drug consumption, and thus insulate them from developing dependent patterns of use. From both a policy and practice perspective it is important to examine this subset of users. Understanding how they use heroin can help us to better understand the nature of dependence and it may also identify tactics for helping

dependent heroin users gain greater control over their drug use.

Defining terms

Our first report highlighted how there were no clear or consistent definitions of 'controlled' heroin use apparent in the research literature (Warburton *et al*., 2005, p. 5). Instead, terms such as 'recreational use', 'intermittent use', 'occasional use', 'sporadic use', 'casual use' and 'unobstrusive use' have been employed. In the context of heroin use, all of these terms are contentious and likely to generate debate. However, in order to ensure consistency with the original study and based on accounts provided by respondents during the course of the follow-up work, the following typologies have been developed and will be employed throughout the remainder of the report.

1 *Occasional non-dependent user*: those who use heroin less than once a month, where cessation would not be accompanied by physical symptoms of withdrawal.

2 *Frequent non-dependent user*: those who use at least once a month, but are not dependent on heroin.

3 *Controlled dependent user*: refers to dependent users who would experience withdrawal symptoms if they stopped using but who perceive their use to be controlled and largely problem free.

4 *Abstainer*: those who have not used during the last six months and have expressed their intention to stop using heroin.

Aims and methods

This follow-up study aimed to reinterview up to 51 heroin users originally questioned during 2004 and 2005, in order to examine how – if at all – this group's use of the drug had changed over an extended period of time. The intention was to establish the stability of controlled and non-dependent patterns of use reported during the initial study and thus eliminate the possibility that these merely reflected transient or temporary changes in heroin use.

The aims of the study were to:

- describe patterns of heroin use over the period since first interview
- examine in detail any periods of change in heroin use (for example, periods where more or less heroin was used, or dependent and non-dependent use) and explore the reasons for these changes
- describe strategies for controlling and managing heroin use
- consider views about the use of heroin and whether this is still perceived to be a relatively problem-free activity
- assess the implications these findings have for developing harm-reduction strategies for uncontrolled users.

As an anonymous study, the initial research collected minimal contact details from the respondents. In most cases this took the form of a mobile telephone number and/or current email address. The recruitment process for the follow-up work relied exclusively on the contact details provided at first interview by those respondents who had agreed to

participate (none of the sample refused to be reinterviewed). At the start of fieldwork an initial communication was made, either in writing or via telephone contact, by the original research interviewer who explained in full the aims and objectives of the current research and again sought agreement to take part in the follow-up study. Arrangements were then made to complete a follow-up interview.

In total, 32 members from the original sample of 51 (or 63 per cent) were successfully recontacted and interviewed. Qualitative interview schedules were developed and organised around the aims of the study outlined above. These face-to-face qualitative interviews were conducted between July and November 2006. The average time that had elapsed between first and follow-up interview was 24 months.

The interviews were all tape-recorded for the purposes of transcription. Data collection and analysis followed an inductive approach. In other words the emergence of key categories and findings throughout the research informed the focus of further investigation. With the support of a computer-assisted qualitative analysis program (QSR N6), the interview transcripts were then coded and analysed to identify emerging issues and themes.

About our follow-up sample and the non-responders

The ages of our follow-up sample ranged from 21 to 65 years with an average age of 40 (median 37 years). Most of the 32 individuals reinterviewed were white British (n = 29) and predominantly male (n = 22). The majority stated that they were currently employed, either on a full-time (n = 16) or part-time basis (n = 4). With regards to housing status, three-fifths (n = 14) were owner-occupiers. On average this group had been using heroin for 14 years (range three to 35 years; mean 17 years). Almost all (n = 29) reported a period of dependent use during their using careers; over half (n = 18) also reported a period of dependent use during the two years since first interview. This period of dependent use ranged in length from less than two weeks to just over one year. Less than half (n = 14) reported having accessed any treatment services since their initial interview.

Based on data provided at first interview, there were no statistically significant differences observed between those we managed to reinterview and those we did not in terms of age, gender, length of using career, whether they had used heroin dependently in the past or the manner and frequency with which they used heroin. We cannot, of course, rule out the possibility of sampling bias – that those who may have developed problematic and uncontrolled patterns of heroin use and whose lives had unravelled as a consequence will have proven harder to recontact and interview.

In addition to outcome data on 32 respondents, we gleaned some information on a further four respondents. While we cannot verify the accuracy of these accounts, we have no reason to doubt their authenticity or to question the motives of those respondents who provided us with the following additional information.

- Emma,[1] aged 47, frequent non-dependent user for 13 years, previously dependent. Informed by her partner that she too had not used heroin during the last six months.

- Jane, aged 23, occasional non-dependent user for one year, previously dependent. Informed by another respondent that she had married since first interview and relocated. Had not used heroin during the last six months.
- Richard, aged 38, frequent non-dependent user for 11 years, no previous dependence. In the two years since first interview he had been imprisoned for non-drug-related offences. Informed by another respondent who maintained regular contact with Richard that, during the last few months, his use had escalated considerably following his release from prison.
- Fiona, aged 34, occasional non-dependent user for four years, previously dependent. A close friend and participant in the research informed us that she was in residential rehabilitation and currently abstinent.

Structure of the report

Chapter 2 reports on changes in patterns of heroin use since first interview and explores the reasons behind them. Chapter 3 re-examines the main factors and processes that users felt assisted them in managing and controlling their use of heroin during the two years since first being interviewed. Chapter 4 considers users' views about their use of heroin, their perceptions of it as a problem-free activity and the role of treatment services. Finally, Chapter 5 summarises the key findings, highlights lessons for policy and practice, and considers the implications of the research for our understanding of dependency.

2 Changes in patterns of use

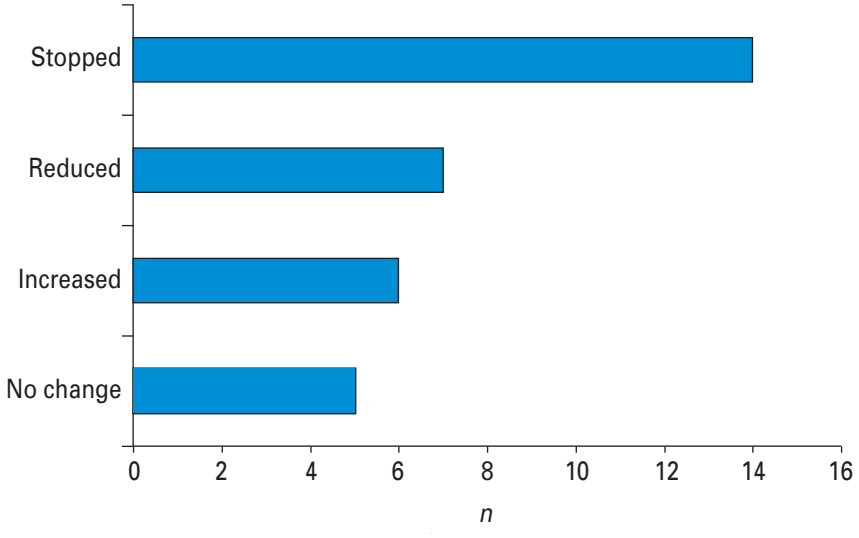
Given that patterns of drug consumption are transient and subject to temporary changes or fluctuations, one of the main reasons for mounting a follow-up study was to judge the longevity and stability of controlled and non-dependent patterns of use reported during the initial study. In this chapter we report on any overall changes in patterns of heroin use since first interview. In particular, we focus on some of the main reasons behind increased levels of consumption and explore a range of interrelated factors leading to a reduction or cessation in use.

As Figure 1 illustrates, two years after our first study there were some considerable changes in overall patterns of heroin use reported by the sample. The most striking development is that most reported having either reduced the frequency with which they used heroin ($n = 7$) or stopped using ($n = 14$). This latter group comprised those who had not used during the last six months and had expressed a desire to stop using heroin.[1] On average they had not used heroin in over a year (mean 385 days). It is worth mentioning that, so infrequent was their use at follow-up, this sub-group would not have been eligible for participation in the original study (one of the criteria was having used heroin at least once during the last six months). There were no obvious characteristics that distinguished this group from those who continued to use heroin. For example, there were no significant differences between these abstainers and others in terms of age, gender or length of using career. By contrast, the frequency of use had increased for six respondents, while a similar number ($n = 5$) reported no change in levels of use.

Based on accounts of the frequency and nature of their heroin use during the last six months, and using the definitions outlined on page 3, our respondents were assigned to the following typologies:

- occasional non-dependent user ($n = 8$)
- frequent non-dependent user ($n = 4$)

Figure 1 Self-defined changes in reported patterns of heroin use since first interview ($n = 32$)



- controlled dependent user ($n = 6$)
- abstainer ($n = 14$).

Needless to say, the boundaries between the categories and typologies outlined above are far from rigid. Clearly, some users will have moved within and between these over the two years since first being interviewed. John, for example, described to us how he continued to use heroin occasionally for a number of months after participating in the original study before learning that his employer required him to spend time overseas on a new project. In the run-up to this move John began to wean himself off heroin with a reserve of methadone he had accumulated illicitly. He reported that he had not used heroin for eight months while abroad. Within a short time of his return to the UK, however, he had reverted back to occasional use, albeit at a less frequent rate than during the period immediately prior to his initial interview.

Reasons for changing patterns of use

Increased use

Using heroin as a coping response to problems encountered at a personal and professional level was one of the most common reasons given by respondents for their increased levels of use. For example, Ted attributed his increased use at different points over the previous two years largely to the negative emotional states he would experience as a result of ongoing relational problems with his partner:

> *I was having nightmares with her through that whole year and I just was literally, totally dependent on that, I just needed to be off my face. It was as simple as that! ... You could draw a chart, if I actually sat here and wrote down each day the amount that I've taken and then actually wrote my love life … and my work life whatever, it would absolutely, totally tally … It was almost like:* [my partner] *turns up here again, nightmare kicks in and I run off to oblivion again. It's almost like it was a pattern and it happened two or three times.*
> (Ted, aged 48, controlled dependent user, had been using over a 30-year period, previously dependent)

For two different respondents, a rise in usage had been precipitated by setbacks and pressures in a professional capacity. For one interviewee in particular, this situation arose after disclosing a spent conviction had hampered his career progression:

> *I just lost interest … I just lost all motivation. I was totally pissed off about it and I didn't take my job seriously … I thought, 'Why am I bothering to straighten myself out? To try and be a responsible member of a society that's going to treat me like this. That's going to dig up mistakes from years ago and throw it in my face.'*
> (Jake, aged 42, frequent non-dependent user, had used over a 24-year period, previously dependent)

Respondents' accounts also described how, over time, some became increasingly vulnerable to spontaneous decision making when presented with certain emotional or situational cues. Again, using heroin as a means of countering negative mood states seemed an important factor in explaining increased levels of use for a few:

> *But it's too easy for us here. If we sit down at the weekend … the house is full of triggers …*

So, if we're both in and we've both had a shit day and it's really easy for me to just go and score. It's too easy by far. I think we need to put some more logistical barriers in the way really.
(Andrew, aged 34, controlled dependent user, had used over a 14-year period, no previous dependency)

Others, while also alluding to how they progressively use heroin as an 'emotional crutch', highlighted how their changing tolerance and attitudes towards heroin, and its perceived utility, could account for its increased use. Damien, for instance, commented that his attitudes towards heroin as a 'treat' had changed and he now felt he used the drug more for perceived functional reasons – namely, in order to counter the effects of his increased use of crack cocaine:

My use has increased because essentially I'm not getting the same kick I was when I first started … So, I'm basically using heroin to function, to become normal. Just to get through everyday activities … I do a lot of crack and then I become very nervous and I just don't feel comfortable and obviously, to come down, I use heroin … I think the crack is actually beginning to overtake the heroin for me now in terms of dependency … Because it's not seen as a treat to me any more. It's when I do get the money. If I get money on Monday, I'll go and score on a Monday and I will use it as an anchor to an emotional crisis, definitely … It's very rarely I think I've done heroin by itself now … quality the heroin is, is not that important any more. So long as it brings me off the crack then it's fine.
(Damien, aged 30, controlled dependent user, had used over an eight-year period, no previous dependency)

Sue also used heroin in a functional capacity but for completely different reasons. With a history of mental health problems, she had in the recent past experienced an adverse reaction to some prescribed medication. Sue felt that her reliance on heroin was compounded by a need to self-medicate and alleviate these symptoms:

I went to my doctor again; got put on antipsychotics, which don't agree with me at all. They make me psychotic so I stopped taking them and that is when I started using … I think it all tied in with my manic depression. If I start getting manic, I use it to try to balance me out. Although I wasn't really aware that is why I do it until this year when I started seeing a pattern and so it gradually just built up.
(Sue, aged 50, occasional non-dependent user, previously dependent)

Although one respondent suggested that his use had increased merely because he perceived there to be no negative consequences resulting from this, another found it difficult to identify a singular cause or factor that contributed to his changing patterns of use:

I don't know. It's hard to … you probably don't even realise that you're doing it until it's too late. It just happens. I can't really put my finger on why.
(Dominic, aged 48, controlled dependent user, had used over a 28-year period, previously dependent)

A reduction or cessation in use

The accounts given by our respondents to explain the reasons behind their reduction or cessation in heroin use ($n = 21$) were consistent with the conceptual framework developed

by McIntosh and McKeganey (2000) in their analysis of addicts' narratives of recovery. In a similar vein, many of the explanations provided to us could meaningfully be assigned to three distinct areas: reinterpreting the using lifestyle; reconstructing the sense of self; and using key events to provide explanations for a reduction or cessation in use. In addition, some respondents highlighted the role played by significant others in constructing and maintaining these narratives. In doing so they demonstrated the socially constructed nature of many of these explanations (i.e. by identifying the importance of jobs, their wider roles and responsibilities, interaction with others, or the views and wishes of partners in sustaining these accounts). They differed fundamentally, however, to the explanations presented by McIntosh and McKeganey (2000) in that most (n = 12) had *not* been developed in conjunction with, or in the context of, drug treatment services.

Reinterpreting the using lifestyle

Christo (1998, p. 60), in reviewing Waldorf and Biernacki's (1981) work on natural recovery, observed how some heroin users report 'a general drifting away from the drug scene, and getting tired of drug use as one tires of a boring job or unsatisfactory relationship'. Similar sentiments were expressed by a number of respondents who reported having reduced or stopped using heroin. Sarah, for instance, described how she had become bored with the routine of using and was increasingly keen to avoid the unpleasant effects of withdrawal:

> *I just got really, really bored as well. It was just the same thing every day: went to work, came home and started smoking basically and went to bed; got up again the next day and nothing ever changed and I just got utterly fed up and really, really bored … I just talked myself out of it basically. I just thought, 'well, I feel like shit in the morning. I'll probably run off at lunchtime and try to score for more and then I'll start all over again'. I just really couldn't be bothered with that.*
> (Sarah, aged 35, abstainer, had used over a five-year period, previously dependent)

Exposure to the monotonous effects of using was by no means the preserve of abstainers. Although stating that, overall, his use of heroin had increased since first interview – and for no particularly elaborate reasons – Dominic was able to recall how during this period he had managed to abstain from heroin for varying lengths of time, the longest being three months. His ability to do this in part reflected his decision to use methadone instead, but was largely symptomatic of his lack of motivation and desire to use heroin more frequently:

> *There's been times I went for like 12 weeks just on methadone.*
>
> Q: *Why? What prompted that, for example?*
>
> *No main reason. No main reason. It was just, I don't know. I was lazy I suppose. I just, for 12 weeks, I kept going for my doctor's appointment, getting a prescription, going to the chemist and going home and that was it. I was just using methadone. I just didn't feel, not even a need. Just didn't have the urge to get up, go out and go and get some. Just didn't bother me; wasn't interested.*
> (Dominic, aged 48, controlled dependent user, had used over a 28-year period, previously dependent)

Another common narrative developed by respondents who had reduced or stopped using heroin was having grown tired of the efforts involved in maintaining use and in particular acquiring the drug. As the following quote reveals, some grew increasingly despondent with the clandestine nature of their interactions with drug sellers and ongoing exposure to people and situations that placed them at personal risk:

> *I suppose the reason why, the people in and around it. I don't like standing on street corners waiting for people, I'm 36 years old now. It's not the most enjoyable thing in the world. And you can be standing out there for an hour waiting for someone who doesn't give a fuck about you, to be blatant. They don't care about you … I suppose I've reached an age where I've just had enough of the whole social scene … I don't like watching some young people getting into the drugs. Sometimes I see them and I don't think it's the drugs, I think it's more the social scene where they're in. But I'm looking at some of the people there and the people selling the drugs and also some of the people taking it, they're not very nice people … Like I say, I just don't like the people as much as anything. It does get depressing sometimes when you see people getting into that scene … where everyone thinks it's clever and it's hard and admirable to be doing these things.*
>
> (Alvin, aged 36, abstainer, had used over a 15-year period, previously dependent)

Again, even among active users, the process of acquiring drugs in increasingly risky situations was a factor likely to precipitate an early exit from heroin use:

> *This is how I got into the really dodgy circles … The heroin people but really full-on ones, you know, that are in this real criminal sort of underworld thing … The people I ended up selling to were real crims and actually in the end they ended up sort of burgling me and ripping me off and stuff like that quite a lot … I thought I was going to get really beaten up at one point by this guy who's just flipped at me and it was just that environment I was going to, to buy. It was just like 'Christ, you know, I can't do this any more. I could just get stabbed one day or something like that.'*
>
> (Colin, aged 35, occasional non-dependent user, had used over a seven-year period, previously dependent)

Restructuring the sense of self

A number of interviewees described a general maturation or drift away from drug use and the drug-using scene, which often coincided with developing other interests or focusing on other aspects of their lives (see Winick, 1962):

> *I think that has come through some sort of maturing process, which has been going on for a long time. It's linked with my studying. The studying of drug use has led me into studying all kinds of historical and philosophical questions and gradually I just found that I'm getting more off that than I was from the occasional heroin. It's not a moral thing that I think it's bad to take heroin at the weekend.*
>
> (Joseph, aged 49, abstainer, had used over a 22-year period, previously dependent)

As part of the process of reinterpreting his experience of using heroin, Alvin had recently undergone something akin to a 'cognitive reorientation' (Bottoms *et al*., 2004, p. 382), which had led him to question his ongoing use

of heroin and had enabled him to reach a point where he found the motivation to consider changing other aspects of his behaviour and lifestyle and 'move on'. In this particular instance, this took the form of setting and working towards achieving new goals, like engaging in education and training:

> *I suppose you could just say about the whole thing – I've matured. I'm getting older, I'm thinking about, to me, joining society. There's still that, 'I don't want to' but I figure you've got to … I've started a couple of college courses so it feels like I'm actually moving on … something for me, to prove that I can do it. I've always known that I've got a brain but I never finished school, never finished any of these things that I started off. So, you just grow up don't you, at different stages.*
> (Alvin, aged 36, abstainer, had used over a 15-year period, previously dependent)

In a similar way, others expressed their hope for the future and a desire to be drug-free, in order to pursue a better, healthier lifestyle. These accounts were often reflective – thinking more about the sort of person that heroin use may have made them and, perhaps more importantly, what it may have prevented them from doing:

> *I stopped using anything. I've given up smoking … absolutely everything … I just went out and cleared my head and just learnt to want to look after my body a lot more and think just health and food, fresh food and better living … I realised there was far more to do and I can do it a lot better with a clear head.*
> (Philip, aged 34, abstainer, had used over a 13-year period, previously dependent)

> *I just got bored with it and thought I don't really need this stuff to have a decent life and I'd have a lot more of a life if I didn't use.*
> (Sarah, aged 35, abstainer, had used over a five-year period, previously dependent)

> *It took me quite a while to get the routine of using and the desire of using out of my system and so, if I went back to using again now and then wanted to stop, I'd have to go through that process again and with hindsight, you don't necessarily realise it at the time, to make the shift … it does actually cost you quite a lot of emotional energy.*
> (Lorraine, aged 36, abstainer, had used over a 14-year period, previously dependent)

Though still an active user, Tim described how some aspects of the using lifestyle had created problems in his relationship with regards to a range of different deeds and actions witnessed while under the influence of drugs. Over time, these merely served to undermine the trust he had in his partner. One perceived way of restoring this 'spoiled identity' (Waldorf and Biernacki, 1981) was for him and his partner to abstain from using heroin for a period:

> *We were scoring a bit of heroin and a bit of crack … and I caught her stealing a bit and so I thought, 'I don't want to be in a relationship with someone I don't really trust. I'd rather we didn't use at all than have to feel that I distrusted her' … So I just thought, 'let's knock the drugs on the head completely'.*
> (Tim, aged 46, occasional non-dependent user, had used over a 26-year period, previously dependent)

For some, sustaining a reduction or cessation in heroin use had meant relocating to a different

social environment where use of the drug was unlikely to be encountered. Such a move often stemmed from the need to put some physical space between the user and any established using cues or triggers. To a lesser extent this was also symbolic of the individual's desire not to be defined by or associated with heroin use and the wider using culture:

> *I haven't wanted to bring it up with anyone. It's the past. It's not who I am now so I don't talk about it … There have been a couple of times in my life where I have just moved away to somewhere new and it's worked for me.*
> (Philip, aged 34, abstainer, had used over a 13-year period, previously dependent)

> *I think that you have to have something else, or you have to believe that you have something else or you have to want something else. I think that's the main thing. That's my view of what, say, differs everyone who hasn't ever used to a problematic level.*
> (Jason, aged 34, occasional non-dependent user, had used over a nine-year period, no previous dependency)

> *We didn't want to get involved in the scene down here. We didn't know anybody down here … because we have no friends any more coming down from London and that's what kept us together on the straight and narrow, definitely.*
> (Emma, aged 55, abstainer, had used over a 24-year period, previously dependent)

Events or roles that provide explanations for a reduction or cessation

Our first report highlighted the important role played by employment in regulating patterns of heroin use because of the responsibilities and expectations that a job placed on our respondents. Work commitments and the need to focus and perform professionally also featured prominently in the accounts of those reporting a reduction or cessation in levels of use at follow-up:

> *I had to fly back to Paris on the Tuesday, feeling like absolute crap and I'm supposedly across there as a consultant and it just kind of, this isn't conducive to … well you're supposed to be a consultant whose been flown across here at great expense and is getting paid for x amount of days … as time goes on your job or whatever gets more demanding or you've got more things to your life … there's more of a conscious, at the back of my mind sort of feeling that this could do with becoming a less frequent event rather than becoming a more frequent event.*
> (Jason, aged 34, occasional non-dependent user, had been using over a nine-year period, no previous dependency)

> *It depends on what I'm doing in another sense. Like last year, I was responsible for delivering a project, so I was a lot more focused on what I was doing and heroin does dull your senses. I needed to be more focused on what I was doing so my drug use went down. To my mind, although I find taking drugs, and heroin particularly, a pleasurable pastime, the negative effect that I find is that it does dull the intellect.*
> (John, aged 43, occasional non-dependent user, had used over a 21-year period, previously dependent)

For some respondents, focusing on employment had brought them into contact with a new social group where heroin use was unlikely to have been encountered, facilitated or condoned:

I still am enjoying the working and … the two just don't go together. They are very separate social groups, very separate health images.
(Lorraine, aged 36, abstainer, had used over a 14-year period, previously dependent)

It was quite weird because it was dead easy to stop once I actually started doing it whereas before when I tried I don't think I was quite ready to do it … I'd heard all the horror stories … I just thought, 'oh God. I'm not really ready to go through this' and, as I said, with suddenly having a new social life, having a new work life, going abroad quite a lot. It was really, really easy once I got my head around it. I don't miss it at all either.
(Sarah, aged 35, abstainer, had used over a five-year period, previously dependent)

For one interviewee, in particular, the prospect of a new job gave her added impetus to maintain the changes she had already made over a number of months and illustrates how these positive narratives can play an important role in shaping the way in which people might continue to redefine themselves as non-users:

I've got a chance of a job in a couple of weeks' time … so I'm trying to do things to occupy my time … We're building a new life. That's what we're doing … I don't want to slip up. I don't want to. Not now, I really don't.
(Emma, aged 55, abstainer, had used over a 24-year period, previously dependent)

By contrast, Joseph recalled how some recent health problems, while not thought to be directly related to his use of heroin, did nonetheless force him to reassess certain aspects of his lifestyle, including his use of psychoactive drugs:

It was quite scary … Anyway, after various blood tests, they found out what it was and I can take medication which got rid of the condition … and I found I couldn't [use] *because it would send my heart racing really bad so that did help me to stop straight away actually.*
(Joseph, aged 49, abstainer, had used over a 22-year period, previously dependent)

News of a pregnancy and the birth of a child had prompted a major change in the use of heroin for two respondents:

My daughter was born about a year and a half ago. She's a lovely little girl and obviously I want a stable home … I don't know if that's because I became a father but it definitely changes your outlook on life.
(Craig, aged 29, abstainer, had used over an eight-year period, previously dependent)

I didn't actually have a habit at all throughout my pregnancy. I didn't use through my pregnancy.
(Tracey, aged 33, frequent non-dependent user, had used over a ten-year period, previously dependent)

The role of significant others in sustaining narratives

It seemed that these narratives of change rarely sustained themselves in isolation but instead were informed, reinforced and continually developed throughout our respondents' interaction with significant others. For some interviewees, experiencing new – non-drug-using – relationships and distancing themselves from others more closely associated with heroin use helped enormously in this regard:

I went [abroad] *on business and I met a bloke there, had a mad fling for a couple of months, and that helped as well – something else to*

focus on … I didn't really have any friends that took drugs so it wasn't like I had to permanently change my lifestyle. It was basically not hanging out with [my partner] *that did it really. He was the only drug connection that I had.*
(Sarah, aged 35, abstainer, had used over a five-year period, previously dependent)

And that's another reason I guess for me to move on. I've met someone who's never used anything and I'm comfortable with it … She came along at a later date but I'd already made my mind up … Things have come along and I've met new people and yeah. Things have changed … breaking away from friends, breaking away from my lifestyle that I was used to that I knew wasn't doing me any favours.
(Philip, aged 34, abstainer, had used over a 13-year period, previously dependent)

Another interviewee recalled how she and her partner were in the process of relearning how to enjoy friendships without them revolving around or being defined by heroin use:

He's been down twice to stay with us and we've been great. No one talked about drugs. We haven't taken drugs while he's been down here. It's been brilliant. Whereas before, in London, the only reason he'd come and see us was to buy drugs from us and he'd spend two or three days with us and get out of his nut.
(Emma, aged 55, abstainer, had used over a 24-year period, previously dependent)

Some seemed to draw on other people's negative experiences with heroin – often involving close friends – which merely served to reinforce their own change in using patterns:

He nearly lost his right arm. He'd lost all his friends, he had no contact with his family and I was supporting him emotionally or not judging him, spending time with him and so on but I think that he realised … he really hit rock bottom and decided it was time to sort himself out.
(Craig, aged 29, abstainer, had used over an eight-year period, previously dependent)

The accounts of other interviewees highlighted the important role that partners can play in sustaining and reinforcing narratives of change by providing a social context in which continued heroin use could prove to be a source of tension and conflict:

It just made me perhaps in a way feel more like I didn't want [heroin] *because I was actually quite angry with him at the time because he was supposed to be stopping and moving forward with life and stuff like that. So, I was a bit cross.*
(Kirsty, aged 33, abstainer, had used over a 13-year period, no previous dependency)

She asked me not to [use] *and I want to respect the fact that she asked. I said I wouldn't say no I wouldn't use ever but I won't inject at the moment.*
(Tim, aged 46, occasional non-dependent user, had used over a 26-year period)

This was in stark contrast to the experience of three respondents who illustrated how aspects of control were often negotiated in the context of intimate partner relationships, whereby the dynamics of these relationships could work to perpetuate a particular pattern of using or, in more extreme cases, leave some to question their ability to abstain:

For me, I think because it's the first time I've been in a relationship when I've been able to use with my partner … I always had to use in a very sort of clandestine way. Sneak off and use and so that sort of kept it under control, however we started using together and it spiralled a bit.
(Andrew, aged 34, controlled dependent user, had used over a 14-year period, no previous dependency)

Because we were quite early in our relationship … we weren't saying 'no' to each other because we both still wanted to make each other really happy and didn't want to rock the boat and I wanted [him] *to be happy all the time and he wanted me to be happy and I would say, 'I really want to score tonight' and he was like, 'yeah, OK. Let's do it.' So we weren't saying, 'no, actually I don't think we should. You're going to have to sit there and sit it out.'*
(Janet, aged 27, controlled dependent user, had used over a nine-year period, previously dependent)

He had to realise that it was actually him, that he couldn't keep blaming it on me … I'd sort of unwittingly played along with that for a number of years and I kept thinking … 'I don't want to stop'. It's probably not that I couldn't but it's just that I didn't want to and he kept making half-hearted attempts. I look back on it now and I know they were half-hearted. It was just an excuse then to keep on taking it by blaming it on me really: 'You can't stop so there's no point in me trying when you're using'.
(Sarah, aged 35, abstainer, had used over a five-year period, previously dependent)

Chapter summary

There were some considerable changes in overall patterns of heroin use reported by the sample. The most striking development is that most reported having either reduced the frequency with which they used heroin or stopped using ($n = 21$). This latter group comprised those who had not used during the last six months and had stated their intention to stop using heroin. There were no significant differences between these abstainers and others in terms of age, gender or length of using career. Six respondents reported that the frequency of their heroin use had increased, while a similar number ($n = 5$) reported no change in levels of use.

Our respondents reported a range of interrelated factors leading to a reduction or cessation in use. A number of interviewees described how they had become bored with the routine of using heroin and the unpleasant effects of withdrawal. Referring to their regular exposure to people and situations that placed them at personal risk, others reported how they had grown tired of the rigours involved in maintaining their use and in particular acquiring the drug. These were all consistent with accounts that described a general maturation or drift away from drug use and the drug-using scene. Employment and the need to focus and perform professionally also featured prominently in explanations for a reduction in levels of use. Recent health problems, news of a pregnancy and the birth of a child also prompted major changes in heroin use for some.

These narratives of change rarely sustained themselves in isolation but instead were informed, reinforced and continually developed

through interaction with others. Forming new, non-drug-using relationships and distancing oneself from those closely associated with heroin use were important facets of this. Partners and significant others also helped sustain these narratives and create a social context where continued heroin use was neither facilitated nor condoned.

By contrast, using heroin as a coping response to problems encountered at a personal and professional level was one of the most common reasons given by respondents for their increased levels of use. Others described using heroin more frequently for perceived functional reasons – either to counter the effects of their increased use of other drugs like crack cocaine or in order to self-medicate and alleviate a range of physical and mental health symptoms.

3 Strategies for managing and regulating heroin use

A popular assumption is that heroin use leads inexorably to dependence and that chaotic use is an inevitable outcome of this dependence. A gradual deterioration in physical and psychological health and other areas of social functioning is also considered to be a fated result of this process. Our initial research challenged some of these assumptions by studying a group that appeared to take great care in choosing how they used heroin, the frequency with which they used it, where they used and with whom they used. Many interviewees believed that adopting these strategies had enabled them to use heroin in a safer and more manageable way, which in turn helped to create the conditions in which a more controlled pattern of use was possible – often over a period of many years. In this chapter we re-examine the factors and processes that users felt assisted them in managing and controlling their use of heroin during the two years since first being interviewed.

Strategies employed

The original study highlighted how controlling heroin use was a complex process achieved using different interrelated techniques. The likelihood of success was dependent on a combination of factors related to the individual, the manner in which they used heroin and their personal circumstances. The control mechanisms employed were not static but were instead influenced by a range of issues that often changed over time. The follow-up study confirms that adhering to boundaries around the frequency and amount of heroin being used, access to the drug, those set by life structures and wider roles and responsibilities, together with individual characteristics and attitudes, all remained important features of 'using rules' that were employed in a conscious attempt to control and manage the use of heroin, and thus minimise the inherent risks. Rather than undermining the addictive and potentially problematic nature of heroin use, these interrelated methods of self-regulation, we believe, actually served to reinforce and emphasise an awareness of these issues. Below we consider in more detail some of the key strategies that enabled respondents to exercise a degree of control over their use. We also draw on the experiences of controlled dependent users to illustrate how these tactics were far from infallible.

Containing the frequency of use and amount used

Perhaps the two common approaches to regulating the use of heroin involved making a deliberate effort to restrict the frequency with which the drug was used and the amount being consumed. The former routinely involved avoiding the use of the drug over two or more consecutive days. In practical terms, this often meant confining the use of heroin to the weekend:

> *It will only always be the weekend. Like a Saturday or Sunday.*
> (Tracey, aged 33, frequent non-dependent user, had used over a ten-year period, previously dependent)

We tend to keep it sort of infrequent and small amounts.
(Paul, aged 32, occasional non-dependent user, had used over a 13-year period, previously dependent)

If I've used, you know, at the weekend and then maybe used during the week … I just think well, you know, you're borderline with a habit so just take it easy for three or four days.
(Francesca, aged 46, frequent non-dependent user, had used over a 20-year period, previously dependent)

Even controlled dependent users expressed an aspiration to gain greater control by restricting the frequency of their use to the weekend. Three controlled dependent users seemed to encounter difficulties restricting the frequency with which they were using, though – a problem largely attributed to their use of crack cocaine:

I think more control would definitely be, if I could go back to weekends. If I could have Monday to Friday completely drug free and managed to have drugs on a Saturday or Sunday.
(Damien, aged 30, controlled dependent user, had used over an eight-year period, no previous dependency)

We know that, especially at the minute, once we start using, we'll carry on for a while. We find it really hard to just say, 'right, we will just get one stone of crack, one bag of gear and that's it'. We find that really difficult, which is one thing that wasn't really a problem before and I think that's the crack influence that we're struggling with at the moment.
(Janet, aged 27, controlled dependent user, had used over a nine-year period, previously dependent)

By contrast, occasional non-dependent users stated that their use of heroin was so infrequent, opportunistic or confined to 'special occasions' that they felt there was little chance of it becoming problematic:

I'd say it's curtailed to the point that it's an occasional sort of thing, like a birthday or Christmas.
(Jason, aged 34, occasional non-dependent user, had used over a nine-year period, no previous dependency)

Restricting access to heroin

Maintaining a detachment from those who sold heroin remained an important strategy for controlling their use, particularly among frequent or occasional users. As well as being a practical way of restricting one's access to the drug, buying heroin through trusted friends helped maintain a degree of anonymity and thus avoided the stigma associated with being known as a heroin user. This was especially important for those wishing to keep their use hidden for professional reasons:

I have made it so that it's had to be a little bit difficult to get. And then, if I've had the offer of a phone number, I've not taken it. Or in fact I remember a guy saying that: 'here's my phone number'. I put it into my phone and then immediately deleted it.
(Colin, aged 35, occasional non-dependent user, had used over a seven-year period, previously dependent)

However, controlled dependent users who had increased their levels of use since intake described how this once effective strategy was now proving fragile:

Because I was using the one person, which I said took me an hour and a half to get there and back … So I can make an excuse and say, 'well I'm not going to go over there because it's such a long journey that it's not worth it' and use that as an excuse but my recent contacts are literally about a mile away from [the] *house now so I can be there in five minutes, back home in 15.*
(Damien, aged 30, controlled dependent user, had used over an eight-year period, no previous dependency)

Life structures and wider roles and responsibilities

Being employed, having stable accommodation, maintaining good family and social relationships, and having non-drug-using interests and friends are all well established factors that serve to insulate people from the risks of dependency, and again emerged as important components in understanding how and why people sought to control their use of heroin. Clearly, those who benefit from having these are also likely to have much more to lose from uncontrolled drug use than those who are more socially excluded. These pro-social roles and responsibilities can in turn help generate human and social capital, and sustain narratives that are inconsistent with uncontrolled or dependent patterns of use:

I'm in a family situation. I've got commitments. I've got a job where I've got to work hard and concentrate all day … There are things in my life that I've got and experience that I want to gain which are far more important to me … I mean they are the things that I hold dearest to be honest. To a degree, they are your ego: your job, your family … I'm halfway through my degree, I've got plans for the future. They're just more important.
(Ken, aged 21, abstainer, had used over a three-year period, previously dependent)

I need to stop using Monday to Friday. Essentially, that's what I need to do. I need to start putting things into my life that I did before, i.e. socialising, going to visit people because I have got lots of friends in the city and I don't go and visit them any more … So I need to basically replace the negative with the positive, i.e. maybe hanging around with my friends and maybe actively getting involved in stuff I used to do before.
(Damien, aged 30, controlled dependent user, had used over an eight-year period, no previous dependency)

Individual characteristics and attitudes

A desire to retain a sense of control over one's life was another important aspect referred to by respondents for wanting to use heroin in a non-dependent or controlled dependent way:

I've got too much to do and I'm one of those people that don't like wasting time. Always want to be busy creating things, achieving things. I work full time. I've only got the weekend. If I spent half that weekend smashed in front of the telly on the sofa because I can't be bothered to move, it's a waste of time … I like to be more in control.
(Kirsty, aged 33, abstainer, had used over a 13-year period, no previous dependency)

It's just the way I am with it. As long as I'm feeling OK about it, it is under control. It has

been for years and years. I've never gone overboard with it.
(Dominic, aged 48, controlled dependent user, had used over a 28-year period, previously dependent)

I don't want to lose control of it. I'm quite happy. I don't really feel the need to have any drugs at the moment.
(Tim, aged 46, occasional non-dependent user, had used over a 26-year period, previously dependent)

With a using career averaging 14 years and almost all ($n = 29$) reporting a period of dependent use at some time in the past, this cohort comprised experienced heroin users who were well aware of the inherent risks. As highlighted in our first report, respondents generally displayed a healthy awareness, appreciation or fear of heroin's 'addictive' qualities – often borne from bitter experience. Consequently, they continued to approach their use of heroin with a great deal of respect for the drug and its potential for harm:

But also the fear … of just becoming completely addicted, because, with heroin, the withdrawal thing is really nasty. If you have been doing it every day for quite a while and you just try and go a day without or something like that, you have quite a horrible experience. I think at the end of the day with heroin you are dicing with something that can really bite you in the arse if you're not careful.
(Colin, aged 35, occasional non-dependent user, had used over a seven-year period, previously dependent)

I made a couple of big changes like moved from the area I was living in, stopped seeing the people I was seeing, I was quite ill for a few days but it was manageable and I just got through that and after that it was like, 'I wouldn't want to do that again'.
(Craig, aged 29, abstainer, had used over an eight-year period, previously dependent)

You sort of naturally slow down a bit I think. You always start exercising more control over what you're doing because you do have a conscience and it is saying, 'you've got to stop this otherwise it will end in a disaster of some sort'.
(Tracey, aged 33, frequent non-dependent user, had used over a ten-year period, previously dependent)

Even those with comparatively short using careers described how they took precautions. One respondent in particular described how he carefully researched any drug he used so that he was more fully informed about the likely physical and psychological effects:

I feel, to be honest I feel I spend that long researching and studying opiates and all drugs in general, anything I'd ever think about trying that I understand the risks involved and the signs when things are going a bit too far … They all have their different dangers and their different qualities and their different recreational and functional uses.
(Ken, aged 21, abstainer, had used over a three-year period, previously dependent)

Some appeared to have strengthened their resolve not to use heroin in a problematic way, not just as a result of their own experiences, but having witnessed first hand the toll it had taken on their friends' lives too:

Some people I know where they're there and they're sticking an eighth of an ounce on the foil … blasting it constantly and when that's done, they'll stick some more on. I never wanted to get like that … I've seen so many people, some dead; some down and out in the streets, long prison sentences. I just don't want to end up like that. I can't imagine living like that.
(Dominic, aged 48, controlled dependent user, had used over a 28-year period, previously dependent)

Many of our interviewees continued to describe themselves as strong-willed, determined and self-motivated individuals. There can be little doubt that aspects of an individual's personality, such as their attitudes, motivation or ability to exercise constraint and self-control, will have a considerable bearing on their ability to regulate their substance use. Gillian, for example, described how she would monitor her use for signs of physical withdrawal but often chose to tolerate these as a means of demonstrating that she had control over heroin and not vice versa. At the other end of this continuum, Andrew demonstrated a more self-destructive streak that he felt was an important factor leading to his increased use of heroin:

If you don't put your foot down when you've taken the first bit you could spend … I've been with people and they've gone and sold their TV when they're down to their last £5 and, apart from that, it's not something you really want to be doing. So, you do need to have a certain control over yourself.
(Alvin, aged 36, abstainer, had used over a 15-year period, previously dependent)

I'll go two or three days and I'll get the sweats and the shivers and I'll try to get through it … for the control. To prove it hasn't got me totally.
(Gillian, aged 65, controlled dependent user, had used over a 32-year period, previously dependent)

We just broke all the rules that we'd had in place, really. I think some of it as well, I know it's going to sound probably a bit … but I've always wanted to know what it was like to have a dependency. I've never had one and so I think, to a level, I pursued it a bit selfishly. I was intrigued.
(Andrew, aged 34, controlled dependent user, had used over a 14-year period, no previous dependency)

Chapter summary

While recent government-sponsored research may have acknowledged the possibility of unproblematic use of drugs such as heroin (Hay *et al*., 2006), a central tenet of current policy is the inevitability of dependence and its associated problems. Our sample starkly contradicted this popular assumption in a number of important ways. They highlighted the value of being employed, having a partner, focus, direction, support structures and non-heroin-using interests and friends as factors insulating them from the risk of developing problematic or uncontrolled patterns of use. Many continued to articulate the benefits for them of feeling productive, fulfilled and having a stake in society. Perhaps because of this level of structure and integration this group were also keen not to abdicate responsibility for their drug use but instead, by consciously regulating the

amount of heroin they used or the frequency with which they used it, they continued to make rational and autonomous decisions about how they might best manage their drug consumption so that it caused them fewer problems.

4 Perceptions of heroin use and contact with treatment services

In this chapter we summarise respondents' views about the use of heroin and consider the extent to which they still regarded heroin use as a relatively problem-free activity. Finally, we overview the nature and extent of their contact with treatment services during the period since first interview and identify any barriers to accessing support.

Reasons for the continued use of heroin

People use psychoactive substances for a range of different reasons: in pursuit of hedonism and the pleasure of intoxification; because these substances produce desirable effects, such as enhancing energy levels or concentration; or in order to diminish inhibitions, pain, depression, sadness or fatigue (ACMD, 2006, p. 18). When asked about this, non-dependent and controlled dependent users often reported different reasons for their continued use of heroin. While the motives of non-dependent users often centred on the physical and psychological effects induced by heroin, controlled dependent users almost exclusively emphasised the 'functional benefits' of using, such as pain relief or to alleviate the symptoms of withdrawal:

> *I find it probably one of the most pleasurable things you can do … I recognise that that's a very, very powerful thing. In some ways it's an overdose of pleasure. It's very, very nice. That's the reason why people take it. People find they get addicted to it … because one of the things that heroin does very, very well is totally eradicate any sort of anxiety or pain and anguish that you have.*
>
> (John, aged 43, occasional non-dependent user, had used over a 21-year period, previously dependent)

> *I sometimes deliberately wait until I'm feeling, well not ill but feel the signs of it creeping up on me because part of the buzz, part of the nice feeling of it is, when you feel ill and then you smoke some, halfway through that £10 bag, phew, all your aches and pains go and it's so much better.*
>
> (Dominic, aged 48, controlled dependent user, had used over a 28-year period, previously dependent)

A problem-free activity?

Views on the unproblematic nature of heroin use tended to focus on the way it had failed to encroach on other aspects of people's lives and the absence of disruption to a range of normal daily activities – for example, that the use of heroin did not have any discernable impact on the quality of existing relationships with family and friends, on the ability to perform various roles and responsibilities at work, or on housing and financial situations. The absence of any desire to use heroin on a more regular basis was also deemed an important component of control among occasional and frequent non-dependent users:

> *It doesn't have an impact on my daily living or my ability to function normally and, without it, it doesn't have any impact whatsoever.*
>
> (Tracey, aged 33, frequent non-dependent user, had used over a ten-year period, previously dependent)

Avoiding contact with the criminal justice system remained an important element for regulating one's use and maintaining control, in particular ensuring that heroin use was funded through legitimate means rather than through involvement in crime. In this way respondents were keen not to conform to society's stereotype of a problematic heroin user and thus avoid being labelled or thought of in this way:

> *At the moment I don't feel like I need to or want to* [stop using]*. It's not like I've got some raging habit and I'm going out burgling places … It's just a steady plod really … I don't get up thinking, 'right, where am I going to get drugs from today?' … That is a good part of the reason why I do keep it at a certain level and the other part is, it just suits me that way. I don't want to be seen as this raving junkie that goes out and robs and steals. It's just the way I feel about it. It's comfortable and I'm comfortable with it and everybody else is comfortable with me.*
> (Dominic, aged 48, controlled dependent user, had used over a 28-year period, previously dependent)

Many continued to evaluate the potential risks and harms posed by heroin with reference to a range of licit and illicit drugs they used. Typically, a comparison was made with alcohol and cannabis – some interviewees persisted in their belief that the impact of heroin use was negligible in comparison to these substances:

> *The actual substance itself is far less damaging than alcohol and tobacco. It doesn't give you cancer, you don't have your liver rot if the stuff's clean. The other problem actually is the illegality.*
> (Ted, aged 48, controlled dependent user, had been using over a 30-year period, previously dependent)

> *I find weed a far more potent drug than heroin for distorting my perception and stuff like that. I can go to work on heroin, I can function, I can think, I can write. I can do everything I need to do and I don't feel impaired. Going to work stoned would horrify me!*
> (Tracey, aged 33, frequent non-dependent user, had used over a ten-year period, previously dependent)

Sustaining change

Involvement in illicit drug use and drug markets has long been recognised as an activity that can require considerable time and enterprise on the part of those involved (see Preble and Casey, 1969). Recent research has also described situations where engagement in these activities can provide meaning and purpose for participants, often as a result of the perceived benefits from drug use in different subcultures (May *et al*., 2005). Indeed, as Saunders and Allsop (1989, p. 261) observed:

> *… addictive patterns of drug use are so time consuming that, once stopped, acres of time are available. This is much easier to pass if one has home, family, friends and employment. Lacking such resources the boredom of giving up can be immense. As one socially impoverished client once remarked, 'in the grey days of abstention my relapses were the fireworks of life'.*

These concerns seemed equally as pressing and relevant for some of those who had reduced their heroin consumption or were now abstinent. In particular, the process of scoring drugs and the interaction with other users was an aspect of the using lifestyle that a few had enjoyed and now sorely missed:

The social interaction is so important … in the drug scene and, when you come out of that, without the interaction between people … either phoning up or you're phoning them, always running around … If I was honest I'd go back [now] *if I could find a niche down here now or some way to get back into it I would do it …* [I haven't] *got a reason to get up in the morning really any more … it's my fault for being so short-sighted about it. I thought I could handle it.*
(Dominic, aged 54, abstainer, had used over a 35-year period, previously dependent)

Well I was going through this stage where maybe every couple of months … I would just get this urge to go and do some gear, go and do some heroin or some crack or both. I wanted something on that level because I had really straightened myself out. I wasn't doing half as much stuff as I used to do and I was getting extremely bored really … And just being so sick of the way I had just straightened up so much and felt like I had just become really boring compared to how my life used to be … I really missed my life … even though it was all a bit fucked up. You know I did miss it and wanted bits of it again, you know. So that's what I would be doing, just going and trying to sort of relive a bit I suppose.
(Colin, aged 35, occasional non-dependent user, had used over a seven-year period, previously dependent)

The role of treatment services

Less than half (14) the respondents reinterviewed reported having accessed any formal support since first interview. The same number (14) were also found to be in receipt of some form of substitute prescription at follow-up. Many had been prescribed this through legitimate sources (11) and the most common form of substitution was oral methadone (ten). As was the case during our first round of interviews for the initial study, methadone continued to be used in slightly different ways by respondents, although the drug clearly played an important role in enabling some people to effectively manage their heroin use. It is perhaps worth reiterating that most of those reporting a reduction or cessation in heroin use over the period since first interview had done so without recourse to treatment services.

While some interviewees had realised a number of benefits from their current or previous contact with a range of services offering support around substance misuse issues, many continued to harbour a deep mistrust of them, often questioning the utility, timeliness or way in which support is offered. Concerns about confidentiality, the stigma of being identified as a heroin user and the implications this might have for the individual both personally and professionally were by far the most common concerns expressed by respondents that had prevented them from accessing support services:

It's just too risky for me to do that. I feel that the information could be used in a way that might not be beneficial to me: professionally, as a mother; in lots of different ways. I'm just very aware of how information is used having worked in that industry as well.
(Tracey, aged 33, frequent non-dependent user, had used over a ten-year period, previously dependent)

I disclosed to my new post mostly because I didn't have any choice, because my GP said that if I didn't tell them that she would. Which I don't think is ethical.
(Janet, aged 27, controlled dependent user, had used over a nine-year period, previously dependent)

Others were able to recall their previous negative experiences with treatment services whereby staff were perceived as lacking empathy, being judgemental or having a patronising attitude towards service users. Some recalled having to endure protracted referral and assessment processes, and lengthy waiting times, which served as a further disincentive to engage:

They treat you like a child if you go and say you've got a problem with drugs. It's been a bad experience of mine … it's a very dehumanising experience basically.
(John, aged 43, occasional non-dependent user, had used over a 21-year period, previously dependent)

She was like a Nazi. She was trying to order you to do things and she was bad tempered, talked down to you. I saw her twice and I just went to the doctor, 'I'm not talking to her again. I just can't be doing with her!'
(Dominic, aged 48, controlled dependent user, had used over a 28-year period, previously dependent)

You've got to go and see them and then they have got to give you about three different interviews with three different people before they will even put you on any sort of treatment and then wait six months and then by that time everything's changed and you have managed to stop it yourself.
(Colin, aged 35, occasional non-dependent user, had used over a seven-year period, previously dependent)

A final barrier related to what were experienced as inflexible and punitive prescribing regimes that made it extremely difficult for people to attend appointments and hold down a job. There are obvious implications here for treatment services if they are to become a realistic and attractive option for controlled heroin users and effectively cater for their needs:

I wouldn't have been able to work. I was much freer to operate on the black market … buying larger amounts enabled me to regulate my life in a way I saw fit.
(Shaun, aged 37, abstainer, had used over a 17-year period, previously dependent)

I don't bother with the clinic. It's a waste of time … I couldn't be honest with them and they still won't prescribe around people who are trying to get jobs.
(Jake, aged 42, frequent non-dependent user, had used over a 24-year period, previously dependent)

I was getting [methadone] through the clinic, which in many ways was more stressful than buying heroin on the street.
(Alvin, aged 36, abstainer, had used over a 15-year period, previously dependent)

Chapter summary

Some respondents continued to use heroin for a range of different reasons. While non-dependent users continued to enjoy the physical and psychological effects, controlled dependent

users highlighted the need to alleviate the symptoms associated with withdrawal. For both groups, ensuring that heroin use did not impact on or disrupt other areas of their lives was considered an important aspect of control. By failing to display attributes more commonly associated with the 'junkie' stereotype this group felt they were able to successfully avoid being labelled or thought of in this way. Most also believed that the impact of their heroin use was negligible when compared to their use of other substances.

While contact with treatment services was, for some, an important mechanism for retaining control over heroin use, many remained wary of contacting them. Respondents identified a range of barriers and concerns that had prevented them from accessing support: suspicions about confidentiality; the skills and attitudes of staff; excessive waiting times and bureaucracy; and inflexible or punitive treatment regimes. All of these problems are procedural in nature and within the power of services to control. Clearly, more needs to be done if non-dependent and controlled dependent heroin users are to be enticed into treatment services.

5 Main findings and conclusions

As with our initial report, we fully recognise and reiterate that heroin use can have a devastating impact on individuals, their families and the wider community – not least in terms of the considerable economic and social costs incurred (Gordon *et al*., 2006). It is not our intention to promote the notion of controlled and problem-free heroin use as a universal possibility. Indeed, it is worth highlighting that almost all (29) of our follow-up sample reported a period of dependent use at some stage in their using career. Our argument remains that heroin will affect different people in different ways, and that some people, in some circumstances, will be able to effectively manage and control their use in order to minimise the inherent risks.

The findings of the follow-up study reported here are of particular value in confirming the conclusions of our earlier study. When the latter was published, a common reaction to it was that we were relying on the views of users who had a *misguided* belief in their ability to control their habit. If this had been true, we would have found a general trend towards dependency in our follow-up sample. In fact, viewed in the round, our two studies show clearly that there are sub-groups of heroin users who are either non-dependent or dependent but stable and controlled in their use of the drug. It has also demonstrated how heroin users will abstain from using for lengthy periods of time without recourse to treatment services.

The conclusions that we have drawn are valid, we hope, regardless of whether the population of controlled users constitutes a very small minority of all heroin users or a large minority. Clearly, better estimates are needed of the number of non-problematic heroin users in the UK and the recent investment in methodological improvements from the Home Office may prove useful in this regard (Hay *et al*., 2006).

Key findings

Most of the 32 respondents reinterviewed reported having either reduced the frequency with which they used heroin ($n = 7$) or stopped using (n = 14). This latter group comprised those who had not used during the last six months and had expressed a desire to stop using heroin. The majority ($n = 12$) of those who had either stopped or reduced the frequency with which they used heroin had managed to do so without help from treatment services. There were no significant differences between these abstainers and others in terms of age, gender or length of using career. By contrast, the frequency of use had increased for six respondents, while a similar number ($n = 5$) reported no change in levels of use.

Respondents reported a range of interrelated factors leading to a reduction or cessation in use: becoming bored with the routine of using heroin and the unpleasant effects of withdrawal; regular exposure to people and situations that placed them at personal risk; and growing tired of the routine involved in maintaining their use and in particular acquiring the drug. Employment and the need to focus and perform professionally also featured prominently in explanations for a reduction in levels of use. Recent health problems, news of a pregnancy and the birth of a child had prompted major changes in heroin use for some.

Partners and significant others helped sustain narratives of change and create a social context where continued heroin use was neither

facilitated nor condoned. Forming new, non-drug-using relationships and distancing oneself from those closely associated with heroin use were also important facets of this.

By contrast, using heroin as a coping response to problems encountered at a personal and professional level was one of the most common reason given by respondents for their increased levels of use. Others described using heroin more frequently for perceived functional reasons – either to counter the effects of their increased use of other drugs like crack cocaine or in order to self-medicate and alleviate a range of physical and mental health symptoms.

In contrast to popular understanding about the inevitability of dependency arising from frequent heroin use, this group continued to make rational and autonomous decisions about how they might best manage their drug consumption so that it caused them fewer problems by consciously regulating the amount of heroin they used or the frequency with which they used it. This group continued to emphasise the importance of being employed, having a partner, focus, direction, support structures and non-heroin-using interests and friends as factors insulating them from the risk of developing problematic or uncontrolled patterns of use. Many continued to articulate the benefits for them of feeling productive, fulfilled and having a stake in society.

Some respondents (n = 18) continued to use heroin for a range of different reasons. While non-dependent users continued to refer to the enjoyable physical and psychological effects, controlled dependent users more often highlighted the need to alleviate the symptoms associated with withdrawal.

Ensuring that heroin use did not impact on or disrupt other areas of their lives was still considered an important aspect of control. By failing to display attributes more commonly associated with the 'junkie' stereotype – i.e. involvement in crime – this group felt they were able to successfully avoid being labelled or thought of in this way. Most also believed that the impact of their heroin use was negligible when compared to their use of other substances like alcohol or cannabis.

Many remained sceptical about treatment services and wary of contacting them. A range of barriers and concerns were identified: suspicions around confidentiality issues; the skills and attitudes of staff; excessive waiting times and bureaucracy; and inflexible or punitive treatment regimes.

Implications for policy and practice

The results of the follow-up study have strengthened our belief that the learning from our research on managed and controlled heroin use could be applied for the benefit of *some* groups whose use remains largely uncontrolled and problematic. In particular, this learning could be used to help drug treatment workers deal with clients who are attempting to stabilise and control their heroin use, rather than give it up. A more realistic goal for these clients, at least in the short term, might be developing strategies for managing or controlling their heroin use.

This raises two obvious questions. The first is whether there is likely to be a demand for controlled heroin use among treatment-seeking drug users. While it would seem that most substance misusers accessing services for support aspire to abstinence as an ultimate treatment goal (McKeganey *et al.*,

2004; Best *et al*., 2006b), it seems sensible to conceptualise a harm reduction approach – as indeed McKeganey and colleagues have – as 'an essential element of transitional support towards abstinence', while accepting that 'many users who aspire to a dash for abstinence have unrealistic expectations' (Roberts, 2005, p. 263). The importance of recognising this as part of the recovery process has already been identified by Saunders and Allsop (1989, p. 253) when they observed that 'individuals whose multiple attempts at stopping drug use and multiple failures have induced a sense of hopelessness, helplessness, and harmful apathy', and they may increasingly question their ability to gain control over their use and ultimately abstain. Like professionals and layman, clients need to have realistic expectations about the recovery process and the role of treatment within it.

The second question is whether controlled heroin use would be an acceptable outcome goal for drug workers and treatment services. Clearly, endorsing controlled drug use would present challenges and dilemmas for some drug treatment workers – most notably about collusion with their clients' illicit drug use. Yet, for others in the substance misuse field, controlled drug use will probably be neither a novel nor a controversial idea. The central ethos of the harm reduction approach has always been to enable and empower drug users to make rational choices about their behaviour. Using this approach, a heroin user might, for example, be encouraged through a decision-making process in which a hierarchy of choices were offered, ranging from regaining control over 'chaotic' patterns of heroin use at one end of the continuum through to stopping substance use altogether at the other (Rhodes, 1994, p. 18).

Indeed, a recent survey of British treatment services suggests that, in principal at least, there is widespread and ongoing support for controlled drug use, taking into account the clients' severity and ultimate goal choice. However, support for controlled use appears largely restricted to clients described as abusing rather than dependent on a particular drug (Rosenburg and Melville, 2005, p. 85). As our findings suggest, there remains a great deal of work to be done in order to encourage and ensure that controlled and non-dependent heroin users make greater use of mainstream treatment services. We believe that the greater good would be better served by adopting a more flexible strategy that promises to contain and regulate clients' illicit drug use in a confidential manner, rather than by one which either dissuades users from seeking support in the first place or quickly drives them away from drug services once they are there.

Our findings suggest that successful management of non-dependent use is reliant on a number of things, one being the establishment of clear boundaries that govern when and how heroin use occurs. In order to prevent escalating levels of use or to help users regain and maintain control of their heroin use, we believe these lessons could be incorporated into harm reduction work with drug users. This could be done by explaining how using rules can create boundaries that help users control their use and by presenting real-life case studies.

As highlighted in our first report, there remains scope for developing assessment tools, guidance or frameworks that would help practitioners respond to these client needs. We believe that tailored guidance and tools of this sort could be compatible with the National

Treatment Agency's triage assessment system, in which drug workers assess individuals' needs according to priorities and then tackle them accordingly (Dale-Perera and Murray, 2006).

Deconstructing notions of dependence

Popular and political discourse on the issue of dependency is generally misanthropic and unsympathetic towards the plight of drug misusers, tending instead to characterise these groups as social pariahs. Others have considered how drug users might routinely misrepresent their propensity to misuse substances in order to develop convenient narratives that offer justifications or explanations for behaviours and actions they would rather abdicate responsibility for (Davies, 1997; Peele, 2004; Dalrymple, 2006). Our research has uncovered a group who failed to conform to these popular conceptions about the drug and those who use it, for example, that heroin users are invariably unable to make rational and autonomous decisions about how they might best manage their drug consumption in order to minimise the risks posed to themselves and others. This has implications for our understanding of how dependence is socially constructed. That is to say, the prevailing expectation and belief that heroin is uncontrollable may lead individuals to use the drug in this way.

We think that embracing the concept of controlled drug use might prove an important tool for challenging and undermining the 'junkie' stereotype. It would place greater responsibility on drug users for their actions by recognising that people have some choices in how they respond to their individual circumstances and difficulties. However, choosing the culturally accepted and endorsed route of treatment – and aided by a range of pharmacotherapies and using techniques such as motivational interviewing – could provide people with the necessary impetus or space to explore attitudes, behaviours and motivation and better enable them to make more successful choices.

But of course these individual characteristics and responses do not occur in isolation, but instead interact with, and are influenced by, wider social, cultural and economic factors. Drug use and their effects have meaning and purpose for those consuming them and these in turn influence patterns of use (Hammersley, 2005, p. 202). While, for some, heroin use may serve as a way of expressing a sense of detachment from or unhappiness with society and their place within it, for a great many more it merely amplifies and sustains exposure to criminality, poor physical and mental health and other forms of social exclusion (Seddon, 2006). This focus on the individual should not detract from an acknowledgement of the disadvantages and exclusion that many problem drug users face, but should instead serve to reinvigorate our efforts towards addressing any 'opportunity deficits' that act as barriers to reintegration – for example, by resolving housing problems; tackling education, training and employment needs; improving social supports and relationships; and developing pro-social roles and responsibilities (see Maguire and Raynor [2006] for a discussion of these issues as they relate to desistance from offending).

Despite the considerable investment in drug treatment provision in recent years, we have a poor track record when it comes to consistently delivering effective, integrated,

multidisciplinary support, and on the scale required (Audit Commission, 2004; McSweeney and Hough, 2006).

Our findings are consistent with other contemporary research which suggests that successful desistance from problematic patterns of illicit drug use (Biernacki, 1986; McIntosh and McKeganey, 2000; Best *et al*., 2006a) – as well as offending behaviours (Maruna, 2001; Farrall, 2002) – is enhanced when individuals are offered, recognise and can be encouraged to embrace opportunities to adopt alternative, desired and socially approved personal identities or narratives. In this sense there may be a case to be made for making policy more proactive and problem solving rather than reactive and symptom based. By changing the way people conceptualise heroin use, we think that policy could begin to encourage people to take greater responsibility for regulating their use and seeking help if necessary. We might then begin to see fewer people abdicating responsibility for their heroin use, fewer people needlessly locked in destructive patterns of use and increased levels of self-regulated heroin use.

With this in mind there may be good reasons to believe that, as an intermediate goal at least, developing and promoting strategies that might persuade *some* heroin users to gain greater control over their use – and actively encouraging them to believe that such an endeavour was indeed achievable and worthwhile – could be an important part of this dynamic and interactive process, and could serve to further undermine the 'junkie' stereotype. The greatest challenge will no doubt be convincing policymakers and the public about the merits of this endeavour too.

Notes

Chapter 1

1 Throughout the report all of the names given to our interviewees are pseudonyms.

Chapter 2

1 At least two respondents were somewhat ambivalent about their long-term intentions. While confident in their ability to remain abstinent, they were eager to stress that their current spell of abstinence was not due to any specific problems they had encountered with heroin or a change in their attitude towards it. Indeed, they were keen not to rule out the possibility of using again at some point in the future.

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