In this final chapter we draw upon those preceding and examine the prospects for the development of policy and practice in response to heroin problems. As the preceding chapters have shown, Britain's heroin problem in the 1980s has grown out of changes in structural circumstances (factors in international trade, developments in the domestic economy in Western countries) and the response to these circumstances by a range of social-groups (who become variously involved in distribution, consumption, care and control).

The questions for us now are, to what extent can the responses of social groups develop in ways that decrease heroin problems whilst circumstances in society remain broadly the same, and to what extent must further improvements wait upon wider economic and political changes? Our answers will be cautiously optimistic where warranted but we shall be clear where we see no substantial prospects for improvement.

At the outset we can identify one sense in which certain manifestations of the heroin problem, if not its underlying dynamic, may be reduced in the coming years. If present trends in Britain are any indication then the spotlight of public attention may become partially redirected onto fresh issues of social concern — such as cocaine and other drugs (in ever more terrifying forms than have yet been dreamed of !); AIDS; alleged left-wing bias in the media; politicisation of the Church, or whatever. We do not mean to be particularly flippant here, merely to observe that as far as 'news values' and public interest go, social problems seem to have a finite life, after which they sink .from view (although they may metamorphose or return to view after an absence). Continual repetition of the same sort of information and images is boring both for producers and consumers: only those members of the public who are caught up in the problem first hand are likely to wish to converse about it continuously and even they are likely to need some light relief.

It is therefore quite possible for a social problem to persist or to be still increasing in terms of persons directly involved or affected whilst, at the same time, it apparently fades or moves to one side in the priorities of the general population and public policy. This happened, for example, in the case of housing for low-income families in Britain in the 1970s. It is likely that society's perception of heroin problems will follow suit in the late 1980s. Enforcement measures being pursued nationally and inteinationally (described by Gerry Stimson in Chapter 2) may cause variations in supply between and within countries and from year to year, but are most unlikely to extinguish the trade. The persistence of social deprivation in many localities will continue to encourage small-scale distribution, to magnify the negative consequences of heroin consumption and to undermine community and professional responses, as Geoffrey Pearson describes in Chapter 3, on the basis of his recent research. Susanne MacGregor and Betsy Ettorre describe in Chapter 5 the slow history of progress towards making services socially as well as medically appropriate and towards expanding the services to meet the level of need.

What are the chances of any government wanting to move any faster? No government is likely to want- to see the problem defined in ways that make it appear to be first and foremost its responsibility — the fiscal costs are high, as are the political risks of failure. Hence this problem, together with others of an intractable nature, will be largely given back to the people to take 'their share' of responsibility and to solve or accommodate. This seems likely whichever political party is in power, although the ways in which the problem is defined or is offered may vary slightly.

The stances of the political parties

There are several standard, 'off the peg' political perspectives that can be identified as being on offer.

For the truly radical right, the best solution would be a free-market solution — legalise the product, save expenditure currently wasted on inefficient enforcement and make people responsible for their own private health care if they choose to get into trouble with drugs. It is notable however that at present such true free-market radicalism seems beyond the ambitions of any right-wing Western government, partly perhaps because of commitments entered into by the right in the 1960s in opposing the legalisation of drugs such as cannabis (a proposal then associated with sections of the liberal centre and left). Today the right is compromised by its commitments to law enforcement against drugs and support for parental anti-drug responses — commitments that it would have to rescind before taking any steps toward a full-blown market solution. In addition, the right (like other political positions) is committed to supporting international conventions aimed at the suppression of the trade, not its liberalisation. Here then, as in some other policy areas, the right is somewhat hamstrung by contradictory commitments.

For those in the social democratic centre of the political spectrum in Europe (roughly equivalent to the left of the mainstream spectrum in the USA), the causes of the drug problem are seen to lie in the processes of disruption and dissolution of political consensus, economic prosperity, sôcial integration and community spirit which characterised earlier post-war years. The policies of the right (or, alternatively, the conflict between left and right) are blamed for the disruption of these tranquil conditions — and hence for heroin and other social problems arising in the 1980s. There is something to be said for this view insofar as heroin and other drug problems were certainly less severe twenty, or even ten, years ago. Correlation, however, does not establish cause: the nostalgic vision of earlier decades as devoid of social conflicts and anomie can well be queried, as can the proposition that the spread of heroin problems could have been checked by a society characterised by closer community ties. Even if the analysis of the centre were to be correct, there is still the problem that no government could turn back the clock; the

readoption of policies followed in earlier years would not have the same effects in today's changed conditions. For example, ffiere is undoubtedly a pressing need for greater expenditure on health and welfare services (as well as for the democratisation of those services and for greater choice and control over the form of provision regardless of one's ability to pay). But it is difficult to see in what ways more health and welfare services for users of heroin and other drugs can be more than a palliative or 'sponge', mopping up in the middle of a downpour. Greater public expenditure on other aspects of the 'social wage', particularly on housing and on employment generating measures, would help to decrease the proportion of people in areas of ready availability of heroin who suffer debilitating consequences (see Chapter 3). Yet it must also be remembered that even in more privileged material conditions people come to harm through use of heroin and other drugs, as we noted in the Introduction in relation to middle- and upper-class use. A comprehensive policy on heroin must therefore address not only the circumstances that push up the proportion of users who become seriously harmed, but must also address the problem of the widespread, ready availability of the drug. The political centre has no distinctive strategy in this respect.

What is striking about the situation in both Europe and the USA is the pre-emptive capture by the right of the moral high ground as well as of practical and policy recommendations. In the USA, Democrats fall over Republicans in their eagerness to declare themselves allied to the anti-drug movement, and this spectacle is enlivened further by calls from various quarters for the imposition of the death penalty for suppliers of drugs (Narcotics Control Digest, 1986, p. 1). In Britain, there is what passes as bipartisan agreement between Parliamentary right and left. But in reality what are shared are largely the propositions of the right, expressed in the language of the right. Labour Party spokespersons, including those on the left of the party, have supported legislation providing for yet higher penalties for traffickers and routinely join in calls for more customs officers (the 'Fortress Britain' approach) and for more vigorous enforcement measures in Third World countries. In the context of such commitments it is possible for left-wing politicians to sympathise with the plight of drug users and of their parents and communities in a quite general way and to call for enforcement, treatment and welfare responses to be better resourced. But the left finds it difficult to formulate a distinct and coherent view about the ways in which responses at personal, family, community, national and international levels should be organised. Having no distinctive drug policies of their own, the left is currently unable to give a lead in relation to this area — just as it was previously unable to give a lead in relation to the broader question of crime (Taylor, 1981; Lea and Young, 1984), where the right has also made the running (cf. Hall et al., 1978).

Now there are no doubt, those who would feel that the low level of overt politicisation of heroin and other drug problems in the 1980s (following the rout of the liberal or 'permissive' viewpoint by the right in the 1960s) is a blessing, and that keeping political debate out of the area is a precondition for pragmatic, solution-oriented cooperation among all concerned. Whilst acknowledging the merit of this sentiment we also feel that more powerful solutions are required than are at present being implemented and that a greater degree of informed political debate

could play a role in clarifying the options. Certainly, the present consensus on the problem, as witnessed by politicians and public figures simply jumping on the anti-drug bandwagon,,is not getting us much nearer workable solutions. The discourse of anti-drug policy, as crystallised in certain key sloganised propositions — such as 'Just Say No' (personal choice) and 'Stopping Supply at Source' (change the Third World not our society) — simply does not articulate a reasonable range of policy options. A more sophisticated (one might say less simple-minded) level of debate is necessary. When saying this we do not propose the exclusion of the supposedly non-sophisticated, 'ordinary' lay person, such as parents of drug users (or users themselves), from debate. Indeed, quite the contrary, for those currently tackling the problem at grassroots level are, at the very least, as sophisticated in their thinking as the politicians at national level (and indeed, perhaps more so).

A framework for policy at local, national and international levels

Let us turn then, to some of the considerations that are effectively disregarded or suppressed in the national debate. We propose that a framework for generating options for restraining and possibly reducing heroin-related problems can be generated by drawing upon two sources — on the one hand, the kinds of policy analysis and findings from research presented in this book and, on the other hand, the experiences of practitioners (both lay and professional) who are responding to the problem.

In respect of the policy analysis side , we propose that some version of the model of the problem presented in the Introduction to this Collection can serve as a point of departure. (Readers may find it useful to refer back to the diagram on page 4 of the Introduction at this point.) Summarising, this model identifies three broad levels of the problem: 'grassroots' , national and international. In the following paragraphs we appraise the possibilities for success at each of these three levels. First we look at the grassroots level of social groups responding, where there are some encouraging directions of development. Next we look at the drug problem in the context of the national economy, where the possibilities are less immediate but nonetheless provocative. Finally we turn to the international level — in particular to the subject of crop substitution in the context of development programmes — where past experience has not been encouraging (but see Stimson's chapter in this volume).

Grassroots strategies: learning from experience

The experiences and perspectives of practitioners — professionals, community activists,

parents of users, and so on — provide a touchstone for interpreting and evaluating policy ideas about responses at the local, community or grassroots level. In several of the preceding chapters (particularly those by Pearson and by Donoghoe et al.) emphasis has been placed upon lay responses. It is also, of course , necessary and useful to refer to the perspectives of professionals working in the drug field. To help to elucidate some of these perspectives — as espoused by the 'mainstream' professionals in the field — we shall refer to the reports of the Advisory Council on Misuse of Drugs (to which reference is also made by MacGregor and Ettorre in this volume). The Advisory Council is a committee of doctors, social workers, education professionals and others appointed by the Home Office Secretary of State to advise the British government on the drug problem and what to do about it. What influence the ACMD may have had in previous years has been largely overshadowed by the creation of a Ministerial Group in 1984. However, the reports of the Council, in particular Treatment and Rehabilitation (1982) and Prevention (1984), still stand as expressions of the concerns of a range of practitioners in the drugs field. In particular, the Council's articulation of concepts such as the 'problem drug user' and 'reducing the harm associated with drug misuse', as practical and legitimate goals of policy (alongside the more generally understood goal of reduction in levels of consumption) reflects much of what doctors, social workers, parents and others actually do on a day-to-day basis.

Originally, for example, the 'British system' of prescribing opiates to persons who had become dependent on heroin was seen as a legitimate way of maintaining their ability to lead 'a useful and fairly normal way of life' (Ministry of Health, 1926, p. 32). Today, long-term prescription of synthetic opiate substitutes such as methadone has fallen out of psychiatric fashion (and prescription of heroin even more so), but the idea liéhind the practice is still widely understood. Harm-reduction strategies are also the daily practice of many youth workers, particularly in detached settings where the practical opportunities for preventing drug use are limited. However, lest it be thought that it is only woolly-headed, over-liberal or permissive young professionals who practise harm-reduction, let us also note the involvement of the police and of parents in these strategies. It is, for example, quite widely accepted amongst drug-squad officers that it makes no sense to 'bust' all accessible users; the priority given to catching the dealers implies a de facto partial decriminalisation of drug use itself, and the development of a more sympathetic, almost `welfarise perspective upon the user and her or his needs. What the police sometimes describe as their 'welfare' or 'community' roles can, of course, also mask or try to excuse intrusive and disruptive policing strategies (particularly against ethnic and other minorities), but the 'welfare' aspect can carry an element of truth. In the drugs field this can involve giving useful and sympathetic advice and assistance in contacting social services and/or specialist treatment agencies. More striking than these accommodations by the police are some of the harm-reduction strategies which parents of users can find themselves adopting.

We shall be going into more detail about such harm-reduction strategies in subsequent paragraphs. What we wish to register here is that virtually all professional and lay persons who have anything to do with drug users find themselves adopting some aspects of harm-reduction

strategies at some time or another — in spite of the fact that most are firmly opposed to such strategies in principle (because harm-reduction is seen by many as condoning drug use). Even quite vehement opposition in principle seems no bar to adopting practical harm-reduction solutions in specific circumstances (as indeed, for example, in the actions of some perplexed parents, cf. Chapter 4 by Donoghoe et al.).

Now it is possible to take one of two views on this mismatch of theory and practice. Either one can say that this is a potentially embarrassing inconsistency that is best left undisturbed, or one can say that here is something important to understand and push forward into the policy spotlight. Whilst we have some sympathy with the former view, we cleave to the latter.

Our sympathy for the 'keep quiet' view is based on our appreciation that some practitioners may be made to feel vulnerable and may find their practice under close and unwelcome scrutiny if it becomes suspected that they are in any way 'colluding' with the drug user. The defence that 'one was trying to help reduce the harm to the user' may not prevent the practitioner (lay or professional) being criticised by neighbours or colleagues, suspended or otherwise disciplined by management, or pilloried in the local media. After all, drug use remains an illegal, potentially dangerous and consensually immoral activity, and the only really safe strategy for practitioners is to dissociate themselves from it in every possible way. Many practitioners would not welcome too close an enquiry into what they actually do in relation to drug users, precisely because they are aware that their repertoire of responses includes the publicly unacceptable harm-reduction approach and this is best continued quietly rather than flaunted publicly. Simply to raise the issue of harm-minimisation then, is to place many practitioners at risk.

It is, therefore, with an awareness of the risks involved that we support the view that the issue of harm-reduction should be placed firmly in the spotlight. We think this because we believe that the continuing marginalisation of harm-reduction strategies — we could go further and speak of the suppression of hard-won and practical information about how to help people who need help — is itself a cause of unnecessary and unjustifiable distress for both drug users and those who seek to help them. If the public silence on harm-reduction could be breached, then both users and helpers could more easily develop ways of alleviating drug-related problems, instead of individuals and small groups having to 'reinvent the wheel' in isolation, confusion and shame.

In order to win the argument about harm-reduction, two things are necessary. First, one must make clear that one is not attempting to substitute harm-reduction for use-reduction as the preventive goal; rather, each is complementary to the other. Let us state this clearly. If strategies to reduce harm can be implemented in a more general and effective way than is currently the case, and if these can be supplemented by only slightly more effective strategies

to reduce levels of use (see next section),, then the joint effect would be a worthwhile reduction in the problem overall. The second thing that is necessary to win the argument is to illustrate clearly, what harm-reduction actually is; at present, the debate over principle has run ahead of descriptions of the practice.

Let us, then, explore the practical possibilities for ha'rm-reduction, seeing these as adjuncts rather than alternatives to strategies to reduce availability and consumption. What are the varieties of 'harm' (to use the language of the ACMD Prevention report) or of 'problems' (in the terminology of the Treatment and Rehabilitation report) that practitioners observe in relation to heroin — and in what ways do they act to reduce those problems?

These are not solely physical or psychological problems, but also social and environmental problems. A multiple drug user may have a range of problems, being concurrently psychologically dependent on some drugs and physiologically dependent on others, and at the same time having financial or legal problems or difficulties over housing. The response to the needs of the drug user therefore requires a fully multi-disciplinary approach. This approach should be problem-orientated rather than specifically client or substance orientated. It would be similar to that in the field of alcohol where the term problem drinker has been defined by the Advisory Council on Alcoholism. Thus a problem drug taker would be any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or as a consequence of his [sic] own use of drugs . . . each element produces its own specific social, medical and legal problems and separating these out can aid planning of individual treatments and relevant services (ACMD, 1982, p. 34).

The ACMD went on to describe 'a framework of services for the future' in which Regional Drug Problem Teams, headed by 'a consultant psychiatrist (specialising in drug problems) working not less than six sessions per week' would give leadership to District Drug Advisory Committees which would, in turn, encourage the development of services at a local level. It was perhaps unfortunate (though unsurprising from a historical point of view) that the Drug Dependency Unit (clinic) staff were given pride of place in this blueprint at the very time when this institution was recognised as being past its zenith and as not having adapted to the varied needs of drug users. Such a framework underplayed the contributions of non-statutory agencies, of generic services (statutory and non-statutory) and of lay, community and parental responses. The ACMD's interest in erecting a structure for coordination of services also distracted attention from the equally (some would say more) important question of practice — what exactly were the freshly-coordinated services supposed to be doing? Perhaps the attempt to shift the clinic into the community involved too much uncertainty for articulate descriptions to be possible. Perhaps, also, conflicts within the medical profession (between those clinic psychiatrists who still believed that maintenance prescribing still served a purpose and those who saw it as a form of collusion with the patient, and between psychiatrists and general practitioners, some of whom were

suspected of over-generous prescribing), and conflicts and resentments between the medical and social workers in the non-statutory sector, made a spelling-out of clear thinking on practice more difficult. Certainly, the underrepresentation of the growing and relatively innovative non-statutory services on the ACMD, and the virtual exclusion of lay practitioners, stripped the 'framework' of much of its potential detail.

We can now, however, take up the opportunity of separating the various aspects of drug-related problems — physical/medi social/psychological and legal — and go on to identify some of ways in which harm is reduced in each of these areas.

As far as physical harm is concerned, the two main areas danger are life-threatening diseases conveyed by infectio transmitted by needles shared between injecting users, overdoses caused by using too high a dose of a drug or by use more than one sedative drug contemporaneously. During mid-1980s, a debate raged around the proposition that a rea supply of sterilised needles would reduce the sharing of nee and hence transmission of infection such as HIV (the AIDS vi formerly called HTLV3) and hepatitis (itself a serious disease, b one that became somewhat overshadowed by AIDS in the 1980s Those who opposed a ready supply of clean needles feared t non-injecting drug users (for example, those who inhale vapo or swallow pills) might be tempted to begin injecting th nostrum, or that existing injectors might be encouraged continue doing so, yet not always be bothered to obtain fr needles. Very obviously, if needles were altogether forsaken favour of other modes of administration (such as inhaled smoking and snorting) then cross-infection would not occur. radical strategy for reduction of physical harm might invo public education on the relative dangers of different modes administration, but so far there do not appear to be m advocates of such a strategy. In 1987, at least, most participau in the debate seemed to accept the persistence of the practice hypodermic penetration of the body. An alternative perspecti would allow the possibility of ways of gaining pleasure with such penetration (cf. the 'safe sex' debate). Would-be advoca of a 'safe use' strategy are to some extent hamstrung by difficulties of communicating effectively with existing injecto without acknowledging the attractions of injection as seen by group ; without such acknowledgement, existing injectors might n feel sufficiently directly 'addressed', yet any such acknowledgeme might be seen as advocacy of the very practice which it sought contain. There are clear parallels here with the field of sexu politics. What is needed, we feel, is some way of ensuring clean needles are available to those for whom hypode penetration is an essential act, but not foisted upon those for whom other means of administration, for example, smoking, are acceptable or preferable.

Overdoses are caused primarily by two conjunctions of circumstances: either high-dose sedative use (particularly dangerous with heroin if done after a period of abstention, during which the body becomes unaccustomed to previously-tolerated levels of the drug); or using more than one type of sedative drug in the same period of time. The mid-1980s saw several

well-publicised cases of death that illustrate these dangers. Working-class teenager Jason Fitzsimmons died in 1985 in Merseyside of a high dose of the sedative Dalmane and of some possible interaction between the effects of this drug and of methadone and heroin taken previously Pason was not killed by Heroin', Northem Echo, 30 January 1986). In the following year, upper-middle-class student Olivia Channon died in a college of Oxford University after drinking alcohol and using heroin (Tarty cocktail of heroin and alcohol killed Channon girl', The Times, 5 September 1986). However, in spite of the fact that such specific dangers havd been known to experts for some time, the British government's anti-heroin campaigns for 1985-6 and 1986-7 played down potentially life-saving information about common causes of overdoses, preferring to make general statements about dangers of heroin per se. There is some way to go before Britain could claim to have a public information or education strategy concerned with the reduction of numbers of drug-related deaths.

Strategies for reduction of social and personal harm have been addressed in preceding chapters by Pearson and Donoghoe et al. Pearson drew attention to the importance of time-structuring for styles of involvement with heroin and other drugs. When people slip out of any correspondence with timetables imposed from outside, they find it more difficult to avoid slipping further into heavy involvement with drugs and the timetables of scoring, intoxication, socialising with other users, resting, scoring again (etc.) provided by the drug scene. This is well appreciated by social-work, advice and counselling agencies whose staff espouse the value of drug users 'keeping in touch' and getting involved in activities other than drug use. Part of the intention is to provide social and cultural involvements that may in the longer term serve as alternatives to drug use, but there is also the shorter-term aim of keeping the drug user relatively stable and involved in non-drug activities and relationships alongside their drug use; the person continues to be involved with drugs but to the exclusion of other things, and hence is helped to keep within broader social networks and to avoid becoming totally estranged. Many parents who have no formal knowledge of social-work practice find themselves adopting similar integrationist strategies, often after an initial period in which they reject the user. The aim is to rebuild the framework of family, support the user as 'one of us' and within this to conduct the longer-term struggle to root out drug use altogether (Dorn, Ribbens and South, 1987). Reduction of social harm — isolation, rejection, lack of options — is an essential ingredient in the practices of many other groups. Quite ambitious strategies to reduce social problems related to drug use can be seen in the community activism of local people in areas such as Tenantsrise (see Chapter 4), where it becomes understood that several interlinked aspects of the locality — poor housing, crippling levels of unemployment, lack of recreational facilities — combine to deepen what would otherwise be less pressing drug problems (cf. Chapter 3). In these circumstances, struggles for material resources to improve the social life of local people are inseparable from strategies to reduce drug problems.

As far as reduction of legal problems is concerned we can point to strategies developed by doctors, parents and police. The medical approach to reduction of drug-related legal problems has traditionally focused upon provision of opiate drugs under prescription. This had two aims:

reduction of the possibility that an individual drug user might get involved in 'bad company' and in criminal acts in order to finance his or her purchases of drugs, and the attempt to contain or restrict the overall size of the illicit market which might, if left unchecked, recruit new users. Although opiate prescribing has largely fallen out of favour with drug clinic psychiatrists in Britain, some parents find themselves adopting a very similar strategy on occasions. So, for example, parents find themselves giving money to their children to purchase heroin, accompanying their children to the place where the dealing is done, even going and getting the drug themselves and bringing it home — all in order to curtail their children's contacts with the illicit market and to reduce the possibilities that the son or daughter will go thieving in order to finance drug purchases. In the circumstances of expansion of the availability of heroin well beyond the capacity or indeed willingness of the clinic system to provide a licit supply, some parents take up this role (albeit to obtain illegal supplies) — and suffer probably far more of the same ambivalence, as well as laying themselves open to legal repercussions.

While talking of reduction of legal harm it is necessary to refer to recent legislative changes in relation to offences of supply. During the post-war period, there has been an increasing tendency to distinguish between the drug user as 'victim' and the supplier as 'corruptor' (Young, 1973). Acts of Parliament did not at first distinguish between penalties for possession and for supply, but then provided for heavier penalties for supply (and 'possession with intent to supply') and subsequently widened the gap. By the mid-1980s, supply of drugs in large amounts was defined as a major crime and penalties extended to life imprisonment without prospect of parole, and confiscation of all assets which the convicted person could not show to be derived from legal means. The question of whether or not such penalties are effective, and if so, how, has been obscured by populist rhetoric about the fight against a new (or rediscovered) folk-devil, the pusher. It is worth bearing in mind, even at risk of being thought to be soft on the drugs issue, that increases in penalty in the past have not been notably successful in reducing the problem; there is little reason to think that the latest penalties (life sentences and forfeiture of assets — as high as we can go short of the death penalty) will fare any better. Indeed successive penalty increases may worsen the situation in one respect, since thLy frighten the amateurs out of the trade and create an enlarged role for the tightly organised and security-conscious criminal firm. Routine or casual exchange of drugs between users at a local level continues, but few people would wish to be involved in the middle or upper ranks of distribution unless heavily-enough involved to make the risks worthwhile. One consequence is the development of the drug distribution business in forms very resistant to penetration by law enforcement agents; we have a combination of high penalties in theory and virtually no penalty in practice for the big supplier. Our moral outrage, when converted into legal form, has not exactly created the figure of the pusher; but it is fair enough to say that we have provided the environment in which he or she flourishes. In this respect the development of legal control has done little to reduce the problem, and alternative approaches need to be examined.

Innovative national or local strategies to reduce drug distribution

In Chapter 3, Pearson refers to research into the spread of heroin in localities suffering from multiple deprivation. Elsewhere, and in a more general way, we ourselves have attempted to describe the way in which the expansion of the irregular economy constructs the conduits running throughout the regions and neighbourhoods of Britain within which the distribution of drugs occurs (Auld et al., 1986). We suggest that it is within the context of a degree of involvement in this irregular economy that the bulk of heroin distribution is currently taking place — not all of it in deprived localities, as Pearson of course acknowledges.

The irregular economy in work, goods and services is an integral part of the general or 'regular' (licit) economy of a country (Ferman and Ferman, 1973). It expands in periôds of economic restructuring, recession and unemployment, when conditions do not favour persons' (for example, young people's) entry into the mainstream of the regular economy, as well as in periods of affluence when certain goods or services are scarce. The irregular economy provides multiple conduits for the distribution and exchange of drugs alongside a variety of other goods and services, prostitution, the disposal of stolen goods, and so on. In relation to heroin and other drugs, the more comprehensive distribution system (i) connects with a greater number of potential consumers and, (ii) sucks in supplies. It follows that there are two possibilities for control:

1. reduction of the total size and scope of the irregular economy of which drug distribution is a part;

2. reduction of the extent of drug distribution within the irregular economy by (for example) displacing drug distribution by other activities that currently form a part of the irregular economy.

These possibilities may be summarised as displacing the irregular economy per se, and/or replacing its drug-related parts by non-drug (but still irregular) alternative activities. The question then arises, how might these be achieved?

Strategies aiming to shift drug distributors into other activities within the irregular economy

Generalising, we suggest that expansion of the irregular economy occurs when pre-existing

structures of economic activity and opportunity are disrupted by economic change and become inadequate to integrate wide sections of the population who thereby become economically and socially 'marginal'. Some groups turn to petty criminal activities as a means of supplementing licit incomes and also to 'have something to do' — as a way of life (cf. Bales, 1984; also Chapter 3, this volume). There are, in addition, links between the various parts of the irregular economy, and these links can be observed in particular sectors, for example, links between international banking, `loansharking', drug distFibution (RCMP, 1983), government (Rose, 1984) and police corruption (Rottenburg, 1968).

Thus the illegal business of drug distribution has links 'downwards' into relatively powerless and economically marginal groups in society, and 'upwards' into systems of law enforcement, government (in some cases) and finance. Ferreting out these links and designing selective and effective countermeasures are obviously not simple matters. However, some existing and planned control activities of government and law enforcement agencies are relevant and potentially useful in restricting drug-related aspects of the irregular economy.

For example, taking a cue from the legal codes of the USA and other countries, the British Parliament has recently passed legislation designed to relieve any person convicted of drug trafficking of the whole of that person's assets, unless he or she can show that part or all of the assets was obtained by legal means (Drugs Trafficking Offences Act). 'There have also been intermittent reports that the British tax authorities are following (or experimenting with) the American strategy of assessing income tax of suspected dealers on the basis of their assumed illegal incomes. Such interventions, if vigorously pursued in respect of persons suspected or proved to be involved in drug importation and major distribution, may have some impact upon these activities, with the possible result that such persons will shift over to other, less-risky irregular activities (or even become honest citizens). These measures do not however have much bearing upon the lowest levels of the drug distribution system (let us say from regional 'wholesaler' downwards), since the amount of work required to build a case for forfeiture of assets or for swingeing tax assessment would be disproportionately large in comparison with the numbers of small dealers and the relatively low level of their assets.' Forfeiture and tax claims are, then, tactics to be tried out against the big operators.

It might perhaps also be possible to develop economic inducements to major drug suppliers to move into other areas of the irregular (or even regular) economy; such inducements would include strategies for increasing their expectations of the costs of drug distribution and for decreasing their perceptions of the likely benefits (Rottenberg, 1968).

It is sometimes suggested that a legal system of drug distribution would undercut the illegal

markets (or at least the upper parts of that market; one might still have a degree of improper passing-on of drugs at lower, local levels). Whatever one's assessment of the effects of this suggestion, it is, as we observed earlier, _almost certainly not politically feasible under any conceivable British administration other than perhaps one that eschewed commitments to suppress the drugs trade and instead took a theory of 'self-regulating' markets more literally than do the present British or other Western governments.

It is however, worth considering the possibility of redUcing (only partially) the levels of criminal penalties for major drug offences (although we do not propose this). Some economic and criminological assessments suggest that the degree of monopolisation and the levels of profit encouraged by very heavy sentences have the result of 'hardening' criminal drug-dealing enterprises against intervention by law enforcement agencies, and that the threat of heavy sentences thereby consolidates a nigh-impregnable system of supply; only the amateurs, couriers and low-level operatives are open to being apprehended. According to this argument, a reduction in penalties might open up the trade to more competition and also to law enforcement. Such an argument would however be difficult to put in the political forum, and it must be made clear that its prophetic validity is open to question. An alternative point of view is that whilst the historical increase in severity of penalties for drug importation and distribution may have contributed to the impregnability of the trade., any decrease of penalties today would not restore the situation to what it was. We have some sympathy with this view, believing (i) that only a very great reduction in penalties would be effective in opening up established monopoly criminal structures to effective competition, changing those structures in ways that make law enforcement more effective; and (ii) that inducements at middle and lower levels of the distribution system would remain, thus still sucking in drug imports, albeit by different routes than those of today. On balance, we think that it is at least worth considering the argument for decreases in penalties for drug distribution, acknowledging that this is an argument that could not be won at the present time; and we see abstilutely nothing to be gained from yet further increases in penalties.

We have been writing so far of the major dealer (importer, wholesaler, regional distributor, etc.). Turning now to the lower-level dealer and the user-dealer, let us ask what strategies might-shift the activities of these persons away from drug-related towards non-drug-related aspects of the irregular economy.

As far as user-dealers are concerned, the British experience of Drug Dependency Units and of some post-war drug research is relevant. One of the hopes pinned to the British 'clinic system' in the late 1960s was that a user who could obtain his or her nostrum from licit sources would not need to enter the illegal market. It became clear however that some users would sell part of their clinic supplies — perhaps because they had been prescribed too much, or because they preferred to obtain some other drugs available in the market, or because they wished to raise

income for other purposes, or because such sale and the social contacts around the small-scale illicit market were valued parts of their preferred life-styles. The clinics today have few patients on long-term maintenance, and generally restrict new patients to a short course of decreasing dosage, or offer social casework without drugs. Whether or not 'throwing heroin at the problem' would help to reduce today's users' involvements with the irregular economy is a matter of contention in Britain today. It is not easy to see what alternative activities within the irregular economy would appeal to drug users, but certainly withdrawal from a drug-using life-style would have to take account of the kinds of problems and issues raised in Chapter 3.

Strategies aiming to reduce the overall size of the irregular economy and hence reduce its drug-distribution-related aspects

We turn now to strategies for undermining the broader irregular economy of which drug importing, distribution and dealing form part. It is of course possible that reduction in the size of the irregular economy overall could coexist with a compensatory expansion of its drug-related aspects, but we shall ignore that possibility for the time being, and assume that a reduction in the irregular economy would tend to reduce drug distribution.

One obvious way to attempt to reduce the irregular economy (at both 'top' and 'bottom' ends of the market, that is, from shady financing and business deals to petty crime and rip-offs), would be to reverse the social and economic conditions that encourage its expansion. Since economic and demographic restructuring and changes which do not generate opportunities for regular work for the population groups concerned are among the causes of the growth of the irregular economy in Western countries, it follows that the options for the future include (i) a reversal or slowing down of economic and consequent demographic and social changes, with some kind of management of those changes so that more `regular' jobs and opportunities are made available than would otherwise be the case; and/or (ii) employment training and community regeneration approaches with displaced population groups so as to encourage them to adapt to current conditions other than opportunities for involvement in the irregular economy.

Such structural and social strategies — aiming to reduce the general conditions (summarised here as `the irregular economy') within which a range of anti-social activities including drug distribution flourish — are likely to be more effective than any approach that ignores the conditions generating crime and that relies purely upon enforcement measures to deter people from taking advantage of the opportunities that arise in those conditions. As the recent British Crime Survey observed, 'a substantial body of research indicates that it is difficult to enhance the police effect on crime . . . In particular, it is becoming clear that the effectiveness of the "core" of policing — preventive patrol, and investigation — cannot be sufficiently improved by

increased manning levels' (Hough and Mayhew, 1983, p. 34). If the irregular economy retains its present scope or slightly expands in Britain, then the balance will tip further away from law-enforcement agencies whatever staffing levels are achieved, since so many people will be involved in aspects of the irregular economy as to reduce public cooperation with the police against those activities. People are unlikely to act against what they perceive to be the interests of themselves, their associates, neighbours and family.

Summarising, we can suggest that economic policies aiming to encourage participation in the regular economy and hence shift people away from involvement with the irregular economy (including involvement with drug distribution) may be necessary (if not sufficient) conditions for more effective drug control. Cooperation between those formulating and implementing local economic policy, health and welfare services and policing would be a prerequisite of trying out innovative prevention strategies on a loceal or regional level. There is obviously scope for experimenting with a range of imaginative control schemes in some localities at least, carefully evaluating processes of implementation and outcomes, as suggested by Stimson in Chapter 2. Having said that, we can add that serious evaluation of current policies seems to be almost entirely lacking; a comparative approach would be most useful, given our current state of ignorance.

Contradictions at the international level: tackling the problem at source?

As regards the international level, the most apparently obvious policy would be to continue to attempt to stem the flow of heroin supply by mounting a greater number of carefully planned and well-resourced agricultural development projects in Third World countries.

It seems to be generally understood that, even in those cases where a Third World government may agree to opt for apparently more decisive measures such as burning or spraying crops or taking severely punitive actions against farmers, such measures often simply delay or displace cropping. What is becoming more apparent now, however, is that even the 'velvet glove' approach of development projects may have these same effects. Better transportation is introduced, yield-increasing inputs such as fertilisers are made more generally available, the cash economy is broadened, yet each development project has only a limited life after which its benefits often run down. What can happen is that poppy-growing shifts to adjoining areas during the life of the development project, then steals back as alternative benefits and close surveillance run down. At the beginning of each planting season, agents of merchants visit the farmers, offering good-quality seeds and a hefty cash advance on the crop — sometimes with the assurance that if the authorities destroy the crop then the advance will not need to be repaid. The benefits to the merchant are considerable and he can well afford to bargain that the

majority of the crop planted will accrue to him if at least part of the growing cycle escapes the attention of the authorities, since by then the farmer is committed to this crop for the support of his family and can be counted upon to resist any attempt to destroy the growing crop.' Only a government which makes no attempt to rule by consent can destroy crops in more than a limited and exemplary, showpiece manner.

In one sense then, agricultural development projects may even consolidate poppy production in the longer term, since they enhance the penetration of market relations and increase the expectations of farmers, whilst providing really distracting alternatives to poppy cultivation only in the short term. Meanwhile, a similar outcome occurs in relation to enforcement efforts against the illicit 'kitchen' laboratories in which opium is converted to heroin. Some laboratories are closed down, perhaps some arrests made, but the conversion process simply shifts to another site, and may return when jeeps, helicopters and foreign advisers move on. Even if one looks at the issues only from a financial point of view, ignoring the politics and ethics of the situation, it is evident that it is not possible to turn all areas capable of growing opium poppy into military zones on a continuous basis, whilst periodic changes in enforcement responses simply shift the problem about and may expand it.

The situation is further complicated by the historical observation that development programmes of crop substitution and/or eradication seem generally to have been tied up with other political strategies of the donor (grant-giving) countries (Simmons and Said, 1974). In the 1970s the production of heroin for international trade occurred mainly in the 'Golden Triangle' of the Far East, which was also the site of anti-Communist and anti-National Liberation struggles sponsored by Western countries, principally the USA. There is evidence that whilst one arm of US foreign policy was worldng to eradicate opium and heroin production, the other arm was forming political and economic alliances with local anti-Communist groups heavily involved in the opium trade; McCoy et al. (1972) have documented aspects of this in the Golden Triangle. Later, in the 1980s the West was giving support to anti-Communist (particularly Afghan) elements in 'the 'Golden Crescent' around the north-western borders of Pakistan. One consequence of these alliances and the 'open border' thereby created, was that opium (and possibly heroin) produced in the north gained easy access into Pakistan. Even if one does not take too literally Pakistan's recent claims to be succeeding in reducing domestic poppy production, it is difficult to dismiss her observations that the flow of opium into the country from her neighbours has increased, with consequences not only for her heroin export to the West but also for increased availability and consumption inside Pakistan (PNCB, 1986).

One does not have to adopt a 'conspiracy theory' and say that any Western agency is encouraging the heroin trade as a matter of policy. One can simply acknowledge unintended consequences of complicated alliances within an unsettled region. It is undoubtedly the case that there is a great deal more at stake in the region than drug supply. As one analyst puts it:

Popular perception in Pakistan holds that the American policy on Afghanistan is to bleed the Russians to the last Afghan. On a more sophisticated level, however, most of the existing views in this vein can be seen from the following . . . levels. On the local (Afghan) level, the US policy aims at making Afghanistan a Vietnam for Moscow . . . On the regional level, the US policy aims at putting Moscow on the defensive, embarrassing it . . . in the words of a leading American official Sovietologist, We never got the Russians so cheap'. On the East—West level, the US policy aims at using the Afghan card as a quid pro quo on some regional issues . . . [and hopes that] by keeping the Soviet southern border 'hot', the Soviet Muslim population would eventually get 'contaminated', making Moscow an unstable and inward-looking state in future years (Tauqueer Shiekh, 1986, p. 4).

If these observations carry any weight, then one can see the possibility that 'national security' considerations of a regional and global nature are sufficiently to the fore for any potential backwash in terms of heroin supply to be recognised and implicitly accepted. It is often asserted by control agencies that the international channels for supply of weapons and of drugs largely overlap: this certainly appears to be the case in relation to the 'Golden Crescent', where the borders of Pakistan, Iran and Afghanistan meet. If part of the price of keeping the underbelly of the USSR 'hot' is the compromise of anti-narcotics goals, then we should not be surprised to find that price being paid.

On balance then, development programmes and linked enforcement strategies in Third World regions can be seen'to be less effective in reducing supply than might initially be supposed, and further undermined by other regional policies of Western powers. Development programmes may have much to be said for them (and much to be critically said against them) on other grounds but they are of limited effectiveness in reducing the supply of heroin. To effect a lasting reduction of availability within Western (and Eastern) countries, we shall have to look elsewhere. The rhetoric of 'tackling the problem at source' may have more of a distracting effect on policy formation than on poppy cultivation.

In conclusion, we propose that the strategy of tackling the problem 'at source' is deeply flawed as long as tl. a source of our problems is seen as being in the Third World. In a sensible world, crop substitution in the context of development programmes might work well. In present circumstances, Western countries concerned about heroin should look for solutions closer to home — in their economic, social and criminological policies. This chapter has attempted to summarise some of the options for reducing drug availability by reducing drug distribution within the broader irregular economy. We have also drawn to the reader's attention some of the ways in which a variety of practitioners (professionals, lay volunteers and parents) practise harm-reduction in relation to physical, social and legal problems related to drugs. The best way

forward, we suggest, would involve innovative economic and criminological strategies to restrain availability, together with consolidation and extension of practitioners' existing strategies to minimise harm associated with consumption.

Notes

1. There is anxiety in some quarters that although the forfeiture legislation is intended to be used primarily against those 'high up' in trafficking organisations, the difficulties of bringing such people to court and obtaining a conviction for trafficking (which is a necessary prerequisite of forfeiture) may cause the police to settle for forfeiture action against middle- and lower-level dealers (Goodsir, 1986). Against this it may be said that such a general trend does not appear to have occurred in the USA where such legislation has been in place for some time; indeed there seem to be difficulties in giving law enforcement greater 'bite' at any level of drug distribution. Problems relating to the higher levels include difficulties in getting bank disclosure rules to work and persistent failures of inter-agency cooperation (Select Committee on Narcotics Abuse and Control, 19-77; Comptroller General, 1979; US General Accounting Office, 1985).

2. Comment based upon conversations between the first author and a number of informed observers during two visits to Pakistan in 1986.