Rethinking Heroin

Use, Addiction and Policy in ‘Austerity Britain’

A thesis submitted to the University of Manchester for the degree of Doctor of Philosophy in the Faculty of Humanities

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Abstract

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This thesis is concerned with heroin. Its use, addiction to it, and the policy measures that have come to surround both in what is now commonly known as ‘austerity Britain’. It provides a set of interlinked arguments around these topics through the presentation of four journal articles and related theoretical engagement with data gleaned from an ethnographic exploration of heroin use in a deprived area of North-West England. Whilst the arguments here are diverse, they share one common thread; the need to rethink what we know about heroin at this particular point in time. To this end the thesis makes original contributions to criminological knowledge surrounding the ways in which drug addiction is researched; the socio-economic role(s) of heroin in marginalised communities; heroin assisted treatment techniques; and the ways in which drug policy problems, and some potential solutions to them, have been culturally (re)presented. Following this, the thesis then teases out some of the links between the above and in so doing, offers a unique and progressive theory of heroin addiction in the UK today alongside some tentative suggestions around the future directions of national drug policy. The potentials and limitations of the above, along with the areas revealed to be in need of future research, are discussed to close.
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About the Author

Stephen Wakeman is a sociologist interested in drugs. He has a BSc in Criminology and Counselling Skills, an MA in Crime and Justice, and an MRes in Criminology and Socio-Legal Studies. Before entering Higher Education in 2006 he was training to be a counsellor and working in drug rehabilitation centres, homeless hostels, mental health drop-in centres, and at a ‘problem’ youth project. At a number of these institutions he is also an ex-service user. He has taught criminology and sociology at the Universities of Manchester and Chester, and has recently taken up a post as lecturer in criminology at Liverpool John Moores University. His research interests span the sociology of intoxication, but are primarily focused upon heroin and crack cocaine, cultural representations of drugs and drug policy, and drug-using identities/subjectivities. His first book, Corporeality: The Body and Society (co-edited with Cassandra Ogden), was published by Chester University Press in 2013 and he has recently published articles in The British Journal of Criminology and Theoretical Criminology. He tweets as @Steve_Wakeman and keeps a Boston terrier named Lennon that sometimes bites him.
Acknowledgements

I would like to thank my supervisors Toby Seddon and Judith Aldridge for all their help, support and guidance over the course of the last three years. Their impact upon me as a scholar has been immeasurable and will last for many years to come. I would also like to thank everyone in the Centre for Criminology and Criminal Justice at the University of Manchester for making my time there so enjoyable, especially Dave Gadd and Jo Deakin who were always so supportive of me and my ideas. Finally my biggest debts of gratitude are to my dog Lennon for reminding me that play is important, and to my wife Lisa for making everything matter.
I’m on my time with everyone,
I have very bad posture

Kurt Cobain
Prelude: The ‘Alternative Submission’ PhD

This PhD thesis follows the ‘alternative submission’ format in that some of its content – indeed, the majority of its content – is submitted in a form suitable for publication in academic journals. The rationale for this was simple, the research questions lent themselves to this format in that they were concerned with two distinct yet similar and interrelated areas: the nature of heroin use in ‘austerity Britain’ and the potentials to be found in alternative drug policy interventions. As such it was agreed upon early in the first year of study that the alternative format would be used. This short prelude will give the reader an overview of the structure of the thesis in terms of its presentation in this format. A traditional introduction covering the content and problematic(s) of the PhD follows below.

The thesis is broken down into three main components: Parts One, Two, and Three. Part One contains all the material the University of Manchester’s guidelines stipulate as requirements of any PhD. It contains an introduction which contextualises the research and provides its rationale, a review of the previous literature in this field, and a methodology chapter. Following this, Part Two is a results section containing four ‘chapters’ presented in the form of stand-alone journal articles. Three of these articles have been submitted to peer-reviewed journals, with two having been published at this time. A cover page provides some basic information for each article including the journal it has been (or will be) submitted to, along with its full bibliographic details if already published. As per the guidelines, each article has its own pagination and reference list; the sources cited in these articles are not listed again in the main reference list at the end of the thesis. Other than this no further details are presented around these articles, each is included exactly as it was last submitted to/published by the journal indicated. In the latter sections of the thesis Articles One and Four are cited as Wakeman ‘2014a’ and ‘2014b’ respectively due their published status, the remaining two are cited as ‘Article Two’ and ‘Article Three’. Finally, Part Three then presents a substantial chapter drawing the articles together followed by a conclusions chapter. It is in the former of these that the most significant claims of this work are made. In essence, this chapter is the analytical core of the thesis where the contentions of
the articles are incorporated into a coherent body of arguments surrounding heroin use and drug policy today.

In closing however there is one potential drawback to using the alternative format that must be noted here – it does regrettably cause some repetition across the thesis as a whole. As journal articles require their own literature reviews and methods sections, the reader will find short sections of Chapter Two reproduced in the literature reviews of Articles Three and Four. Moreover, Articles One, Two and Three have virtually identical methodology sections that are in turn derived directly from Chapter Three. This is both recognised and permitted by the University’s guidelines as a feature of the alternative format, but I have endeavoured to keep it to a minimum throughout – repetition/reproduction never totals more than a few introductory paragraphs in the early parts of the articles. Whilst the alternative submission format was certainly an ambitious choice that presented numerous problems over the course of the last three years, it is hoped that it has ultimately achieved its goal of facilitating the production of a diverse yet interrelated set of arguments towards the same end – the *rethinking* of heroin use, addiction and policy.
Part One

Introduction

Literature Review

Methodology
Chapter One

Introduction:

Why ‘Rethink’ Heroin?

There are no reasons. Who needs reasons when you’ve got heroin?

Mark ‘rent-boy’ Renton

This thesis is about heroin. Whilst it covers many topics, and a number of distinctive themes are certainly identifiable within it, this drug forms the primary analytical focus throughout. It is perhaps the most talked about drug of them all; heroin has long been a focus of academic analyses, it has long been problematised by policy-makers and drug treatment practitioners, and for generations it has inspired (and in some sad cases killed) singers, writers, filmmakers and assorted other artists. This status poses certain introductory questions here however, primarily what is there left to say on the subject? An answer can be discerned through this work’s title – despite the large volume of ink that has been spilled over heroin, there is still ample room for *rethinking* some of what we currently know about it. This is the ultimate goal of this thesis; to rethink heroin in terms of its use, addiction to it, and the policy measures that have come to surround them both in the UK today. To this end the thesis presents four interlinked journal articles surrounding heroin: one concerned with how it is researched; one with its socio-economic role(s) in the lives of the people who take it; another with a form of addiction treatment that uses it; and one with the ways in which all of the above have been represented culturally. It then draws all of these together and in the process, offers a progressive theory of heroin addiction and some observations on drug policy in the UK to be taken forwards in future research.

However this project is not simply motivated by curiosity; it is argued here that there is a distinct need to rethink heroin at present. Of late a number of challenges to established knowledges around heroin have arisen – challenges that are most visible in the three realms of heroin’s use, addiction, and policy context. For example, the paradox of declining levels of heroin use in an increasingly insecure economic climate challenges understandings of heroin use that are predicated upon its links with social exclusion. Moreover, the rise of neuroscience is presenting a challenge to social and/or behavioural models of addiction that fail to recognise the biological facets of the condition. And finally, the rapidly evolving global drug policy arena is challenging the UK’s dogmatic adherence to its prohibitive policy measures. The above combined are indicative of why exactly rethinking heroin is so important at present; these three challenges provide all the reasons necessary for undertaking a project such as this.

Rethinking Heroin: The ‘Why’

These three challenges to what we currently know about heroin are crucial to what follows here and as such, require a little unpacking. Effectively, they address the core question of why rethink what we know about heroin now? However, before they are delineated properly the term ‘austerity Britain’ needs some clarification. In recent years the socio-economic situation in the UK has changed significantly. A particularly ruthless brand of capitalism (frequently prefixed with labels like ‘consumer’, ‘neoliberal’, ‘casino’ etc.) has ascended from its roots in the 1970s and early 1980s to a position of almost complete hegemonic dominance, leading some commentators to conclude that people no longer even see any possibility of an alternative to it – ‘capitalist realism’ is entrenched (Žižek, 2008, 2011; Fisher, 2009). A key component of this socio-economic change, indeed an essential component of it some have argued (Wacquant, 2009), has been the restructuring of both labour markets and welfare systems along neoliberal lines. The consequences of this are well documented elsewhere and there is little need to rehash them here, but it will suffice to say that they have not been good for the former members of

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2 As Žižek (2008) notes, one only has to look at the endless array of apocalypse-orientated media that characterise late-modernity to support this claim – it is commonly imagined that the only real potential for a substantial change to our social order first involves its complete destruction.
the working class (see Wilson, 1996; Young, 1999; Hall et al., 2008; Wacquant, 2008; Bauman, 2011; Winlow & Hall, 2013). It is within these social groups – the most disaffected and disadvantaged members of society – that heroin does the most damage (despite the fact that its use is not limited to this group, and may actually be more prevalent higher up the social strata (Stevens, 2011: Ch. 2)). In essence, the present project is motivated by the need to understand the role(s) of heroin in this context; in the more deprived areas of the socio-economic vortex that is the late-modern United Kingdom.

Importantly though, just as the UK’s economic climate has changed of late, so too has the intellectual landscape of criminology. Recent years have seen the growth of the discipline along with a proliferation of divergent methodological and epistemic perspectives. Yet, the argument has been made by some (Hall et al., 2008; Hall, 2012a) that criminology still remains unable to negotiate what Jock Young (1986: 4) (in)famously termed its ‘aetiological crisis’. That is, criminology has largely failed to account for the root causes of crime and deviance. This claim may or may not be erroneous, but it certainly holds some truth vis-à-vis addiction. Young’s (1986) analysis holds even more relevance here however, as his accusations were also predicated on the realisation that the crime-economy linkage was more complex than initially thought. The post-World War II U.S. and UK saw unprecedented economic growth, yet correspondingly rates of recorded crime rose too. It was now no longer the case that crime rates could be so convincingly tied to socio-economic circumstances, crime’s causal roots had to be more complex. Crucially here, there is a parallel to be drawn between Young’s claims and the ‘challenges’ identified above; it is possible to reframe them as roughly akin to aetiological crises.

Considering heroin use for example, at present in the UK we are told that it is falling and has been for some time. The latest available data shows that the current 256,163-strong estimate of the number of opiate users in England is down again on previous years (Hay et al., 2014: iii). Thus, some have asked is it not the case that the problems of heroin use are slowly but surely being eroded away? Based on the numbers, surely the Prime Minister was correct when he recently claimed ‘we have

However this is certainly not to say that criminologists have not made significant ground in this area. To give two pertinent examples, recent contributions from Seddon (2010) and Briggs (2012) both contain significant insights into drug addiction. But importantly here, both also conclude with the assertion that there is still much to be done.
a policy which is actually working in Britain. Drugs use [sic] is coming down…’?

To be blunt, Mr Cameron is wrong here, and the reasons why he is so are usefully indicative of the pressing need for an investigation of this sort. Maybe it is the case that the number of people presenting for treatment for their heroin use is falling (the data source for Mr Cameron’s claim), but this does not necessarily mean that the prevalence of this type of drug use is. Rather, it could plausibly be the case that – for an array of reasons revealed in the latter sections of this work – fewer users are presenting for treatment. Moreover, it is equally plausible to suggest that the phenomenon of problematic drug use is expanding into new areas such as legal highs or prescription medicines at a pace with which the Government’s monitoring systems simply cannot keep up (see Wakeman & Seddon, 2013).

Assuming though for just one moment that the numbers are correct (and to be fair, they probably are heading in the right direction), that heroin use is fading away, it is this very decline that presents the paradoxical challenge for social scientific understandings of heroin use that motivates the need for their rethinking. In the UK the heroin epidemics of the 1980s were accompanied by some exemplary social-scientific investigations that situated them firmly within the larger socio-economic processes of de-industrialisation and the re-regulation of labour markets (e.g., Auld et al., 1986; Pearson, 1987a; Parker et al., 1988). These studies presented a strong link between growing socio-economic disadvantage and rising heroin use. Thus in ‘austerity Britain’ we should expect to see a boom in heroin use, yet we have not. In fact, if the numbers are credible (and again, I stress the ‘if’), we have seen the exact opposite. This basically means that either the heroin-social exclusion link is not as strong as was once believed, or there is more going on here than initially meets the eye. That is, heroin’s use in austerity Britain is more complex than it first appears and requires rethinking.

Moving on however, this situation becomes more complex still. It is not just understandings of heroin use that are being challenged at present; social scientific understandings of heroin addiction are also facing something of a ‘crisis’ – that of neuroscience. To be blunt here, many social scientists have been too quick to dismiss the possibilities that some forms of behaviour are biologically mediated. Biological understandings of the human have come a long way since Cesare

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4 See ‘Falling Drug Use: The Impact of Treatment’ from the National Treatment Agency, available at www.nta.nhs.uk
Lombroso was measuring heads and the gaps between offenders’ eyes. We now live, according to Nikolas Rose (2013), in the century of biology. This has been recognised by numerous critical theorists, psychoanalysts and philosophers who all have, in one form or another, attempted to turn analytical attention back towards the flesh and blood body and its biological basis (see for example, Braidotti, 2002; Massumi, 2002; Wilson, 2004; Žižek, 2006a; Johnston & Malabou, 2013; Meloni, 2014). As Rose notes, “it seems that ‘constructivism’ is passe, the linguistic turn has reached a dead end and a rhetoric of materiality is almost obligatory” (2013: 4 emphasis in original). Nowhere is this more apparent than in addiction theory; neurobiology has become a key player in terms of accounting for this phenomenon and as such it would be a severe oversight to ignore these developments here.

Thus the second challenge to knowledge around heroin addiction can be understood as the need to develop an integrated theory of this problematic which accords due recognition to both social and biological knowledges. This need has been recognised before (see West, 2006; Alexander, 2008), and others are working towards these same goals at present (e.g. Weinberg, 2013). As Darin Weinberg has claimed, “there is a curious void at the centre of addiction science” (2013: 173), and this is primarily reducible to the fact that neither biological or sociological theories can adequately account for the core problematic of their studies due to the fact that both have traditionally been so hesitant to embrace the other’s teachings. However, this scenario is changing: “sociology is becoming more open to biological suggestions, just at a time when biology is becoming more social” (Meloni, 2014: 2). As such, it is claimed here that the possible intersections of sociological and biological knowledges around heroin addiction can be considered ample reason for rethinking this subject at this time.

And finally, the third field facing something of a challenge of late is that of drug policy. Specifically, the policies of prohibition that the UK has employed for the last century. As further elaborated upon in the next chapter, it is argued here that this system is unsustainable – that prohibition is already ‘living on borrowed time’. Recent developments from around the world should be enough to support such a view: in 2012 Bolivia withdrew from the 1961 Single Convention on Narcotic Drugs to then re-accede in 2013 with a reservation permitting coca leaf chewing; two North American States now permit the recreational use of cannabis, and Uruguay is currently in the process of setting up a legal market for this drug; more
than twenty nations around the globe no longer punish the personal use/possession of certain drugs (Rosmarin & Eastwood, 2013); and in the UK, New Zealand, Australia, North America and countless European nations large markets have developed for legal drugs sold either in shops or over the internet. Without oversimplifying a large set of complex processes, it is almost certainly true that the above combined demonstrate the fact that things are changing significantly in the global drug policy arena.

Thus it has been claimed that the UK is at something of a turning point regarding its future drug policy provisions – what we have at present is a set of ‘tough choices’ around what we do next (Seddon et al., 2012). This is important in the present context in that another key claim made here is this: too often debates about the future of drug policy proceed without properly understanding the current nature of drug use in some of the UK’s most marginalised communities. This is perhaps a somewhat confrontational claim to make, but this does not mean that there is no truth to it. For example, it is held here that the decriminalisation of drugs in the UK might very well suit many White, middle-class professional people whose cocaine use would then no longer threaten their job security. However, there are some questions that could be asked around the effects that such a policy change would have on a group of disadvantaged heroin users whose only meaningful social interaction comes in the form of participation in illicit drug markets? It is questions such as this that underpin the need to rethink drug policy debates – specifically as they pertain to drugs of addiction such as heroin – in the current socio-economic context of the UK. In summary then, there are ample reasons why exactly now is a timely juncture to rethink heroin in terms of use, addiction and policy. Current developments have not only rendered such a task useful, but potentially very important.

**Rethinking Heroin: The ‘How’**

Before moving on however, there are some pressing ‘how’ questions that require some attention in addition to the above. Significantly, Young’s (1986) analysis of criminology’s aetiological crisis hints at another point of resonance here: namely the idea that its solution was to be found in the development of what he termed a
‘realist criminology’. Young noted that one of the many responses to criminology’s ‘failures’ (or indeed, one of the causes of it!) had been the fragmentation of the discipline into various factions (contemporary examples include: cultural, feminist, psychosocial, news-making, experimental, critical, comparative, anti- etc. etc.). This is important here because many of these quite necessarily and understandably have, as Young foretold, gone on to place matters other than criminal motivation at their core. And as such, criminologists have struggled to answer questions around why exactly people commit crimes, and what exactly can be done about it (Gadd & Jefferson, 2007; Hall, 2012a). In the present context these questions roughly translate as ‘why exactly are people using drugs like heroin in such a way that causes them so much harm’, and ‘what policy provisions might best help everyone involved’? Crucially, Young’s solution to such dilemmas was in ‘realism’ – a theoretical perspective that aims to investigate social problems “as people experience them” (Young, 1986: 24) with a view to providing experientially-informed policy guidance – and I have endeavoured to adopt a similar position here.

Criminological realism is understood below as ‘providing an intellectual representation of the world as it is in reality’. Winlow and Hall (2013: 19) describe an ‘ultra-realist criminology’ as one committed to accounting for its problematics in such a way that reveals their destructive and harmful nature, rather than portraying offenders simply as the misunderstood ‘victims’ of socially repressive structures, or as romanticised resistant/transgressive ‘outlaws’. Likewise, my goal is to represent the heroin users I encountered in this study as they appeared to me to be: a collection of individuals who regularly subject themselves and others to considerable harms in their day-to-day activities surrounding heroin. This brings into focus the above point about motivation. A number of prominent criminologists have called for a return to motivation of late (see Gadd & Jefferson, 2007; Reiner, 2007; Hall & Winlow, 2012; Yar, 2012), and whilst my goal here was never specifically to answer such calls, they are representative of a pressing question I found myself asking regularly whilst in the field: just why is it that these people are willing to harm themselves and others to

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5 On this point I am most indebted to Steve Hall and Simon Winlow (among others) who during the course of my PhD made me most welcome in their newly opened Teesside Centre for Realist Criminology (from the website of which I gleaned this definition of criminological realism, see: www.tees.ac.uk/sections/Research/social_futures/criminological.cfm).
the extent that they do, just *why exactly do they do what they do?* It was this question – along with its naturally resulting follow-up, *what exactly should be done about it* – that aligned my theoretical orientation with that of the realist paradigm.

In short, my goals and guiding theoretical aims were relatively straightforward – I aimed to go and have a look at the realities of heroin use in austerity Britain and in so doing, produce a realist theoretical account of it that maintains a strong connection with – that might inform even – future policy directions in this field. In so doing I hope to strengthen the position of criminology as a progressive discipline with the capacity to account for pressing problems like heroin addiction. In this respect I have been at pains to follow the simple yet challenging call of Roger Matthews:

> …we need to develop a criminology that is theoretical but not theoreticist, critical but not negative or impossibilist, utopian but grounded in lived experience, joined up but targeted, methodologically flexible but rigorous, practical but not pragmatic and policy relevant rather than policy driven – if we are to overcome the continuing failure of criminology. (Matthews, 2010: 207)

It was in the hope of living up to these lofty but worthwhile ideals that the present research was undertaken.

Finally here, it is appreciated that this was an ambitious undertaking, and efforts towards these ends have resulted in the thesis covering a lot of ground. However even in a work of this length it is not possible to follow every line of enquiry. Thus, a degree of filtering was required here and as such two important precursory notes around what the thesis omits are required before it goes any further. The first of these involves terminology. ‘Addiction’ is the favoured term here, and it is used over others like ‘problem drug use’, and/or ‘habitual drug use’ (though at times these are used too). It is my preferred term for the simple reason that – as the reader will come to see in what follows – it is the one that the users of heroin I met in the field most frequently used themselves. I have employed it here in an effort to maintain an authentic closeness to their descriptions and understandings of themselves. Importantly, these individuals use this term for a very good reason – they use it to distinguish their drug use from that of other people, and they have good grounds for making this distinction too. During my time in the field I
witnessed someone injecting into their neck, someone being pulled back from the brink of what could have very probably been a fatal overdose, and I met more than one person who has lost limbs through their use of heroin and crack cocaine.⁶ ‘Recreational’ is not a word that should be used to describe the drug use of these people. So, whilst I understand and appreciate completely that the term ‘addiction’ is contestable to say the very least, it receives only minimal historical and discursive engagement here. This is not because I regard such analytical strategies as unimportant, quite the opposite in fact, it is because I simply do not have the space available to employ them properly in this work. For an overview of the historical and social construction of notions of addiction, the interested reader is directed towards Courtwright (2001), Berridge (1999), or Seddon (2010).

The second precursor is of a somewhat more personal nature. However I believe it necessary at this point. As the reader will come to see in the first article below, I used to be addicted to heroin. However, whilst this forms the basis of Article One, it is virtually absent from the rest of the thesis. It is fully appreciated that some may find this problematic—they would perhaps insist that as this had a massive impact upon my PhD process it requires significant investigation and analysis throughout. I understand such beliefs, and to a degree I share them too, however they are precisely why I am absent from this text to the degree that I am. Quite simply, I want to earn a PhD despite my past, not through it. I do not wish to be known as someone who used to be a drug addict and is now a criminologist, rather I wish to be known as the criminologist who used to be a drug addict. Or better yet, just as a criminologist. To the casual observer these distinctions might seem slight; to me the two poles are worlds apart.

Thus, my original plan was to base this research solely upon my academic engagement with this subject; I did not want to base my career on the fact I used to be a drug addict. I wanted my academic abilities to be my primary asset, as I still do. However, the publication of Article Four changed things in this respect. This paper, published in one of the world’s top criminology journals with absolutely no

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⁶This issue of crack cocaine posed something of a problem here. Whilst this work is primarily concerned with heroin, all of the users encountered through it used crack regularly too. They considered their use of these drugs to be inextricably bound up together. Whilst there are crack users who do not use heroin (Briggs 2012), a heroin user who would not take crack if offered it is virtually unheard of. Whilst my principal concern in this work is heroin addiction (and this is reflected in my terminology) it ought to be recognised that there are frequently two drugs in question.
reference to my past, proved to me that I could be recognised in this field without recourse to my biography. At this point, paradoxically, my pride permitted me to engage with my past in this research. However I do so here with caution still; while it would be disingenuous – not to mention potentially unethical – to not acknowledge my past at all, I am firmly of the belief that it need not take a central role once it is recognised. This project is more about my research than it is about me. It is very much hoped that my reader will understand the reasons for this omission, and the importance they hold to me personally.

Structure of the Thesis

Any undertaking of this scale necessarily requires careful structuring. As such the thesis is broken down into three parts.

Part One

Here all the material required of any PhD thesis is presented. Immediately following this introduction is a literature review chapter providing a detailed overview of current knowledge surrounding heroin. That is, what we currently ‘know’ about heroin use, addiction and the policy provisions put in place around them. The mainstay of the analysis here surrounds theoretical accounts of heroin addiction from a number of social scientific perspectives. The goal is to demonstrate how these understandings have evolved to where they have, as well as render clear their current limitations and the challenges they face. Following this is a brief overview of UK drug policy. Essentially, it is an outline of the current system of prohibition and the harm it causes. Much of this material is very well established, and words are not wasted recounting too much of what we already know. However, a brief overview of the current policy context is necessary to highlight the potentials to be found in alternative systems of regulation – i.e., the future directions of drug policy the latter sections of this work are concerned with. In short, the purpose of Chapter Two is to fully equate the reader with the fields in which the thesis as a whole is located; the habitual use of heroin and the current problems and future potentials of their regulation.
Secondly in Part One, Chapter Three addresses the methodological concerns of the project. This chapter is designed to introduce the reader to the empirical research conducted as part of the PhD. It covers the methods of data collection used, their epistemic underpinnings, the data analysis process, and the ethical concerns inherent in the project. The chapter opens by detailing the development of the research questions and how a different analytic approach was required to address each of the two main concerns (the nature of heroin addiction in the UK today, and the potentials of alternative models of drug policy). It then provides an instrumental account of what both investigations involved in the sense of what I did and to what ends. In summary, this chapter serves the same purpose as its predecessor but in a methodological sense; it is intended to equate the reader with the methodological processes of this project.

Part Two
Part Two of the thesis is concerned with results. As per the alternative submission format, this section is composed of a number of stand-alone journal articles. The first of them, Article One, is concerned with research methods as well as results. It provides a reflexive account of my ethnographic process. Its key focus is the journey from ‘knowing’ to ‘being’ – from ‘knowing one’s self’ (as in traditional reflexive research practice), to ‘being one’s self’ (as in incorporating aspects of the researcher’s biography into the practice and presentation of (auto)ethnography. This article forwards ‘biographically-attuned autoethnography’ as an emerging form of ‘lyrical criminology’ that has the potential to act as an alternative to traditional, narrative-based, methods of ‘telling about’ criminological research. Essentially, Article One is about making a case for the particular methods of data collection, interpretation, and presentation that I used in this thesis.

Article Two then discusses the micro economy of heroin observed through the fieldwork. That is, a moral economy of heroin that functions as a cultural economic system of exchange on the estate where the research was conducted. This economy is composed of the many ways in which the users of these drugs support one another in both an instrumental and emotive sense. The article argues that this particular economic system has come to exist as it does as a result of structural dislocation and the extreme exclusionary evolution of late modern
Chapter One

Introduction

capitalism. Utilising the works of the contemporary philosopher Bernard Stiegler, Article Two advocates a return to political economy-inspired accounts of this type of drug use, supported by the contention it is the complete erosion of the social that actually underpins and necessitates the development of moral economies of heroin, rather than just ‘social exclusion’ per se.

The next two articles then focus upon drug policy and the ways in which it could be improved. The first of these, Article Three, is concerned with heroin prescription and provides a bridge between the ethnographic data and the theoretical policy work. It argues that what might be a promising intervention is held back in the UK through a lack of consideration for the meanings of illicit heroin use. The article argues that prescription currently has much in the way of ‘untapped potentials’ as an alternative means of regulating heroin markets, but it also presents a number of ‘unanswered questions’ regarding the intervention’s desirability in the eyes of its target population. And then finally, Article Four marks a complete departure from the ethnographic data as it investigates HBO’s seminal drama series, The Wire, as a cultural paradigm of drug policy debates. In short, this final article makes a case for new thinking in the field of drug policy en masse – it forcefully argues that nationally and internationally, prohibition is broken and cannot be repaired. Bluntly, the argument runs as such: we must try something new if we are to effectively address the harms associated with the use and sale of these drugs. Such a sweeping claim cannot be supported solely through the relatively small selection of ethnographic data collected here. Rather, it is shown in Article Four to require problematising the very nature of late-modern governance itself.

Part Three

Finally, Part Three closes the thesis. Contained within it are two chapters; the first holds the theoretical core of this work, and the second provides some concluding comments. The former of these is substantial and is included for two reasons: firstly it brings together the articles presented in Part Two as a coherent set of arguments, but then secondly it also makes the case for the extrapolation of the philosophy of ‘transcendental materialism’ (see Žižek, 2006a; Johnston, 2008; Hall, 2012a, 2012b; Winlow & Hall, 2013) to the heroin addiction problematic.
Here a transcendental materialist conceptualisation of addiction is presented as a possible means by which the aetiological crises alluded to above can be overcome. That is, a transcendental materialist theory of heroin addiction can situate the phenomenon in its proper socio-economic context, whilst concomitantly synthesising the findings of social enquiry and contemporary neuroscience. In effect, the core of this work is to be found in this penultimate chapter. A theory of addictive drug use is presented here alongside the ways in which it might feed into a set of more effective and less harmful policy responses. Finally, to close the thesis a brief conclusions chapter is included which reviews the work’s main claims and contentions, and highlights the areas revealed to be in need of further research.
Chapter Two: Literature Review: Heroin Use, Addiction and Policy

There is not any single world of drugs.

Jacques Derrida

The present chapter is designed to equate the reader with the core problematics of this thesis that can, effectively, be reduced down to two: the habitual use of heroin and the current problems and future potentials of UK drug policy. There is certainly no shortage of literature in either of these domains; both have received ample attention from across the natural, political and social sciences. As such, a degree of filtering was required here so as to ensure the analytic relevance of the chapter. Thus the reader will find an overview of these fields only in so far as they directly pertain to what follows in the later chapters of this work. Wherever these necessary omissions have been made however, I have endeavoured to make this known. The preliminary task was to provide a platform upon which the analytical core of this work can be based, although at the same time it is hoped that this chapter goes beyond this too. It was not simply a matter of recounting all that we currently know about heroin use and drug policy, but also of rendering visible as much as possible of what we currently do not.

To this end the chapter opens with a brief introduction to heroin, its production, distribution and use in the UK today. It then splits into two sections: the first provides an overview of the current knowledge regarding habitual drug use, and in the second the policy context is delineated in terms of its historical development, current trajectories and future potentials. In terms of the former, the focus is further divided between social scientific theories and, as previously alluded to, the

challenges they currently face through the rise of neuroscience. Following this drug policy is given similar treatment. Whilst it is certainly true that much of this material is well known, its inclusion is still necessary. The claim is made here that prohibitive drug policy is not only ineffective and costly, but also socially corrosive and hazardous to health and wellbeing. Nowhere is this more evident than in respect of drugs like heroin. This is an admittedly partisan position to take, but one that is well supported by evidence. The ultimate premise in the closing sections of this review is simple: we can, and indeed we must, do better when it comes to enacting regulatory control over heroin. It is argued here that there are alternative systems of regulation available which could be more effective than the present arrangements, arrangements that are not only failing to address harms, but actually causing and increasing their prevalence and impact too. As such, heroin prescription services and drug decriminalisation programmes – as the two drug policy interventions that are investigated in Articles Three and Four below – are briefly delineated towards the close of the chapter.

On Heroin: Production, Distribution and Use

Before progressing any further it is necessary to provide a brief introductory overview of the drug that this thesis is primarily concerned with, heroin. It has a long history, and opium – the substance it is a derivative of – even longer still (see Berridge, 1999; Trocki, 1999; Courtwright, 2001; Chouvy, 2009; and Seddon, 2010 for excellent historical accounts of heroin and opium). The substance as it is known today was discovered in 1874 by Charles R. A. Wright through his experiments on the effects of organic acids on natural alkaloids. Wright observed the action of acetic acids on morphine as producing what he termed “α-diacetyl morphine“ (Wright, 1874: 1033). Bayer the German pharmaceutical company would trademark this compound ‘heroin’ shortly after this in 1898; they originally marketed it as an elixir for coughs. It is important to note here that heroin arrived into a world where drug prohibition was in its infancy, and attitudes towards the purpose, use and sale of drugs were very different. For example, prior to the passing of the Pharmacy Act of 1868 opium-based produce similar to heroin was freely brought and sold in the UK. As Berridge recounts, it was known as “a
medicament of surpassing usefulness which undoubtedly found its way into every home” (1999: xxix).

However, in the contemporary period things have changed somewhat. A string of legislation and international UN conventions have resulted in this substance evolving from a useful medicine to perhaps the most demonised of all the ‘drugs’ (see Seddon, 2007; Berridge, 2013). Whilst licit heroin production has not ceased, the mainstay of this market now operates outside the boundaries of legality. At its roots are small, family run farms growing the opium poppy, *Papaver Somniferum*. These farmers are some of the poorest and most disadvantaged populations on earth with virtually no other source of income – they are anything but ‘drug barons’ (Chouvy, 2009). They harvest the sap of the poppies to produce raw opium that is either sold at the farm gate as it is, or processed into heroin there or nearby. This is not an overly complex scientific procedure, but some specialist ‘know how’ is required, and precise ‘recipes’ often remain closely guarded family secrets (Carnwath & Smith, 2002).

Opium growth and heroin production go hand-in-hand like this for a very good reason – the socio-political conditions that make poppy farming a viable economic prospect also permit its conversion into heroin too. Opium is grown, and heroin produced, in what Paoli et al. (2009) have identified as ‘areas of lax enforcement’. That is, geographical locations where political systems are either very weak or quite simply have more pressing concerns than drug control. Almost all the world’s opium – and thus its heroin too – originates from two locations that share these characteristics: Afghanistan and Burma who produced almost 90% of it in 2012 (Afghanistan, 75%, Burma, 14%), some 4,390 of 4,905 tonnes (UNODC, 2013: xii). This yields a lot of heroin; a rough ratio is 10:1 (10kg of opium will produce 1kg of heroin). At this conversion rate it can be confidently asserted that around 500 tonnes of heroin circulate the globe annually (however, truth-be-told this figure is likely to be much larger as heroin is further processed and cut along trade routes). Regardless of the specifics though, this is a significant amount of any substance and poses some pressing questions as to where exactly it goes, and how exactly it gets there.

The UK’s heroin is imported in much the same way as it is in many other nations around the globe: organised crime syndicates of various ethnic backgrounds – heavily reliant upon their ‘social capital’ – traffic it via the various
mediums of international commerce.\textsuperscript{2} Specifically in the UK’s case, heroin sourced from Afghanistan is transported through Iran and into Turkey, before arriving on British shores via various routes through EU nations. At present Turkish and Albanian groups control these operations in the UK, as they do throughout most of Western Europe (see Pearson & Hobbs, 2001; McSweeney et al., 2008; Paoli & Reuter, 2008; Reuter, 2009a; Reuter & Trautmann, 2009). There is serious money to be made through this market: one kilo of Afghan heroin can be bought for about £450 at the farm gate depending upon the quality of the previous harvest. After some processing it arrives in Turkey worth about £8,500. However when it reaches Europe it is worth roughly £20,000 ‘wholesale’, and possibly as much as £75,000 ‘on the street’ (McSweeney et al., 2008: 25). Thus, one kilo of heroin sold in the UK could be worth its weight in gold three times over.\textsuperscript{3} Once here and distributed to street level, heroin is usually sold in individual ten-pound ‘bags’ containing roughly 0.2g each. However it is not uncommon for these to be bundled in ‘deals’ too (three for £25, or four for £35 etc.).

Finally, and as alluded to above, there are roughly 260,000 problem opiate users in England at present (the massive majority of whom are heroin users). However there are almost certainly many more than this, with a potentially unknowable number of ‘hidden’ users taking the drug recreationally. As this type of use is unlikely to be problematic, these users will not show up in the official statistics making the true prevalence of UK heroin use forever unknown. However, this research is not concerned with these recreational users – it is concerned with people who have come to develop an addiction to this drug. This group certainly are ‘knowable’, and there is a wealth of literature focused upon them to be found under the broad but fragmented rubric of ‘addiction studies’.

\textsuperscript{2} Bourdieu (1986: 246) defines social capital as: “the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words, to membership in a group.”

\textsuperscript{3} Gold bullion costs £24,645 per kilo in the UK at present (see www.ukgoldbullion.co.uk). These numbers considered, it is perhaps little wonder why a certain well-known UK venture capitalist presently devotes so much of his time and money towards the reform of international drug laws.
The Fragmented Field of Addiction Studies

The account of heroin use that follows in the latter sections of this thesis is very much based upon the beliefs and practices of the users encountered in the field. But, it is equally predicated upon the incorporation and synthesis of various pre-existing theoretical perspectives on drug addiction too. As such, it is important to outline the main theories that have informed this process. This type of drug use can be interpreted and understood in a myriad of different ways. At times there are distinct similarities between perspectives, at others it is hard to identify much in the way of continuities at all. This considered, the broad notion of ‘disciplinary focus’ is perhaps a useful starting point. Obvious as it may be to state, sociologists of addiction prioritise ‘society’ and social factors; psychologists do the same for thought processes; and biologists work with the brain and the individual’s neural system. Weinberg (2002: 2) advocated such a division in addiction theorising, but used the terms symbolic interactionism, learning theory, and neurology. However in later work he has sought to refine this divide down to two main perspectives: the individual (biomedical) and social (social scientific) models (Weinberg, 2013). That is, by way of an introductory starting point here, there is a rough divide in addictions theory between those models concerned with the individual’s biological processes, and those concerned with their social actions/reactions.

Before these are investigated though, it is necessary to note the fact that most of the theories detailed below are somewhat temporally limited. The reason for this is quite simple; it is widely recognised that in the UK a ‘drug problem’ did not exist much before the 1960s (Berridge, 1999; Courtwright, 2001; Seddon, 2010). Whilst there are some important contributions to addictions literature that pre-date this (e.g. Lindesmith, 1938), they are largely omitted from the analysis here. This is not just due to the confines of space however; it is actually necessary to maintain a specific focus, both culturally and temporally, on understandings of heroin use in the UK across the very period in which the phenomenon developed into its current form. Prior to the 1960s, heroin use was rare in the UK (and crack cocaine unheard of) to the degree that David Downes once described Britain’s pre-1960s heroin problem as ‘almost non-existent’ (1977: 89). As such, the present section focuses on social scientific understandings of drug addiction from the mid-twentieth
century onwards, and then their challenge through biomedical advances in neuroscience.

**Social Scientific Theories of Heroin Use/Addiction**

In his text *Drugs, Intoxication & Society*, the sociologist Angus Bancroft presents his case for the cultural and social construction of drug use. He claims “[i]ntoxication is creative of selves, and created by them, mediated through culture, ritual, expectations, set and setting” (2009: 74). His is an engaging read, and one that represents the very pinnacle of the sociology of drug use. Necessarily summarised, Bancroft’s argument is that drug use – be it the morning wake-up coffee or the habituated intravenous injection of heroin – cannot be understood without reference to the *social setting* in which it occurs. For Bancroft intoxication is bound up in the very fabric of social life and cannot be disentangled from it. Thus, any theory of heroin addiction must focus upon the particular social context of said drug use. There is little room here for the nuances of the individual’s psychology or biological makeup – indeed, Bancroft argues the experience of being high to be ‘responsively bound up’ with the social setting in which it takes place (p. 191), and addiction to be little more than a ‘metaphor’ (p. 176) for a range of other conditions.

The task here is to show how such sociological conclusions have been reached and render clear their limitations. Initially there becomes visible an important distinction between sociologists who focus upon addiction as a ‘loss of control’ over drug use (e.g. Weinberg, 2013; Hughes, 2007), and those who have focused upon *controlled* heroin use (e.g. Warburton et al., 2005; McSweeney & Turnbull, 2007). Although it complicates the analysis here somewhat, both positions are important and as such both are discussed below in terms of their relevance to the present task. Such a divide is perhaps best understood as representative of the broader differentiation between sociologies of drug *use* (e.g. Blackman, 2004; Aldridge et al., 2011; Wakeman, 2013) and the sociologies of drug *addiction*. Whilst the former certainly influences the latter, the two are not necessarily the same thing. On both sides of this divide however, the key variable remains the same – the *social realm*. Heroin use does not happen in a social vacuum; in any progressive model of this phenomenon there are pressing issues of social structure,
(sub)culture, social learning, choice and control, as well as individual and collective identity that that must be accounted for.

Heroin Use and Social Structure

Most textbook sociological accounts of deviance, of virtually any form, start with Émile Durkheim and run up to the current period through the work of Robert Merton. This lineage is often cited with good reason – it usefully demonstrates the evolution of sociological thought regarding social structures and their impact upon the individual. Merton’s famous dictum holds that:

> Some social structures exert a definite pressure upon certain persons in the society to engage in non-conforming conduct. If we can locate groups peculiarly subject to such pressures, we should expect to find fairly high rates of deviant behaviour in these groups, not because the human beings comprising them are compounded of distinctive biological tendencies but because they are responding normally to the social situation in which they find themselves.

(Merton, 1957: 132)

This sets an important precedent here; it locates human action in the social realm away from the individual psyche and biology. It is the cornerstone of the structural and subcultural debates that characterised the sociology of deviance in the mid-twentieth century (e.g. Cohen, 1955; Cloward & Ohlin, 1960). Importantly, Merton’s (1957) ‘adaptations’ to the strains of unequal access to socially proscribed goals featured the concept of ‘retreatism’ (which he linked to drug addiction and alcoholism). Here the heroin user is understood as a ‘double failure’; having missed out on the legitimate and illegitimate channels of achieving success, she or he retreats into the escapist’s world of drug addiction. Such a view is not uncommon in populist discourses today still, however it was quickly dispelled from sociological analyses.

The notion of ‘retreat’ came to be understood as problematic due to its inherent implication that deviance (heroin use forms just one example here) is representative of an ‘alternative’ lifestyle and/or ‘alien’ value system. Essentially, in sociologies of crime and deviance the values and behaviours of those labelled ‘deviant’ came to be recognised as remarkably similar to those of the more dominant ‘law abiding’ groups. Sykes and Matza made this point neatly:
The emphasis on daring and adventure; the rejection of the prosaic discipline of work; the taste for luxury and conspicuous consumption; and the respect paid to manhood demonstrated through force – all find a prototype in that sardonic picture of a leisured elite. What is not familiar is the mode of expression of these values, namely, delinquency.

(Sykes & Matza, 1961: 715)

Thinking such as this was built upon in early ethnographic accounts of heroin use in the U.S., particularly Preble and Casey’s (1969) seminal study in New York. In their work the idea of a heroin user being a passive retreatist-type is thoroughly challenged, their observations rendered the heroin addict an active, agentic individual. Heroin addiction was a way of life that involved near constant action on the part of the user to sustain. The heroin addict, they claimed, “walks with a fast and purposeful stride” (Preble & Casey, 1969: 14). The crux of the matter here is this: whilst some social structures certainly exert pressures upon some individuals to engage in deviance like heroin use, this does not necessarily mean they do so through an abandonment of larger social conventions or beliefs.

Thus, the key issue is not just the effects of social structure upon individuals, but the nature of social action within the constraints of structure: that is, people’s ways of knowing and doing things within social systems – or in other words, culture. This presents questions for simple accounts of social exclusion and marginalisation: building on Merton, Jock Young (2007) argued that simplistic binary notions of the included and excluded are no longer up to the task (if they ever were) of understanding social stratification today. What we see in the late-modern UK is a complex process of structural exclusion and cultural inclusion. The lives and worlds of the rich and the poor are not diametrically opposed in terms of cultural values, desires and beliefs. The heroin users Preble and Casey observed in New York (as other did across the U.S., see Agar (1973); Fiddle (1967); and Carlson et al. (2009) for an overview) were socially excluded and marginalised, but they still displayed cultural values, aspirations and behaviours inline with mainstream U.S. culture. As Preble and Casey conclude, ‘taking care of business’ (the phrase the users in their study use to describe their activities) is the American way. Importantly in the present context, this usefully accords a fair degree of recognition to unequal social structures with regards to heroin use, but
also to culture. As social scientific understandings of heroin use and addiction evolved, culture became a crucially important factor.

**Heroin and (Sub)Culture: The New Heroin Users**

There are a number of well-recognised issues inherent in the importation of American subcultural theory to British shores, alongside the wider implications of comparative criminological analyses in general (see Downes (1966) and Nelken (2010) respectively). However, the above notion of heroin use as an ‘active state’ is one that certainly did travel well. It is strikingly evident in the sociological accounts of heroin use that emerged in the UK across the 1980s (see Auld et al., 1986; Pearson, 1987a; Parker et al., 1988). Here Geoffrey Pearson claimed that:

> The street user is engaged in a constant flurry of activity, knowing who is who on the heroin scene; who is selling the best bag and where to buy it; who to avoid if you don’t want to get ‘ripped off’; constantly hustling for the money to buy the next bag; and above all, steering clear of the law.  
> (Pearson, 1987a: 48)

This endless cycle of ‘hustle’ (get money), ‘score’ (get drugs), and ‘use’ (take them) is presented by Pearson as taking hold of entire groups of individuals in the North of England during the 1980s when they were denied the routine of stable work.

Importantly though, whilst this period did see a rapid rise in heroin use in the United Kingdom (fuelled by the arrival of cheap brown heroin from Asia and sustained by the rapid processes of deindustrialisation) it was frequently understood by social theorists as being more complex than it initially appeared. Studies of these ‘new heroin users’ posited the heroin ‘epidemics’ to be responses to particular structural contexts (i.e. social exclusion/marginalisation), but also the smaller cultural contours found within them. That is, whilst heroin outbreaks occurred in many places of economic downturn, they only really took significant hold in locations where there were pre-existing criminal networks and informal economies to support them (see Parker et al., 1988). Essentially, whilst structural change was hugely important in understandings of heroin use, it was also recognised that there needed to be a conducive cultural setting for use to reach epidemic proportions.
So despite the fact that Pearson (1987b) claimed it would be a gross oversimplification to claim unemployment *causes* heroin use (or for that matter, that using heroin causes unemployment!), the relationship between these two variables needs to be recognised as very real and very important. It runs as such – unemployment causes levels of social marginalisation, to escape this individuals turned to informal economic systems which, in the 1980s, were coming to be dominated by heroin:

Our argument is very simple. Social security benefits and youth training allowances are at too low a level for satisfaction of basic needs – for housing, clothing, heating and food – let alone buying much in the way of intoxicants. It is partly to secure a standard of living better than mere survival that people get involved in aspects of the irregular economy, and it is through their involvement in this partially petty-criminal economy that they may come to buy, exchange, sell and consume heroin.

(Auld et al., 1986: 173)

Regardless of the question of causality (as in whether social exclusion causes heroin or the other way around), it is undeniable that socio-economic circumstances must feature in any model of this type of drug use, but importantly, so too must the (sub)cultural values demonstrated and/or aspired to within these structural contexts.

Essentially, this renders clear another link in the evolution of social scientific theories of addiction – that of *social learning*. That is, the way people learn about and ‘do’ culture, assimilating cultural practices into their self-concepts in the process. Heroin use has been understood by social scientists as a phenomenon responsive to social structure and cultural contexts, like virtually any other, but where *human learning* is key regarding whether or not one ‘becomes’ a heroin addict. Effectively, the claim here was that in particular structural/(sub)cultural settings, people would learn from others around them to become heroin users/addicts. Whilst this was noted and worked with by sociologists such as Howard Becker (1963) in his seminal study, *Outsiders*, it is arguably the case that psychology has been the more dominant discipline in the advancement of social learning theory (see Akers & Jensen, 2010).

**Heroin Use and Learning Theories**
As noted above, theorists of addiction came to understand it as *learnt behaviour*, and it is within psychology that the roots of these perspectives can be found. In essence, the argument here is that all behaviour is learnt as humans interact with their environment, seeking rewards and minimising adverse effects. There is a great deal of congruence here with the criminological—and indeed wider social-scientific—doctrines of ‘rational choice’ (see Cornish & Clarke, 1986; and in the context of addiction, Becker & Murphy, 1988). The human negotiates her way through life via a series of cost/benefit decisions that maximise pleasure and minimise pain. Whilst there are questions that can be asked of such a perspective, it is certainly true that people do, in effect, *learn* to become users of this drug and in turn, to become dependent upon it. Importantly for Moss and Dyer (2010) when looking into such matters, it is usual to distinguish between two similar yet distinct perspectives: ‘learning theory’, and ‘social learning theory’.

Learning theory, as a perspective of behaviourist psychology, can be traced back to the pioneering works of B. F. Skinner who claimed that:

> The consequences of behaviour may ‘feed back’ into the organism. When they do so, they may change the probability that the behaviour which produced them will occur again. The English language contains many words, such as ‘reward’ and ‘punishment,’ which refer to this effect…

(Skinner, 1953: 59)

The above renders clear Skinner’s core contention – as behaviours ‘feed back’ into people by producing effects within them, the desirability of said effect can then predict the likelihood that said behaviour occurs again. In the present context, quite bluntly, when an individual consumes heroin and finds the effect pleasant, they will be more likely to consume heroin again with a view to experiencing this pleasure once more. Skinner (1938) identified this process as ‘operant conditioning’: this is the process by which rewards or punishments increase or decrease the likelihood of behaviours reoccurring. It works by ‘positive reinforcement’ whereby a positive experience is brought on by behaviour, and also by ‘negative reinforcement’ whereby behaviour relieves an individual of some form of discomfort or undesirable circumstance (Skinner, 1938). Whilst Skinner came to such conclusions through laboratory experiments on pigeons, they are pertinent in the addiction context too.
From this perspective habitual heroin use came to be rendered emblematic of both positive and negative reinforcement. It must be recognised that the effects of heroin are extremely pleasurable (too often debates about drugs and drug policy proceed without acknowledging their pleasurable qualities, see Moore (2008) and Wakeman (2013) on this). As the reader will come to see in what follows, the heroin users encountered as part of this study displayed unanimous beliefs around how much they enjoyed heroin. In this sense, heroin’s ability to positively reinforce its own use is clearly evident. But furthermore, and again as the reader will come to see in what follows, heroin withdrawal is extremely unpleasant and the discomfort it causes can be quickly and effectively alleviated through using heroin. There can be few better examples of negative reinforcement than consuming heroin whilst in withdrawal. Thus, heroin addiction can be understood as a learnt ‘conditioned response’ (Siegel, 1978; O’Brien et al., 1992).

However this perspective (along with the behaviourist psychology in general) attracted significant critical attention (for the most pertinent example, see Chomsky (1959)). Human action was argued here to be far more complex than a system of conditioned and unconditioned responses to external stimuli. Early behaviourists like Skinner had limited psychology to the ‘observable’; they were concerned that psychology’s ‘scientific’ status would be threatened by studying the internal and as such, unobservable, states of ‘desire’, ‘belief’ and the emotions. The social learning theorists however did not share such concerns; they held that human learning was not simply a matter of external cues invoking reactions, but a two-way process that had internal and emotive facets too. Social learning theory advocated a kind of reciprocal determinism whereby environments certainly do affect behaviour, but not in a linear one-dimensional fashion – human agency is required to interpret and learn from social settings. Perhaps the most famous of such accounts is Albert Bandura’s (1977).

Succinctly, Bandura’s doll experiments (and other works) resulted in the claim that people learn through exposure to environmental cues and observation of their social settings, but that this does not guarantee an outcome. Learning does not necessarily ensure behaviour results and people are quite capable of learning something yet not acting upon it, or choosing to act upon a desire despite the fact that they have previously learnt that to do so may incur negative consequences. In short, humans demonstrate choice and control in their psychological processes, and
it is these phenomena that significantly advanced social scientific understandings of addiction away from these behaviourist roots.

**Heroin Addiction as a Matter of Choice and Control**

Not only were the learning theories of old predicated upon overly simplistic psychology, but they had another unfortunate consequence too; they fed directly into populist beliefs around the capacity of drugs like heroin to ‘enslave’ their user. Experiments on animals (usually rats) continually showed that they would become ‘hooked’ on heroin, frequently using it to the point of fatal overdose. Addiction was thus presented in populist ‘war on drugs’ rhetoric as an evil state whereby the addict loses all control over their drug consumption due to the ‘irresistible’ properties of these ‘demon drugs’. However, such conclusions have been proven to be erroneous in social learning theories of addiction (even if they do still persist in some other circles). The pioneering works of Bruce K. Alexander and his colleagues in their famous ‘Rat Park’ experiments largely brought about such a development.  

Alexander (2008) recounts his dissatisfaction with the prevailing psychologies of drug addiction around the middle of the twentieth century. The problem, as he saw it, was methodological and epistemic – his question was simple: was it sound scientific practice to generalise research findings from caged laboratory rats to humans?  

The rat, like the human, is a *social* creature. Like most humans, rats enjoy food, play, exercise and sex. However Alexander noted that all of these things were denied to laboratory rats in cages. He hypothesised that the pains of life in an isolated cage caused the rats to *choose* to take these drugs excessively, rather than their addictive properties *per se*. This proposition was then tested through a controlled set of experimental comparisons between isolated rats offered morphine or water in standard laboratory cages, and rats housed communally in a playground-type home designed to offer them as much social/environmental stimulation as possible (‘Rat Park’ as they termed it). The results of numerous experiments confirmed the hypothesis to be true: the rats in Rat Park (even those introduced with pre-existing morphine dependencies) would consistently choose to

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4 The interested reader can of course consult the academic publications cited here, but a fantastic and highly recommended alternative – endorsed by Alexander himself on his website – exists in Stuart McMillen’s comic book account, viewable online at www.stuartmcmillen.com
avoid the drug, whilst the rats in the isolated cages would consistently choose to take it, often doing so excessively (see Alexander et al., 1978; Hadaway et al., 1979; Brunke et al., 1980; Alexander et al., 1981). As such, it might very well be true that one learns to become addicted through exposure to stimuli and the regulation of rewards and punishments in the context of certain structures/cultures, but questions of choice and control in this process are also crucial to understanding addiction.

The key notion in the above is that of choice – more specifically, the ability of a heroin user to enact control over their choices regarding the use of this drug. However there is something of a split here between the theorists that postulate addiction itself to be a choice (i.e. people choose to be addicts, see Schaler, 2000; Heyman, 2009), and those who focus upon the ability to choose whether or not to use heroin within an ‘addicted’ state (e.g. Baumeister, 2003). The former is engaged with more fully below, the latter is more pertinent here. Baumeister’s (2003) model of alcoholism argues that an individual’s capacity to enact self-control over alcohol – like any other decision-making processes – ought to be understood as a finite resource, albeit one that replenishes with time. The contention here is that an individual can, in effect, ‘run out’ of self-control leaving them open to the possibility arising where they cannot choose to control their urges. In this sense, choice is removed, it becomes lacking and control over one’s drug-taking choices becomes unrealistic. Baumeister’s model is resonant here, from this perspective addiction develops as the user loses the ability to control their drug-taking choices. As Moss and Dyer (2010) note, whilst this is a contentious claim, it is usefully emblematic of a shift in thinking around drug addiction; a shift towards questions of choice, but with an emphasis on the personality factors that enable and/or constrain it.

Here the concept of the ‘addictive personality’ becomes visible, however some caution is required surrounding it; it is within this paradigm that the disease concept of addiction is located. The disease model has been thoroughly discredited elsewhere (see Alexander (2008) and Orford (2001) for useful critical overviews) and as such this material need not be recounted here. Running parallel

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5 This model holds that the drug addict has a disease of the body and/or mind which impairs their ability to effectively control their intake of drugs/partake in an addictive behaviours (see Jellinek, 1960; Edwards & Gross, 1976).
to it however is the claim that an addictive personality exists, but not in a pathological sense. An important example of such thinking is Cloninger (1987) whose ‘tri-dimensional personality theory’ claimed that three personality features (novelty seeking, harm avoidance, and reward dependence) mediated one’s susceptibility to addiction – a distortion in any one or all of these directly underpinned addictive behaviours. Whilst this theory is one of general identity that Cloninger only indicatively links to addictions (and one that has been quite stringently disputed regarding its applicability to this field, see Howard et al. (1997), and Sannibale & Hall (1998)), it does indicate an ‘inner-basis’ to habitual heroin use. That is, and importantly here, the sustained and addictive use of drugs like heroin has been understood from within social/psychological theory as part of who an individual is at the very core of their being.

Usefully this brings into focus another key facet of sociological understandings of heroin addiction, that of identity. This is important in two ways: firstly, as Pearson (1987b) remarked, even a semi-successful user-dealer in a marginalised area will be able to elevate himself to the above-average status of ‘jack the lad’, a meaningful identity in and of itself. But secondly, the studies of the new heroin users also revealed a considerable number of users who were not adhering to stereotypical ‘addict identities’ – they were engaged in controlled and infrequent heroin use which centred on their ability to construct and maintain ‘non-junky’ self-images and identities (see Warburton et al., 2005). This is indicative of the way in which these works actually sidestepped (intentionally or otherwise) the need to theoretically account for addiction to heroin through rendering its use a lifestyle activity. But importantly it also shows that heroin use and addiction are bound up with who and individual is (their identity), as evidenced through the particular ways in which they live their life (their agency). As such, it is to these fields of identity and agency that social scientific understandings of heroin addiction have arrived of late.

Heroin Use, Agency and Identity

The final strand of thought detailed here involves a number of more contemporary works that prioritise the individual and their identity (although it should be noted that some of the earliest sociologies of addiction do this too, e.g. Lindesmith (1938)). Importantly to begin with however, a focus upon individual identity does
not necessarily mean a focus upon an ‘individual’ problem *per se*. Kathryn Hughes’ (2007) model of ‘migrating identities’ is a useful case in point. She argues for a ‘properly social’ conceptualisation of heroin addiction that – although focused upon individual identity – is centred upon relationships between various mutually supportive and constitutive ‘selves’. That is, dependence upon heroin is understood as dependence upon a set pattern of interactions and discursive practices involving a whole host of agents, addicts and ‘non-addicts’ alike (drugs’ workers, doctors etc.). As users interact with others by way of buying drugs together and using them together, or with a drugs worker whilst exchanging needles for example, ‘addicted selves’ are created and reproduced: “these practices constitute and maintain the conditions for drug use, so users can be seen to be actively engaged in reproducing the conditions for their own dependency” (Hughes, 2007: 688).

In this instance, the practices of heroin use are central to understandings of what it actually is – the habitual use of this drug is considered as meaningful action in of itself. Such an interpretation is evident in the works of the American anthropologist Philippe Bourgois (see Bourgois, 2003; Bourgois & Schonberg, 2009) where heroin addiction is presented as holding significant symbolic meaning in the lives of homeless and marginalised populations. Importantly here, Bourgois and Schonberg (2009) revealed what they termed a ‘moral economy of heroin’ where individual identity was affirmed and reaffirmed in Californian homeless encampments through an economy of exchange of small amounts of heroin. Whilst this does not really aid in advancing knowledge of ‘addiction’ itself, it is indicative of a crucial socio-agentic component of it. Social scientific understandings of this type accord a great deal of weight to an individual’s identity and group interactions in accounting for the phenomenon of drug addiction.

A similar perspective is adopted in Briggs’ (2012) study of crack cocaine users in London. Briggs’ focus on identity and political economy shows how the two interconnect through Bourdieu’s notion of ‘symbolic violence’ (see Bourdieu & Wacquant, 1992). Crack addiction is strongly associated with marginalised and disadvantaged populations in the UK, and as such Briggs recounts how the structural violence of ‘stigma’ becomes internalised in the lives and practices of crack users at the level of ‘habitus’ (Bourdieu, 1977). It is here in this pre-reflexive zone that fatalism and shame become embedded characteristics of this type of drug addiction.
use. Again the emphasis is on the individual, but only in so far as she or he is connected to their larger social structural setting and its inherent inequalities and tensions. Such a position is also evident in Lalander (2003), his *Hooked on Heroin: Drugs and Drifters in a Globalized World* is another ethnographic account of heroin addiction as purposive individual action set in the context of a rapidly changing and uncertain social world. Central to both these works are the ways in which heroin/crack users internalise practices and proclivities associated with their drug use to *become* a heroin addict in a symbolic sense. The use of these drugs is understood as a social practice, but one that comes to form a core constitutive component of the identities of individual users.

These certainly are sound arguments, and they are quickly picked up on and developed by Darin Weinberg (2013) in his sociological account of addiction. Weinberg’s model is excellent and highly relevant here – he builds upon a post-humanist perspective (see Haraway, 1991; Latour, 2005) in his efforts to question the dichotomy between biology and the social in relation to addiction. In an earlier piece he explains how the evolution of addiction theory has been split between the “Scylla of biological reductionism and the Charybdis of a disembodied cognitivist rationalism” (Weinberg, 2002: 14). That is, those who conceive addiction to be an embodied problem of biology (see below), and those sociologists and psychologists who have – despite many degrees of sophistication and nuance – ultimately rendered it a matter of self-governance, of cognitive choice and/or agentic action. Weinberg’s task is to seek a synthesis, a middle ground between these two poles. To do so he utilises Latour’s (2005) notion of the body as ‘learning’ to be affected; addiction is a form of ‘bodily articulation’. In this respect, addiction is understood as a set of embodied sensibilities to particular ways of experiencing both a drug’s physical effects and the social setting in which they are located at the same time. This is a challenging position to take – in response to a particular socio-biological context, the user actually *becomes* an addict in a bodily sense. This line of thought, the user becoming an addict both symbolically and materially, is potentially controversial – the theory is predicated upon a heroin addict being categorically different to a non-addict (it is certainly open to accusations of determinism). However, this theory is crucially important to the model of heroin addiction presented in the latter chapters of this thesis.
Social Scientific Theories of Addiction: Some Conclusions

The above has covered the central tenets of social scientific accounts of heroin use and drug addiction. The central theme here was the relationship between the individual and their social setting. Whilst it is appreciated that this is certainly a restricted reading of the social theories of addiction (given the huge scope of this field), it is hoped that it has served its purpose of rendering clear the key features of this problematic that must be incorporated into any progressive theoretical account of it – the effects of social structures; (sub)cultural practices; and individual and collective identities/human agency. These predominately sociological fields are crucial to what follows below, as they have been to contemporary criminology (as Colin Sumner (1994) once noted, sociology has been the dominant disciplinary influence upon UK criminology since the 1960s). Importantly here though, they have been shown to be insufficient in of themselves. Criminology’s reliance upon sociology and sociological conceptualisations of agency is problematic (see Gadd, 2006; Gadd & Jefferson, 2007), and in the very blunt terms of ‘why people do what they do’, the discipline of psychology has been shown above to offer a project such as this a great deal through its social learning theories, as well as its teachings around matters of choice and control.

Importantly here as well, it is recognised that there are other potentially useful psychological perspectives on addiction; West’s (2006) PRIME model, Rik Loose’s (2002) psychoanalytic theory (and Baldwin et al.’s (2011) specifically Lacanian account), Bruce Alexander’s (2008) ‘dislocation theory’, and Orford’s (2001) ‘excessive appetites’ model all being pertinent examples. Regrettably, space has precluded an in-depth coverage of them here. Moreover, there are also critical psychological accounts that dispute the very existence of drug ‘addiction’ which have been omitted here. Among the most prominent of these are the very similar works of John Booth Davies (1997) and Stanton Peele (Peele et al., 1992). Both of these thinkers attack the disease concept primarily, but they also indicate drug addiction to be a fallacy; people use drugs because they want to, people become dependent upon them because they want to, they still retain control (whether they are aware of it or not). For Davies (1997), addiction is a discursive myth that sustains itself through providing a symbolic framework through which people who like to take drugs excessively can situate themselves. The concept of addiction provides a system of meaning that people internalise so as to explain and
account for their drug use, both to themselves and others. Whilst the idea of addiction as a symbolic framework is pertinent here, and is returned to below, again space has precluded its coverage above.

In conclusion, it has been shown above how a multitude of different social scientific thinkers have accounted for the phenomenon of heroin addiction. However, as alluded to in the previous chapter, these accounts are all facing something of a challenge of late. In recent years the biomedical perspectives on addiction have advanced significantly, and the accompanying rise of neuroscience has revealed a great deal about this problematic that can no longer be ignored, bypassed or negated from within the social sciences. It is to such material that this review now turns.

Biomedical Theories of Heroin Use/Addiction: The Rise of Neuroscience

In seeking to advance a progressive theory of any social problem, synthesising the sociological and psychological theories outlined above would certainly be useful, but hardly ground-breaking – it has in fact already been done to great effect (see Gadd & Jefferson, 2007; Gadd & Dixon, 2011). Here the focus falls upon the “internally complex, socially situated” actor (Gadd & Jefferson, 2007: 1) – that is, a subject that is responsive to its social setting as well as its conflicting psychological tensions. This is a dialectical process whereby “the psyche orients our conception of the social at the same time as the social is constantly influencing the nature of our psyches” (Jefferson, 2010: 291). However, there is an important third element missing here, that of biology. This ‘thorny issue’, as Hall (2012a: 185) describes it, is central to understandings of addiction, as it is to larger theoretical understandings of the human subject too. Recognition of this fact is growing in criminology (see Walsh, 2009; Walsh & Beaver, 2009), but great care needs to be taken here to avoid the crude biological determinism of the discipline’s past. It is largely for this reason that genetics has been omitted from the analysis here, but this is also due to space. There is a complex relationship between an individual’s genetic make-up and a possible predisposition towards addiction, however neuroscience is still some way from firmly establishing its parameters (see Dean, 1997; Uhl & Grow, 2004; Goldman et al., 2005).
contemporary neuroscience – a biological undertaking – into the model of heroin addiction under development here.

However, a quick precursory disclaimer must be made first. Quite bluntly, I am a social not natural scientist, with degrees in criminology not biology. I also assume my reader to be of a roughly similar intellectual affiliation. This is important for two reasons: (1) it indicates why the complexities of contemporary neuroscience extend well beyond my levels of understanding; and (2), it indicates why the following review could be accused by some of being somewhat ‘thin’. Below I do not attempt to engage meaningfully with neuroscientific debates at the level a neuroscientist would – I am simply not qualified to do so. However, I do attempt to critically overview the basic tenets of this rapidly emerging field as it pertains to the habitual use of drugs at a level resonant with social science. The technologies of this particular scientific discipline have evolved considerably in recent years and neuroimaging techniques now allow researchers to actually see (and as such, to measure) the actions and reactions of the human brain as it undergoes them. In effect, these technologies have allowed the scientist to ‘see’ the addicted brain and its various processes (see Nutt et al. (2012) for an overview of such technology).

Yet it is important to note that the technical evolution of neuroimaging and the neuroscientific research that stems from it have not evolved without stern critique, even from within their own camps. In an important and controversial essay Edward Vul and colleagues, neuroscientists themselves, call into question the methodological validity of many studies presenting ‘puzzlingly high correlations’ between personality measures and brain activations (Vul et al., 2009). Their argument is centred upon the use of unsound statistical measures of correlation between these two variables. The inference of this however is wider reaching – that studies purporting the brain’s significant role in any given occurrence/phenomena may be unsound. The brain might very well be doing something viewable and measurable in response to various stimuli, but whether or not this directly correlates with a significant outcome in the human subject – their behaviour, motivations, thoughts and/or proclivities – is far from definitively.

7 Vul et al. (2009) was originally titled ‘Voodoo Correlations in Social Neuroscience’, but was renamed at the request of the editors of the journal it was published in. The paper drew considerable response, positive and otherwise, most of which has been collected by Vul and is viewable on his website: www.edvul.com.
established at present. This considered, and as Vul et al. (2009) conclude, there is still a great deal of potential to be found in this field. As such it is a key claim of this work that social scientists should no longer be so hesitant to embrace it. Whilst there are many complex theories within neurobiological understandings of addiction, they crucially revolve around two core concerns: the role of dopamine, and ‘synaptic plasticity’. As such, both are overviewed here.

The Dopamine Hypothesis

The dopamine hypothesis underlies the psychological learning theories of reward and punishment alluded to above. Basically, it holds that the consumption of a drug enacts an effect upon the user’s dopamine system and the way this neurotransmitter acts within the brain. This effect mediates the sensations of drug use. Of all the neurotransmitters dopamine is perhaps the best known and certainly the most studied (Iversen & Iversen, 2007), it has many different roles in phenomena such as attention, memory, and motivation. It is also believed to play a central role in addiction, although the exact details of its function in this context remain contested (see Volkow & Li, 2004 for an overview). Broadly, Carter et al. (2009) describe how the consumption of certain drugs causes one of two reactions involving dopamine in the brain, the nucleus accumbens specifically: drug use either over-stimulates the regions of the brain that produce dopamine, or it creates an excess through preventing its processing and uptake. Importantly, it is not dopamine itself that produces pleasurable feelings, but it is the medium by which this can happen. In short, the more dopamine in the key regions of the brain, the more these regions can produce pleasurable/euphoric sensations.

It must be recognised that natural experiences also produce dopamine, eating or sex for example, and this is why most humans come to enjoy these. Yet the effects of drugs like heroin are much more marked than this – up to ten times more dopamine can be released into the nucleus accumbens by drugs of addiction than other stimuli (Cater et al., 2009: 35). This means that the brain of a heroin user experiences massive disorders in its chemical make-up and as such, it comes to adapt to them. The brain takes measures to address dopamine imbalances; whilst initial drug use causes massive increases in dopamine-related activity, continued use causes the brain to adjust its chemistry and actually reduce the amount of dopamine produced/processed. In this sense it has been claimed that the brain
‘resets itself’ regarding dopamine levels, leaving it less receptive to the small amounts everyday rewarding experiences produce (Carter et al., 2009). Thus, drugs of addiction attain a new significance for the user in that they come to be significantly more pleasurable than other experiences. Isomura et al. (2014: 158) term this ‘paradise lost theory’, referring to the way addicts lose their ability to find pleasure anywhere other than in their drug of choice. This is a biological process as much as it is psycho-social.

Moreover, and in terms of heroin addiction specifically, there is another similar and important set of processes related to this – those of the endogenous opioid system. Very roughly again, this is the process linked to physiological withdrawal and the development of tolerance after continued opiate use. The brain has naturally occurring opioids known as endorphins that, like dopamine, are related to pleasure and pain regulation. However they also work in similar ways to dopamine in terms of their effects upon the brain and its ‘normal’ state – in the event that they are experienced in too great a number for too great a period of time, the brain adapts to offset this. This is the process of tolerance development in action, as well as the reason why users experience physical withdrawal symptoms (Hyman et al., 2006). This is admittedly a very basic overview of what is a very complex neurobiological phenomenon. However despite its brevity it is usefully indicative of an important element of any progressive understanding of heroin addiction – it is now widely recognised that this drug’s continued use actually changes the structure and functioning of the human brain.

Heroin and Synaptic Plasticity
It is at this point that – to a social scientist at least – things start to become somewhat controversial. There is a growing body of neuroscientific literature which argues that some behaviours, and the neural processes they engender, strengthen or weaken the molecular connectivity of the parts of the brain which are activated when they take place – this is known as ‘neural plasticity’ and ultimately means that certain behaviours can change and alter the structural functioning of the brain (see Huttenlocher (2002); Ansermet & Magistretti (2007); and Bateson & Gluckman (2011) for useful overviews of neural plasticity). This process has been noted as being of particular relevance to the neurobiological study of addiction.
Drug addiction is presently viewed as a complex neuroadaptive process through which drugs of abuse alter cellular and molecular aspects of neural function in such a way as to render the brain circuits mediating various behavioral effects of these drugs more, or less, responsive to those effects. This process guides behavior in maladaptive directions during which severe physical and social consequences engulf and disable the addict.

(White, 2002: 3303)

The last sentence here should be more than enough to indicate why exactly social scientists might be somewhat sceptical of such claims – it is more than a little deterministic. However, if the questions of whether or not such changes do actually ‘engulf’ and/or ‘disable’ an addict can be put aside for just one moment, the concept of neural plasticity itself can be rendered extremely pertinent here.

As an idea plasticity is not new, it actually dates back more than a century (Kauer & Malenka, 2007). However, it is only in recent years that technology has evolved to the point where it can be used to observe the process and establish its parameters. Plasticity basically works in one of two ways, synaptic connections in the hippocampus area of the brain (the mediations between neurological actions and physiological affects) are strengthened or weakened depending upon how often or not they are made. This is called ‘long-term potentiation’ in the case of regular synaptic connections, and ‘long-term depression’ in the case of infrequent connections (Carter et al., 2009: 39). This is the neurological process that underlies the human subject’s ability to physically do the things they think. By way of an example, playing guitar for two hours everyday can result in a seamless rendition of the solo from Stairway to Heaven, but should the guitarist not play for two years, their next attempt will be less pleasing to the ear. The basic premise is as follows: as the human body acts, neurological processes occur (indeed they facilitate the action taking place), however repeated actions become inscribed in the brain which in turn becomes hard-wired to act and react in certain ways.

Yes this is deterministic, but absolutely crucially here, neither totally nor irreversibly. The brain may become wired one way through synaptic plasticity and the effects of this may last for many years – but this certainly does not mean they are forever determined. Plasticity means that synaptic connections in the brain
exist in a state of flux, depending upon how and when they are used. As such, claims have been made around the impact that this has upon personality. The noted neuroscientist Joseph LeDoux has even gone so far as to claim – quite bluntly but convincingly too – “you are your synapses” (2002: ix). He goes on to explain:

My notion of personality is pretty simple: it’s that your ‘self’, the essence of who you are, reflects patterns of interconnectivity between neurons in your brain. Connections between neurons, known as synapses, are the main channels of information flow and storage in the brain. Most of what the brain does is accomplished by synaptic transmission between neurons… Given the importance of synaptic transmission in brain function, it should practically be a truism to say that the self is synaptic.

(LeDoux, 2002: 2)

In the present context then, the contention is this – the use of drugs like heroin alters the ways in which the brain physically exists and operates. As such, the continued use of these drugs actually alters who the user is in a biological – that is, material – sense.

Neurobiological Theories of Addiction: Some Conclusion

It must be noted here in closing that research on neural plasticity is still in its infancy and extremely complex – in the above I have provided only the most basic of outlines. There also exists considerable scepticism, even among neuroscientists, around the viability of some of the discipline’s claims. At present we might be able to see that the brain is reacting in certain ways to certain stimuli that produce certain effects, but concrete links to personality and behavioural choices are yet to be firmly established (see Legrenzi & Umiltà (2011) for a critical overview of what they term ‘neuromania’). Here biology reaches its disciplinary limits; despite the existence of ‘social neuroscientists’ (e.g. Cacioppo & Berntson, 2004) the gauntlet is very much thrown down to sociologists, psychologists and other critical thinkers concerned with why humans do what they do. Through synaptic plasticity neurobiology has provided a conceptual clue as to how and why humans become the type of person they do. As such, the social sciences now have two options: they can seek to incorporate this into their respective canons and move forward in a slightly different direction, rethinking some of their central tenets, or they can dismiss neuroscience as ‘neo-phrenology’ and continue along their respective paths.
as they were. I favour the former route, as it is only through a synthesis of the above social and biological perspectives that a meaningful criminological theory of heroin addiction can be developed.

**The Fragmented Field of Addiction Studies: Some Conclusions**

The integrated criminology of heroin addiction presented in the latter chapters of this thesis is, in essence, accomplished through synthesising the social and biomedical perspectives presented above. Importantly, similar tasks around the nature of human ‘being’ are already underway elsewhere – a number of thinkers (sociologists, psychoanalysts, philosophers and neuroscientists) are currently involved in on going efforts to integrate these two domains, or variants of them (e.g. Žižek, 1989, 2006a, 2012; Damasio, 1999, 2011; Johnston, 2008; Malabou, 2012; Hall, 2012a, 2012b; Johnston & Malabou, 2013; Winlow & Hall, 2013). The central premise of these works is that human action (and by implication here, addiction) should be understood as emanating from a central axis of biological, psychological and sociological variables. Extrapolating their concerns, the task of this work becomes so much bigger than it initially appears; a model of heroin addiction becomes in fact a model of the human subject itself.

Whilst this might appear somewhat ambitious, it is perhaps not too great a leap. After all, the perspectives overviewed above do arrive at very similar places, albeit via very different routes – this being the dependent heroin user having addiction at the very core of their being. For example, are not Weinberg’s (2013) model of addiction as ‘bodily articulation’ and White’s (2002) ‘neuroadaptive user’ two different sides of the same coin? A subject that is, that has become – in an embodied and social sense – a heroin addict at the very core of who they are? What follows below is an attempt to answer this question, to integrate these fields and provide a theoretical account of this type of drug user as a distinctive type of human subject. This is what will be termed below a ‘transcendental materialist theory of heroin addiction’. Before then however, there are matters of drug policy to attend to.
Heroin and Drug Policy: Current Problems and Future Potentials

As indicated in the introduction, one of the key motivations for this research was the belief that the UK’s drug policy could be improved with regards to the problematic use of heroin. It is hoped that this thesis will make a small contribution towards this end, although I recognise the limits that social research such as this frequently has in terms of policy impact and influence (see MacGregor, 2011). Whilst there are some scholars who remain committed to prohibitive drug policy (e.g. Bean, 2010; McKeganey, 2011), they are now something of a minority. The mainstay of academic contributions to this field now hold that drug prohibition is ineffective and costly at best, and harmful and socially corrosive at worst (for a broad overview of such works see MacCoun & Reuter, 2001a; Seddon, 2010; Stevens, 2011; Pryce, 2012). This material is well established, and there is little need to recount it all here. However, in order to demonstrate why the prohibitive regulation of heroin is so problematic – and that the current system could and should be changed – it is important to provide a brief overview of the ways in which this system came into being, the numerous problems it poses, and some possible future solutions to them.

On the Evolution of Drug Policy

As indicated above, drug prohibition is a relatively novel phenomena. In the case of heroin specifically, it is only just over one hundred years old. Control’s historical roots are complicated (see Trocki, 1999; Courtwright, 2001; Seddon, 2010), yet can be traced back to the passing of the Pharmacy Act of 1868 in a domestic context, and the Shanghai Opium Commission of 1909 internationally. This national-international distinction is important – drug control always needs to be understood on both a global and local scale. That is, as both a global ‘ideology’ and a national governmental ‘practice’. Usefully indicative of this is Jones and Newburn’s (2005) investigation of prison privatisation policy in both the U.S. and UK. They contend that penal policy has two core components: ‘processes’, the ideologies that instigate and support a policy; and ‘substance’, the actual practices the policy uses/implements (Jones & Newburn, 2005: 60). In the drug policy context it is helpful to understand the ‘processes’ of prohibition as the international
UN conventions that mandate it, and its ‘substance’ as the national legislation that states employ in their name.

To illustrate this point prohibition’s processes originate in the following UN conventions: The 1961 Single Convention on Narcotic Drugs; The 1972 Convention on Psychotropic Substances; and The 1988 Convention Against the Illicit Traffic in Narcotic Drugs. These international conventions require that signatory states regulate and control the production and trade of certain drugs and precursor chemicals. That is, whilst none of them explicitly state that drug use/possession must be criminalised, they mandate that signatory states must enact control over drug markets (see Stevens, 2011; Bewley-Taylor, 2012). However the actual substance of prohibition – that is, the actual policies implemented in its name – vary greatly from nation to nation. For example, smoking cannabis is an illegal and frequently punished offense in Sweden, yet this drug can be bought and consumed in cafés in parts of the Netherlands. This variation occurs despite the fact that both comply with the international conventions of drug control. To summarise, ideologies of drug control (i.e. policy processes) have their roots in the UN conventions and global politics, however drug control practices (i.e. policy substance) are culturally contingent upon their particular national context. That is, they are ‘culturally embedded’ (Melossi, 2001). In this sense, properly understanding the operation and evolution of national drug policy requires situating it in its appropriate global and local context at the same time; it needs to be recognised as a manifestation of the various ideologies and systems of governance that underpin it.

Seddon (2010) makes a similar point around the evolution of the UK’s drug policy: it is best understood as responsive to the three phases of liberalism identified by both regulatory and governmentality scholars alike (see Braithwaite (2000) and Garland (2001) respectively). He recounts three drug policy developments that have coincided closely with the three evolutions of liberal capitalism: from classical liberalism, to welfare-based, and then most recently, neo-. For example, the Pharmacy Act 1868 accords strongly with classical liberal thought. Drug control in the UK at this time was characterised by the liberal mantra of ‘free trade’, and notions of rationality and free will were dominant regarding consumption. Moving forward however, the Dangerous Drugs Act of 1920 is highly indicative of the shift to a more welfare-based liberal agenda. Here
heroin prescription – by way of the ‘British system’ further discussed below – is an obvious manifestation of the more ‘interventionist’ approach to drug control adopted in the mid-twentieth century UK (as well as the ways in which drug consumption came to be understood primarily as a medical problem in need of ‘treatment’). And then finally, the Drugs Act of 2005 is again emblematic of the larger processes of governance that initiated it. The core components of neoliberal governance are evident here: the individualisation of responsibility; the construction of the ‘problem population’ (the ‘problem drug user); the active management and minimisation of risk; and the ever-encroaching marketisation of service provision. All are indicative of the preventative, risk-based substance of contemporary UK drug policy, as they are the broader neoliberal project.

In summary, what this means is that the UK’s drug policy, like that of other nations globally, is instigated by a commitment to international conventions, but implemented nationally through allegiance to a particular set of politico-economic principles. In a sense then, the UK’s drug policy is effectively reducible to a manifestation of its larger systems of governance and the ideologies that underpin them. The present system of UK drug control is twofold: it involves the enforcement of drug prohibition by the criminal justice system, and the provision of treatment and harm reduction measures by various healthcare agencies. However, there are a number of problems with regulating drugs like heroin in a manner such as this, and these problems have pressing consequences that require some attention here.

Prohibition’s Consequences and the Potential for Change

The reason for highlighting the socio-economically contingent nature of drug policy above was simple – it shows that these policies are in no way fixed and as such, can be changed. Whilst in the UK the government retains a strong emphasis on legally enforced prohibition, there have been a number of pressing calls of late for this to be reconsidered (See Stevens (2011: 131-134) for a comprehensive overview and evaluation of them). Whilst these are now far too many in number and scope to adequately cover here, a core concern running through all of them – from the Police Foundation (2000) who advocate some small amendments to the enforcement of policy, to Transform Drug Policy Foundation (2009) who want to
redesign the entire system – is the belief that the current system could be improved upon. Importantly here however, ideas such as this are no longer primarily associated with radicals; even the former executive director of the United Nations Office on Drugs and Crime (UNODC), Antonio Costa, has noted the fact that international drug control systems are failing in their objectives (Costa, 2008). Costa highlighted what he termed the ‘unintended consequences of prohibition’, following (albeit without explicitly mentioning them) the works of Peter Reuter and colleagues (e.g. Reuter, 2009b; MacCoun & Reuter, 2001a, 2011). It is these ‘unintended consequences’ that form the core of the arguments in favour of rethinking prohibition both locally and globally.

It should be noted that Costa – somewhat unsurprisingly considering his former role – is quick to highlight some of drug control’s ‘successes’. Yet he also identifies its five most destructive negative consequences. First of all, Costa (2008) asserts that it is prohibition that actually creates a black market for drugs. That is, the prohibition of heroin necessitates its supply networks being controlled by criminals. This in turn fosters a marketplace that is characterised by violence, corruption and harm. Then Costa (2008: 10) identifies ‘policy displacement’ as the second unintended consequence of drug control. What he means by this is crime control has come to replace public health as the guiding principle of drug prohibition. Quite simply, the drug ‘problem’ has now become a problem for law enforcement when in fact drug policy could be guided more humanely by health concerns. Thirdly for Costa is the ‘geographical displacement’ of drug production. As an example of this, forced opium eradication programmes in Afghanistan have resulted in the huge upsurge in opium/heroin production in Tajikistan. Paoli et al. (2009: 181) have even gone so far as to term this the ‘rise of a narco-state’. Costa’s fourth unintended consequence is ‘substance displacement’: that is, enacting control over some substances can actually increase the potential harms of others. Indicative of this are the rise of desomorphine (‘krokodil’) in Russia and the Ukraine, and ‘legal highs’ in the UK (see Grund et al., 2013 and Measham et al., 2010 respectively). And finally, Costa presents social exclusion and marginalisation as perhaps the most pressing unintended consequence of drug prohibition. He claims that:
A system appears to have been created in which those who fall into the web of addiction find themselves excluded and marginalized from the social mainstream, tainted with a moral stigma, and often unable to find treatment even when they may be motivated to want it.

(Costa, 2008: 11)

Although the above is perhaps brief, collectively it makes quite a case.

While it is possibly true though that Costa’s account lacks theoretical scrutiny, peer review-based validity, and the intellectual finesse of some of the academic contributions in this field, this is the whole point of using it here. All of the above came from the very individual that used to be in charge of international drug control, rather than some radical intellectual, greedy entrepreneur, or suspiciously-funded think tank. This can perhaps be considered roughly akin to the head of the International Monetary Fund recommending a rethink of free market capitalism. If these issues are being identified at this level, then surely this is suggestive that the time has arrived for them to be taken seriously by all.

The above lines of analysis quickly lead to the conclusion that prohibitive drug control is far from effective, and may actually be causing as many problems as it is preventing. This point is revisited and further substantiated in the articles that follow below, and although still perhaps contestable, is left here at this stage. Importantly now, it must be recognised that there are alternative systems of regulation available, and that these are being used/experimented with in various locations around the world. Two of the most pertinent here are maintenance prescription services (such as heroin assisted treatment), and drug decriminalisation programmes like those employed in Portugal and the Czech Republic (as well as over twenty other nations globally) where the possession of small amounts of controlled drugs ceases to be recognised as a criminal matter. These alternative policy options – heroin assisted treatment and the decriminalisation of possession for personal use – form the topics of articles Three and Four below and as such, require a brief introductory overview here.

**Heroin Assisted Treatment**

As noted above, there are certain ambiguities surrounding the effectiveness of the UK’s current drug policy provisions. These have been recognised across the political spectrum; in fact, in 2012 the Home Affairs Select Committee
recommended that alternatives to the current system be investigated further. One such alternative is the prescription of diamorphine (heroin) to dependent individuals with a view to ending their reliance upon illicitly sourced heroin: Heroin Assisted Treatment (HAT) as it is frequently termed. There have been trials of this treatment technique in a number of European nations (such as Germany and Spain) as well as in Canada, and it is an established component of drug treatment provision in the Netherlands and Switzerland. As a policy option, the model has its roots in the ‘British System’ of prescription to treat addictions born in the 1920s (see Berridge, 1999; Strang and Gossop 2005a, 2005b). It is used in the UK today, but only in England, and only minimally at that. The current position is that HAT is an effective ‘second line’ treatment for users who have failed to respond to other methods. However, following the positive results observed in the UK-based Randomised Injectable Opiate Treatment Trial (RIOTT) (see Strang et al., 2010), the Home Office issued invitations to tender for three more injectable opiate treatment clinics early in 2012. It would seem that unusually in the drug policy field, the government is willing to follow the available evidence and pursue further this alternative policy.

At this point it must be noted however that although the UK has had prescription as a key component of its drug policy provisions for almost a century, HAT prescribing is very different to the old ‘British System’ of heroin prescribing. The latter has its roots in 1920s Britain where it became a punishable offence to be in possession of heroin without either a medical licence or a valid prescription for the first time. However as Spear (2005) notes, while the UK’s early drug policy was based in control, it was designed to have as little impact as possible on the legitimate use of substances like heroin. The regulatory goal was to control ‘general’ access to drugs only, so as to not restrict the medical practitioner from using them as they saw fit in their day-to-day practice. This was compounded by the report of the Rolleston Committee in 1926 that advocated the prescription of morphine or heroin to addicted individuals as sound medical practice if other treatments had failed, or if it allowed users to live normal ‘useful’ lives – this notion was the basis of the ‘British System’.

At its inception this system had very little else in the way of defining principles, specific practices, or clinical guidelines (Zador, 2005). This was arguably because it did not need them at first; up until the 1960s the problematic use of heroin in the
UK was very rare. In fact, David Downes once wrote that the pre-1960s British System “has now been well and truly exposed as little more than masterly inactivity in the face of what was an almost non-existent addiction problem” (1977: 89). However by the late 1950s this was changing as heroin-using populations were becoming bigger, younger, and more associated with the hedonistic culture that would develop across the 1960s. Prescription became cause for concern as heroin filtered out into the black market; the number of new users known to the Home Office increased dramatically from ninety-four in 1960 to 2,240 in 1968 (Seddon, 2007: 64-65). In response to this, tough new measures were introduced in the 1967 Dangerous Drugs Act requiring doctors to gain a licence from the Home Office to prescribe heroin for addiction. Following these restrictions (and then the introduction of the substitute drug methadone in the 1970s), heroin prescription rapidly declined; it has in fact been in free-fall ever since.

In a 2002 survey of doctors’ heroin prescription practices Metrebian et al. found that only seventy of the 272 eligible doctors currently hold a licence to prescribe, and of that number only forty-six actually use it. There were 448 patients prescribed heroin in the UK at this time (Metrebian et al., 2002: 1157). By the end of the 1960s roughly 1000 of the 2240 known users were prescribed heroin (Stimson & Metrebian, 2003: 23), yet of the 260,000-270,000 users known today, only about 450 are prescribed (this is roughly akin to half in the 60s, and less than 0.5% now). Importantly at this point though, it needs to be noted that these ‘long-term’ prescribees exist separately from the RIOTT trial participants. There is a dual incarnation of heroin prescription in the UK at present: there are the old ‘British System’ users with long-term maintenance prescriptions, and the new RIOTT prescribees. Prescription and HAT are not strictly the same thing – British System prescription involved a ‘take home’ dose of the drug, much like a prescription for any other substance does, but HAT involves two, three or four daily visits to a clinic where a single dose is administered there and then under medical supervision. The former are in decline, the latter look set to grow in number.

This is potentially down to the mounting evidence-base for HAT’s effectiveness (Hartnoll et al., 1980; McCusker and Davies, 1996; Perneger et al., 1998; van den Brink et al., 2003; March et al., 2006; Haasen et al., 2007; Oviedo-Joekes et al., 2009; Uchtenhagen, 2009; Strang et al., 2010). Evaluations of HAT programmes
and all clinical trials conducted to date have confirmed its advantageous qualities in reducing illicit heroin use. The conclusions reached through the RIOTT programme were forcefully asserted:

Treatment with supervised injectable heroin leads to significantly lower use of street heroin than does supervised injectable methadone or optimised oral methadone. UK Government proposals should be rolled out to support the positive response that can be achieved with heroin maintenance treatment for previously unresponsive chronic heroin addicts.

(Strang et al., 2010: 1885)

This can be further supported through the Swiss experience (the world’s longest running HAT programme) that has, since 1991, seen the number of deaths from heroin overdose fall by c. 50 per cent; a c. 80 per cent decrease in the number of people starting to use heroin; new HIV infections fall by c. 65 per cent; and a notable reduction in ‘drug-related delinquency’ in Swiss cities (Uchtenhagen, 2009: 35). Importantly, there has also been a trial in Germany that recorded positive results for new and long-term users alike, casting doubt upon the claim that HAT is only effective in treating long-term ‘chronic’ users (see Haasen et al., 2010).

In summary, despite the decline of take home ‘British System’ prescribing throughout the latter parts of the twentieth century, it has now been well established that HAT is the most effective method of reducing harmful ‘street’ heroin use. Furthermore, despite the broader moves towards a more ‘recovery-orientated’ (i.e. abstinence-based) drug policy in the UK (see Watson, 2013; Duke, 2013), the UK government is seemingly willing to follow the available evidence and pursue the use of HAT further. This considered however, there is a considerable dearth of sociological/social-scientific analyses of HAT practices at present, and their potentials and pitfalls (as well as their impacts upon heroin users) remain crucially under-researched sociologically. As such, Article Three takes up HAT’s potentials and limitations as its key problematics below, detailing them with recourse to the lived experiences of the heroin users of austerity Britain.
Drug Decriminalisation Policies

Secondly there is also potential to experiment with drug decriminalisation too. Rosmarin and Eastwood (2013) refer to this as a ‘quiet revolution’ in respect of the fact that more than twenty nations around the world have decriminalised the possession of drugs in recent years. There are many variations in the ways in which such policies work, and these are far too numerous to list here (see Rosmarin & Eastwood, 2013: Ch. 1 for an overview). However, all basically involve the removal of criminal sanctions for the possession of previously mandated amounts of certain drugs. Importantly, such policies can be enacted without breaking international commitments to the UN conventions identified above. Whilst under decriminalisation programmes it is still an offense to possess large amounts of drugs, especially with the intent to supply them to others, crucially the end user can now be treated in a whole array of ways, other than as a criminal. Significantly this also benefits law enforcement too; it means that low-level drug enforcement activities need no longer take up their time.

As Bean (2010) notes, the literature surrounding decriminalisation policies is not as well developed as it is in other areas of the drug policy field. This is because decriminalisation, or depenalisation as it is also known, has looser parameters than other drug policy options such as legalisation. However as noted above, recent years have seen a number of different nations adopting various decriminalisation policies and as such, there is great potential for their systematic analysis. In this respect there is good evidence to suggest that positive effects can be realised through decriminalising drug possession. The Portuguese experience of decriminalisation is a useful case in point. In 2001 the Portuguese government decriminalised the possession of small amounts of all illicit drugs, the results of this policy manoeuvre are certainly interesting here. Hughes and Stevens (2010: 999) recorded a reduced burden on the criminal justice system; an increased treatment uptake; and a reduction in problematic drug use. The last of these is crucial here as it is decriminalisation’s perceived role in facilitating/encouraging more people to use drugs that is all too frequently used as a central argument against similar policy reforms (à la Peter Hitchens’ ‘logic’ – people take drugs primarily because they are selfish and do not get punished for it, less punishment would obviously mean even more drug taking).
However whilst the Portuguese experience appears to be intuitively appealing to drug policy reformers, Hughes and Stevens (2010) are careful not to be too cavalier with their claims; all of the above came in tandem with an overall increase in levels of reported drug use in Portugal. However, and crucially here again, they go on to note that this could quite realistically have occurred independently of the policy shift. That is, it is not possible to firmly establish that this increase was down to drug decriminalisation. Importantly, Hughes and Stevens (2010) compare the Portuguese data with that available from Spain and Italy who – despite employing some levels of decriminalisation in recent years – did not undergo any policy changes during their study period and vitally, also experienced similar increases in levels of recorded drug use to Portugal. They conclude:

The similarity in general population and youth trends in Portugal, Italy and Spain adds support for the argument that reported increases in general population use in Portugal reflect regional trends and thus are not solely attributable to the decriminalization. Moreover, the fact that Portugal is the only one of these nations to have exhibited declines in [problem drug use] provides strong evidence that the Portuguese decriminalization has not increased the most harmful forms of drug use.

(Hughes & Stevens, 2010: 1008 original emphasis)

Thus, it is fair to conclude that whilst decriminalisation in Portugal was accompanied by an increase in reported levels of drug use, this cannot be solely attributable to the policy change due to its occurrence elsewhere. However, the reduction in problem drug use can be more forcefully asserted to result from the policy shift as it did not occur elsewhere.

It is due to the complexities outlined above that Hughes and Stevens’ later work in this area concludes, “the Portuguese reform warrants neither the praise nor the condemnation of being a ‘resounding success’ or a ‘disastrous failure’” (Hughes & Stevens, 2012: 111). As is so common in the sphere of social policy analysis, neat lines of A-to-B causality are just not realistic. However, similar scenarios have been witnessed before, and in some instances convincing explanatory frameworks have been offered too – MacCoun and Reuter’s (2001a) analysis of cannabis decriminalisation in the Netherlands for example (to be found in the text that John Braithwaite (2005: 4) describes as “perhaps the best book ever on drug policy”). Again, the use of this drug did rise after its decriminalisation. In a manner similar
to the above though, MacCoun and Reuter (2001a) argue that this *cannot* be a response to decriminalisation alone as the increase in use did not immediately follow the policy change. Whilst the recorded levels of cannabis use did go up post-decriminalisation, they only did so following cannabis’ commercialisation via the Dutch ‘coffee shop’ model. It was *commercialisation* rather than *decriminalisation* that underpinned the increase in use (see also MacCoun & Reuter, 2001b).

Collectively the above is indicative of the potential to be found in drug decriminalisation policies, but importantly here it is also telling of the complexities of their employment. To be blunt, futurology is an imprecise science at present and there is no way to tell the lasting effects of changes to social policies such as drug policy. This is a point well made by Seddon (2010) when he counsels against ‘big-bang’ policy changes. There is the potential in drug policy revision to do harm as well as good, and it has been argued before that these harms are most likely to fall disproportionately on the already marginalised and disadvantaged (Stevens, 2011). From a public health perspective, any policy that *could* result in an increase in heroin use becomes difficult to defend (Inciardi, 2008). Nevertheless, if potential does exist for positive reform, then it ought to be experimented with. The imposition here is this: the decriminalisation of the possession of small quantities of heroin *could* be a highly beneficial policy manoeuvre, from the perspective of both drug users and law enforcement too. However, it is recognised that there is potential for negative results from such a policy shift, and that these will impact most on the most marginalised populations. As such, drug decriminalisation policies are investigated below in Article Four with recourse to their potentials and pitfalls for heroin users.

*Heroin and Drug Policy: In summary*

In drawing the above to a close, it is worth recalling Friedrich Nietzsche’s words from his classic text, *The Genealogy of Morals*:

> It is possible to conceive of a society blessed with so great a consciousness of its own power as to indulge in the most aristocratic luxury of letting its wrong-doers go scot-free.

(Nietzsche, 2003 [1887]: 47)
Importantly I am not implying here that drug use is wrong, morally or otherwise, merely that there is a parallel to be drawn between Nietzsche’s vision and the future of UK drug control systems. It is possible to conceive of a world where strong states are able to not only permit drug use, but also facilitate it occurring under a safer set of social conditions than it currently does. Despite neoliberal claims of its ‘hollowing out’, which are in fact something of a myth (Vogel, 1996; Braithwaite, 2008), the modern state is still a force to be reckoned with especially in powerful nations such as the United Kingdom. The late-modern UK is strong enough to metaphorically ‘let its wrong doers go free’; there could be an alternative to enforced prohibition and punishment regarding the ways in which heroin is regulated. And importantly here in closing, society would not collapse because of it.

The evolution of drug control systems over the last century has seen them engender considerable unintended consequences, and these have been recognised across the political spectrum. Yet, there still remains a stubborn refusal on the part of many governments to meaningfully revoke these policies. That said, the tide appears to be turning – recent months have seen the UK government express its willingness to pursue HAT programmes further, and the list of countries experimenting with various forms of decriminalisation grows all the time. However whilst optimism might be justified at present, caution is required too. The questions surrounding how and in what ways to address and alter drug policy are ‘genuinely hard’ (MacCoun & Reuter, 2011); drug control choices are ‘tough choices’ (Seddon et al., 2012). Changes in this field could have severe implications for already marginalised and disadvantaged groups, and as such should be embarked upon with due caution. In this respect, careful incremental experimentation with alternative methods is required to move drug policy forward before any radical revision of international conventions or national legislature. It is to this end that the final two articles are presented in the section that follows this; their goal is to investigate how exactly we might rethink drug policy, and what the possible consequences of this might be for the heroin users of ‘austerity Britain’.
Chapter Two: Some Conclusions

In drawing this chapter to a close, a number of important points require revisiting. Initially it was shown that the concept of addiction is contested via disciplinary focus. The divide between social scientific and biomedical approaches formed the mainstay of the chapter. Crucially here, both these perspectives have relevance to the present project. As such, the possibility of a synthesis was highlighted above; in a very real sense these perspectives both arrive at a similar place – the heroin addict being understood as having their condition rooted to the very core of who they are. A key concern of what follows is substantiating this claim and – via the philosophy of transcendental materialism – providing an integrated criminological theory of heroin addiction with sociological, psychological and neurobiological roots.

Secondly the area of drug policy was delineated. Although the above is an admittedly brief overview, it hints towards the possibility that debates about drug policy are actually reducible to debates about the nature of late-modern governance. If the UK’s current drug policy should be understood as a manifestation of neoliberal governance, then surely questions of drug policy must be redirected towards this very system of governance? This is an important point, and one addressed in depth in what follows below, but also significant in the above was the progressive policy interventions of HAT and drug decriminalisation programmes. Heroin prescription services were briefly shown here to hold real potential in terms of reducing some of the harms associated with heroin use quickly and effectively, as too were systems of decriminalisation. Many problems and unintended consequences of prohibition were also outlined above, and what follows below is crucially concerned with possible solutions to them. A key component of this work involves assessing the degree to which interventions like HAT and decriminalisation could be expected to work in the UK today, and with what consequences for marginalised heroin users.

But finally, the mainstay of what follows below involves integrating these two fields. This is not just a project about understandings of addiction and the futures of drug policy; it is also about how they can be joined up too. Specifically, how the former can aid the latter. That is, and necessarily summarised, this project can
be encapsulated through the following question: in what ways can an increased understanding of heroin addiction feed into a more effective set of drug policy provisions? The ways in which I attempted to answer this conundrum, and the problems it presented, form the basis of the next chapter.
Chapter Three:  

Methodology

The idea that the telescope shows the world as it really is leads to many difficulties.  

Paul Feyerabend¹

This chapter covers all of the methodological concerns of this research. It outlines the research questions; the methods of data collection used to answer them; the project’s epistemological and ontological underpinnings; the practice of ethnography in the field; the analysis of the data garnered; and finally the ethical issues inherent in all of the above. Importantly, this chapter outlines the specific approach to ethnography utilised in this project – a prolonged period of observation leading into a small selection of ‘follow up’ style interviews. This was an observation-based ethnography, by which I mean an approach that privileges participant observation over interviews as the primary method of data collection.² In short, this was an ethnographic method that prioritised ‘being with’ and ‘being present’ in moments of meaning-making as they happened, over and above one that observed them and then relied upon their joint recollection in the different time and space of the interview.

The chapter is organised as follows: it first presents the research questions in terms of their development and the ways in which they influenced the methods of data collection subsequently employed. Here the emergence of the three focal points of this research is delineated alongside the divergence in the analytical approaches required to address them. This process is properly outlined below, but in short it involved the undertaking of three concomitant investigations: one of the lived experiences of heroin and crack users, another of drug policy, and a third of the links between the former two. Following this the methodological approach

² The distinction between participant and non-participant observation is of paramount importance here; it is properly engaged with below.
adopted in the ethnographic component of this research is mapped out in terms of its ontological and epistemic basis – that is, the theory of being, and the theory of knowledge that underpinned it. Here the philosophy of transcendental materialism alluded to above is recounted in methodological terms; a linear breakdown is presented of how this philosophy is actually best understood as an ‘ontology of the subject’. Importantly here, it is an ontology that led to the adoption of a specific epistemology, which itself then led to the particular methodological approach (and thus, the methods) employed in this research. Next data collection is covered in terms of how a sample population were accessed and what methods of data collection were employed in the field. Following this data analysis is discussed in terms of its mechanical and interpretive processes – that is, what it actually involved in a mechanical sense (i.e. the use of computer software and the coding framework) as well as how data and theory were ‘plugged in’ (Jackson & Mazzei, 2012, 2013) to one another in the interpretation stage.

Finally ethical issues are covered. This research was granted ethical approval by the University of Manchester’s University Research Ethics Committee (UREC) in 2012, but not before considerable obstacles were overcome (mainly involving issues of researcher safety and security whilst in the field). Such concerns and the measures taken to address them are presented below, but also elaborated upon in Article One. As such, the attention paid to ethical concerns in the closing sections of this chapter is somewhat curtailed in order to avoid repetition. To close the chapter, a brief review of its main contentions is presented.

**The Research Questions**

As noted in the introduction, there is something of a dearth of contemporary investigations into the lived experiences of heroin users in the United Kingdom. Despite the large volume of literature concerning drug use and drug addiction, there is still a need for further engagement with this type of drug use in its current socio-economic context, popularly understood as ‘the age of austerity’. In addition to this, there has been a proliferation in recent years of opponents to drug prohibition and numerous alternative policy models have been forwarded, yet they often remain somewhat distanced from the everyday lived-realities of this type of
drug user. In essence, this research can be understood as an effort to rectify these situations by drawing them together; its core aim can be encapsulated through the following question that was developed as a working guide for the project:

What is the nature of heroin use in the UK today, and can a better understanding of it feed into a more effective drug policy?

Thus, the objective was to develop a project with the primary purpose of answering this broad question. That is, a project with three aims at its core: (1) to document and understand the use of heroin in the context of austerity Britain; (2) to search for more effective policy responses to the use and sale of this drug; and (3), to assess the degree to which the former can enhance the latter.

However at this point a divergence in the methodological approach required to address these fields becomes visible. In very broad strokes, a focus upon the lived experiences of drug users required an empirical analysis of them (of users’ behaviours, thoughts, actions, motivations and proclivities – that is, of their subjectivities). Such an undertaking would suffer through the lack of empirical validity that would stem from a purely theoretical engagement with these matters (i.e. not going out and talking to/observing people). Conversely however, an investigation of drug policy (which is essentially a large-scale set of social policies operating at both national and international levels) required rigorous theoretical engagement over and above grounding in the lived experiences of drug users. That is, an analysis of drug policy would be severely hindered through a total reliance upon the experiences of a small sample of drug users.

As such it became necessary to break the original research question down into three separate components:

1) Questions of subjectivity which required investigating heroin users and how they make sense of their drug use.

2) Questions of policy that required investigating the policy provisions that could reduce some of the harms associated with heroin.

3) Questioning the intersections between the former two: that is, assessing the extent to which an increased understanding of the heroin-addicted user could inform future drug policy.
This tripartite formulation proved to be the defining framework of this research and as such, the project proceeded along these lines: (1) conducting a piece of primary empirical fieldwork with a sample of heroin users; (2) surveying drug policy literature in search of potentials to be found in alternative methods and practices; and (3), assessing the links between the results of these two undertakings.

Regarding the actual forms that these respective investigations should take, the first component used ethnography and the second involved analysing various drug policy discourses. Regarding the latter, for the most part these were governmental and/or academic sources surrounding the heroin prescription and decriminalisation literature briefly alluded to above. However no formal search procedure or inclusion/exclusion were used as would be the case in a systematic review; texts were sought here in a much more open-ended fashion. Literature searches were conducted using multiple academic indexing services for the terms ‘Heroin Assisted Treatment’ and ‘Drug Decriminalisation’. The results of these searches were sorted for relevance manually. However, the resulting material was complemented here through the inclusion of cultural texts too.

Recent years have seen a significant growth in recognition of the fact that criminological knowledge can now longer be confined to any one domain: “[g]iven the centrality, the emotiveness and the political salience of crime issues today, academic criminology can no longer aspire to monopolise ‘criminological’ discourse or hope to claim exclusive rights over the representation and disposition of crime” (Garland & Sparks, 2000: 190). The inclusion of cultural texts – artistic, cinematic, televigual, photographic or literary – as heuristic tools of the criminological repertoire is now widely recognised (see Young, 2005, 2010; Rafter, 2006, 2007; Carrabine, 2008, 2012; Ferrell et al., 2008; Ferrell & van de Voorde, 2010; Rafter & Brown, 2011). It was works like these that ultimately inspired Article Four.

In summary, the division of the primary research question into three interlinked fields necessitated the adoption of different investigative approaches. An ethnographic investigation of heroin and crack cocaine use in the UK was undertaken alongside a theoretical analysis of the potentials to be found in alternative drug policy provisions. Following this, the potential links between the two were investigated so as to provide a progressive account of heroin
use/addiction in ‘austerity Britain’, and a set of policy recommendations around what should be done about it. Underpinning all of the above however are some pressing matters of ontology and epistemology.

Epistemology and the ‘Ontology of the Subject’

In order to properly contextualise the methodological approach adopted in the empirical work some discussion of the epistemology, and to a lesser degree the ontology, which underpinned it is required. Epistemology, following Crotty (1998), is understood as the theory of ‘knowledge’ (how, and in what ways human beings ‘know’ things), and ontology is understood as the theory of ‘being’ (the theory of what ‘is’, and the ways in which things exist). Underneath the present research, like any other claim to knowledge, sit assumptions about the nature of the human condition and the possibilities for knowing things that such an existence permits or constrains. These will fundamentally affect decisions about the research process and how it is undertaken (Phillips, 1987; Crotty, 1998; Bryman, 2007). As such, it is necessary to briefly outline the following processes of this research in a linear fashion: (i) its theory of the human subject in the world (its ontological position); (ii) its theory of knowledge and its formation (its epistemological position); and (iii), how these fed into the theory of research practice (its methodological position) which ultimately dictated the methods of data collection used here.

Ontology: Theorising the Subject

The core concern here is the nature of the human being (the ‘subject’) in the world – how does each exist and in what relation to the other? There are of course many different understandings of human existence and for the most part, they hinge upon the relationship between the external world (the material) and the thinking being (the ideal). In his seminal text, Theory of the Subject, the French philosopher Alain Badiou (2009) recounts the five main philosophical understandings of this matrix as: (1) ‘subjective metaphysical idealism’ where everything exists through ideal thought alone; (2) ‘objective metaphysical idealism’ (à la Kant) where the ideal thinking being exists as real, but only in so far as it is different to all other
materially-existing ‘things-in-themselves’ which can only ever be perceived; (3) ‘dialectical idealism’ (à la Hegel) where thinking beings produce their externally existing realities; (4) ‘metaphysical materialism’ which reverses this and posits everything as existing in a purely material sense regardless of any thought or perception; and finally (5), ‘materialist dialectic’ (à la Marx) in which the material world and thought continually interact with each other to (re)produce both (see Badiou, 2009: 117-119). To state the obvious, each has its potentials and pitfalls and the debates surrounding which is ‘right’ seem unlikely to reach closure anytime soon. Such debates are not crucially important in the present context however, and the above is included only in so far as it usefully demonstrates the evolution of the specific ontology of the subject adopted here – that of transcendental materialism.

Transcendental materialism can be understood as a sixth addition to Badiou’s list (Johnston, 2008). The term itself was coined by the American psychoanalyst and philosopher Adrian Johnston, and is predicated on his reading of the philosophy of Slavoj Žižek. It has recently been highlighted as holding great potential in criminology (see Hall, 2012a, 2012b; Winlow & Hall 2013). As a distinctive philosophy it can be usefully understood here as an ‘ontology of the subject’ whereby, “cogito-like subjectivity ontogenetically emerges out of an original corporeal condition as its anterior ground, although, once generated, this sort of subjectivity thereafter remains irreducible to its material sources” (Johnston, 2008: xxiv). That is, this is a model of human being whereby subjectivity (being) arises from its bodily base, yet then needs to be understood as ‘more than’ (transcendental of) this material grounding. In other words, the conditions of human possibility are rooted to the human body as it is out of this material entity that subjectivity (the ideal) arises. Yet, importantly here, once the ideal has arisen it is no longer reducible to its material base as it is now caught up in the external webs of meaning that are culture/society. Here Johnston (2008), Žižek (2006a), and Hall (2012a) all make reference to Lacan’s (2006 [1966]) ‘symbolic order’ (see also, Žižek, 2006b) in their understandings of society. The Lacanian symbolic order is about communication – it is the social realm humans construct and are constrained within. The inference here is as follows: an identifiable human subject arises out of its material basis and then begins to interact with the world it is thrust into, this interaction then causes changes in the material body (through the
processes of neural plasticity overviewed above) leading to new, or evolved, ideal subjects emerging depending on the nature of the material changes.

This is an ontology that is materialist in nature, yet attuned to ideals too. It is an ontology that recognises the existence of a material reality of beings in flesh and blood bodies that are subject to various biological processes (some of which they have no control over), but at the same time one that duly accords a centrality of ideals (and as such, agency) to the human condition. In essence, this is a model of the human subject that is based in its material conditions, but inseparable from its thoughts, actions, and perceptions. Importantly, such an ontology permits and encourages the development of an integrated and progressive theory of heroin addiction. As alluded to in the previous chapter, there is a wealth of exciting scholarship to be drawn upon vis-à-vis drug addiction that spans the social and biomedical sciences. Transcendental materialism centres the human subject as existing at the intersection of these two variables – the biological and sociological. As such, it is the ideal vehicle for incorporating both of these dimensions into a meaningful criminological theory of the addicted subject. It is appreciated here that the above is a somewhat brief recounting of a complex philosophy – as such it is delineated further in the latter sections of this thesis. For now however, adopting such an ontology has some important epistemic implications that require some attention.

**Epistemology: Knowing the Subject**

Transcendental materialism as an ontology of the subject prompts questions around what exactly is to be researched in a project like this. That is, how much of this subject can actually be known to a social researcher? As it is predicated upon the intersection of social and biological forces in the genesis of ‘the human’, such an ontology requires a rather large ‘assumed starting point’ in the present research. This mainly involves the contentions of the neuroscientists outlined in the previous chapter; they are assumed here to be correct. It is held here that the habitual use of drugs like heroin alters the brain’s physiology and the ways in which it functions, and that this in turn will have an effect upon the human subject’s behaviour, thoughts, motivations and proclivities. Whilst it is fully appreciated that this is a contestable supposition, it is also held that when it is presented in its most
rudimentary form as it is above, it should not be too hard to accept.\(^3\) This is important here in an *epistemic* sense; taking the biological realm as an assumed starting point leaves ‘the social’ as the dimension in which knowledge of heroin addiction was sought and found through this research.

As alluded to in the introduction, a realist epistemology is inherent in this research; one that – following the central tenets of transcendental *materialism* – understands people and the world as existing in an objective and (to a degree at least) ‘knowable’ reality. There is a great deal of similarity here with the critical realism of Roy Bhaskar (2008) in that the social world is understood as essentially similar to the natural world except for it having many more degrees of complication. That is, as Bhaskar noted, the social can be studied and known by the social scientist in a similar way to that of the botanist coming to know plants – the key caveat here is that the transformative mechanisms of the social realm are far more complex than the natural and may actually remain out of reach. Such an epistemology does not deny the importance of subjective knowledges and/or the processes of social constructionism, but rather adheres to a conviction that truth and meaning are located in the social world and that, through the right research strategy, they can be uncovered. Winlow and Hall (2013: 19) term their similar position an ‘ultra-realist epistemology’.

Thus, in summary, the epistemology of this research recognises biology as playing a definite role in addictive drug use, but only alongside and in conjunction with numerous other social variables. Whilst the biological processes of heroin use remain somewhat inaccessible to a social researcher, this need not be problematic so long as they are recognised and afforded the importance they deserve as starting points in a social investigation. In this sense then, the epistemology of the present research is at once positivist in that it assumes real, objective knowledge to exist, but at the same time interpretivist in that it understands its location to be the complex, in flux and constructed social realm of human life. Thus, the methodology that flowed from this epistemology was necessarily qualitative and ‘socially sensitive’ in its nature.

\(^3\) Echoing Foucault’s (1972: 125) famous quip to his critics, “if this makes one a positivist, then I am happy to be one”.

Methodology: Researching the Subject

As the above has rendered clear, the research question and the researcher’s pre-existing ontological persuasions (as well as the epistemic position that flowed from them) made a qualitative methodology the most fitting option for this research. Specifically, a methodology that is interpretivist yet retains some unashamedly positivist qualities too. In this sense, ethnography emerged as the obvious candidate with its roots in classical anthropology (initially a staunchly positivist endeavour) and current trajectories at the forefront of the somewhat ambiguously termed ‘cultural (i.e. interpretivist) turn’. The research question required that the social lives of heroin users be investigated closely in terms of their everyday occurrences and practices, set in the context of the biological contentions previously outlined. The selection of this methodology then was ‘evolutionary’ – it naturally developed out of the ontological/epistemological positions outlined above and the development of the research questions (Bryman, 2007).

Defining ethnography is problematic however; it is likely that no definition exists in a totally authoritative manner. It is understood here as an approach to social research that prioritises ‘being with’ and ‘being present’ in the lived realities of people as they actually unfold. This research demonstrated significant congruence with Hammersley and Atkinson’s (2007: 3) broad account of what ethnographers actually do. They claim ethnography to have five basic features (although these are in no way fixed or mandatory):

1) People are studied in their everyday contexts – that is, research is undertaken in the participant’s natural environments, rather than in one set up by the researcher.

2) Data are gathered from a range of sources, but the most frequent methods are participant observation and/or informal conversation.

3) Data collection is relatively unstructured – that is, the methods and practices of ethnography evolve as the project does. While the project may have a core central concern or research question, the techniques used to address it are far from fixed and should be responsive to the everyday contours of the field.

4) The focus is small – the sample population is usually just a few individuals or a small social group.
5) Data analysis is limited in scale – ethnography produces descriptions, explanations and theories of spatially, temporally and culturally specific phenomena; generalisability and representativeness are not pressing concerns.

These principles were adhered to throughout this research, resulting in a fluid practice of ethnography which produced a large volume of rich descriptive data for analysis. In essence, the research followed Geertz’s (1973) seminal call for ‘thick descriptions’ of research problematics that were observed first-hand.

In summary of the previous three subsections then, this research adopted the Žižekian ontology of transcendent materialism as a means of straddling the two main facets of contemporary addiction theory – the biomedical and social scientific perspectives. This ontology holds that human beings have biological roots out of which flow socially-mediated subjectivities, action and interaction in the social sphere then causes the human being to undergo material changes (as in synaptic plasticity) which in turn allows the process to start over as new subjectivities emerge. In this sense it engendered an epistemology that is at once positivist and interpretivist – that is, an epistemology that has assumed starting points surrounding the human’s material basis, but at the same time is attuned to its interpretive (idealistic) potentials and capabilities. This epistemology then in turn naturally lent itself to ethnographic enquiry due to the social realm being more accessible than the biomedical to this researcher. Thus, a project ensued whereby the lived realities of this type of drug use would be observed and recorded as, where, and when they happened. It is to the precise details of such a project – to what I did, to what ends, and with what effect – that this chapter now turns.

Practicing Ethnography: Mapping Out the Field

Criminology has a rich history of ethnographic enquiry. It runs from the early pioneering works of the Chicago School (Anderson (1923), Shaw (1930), and Cressey (1932)), through William Foote Whyte’s (1943) classic Street Corner Society, into the seminal studies of the Birmingham School scholars of the latter parts of the twentieth century (e.g. Hall & Jefferson 2006 [1975]; Willis, 1977),
right up to the cultural and critical works of some of the discipline’s most prominent and influential current thinkers (e.g. Ferrell, 2001, 2006; Hobbs et al., 2003; Hall et al., 2008; Wacquant, 2008; Fassin, 2013). The importance of the search for meaning-making as, where, and when it happens is certainly well established. Moreover, of all the discipline’s foci of analysis, the use of illicit drugs is certainly one of the most conducive to ethnographic exploration (see for example, Becker, 1963; Pearson, 1987a; Parker et al., 1988; Bourgois, 2003; Lalander, 2003; Bourgois & Schonberg, 2009; Briggs, 2012; Sandberg, 2012). It was in the spirit of such works that the present research was conducted.

Identifying and Accessing a Sample

As O’Reilly (2012) notes, the very concept of ‘sampling’ is perhaps alien to ethnography, being appropriated from the language of quantitative statistical analysis as it is. She carefully argues that the qualities traditionally associated with sampling (such as generalisability and representativeness) are something that should not be of great concern to the ethnographer, but that this is in no way an excuse to not think critically and reflexively about whom to research and why. O’Reilly (2012: 44) offers four sampling strategies common to ethnographic research: purposive, theoretical, snowballing and convenience. Sampling in this research essentially utilised aspects of all four. Users of heroin were purposively targeted with the only qualifying condition being that they were regular and current users of this drug, living in a social setting likely to be affected by austerity measures. The emphasis on ‘regular and current’ was theoretically mandated, it was so the developing theory would convey a sense of what this drug use was like now from the perspective of people currently engaged with it, rather than what it was like for those that used to be. The ‘social setting’ element was similar, it was important in that a multi-millionaire heroin user is unlikely to be impacted upon much by the changing contours of austerity Britain. It terms of the actual sampling technique used, a snowballing/convenience hybrid was employed in that initial contact was made with one user who subsequently provided introductions to others.

However this process was not quite so linear as it might appear above. Once the target population’s parameters had been established, efforts were made to contact them. These had less than satisfactory outcomes at first. This is a population
engaged in illicit drug use and strongly associated with various forms of criminality – both of these are, by their very nature, activities best kept hidden. As such members of this group have little if anything to gain through participation in a project such as this, but potentially a lot to lose (Hobbs, 1995; McGuire, 2000; Winlow et al., 2001). Because of this it was initially decided that institutional access would be the most viable option as this way introductions could come through trusted intermediaries, key workers in treatment centres for example. Searches revealed a number of fitting institutions in my immediate locale: these included two treatment providers, a community-based drug service, and several homeless shelters. Phone contact was made with all of them and a number of meetings ensued. All proved to be unsuccessful bar one, the community drug team. However, this eventually proved to be ineffective after the relationship between myself and this agency broke down through what can best be described as an issue of ‘role conflict’.

Fortunately however, following these disappointments a student of mine made it known to me that her brother was a long-term heroin user, and that he would potentially participate if she provided the introduction. This particular individual, ‘Ryan’ as I have called him below, became the key participant in this research inviting me into his world and introducing me to many of his friends and acquaintances. In total, seventeen people came to be ‘named’ as participants in the research (i.e. I spent time with them/collected data from them and assigned them a pseudonym in my notes), but I came into contact with many more people than this during my time in the field. All but two of these fitted the ‘regular and current’ users of heroin inclusion criteria, however the two that did not proved to be far too important to discount (for reasons that will become clear below). Six of them were female, and eleven were male: the youngest was twenty-three, the eldest was in her early seventies. All were white and British-born, and none were employed at present. All of those who used heroin had done so for multiple years (the shortest being ‘James’ at twenty-three who had used for nearly four years, the longest being ‘Helen’ who at forty-eight claimed to have been using heroin for over twenty years). All except one (an elderly woman in her seventies who did not take drugs)

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4 This is properly investigated in Article One below, but basically involves the agency stopping taking my phone calls after discovering I was an ex addict, but unwilling to act as a ‘recovery champion’.
were criminally active and all except this woman had spent time in prison (see Appendix i for a list of participant profiles).

All of these people lived in close proximity to each other on a housing estate in the North-West of England that I call ‘the Range’. This site was primarily mandated for me due to the fact that Ryan lived there, but it certainly fitted my requirements regarding social deprivation and disadvantage. This estate sits on the outskirts of a small town which itself sits on the peripheral edges of two cities that used to be proud parts of the industrial heartland of Great Britain. Like many of the estates in these satellite towns however, deindustrialisation and the outsourcing of labour have impacted upon the Range significantly. Whilst for obvious reasons there are limits to the amount of data (and sources!) that can be included here without impacting upon the participant’s anonymity, I can reveal that the town itself has a population of just over 30,000, and moreover, that the local county council identify the Range as one of the two sub-wards of this town that are in the 10% most deprived areas of England. The sub-ward the Range is located in (or to be more precise, that the Range composes) ranks inside the 10% most deprived in England by four measures of deprivation: ‘educations, skills and training’; ‘employment deprivation’; ‘income deprivation’; and ‘crime deprivation’. For two of these it ranks inside the top two per cent. Against national averages, recorded crime in this area rose last year according to the local police force. In short, this is an area that has above average levels of many measures of social exclusion. Importantly here however, whilst no formal claim of representativeness can be made based on this small sample from such a specific location, it is perhaps hard to imagine that there are not similar groups to be found on the multitude of similar council estates that sit around the many towns and cities of the contemporary United Kingdom.

Methods of Data Collection

In terms of how ethnography was practiced here, the research employed two main methods of data collection: participant observation and semi-structured interviews. These were used as part of a two-stage approach; firstly a sustained period of participant observation was undertaken and then secondly a select number of the observation sample were invited to take part in interviews with a view to
supplementing and substantiating the findings of the previous observatory work. This too however was not a straightforward process. Initially it was decided that the research would use interviews as its primary method, and supplement them through observation, however this plan was quickly abandoned due to the research population’s hostility towards being recorded. As such, the process was reversed and participant observation was employed as the main method of data collection, supplemented with some ‘follow up’ style interviews with key participants after the observation was complete and their trust gained to a level whereby they would allow me to record them. A total of five participants were invited to take part in these interviews – selected because I had spent the most time with them and levels of trust had developed sufficiently – however only three accepted. The remaining two could not due to sudden departures from the estate; one literally overnight as an opportunity arose to sell heroin with an old partner in another town, the other ‘at Her Majesty’s pleasure’ following his arrest for a violent (and armed!) street robbery. Whilst the use of participant observation was initially mandated by the contours of the field, it soon came to be understood as a particular strength of this research and as such it forms the basis of many of the contentions made below in Article One.

Importantly here, the term ‘participant observation’ is used over and above non-participant observation. This is because any distinction between participant and non-participant observation in this research would be unsustainable. Bluntly, this project was concerned with the day-to-day life of a group of drug users and in a very real sense, I participated in this day-to-day life whilst in the field. I did not take any drugs (other than copious amounts of nicotine and caffeine), but upon reflection this is not nearly enough to justify calling my time there ‘non-participant’. When plans to make money were hatched I was there, as I was when they were realised (through various means, legal or otherwise). When drugs were purchased, sold, and used I was there. When violence was threatened and users came perilously close to overdose, I was there too. The key point here being that in all of these situations I was active in my participation – I did not merely observe from some obscure, indefinable point of ‘non’-participation.

To contextualise the above, O’Reilly (2012) outlines how understandings of the relationship between participation and observation in ethnographic research have changed in recent years. Whilst they were originally viewed as somewhat
oxymoronic concepts, they are now best understood as *dialectically intertwined*. She implies that the broken down roles of ‘participant’, and ‘observer’ were perhaps too easily rendered mutually exclusive concepts in early works (including her own) which noted the disjuncture between the two – that is, one cannot fully participate if they are observing, and neither can one who is just there to observe properly call themselves a ‘participant’. However, she now implies that such distinctions are perhaps unhelpful as the two are not necessarily exclusive of one another, but rather (in the context of *good* ethnographic practice at least), *mutually constitutive*.

O’Reilly’s understanding of the participant/observer relationship is predicated upon Schuetz’s (1944) classic essay, *The Stranger*. In this text Schuetz delineates what he terms ‘social psychology’ as a methodology of participant observation. He claims the key task of an ‘approaching stranger’ (an ethnographer) is reconciling the strange seeming familiar and the familiar seeming strange (see Maso (2001) for a critical overview of Schuetz’s work). By bringing attention to the tensions between these two, Schuetz claims that the task of the fieldworker is to *participate* to the point where the strange starts to feel familiar, but at the same time as *observing* the familiar with a level of interest one would initially afford the strange. The present research was very much conducted in line with this aim; to participate to the point where I became familiar and attuned with the group and its dynamics, but at the same time as continually casting an observatory eye over as much detail as possible, however trivial or mundane some of it came to appear.

To this end I spent a period of six months conducting fieldwork on the Range. I made a total of twenty official visits and a couple of ‘informal’ trips on the way home from work too. On each occasion I spent somewhere between four and eight hours with the participants, depending on how the day’s events unfolded. I planned to complete a total of 100 hours of observatory work, however the actual figure is closer to 120. Fieldwork started in January 2013 and ended in July 2013. During my time on the Range I visited the participant’s homes and various ‘hang-outs’; I accompanied them on various trips about the town, ‘grafting’ (shoplifting) and ‘scoring’ (buying drugs); and I joined them on some of their more ‘formal’ engagements too (appointments at ‘the social’, the doctors etc.). During these visits I was always open about my reasons for being present, but on occasions only
when asked. I carried a pen and notepad, using them as and when it was appropriate to do so.

Notes were made in the field and upon returning home, a detailed account of the day was written up and then taken with me upon my next visit so participants could check any quotations it contained for validity. However due to the nature of some content, this was not always possible (see below). By the end of the six months I had accumulated just over 60,000 words of field notes. These were continually analysed so as to identify emergent themes, but towards the end of month five a short break was taken from the fieldwork to conduct more systematic and detailed analysis, the processes of which are detailed below. It was from this analysis that the questions for interview were garnered. The interviews were then conducted in the bedroom of one of the participants and transcribed verbatim later on (by the researcher to preserve analytic authenticity through the transcription process (see Tilley, 2003)). The interviews lasted between forty-five minutes in the shortest one, to just over ninety in the longest. The questions were all open-ended requests for clarification on themes to emerge from my observation – how important it was to share heroin for example, or the ability of users to control their heroin use.

In summary, this research practiced ethnography in line with the likes of Winlow et al. (2001), Hall et al. (2008), Wacquant (2008), Treadwell (2012) and Fassin (2013) in that it placed a greater emphasis upon gaining access to appropriate participants and spending time with them than it did on concocting and working to elaborate methodological plans (see also Ancrum, 2013). In essence, the task was simply to ‘be there’ and document what went on in these peoples’ lives: the methods by which I would do this remained contingent upon this particular social setting and the people within it.

In short, I did whatever worked in order to get the data needed to address the research questions. In terms of critically appraising the methods used here, there are of course many problems in the above. For example, the sample was small and accessed mainly through convenience, however this is not uncommon in works such as this and it should not detract too much from the validity of the claims made below. Also I would have liked the opportunity to make recordings of conversations in the field, however this was proven to severely impact upon the participant’s willingness to talk frankly. In fact one participant early on in the fieldwork told me that if I insisted on carrying a recording device with me I might
as well abandon my plans right now. Moreover, he then went on to inform me that should some of the other users find out I carried such a device his assurances of my safety whilst with him would become null and void. Thus the process of scribbling down things as they were said was far from ideal, but it was my only option in the company of this group of people. However I got to be quite good at it (even developing my own form of shorthand) and whilst some quotations necessarily had to be compiled from memory, I was careful to ensure the relevant participant approved of them and I always made amendments where required. Further details surrounding the methods used and their wider criminological significance are presented below in Article One. For now though, the processes of data analysis require some attention.

Data Analysis and Interpretation of Findings

The processes of data analysis employed in this research can be broken down into three distinct stages: (1) preliminary/on-going analysis of field notes; (2) coding and identification of themes; and (3), interpretation. Preliminary, ‘on going’, analysis of the field notes was conducted as they were produced with a view to guiding the project’s evolution. Secondly, a sustained period of inductive analysis of the observatory data was undertaken using computer software to identify its core ‘themes’. These themes were then used as the basis of the interview questions. Once these interviews were conducted, their transcripts were combined with the field notes and the whole data set was re-analysed in the same way. Finally, the themes resulting from this analysis were interpreted with recourse to the deductive ‘plugging in’ process of Jackson and Mazzei (2012, 2013). Essentially this is a technique of qualitative data interpretation that treats data and theory as ‘texts’ to be plugged into one another so as to create new ways of thinking about both. Each stage is detailed separately below.

Stage One: On Going Data Analysis

Analysis of the field notes garnered from the observatory component of this research was an on-going process. Preliminary analysis was used to identify emerging themes and areas of interest that could be pursued as topics of discussion
in subsequent visits to the Range. At the end of each day in the field (and normally into the next day too) I would write up a detailed narrative account of the visit’s events. This would be critically interrogated both as I recorded it and again in the days that followed. The purpose of this was to identify emerging themes and areas of interest where events in the field were articulating with or challenging existing academic theories. At this stage, analysis of data was very much about experimentation with what it might (or might not) imply. Initially, data were treated quite simply as ‘materials to think with’ (Hammersley & Atkinson, 2007).

**Stage Two: Coding and Identification of Themes**

The mainstay of the formal analysis came towards the end of the observation period when a short break was taken from the fieldwork between the observatory and interview components. Originally it was decided that data would be coded by hand so as to maintain an authentic closeness to it, however due to its volume this proved to be unrealistic. As such the decision was made to employ computer software to assist in this task. Whilst there are many programmes available to this end, at present most do not run on Macintosh computers without a level of technical proficiency that exceeds my own. One programme that did work however was the web-based software, Dedoose.\(^5\) This programme has all the features of NVivo and performs all the same functions, however it has the added advantage of cloud-based data storage as standard meaning that the analysis could be undertaken anywhere the researcher had an internet connection, without the need to store sensitive data on a laptop computer.

Data were analysed in Dedoose using its ‘extract’ feature which allows sections of text to be highlighted and identified as ‘extracts’. From here on in codes can be attributed to the extract; they can be linked to other extracts; and/or they can be tied to individual participants. Essentially, the analysis process involved extracting the field notes paragraph-by-paragraph (at times, line-by-line) and applying the appropriate codes. Codes were developed through both a theory- and data-driven approach; they were identified through the features of the data as well as my broader theoretical concerns (see DeCuir-Gunby et al., 2011). For example, a code for ‘moral economics’ was quickly introduced due to a moral economy of heroin

\(^5\) See www.dedoose.com for more on this software and its functions.
being immediately visible in the data: conversely however, a code for ‘subjectivity’ was included from the start due to its importance to the theoretical concerns of the project.

This process developed in a manner similar to the ‘open’ and ‘axial’ coding technique of Corbin and Strauss (2008); the early analysis acted as a form of open coding whereby codes were created during the extracting process, but as the analysis progressed this became more akin to axial coding in that the links between codes started to become visible and as such, they were grouped together using the software’s ‘code tree’ function. Usefully here, this feature allowed for ‘priority’ to be assigned to certain codes. Thus, to give one example, the subjectivity code ended up becoming a ‘high priority’ code as it incorporated aspects of a range of other linked codes (aggressiveness, passivity, active, submissive etc.). This process generated the key themes of the data that formed the basis of the questions put to the participants in the interviews. Once these were completed their transcripts were then combined with the field notes to produce one data set that was then re-analysed in Dedoose. Through this method all data were subject to an advanced analysis, regardless of when they were collected (see Glaser’s (1965) ‘constant comparative technique’). This revealed the key themes of the whole data set that were then interpreted with recourse to relevant theory.

**Stage Three: Interpretation of Data**

The above process revealed a number of key themes that required some form of theoretical interpretation. To this end, the deductive ‘plugging in’ process of Jackson and Mazzei (2012, 2013) was employed. Essentially, their model involves synthesising data, theory, and the reflexive feelings and experiences of researchers in attempts to account for social phenomena. To support their framework they cite Deleuze and Guattari’s (1987: 23) rejection of any “tripartite division between a field of reality (the world) and a field of representation (the book) and a field of subjectivity (the author)”. They hold this as indicative of the possibility of all three being treated as one through plugging each in to the other. For example, in the present context, ‘theory’ (Deleuze and Guattari’s ‘world’) is plugged in to ‘data’ (their ‘book’), which is plugged in to the researcher’s ‘subjective experience’ of the fieldwork (the ‘author’ component). Thus, here, aspects of addiction theory
were synthesised with my observations from the field, as well as my reflexive thoughts and feelings surrounding them, so as to reveal an account of the phenomenon under study.  

Data interpretation in this research involved thinking about my findings in relation to the broader theories of heroin use identified in the previous chapter, as well as my biographically-informed feelings and hunches surrounding what exactly was ‘going on’ in the lives, minds, and worlds of the participants. Data in this project were viewed as fragmented and incomplete, as momentary snapshots of vast and complex social worlds. Whilst data render the social world ‘knowable’, rendering it comprehensible and intelligible requires the input of theory. As such, the task was to take appropriate theory, data and reflexive intuition and use them together as the constitutive components of the arguments that follow in this thesis. Succinctly put, data were analysed through a coding process to manage their bulk and revel themes in an inductive manner, but interpreted through a deductive process whereby their heuristic fit with other strands of social theory, and my reflexive feelings, were pursued with a view to answering the research questions. Before moving on to the results of this process though, a word on ethics is required.

**Ethical Concerns**

Finally, there are pressing and pertinent ethical issues inherent in ethnographic projects such as this one. However as O’Reilly (2012) notes, strict and established ‘codes ethical of practice’ do not really exist in ethnography as they do for some other research methodologies. This is because ethnography is a fluid process – ethical dilemmas will continually present themselves throughout the research and as such, must be continually addressed on a case-by-case basis. This should not mean however that the ethnographer is not prepared for some common issues right from the start. As such the present research was conducted in full compliance with the British Society of Criminology’s ‘Code of Ethics’, and adheres to the stipulations imposed upon it by Manchester’s University Research Ethics Committee (UREC). However this is despite the fact that university ethics

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6 This process is central to the core claims of Article One below, it is covered in much more detail there.
committees are not always the most reliable providers of sound ethical guidance for social scientists (see Hammersley, 2009; Winlow & Hall, 2012). Certainly in this research the viability of some of their recommendations was brought into question by the practicalities of being a researcher in an environment like the Range. Succinctly put, ethnographies of deviant groups often present scenarios that conflict with ethical protocols (see Ferrell & Hamm, 1998; Winlow et al, 2001; Hobbs et al., 2003; Sandberg & Copes, 2012).

Where dilemmas presented themselves in such a way that the ethical guidelines had not prepared me for, they were dealt with through the ‘researcher’s cultural knowledge’ of this group (Winlow et al., 2001). That is, with recourse to my previous life experiences with drug users of this type, living on estates that were very similar to the Range. Such an approach proved effective and safe – my experiences strongly accord with Simon Winlow and colleagues who claim that:

Complying with formal academic ethical codes when we seek to understand the complex interaction of social worlds that do not acknowledge such bourgeois conceits is an unrealistic tactic, in particular for ethnographers. This is not to say that ethnography is inherently unethical, but rather that if the ethnographer can comply with the normative behaviour and moral code of the researched culture, and if these forms of behaviour do not contrast too sharply with one’s own ethical considerations, then so be it.

(Winlow et al., 2001: 547)

The present research was conducted in a manner that UREC deemed ethical, but there were occasions where the validity and relevance of their guidance was questionable. On such occasions (which thankfully numbered quite few), the research progressed by ensuring the normative beliefs and ethical practices of the participants’ social group were not transgressed. This final section provides a brief overview of the most pertinent ethical problems faced in this research as well as the measures put in place to counter them.

Confidentiality and Anonymity

Every effort was made to keep data confidential and protect the anonymity of the research participants. The personal details of anyone involved in this study were never made available to any other person or organisation, nor were they ever stored in any identifiable form – I never asked for, and certainly never wrote down,
people’s full names or addresses. There were no institutional or professional obligations to breach confidentiality pertinent here, however it was recognised that there may be certain scenarios where the researcher may feel ethically bound to do so (upon hearing of the abuse of a child for example). If such an instance arose – and thankfully, one did not – I would have made the decision as to whether or not to inform the relevant authorities only after discussing it with the project’s supervisors and the participant whose confidentiality was to be compromised. This was made clear to all participants as part of the informed consent process (see below).

Regarding anonymity, every effort was made to break the links between stored data and any individuals. All participants had their names changed along with any other information that could identify them individually or as a group (despite the fact that one of them continually pestered me to use his real name; he was very keen to be the ‘star’ of a book). The names of locations were also changed, along with the names of third parties used by participants during the course of the fieldwork. In such incidences, any third parties talked about were assigned a name by the researcher to be used in any written material. If this third party was another research participant, it was at my discretion as to whether or not this participant’s research pseudonym was recorded in such a way that would be knowable to them. For example, if participant A and B were observed conversing about participant C, C’s research pseudonym was only used in the write-up if the nature of A and B’s conversation was deemed to be ethical (i.e. they were not implicating C in anything he or she would not freely talk about themselves, or talking disrespectfully and/or confrontationally about her or him).

Informed Consent and Disclosure

In ethnographic research, gaining the informed consent of everyone involved at all times becomes problematic due to the fact that the research setting (and thus the people present in it) changes frequently and quickly. This was especially true in the setting of the current research – rarely was I in one place with one group of people for very long. Furthermore, obtaining written consent from everyone present is less than practical, if not impossible (Winlow et al., 2001; Hobbs et al., 2003). As such, in this research oral consent was sought in the early stages of the
observatory sessions and reconfirmed regularly. In the interviews informed oral consent was confirmed again and recorded at the start of the session. The ways in which consent was sought (and why) were made clear to participants through the ‘Information for Prospective Participants’ sheet (see Appendix ii) which also specified the exact nature and limits of the confidentiality available (not that any of them ever demonstrated anything other than a passing interest in this document, despite the hours I spent drafting it).

Regarding disclosure, the research was conducted in an overt manner; on one occasion only was I deliberately disingenuous about my motives for being present in the field.\footnote{On this particular occasion I was part of a group of people being questioned by the police about what we were doing and why. I elected to remain silent, speaking only to give my name.} The research was always conducted openly and I made every effort to make all parties aware of my motives and activities at all times. While I was not always able to make it explicit to everyone present in every situation, I never hid it from drug users or dealers if questioned. In events such as these (which occurred frequently upon meeting new people), I explained to them that I was doing research on heroin as the basis of a book I was writing about this drug use from the users’ perspectives. I also made it clear at all times that if I was not welcome, or if my presence upset anyone, I would leave right away.

**Participant and Researcher Safety and Wellbeing**

This is a population engaged in risky behaviour through their drug use and associated criminal activity. These risks cause certain dangers to the participants, but also to the researcher; care of the self and others was of paramount importance to me. Basic safety precautions were taken as stipulated by UREC, such as employing a ‘buddy system’ whereby someone was always notified when I entered the field, and again once I had exited safely. The buddy would make efforts to contact me if I did not check back in by the agreed time. At all times at least one person knew roughly where I was and what time I expected to be home. In addition to this, I did not carry any valuable items with me or draw undue attention to myself whilst in the field. The risk of victimisation on the Range was relatively small, but also very real. ‘Common sense’ measures were applied to further reduce the potential for harm and my prior experience of drug addicts and housing estates such as this placed me in a good position to anticipate risky situations. In fact,
these prior experiences proved to be a crucially important factor in keeping myself safe from harm (see Article One below).

In terms of care for the participants (following a UREC stipulation I strongly disagreed with), I made it known to them that I could pass on the contact details of agencies that can help people with drug problems if they wished. However, prior experience has taught me that the quickest way to agitate and anger a drug addict is to imply that she or he should stop taking drugs. As such, I only ever raised this issue with each participant once, and also with great caution. I was, and still am, strongly of the belief that I have no right to recommend that anyone stop taking drugs. Thus I made it clear to the participants that I had been directed to provide such signposts to them, and that I would only ever mention this sort of thing again if they were to specifically ask me about it. None ever did.

Data Storage
Following Aldridge et al. (2009) a full procedure for the treatment and security of data was developed for use in this project. Firstly, after their collection, all ‘raw data’ (field notes and audio recordings) were processed (i.e. typed up and/or transcribed) so as to convert them to a digital format as quickly as possible. Through this process they were anonymised and identifying links broken. The resulting files were then securely encrypted on my home computer. One copy of each file was kept on the computer for the purposes of analysis, with a memory stick back-up copy kept in a locked cupboard at my house. All paper documents (i.e. the notes taken in the field) were securely destroyed using a paper shredder as soon as they were typed up. Interview audio recordings were quickly removed from the recording device and then stored as evidence of consent (through the above encryption technique, however only the memory stick backup copy remains as I now had the interview transcripts for use in the analysis). This resulted in two digital copies of the field notes and interview transcripts, and one of the audio recordings from interviews. These data were never reproduced or shared, other than some excerpts from the field notes being passed to the project’s supervisory team for the purposes of collaborative work involving this research. All data will be stored under the above conditions for a period of five years in compliance with the Data Protection Act 1998. Thereafter, should they no longer be needed, they
will be securely destroyed. All of this was made clear to participants through the information sheet.

To summarise the above, this research engendered a small but pressing number of ethical concerns. For the most part, these were pre-empted by careful consideration of likely issues and working to a plan developed through the process of gaining ethical approval. However there were certain situations that arose where prior planning would have been unrealistic. In such incidences (some of which are outlined in Article One below), my previous experiences of how, and to what ends, one should act on estates like the Range were employed. This proved to be a sound strategy and over the course of the fieldwork, no real harm came to either the participants or myself as a result of this research. Finally, my parting visit to the Range ended with lots of hugs and exchanges of phone numbers alongside multiple promises that I would be welcome back in to people’s homes and lives anytime that I wished – I cannot think of a more valid measure of sound ethical research practice than this.

Chapter Three: Some Conclusions

In drawing this chapter to a close it is necessary to recount its most important points. Initially three interlinked but discrete fields of enquiry split the project, the nature of heroin use in austerity Britain, the search for more effective drug policy responses, and the links between the two. This meant that theoretical and empirical investigations would be undertaken concomitantly, the former involved surveying drug policy ‘texts’ (both academic and cultural) and the latter an ethnographic study of a small group of heroin users. Methodologically, the theoretical work was relatively straightforward, yet the empirical component required sustained attention in terms of the researcher’s pre-existing notions of human ‘being’, epistemology, and the ways in which the transcendental materialist subject can be researched. Such concerns fed into the adoption of a socially sensitive ethnographic approach to data collection, predicated on the assumption that habitual drug use has neurobiological features that exist outside the epistemic reach of the present project. As such, the biological realm was taken as an ‘assumed starting point’ in an analysis of the social systems of heroin use. The project utilised participant
observation and informal semi-structured interviews as methods of data collection, and the results of this were then analysed through a dual process of inductive coding and deductive ‘plugging in’. In terms of ethics, the incongruence between formal ethical codes and the practicalities of conducting ethnography with deviant groups were noted as being solved by the researcher’s ‘prior cultural knowledge’ of populations and locations very similar to the ones that feature in this project. Through this, and despite one or two little situations of discomfort, the research was undertaken without significant incident. Crucially, it was undertaken safely and engendered a large volume of high-quality qualitative data that was more than up to the task of answering the research questions. It is to these ‘answers’ that this work now turns.
Part Two

Articles One to Four
Article One:
Fieldwork, Biography and Emotion: Doing Criminological Autoethnography

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Fieldwork, Biography and Emotion: Doing Criminological Autoethnography

Abstract
This article presents an introductory yet critical overview of autoethnographic research in criminological contexts. Drawing on experiences of participant observation with heroin and crack cocaine users and dealers, as a former user and dealer of these drugs myself, the article demonstrates how the domains of fieldwork, biography and the emotions intersect to render clear a progressive account of heroin addiction. However, this is offset against some negative occurrences directly reducible to doing ethnography where biographical congruence exists between the researcher and the researched. Ultimately it is argued here that an increased consideration of the self – biographically and emotionally – both permits and facilitates the presentation of analytic yet stylised data in the form of what is termed below, ‘lyrical criminology’.

Key Words
Research Methods, Heroin, Addiction, Ethnography, Lyrical Sociology
Introduction

For some time now criminologists have been calling for a ‘reversal of the ethnographic gaze’ (e.g. Ferrell and Hamm, 1998; Kane, 1998) and recent years have seen many compelling accounts of ‘the self’ in criminological research (e.g. Liebling, 1999; Ferrell, 2006; Phillips and Earle, 2010). Despite this however, it would still be fair to say that most criminologists do not like to talk about themselves and their feelings very much. This has often been attributed to the ways in which the discipline is structured as a social science – criminology’s fixation with ‘methodology’, ‘objectivity’ and ‘restrained language’ effectively ‘discourage any form of biographical or emotional intrusion by the researcher’ (Jewkes, 2011: 65). The present article seeks to problematise and challenge this state of affairs by demonstrating how a greater consideration of the emotive self, both past and present, has much to offer the criminological researcher.

In essence, this article contends that autoethnography – understood as a form of ethnographic enquiry that maintains a strong focus upon the researcher’s biographic and emotive self – has the potential to significantly enhance criminology’s methodological repertoire. To exemplify this I draw upon my experience of conducting ethnographic fieldwork with a group of heroin and crack cocaine users and dealers, as a former user and dealer of these drugs myself.\(^1\) Below I investigate the many ways in which the biographical congruence between my research participants and myself impacted upon the practice of ethnography in the field, the data it engendered, and then how in turn it was presented. These remain under-theorised fields in criminology, yet I am by no means the first to traverse them (see Hobbs, 1988, 1995; Ross and Richards, 2003; Williams and Treadwell, 2008). Broadly, the core claim of such works is that prior involvement with criminality, criminal/deviant cultures, and/or the various processes of criminal justice can provide an enhanced heuristic perspective on such phenomena that criminologists should take heed of.

Here I critically evaluate and extend such arguments. Whilst it may appear that this focus will restrict the applicability of this essay to a small section of the criminological community, this is certainly not the case. For reasons mapped out below the claims and contentions that follow should be of methodological

\(^1\) Early findings from this research are available in Wakeman and Seddon (2013), more substantive accounts are currently in preparation.
significance to all criminological researchers, regardless of their biography. Drawing inspiration from standpoint feminism (see Smith, 1974; Haraway, 1991; Harding, 2004), the goal of the present article is to foster an intellectual environment that welcomes – indeed, demands – further problematising of the self as a means of progressing towards more comprehensive accounts of research subjects. The greatest achievement of standpoint epistemologies is not, paradoxically, rendering clear the increased heuristic potential to be found in analysis of situated identities, but rather in challenging the normative structure of systems of knowledge. That is, the ways of doing and telling about research that characterise academic fields like criminology.

The article is organised thematically into three sections. The first provides a brief introductory overview of the relationship between criminology and ‘the self’. Here, as a precursor to what follows, an important distinction is made between emotive and analytic autoethnography in that whilst the former is primarily concerned with a researcher’s subjective life experiences, the latter directs its attention more towards the wider social context in which they are set (Anderson, 2006). Secondly I refer to my fieldwork and the ways in which it was both helped and hindered by my biography. Whilst ‘prior cultural knowledge’ (Winlow et al., 2001) of heroin-using cultures and practices was highly advantageous in this research, both in terms of conducting it and developing theory through it, it is also shown to have pressing negative consequences too. Importantly here, claims that specific biographies afford a certain amount of privilege in criminological research too frequently fail to recognise the emotional price one pays for it. Again this remains a severely under-theorised field. Finally, following the work of the sociologist Andrew Abbott (2007), autoethnographic data presentation is argued to constitute a form of ‘lyrical criminology’ in that it can go some way towards enhancing the dominant, narrative-based, accounts that currently characterise criminological scholarship. In summary, it is argued here that an increased focus upon the self in criminological research can produce significant advantages in three interlinked fields: the ways in which research is done, the theory that stems from it, and then the ways in which it is presented.
Criminology and the Self: The Case for Autoethnography

There have always been trace elements of the self in criminological texts. A review of either William Foote Whyte’s (1943) Street Corner Society, or Clifford Shaw’s (1930) The Jack-Roller reveals almost as many references to the authors of these classic works as it does their respective participants, although some of these may not be immediately obvious (see Gelsthorpe, 2007). However they are to physical rather than emotional selves; to instrumental researchers seeing and recording things rather than emotive beings feeling things. There is a fitting parallel to be drawn here between the self in criminology and the body in social theory. As Shilling (1993) observed, this relationship is characteristic of an ‘absent-presence’. That is, like the body in modern social thought, the self is and always has been present in criminological research, but it is infrequently acknowledged and rarely if ever prioritised to the extent that it can be considered virtually absent too. In relation to this Aldridge (1993: 53) details what she terms the ‘textual disembodiment of knowledge’ across the social sciences, inferring that the ‘self’ is all too frequently written out of texts within these field. Nowhere is this truer than contemporary criminology.

Significantly it is not just the emotive researcher who is often lacking in criminological texts; this is frequently the case regarding participants too. Their transcribed words are privileged over and above any descriptive data of their character, setting or emotive processes, and it is not uncommon to see them assigned numbers rather than names in article write-ups. Indeed, some have even gone so far as to claim that most contemporary criminologists present their data in an ‘inhuman’ form (Bosworth et al., 2005: 259). These two points are related, and arguably the absence of the emotive self – both in terms of the researcher and to a lesser degree the researched – stems from either criminology’s well-documented reticence around ‘the individual’ (Maruna and Matravers, 2007), its ‘physics envy’ (Young, 2011), or it is prerequisite of the administrative functioning (and funding!) of large sections of the discipline. The crux of the matter is this: for various reasons, and despite significant advances in recent years, many criminologists remain hesitant to include much detail of themselves, their life histories, and their emotive processes in the presentation of their research findings.
It is held here that biographically-attuned autoethnography is the ideal means by which this situation can be overcome. Autoethnography is:

a research approach that privileges the individual. It is an artistically constructed piece of prose, poetry, music or piece of artwork that attempts to portray an individual experience in a way that evokes the imagination of the reader, viewer or listener.

(Muncey, 2010: 2)

Or, put another way, it is ‘the ethnographic exploration of the self’ (Ferrell, 2012: 218). Importantly, it is fundamentally concerned with the emotive self; with the individual, their subjective experiences, and the actions and reactions they undergo throughout their situated lives (see Reed-Danahay, 1997; Chang, 2008; Muncey, 2010 for useful overviews). Beyond this however the prospect of an authoritative definition is somewhat slim due to the breadth of works that can be considered ‘autoethnographic’ – there is even some debate as to whether or not the depth of this field precludes it being recognisable as a research methodology (Muncey, 2010). To illustrate this point, Denzin’s (2014: vii-viii) introductory overview of autoethnography recounts fifteen distinguishable variants of it in the preface alone. Of crucial importance in the present context however is the distinction between evocative and analytic autoethnography.

Anderson (2006) draws attention to this defining evocative (or emotive) autoethnography as being primarily – but certainly not exclusively – concerned with ‘topics related to emotionally wrenching experiences, such as illness, death, victimization, and divorce’ (Anderson, 2006: 377). By way of an example, Catherine Ellis’ work is cited (1995, 2004): here emotive autoethnography is argued to be more than just research methodology, in fact its integrity is said to be compromised by framing it as simple ‘sociological analyses’. Rather, autoethnography is a space within which the demarcations between the novel and the academic journal can be broken down; its goal is emotional resonance over and above any sort of analytic utility. There is a complete rejection of any pretence towards objectivity and the intention is to create a shared emotional space through autoethnographic stories, poetry, images or prose.

In analytic autoethnography however, the above rejection of objectivity is retained alongside the prioritising of emotional resonance, but there is a greater
commitment to the critical and analytical spirit of realist ethnography. That is, there is an imperative placed upon conducting autoethnography as an analytical strategy. The goal is not just to capture emotional and evocative content, but rather to develop a broad critical analysis of any given social phenomenon through it. In this respect analytic autoethnography – or what I term here ‘biographically-attuned autoethnography’ – is not so much a method of self-investigation, but a technique of social investigation conducted through the self.

Analytic autoethnography avoids overly self-absorbed accounts and instead seeks to establish connections between the researcher, the researched, and the wider structural settings both are situated within. Anderson (2006) details five key principles of analytic autoethnography: (1) ‘complete member researcher’ – the researcher is a complete participatory member of the group studied, now or in the past; (2) ‘analytic reflexivity’ – the researcher must engage in ‘self-conscious introspection guided by a desire to better understand both self and others’ (2006: 382); (3) ‘visibility of researcher in the text’ – simply put, the autoethnographer must be a visible presence in their textual output; (4) ‘dialogue beyond the self’ – autoethnography should involve participants alongside the researcher; and (5), ‘a commitment to an analytical agenda’ – here Anderson is most explicit, the above combine to provide ‘a broad set of data-transcending practices that are directed toward theoretical development, refinement, and extension’ (2006: 387). Analytic autoethnography is not just about biography as a site of analysis, but rather its place and impact in the process of doing fieldwork. Analytical autoethnography is just as much concerned with the ways in which it can aid in the further development of critical social theory as it is with a researcher’s past experiences. Situating biography and emotion in the context of research is crucial; as Ferrell (2012: 219) astutely notes, ‘first an ethnographer, and only then an autoethnographer’.

However at this point some of the complexities and conceptual traps of biographically-attuned autoethnography become visible. For example it is hardly controversial to reject notions of objectivity in qualitative research, and this is especially true in contemporary ethnography whether a biographic link exists or not. Yet, in examples such as this where a biographic link does exist, it is imperative that the limits to its heuristic utility are recognised. There is a real danger that, in subjectively focusing in too much upon one’s self – in terms of history and/or emotive processes – one disconnects themselves from their wider
social setting. That is, a rejection of any pretence towards objectivity and a move towards the subjective must not render the researcher blind to the often very objective and real social suffering that criminological research is frequently concerned with.

In this respect, it must also be noted that despite the advances made in this field in recent years, autoethnography is not straightforward and has attracted stern critical attention from criminologists. Both Sparks (2002) and Jewkes (2011) recount the multiple years that passed between the events their autoethnographies depict and their putting them to paper as indicative of their trepidation to engage in such ‘self-absorption’ (a practice Sparks (2002: 558) insinuates as potentially being ‘ethically dubious and of peripheral relevance’). Moreover, Crewe (2009: 488) details his reluctance to foreground himself in his ethnography, ‘not because my identity was irrelevant to the study, but because my identity was not what the study was about’. Both of these points are resonant for sure, but both can be negated too. Analytic autoethnography is not an exercise in narcissistic self-absorbed reflection. As demonstrated below it is a method by which the further consideration of emotions, biography and their intersections through research can enhance understandings of any given subject. And secondly, Crewe’s (2009) logic certainly holds in his particular case. But not necessarily in others. What if, for example, the researcher is an ex drug user researching drug users? Or a former prisoner doing prison research? Or perhaps a victim of domestic violence doing research with others who have experienced such victimisation, or the perpetrators of this type of violence even? In these examples – and there are countless others too – distinctions between ‘researcher’ and ‘researched’ identities start to seem a little less secure.

Before moving on it is crucial to note one last factor that impedes the further use of autoethnography in criminology – fear. Fear on the part of its actual and/or potential practitioners. The intolerance of intrusions of the self in criminology is not just bound up with its methodological/scientific aspirations, it can be understood critically as indicative of the discipline’s privileging of certain voices. In one of the most exemplary (auto)ethnographies to date, Randol Contreras recalls the reasons why he was initially disinclined to reveal his criminal past to his readers: ‘[m]ost of all, I was afraid of taking on the dominant White-male, scientific voice, which, for me, is neither neutral nor authentic’ (Contreras, 2013:
What he terms ‘standpoint crisis’ is the conflict between a desire to present a solid and rigorous academic contribution, and the need he felt to be honest about the ways in which his biography had influenced both his research and theory, even though his particular biography cast him as something of an ‘outsider’ within his academic discipline. In this sense then, an increased focus upon the self is not just useful in respect of advancing research practices, but also in terms of challenging criminology’s long-established (and potentially counter-productive) hierarchies of knowledge. It is here that the interface with standpoint feminist epistemologies becomes visible – this is not just about rendering clear progressive accounts of criminological subjects, but challenging orthodox criminological research practices too.

In summary, the discipline of criminology is yet to engage properly with the implications of researcher-researched relationships and biographical congruence within them, despite the fact that related issues have surely existed for as long as the discipline itself. However an analytic, biographically-attuned, autoethnography has the capacity to rectify this situation. The autoethnography practiced here is about moments of emotionality and the ways in which they intersect with biography during field research. In terms of how it is actually done, the process involves considering the emotional impacts of fieldwork and biography concomitantly; it requires asking where they intersect and what can be learnt from their matrix? That is, what can the intersections of field experience, biography and emotions reveal about the subject under investigation?

**Autoethnography with Heroin Users**

The autoethnography underpinning the arguments made here was undertaken across 2012/13 as the basis of an investigation into heroin and crack cocaine use in ‘austerity Britain’. It was conducted on a housing estate in North-West England that I call ‘the Range’. A total of seventeen participants came to be named in this project, six of which were female, the rest male. The youngest was twenty-three, the eldest in her early seventies (and not a heroin user I should add!). The main method of data collection used was participant observation and during my time on the Range I visited the participants’ homes and accompanied them on trips around
the town, ‘grafting’ (shoplifting) or ‘scoring’ (buying drugs) typically. I also joined them on some of their more formal engagements too (appointments at ‘the social’, drugs agencies, the doctors etc.). Whilst in the field I was always open about my reasons for being present, but only when asked. I carried a pen and notebook and used them as and when it was appropriate to do so. At the end of each day in the field a detailed set of notes was compiled and shorthand quotations typed up. This was an ethnographic approach that prioritised ‘being with’, and ‘being present’ in moments of meaning-making as they occurred, over and above one that relies on their later recollection in an interview setting. Whilst this was originally mandated by the participants’ wishes not to be recorded, it soon came to be regarded as a key strength of this research (as demonstrated below).

The project was granted ethical approval by my university’s research ethics committee in 2012.

The research was originally motivated by one main area of concern; the need to update and revitalise the classic accounts of heroin use conducted in the UK during the 1980s (e.g. Auld et al., 1986; Pearson, 1987; Parker et al., 1988). The rationale behind this was bound up with the current socio-economic context of ‘austerity Britain’ problematising the strong heroin-social exclusion links rendered clear in these early studies. More precisely, the current decline in recorded levels of heroin use can be understood as calling into question the exact nature of this until now reasonably well-established link. In an era of austerity and triple-dip recessions, we should expect to see heroin use – if it is strongly linked to social exclusion and marginalisation – increase dramatically. However, if the numbers are credible (and this is perhaps a big ‘if’), we have seen the exact opposite occur (see Hay et al., 2014) for current prevalence data, and Wakeman and Seddon (2013) for a pertinent critique). This in of and itself was considered motivation enough to think more critically about heroin’s socio-economic role(s) in the rapidly evolving context of ‘austerity Britain’.

However as is common in ethnographic research such as this, the project’s theoretical concerns soon diversified upon entering the field. The very nature of

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This, I remain convinced, was due to an association between being recorded and being interviewed by the police. Hostility is an entirely appropriate term too – one participant told me early on in the process that if I insisted on carrying a recording device with me I might as well forget about meeting dealers right away. Furthermore, he went on to inform me that should some of the other people on the estate find out I had it, his guarantees of my safety might have to be reconsidered. From here on in I left my voice recorder at home.
addiction to heroin quickly became a central feature of this research, more specifically the nature of the participants’ capacities to enact control over their use of this drug. Whilst heroin’s irregular and controlled use has been recorded (see Warburton et al., 2005) there remain those users who, for reasons that are still very much in contention, seem to lose control over their use of this substance. The nature of this ‘loss of control’ is at the heart of addiction theory, yet remains significantly unaccounted for across the social and natural sciences (Weinberg, 2013). Thus control over heroin use soon became a key analytical interest of this project, with related findings emerging that began to pose questions around whether or not heroin users have been too quickly cast as rational actors with an established ability to enact both choice and control over their consumption of this drug (e.g. Becker & Murphy, 1988). As further demonstrated below, it was in this very domain – the nature of control over heroin use – that the intersections of fieldwork and biography combined to greatest effect in terms of rendering clear a progressive account of this particular phenomenon.

Finally, it is crucial to stress once more before moving on that analytic autoethnography is not just self-absorbed confession. Yet it is crucially important to what follows here that the reader is aware of my biography, specifically the fact that I have a history of heroin and crack cocaine addiction. Further details of my past are not important, what is important is the fact that this biography impacted upon the processes of conducting ethnographic fieldwork with a group of very similar drug users. This was the case in both an instrumental and intellectual sense: that is, how I conducted my research and the intellectual directions in which it unfolded were both impacted upon by the intersections of biography and emotions. Furthermore, these impacts were both positive and negative and as such, are addressed separately here now.

**Biographical Congruence: The Positive**

It is certainly true that the biographical congruence between my participants and myself afforded me something of a privileged position in the field. The participants were unaware of my past and as such, I had ‘insider’ knowledge yet ‘outsider’ status. Admittedly, this is perhaps ethically dubious due to there being some levels of deception involved. However, withholding my past in this manner
was mandated by my earlier experiences of trying to secure access to a study sample. Some of the first impacts of biography arose when my status as an ‘ex’ drug user actually thwarted early attempts towards institutional access; a local drug service I was in contact with stopped taking my calls after discovering my past yet finding me unwilling to act as a sort of ‘recovery champion’ for them. It was this experience that affirmed my decision to keep my past to myself whilst in the field, initially at least. This was not an easy decision to make though. To avoid any accusations of being disingenuous I decided never to hide my past if asked about it, but not to mention it unless I was. Only once was I asked if I had ever taken drugs, to which I responded truthfully that I had when I was younger. Other than this the participants did not quiz me about my biography; they were of the erroneous belief that working at a university would preclude one from engaging in drug use. While there certainly are important ethical questions here, with some feminist scholars positioning self-disclosure as sound and necessary research practice (Oakley, 1981; Reinharz, 1992), the fact remains that in this instance, withholding the extent of my past in this manner was entirely ethically defensible.

Crucially in this respect however, this status was privileged; my cultural knowledge of this field meant that I already understood something of the ways in which it operated, but my ‘outsider naivety’ could at the same time justify continued questions. This ‘dual status’ proved to be most useful on the occasions where I found myself in close proximity to what could have become quite serious violence. This biographically-enhanced field position is similar to that described by Dick Hobbs in his pioneering research of London’s East end (Hobbs, 1988, 1995), as well as later work on nightclub security staff (Hobbs et al., 2003). Here a prior understanding of the conventions, norms and traditions of such populations was beneficial in enabling a progressive understanding of them to be developed, but also because awareness of the circumstances that can lead to their infringement helped manage exposure to the results of said infractions. The fact that I did not witness any serious violence (or fall victim to it!) in the field is only creditable to my ability to foresee and avoid it through being aware of my past experiences and the emotions they generated – that is, through what could be termed biographic-emotive awareness.

By way of an example, early in the fieldwork I headed out with ‘Ryan’ (a long-term heroin and crack user in his early forties) to pick up some syringes from a
needle exchange located behind a high-street chemist. Only one person is allowed in at a time therefore I waited patiently out back in the dark and isolated ‘goods in’ area, neatly away from the paying consumers round the front. At this point I spotted a man approaching me from the side with a swift purpose to his step; it quickly dawned on me that I was standing in what was very probably the spot most conducive to being mugged in the whole of the North-West. He asked if I was next in the queue, to which I responded I was not, but was waiting for someone inside. When I mentioned Ryan’s name he appeared to know who I was, ‘you’re the one writing the book then yeah?’ he asked. Upon hearing that I was his whole demeanour changed; he told me of his long-term involvement with the drug scene, the recent ‘in his arms’ death of his friend through overdose, and he stressed his criminal prowess. He also told me that he had kept a diary for many years and I would be welcome to read it anytime. He gave me his phone number and told me to visit him soon. As he lived at the roughest end of the estate he said he would happily meet me in town to ensure my safety as I walked across. He appeared to be a young ethnographer’s dream – he was exactly the type of participant I was looking for and could not be more willing to help.

However I never called this man; his enthusiasm simply did not feel right. At no point either did he enquire as to what participation might grant him (as every other participant did – in my experience dependent heroin users do very little for free). This proved to be the first example of many instances where my emotive processes resonated with my biography to guide me. I found myself in a situation I had been in before, but as heroin user. This was in the same emotional apprehension and anxiety I had experienced many years ago as a young heroin user promised the ‘best gear in town’ could be purchased on the other side of the estate through ‘this alley’ – upon entering said alleyway I was physically assaulted and relieved of my cash. In subsequent weeks I was warned by another participant to look out for the man I met that day, he was planning to lure me on to the estate to rob me. Had I not been reminded so starkly of my past, had I not felt those feelings of fear before, things might have been different that day. Whilst it is almost certainly true that a ‘seasoned’ ethnographer would have reached this same conclusion, it is equally

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3 I am still undecided as to whether this is best representative of an effort to afford service users a degree of privacy, or another example of the ways in which these drug users are physically as well as ideologically excluded from the social mainstream?
true that trusting the feelings of a biographic-emotive self – rather than relying on the neutral, objective self that the current intellectual structuring of criminology seems to foster – can be more than useful in situations such as this. Importantly here, this is not to say that ethnography where a biographic link between the researcher and the researched exists is in any way superior to ethnography where no such link can be found, but rather to highlight the fact that in the case of the former said link can be beneficial.

This biography-emotion intersection impacted upon the ways in which fieldwork was conducted then; it structured my research in the physical sense of what I did and did not do. However as noted above, analytic autoethnography is primarily about the ways in which consideration of the self can transcend data – the rationale behind this method is the provision of alternative and progressive accounts of the phenomena studied. In this respect emotional-biographic intersections significantly shaped the development of my theoretical understandings as well as the ways in which the research was conducted. This is best exemplified with recourse to some data. The following is an excerpt is from my field notes and details a short conversation I had with ‘Tony’, a 31-year-old man who had recently retired from drug dealing and ceased his heroin use a week prior to this meeting.

As I enter the flat I am keen to know if he’s has stayed clean, I’m still a bit cautious of him, but confident enough to ask him indirectly:

SW: So how’s it going T, you all right? Better now than the other week yeah?

Tony: I’m good, it’s good man, been off it for ages now [pauses]. Well, I did have some the other day though, and yesterday, but it’s all good like, I’m not rattling [withdrawing] now you know Ste?

He’s talking just like Ryan was the other day, he considers himself ‘off’ heroin but he’s still taking it. Regularly too it sounds.

SW: How long can you go for like that then, like before your habit’s back?

Tony: Not long, couple of days at best really then you’re right back where you started y’ know? I’m sound just now though me. Had to be done Ste, waking up rattling and that, fuck that, that’s not for me no more. I’m glad I’m off it now. I’m not having any today y’ know, I’m keeping a lid on it, I can do that y’ know?
Field notes

The core of this brief extract is Tony’s earnest expression of his desire and ability to remain free from heroin dependency, despite the fact he had taken it yesterday and ‘the other day’ (meaning the day before yesterday I was later assured).

Crucially here this extract can be read and interpreted in two very different ways, and the pivotal factor between them is the inclusion of the emotion-biography intersection. For example, from a position of traditional reflexive research practice I know I have a past and I recognise it has the potential to impact upon my reading of situations such as this. Thus I note it, but through the teachings of my discipline I still privilege the data ‘as is’, or as it initially appears. As such, the above excerpt shows Tony making positive life changes, taking steps towards desistance even, and exercising control over heroin use. Thus my research and theory develops along these lines. However from the alternative position of biographically-attuned autoethnography, I embrace my past. I embrace what I feel about this moment based on my prior experience of it, and from this position I understand it quite differently. Tony is not demonstrating control here at all – he is demonstrating a need to convey control that, paradoxically, actually demonstrates its absence. I have strong feelings of scepticism here; I suspect he will use again, and that he will do so very soon. I feel this because I recognise the emotional space he is in right now having experienced it myself many times. It is a strange emotional dissonance that stems from projecting one thing externally, yet feeling another internally. Thus, my theory surrounding this subject develops along these very different lines.

For the record, Tony did use again – about three hours after the above conversation took place. After leaving the flat that day to visit a newly established dealer on the estate, Ryan and I went to get chips for lunch. On the way back we bumped into Tony picking up some heroin from said dealer. When we had spoke that morning there had been a moment of emotional recognition and identification; a painful moment of confusion the likes of which are difficult to explain. Through his voice and my past intersecting I felt the desperate confusion of someone who is genuinely unsure as to whether or not they have the capacity to stop themselves doing something they know is harming them. This moment cannot be quantified,
nor can it be recreated. It cannot be objectively observed, measured or even precisely defined. Yet this does not mean it is not real. It is moments of empathic emotionality such as this that are key to a progressive understanding of habitual heroin use through autoethnography. Here the limitations of the over-rationalised theories of addiction alluded to above become plain to see, but importantly so too do the ways in which the methodological positions advocated here can begin to challenge them.

**Biographical Congruence: The Negative**

The above considered however, it is also the case that biographical congruence can hinder research, potentially even rendering it harmful to both the researcher and their participants. For example, in the case of the researcher it was not long after I started the fieldwork that I found myself desiring drugs again. For the first time in many years I started dreaming about the use of heroin and crack. Moreover, a meeting with an individual in particularly poor health caused an outpouring of emotional difficulties due to the death of a friend of mine through very similar circumstances some time ago. Each visit to the Range reignited painful memories and feelings from my past. Problematically, nowhere in the research methods literature does it detail the true extent to which an ethnographer takes their work home with them. Whilst I was able to physically leave the Range, in an emotive sense it would not leave me. In this respect, deliberately setting out to research fields where biographical congruence exists may not always be an entirely wise choice.

There was a period about halfway through the fieldwork where such difficulties became most pronounced. I became isolated and withdrawn yet still felt a strong need to portray myself as ‘ok’ to colleagues and all others around me. It was powerful and eventually started to damage my emotional stability. Again however I came to recognise this emotive space – to understand it as one I had inhabited before. Towards the end of my heroin use I reached the same point; no longer able to face the constant effort required to maintain an outward appearance of control, of being ‘ok’, no longer able to face the fear that my present circumstances were harming me to the extent they were, I came to accept that there was problem – one that was *in and of my being* – and thus my journey of change began from this point.
There is a fitting parallel to be drawn here with my research process. From the time I sat in a colleague’s office and confessed that I did not know how much longer I could go on like this, that I did not think I could face another day on the Range or one more night being awoken from violent dreams with the taste of crack cocaine in my mouth, things started to change. Here I found accepting who I once was as an integral part of who I now am to be the very means by which I could overcome the difficulties presented by this research. But, paradoxically, this was only possible through dialogue with others. There is the very real potential in projects such as this for an increased focus upon the self to result in an increasingly isolated self. In this respect, the criminological autoethnography I advocate here should never be undertaken alone.

But there is one other significant problem inherent in autoethnography such as this, one that has the potential to harm research participants. There is a risk that this method produces theory that feeds into harmful and misleading discourses surrounding heroin addiction. That is, there is a risk that my personal experience colours my interpretation to the degree that I lose my analytical edge and present a damaging account of my participants. My experiences of heroin, as both a user and researcher, have lead me to be somewhat sceptical of accounts of ‘controlled’ heroin use, as they have of the works of those who deny the existence of ‘addiction’ as anything other than a discursive construct (e.g. Peele et al., 1992; Davies, 1997). However my concerns around challenging such accounts through the above methods surround the ways in which my developing theory has the potential to overly individualise the problems of heroin addiction. To imply that the problem ‘resided in and of my being’ is categorically not to imply that it is an entirely pathological state, even if this is not too far from the ‘truth’ emerging from my autoethnographic process. Herein lies a problem of representation stemming from autoethnography.

This can be understood, following Contreras (2013), as a representational dilemma. That is, biographic inclusion presents a risk of finding one’s self stuck between two poles: in the present context if I discuss to a large extent the ways in which my biography has steered my understandings of dependent heroin use I perhaps risk portraying my sample in an overly-pathological manner, and/or implying that my case is the case through which the correct understanding is to be reached. However if I do not reveal the extent to which the biography-fieldwork
intersection challenges established understandings of this topic I run the risk of failing in my intellectual responsibilities to honestly divulge what I found with integrity and conviction. The solution to this can only be the careful consideration of both biography and fieldwork. Again this is why, as noted above, Ferrell (2012: 219) insisted ‘first an ethnographer, and only then an autoethnographer’. Experience does not directly equal expertise; suffering a heart attack does not make one a cardiologist. Of course either alone can be considered perfectly valid sources of knowledge, but my core claim here is this: autoethnography, when understood as the intersections of research and experience, of fieldwork and biography, can provide a sound epistemic platform upon which meaningful challenges to prevailing theories of criminological subjects can be presented. Thus, it is to such autoethnographic presentation that this essay finally turns.

Presenting Autoethnography: Towards a Lyrical Criminology

Further consideration of the emotive self in criminological research both permits and facilitates the presentation of data in more emotive and stylised ways. As previously mentioned, the participants in this study were initially hostile towards my recording device. This prompted an early revision of my methodological approach in that it called for a switch from interviews to participant observation as the primary technique of data collection. As such, whilst the research presented a space through which the role of the emotive self could be problematised, it also did the same for the ways in which data were presented. A comparative lack of recorded conversations necessitated an increased focus upon descriptive accounts of fieldwork, its settings and the emotive processes they engendered within me. This in itself can be considered something of a challenge to the dominant ways of presenting qualitative data in criminology, where the participants’ transcribed words are currently almost always privileged over and above any other form of observatory and/or descriptive data.

It is arguably the case that the existence of the recording device has dissuaded researchers from engaging in the level of descriptive presentation to be found in seminal ethnographic accounts such as Geertz’s (1973) Notes on a Balinese Cockfight, or Nancy Scheper-Hughes’ (1993) Death Without Weeping. Of course,
there are practical issues to consider here too. It is certainly true the space confines of many journals preclude much in the way of word-heavy descriptive context (as they also do much in the way of biographical intrusion from the author). However it is not the case that the above should be confined to the monograph only; even with a limited word count available there is still ample room to reconsider the ways in which research data is presented. A final core claim here is that descriptive detail, when hinged upon emotive reactions, can be understood as constituting an alternative, *lyrical*, method of ‘telling about’ criminological research.

Such a contention rests on the work of the noted sociologist Andrew Abbott (2007) who coined the term ‘lyrical sociology’. Essentially, lyrical sociology is an alternative to narrative presentation of data; it is a method of telling about research with the goal of enabling readers to *feel* their way to understandings through emotional engagement, rather than being guided to it through linguistic narrative. Whilst it is something of a developing perspective at present, it has been fruitfully employed in an array of different contexts of late – from Penfold-Mounce at al.’s (2011) analysis of the HBO drama series *The Wire*, to Nettleton’s (2013) field analysis of outdoor running.

Abbott’s (2007) subtitle – *A Preface to Lyrical Sociology* – pays homage to the former poet laureate William Wordsworth and gives some indication of his task. The following extract (recounted here verbatim except for Abbott’s exchange of the word ‘poems’ for ‘studies’) is from Wordsworth’s *Preface to the Lyrical Ballads*. It neatly demonstrates the potential of Abbott’s epistemic reliance:

> The principal object, then, proposed in these [studies] was to choose incidents and situations from common life, and to relate or describe them, throughout, as far as was possible, in a selection of language really used by men, and, at the same time, to throw over them a certain coloring of imagination, whereby ordinary things should be presented to the mind in an unusual aspect; and further, and above all, to make these incidents and situations interesting by tracing in them, truly though not ostentatiously, the primary laws of our nature…

(Wordsworth, 1801 cited in Abbott, 2007: 71)

The poet and sociologist share a common motivation; an opposition to narrative when it comes to telling about their subjects. Their goal is to make readers *feel* their understandings through ‘lyric’, rather than be guided to it through ‘narrative’.
To this end, Abbott (2007) sets out his vision for a lyrical sociology under two headings – ‘stance’ and ‘mechanics’ (Abbott, 2007: 73-76). The former has three key components: these are engagement, location and time. A lyrical sociology is engaged rather than distant, and importantly here, engaged at an emotional rather than analytic level; the goal is to recreate a subject’s emotional impact for the reader. In terms of location, Abbott implies that a lyrical sociology needs to be situated both *subjectively* in its authors’ point of reference, yet *objectively* in their respective location in space and time. That is, lyrical sociology should convey its authors’ subjective feelings of their objective social situations. And finally, Abbott stresses that a lyric is momentary; lyrical sociology is focused upon subjects in various states of *becoming*. This is perhaps what most firmly distinguishes it from narrative – lyrical sociology does not tell stories that progress neatly through beginning-, middle- and end-stages: instead it offers snapshots of meaning captured through momentary glimpses of its author’s emotive responses, processes, reactions and conflicts.

The distinction between lyrical and narrative ‘telling’ is further apparent in the divergent mechanics of *doing* lyrical sociology; authorial intent is different in a mechanical sense. While the narrative writer seeks to document ‘happenings’ and in so doing, explain them, the lyrical writer seeks to convey their emotional reaction(s) to such happenings with a view to allowing their readers to experience them too. Essentially, narrative accounts provide sequences of events while lyrical accounts provide ‘congeries of images’ (Abbott, 2007: 76). In summary, Abbott’s is a sociology concerned with emotions and their reactions, a sociology that attempts to engender feelings about the events it depicts to reveal new ways of thinking about them to their viewer/reader/listener. In essence, lyrical sociology – and as such the *lyrical criminology* proposed here – is about conveying to an audience *emotional processes that tell about subjects*. Importantly, this is not simply a matter of decrying narrative as a technique of presenting arguments, but rather it is an attempt to highlight the potential to be found in alternative methods that are yet to be fully explored in a specifically criminological context. Ultimately, it is held here that a biographically-attuned autoethnography constitutes a form of lyrical criminology that can extend the capacity of the discipline to convey its knowledge and understandings of its subjects.

Again, this can be exemplified with recourse to some data:
A dank little kitchen holds the shadow of a man crouched down on its bare black floor. Rays of light pass through holes in a dirty old towel strung up over the window, they ripple over him as his eyes scan his folded forearm with precision, purpose and poise. A syringe nestled behind his ear is plucked from its resting place and as it punctures his skin the noir serenity of the scene ends. Repeatedly the plunger is pulled back and forth; the needle goes in and out many times but all seemingly to no avail. I know what he wants; I know what he needs – yet that tiny inverted mushroom cloud is just not forthcoming. The blood trickling down his arm is sucked off with loud kissing sounds that echo round the whole flat, but he can’t stem its flow for long. It drips from his elbow pooling on the floor. A thick black tar has now replaced the translucent promise the needle held just minutes previously. Everything is silent and everything is still, yet tension fills the air. He has a tough choice now and he knows it – this hit is close to congealing. This could ruin it, and going back out there to earn more money rattling like this, well, that’s just unthinkable right now. How many more attempts does he make at hitting a vein and getting that rush? He could just pop it in a muscle or under his skin, that’d do the job. But it wouldn’t give him what he wants; it won’t give him what he needs. Each insertion and each pull on the plunger now risks the loss of this gear, but they still increase in both frequency and vigour. The needle is now jerked about under his skin with reckless abandon. His face contorts with pain and desperation in equal measure, sweat is dripping from his nose and landing near the blood beneath him. Fear exudes from every fibre of his being as two fluids start to infuse. Hope is fading into anger. He stabs harder, he bleeds some more. I feel sick, but I still don’t avert my eyes.

Amended from field notes

This is not a story, it is an image. Its purpose is not to explain the disturbing consequences of failing to ‘hit’ a vein (a harmful feature of heroin use rarely discussed), but rather to convey the feelings of discomfort I felt whilst watching this scene unfold. The rationale behind this is quite simple – it is these feelings that prompt questions around the strength of prevalent criminological explanations of this occurrence. Every drop of blood that fell from this man’s arm that day carried with it a proportion of my faith in criminology’s ability to account for what I was witnessing. The contention that this ordeal was just some sort of symbolically mediated consumption practice is less than convincing. The emotional response this scene prompted, which I hope to have conveyed here, renders clear a core question: why is it that this individual was willing to subject himself to such harm to get what he wants? That is, this moment of emotionality conveyed through lyrical telling forces the consideration of this individual on a deeper level; it requires that his motivations, beliefs and proclivities – in short, his
subjectivity – be problematised further, rather than the whole scenario being understood merely as a discursive construct or his actions written off as a series of rational choices towards desired ends. Heroin addiction is just not that simple. The raw feelings of angst in my stomach that day, the discomfort the above engendered, prompt a question that is somewhat neglected in contemporary criminology: what really motivates this person to do that?

Through the above combined, an autoethnographic ‘lyrical criminology’, it is not only possible to ask whether or not heroin users have been too quickly cast as ‘rational choosers’ (cf. Becker and Murphy, 1988), but also to problematise further the nature and limits of the choices they make and as such, the control they may or may not have over their addictions. As noted above, the controlled use of this drug has been observed (Warburton et al., 2005) and it is certainly not my intention to deny outright that it is possible to use heroin recreationally without developing dependence. However, the above can bring this into some degree of contention in the case of some users. The individual in the above image demonstrated little if any visible capacity to make the seemingly ‘rational’ choice; he was never going to convert to an intramuscular injection method – I knew this as I watched, he knew it even as the blood ran thick down his arm. The question has to be then, why not exactly? What is it about this particular individual that compels him to continue on with this course of action despite its obvious harm and quickly diminishing potential reward? Thus, in this particular instance, the above can be seen to precipitate new thinking in criminology – it prompts a return to questions of subjectivity and motivation to do harm, to one’s self or others, in undertakings to get what one wants. The above renders clear a need for a more progressive criminology of drug addiction, one that is centred on the absence of control, on the irrationality of choice. This is where this model’s true strength lies: autoethnographic lyrical criminology is not just an emotive-descriptive technique, but a means by which we can start to rethink some of the discipline’s most pressing concerns.
Conclusions

Before drawing any firm conclusions from the above I must stress again that I do not see autoethnography as any sort of magic formula whereby the criminological truth can be revealed. The potentials highlighted here remain just that, potentials. There is no claim that the above is necessarily superior to any other methods of doing or telling about research – rather, it has been presented here simply as a promising alternative. Importantly, it must also be noted in closing that the words I have devoted in my work towards reflecting upon my past would have been used by another researcher to talk about something else related to their research, and in most instances this ‘something else’ would be very interesting. Crucially I am not implying here that the lack of a biographical link devalues any ethnographic research, merely that in instances where one does exist its analysis can be most fruitful and should not be ignored or downplayed. For too long now the relationship between the researcher and the researched has been of only marginal interest to criminologists, despite the fact that it has been shown here to be of significant potential regarding the ways in which we come to know our subjects. It is a frequently observed truism that research does not happen in a vacuum. Yet the same is true of criminologists: we are – before we are academics, scholars or researchers – diverse human beings with a vast array of life experiences and complex histories. The emotive processes that stem from these and the theoretical insights they can provide should not be underestimated. My point here is that the ‘self’ is not just who we are, but a living embodiment of how we research, how we theorise, and how we come to know and tell about our subjects. In this respect, no longer should it be relegated to footnotes or methodological appendices.

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References


Article Two:

The Moral Economy of Heroin: Reconstituting the Social in ‘Austerity Britain’

Presented here prior to journal submission in 2014.
The Moral Economy of Heroin: Reconstituting the Social in ‘Austerity Britain’

Abstract
This article presents the findings from an ethnographic study of heroin use in a disadvantaged area of the United Kingdom. Drawing on developments in Continental philosophy as well as debates around the nature of social exclusion in the late-modern West, the core claim made here is that the cultural systems of exchange and mutual support that have come to underpin heroin use in this locale – which, taken together, form a ‘moral economy of heroin’ – need to be understood as an exercise in the reconstitution of a meaningful social world by, and specifically for, this highly marginalised group. The implications of this claim are discussed as they pertain to the fields of drug policy and wider sociological understandings of disenfranchised groups.

Keywords
Heroin, Addiction, Social Exclusion, Ethnography, Moral Economics
Introduction
Late in 2012 I met ‘Ryan’ for the first time on the outskirts of the small town where he lives in England’s North-West. This town, like many others located in the former manufacturing heartlands of the UK, is now severely blighted by the numerous social problems that accompany continuously high levels of unemployment. The main street contains more ‘chain’ pubs, betting shops and ‘pay-day loan’ outlets than it does anything else; a sign outside one of these informs us that if we have a ‘bank card and a job’ we could walk away with up to £1000 cash in minutes. Noticing the sign had caught my eye, Ryan quickly educated me – ‘there’s not many people round here with both of them things’ he quipped. We settled in an empty café and he started to give me an overview of his life; he’d used heroin habitually for almost fifteen years, was frequently engaged in various types of acquisitive crime, and had served three separate custodial sentences. He was thoroughly pleasant company and insisted on pouring my tea before his own as ‘good manners cost nothing’. This was the start of my fieldwork experience with heroin users like Ryan, but not long into it I hit upon a theme that was to become recurrent throughout my research. As Ryan explained:

We all do stuff we shouldn’t you know, crime and that. But only when we have to. For the most part there’s no need though, we get by together you know, we all help each other out. If I’m paid [has money], I’ll sort them out [his peers], but if I’m broke they’ll sort me. It means there’s a lot of goings-on [arguments] about money and that, but it also means we all get by you know?

Field notes

These processes of ‘getting by’ are the core concern of the present article.

It is claimed here that heroin users ‘getting by’ through collective support and mutual exchange in the manner Ryan describes above constitutes much more than it initially appears. Here these exchanges are presented as constitutive of a ‘moral economy of heroin’, which is in turn a manifestation of efforts towards the reconstitution of a meaningful social sphere by, and specifically for, this highly marginalised and disadvantaged population. A similar moral economy has been observed in homeless heroin-using populations in the U.S. (Bourgois, 1998; Bourgois & Schonberg, 2009), and British studies from the 1980s revealed rudimentary systems of reciprocal exchange to be prominent features of the large
upsurge in heroin use at this time (e.g. Auld et al., 1986; Pearson, 1987; Parker et al., 1988). However, while there have been some exemplary UK ethnographies of problem drug use like this in recent years (see Briggs, 2012; Parkin, 2013), moral economics have not featured to the extent that they could. Heroin’s moral economy remains under-theorised at present with recourse to its role(s) in the changing socio-economic space that is commonly understood as ‘austerity Britain’.

This is a significant oversight – analysis of heroin’s moral economic order is crucially important in terms of accounting for recent changes in the prevalence of this type of drug use. For example, whilst recent years have witnessed an ‘age of austerity’ characterised by double and even triple-dip recessions, they have also seen a decline in recorded levels of heroin use. That is, the economic downturn has not revealed the increase in heroin use that social exclusion-based theories might presuppose. The current estimate of 256,163 opiate users in England is over 5,000 less than it was this time last year (Hay et al., 2014: 3), and this downward trend has been constant since well before the 2008 financial crash which kick-started the rise of austerity economics in the UK. This presents a number of pertinent questions itself, however the situation is more complex than it would seem; whilst the data shows an overall decline in problem opiate use, this does not hold across all age groups. Significantly here, the 35-64 age-group (the bracket from within which almost half the participants in the present research are drawn) have shown an increase in recorded levels of use, and again this trend is constant from previous years (Hay et al., 2014: 5). This against-the-trend increase in this group is also under-theorised at present, and as such a key concern of the present article is to demonstrate how it can be understood when contextualised through heroin’s moral economy.

To these ends the article seeks to shed light upon the moral economy of heroin as a distinctive socio-cultural reaction to the imposed and ever-encroaching politico-economic restructuring of social life in the marginalised communities of the UK. It opens with a brief conceptual overview of ‘moral economy’ and its use in criminology, followed by an equally brief exposition of the works of Bernard Stiegler and Alain Badiou as they have been extrapolated to debates about social exclusion by contemporary UK criminologists (e.g. Hall, 2012; Winlow & Hall, 2013). Following this, and after a brief note on methods, the article describes the operation of heroin’s moral economy in both an instrumental and emotive sense.
with recourse to a range of ethnographic data. Finally, the claim that heroin’s moral economy constitutes a distinct reconstitution of social life has multiple implications for both drug policy and wider understandings of disenfranchised groups – these are discussed by way of a conclusion.

Criminology, Moral Economics and Social Exclusion

Within criminological scholarship the concept of ‘moral economy’ has been deployed towards a number of different ends – four particularly useful examples include Fassin (2005), Karstedt and Farrall (2006), Bourgois and Schonberg (2009) and most recently, Loader et al. (2014). Conceptually the term is frequently traced back to the pioneering works of the great Marxist historian E. P. Thompson (1971, 1991). Among other things, Thompson was concerned with the genesis of political unrest during the transition into moneyed and market-orientated societies noting that an offense against a ‘collective morality’ was the most likely undercurrent of riotous events. He claimed:

It is of course true that riots were triggered off by soaring prices, by malpractices among dealers, or by hunger. But these grievances operated within a popular consensus as to what were legitimate and what were illegitimate practices in marketing, milling, baking, etc. This in its turn was grounded upon a consistent traditional view of social norms and obligations, of the proper economic functions of several parties within the community, which, taken together, can be said to constitute the moral economy of the poor.

(Thompson, 1971: 78-79)

Thus, for Thompson, a moral economy involves both normative values about ‘proper’ conduct in market exchanges, and instrumental concerns surrounding need and commodities’ exchange value.

Moral economy is conceptually hinged upon this normative-instrumental nexus, and it is in this respect that it has proven most useful to the study of illicit drugs (which are, at their most basic form, tradable commodities in national and international market systems). In terms of heroin specifically the American anthropologist Philippe Bourgois has done most to advocate the heuristic utility of moral economy. His works (1998; and Bourgois & Schonberg, 2009) outline the
systems of exchange used by homeless heroin users in San Francisco in terms of their instrumental functions to these severely marginalised users:

Sharing incurs economic and moral debts for future exchanges of heroin. It is best understood as investment in the complex gift-giving economy that addicts construct among their mutually dependent colleagues in order to minimize the chance of finding themselves dopesick and isolated.

(Bourgois, 1998: 2331)

Bourgois and Schonberg (2009) note that their employment of the term is predicated upon the works of Marcel Mauss (1990 [1954]). However despite these roots, Bourgois is careful to stress that the sharing of heroin and/or injecting equipment does not solely represent the kind of symbolic and interactional phenomenon an epistemic reliance upon the likes of Mauss might suggest it does; it is also bound up with what he terms the ‘political economy of survival’ (1998: 2332). In this sense Bourgeois’ work is usefully indicative of the instrumental and normative underpinnings of moral economy.

To further illustrate this, Bourgois and Schonberg (2009: 83) note that the sharing of heroin is ‘not simply a pragmatic, economic, or logistical necessity; it is the basis for sociality and establishes the boundaries of networks that provide companionship and also facilitate material survival’. It is at this point that a full understanding of problematic heroin use in deprived areas of the UK today becomes contingent upon according due recognition to the moral economic systems underpinning it. As Bourgois and Schonberg (2009) held, in social groups where exchanges have strong instrumental and/or material significance, they go on to attain an increased significance in respect of moral and emotive life. This is the case because in such groups – like the population of marginalised and disenfranchised heroin users this research is concerned with – very little else in the way of a meaningful social life exists outside of this moral economy. Crucially at this stage, it is for this reason that the emergence and importance of heroin’s moral economy can only be understood in the context of larger debates about the nature of late-modern social exclusion.

Pertinently here some criminologists have – although not completely without issue (see Carlen, 2014) – started to embrace the works of contemporary European philosophers such as Slavoj Žižek, Alain Badiou, and Bernard Stiegler in their
explanations of the UK’s current social problems (e.g. Hall, 2012; Treadwell et al., 2012; Winlow & Hall, 2013). Such works, and their philosophical underpinnings, are of significant benefit to the present project. For example, the French philosopher Alain Badiou (2009) describes contemporary Western nations as ‘atonal’. Though there are some issues of translation here (Johnston, 2009), Žižek is confident when he asserts ‘Badiou develops the notion of ‘atonal’ worlds – monde atone – [as worlds] which lack the intervention of a Master-Signifier to impose meaningful order onto the confused multiplicity of reality’ (2009: 29 original emphasis). That is, for Badiou, an atonal world is one that has become devoid of any real sense of meaning. Winlow and Hall (2013: 130) have built upon this idea to forward their concept of ‘asocial atonality’. They describe this condition as a manifestation of a larger crisis of belief in sociality and the social sphere that accompanies late-modern consumer capitalism. What marginalised parts of the UK are experiencing now, they imply, is more akin to the complete erosion of social life itself than it is any sort of simple ‘exclusion’ from it.

A similar chain of thought can be found in the works of Bernard Stiegler, particularly his ‘Disbelief and Discredit’ trilogy (2011, 2013, 2014). Stiegler’s work is complex, yet an important theme running through it is the notion that trust and belief in social orders are essential to both the individuals that compose them and said social orders themselves. Stiegler infers that individuals can only become a complete and contented person (an ‘I’) in so far as they are part of a meaningful social body (a ‘We’), and vice versa (a meaningful ‘We’ can only exist in so far as it is composed of a collection of meaningful ‘Is’). He terms this, ‘individuation’ (Stiegler, 2009: 40). His core argument with resonance here is this – consumer capitalism disindividuates; it prevents this social/individual identification matrix from unfolding effectively. For Stiegler (2013) this works right across the social scale, yet crucially for those at the lower ends of the social spectrum, a lack of the ability to identify one’s self as part of a society results in a loss of trust in this society (also see Stiegler, 2011, 2014). Stemming from this loss of trust in the We is a loss of expectation that social life will improve. The results of this are either: (1) ‘manifestly explosive’ (2013: 121) (as is the case in riots and/or political unrest); or (2), a tendency to ‘regress towards reactive behaviour and the survival instinct’ (2013: 4 original emphasis). Significantly, he goes on to postulate that it
is here, under the ‘reign of the drives’ that the ‘proliferation of addictions’ is highly likely (Stiegler, 2013: 4).

Thus, through the works of Badiou, Stiegler, and those who have followed them, it is possible to situate the moral economic order that surrounds heroin use as emblematic of concerted efforts towards the *reconstitution* of a meaningful ‘social’ – that is, the reconstitution of a meaningful ‘We’. The moral economy of heroin is a means by which the disintegration of social life can be resisted; it is demonstrated below to be a means by which individuation can become possible again, *it is an exercise in anti-atonality*. The use of this drug in some disadvantaged populations needs to be understood as having a system of cultural exchange embedded into it, and that this in turn must be understood as a reaction to the particular socio-economic context of these users. In this instance, it is held here that participation in the moral economy of heroin can in fact reduce or even reverse some of the impacts of extreme marginalisation. The implications of this are significant for a number of reasons, but before they are discussed the daily operation of a moral economy of heroin requires delineation.

**The Moral Economy of Heroin in ‘Austerity Britain’**

In what follows here the moral economy of heroin is exemplified with recourse to its proper functioning – as well as the consequences of its violation – in both a normative and instrumental sense. Before this however, a brief word on methods is required.

*Methods*

The fieldwork undertaken as the basis of this research was conducted on a housing estate in North-West England (that I call ‘the Range’) across 2012-2013. Seventeen participants came to be named in this research, six of which were female, the rest male. Eight were in the 35+ age-bracket, another seven were in the 25-34 range, and just two were below the age of 24. All lived on the Range, and all were unemployed and dependent upon social security payments to survive. All were criminally active and all had spent time in prison (except for one, a 72-year-old woman who did not take illicit drugs). The main method of data collection
used was participant observation and informal conversation-based interviews due to the group’s hostility towards my recording device. However in-depth, ‘life-history’ interviews were conducted with three of the five ‘core’ participants once the initial period of observation was complete (the other two were unavailable after suddenly leaving the estate – one to sell heroin in another town, the other following his arrest and remand for a violent street robbery).

Whilst in the field I was always open about my reasons for being present. I carried a pen and notebook and used them as and when it was appropriate to do so. Upon returning home from each visit a detailed set of field notes was produced. In summary, this was an ethnographic approach that prioritised ‘being with’, and ‘being present’ in moments of meaning-making as and when they occurred, over and above one that relied on their later recollection in the interview setting. Similar methodologies to this have been employed by a range of criminological/sociological researchers of late (e.g. Hall et al., 2008; Wacquant, 2008; Treadwell, 2012) and although they certainly have their limitations, observation-based methods have been argued to increase the validity of research with populations of addicted drug users due to the frequent (and often significant) divergences between what this population say they do, and what they actually do in practice (Bourgois, 1998). To protect the participants’ anonymity, the names of all people and places have been changed. My university’s research ethics committee granted this project ethical approval after a thorough review in 2012. Further details of the methodological complexities of this research can be found in Wakeman (2014a).

*The Moral Economy of Heroin: The Instrumental*

In its most immediate form, the moral economy of heroin on the Range is made up of numerous small exchanges that facilitate users sharing their heroin with each other so as to ensure that they do not experience withdrawal symptoms. This could be one user offering another a small amount of heroin in return for getting the same back later, or the day after (but rarely longer than 24 hours), or it could be in return for some other sort of service. For example, Ryan was frequently called on to purchase heroin for other users, and/or to allow them to inject in his flat. Both of these small ‘services’ would generate a reciprocal ‘payment’:
This place [Ryan’s flat] is never quiet for long, but today it’s particularly hectic. I’ve been here just over an hour and two people have visited already. There was a targeted raid this morning and the two main dealers on the estate have been arrested. This means for now a lot of the heroin users are struggling to get what they need. The smaller user-dealers on the Range only serve [sell to] a select few people so as not to gain the attention of the police. Ryan is one of these people and so he’s in demand today. It suits him just fine though; every time he ‘runs over the road’ for someone he can expect a ‘flick’ [small amount of powder], a couple of lines [runs of heroin smoked on foil], or a couple of millimetres of dissolved heroin solution prepared for injecting. Just as the kettle reaches the boil visitor number three arrives. It’s another man whose name I’m not told, and as such I don’t ask; he doesn’t look altogether friendly and quickly gets right to business:

‘Run over there and see him for me Ry? He won’t serve me no more?’

A folded up ten pound note is passed between them and without a word, Ryan’s on his way. The silence in here now is painful, I neither speak nor get spoken to. I just sit quietly smoking my cigarette. Thankfully Ryan is quick, and a small wrap of heroin is passed over upon his return. The man isn’t staying, but he does carefully unwrap his bag and empty a tiny amount of it on to Ryan’s foil.

‘Nice one lad’ he utters as he wraps it back up and is off out the door.

No sooner has he left though than the exact same thing happens again. I do get a name this time however, ‘Kelvin’. The same scenario unfolds except this time Kelvin’s staying to inject. He asks to go upstairs but Ryan won’t let him, ‘in the kitchen’ he tells him bluntly. I’ve seen this before, it’s for two reasons: one so they can’t steal anything he may have upstairs, and two so he can see them and respond accordingly if they ‘go over’ [overdose]. The whole thing is over quick; he injects in his groin so it’s pretty much a case of in and out. He stands, eyes closed and motionless like a scarecrow for about five minutes to enjoy his hit, then motions Ryan towards the filter left in the cooker [the small spoon-like device used to prepare heroin for injection]:

‘There you go Ry’ he nods, and Ryan quickly places the cooker down under the corner of his sofa. That filter will provide a little hit when recooked; just enough to ward off withdrawal in the morning for a hour or so.

‘Stick around for a bit if you want Kelv’, Ryan asks?

A mumbled excuse about ‘needing to be somewhere’ comes as a reply – Kelvin is quickly on his way.

Field notes.
Days like this day were not uncommon for Ryan. He is one of the older and longest-established heroin users on the range and as such, he is able to ‘see’ all the dealers. This is in fact a form of social capital (Bourdieu, 1987) he holds on this estate. What was most striking about these two particular interactions was the lack of verbal communication between the parties. Both parties knew what was being requested and what would be returned for it with nothing in the way of formal clarification required. Evident here is the instrumental nature of these social relationships; everyone involved knows what they must do, and importantly what they will get in return. All of the above is bound up within the common knowledge of the moral economy of heroin.

However whilst the above is indicative of the baseline instrumentality of the moral economy of heroin on the Range, even the most materially-based instrumental exchanges can also be structured along the lines of friendship and perceived need. That is, these exchanges take place all the time, but if two people have an established relationship within this system, individual transactions often grow in size and stature. The formation of ‘partnerships’ is most beneficial, and whether one wants to or not, trading/sharing even large amounts of heroin is crucial to material survival. As Helen, a 48 year-old heroin user, explained to me:

Sharing’s really important, ‘cus it’s like people who do this drug like us, we all know, we all know that we’re not always going to be able to make it you know? It’s like the other week I ring up the social and tell them look, I’m really ill, I’m not going to be able to make the appointment I’ve got this afternoon, can we change it? Well she’s like ‘oh we’ll send you a letter out, and then you fill it in’ [all said in a mock snooty ‘phone voice’] and all that, but that’s no good to me is it? I missed the meeting that day and they stopped my money right away, I had nothing that week. I had to break the law to eat! That time I’m round here [Ryan’s house] a lot, and he was so good to me, he helped me out all he could everyday you know?

SW: So he helped you keep your habit?

Yeah, but not everyone’s like that you know? Well, most of them like us are [implying her, Ryan and the other older users]. It’s not even like you want to be you know? Nobody does really I guess, you’d obviously rather have it all yourself wouldn’t you? But you’ve got to do it, you’ve got to share, ‘cus it’s like that person, you know them, you know that they’re in that position too, and that tomorrow you might need them to do it for you. The thing is, all that stuff going on makes it hard [implying her health problems and difficulties surrounding her children] and the bottom line is just – whether you want to
share it or not – you know that you’ve got to get through a whole day. Sharing’s like our back up.

Helen: Interview.

As the above demonstrates, the importance of the moral economy to these users is firmly rooted in its instrumental functions. Their heroin habits are expensive to maintain, usually costing somewhere between £10-£50 daily. This is a significant amount of money for individuals dependent upon social security benefits, and even when combined with the gains from their criminality, sharing with one another is their only viable means of securing a regular flow of heroin. But it is so much more than this. It cannot be stressed enough the extent to which multiple levers of exclusion are functioning here. In the case of Ryan and Helen, both live alone, both have severe health problems, and both have virtually no capacity to gain meaningful employment at present. Their chaotic lifestyles combined with heroin addiction and poor health mean maintaining the stipulations their benefit payments are contingent upon is unlikely for long periods of time. As such, and as Helen demonstrated above, they frequently fall victim to the very system that is supposedly in place to help them. In these instances they are faced with a choice of either breaking the law, or turning to each other to get by.

Importantly here though, through participation in this moral economy material needs beyond heroin can also be met:

And it’s not just gear [heroin] you know? Like the other week when he got that dog, he got given ‘half and half’ to have her [Ryan was recently given half a wrap of heroin and half a ten-pound rock of crack cocaine to look after a dog], but he didn’t have any food for her or anything like that did he? I did, I’ve always had dogs, so when he came up to mine for something to eat and that, I gave him some food for the dog too. Then the next week when his money went in he come up mine with the gear [heroin] he’d got with it, he brought me half a bag of dog food back as well...

Helen: Interview

It is important to note here that Ryan was given this dog food during a visit to Helen’s house when he was actually in search of food for himself. This is a regular occurrence, and he often told me of how she would ‘look after’ him by cooking him meals. In a similar manner I often witnessed members of this group giving and receiving small loans of money for the purposes of purchasing gas and/or
electricity. The key point in examples such as these is that although they do not initially appear to be connected to heroin, they actually are *inextricably* bound up within the moral economy that surrounds this drug. It is simply the case that these users have very limited options should they require a loan of £5 to keep their heating on in the middle of January. However, they *can* approach any one of a select number of users on the estate for such a loan, and have a strong chance of gaining it due to their common involvement with heroin. Helen for example knows that lending to Ryan makes good sense, as it compels him to do the same for her should she need him to, and *vice versa*. Their shared imperative to maintain a heroin habit and avoid withdrawal is the core security that permits other transactions to take place around heroin’s moral economy. Neither would risk not accommodating a request from someone they know to be potentially crucial in their continued survival.

There is a theoretical analogy to be drawn here between the forms of capital Bourdieu (1986) identified and the processes of their conversion (from ‘social’ and ‘cultural’ to ‘economic’). Ryan’s abilities to access the small-scale dealers that only sell to selected people and know where stolen goods can be sold quickly and easily are both manifestations of his social and cultural capital. On the Range these are important qualities to possess and as such, he is able to use them to ensure his economic survival. That is, he can convert these forms of capital into the economic as and when he needs to. If however, heroin is removed from the equation – that is, if he were to stop using it for example – then these skills are effectively rendered useless as forms of capital; they would have no conversion potential. It is *only* in the moral economy of heroin that users like Ryan and Helen can trade their particular social and cultural abilities for the material/instrumental goods/services they require to survive their socio-economic circumstances. However, there is still more to this system than the above conveys; it is not solely an instrumental phenomenon, it has important normative and emotive features too.

*The Moral Economy of Heroin: The Emotive*

During my time on the Range I frequently observed moral economic payments being made and received in ways which appeared to be motivated by emotive rather than material needs. For example, it was not uncommon to see users being
overly friendly and attentive towards one another, especially in the well-rehearsed rituals that surrounded injecting heroin. Long-term heroin users often have difficulty finding a vein to inject into, if a user is particularly good at doing this they are ideally placed to receive ‘favours’ in return for their services.\(^1\) Such rituals did not stop with the straight (and instrumental) administration of heroin; they were normally followed by emotionally-based ‘care-giving’ practices, cleaning the injection site with a sterile wipe for example. What was occurring in such instances was a kind of bond-assertion as ‘partners’ or ‘associates’ inside the moral economy. That is, in presenting one’s self as a good person to have around, as both useful \textit{and} caring, one could solidify links with others within the moral economy. The cultural dynamics of these practices make them too complex to be reduced down to pure instrumentality; they are indicative of the ways in which the instrumental core of heroin’s moral economy rendered its exchanges of increased emotional significance.

By way of an example, the relationship between Ryan and a younger user named Tony is useful. Tony was in his early thirties and was well known across the Range and the local area. He was a former dealer of significant status with a reputation for violence. This reputation has been hard earned and he was not adverse to reaffirming it should the need arise. His general approach to his heroin use was somewhat different to Helen, Ryan and the other older users; Tony was aggressive in his pursuit of this drug and not content to simply ‘get by’ through relying upon others – should he need something, he would go out and take it. Getting in his way would not be advisable. When I first met him he was staying at Ryan’s place whilst on the run from the police after skipping a court date. His relationship with Ryan is structured around what each can contribute instrumentally to the other’s wellbeing, but operated through the normative/emotive discourses of ‘friendship’. To exemplify this, the following extract is useful. On our way back from selling a games console for Tony, Ryan and I bumped into two men in a park, one of whom believed Ryan had burgled his Nan’s home. He made loud and aggressive threats to stab him and had to be physically restrained by his friend while we hurried away.

\(^1\) As some are more than others. Not long into the fieldwork I met an individual who told me he was a ‘state-registered nurse’. Due to his chronic heroin and crack addiction and his lack of stable living conditions I initially doubted the validity of this claim. However after watching his proficiency with a hypodermic syringe I am certain I was wrong to do so.
As we arrive home and Tony demands the tenner for the PlayStation. Ryan tells him about what just happened but Tony has more important things on his mind right now – he makes a call and just a few minutes later a bag of heroin is dropped off outside. It’s smoked in the normal way, Tony has five or six lines and then Ryan is given two, this process is repeated until both of them have fended off their withdrawal symptoms. At this point Tony picks up on the story of the threat:

‘So what happened with him then? What’d he say to yous?’ he enquires.

‘It’s about that burglary at [name omitted]’s place, you know? That’s his Nanna’ Ryan explains.

Tony bursts out laughing at this and then utters something about how he’ll ‘get it sorted’. He now takes measures to act on Ryan’s behalf. He asks for a phone and Ryan directs him towards mine:

‘Just hold on lad, I’ll talk to ‘em.’ He mutters as he types in a number.

He wonders off into the kitchen and a long conversation ensues with someone I later find out to be the older brother of the man who just threatened Ryan. The details of this are impossible for me to know as I could only hear Tony, but the long and short of it is clear – nobody is to threaten or commit any violence towards Ryan. Not now, and not in the future either. When he returned to the room, he was most confident that his demands would be met:

‘You see these dickheads Ste, if I tell ‘em what’s what, they know I’ve told them, see what I mean? They’ll not be coming after him now, not now I’ve told them he didn’t do it. People like that [meaning the person on the phone], they understand things don’t they Ry? I mean, truth be told, and you’ll not hear me say this much, but he might stand a chance against me you know? He’s tidy in a row and that, believe me [implying he can fight well], but he’ll not risk it. No way. It goes off one of us is going to hospital – he don’t want that as much as I don’t, so it’ll just get left now.’

He turns to Ryan and laughs:

‘See, I told you you’ll get no bother with me here lad.’

He picks up his tube and continues to smoke what’s left of the gear. From here on in though, it’s his – no more gets shared.

Field notes.

The above can be framed and understood with recourse to the moral economy of heroin on the Range. Tony is here through need; he requires somewhere to stay, and as he is ‘on the run’ at present, he needs someone to go out and sell things for
him so he can maintain his heroin habit. He is able to get these needs met through Ryan, who in return is able to benefit from Tony’s significantly superior status on the estate. Heroin users from lower socio-economic orders are most likely to encounter many of the harms associated with this drug (see Stevens, 2011; Wakeman, 2014b). One of the most significant of these is violence towards the person. During my time on the Range I came close to violence on numerous occasions, and regularly witnessed its consequences through cuts and bruises to people’s faces appearing between my visits. The crux of the matter is that on an estate such as this non-heroin users generally dislike heroin users, and as such the latter are frequently victimised by the former. Tony is an exception to this rule and thus has a distinctive (and valuable) form of capital to offer in the moral economic order of heroin on the Range.

Whilst Ryan’s masculine pride would prevent him from ever saying as much, it becomes clear quite quickly that he likes having Tony around for the protective benefits his presence brings. Moreover, Tony benefits too in that he is able to – whilst having virtually nothing to his name in the world – maintain his self-persona as a criminal force to be reckoned with by asserting his masculine prowess over and above Ryan’s. He does this frequently by mocking him, his home, and his lack of female companionship. Although all of this is framed as humour, and ‘banter’, it has stronger resonance for Tony; it is all that he has left at present to maintain his ego ideal. In this respect both men benefit instrumentally, however crucially here their emotive needs are also met in this particular relationship too – Ryan in terms of his desires for feelings of safety and security, Tony in terms of maintaining an elevated self-concept. True, instrumental benefits are at the core of this relationship, but it is equally true that it extends significantly beyond this. Critically however, the moral economy of heroin is still at the root of it all. Without this drug, this social relationship and the emotive exchanges it facilitates simply cease to be.

Finally, it is important to show the consequences of a violation of this moral economic order. Again, this is framed in purely instrumental terms – you failed to comply with a request of mine, so I shall not grant one of yours – yet it extends over and above the instrumental to reveal normative/emotive resonance. In the following extract Barry (a heroin user in his late 30s) is punished for committing a prior violation against the group’s sharing imperative:
Barry isn’t well at all right now; I can tell from looking at him that he’s really feeling the effects of withdrawal. It’s gone midday and he’s had nothing since about eight last night. Helen is sitting across the room half way through her smoke and it’s too much for Barry to ignore now – I wonder why he’s not asked for any yet, but find out as soon as he does. He sheepishly asks Helen if he could have just two lines of her gear. She refuses outright:

‘No way Barry, no way at all mate, when I was sat here the other night ill you wouldn’t give me one line of yours, not one – it’s not on mate! You can’t come here now after you sat watching me sick giving me nothing then expect anything of me, sorry but that’s it.’

There’s a real awkward silence in here now; everyone knows that she’s right to take this stand, but also that Barry’s now got to sit there rattling watching her smoke. This is the darker side of the moral economy; failure to make a payment when one is expected (and when someone is ill, it is expected) means that you’ll be excluded from it in future. Barry’s finding this out now, and his pleas are falling on deaf ears:

‘I did give you some though didn’t I? The other day, in here, I gave you a few lines of that thing I got of him round the corner, didn’t I?’

Helen’s having none of this.

‘No, no way Barry, don’t start with all that, you know the day I mean, the other night, after the day you’re on about, you gave me nothing and you know it. Don’t try and lie about it now ‘cus you know it’s true. I told you then didn’t I? I told you don’t ever ask me for anything again.’

Barry has little choice but to accept this ruling. He turns to Ryan with a look of desperation. He’s looking for some sort of support, he’s looking for the slight possibility that a word from Ryan might just change her mind. To be fair, it very well might have, but despite Ryan’s friendship with Barry nothing comes except a nonchalant shrug of the shoulders. Ryan knows only too well the importance of these rules – he has to live them. As cold as ice, Helen finishes up the last of her bag, screws up the foil she was running it on, then drops it into the ashtray right in front of Barry’s nose.

Field notes.

It is evident here that this is not just a matter of spite; the consequences of violating a moral-economic agreement are significant and must be enforced to ensure the proper functioning of this system in future. In this sense, its resonance extends well beyond the instrumental concerns of ensuring one can get the heroin one needs that day; what becomes visible in the above is a concerted effort to structure and maintain overarching social relations – indeed, social life itself – along a strict set
of moral-economic principles. As such, and based on the above combined it is argued here that heroin’s moral economy has significant relevance far beyond the drug itself. It is in fact the root of sociality for this group. In an area such as this, a population such as this has very little of what is usually understood as a ‘social life’ left. Participation in the moral economy of heroin provides such a social life, and this is why it is so important to understandings of contemporary UK heroin use. This moral economic order must not be understood simply as a result of a heroin use/social exclusion matrix, but rather as a reactionary effort towards reconstituting social life in an environment where meaningful social relationships have all but disappeared for members of this group.

Conclusions

In moving towards some conclusions, the first point to reiterate is the relevance of heroin’s moral economic order to understanding some of the contemporary patterns of use in the UK. It is not too difficult to see why this phenomenon is crucial to a progressive account of the rise in heroin use in the 35-64 age group. Those users who do not desist from heroin use earlier in their drug-taking careers become embedded in the moral economy of heroin. This is not to imply that the moral economy attracts people into heroin use, but it is to imply that it will be a significant factor in keeping them using once they have started. It is arguably the case that younger users have greater social ties than some of the older members of this group, and as such they do not come to rely upon the moral economy of heroin to the same extent that users like Ryan or Helen do in terms of meeting their social needs. For this latter group, as Bourgois and Schonberg (2009) suggested, these systems of exchange – be they instrumental, emotive, or both – come to form the very basis of social life. In this respect, it is little wonder that levels of use in this group are not in decline.

However, it is equally true that the implications of heroin’s moral economy extend further than this. For example, the above has relevance to broader debates about the revision of drug policy provisions in the UK too. Efforts towards reintegration and notions of ‘social inclusion’ frequently form the basis of rehabilitative approaches to drug addiction: however considering the above,
questions have to be asked around what exactly it is that people are being expected
to reintegrate in to, if heroin’s moral economy provides a more stable and
rewarding social environment than a heroin-free alternative ever could? Moreover,
within drug policy analysis it is sometimes the case that the most marginalised and
disadvantaged drug users are forgotten about or rendered invisible. Countless
reformers claim a world where drugs were legally regulated rather than prohibited
would be a world in which less harm would be done to people across the globe
through the production and distribution of drugs like heroin. To be clear, this is
almost undoubtedly true. However, and crucially here, what effect would it have
on the Range’s heroin users were their moral economic order to suddenly be
rendered obsolete through such a dynamic change in the heroin market? It is
plausible to suggest that in this respect, calls for the legal regulation (or even
decriminalisation) of drugs such as heroin demonstrate a distinct lack of awareness
for the true implications of such policy manoeuvres for the most disadvantaged
user groups.

It is in this respect that attention has to return in closing to the wider debates
about the nature of social exclusion and marginalisation in late-modern Western
countries like the UK. Stiegler’s (2013) claim that those who lose any sense of trust
in their social order also lose any sense of expectation in it is pertinent here. The
users like Barry, Helen and Ryan that I met in the field all demonstrated little if any
expectation that their social circumstances would improve – the fact remains that
the exclusionary nature of neoliberalism has rendered them surplus to
requirements. It is in the face of this, with a somewhat grim acceptance, that the
actions heroin’s moral economic systems are composed of begin to attain the
increased significance they hold for this group. This moral economy must be
understood as playing a crucial role in the lives of these people – it must be
understood as the result of a concerted set of efforts towards the reconstitution of a
meaningful social sphere. It provides a sense of order, a sense of belonging, and
means by which the harsh realities of life in austerity Britain can begin to be
negated – it is not just a matter of ‘getting by’, and academics, practitioners and
policymakers with a stake in the addiction field must now begin to take note of its
importance to some sections of the UK’s heroin users.
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References


Article Three:

Prescribing Heroin for Addiction: Some Untapped Potentials and Unanswered Questions

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Prescribing Heroin for Addiction: Some Untapped Potentials and Unanswered Questions

Abstract
The prescription of heroin to dependent users has been a distinctive feature of British drug policy for almost a century now, and in recent years the policy’s evidence-base has grown significantly. As such the UK government has expressed its willingness to extend the practice. However, whilst the evidence for heroin assisted treatment’s effectiveness is strong it is somewhat limited by the clinical setting of the randomised control trial and thus leaves a number of important areas unexplored. This article investigates some of these through a sociological lens informed by both developments in regulatory theory and ethnographic research with a heroin-using population in North-West England. It is argued below that heroin prescription has currently ‘untapped potential’ as a means of regulating heroin markets, but also that it presents a number of ‘unanswered questions’ around the importance of heroin-using identities.

Key Words
Drug Policy, Ethnography, Heroin Assisted Treatment, Identity, Regulation
Introduction

Heroin underlies a number of continued and pressing social problems in the UK at present, as it does in many other nations around the world. According to the latest available data there are somewhere in the region of 260,000-270,000 regular opiate users in England alone (National Treatment Agency for Substance Misuse [NTA], 2011). As a group, they are strongly associated with many of the most harmful and socially corrosive aspects of drug use such as the spread of blood-borne viruses and acquisitive crime, but they are also disproportionately affected by a number of social problems such as unemployment, poor health, low educational achievement and poverty (Auld et al., 1986; Pearson, 1987; Parker et al., 1988; Stevens, 2011). The current policy response to heroin – like other illicit drugs – is twofold; it involves the enforcement of the Misuse of Drugs Act 1971 by the criminal justice system, and the provision of various modalities of treatment through health care agencies.

However certain ambiguities remain around the effectiveness of this approach in achieving its aims (see MacCoun and Reuter, 2001; Seddon, 2010; Stevens, 2011; Pryce, 2012). Recently in the UK, the influential Home Affairs Select Committee recommended that alternatives to the current system be investigated further (HASC, 2012). One of these is the clinical provision of pharmaceutical-grade diamorphine (heroin) to dependent individuals with a view to ending their reliance upon illicitly sourced heroin: Heroin Assisted Treatment (HAT) as it is frequently termed. There have been trials of this treatment technique in a number of European nations (such as Germany and Spain) as well as in Canada, and it is an established component of drug treatment provision in the Netherlands and Switzerland. As a policy option, it has its roots in the ‘British System’ of prescription to treat addictions born in the 1920s (see Berridge, 1999; Strang and Gossop 2005a, 2005b).

There is a mounting evidence-base confirming HAT’s beneficial qualities over and above other substitute prescribing that is now global in its reach (Hartnoll et al., 1980; McCusker and Davies, 1996; Perneger et al., 1998; van den Brink et al., 2003; March et al., 2006; Haasen et al., 2007; Oviedo-Joekes et al., 2009; Uchtenhagen, 2009; Strang et al., 2010). It was in response to this – and particularly the UK-based Randomised Injectable Opiate Treatment Trial (RIOTT)
(Strang et al., 2010) – that the Home Office issued invitations to tender for three injectable opiate treatment programmes early in 2012. Yet, whilst the evidence supporting prescription is strong, it is problematic in some respects too. Significantly here it has almost all been produced through strict clinical trials (usually in the form of randomised control trials) rendering it of questionable utility outside the clinical setting due to the analytic precision that is prerequisite of such experimental methods. This is not to cast doubt upon the scientific rigour or validity of the results of these trials, but rather to highlight the fact that they can be conclusive about their ‘measures of measurable improvement’, or their ‘pre-selected primary outcomes’, but unfortunately very little else beyond this. Thus there is a definite need to engage critically and theoretically with heroin prescription; to assess it through a social scientific lens that can ask wider reaching questions than the ‘cause and effect’ clinical setting permits. The current lack of any such analyses of HAT is more than a little surprising, considering its potential and current policy-relevance.

Thus HAT is investigated here with a view to: (a) shedding light on an area of social policy that is set to become far more prominent than it currently is in the near future; and (b), identifying the possible strengths and weaknesses of HAT that the clinical setting cannot/has not rendered clear. To this end the article opens with a brief introductory overview of HAT in terms of its historical development and current UK trends. Following this the argument is made that HAT’s potential as a form of market regulation is currently not recognised – that it has ‘untapped potential’ as a constitutive component (Shearing, 1993) of an alternative system of regulating ground-level heroin markets. However following on from this HAT is also shown to have considerable obstacles preventing it from achieving its maximum potential. With recourse to some recently completed ethnographic fieldwork with heroin users and dealers in the North-West of England, these are shown to be based in limited recognition of the socio-economic role of heroin in ‘austerity Britain’, and the nuances of what is termed below the ‘real addict’ subjectivity. To conclude some cautious recommendations are made around the future directions of HAT in the UK.
Heroin Assisted Treatment: Emergence, Evidence and Current Trends

By the early 1920s in Britain it was a punishable offence to be in possession of heroin without either a medical licence or a valid prescription. However, whilst the UK’s early heroin policy was based in control it was designed to have as little impact as possible on the legitimate use of this drug, only controlling ‘general’ access to it so as not to restrict the medical practitioner from using it in their day-to-day practice (Spear, 2005). This was compounded by the conclusion of the Rolleston Committee in 1926 that prescription of morphine or heroin to addicted individuals was ‘sound medical practice’ if other treatments had failed or if it allowed them to live normal ‘useful’ lives. This was the basis of the ‘British System’ of heroin prescription. At its inception this system had little in the way of defining principles, specific practices, or clinical guidelines (Zador, 2005), largely because it did not need them at first due to the problematic use of heroin in the UK being very rare. In fact, David Downes once wrote that the pre-1960s British System ‘has now been well and truly exposed as little more than masterly inactivity in the face of what was an almost non-existent addiction problem’ (1977: 89). However by the late 1950s this was changing as heroin-using populations were becoming bigger, younger, and more associated with the hedonistic culture that would develop across the 1960s.

Prescription now became cause for concern as heroin filtered out into the black market; the number of new users known to the Home Office increased dramatically from ninety-four in 1960 to 2240 in 1968 (Seddon, 2007: 64-65). In response to this tough new measures were introduced in the 1967 Dangerous Drugs Act requiring doctors to gain a licence from the Home Office to prescribe heroin for addiction. Following these restrictions (and then the introduction of the substitute drug methadone in the 1970s), prescription rapidly declined. A 2002 survey of doctors’ contemporary heroin prescription practices found that only seventy of the 272 eligible doctors currently hold a licence, and of that number only forty-six actually use it. There were 448 patients prescribed heroin in the UK at this time, just under half the number recorded in the 1960s (Metrebian et al., 2002: 1157). This equates to less than half of one per cent of today’s known users.
Importantly at this point though it needs to be recognised that these ‘British System’ prescribees exist separately from the participants of the RIOTT trial alluded to above. There is a dual incarnation of heroin prescription in the UK at present; there are roughly 400 old British System users with long-term maintenance prescriptions, and the new RIOTT – that is, HAT-receiving – prescribes too (of which there were originally only 43). Heroin prescription and HAT are not strictly the same thing; British System prescription involves ‘take home’ doses of heroin, whereas HAT involves two or three daily visits to a clinic where a single dose is administered under medical supervision. The former prescribes are in terminal decline, yet the latter are set to grow in number.

This increase is mainly due to a growing evidence-base in support of HAT. Evaluations of HAT programmes and all clinical trials conducted to date have confirmed its advantageous qualities in reducing illicit heroin use over and above any other form of substitute prescribing. The conclusions reached by the RIOTT team were forcefully asserted:

Treatment with supervised injectable heroin leads to significantly lower use of street heroin than does supervised injectable methadone or optimised oral methadone. UK Government proposals should be rolled out to support the positive response that can be achieved with heroin maintenance treatment for previously unresponsive chronic heroin addicts.

(Strang et al., 2010: 1885)

Moreover, this can be further supported by the Swiss experience (the longest running HAT programme) that has, since 1991, seen the number of deaths from heroin overdose fall by c. 50 per cent, and new HIV infections reduced by c. 65 per cent (Uchtenhagen, 2009: 35). Importantly here too, trials in Germany have recorded positive results for new and long-term users alike, casting doubt upon claims that HAT should only be used with long-term ‘chronic’ users (see Haasen et al., 2010).

In summary, despite the decline of take home ‘British System’ prescribing throughout the latter parts of the twentieth century it has now been well established that HAT is the most effective method of reducing harmful ‘street’ heroin use. Furthermore, despite the broader moves towards a more ‘recovery-orientated’ (i.e. abstinence-based) drug policy in the UK (see Watson, 2013; Duke, 2013), the
government is seemingly willing to follow the available evidence and pursue the use of HAT further. However, there remain a number of unexplored implications of such a policy move, both positive and negative.

**The Untapped Potentials: HAT as Market Regulation**

As noted above, the emerging heroin prescription practices in the UK today are very different to those of the original British System; HAT is now clinically managed in that it requires users to attend dispensing and consumption facilities to receive and administer doses two or three times a day. ‘Take home’ prescription is rare in HAT; it is prohibited in Holland and Germany yet the Swiss do allow the removal of slow-acting heroin tablets in exceptional circumstances. There are two main benefits of restricting heroin consumption to a clinical setting like this: (i) consumption practices can be monitored and improved; and (ii), users are relieved of their reliance upon ‘black market’ heroin. It is here that a key manifestation of HAT’s untapped potential can be identified – it has the capacity to enact an effect upon heroin market systems. That is, *HAT represents an alternative means of regulating this market space.*

This is the case because heroin – like all other drugs – is produced, sold and consumed in *market systems.* And it is here, in heroin markets, that the majority of the drug’s harmful qualities are located. The current regulatory arrangements that heroin is subjected to have engendered this market, one that is at the same time hazardous to users’ health, violent and criminogenic. It is also a key mechanism in the reproduction of heroin use’s exclusionary properties. These are not just consequences of the use of this drug, but consequences of the way in which it is currently regulated. The key point to make here is this: prohibitive drug policies constitute (in that they create) a criminal market space: thus, an alternative system of regulation should constitute an alternative market space.

Alternative models of drug control are well theorised (e.g. Szasz, 1996; Inciardi, 1999 Husak, 2002; Rolles, 2009; Babor et al., 2010). However, some of the more innovative lines of contemporary thought can be found in the works of scholars attempting to integrate aspects of ‘regulatory theory’ (see Baldwin and Cave, 1999; Braithwaite, 2008) with drug policy (e.g. Ritter, 2010; Seddon, 2010, 2013). One
of the main advantages that these works sought to highlight is the ability of a regulatory conceptualisation to ‘broaden the field’. They contend that when it comes to regulating markets (with drug markets forming just one example here), the law is not the only effective method. That is, asking questions of drug policy and drug markets requires thinking beyond the traditional domains of law and treatment. Rather, this is a problem of the overall system of regulation first and foremost.

To clarify this the UK’s existing heroin market is currently regulated through direct state intervention; the regulatory strategy here can be understood as ‘command and control’ (Ayres and Braithwaite, 1992). Whilst UK drug policy remains influenced by both criminal justice and public health concerns, drug market regulation is a strictly criminal justice-based affair. However, there is a need to think in a more nuanced way about the options available to regulate this market. Shearing’s (1993) ‘constitutive conception’ of regulation reiterates this point:

It insists that any move to re-regulation ['re-' as he refers to a post-deregulation world] should take a much broader view of regulation than the control conception permits. In taking this view it insists that regulatory space as a whole should be made the subject of regulatory policy. In so doing it decentres the state as a source of regulation and points to the role that can be played by a whole host of regulatory schemes.

(Shearing, 1993: 72-73)

Thus, the regulatory ‘space’ of heroin (its use and sales systems) would be best addressed through an array of agents and apparatuses, not just the application of the criminal law. In this sense HAT has a potentially significant role to play as one ‘scheme’, or constituent, of an alternative system of heroin market regulation.

The goal from a regulatory perspective is to provide a framework that can shape the whole system rather than just address certain problematic components of it. There is a fitting analogy to be drawn here with Braithwaite’s (2005) work on tax systems and their vice- and virtue-like properties. Importantly, Braithwaite (2005) found the core of the problem he faced was not necessarily the actions of businesses aggressively avoiding tax, but the institutional setting within which they were located that – through its overarching goal of capital maximisation – effectively encouraged the vice-like behaviour of minimising tax payments. This
system fostered a ‘market in vice’. In the present context, the institutional regulatory arrangements of heroin’s prohibition mean that its markets must operate illicitly and therefore, this also fosters a market in vice. If heroin were available via prescription to a greater degree than it currently is however – that is, if it were regulated differently – then the illicit market would lose a considerable proportion of its propensity to cause harm and a potential to actually engender positive outcomes becomes visible. That is, a market in virtue becomes a possibility.²

Bluntly put, if high-quality pharmaceutical grade heroin is easily available then users are unlikely to opt for an inferior product sold in dangerous market spaces. Moreover, in the event of such a policy manoeuvre it is unlikely that many illicit heroin-dealing operations could compete with the quality of pharmaceutical-grade produce, as such (and provided that the leakage of licit heroin into black markets can be restrained to the same degree that it presently is) they would be further marginalised. Drug markets operate along the lines of supply and demand (MacCoun and Reuter, 2001; Seddon, 2008; Paoli et al., 2009). If demand can be reduced through heroin being available via prescription, this will affect the commercial viability of the market. Another paradox of prohibitive drug policy is that it is precisely the reason why the drug trade is so lucrative. Yet if profits can be reduced through a drop in demand then the risks of the trade assume a greater significance relative to diminished rewards.

It is of course true that some heroin dealers would survive on the market share of users ineligible for prescriptions.³ However it is debatable as to whether or not this would be a significant proportion given the fact that the numbers of new and younger heroin users (the group most likely to be ineligible for prescription) are presently in decline, and have been for some time. In fact, the only section of the heroin-using population not declining in number is the ‘35-65’ age group (NTA, 2011: 6). Significantly then, one of the largest consumer-bases of this market is the long-term user group – the very group HAT is the most effective treatment for. This is not a system whereby heroin becomes legal and criminal justice-based operations against heroin markets cease, rather they are complemented through the introduction of another form of regulation which has the power to enact an effect upon this market, constituting it as less harmful.

In summary, the potentials of HAT over and above the UK’s established drug policy provisions – whilst admittedly theoretical at present – extend well beyond
Prescribing Heroin for Addiction

health benefits for individual users. There is currently ‘untapped potential’ in HAT to not only restrain negative behaviours, but also engender positive ones too. However, whilst there is certainly considerable potential to be found in HAT, importantly here there are a number of barriers that presently preclude its full realisation. It is to these that this article now turns.

The Unanswered Questions: HAT, Moral Economics and ‘Real Addict’ Subjectivities

Despite the above there remain a number of uncertainties surrounding HAT. As one component of an alternative system of regulating heroin markets it is certainly preferable to the present arrangements, however there are potential issues of desirability here. To exemplify this, of the 1969 patients attending Swiss HAT clinics between 1994 and 2001, 60 per cent left to pursue alternative modalities of treatment. Moreover, only nine per cent of them returned suggesting that once users have left HAT they rarely come back. Finally, and crucially, there are no waiting lists for HAT in either Switzerland or the Netherlands (Rehm et al., 2001: 1418-19; Strang et al., 2012). These facts can be read in one of two ways: either HAT is reaching everyone who needs it and working well for most of them, or there is something about HAT that heroin users find undesirable. Leaning towards the latter, the issues are shown here to reside in heroin’s cultural economic role in ‘austerity Britain’, and the ways in which heroin addiction itself can constitute a meaningful identity. Both are addressed systematically below with recourse to a recently completed ethnographic study of UK heroin users.

Methods

The fieldwork upon which the contentions that follow are based was conducted across 2012/13 on a housing estate in the North-West of England that I call ‘the Range’. A total of seventeen participants came to be named in this project, six of which were female, the rest male. The youngest was twenty-three, the eldest in her early seventies. All (except a 72 year old lady) were regular and current heroin users and all identified themselves as being ‘addicted’. The main method of data collection was participant observation due to this group’s hostility towards being
recorded, however three in-depth interviews were conducted towards the end of the fieldwork with core participants. Whilst in the field I was always open about my reasons for being present, but only if asked. I carried a pen and notebook and used them as and when it was appropriate. At the end of every day a detailed set of notes was compiled and shorthand quotations typed up. During my time on the Range I visited the participant’s homes and accompanied them on trips around the town, ‘grafting’ (shoplifting) or ‘scoring’ (buying drugs) typically. I also joined them on some of their more formal engagements too (appointments at ‘the social’, drugs agencies, the doctors etc.). In short, this was an ethnographic approach that prioritised ‘being with’, and ‘being present’ in moments of meaning-making as they occurred, over and above one that relied on their later recollection in an interview setting. Although it has its inherent complexities and limitations, this observation-based method has been argued to be the most reliable way to research this particular group (see Bourgois, 1998; Bourgois and Schonberg, 2009). My university’s research ethics committee granted this project ethical approval after a thorough review in 2012.

**The Moral Economy of Heroin**

On estates like the Range heroin attains a significance that transcends its ‘use value’. That is, it becomes a core component in a system of exchange and reciprocation that extends into virtually all spheres of social life. In effect, this micro economy of exchange is social life for the users in this study. In order to properly illustrate this contention though, the levels of marginalisation and exclusion that these particular users experience must be stressed. Of the sample outlined above not one person was currently employed (or had been recently), all but one had spent time in jail (most on several occasions) and all were reliant upon social security payments and/or criminality to survive. The estate on which they live sits on the edges of a town which itself sits on the peripheral edge of a city that used to be a proud part of the industrial heartland of the UK. This is no longer the case. Faced with ever-increasing levels of marginalisation the social practices that support heroin use come to attain a strong significance in these users’ lives, as the following excerpt developed from my field notes can illustrate.
This morning I find myself sat alone in a dark flat waiting for Ryan (a long-term heroin user in his early forties) to return from buying some heroin. It’s colder in here than it is outside; it’s January and he has no gas or electric! A knock at the door introduces Alan to the day’s events (long-term heroin and crack user, mid-thirties). As he enters the flat he’s agitated and pacing quickly; it doesn’t take me long to work out that Ryan’s getting the gear for him. He rummages round in his jacket pocket and pulls out a chocolate bar. He hands it right over to me and lets me know he brought it here for me specifically. I doubt this is true as he didn’t know I was here, but I thank him anyway. Ryan arrives back in stereotypically animated fashion and Alan jumps up to give him the cigarette he’s been smoking as a greeting – he literally places it between his lips. Ryan drops two bags of heroin and a two ‘rocks’ of crack cocaine on the table, ‘two-and-two’ as they like to call it.

Alan snatches it up and loudly asserts that he will be sharing it all with Ryan: “I told you didn’t I?” he beams excitedly, “you know it with me lad, you know I look after you”. Ryan registers his gratitude but then also checks quietly that being ‘sorted out’ like this wont prevent Alan from “doing ‘that thing’ for me until tomorrow too?” [by ‘that thing’ I later learn he meant borrowing five pounds to put some electricity on the meter]. Alan assures him it’s all still ok and begins the process of cooking up a speedball (a mix of heroin and crack in a single hit). A brief argument then ensues over the water, whether .70 or .80ml went in the cooker? This is important as it decides how much goes in each needle for injecting. Alan claims Ryan’s eyesight is poor so he should be the one to measure it. Ryan agrees and as such, Alan measures out 35ml in each needle. Whilst this preparation is taking place Alan again makes it known that he’s a ‘reliable’ user, that when he says he’ll get money for drugs, he always comes through. Ryan reciprocates: “Yeah I know mate, but you do too isn’t it? He knows I’ll be looking after him tomorrow Ste, don’t you Al?” Alan confirms this with a bang of fists.

Alan injects into his groin and as such, he’s done within seconds. Ryan however isn’t prepared to do this and his process is slightly more drawn out. He can’t find a vein and Alan then steps up to do it for him – he literally insists. He finally ‘gets him’ in his foot after failed attempts in both arms and hands. He then insists upon cleaning the injection site with a sterile wipe he has in his pocket. He again asserts how good a person he is to have around whilst deliberately and loudly looking for the chocolate bar he brought round here with him. I remind him he gave it me and he feigns his recollection of this – he knew all along. He falls back into his seat and looks over at me: “Give us a smoke then lad?”

Field notes

The above shows the extent to which the moral economy of heroin edges out into the daily lives and practices of users like these. Both typically spend between ten and fifty pounds on heroin daily. As such they rely upon each other to support their ‘habits’. Today Alan has money and he took care of things, but tomorrow (the day he gets his benefit payment) Ryan will do so. In this sense heroin’s moral economy is an instrumental and relatively straightforward system of exchange that
enables people to maintain their drug use over and above their own limited financial means. However this is a shallow reading of the phenomena. For example, the above extract also shows that Ryan went to ‘score’ the drugs. On an estate like this an ‘open market’ (see May et al., 2005) for drugs is rare; one needs to be known, and approved of, by the dealers to purchase drugs. Alan was unable to see this particular dealer, yet Ryan was, he is always able to ‘score’. Use of this ‘service’ by others constitutes a payment into the moral economic order that requires one in return, a small amount of heroin typically. Similarly, Alan was able to inject Ryan when he could not do so himself. The ability to always find a vein in heroin using circles is a highly privileged one. This is why Alan made sure it was noted (through the extended ‘cleaning’ procedure). The money loan too is bound up within this economic order – it was secured upon the fact that the two would be together tomorrow for the purposes of drug use. Alan’s assurance that he will get his money back comes today in the form of his ‘sorting’ of Ryan and the moral economy-based responsibilities it engenders. Finally, Alan giving me the chocolate bar involves me in it too – it permitted him to ask me for a cigarette, and obliged me to give it him.

This system of exchange involves money, food, electricity, services and so on. Yet, crucially, heroin is the core commodity. This is precisely the reason why it stands as a barrier to HAT; resituating heroin in a clinical setting removes the user from the illicit market yes, but also from this cultural economic order too. In HAT there is no sharing, there is no ‘getting’ each other.\(^4\) This may be overcome by the instrumental benefit of having heroin available, but it would mean both Ryan and Alan’s key ‘skills’ – which enable them to both survive their socio-economic situations and provide them with some form of meaningful social interaction – are rendered obsolete. Ryan’s ability to always get heroin and quickly sell stolen goods means that there are always people in his company. People who are thus obliged to help him out with heroin, but also to lend him five pounds to keep his heating on in the middle of January. If his heroin were provided for him at a clinic, his role in this moral economic order – and the vital benefits it brings – would be lost to him.

The crux of the matter is this: HAT is predicated upon the resituating of heroin from its current social context into an alternative, ‘clinical’, setting. However this relieves heroin and its associated practices/activities of their socio-economic
significance to users. Pertinently here, the argument has been made recently that
the social world is being reconfigured to the degree that ‘social exclusion’ is no
longer an appropriate term to use – ‘social disintegration’ is more apt as it is
indicative of the fact that in marginalised communities, social life itself has become
The ever-advancing intrusion of neoliberal capitalism and its exclusionary
processes has resulted in an almost complete erosion of meaningful social systems
in locations like the Range. It is possible to situate the emergence and importance
of heroin’s moral economic order in this context – it is a meaningful response to
these levels of marginalisation, and this is why it is likely to inhibit HAT’s
potential. Remove these individuals from this cultural economic system and the
harsh truth of the matter is this: very little of a ‘social’ remains.

*The Real Addict Subjectivity*

However it is not just the instrumental features of heroin use that have the potential
to inhibit the effectiveness of HAT; this drug and its use have symbolic
significance on estates like the Range too. The claim here is that ‘heroin addict’
can be a meaningful identity in a social setting where these are not obviously or
easily available in a traditional sense. That is, to be what the participants in this
study termed a ‘real addict’ is to be something/someone in an environment where
the possibilities for status and success are few. For many of the users I
encountered a heroin-using lifestyle was meaningful to them. And crucially in this
respect, their resultant self-concepts, or *subjectivities*, are incongruent with those
required by HAT. Succinctly put, the ‘real addict’ is strong and resourceful, she or
he is a transgressive survivor of circumstances. The user in HAT is a patient. This
is *not* how many users understand themselves, and this is why HAT may not
appeal.

The kernel of the issue is as follows: while some claim significant proportions
of heroin users want to get off drugs completely (e.g. McKeganey et al., 2004;
McKeganey et al., 2006), this simply is not true of many others. Issues of sample
access and research methodology are certainly pertinent here, but it is arguably the
case that such claims are misleading. It must be recognised that many users do *not*
want any sort of ‘treatment’, that they do *not* want to be abstinent and that in fact,
they hold the resistant and transgressive facets of their ‘addict’ identities in considerable regard. By way of an example, the following two brief excerpts of data are useful. The first covers a conversation with Baily (a heroin and crack user aged 30), the second my first meeting with Alan. Baily is well known and ‘respected’ (feared) on the Range, I’m with him today after Ryan and I met him and his partner Sarah in town shoplifting.

I don’t mind admitting that this bloke scares me a bit. He’s happy enough now, but I don’t want to be about when that crack runs out. He’s talkative at the minute so I pry a little about his criminality and drug use, I ask if he didn’t take drugs would he still have done that this morning with the DVD players [a couple of hours previously he had stolen two from a supermarket]? 

“Well yeah and no, it’s like, obviously it’s the drugs ‘cus that’s what I need the money for right now isn’t it? But, it’s not just that, it’s just what I do lad, it’s who I am you know? I was lifting stuff before I ever took drugs – I grew up in homes [care homes] and that and we never had fuck all. The thing was, we knew we was never going to get fuck all either unless we took it…”

I don’t want to risk provoking him by disagreeing, so I make some sort of agreeable response about this being ‘him’ and ‘his life’. He seems to appreciate this and even makes a joke about it not being a “bad life”, the only downside being that ‘they’ “throw me in jail now and again”. I ask what, if anything, might calm him down, drug treatment maybe?

“Treatment for what? This [motions towards the needle he’s now got in his hand with a look of disbelief/annoyance on his face]? I can come off this shit anytime I like lad, believe. This [meaning drugs] is the same; it’s what I do, who I am like, and everyone knows that. I don’t need no ‘treatment’ to get off this you know, tell him bab [he motions to Sarah who nods a barely coherent reply in my direction], tell him what I’m like. I do my thing ‘cus I want to, but if I want off it then I’m off it, that’s that.”

And so begins my second introduction of the day. As soon as he walks in I can tell he’s unsure of me, but he’s not hostile thankfully. He finally sits down and makes some small talk; he asks how long I’ve been over here and where I’m from, but when I tell him something shocking follows. He tells me he used to live there too, but moved away after his young daughter was kidnapped and murdered. I’m blown away by this and don’t know how to respond. The thing is, he’s not the first participant to ‘introduce’ himself with a painful disclosure like this. These stories are thrown in as a means of both justifying their present conditions (and drug addiction!) and of identity assertion – ‘look how hard I’ve had it yet, I’m still here doing what I do’. It’s like Ryan always says, “no matter what, I’m a survivor me”.

Field notes
Whilst both of these examples demonstrate different ‘subjects’ – that is, differing approaches to being a heroin user – they both show the resistant, transgressive imperative of these identities (see Hayward and Young, 2004; Ferrell et al., 2008). Baily is aggressive and active in his heroin use whilst Alan is more passive, however the subjective core of their self-concepts remains constant. They pursue their use of heroin as a meaningful identity in of itself. In the case of Baily, he constructs an identity around his abilities as an addict and his criminal prowess; he told me of his many criminal exploits and the ways in which he ‘did what had to be done’ to get his heroin. Whilst he was insistent that he could come off it at anytime, he was equally adamant that he would not ‘rattle’ (experience withdrawal symptoms) for ‘no one’. On one occasion he even assured me – quite chillingly in fact – that if this meant he had to “go snatch a handbag, then I’m going to go snatch a handbag, simple as!”. Whilst some of this is no doubt bravado, it would be foolish to dismiss it all as such. This ‘real addict’ identity is at the core of who he is.

Alan differs in his approach to maintaining his habit, but this still has pertinent implications. Rather than the active-aggressive approach demonstrated by Baily, Alan takes a more passive approach in that he works in partnership with Ryan (as outlined above) to maintain his use. He is certainly not averse to breaking the law, but he understands himself as a survivor of circumstance before anything else. He was not alone with this either; within a matter of weeks from commencing fieldwork I had been told of two cases of sexual assault, the murder of a child, the recent death of a close friend, and an incurable health problem. These examples were not evoked out of self-pity. Rather, they were used specifically to demonstrate the individual’s level of resistance to their misfortune. It is the same around heroin addiction; on an estate like the Range there is little opportunity to achieve any degree of social status – but heroin can provide this. In maintaining a heroin habit, in demonstrating an ability to enact some form of control over this ‘dangerous drug’, its users actually affirm their identities as resistant, transgressive survivors of a social environment which provides very little else in the way of opportunities to be anything.

In summary, the subjectivities displayed by the heroin users I came into contact with on the Range are simply incongruent with that required for the successful expansion of HAT. The ‘real addict subjectivity’ is one of survival and agentic
capacity to transcend social circumstance, HAT reduces this to that of ‘patient’. Moreover, and importantly too, there are pragmatic issues surrounding the ethics, costs, and procedures of HAT in addition to the above. Space precludes a detailed coverage of them here, but to give just one example the cost of the RIOTT dispensing facilities (even with their minuscule capacity) was upwards of £1,500,000 due to their prerequisite level of clinical supervision (Strang et al., 2012: 142). However, such instrumental concerns are not nearly as pressing as the very real possibility that this policy’s target population does not and will not find HAT to be an attractive option. Despite the fact that the respective authors and research teams did not set out to focus upon such issues, the evidence-base for HAT is still guilty of neglecting heroin’s role in the construction and maintenance of individually meaningful identities. There is a lack of recognition of the symbolic, cultural and experiential facets of heroin use, and this is a serious omission.

Conclusions

MacCoun and Reuter’s (2011) recent review of the drug legalisation debate is tag-lined ‘a guide for agnostics’; a similar degree of agnosticism is appropriate here too. It is regrettable that firmer conclusions cannot be drawn, but this stems from a core claim of this article – that HAT currently resides in a ‘contested space’. It certainly has a great deal in the way of untapped potential regarding the ways in which its extended use could impact upon heroin markets and their propensity to cause harm. However it is equally true that there are a number of pressing unanswered questions that require considerable attention if HAT is ever to come close to realising this potential. Thus the agnosticism is appropriate, even if not entirely satisfactory. However it is this contest that makes the intervention so promising – HAT is a potential bridge between the poles of criminal justice and public health that have characterised British drug policy for many years now. While HAT has benefits for users from a health perspective, it also has the potential to affect the drug markets and sales systems that are a key concern of criminal justice-based drug policies. In this respect, it is certainly worthy of further sustained investigation. The ways in which HAT might be rendered more desirable
to users, and the ways in which it might then enact an effect upon heroin markets should now become key concerns for practitioners, policy makers, and academics with an interest in this field. It is too complex to be confined to the randomised control trial.

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Notes
1. It is appreciated that this is a rather late starting point in drug policy’s genealogy – regrettably space precluded a more detailed coverage here. The interested reader is directed towards the excellent historical works of Virginia Berridge (1999) and Toby Seddon (2010).
2. In the Swiss programme across 2005-2010, between 14 and 21 per cent of new entries were in employment, however after a year in HAT 42 per cent were (re)integrated into labour markets. Similarly, approximately 24 per cent entered treatment without secure living arrangements, yet after one year this was just 4 per cent (Strang et al., 2012: 109).
3. It is here that questions become visible surrounding who would (and who would not) be eligible to receive HAT – the exact parameters of a future system are certainly important, but they are not my primary concern here however.
4. There is in fact virtually no social interaction at all. Users inject in individual booths and are encouraged to leave promptly after their brief supervision period is over (see MacCoun and Reuter, 2011).

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Article Four:

“No One Wins. One Side Just Loses More Slowly”: The Wire and Drug Policy

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“No One Wins. One Side Just Loses More Slowly”: The Wire and Drug Policy

Abstract
This article presents a cultural analysis of HBO’s drama series, The Wire. It is argued here that, as a cultural text, The Wire forms a site of both containment and resistance, of hegemony and change with recourse to the regulation of illicit drug markets. In this sense The Wire constitutes an important cultural paradigm of drug policy debates, one that has significant heuristic implications regarding both the present consequences and future directions of illicit drug policy. Ultimately, it is demonstrated below that through its representations of the tensions and antagonisms characteristic of drug control systems, The Wire reveals larger predicaments of governance faced by neoliberal democracies today.

Keywords
Cultural criminoology, drugs, regulation, representations, The Wire
Introduction

Real is pretend, and pretend is real.

From the autobiography of Felicia ‘Snoop’ Pearson (Pearson and Ritz, 2007).¹

Recent years have seen the significant growth of criminological interest in various forms of media and their symbolic and textual meanings. Photographic images (Carrabine, 2012), children’s cartoons (Kort-Butler, 2012), video games (Groombridge, 2008), and films (O’Brien et al., 2005; Tzanelli et al., 2005; Rafter, 2007) have all been fruitfully investigated with recourse to the role(s) they play in the construction and development of public understandings of crime and justice. Since television programmes are one of the most powerful vehicles driving and informing such popular understandings, their inclusion within criminological analysis is not only justified, but critically important to the continued development of criminology as a field of study. In this article, following Rafter’s (2007) call for the extended exploration of such ‘popular criminologies’, I investigate HBO’s drama series The Wire in this light.

Given that The Wire only concluded in 2008, the level of interest it has generated from within various academic disciplines is impressive; its sociological significance is now well established (Penfold-Mounce et al., 2011).² However, with the exception of Brown (2007), there has been little sustained cultural criminological engagement with its representations of drug markets and drug policy. Considering the centrality of these issues to the show (and the high level of criminological interest in illicit drugs), this oversight is surprising. The present article aims to bridge this void by delineating The Wire’s heuristic potential in this context.

To this end I open with a brief introduction to criminological analysis of popular culture which then leads into a discussion of the complexities inherent in the article’s starting point; the epistemic and methodological complexities of analysing The Wire as a cultural text. Following that I provide an exposition of existing scholarship on The Wire and a brief synopsis of two of the show’s main themes: (1) the unintended consequences of contemporary drug policy; and (2), the role of experimental alternative systems in drug policy’s future evolution. The mainstay
of the article then renders these themes – as they are (re)presented in *The Wire* – as indicative of the show’s status as a cultural paradigm of drug policy debates. In this section *The Wire* is presented as a prime example of what Stuart Hall (1981) called the ‘double stake’ of popular culture, forming a site of both containment *and* resistance, of hegemony *and* change, with recourse to the regulation of illicit drug markets. Finally, I consider how *The Wire*’s depiction of drug policy debates is emblematic of the larger-scale contradictions and complexities of neoliberal governance itself.

**Criminology, Media and Moving Images**

The relationship between crime and media is one of criminology’s most researched subjects (see Carrabine, 2008 and Jewkes, 2011 for excellent overviews). However, it is only relatively recently that the discipline has witnessed what Michael Schudson (1987) once called the ‘new validation’ of popular culture in academic study. If the irresolvable debates about media-crime causality can be sidelined for the purposes of this article, it is possible to locate the roots of this validation process in the moral panic theories of the 1970s (e.g. Cohen, 1972; Young, 1971). Here sociologists of crime and deviance started to pay attention to the ways in which media ‘constructed’ crime and criminals. Important as these studies were, however, it is almost certainly the case that the ‘media’ remained conceptually and theoretically ambiguous in them. Also, such works were more concerned with crime’s misrepresentation and the formation of dominant knowledges than they were with symbolic and/or textual meaning.

However, the ensuing proliferation of entertainment media from the 1980s onwards was accompanied by growing academic recognition of their relevance. For Hall (1981), an important step in this process involved accounting for ‘popular culture’. He argued that it was no longer feasible to view culture as ‘monolithic’, as an all-encompassing structural entity that simply fed passive consumers ideological frameworks of meaning. Such a conceptual error was evident in the moral panic theories that juxtaposed reality and its representation between the *actual* lives and practices of the Mods and Rockers in Cohen’s study, and their representation as *something else* in the media. For Hall, such a polarisation created
and sustained a false reality-representation dichotomy. McRobbie and Thornton reached similar conclusions, claiming that: ‘media is no longer something separable from society. Social reality is experienced through language, communication and imagery. Social meanings and social differences are inextricably tied up with representation’ (1995: 570). In short, theorists of crime and media increasingly came to recognise the boundaries between the two as being irrecoverably blurred. Representations came to be recognised as sites of knowledge in and of themselves, as the spaces within which contestations of meaning are continually played out.

Before progressing any further, it is important to assert the critical and generative capacity of this blurring. As Sparks (1992) noted, transcending the simplistic notion of televiusal representations being the ideological tools of capital means they can be recognised as sites where meaning is contested and/or generated too. They are sites where traditional notions of law and order can be challenged, where meaning and identification in popular imaginations are far from guaranteed. O’Brien and colleagues (2005) are certainly right when they claim that film:

is not a monolithic site of symbolic interpolation into conventional mores about crime. It is also a space in which law and crime are re-imagined in many different ways and in which it is not inevitable that audiences will identify with the law or view film narrative through the law.

(O’Brien et al., 2005: 18 emphases in original)

It is not simply that representations play a role in the maintenance and proliferation of a priori knowledge about crime, law and order, but rather, that representations are the sites – as they exist in and of themselves – through which knowledge and meaning are simultaneously created, maintained, and/or contested.

Taking the above as her starting point, Rafter (2007) argues the current assortment of media representations of crime are best understood through the umbrella concept of ‘popular criminology’. She defines this as ‘a category composed of discourses about crime found not only in film but also on the Internet, on television and in newspapers, novels and rap music and myth’ (Rafter, 2007: 415). Rafter’s popular criminological project is the investigation of the relationship between representations and academic criminology (see also Rafter and Brown, 2011). Such a view recognises alternative ‘ways of knowing, crafting
an ‘egalitarian epistemology’ with the potential to transcend the disciplinary confines of traditional criminology. From this position, a potentially limitless array of topics can be (and have been) researched regarding the ways in which they are culturally represented. However such variety has also meant that the methods by which such analyses are conducted vary considerably.

In doing research on popular culture there is a subtle yet important epistemic distinction that needs to be made between ‘ideological’ and ‘postmodern’ sensibilities (Yar, 2010). Some scholars prioritise the creation and maintenance of hegemonic ideologies (e.g. Adorno, 1991), while others adopt postmodern positions that are sceptical of efforts to affix or inscribe meaning(s) to any given text (e.g. Young, 1996). Such distinctions are evident in the qualitative/quantitative divide within the literature on how drug users and dealers are culturally represented (e.g. Boyd, 2002; Manning, 2007; McKenna, 2011; Shapiro, 2002; Stephens, 2011; Taylor, 2008). Some of these studies adopt a quantitative, ‘content analysis’ approach that delineates the ideological and discursive construction of drug users as bad/deviant/sick etc (e.g. McKenna, 2011; Taylor, 2008). And then others take a postmodern qualitative approach presenting representations as theory themselves, as cultural texts in their own right depicting the conceptual fluidity of notions of, for example, heroin addiction (e.g. Stephens, 2011). Whilst the divergence between these positions may be somewhat slim, such distinctions have important implications for the present analysis.

In reading *The Wire* as a cultural text, the partisan employment of either of these epistemic and/or methodological positions becomes problematic. To treat *The Wire* solely as an ideological conduit renders its viewers little more than passive receptors, as well as relieving the show of its capacity to generate meaning. Yet, to consider it devoid of any inherent meaning would miss its compelling challenges to (and support for) competing ideologies of drug control. As such, the task here was to incorporate *both positions*; to adopt a ‘synthetic and critical’ (Yar, 2010: 77) framework through which to investigate the show as a cultural product. *The Wire*, in short, plays a *role* in ideological construction/maintenance, while also existing as a space through which hegemony is challenged and meaning contested. It is a cultural paradigm of the drug policy problematic, a cultural space from within which the key questions of drug policy debates are re-appropriated and re-imagined. As a result, it can be read as a potentially unrivalled representation of
drug policy dilemmas, of the ‘genuinely hard questions’ (MacCoun and Reuter, 2011) surrounding what is to be done about drug control. However before engaging with these matters, The Wire itself requires some attention.

**Reading The Wire**

As noted above, The Wire has generated considerable interest from within various academic disciplines. At a 2008 seminar on The Wire for instance, the sociologist William Julius Wilson claimed that it has done more to advance understandings of contemporary urban life than any other media representation or scholarly work has, ever, including those of social scientists! However it is not just Wilson who holds The Wire in such high esteem; in drawing attention to the show’s pedagogic potential, Kennedy and Shapiro (2012: 10) list nine university courses currently being taught on it, while Taylor and Eidson (2012: 281-2) count twenty-one. Clearly it is not through simple ‘fandom’ that Penfold-Mounce and colleagues (2011) designate The Wire a form of ‘social science-fiction’.

This programme is widely regarded as ground breaking, as a show that demonstrates just how good broadcast television can be. Over its five seasons an array of writers and producers worked on The Wire under the supervision of its MacArthur award-winning creator and executive producer, David Simon, and his long-term collaborator Ed Burns. The former was a journalist with the Baltimore Sun, the latter a police detective turned schoolteacher in the same city. As such, The Wire is best considered a work of creative non-fiction, as being equally predicated on their collected experiences and imaginations. Žižek (2011) usefully draws attention to this nuanced intersection of imagination and experience, to the complexities of The Wire’s ‘realism’ (also, see Jameson, 2010). It is not so much realist in an objective sense, simply presenting objectively realistic material, but subjectively realist in that it offers its viewer realistic accounts of the unreal. That is, of scenarios which have not (or could not?) happen, but which do happen – for example, a serial killer being fabricated by a reporter and homicide detective; a police chief legalising drugs; or two detectives piecing together the sequence of events at a ‘cold case’ murder scene using nothing but some photographs, a tape measure, and the word ‘fuck’ (or variants of) thirty-eight times in a row. In this
sense The Wire is able to distance itself from crude realism yet still foster a status as more than fiction.

There are numerous ways in which this status is skilfully maintained. The show’s cast is littered with real Baltimore police officers, reporters, drug dealers and politicians. The viewer sees a former mayor of Baltimore, Kurt Schmoke, make two appearances, while one of the city’s former drug king-pins, Melvin Williams, features regularly too. On-location filming frequently features highly symbolic panned views of Baltimore’s divided cityscape. The viewer is regularly presented with life ‘in the pit’ – a rundown housing estate – as overshadowed by the affluence of the downtown buildings; the opulent roof of Baltimore city hall can be clearly seen from some of the most impoverished areas of the city. Likewise, shots of the Western district’s drug corners frequently intersect episode scenes, reinforcing this strong sense of locale. As with many of the show’s actors, these are real locations, the actual sites of drug dealing, murders, and urban degradation. It is through the above that the show conveys an authenticity that transcends mere ‘fiction’.

Such authenticity was of paramount importance to the show’s creators. For Simon, it was about exposing the hypocrisy of the ‘American dream’. In his most definitive account of his motivations surrounding The Wire (in Alvarez, 2010), Simon outlines his desire to realistically depict ‘the America left behind’. It was about making clear the adverse consequences of neoliberal capitalism on communities, about showing how multiple processes of exclusion operate concomitantly under such systems of governance to the advantage of a few and the detriment of many. It is an angry piece of television – ‘The Wire was not merely trying to tell a good story or two. We were very much trying to pick a fight’ (Simon, 2010: 3). The provocative intent on the part of the writers regarding the myths of meritocracy is perhaps most evident in the show’s continued references to ‘the game’. From the drug corners to the offices of city hall and the Baltimore police department, ‘the game’ is the quest for success, as synonymous with distinction as it is with survival.

Ultimately The Wire leaves its viewers with little room for manoeuvre here. The show (and its resulting critical reception) gave its creator a platform to shout from and he used it to pursue a distinct political agenda. Failure to recognise this political motivation would severely hinder an analysis of the show such as this one:
but crucially, it is also the case that any meaningful engagement with *The Wire* as a cultural text must ascend over and above authorial intention. As Barthes concluded, reliance upon an author ‘is to impose a limit on that text … to close the writing’ (1977: 147). *The Wire* is no exception. A meaningful analysis of it requires recognition of its creator’s intent, but must not be restrained by it. For example, considering *The Wire* solely a polemic against the drug war leaves no room for investigating the extent to which it actually achieves this aim. Not long ago in the UK, then shadow Home Secretary (and the now current Conservative Secretary of State for Justice) Chris Grayling made a much-publicised comparison between Moss Side in Manchester and *The Wire*. He claimed the UK was experiencing *The Wire*-like ‘urban warfare’, and that ‘*The Wire* has become part of real life in our country’. His solution? A tougher application of law and order policies, more people in prison, for longer, under harsher conditions. This response is hardly congruent with Simon’s vision. It is however indicative of the ways in which this show generates meaning – whether it is an academic postulating about its potential to move drug policy debates forward, or a politician invoking it negatively whilst electioneering, *the process remains the same.*

*The Wire’s* potential to generate meaning is highlighted through the above example, and this is precisely why the synthetic and critical epistemology alluded to in the previous section is so crucial: meaning must not be inscribed upon *The Wire* (through its creators’ intention or its viewers’ interpretations), yet it must not be considered devoid of it either. In terms of achieving this balance, the show’s ‘more than fiction’ status is key; it must be recognised as an already existing cultural component of on-going debates about the issues it (re)presents. *The Wire* is certainly a conduit of pre-existing ideologies, but one where meaning is far from guaranteed – *it is also a space through which the future shape of debates can be reconfigured.* Knowledge and meaning are created, contested and/or confirmed by a whole host of parties in their reading of *The Wire*. It is the above combined that render this programme ‘more than’ mere ‘representation’. Penfold-Mounce at al. forcefully argue it ‘is able to provide a *social science-fiction*; an “inexistent” tale that produces a “real being” in a form that inspires the sociological imagination’ (2011: 156 original emphasis). *The Wire* needs to be understood as *more than* ‘just’ a realistic TV programme; it is *transcendental television*. It is a visual embodiment of the antagonisms between reality and representation with the
capacity to simultaneously challenge and/or enhance understandings of the multitude of topics it depicts.

**The Wire, Drugs and Drug Policy**

There are many themes that could be gleaned from *The Wire* for analysis here, but two are most pertinent: its representations of street-based heroin and crack cocaine dealing, and ‘Hamsterdam’, an experiment in harm reduction-based market regulation. The following brief synopses are included for the unfamiliar reader.

**Drug Dealing in The Wire**

*The Wire* shows a city where for many people the sale of drugs is a fact of everyday life. It shows the residual aftereffects of prohibitive drug policy; a violent black market for heroin and crack cocaine that is aggressively policed. Most strikingly, the drug trade is shown to be thoroughly bound-up with the workings of the city: in one form or another, drugs and drug-money transverse Baltimore’s entire social strata. Avon Barksdale’s ‘crew’ are engaged in street-level distribution in sophisticated and effective ways; Omar Little makes his living ‘rippin’ and runnin’’ (robbing drug dealers, see Jacobs (2000) on this); the Union of Stevedores keep the port alive by facilitating the passage of drugs into the city; and lawyers, state senators and other political figures reap the financial rewards of the trade. Most frequently though, *The Wire* shows characters like Wallace, Bubbles, and Preston ‘Bodie’ Broadus falling victim to the various forms of violence connected to the sale of drugs. We see, counter-intuitively, that drug policy can do more harm than good – the viewer witnesses what MacCoun and Reuter (2001) term the ‘unintended consequences of prohibition’. *The Wire* depicts a core paradox of contemporary drug policy; this market only exists in the form it does as a response to the legal arrangements implemented to counter it. Ultimately, *The Wire* presents a city where the drug trade is inextricably bound up with socio-economic marginalisation and political corruption; where good and bad, victims and criminals, exist on either side of the law in a violent market system.
On ‘Hamsterdam’

In addition to the above however, in Season Three, The Wire presents an experiment in the reformation of drug policy at the ground level – ‘Hamsterdam’ (a term coined by Baltimore’s young drug dealers upon being told that drugs are legal in ‘Amsterdam’). Yet in Hamsterdam (much like in Amsterdam!) drugs are not legal. Rather, providing certain rules are adhered to, the sale of heroin and crack cocaine is temporarily ignored by Baltimore’s police force. In specified locations a policy of non-enforcement was enacted, and measures were introduced with a view to facilitating the market’s self-regulation. This sequence of events unfolds as Major Howard ‘Bunny’ Colvin, disillusioned after the realisation that his thirty years of policing West Baltimore have enacted no significant effect upon the drug trade, decides the time has come to try something new – to introduce what he terms a ‘brown paper bag for drugs’. The drug dealers in his district are rounded up and moved to deserted areas of the city where, under police supervision, they are free to ply their trade without fear of arrest. Eventually however, the Chief of Police discovers Hamsterdam and Colvin is ceremoniously sacked. Yet, while these ‘free zones’ function, crime and anti-social behaviour fall at unprecedented levels, the violence associated with the drug trade is significantly reduced, and aid workers are able to reach scores of previously hidden/hard to reach populations. What Hamsterdam does – albeit temporarily – is effectively reduce some of the many harms that this particular drug market engenders. In this storyline, The Wire not only maps the ‘discursive closings’ of the war on drugs, as Brown (2007) quite rightly contends, but it also forms a cultural reference point from within which an alternative future direction of drug policy becomes discernable too.

The Wire as a Cultural Paradigm of Drug Policy Debates

The show’s representations of some drug policy problems, and their possible solutions – when considered in tandem with academic discourses on these subjects – can be used to substantiate The Wire’s position as a cultural paradigm of drug policy debates. It is to such a task that the remainder of this article is devoted.
The Unintended Consequences of Prohibition in The Wire

With a few exceptions (e.g. McKeganey, 2011), drug policy analysts tend to believe that the current system of prohibition operated at a national and international level is ineffective at best, and dangerous and damaging at worst (MacCoun and Reuter, 2001; Seddon, 2010; Stevens, 2011). Internationally, barring the numerous historical conflicts that brought the system to be (see Courtwright, 2001), drug control is reasonably straightforward in that prohibition is dictated by three UN conventions: The 1961 Single Convention on Narcotic Drugs; The 1972 Convention on Psychotropic Substances; and The 1988 Convention Against the Illicit Traffic in Narcotic Drugs. However at a national level, signatories to these conventions have ample freedom regarding how exactly they implement them. This is why, for example, in Sweden it is a criminal offense to smoke cannabis, in the UK the breach of the law is its possession, in Portugal neither is treated as criminal if the amount is small, and in the Netherlands it can be bought and consumed in certain cafés.

Such divergences can be understood by locating national drug policies in their respective politico-economic contexts. For Seddon (2010), the UK’s drug policy is best understood in relation to the changing phases of liberal governance – thus, by extension, other national drug policies are inextricably bound up with their particular governmental contexts too. In locating the development of prohibition’s substantive technologies within the transitions of liberalism, culturally specific implementations of the UN conventions can be accounted for. For example, the neoliberal doctrines of individual responsibility and risk-management are strongly embraced in the U.S., thus it is home to some of the world’s most aggressive prohibition measures: conversely, many European nations have resisted the same adoption of neoliberal socio-economic imperatives, and as such, have more tolerant attitudes towards drug control. The fluidity of prohibition policies has implications for their efficacy as well as their impact, both positive and negative. The Wire makes its first contribution here through the ways in which it represents the unintended consequences of these policies in relation to drug users’ health, drug market violence, and social exclusion.

Prohibition necessitates and maintains black markets. Drug markets are, at their most basic level, a response to the socio-legal arrangements instigated to counter...
them. *The Wire* neatly depicts the dialectical nature of this process – prohibitive drug policy and drug market harms are inextricably linked *and* mutually constitutive. The programme wastes no time in making this point, in Season One Episode Three (1.3 hereafter), Stringer Bell exemplifies it whilst giving D’Angelo Barksdale a lesson in drug market economics. As D’Angelo (a lower level dealer) complains about the poor quality of the heroin he is being asked to sell, Stringer (his superior) counters with the assertion that this does not matter. He claims, ‘no matter what we call heroin it’s gonna get sold. Shit is strong, we gonna sell it. Shit is weak, we gonna sell twice as much’. Here, Stringer, (whose copy of Adam Smith’s *The Wealth of Nations* has pride of place on his bookshelf) neatly illustrates an attractive feature of the drug trade derived from its illicit nature. The sale of poor quality produce in drug markets is not only harmful to users’ health, but can also result in their need to procure more drugs. If users are reliant upon crime to do this (as many in *The Wire* are) then the consequences are even wider. In this vignette *The Wire* forcefully presents one of prohibition’s most pressing unintended consequences: a system created to control a market force ultimately ends up strengthening and maintaining said market’s commercial viability, and increasing its potential to cause harm in the process.

Similarly, if the existence of drug markets in their present form is an unintended consequence of their regulation, then so too is their associated violence. There are two main variants of drug market violence shown in *The Wire*: violence perpetrated by the police against drug users/dealers, and violence perpetrated by dealers against other dealers. The former hinges on ideology, the latter on culture. Regarding police-perpetrated violence, *The Wire* directs attention to the early rationale of drug control and its ideological basis. Prohibition was – and in part at least, *still is* – founded on the ideological basis that drug use was ‘wicked’ and would ‘corrupt’ individuals. However, the evolution of prohibition has seen these ideologies transcend the substances in question; they are now directed more at users and dealers than they are at ‘drugs’ themselves. This ideological transcendence is key to *The Wire’s* resonance as a cultural paradigm of drug policy debates; the show subverts and challenges it through depicting the vulnerabilities of drug dealers to the police.

For example, episode 3.1 sees detective Elis Carver on top of his police car screaming at a young drug dealer who has just escaped in a failed bust: ‘you do not
get to win shit-bird, we do’, he vehemently declares. He promises to beat the younger if he does not immediately surrender himself, an oath he subsequently fulfils. Such violence – depicted frequently in *The Wire* – has its roots in prohibition’s false ideological juxtapositions, in the mythologised notion of a righteous police officer fighting a ‘war’ against ‘evil’ drug dealers. Here violence is initiated, legitimised and maintained through the ideological distinctions inherent in prohibition praxis.

However *The Wire* goes much further than this, it also depicts the ‘cultural maintenance’ of drug market violence. Episode 5.2 sees Detective William ‘Bunk’ Moreland claim ‘you can go a long way in this country killing Black folk, young males especially’. His point being (partially at least), that as the people in question are mainly involved in the drug trade, they render themselves ‘undeserving victims’, semi-complicit in their own fate. In this example, *The Wire* reveals drug market violence as a response to racial, socio-economic and cultural distinctions.

Omar Little neatly exemplifies this point – he is the ‘honourable thief’, the man who holds-up drug dealers with a shotgun, yet takes his aunt to church every Sunday morning. He is also the only character never to swear. The viewer is led to respect, admire even, his most frequently stated moral imperative – that he would never raise his gun to a ‘civilian’ (someone not involved in the drug trade). Yet, such a code only serves to further legitimise the use of violence against those who are engaged in the drugs trade. In *The Wire* drug market violence is legitimised and maintained within such systems through the well developed cultural distinctions drawn between those who exist ‘inside’ and ‘outside’ of them. Here the show demonstrates its capacity to reconfigure this debate; violence is not just ‘systemic’ of drug markets due to their illicit nature (cf. Goldstein, 1985), but a more nuanced phenomenon, primarily responsive to sophisticated cultural and ideological distinctions drawn within these market spaces, on both sides of the law.

Finally, *The Wire* neatly situates the above in the appropriate context of politico-economic marginalisation and social exclusion. Political ethics de-politicise their holders in *The Wire*. As alluded to above, drug control systems are inextricably bound up with the development of neoliberalism. However in this show, so too is drug dealing. The ethics of neoliberalism are thoroughly entrenched in the subjectivities displayed throughout the drug crews: from D’Angelo giving speeches to his charges about how ‘Mr Ronald McDonald’ reaps the financial rewards from
the invention of chicken nuggets rather than the inventor who will have been quickly sent back to the basement to work on ‘some shit to make the French fries taste better’ (episode 1.2); to the infamous ‘King stay the King’ explanation of chess (episode 1.3); right up to Stringer Bell’s undertaking of economics classes at his local college. Whilst the show’s drug dealers distance themselves physically and culturally from mainstream socio-political systems (just as such systems concomitantly do the same to them) they still demonstrate a firm reliance upon individualised, capital accumulation-based, market-orientated understandings of their worlds. In The Wire, Baltimore’s drug market takes its current form as a result of the socio-legal arrangements initiated to counter it. However, it also operates through allegiance to the very same socio-political systems that underpin the control arrangements. The Wire neatly gets to the core of the issue here – the law responds to the game as the game responds to the law. Crucially, the show is explicit on two points: (1) it positions the system of regulation at the very core of the problems posed by drug markets; and (2), it demonstrates the situation as not only self-replicating, but also in its current form, as precluding any real chance of significant change.

The Wire and the Future of Drug Policy

Despite the above it is crucial to recognise the fact that The Wire is not just a representation of the problems of prohibitive drug policy, it also has significant heuristic potential surrounding possible solutions. The Wire’s representation of drug control is one of contestation; it concomitantly supports, challenges, and reconfigures the various positions in this debate. This contention is returned to below, but as a precursor to the ensuing analysis two points must be stressed, firstly the limitations of the arguments herein, and secondly the claim that a drug market is a market. To clarify, simply ‘reverse engineering’ solutions to complex social-structural problems through representations alone is ontologically unsound. The arguments presented below are only intended to highlight The Wire’s capacity to frame and reframe the debate, rather than end it altogether through the provision of ‘the solution’ per se. In terms of the second caveat, to understand the system of drug sales in The Wire as anything but a market is to miss a crucial aspect of its nature. Undeniably there are emotive and transcendental factors resonant, as
cultural criminologists would surely contend (e.g. Ferrell et al. 2008). But what *The Wire* makes clear is the importance of conceptualising drug dealing operations as the end components of highly developed, responsive and sophisticated *market spaces*. Such a conceptualisation is vital. Bluntly put, it is the epistemic basis through which the programme’s capacity to shift drug policy debates can be realised.

Others have recognised *The Wire’s* potential in this respect (Beilenson and McGuire, 2012: Ch. 4; Žižek, 2011) yet have failed to follow it through sufficiently. It is *not* simply that ‘free zones’ (as sites where the sale of drugs could be permitted) *should* actually be introduced, or that they would necessarily be effective or even desirable. But rather, that this is the direction in which drug policy debates should be heading – that the prohibition-legalisation stalemate can (and must) be transcended through the consideration of ‘radical’ alternatives such as this. Some of the most progressive developments in drug policy, theoretically and pragmatically, have come from similarly ‘unconventional’ approaches in recent years. For example, the Swiss programme of heroin prescription and supervised consumption facilities came about through the introduction of quasi-free zones in Zurich. Ultimately, these ‘drug parks’ proved untenable and undesirable, but their *role* in the formation of current Swiss policy – *in shifting the terms and parameters of the debate* – was significant (Uchtenhagen 2009). Furthermore, research on amphetamine-type stimulants in the Netherlands is also pertinent. Through circulating pictures of poor-quality ecstasy pills throughout dance venues it was observed that the low-quality products disappeared from the market. As the distribution of better quality (and as such, *safer*) produce became linked to the sellers’ commercial interests, the market reacted in such a way that reduced its capacity to cause harm (see Spruit, 2001).

These are policy interventions that recognise *markets as markets*, and crucially, as being responsive to various strategies of regulation not *just* the application of the criminal law. There is a strong literature-base supporting such contentions in the growing and influential field of regulatory theory (see Black, 2002; Braithwaite, 2008; Braithwaite and Drahos, 2000). ‘Regulation’ is defined within this paradigm as any ‘sustained and focused attempt to alter the behaviour of others according to defined standards or purposes with the intention of producing a broadly identified outcome or outcomes’ (Black, 2002: 26). Importantly here, *drug policy is nothing*
if not regulation. As such, regulatory theory’s potential in the context of drug policy has been noted before (Ritter, 2010; Seddon, 2007, 2010, 2013). One of the key benefits these works sought to highlight is the ability of a regulatory conceptualisation to ‘broaden the field,’ to recognise the need to think about more than the law when it comes to drug policy.

The Wire too renders this clear, in the absence of large-scale legal changes significant effects can be enacted quickly through the manipulation of existing market systems to produce less harmful results. Through Hamsterdam The Wire demonstrates the possibilities inherent in a system of governing through over and above one of governing against. This particular storyline strongly resonates with cutting-edge social research. Specifically, with the concept of ‘nodal governance’ (see Burris et al., 2005; Wood and Shearing, 2007; Shearing and Froestad, 2010). Nodal governance is a model strongly linked to regulatory theory that examines power’s operation through governance in complex, networked, social systems. It is ‘[a]n elaboration of contemporary network theory that explains how a variety of actors operating within social systems interact along networks to govern the systems they inhabit’ (Burris et al., 2005: 33). There are two ontological assertions central to it: (1) that state-centric, ‘top down’, governance is ineffective in networked social systems; and (2), in social systems comprised of ‘nodes’ (interlinked points on networks that facilitate and influence the transference of power), there will be inequalities. That is, some points (nodes) within networks will demonstrate a ‘governance deficit’ and lack the cultural, social and economic capital necessary to effectively govern their own circumstances (Burris et al., 2005).

What we see in Hamsterdam is the possible beginnings of an alternative system of governance congruent with this conceptualisation. The Wire reframes questions of drug policy here, asking not simply what measures can be put in place to enact control over this market?, but rather, what measures can be put in place to enact control through this market? The core premise of Hamsterdam – in a manner very similar to that of nodal governance – is that marginalised and excluded populations like The Wire’s drug users/dealers can play a significant role in the improved governance of their present circumstances, if they are provided with the means to do so. There is empirical evidence to support such a claim, specifically Clifford Shearing and colleagues’ work in impoverished areas of South Africa. Their
‘Zwelethemba model’ (see Shearing and Froestad, 2010; Wood and Shearing, 2007) shows how non-punitive community groups – dispute resolution groups, or ‘peacemaking’ groups – reduced conflict in their communities by empowering disenfranchised populations and reducing their respective governance deficits. The same principle is inherent in Hamsterdam; this is a programme in which a failed and harmful system of regulatory governance (the prohibition of drugs) is replaced by an alternative system intricately connected to the lives and worlds of the population it seeks to govern/regulate.

As an alternative technology of governance, Hamsterdam harnesses collective resources to address collective problems. For example, aid workers are able to set up stations within its boundaries and better coordinate their efforts to address the health issues associated with drug use, effectively strengthening this particular ‘node’ within the network. Similarly, in episode 3.2 when it becomes apparent that there are many unemployed children in the zones (they are no longer needed as lookouts since the market is no longer illicit), Detective Carver initiates a ‘tax’ on the drug crews, instructing them that everyone must still be paid, ‘shit is like unemployment insurance’ he claims. Later he uses a similar tax to purchase sports equipment to occupy the youngsters. In these examples, collective resources are combined to address collective problems, neatly representing Braithwaite’s (2008) regulatory notion of ‘active responsibility’. The onus is upon ‘taking responsibility for putting things right in the future’, rather than the ‘passive responsibility’ of ‘holding someone responsible for what they have done in the past’ (Braithwaite, 2008: 76-77). Hamsterdam, in effect, positively responsibilises drug dealers.

However Hamsterdam is so much more than this. The Wire does not just critique prohibition, or support alternative regulatory arrangements; it redefines the parameters of the whole debate producing a cultural representation of the future direction of drug policy in the process. The Wire’s ability to do this, to shift the debate, is most evident, paradoxically, through it’s depiction of failure. Ultimately, these interventions do not work, Hamsterdam is disbanded, the sports equipment quickly destroyed. No side really wins. However a critical reading of Hamsterdam offers an alternative interpretation – it was never supposed to ‘work’, it was never intended to (re)present the solution to the problem. Rather, Hamsterdam’s role was to recalibrate the terms of the debate, to focus it in a different direction. To exemplify this point take Herc’s disbelief at Carver’s ‘tax’ in Hamsterdam and his
article Four  ‘No One Wins. One Side Just Loses More Slowly’

snide questioning of his partner’s motivations: ‘what are you, a fucking communist?’ (episode 3.2). Crucially, in negatively invoking notions of communism, he directs critical attention towards capitalism. It is through this brief exchange, this single nonchalant quip, that The Wire positions itself as the site through which drug policy debates can be reconfigured – the core problem of drug market regulation is not just the systems and technologies of governance employed, but the political ideologies that underpin them.

The implication here is this – the problems of drug markets cannot be solved with recourse to the ideologies of governance that support and maintain their very existence. Just as liberal democratic systems of governance are seemingly incapable of restraining the imperatives of capital (Badiou 2012; Žižek, 2008, 2010), so too are neoliberal drug control strategies incapable of restraining drug markets which are underpinned by identical socio-political principles. Neoliberalism cannot be reformed from within its own discursive and conceptual boundaries, and neither can drug policy. Just as radically divergent systems of governance are required to address the destructive nature of capitalism (Badiou 2012; Žižek, 2011), systems of drug control also need to be completely re-imagined and re-conceptualised to reduce the harm they cause. True, there are amendments to the regulatory systems employed that can improve things on the ground right now, and they should of course be pursued, but ultimately they will not suffice alone. The Wire makes clear this point in its representation of the drug policy problematic – the entire system needs to be re-evaluated both ideologically and pragmatically. If drug control is to ever effectively eliminate the harms associated with the use and sale of illicit substances, then its purpose, principles and methods – that is, its \textit{very existence} – requires a thorough critical interrogation.

\textbf{Conclusions}

By way of a conclusion I hope this article has gone some way towards strengthening the position of cultural analyses such as this within criminology, particularly with recourse to television programmes. Whatever the subject of criminological debates, the capacity of televisual representations to challenge and reconfigure them should never be underestimated. In support of this claim this
article has positioned *The Wire* at the core of on-going debates about illicit drug policy. This programme – as a cultural text – has been shown to constitute a cultural paradigm of the drug policy problematic, one that provides an important visual representation of the many tensions and antagonisms inherent in systems of drug control. Importantly in closing though, it must be noted that *The Wire* has contributions to make far beyond drugs and drug policy. Space precluded a more detailed exploration of the show’s treatment of race, gender, sexualities, and childhood for example, yet all of these and more are features of *The Wire* that merit further investigation.\(^{11}\)

*The Wire* has been shown above to contest the terms of drug policy debates, and in so doing, draw attention to some of the larger issues of governance facing the late-modern world. While Prez’s claim about the football match from which this article gleaned its title, ‘No one wins. One side just loses more slowly’ (episode 4.4) is a pessimistic metaphor for the drug situation, it can also be understood as an invitation that is potentially resistant and generative at the same time. If nobody can win when the game is played like this, then we urgently need to change the rules, or better yet, *play a different game*. In this sense, *The Wire* resonates with so much more than drug policy debates. Like all great ‘fiction’ it provides a space through which its viewers/readers/listeners can begin to think differently about the worlds they inhabit. Bluntly put, regarding drug policy and the larger ordering of our social systems alike, *The Wire* is emblematic of the crucial need for new thinking.

**Acknowledgements**

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Notes

1. Felicia ‘Snoop’ Pearson played a character modelled on herself in The Wire, a ruthless ‘enforcer’ in Marlo Stanfield’s drug ring. However in ‘real life’, not only is Snoop her real name, but she also professed to being involved with the sale of drugs whilst filming the show, and she has spent time in prison for second degree murder (Pearson and Ritz, 2007). Part of The Wire’s legend is her claim that it ‘saved her’ from this life. However it seems that the legend remains just that – in March 2011 she was arrested on charges of supplying heroin and crack cocaine in Baltimore, narrowly escaping imprisonment through a guilty plea.

2. There have been The Wire-themed conferences at universities in the UK and the US; special editions of the journals Darkmatter and City (as well as a themed section in Criticism); a monograph from Beilenson and McGuire (2012); and edited collections from Potter and Marshall (2009) and Kennedy and Shapiro (2012). Other notable contributions have come from Dreier and Atlas (2009), Sklansky, (2011), Sheehan and Sweeney (2009), and Ault (2013). Moreover, the debate between Atlas and Dreier (2008), and Chaddah, Wilson and Venkatesh (2008) in Dissent Magazine is highly indicative of the show’s resonance with numerous pre-existing academic concerns, as too are the three responses to Chaddha and Wilson (2011) in Critical Inquiry (see Jagoda, 2011; Warren, 2011; Williams, 2011).

3. The event where Wilson made this claim is viewable online at: http://dev.forum-network.org/lecture/wire-compelling-portrayal-american-city

4. See http://welcometobaltimorehon.com/the-wire-a-streetview-tour for an online ‘walk through’ of the Baltimore streets where the show was filmed.

5. See http://www.manchestereveningnews.co.uk/news/greater-manchester-news/graylings-comments-on-moss-side-condemned-928267

6. Following the famous subversion of U.S. liquor laws preventing alcoholic beverages being consumed on the streets by concealing them in ‘brown paper bags’.
7. In one of The Wire’s finest moments, Colvin’s last words to his superiors as they fire him, ‘get on with it motherfuckers’, are the exact same words used by the gang boss Stringer Bell as he is gunned down by Omar Little and Brother Mouzone. Again, ‘the game’ is played on both sides of the law.

8. However things are changing here – the development of a more ‘collective EU voice’ regarding stricter drug control has evolved alongside an increasing reliance upon neoliberal economic policies (see Bergeron and Griffiths, 2006).

9. In this famous scene D’Angelo teaches the young dealers the rules of chess through an analogy of the drugs ring that is highly representative of US political systems; it is impossible for anyone other than the king to ever become the king, and in the game, ‘pawns’ are quickly felled.

10. Importantly here I recognise the problems depicted in The Wire as being rooted in large-scale structural inequalities and as such, as requiring much more than just drug policy revision to address. On this point I am particularly indebted to Keith Hayward for steering my thinking.

11. Investigations that are, to a greater or lesser degree, already underway elsewhere. The interested reader is directed towards Kennedy and Shapiro (2012) regarding The Wire and race, and then Ault (2013) for a compelling account of The Wire’s representations of African American motherhood, as two excellent examples of such work.

References


Part Three

Rethinking Heroin

Conclusions
Chapter Four:

Rethinking Heroin:

Moving Forwards

The being of Spirit is a bone.

Georg W. F. Hegel

This penultimate chapter brings together the core thesis of this work. Essentially it is designed to answer the research questions detailed in Chapter Three through the articles presented above, as well as with recourse to some of the data collected whilst in the field. The chapter is organised thematically around the research questions. It first addresses matters of addiction and subjectivity – that is, the nature of heroin addiction in austerity Britain. Here the transcendental materialist theory of heroin addiction introduced in Chapter Two is mapped out in full. Secondly it covers matters of drug policy – that is, it engages with heroin’s policy context and what could be done to improve it. Here the claims of Articles Three and Four are drawn together and supplemented with additional data from the fieldwork; the core of this section involves forwarding three ‘cautious conclusions’ derived from this project as a whole that have direct relevance to on-going debates about the future directions of UK drug policy. And then finally the possible links between these two fields are addressed – that is, the chapter closes with a brief overview of the ways in which a better understanding of heroin addiction in the UK today might inform better drug policy provisions.

1 (1977 [1807]: 208 original emphases).
Rethinking Heroin: Questions of Subjectivity

The first of the three research questions was focused on the ways in which heroin users make sense of their drug use and their worlds – as noted above, it required problematising subjectivity. That is, it required that addiction be investigated with recourse to the ways in which the users I met in the field understood it themselves. The results of asking questions such as this quickly revealed two important relationships: (1) the relationship between heroin use and the individual’s biological makeup; and (2) the relationship between the users and their particular social contexts/settings. It is at the intersections of these two domains, the biological and the social, that addiction is understood here through the philosophy of transcendental materialism. Before this is outlined however, these two domains require some attention individually.

Heroin Addiction and Biology

One of the key findings from this research, to be gleaned mostly from Article One, but also from Two and Three to a lesser degree as well, is the notion that there is more to heroin addiction than social scientific research often presents. The claim made in Article One was that this ‘more’ was located in the users ‘being’ – that is, it exists at the very core of who a user is in a physical as well as social sense. Whilst I was careful around how this was framed, the ultimate imposition was still clear:

To imply that the problem ‘resided in and of my being’ is categorically not to imply that [heroin addiction] is an entirely pathological state, even if this is not too far from the ‘truth’ emerging from my autoethnographic process.

(Wakeman, 2014a: 17)

This ‘truth’ is the biological elements of drug addiction and their impact upon heroin users’ subjectivities. It is a core component of the ways in which the users on the Range understood themselves and their worlds, and as such it is a core component of the theoretical model of drug addiction presented here.

The heroin users I met in the field were all keenly aware of the biological basis to their addictions. They all understood and prioritised the fact that feeling ‘well’ (that is, ‘normal’) was contingent upon consumption of heroin or an opiate-based
alternative/substitute. This was most observable through the fact that they always made preparations to ward off the painful consequences of withdrawal; they would always ensure that they saved some of the day’s heroin – even if it was just a tiny amount – for the morning when they would wake up ‘ill’. This could potentially be read as learnt behaviour in a subcultural context, following Becker (1963) for example, or it could be understood as the physical (i.e. material) impacts of heroin addiction upon subjectivity. In a somewhat instrumental manner, these heroin users were fully aware of the fact that their addictions had a biological basis that held considerable power over them. The following extract from my notes details Ryan’s thoughts in this respect, and how exactly this impacted upon the nature and limits of his ability to control his heroin use:

Conversation moves on to how he understands his drug use – I’m pushing things here a bit considering his mood, so I make every effort not to force him to look at things he doesn’t want to. I ask him if he has a choice when it comes to heroin, like whether or not he can choose to take it – he looks genuinely puzzled by this:

“I do have a choice” he says, but then goes on to explain that in reality, he doesn’t.

“It depends upon what else I’ve had really, like if I’ve had any proper tablets and that. If I have, then I can go without. If I haven’t, well, then it’s not that simple.”

Basically if he’s had some opiate-based painkillers then he feels no compulsion to use heroin, but if he hasn’t then the compulsion to use is not only present, but strongly so – it ‘drives’ him he tells me. This makes me think carefully about his choice of words here, ‘drives’ particularly. If one is driven somewhere then ultimately they have no real power over the destination or route taken – these are reserved for the driver, not the driven. In this sense, heroin does the driving and Ryan is the passenger, unless he’s had something to fend off his physical withdrawal symptoms in which case he can retain some control.

Field notes

Importantly here though, this kind of understanding of biochemistry’s role in addiction is somewhat limited – the entire sample claimed that they could exercise choice and control over heroin if their biological need for it were taken care of. However, what they were often less clear on was the effects that this knowledge had on them and their behaviour more subjectively.
Knowledge of the biological basis of heroin addiction extended well into the larger self-concepts of the users in this group; in this sense it should not be dismissed as instrumental and/or simplistic. It is not just a matter of these users knowing that their bodies physically need heroin to function, but of the extent to which this is incorporated into their subjective self-concepts and their understandings of addiction. Early on in the fieldwork I asked Tony specifically about whether or not it was possible that being physically addicted to heroin changed people in terms of who they are:

I put this too him, about heroin and addiction changing the body physiologically, and the brain too. To my surprise he couldn’t agree more:

“Yeah, that’s bang on that Ste – it’s like the way you think is changed forever. The slightest thing happens and you use, worst part is you don’t even know why it happens.”

“How do you mean” I ask?

“It’s like everything is good, then one day you’ll just go and score [get drugs], then when everything is shit, one day you’ll just go and do it again the exact same way. All them that tell you about ‘oh, my childhood, poor me, I’ve had it so hard’ and all that, that’s bollocks, they’re full of shit. Don’t get me wrong, there’s some of that in there for sure, but mainly people just do it because of who they are, who the gear’s made them become you know?”

Field Notes

What Tony was implying here – although he perhaps did not understand the significance of it at the time – is that this particular condition, understood through its biological impacts, changes the very nature of who people are. Tony and the others understood heroin addiction as ‘making’ them into who they are. This point is hopefully captured above in Article One; it is crucial here and as such, it is returned to below. Now however there is another component of heroin’s intersections with subjectivity that requires some attention – the relationship between the user and their social setting.

**Heroin Addiction and Social Setting**

Here the argument is ostensibly simple – that the heroin user’s social setting impacts upon her subjectivity. Such a claim is hardly ground breaking; it has been
the core of sociological studies of addiction for decades. However, it is important here, especially in terms of this research’s focus upon users in the particular socio-economic context of austerity Britain. The crucial feature to be taken forward, mainly gleaned from Article Two (but Three as well), is this: heroin addiction is responsively bound up with an individual’s particular actions and interaction within their social milieu. That is, users will approach their heroin habits – and as such, understand them subjectively – differently, dependent upon their particular position in the webs of social stratification that they are tangled up within. For example, Ryan, Helen and Barry all demonstrate distinctively ‘passive’ approaches to their heroin addictions – they meet the needs of their habits through service work within the moral economy of heroin first and foremost, and then support themselves with criminality in the event that all other efforts fail. However, Baily, Tony, and to a lesser degree Sarah, all demonstrate a more ‘aggressive’ approach – for them the direct action of various types of acquisitive crime is the preferred approach to securing heroin. Of course the exact parameters of this active-passive continuum are debatable, and positions within it are fluid and contestable. This is especially true in the case of Alan for example who regularly demonstrated traits associated with both aggressive and passive approaches to heroin use (although he frequently leans more towards the aggressive). Moreover, notions of ‘passivity’ are certainly not invoked here in the same vein as the stereotypical image of the withdrawn, ‘escapist’ drug addict. This scale is employed here as a heuristic device only, the key point of using it is this – the mediating factor between its two ends is to be found in existing social divisions such as age, gender, or (dis)ability.

This extends across the spectrum of being a heroin addict – from the ways in which one garners money to support their habit, right up to the ways in which one uses their drugs. The following extended excerpt from my field notes shows the different approaches taken by Ryan and Alan to two different scenarios: (1) having to wait for drugs; and (2), the use of crack cocaine:

Nothing for twenty minutes was the result of the call [to the dealer]. Waiting is just part of what Ryan does; he’s passing the time by trying to find a lead for an old computer monitor that he’s convinced he’s got under his stairs somewhere. Alan’s not taking it so well, he’s sitting on the sofa between bouts of jumping up and down and pacing the room – he’s using me to vent his anger:
“They take the piss mate, it’s all powder power with these cunts. It’s like they know they can do it, like they just take the piss you know?” I nod and agree.

“When I was doing things [dealing] I never kept people waiting like this, I was straight with them, ’cus you know [the dealer], he’s not busy really, and you know he’s got gear, he’s just sitting at home having a smoke isn’t he? He just can’t be fucked to do stuff now, isn’t it Ry’, isn’t it?” He shouts.

“Yeah mate” comes a muted reply from the hallway. It’s half-hearted, but gives Alan licence to carry on, which he does with more of the same.

Twenty minutes have now passed and it’s time to call again, Ryan makes the call and gets the same response – another twenty minutes. Alan is furious. He can’t sit still any longer; he’s anything but the sitting and waiting type that Ryan is. He leaves telling us he’ll be back in a minute, he’s going to go back to his place to see if his partner has any valium. While he’s gone I get chance to hear Ryan’s side of this whole waiting thing:

“It happens, Ste” he explains, “Sometimes people just can’t get to you, whether they’re bagging up [preparing the wraps of heroin for sale] or waiting for it themselves, it just goes that way sometimes.”

This is indicative of Ryan’s understanding of his predicament – his is a passive identity. He has little in the way of bargaining potential here; he’s not somebody that any dealer would be in a rush to please – he doesn’t have the social capital to command that type of respect. His task is to make do, to ride it out, to survive this as best he can. Today finding the monitor lead is providing him with a means to distraction, and talking to me is helping too. Just then Alan returns in a much more animated fashion; he’s smiling now too:

“It’s good mate, I just seen [name omitted] on the corner, [the dealer’s] good to go.”

Ryan makes the call and delivery is arranged in five minutes.

As promised, within five minutes there’s a beep of a horn outside and Ryan runs out to the car. Alan wants a hit, the idea of smoking heroin is a strange one to him. He’s done it loads of times, and he’ll never turn down a few lines if he’s rattling, but for him intravenous use is the only use that gets him what he really wants. He’s quickly got his gear [heroin] and a small piece of his crack in his cooker laid out on the table. His hands are shaking but he manages to do this with the skill and precision of a surgeon. Within a minute at most his hit’s in the pin and ready to go, he makes his usual apology to excuse himself and he’s off to the kitchen to put it in his femoral vein (his groin).

There’s a link here with the passive/aggressive subjectivity split. In a real sense, groin injection is an aggressive, full-on, means to introduce heroin to your system. Ryan on the other hand (who also has both heroin and crack) has elected to smoke both. He sits half of his bag on the foil and neatly places the rest in his tobacco tin for later/tomorrow. He smokes a few lines of heroin and
then rips himself off a new piece of foil to do something I’ve not seen before – he puts his crack on there and ‘toots’ it like it was heroin. Alan chips in:

“That’s a waste that is Ry’, I don’t know why you bother?”

“It’s not, it’s sound” retorts Ryan. “It’s nice. You didn’t know you could do this did you Ste?” he asks after having noticed my interest.

“No I didn’t” I respond, “What’s it like?”

“It’s just the same really, but a bit more mellow like…”

“It’s not the same” jumps in Alan, “it’s not the same at all, it’s a waste that is, you’re better banging it [injecting it].”

“That’s bullshit” utters Ryan, “it just depends on how you want to be with it.”

There then follows a brief crack-spurred argument to this end. Most of which was inaudible/incomprehensible as the crack is really kicking in now. In essence, they agree to disagree and conclude – much like I’m beginning to as well – that it’s to do with the individual user and the ‘hit’ you want from your drugs; whether you’re a ‘full on’ user, or ‘more chilled out’.

Field notes

What can be gleaned from all of the above combined is the fact that Ryan and Alan understand themselves and their heroin addiction very differently. What is crucially important in this claim is this: this differentiation is made via social roles. As Article Two argued, Ryan lacks the masculine dominance that some other men on the Range (Alan included) frequently demonstrate; he lacks the embodied qualities of aggressiveness and approaches his world in a more passive manner as a result. In the example from Article Three, Baily (an aggressive male user) steals DVD players, whilst Ryan holds back from such risky activities safe in the knowledge that he will get heroin through his ability to sell said DVD players. Sarah’s use can be considered through the same matrix; she is active and agentic in her criminality yes, but as a female user she is subservient to her partner Baily when he requires it, and she simply understands this as being part of the ways in which she practices her heroin addiction.2 Similarly, Barry’s use is mediated by his disability – his condition prevents him engaging in the aggressive criminal practices of others and as such, he adopts the passive practices of service that users

2 Which he frequently does. If for example, there is only one lighter available, he will always get first go with it. Not once did I ever witness a female injector go before a male on the Range.
like Ryan and Helen survive by. Crucially in all of the above examples, social factors are key; gender, disability, relationship dynamics – these are all *social mediated variables*. As such, the role of the users’ social actions, reactions and interactions *must* be central to any progressive model of heroin addiction.

*Towards a Transcendental Materialist Theory of Heroin Addiction*

The question now finally becomes this: how can the biological and sociological features of heroin addiction detailed above be integrated into one coherent theory? The answer forwarded here is through the ontology of transcendental materialism. As outlined in Chapter Three, transcendental materialism is a philosophy/ontology of the subject derived from Slavoj Žižek’s on-going philosophical project that is, essentially, an effort to wed the central tenets of German Idealist philosophy, Lacanian metapsychology, and contemporary neuroscience. In very broad strokes transcendental materialism holds that human subjectivity exists in a ‘third space’, it is regarded as being neither a product of the mind, nor externally (socially) imposed, as various other philosophies have argued over the years (see Žižek, 2006a, 2012). The rejection of the individual-social dichotomy is crucially important; subjectivity is instead argued to exist in a dialectical tension *between* these two poles. That is, the human subject exists in between the individual mind and the social body, it is located somewhere between the Kantian realms of the ‘noumenal’ (where things exist in and of themselves) and the ‘phenomenal’ (where things exist only as they are perceived) (Kant, 2003 [1781]: 156). Žižek (2006a) terms this space a ‘parallax gap’.

Žižek’s model of the human subject is vastly complex yet as others have noted, it is perhaps poorly articulated in some sections of his voluminous work (Johnston, 2008, 2009; Butler, 2014). However it does provide a means by which addiction can be understood in the same way as subjectivity; by presenting the possibility that it too exists in a parallax gap, in a third space in-between the biological and social ones outlined above. What this entails is understanding the phenomenon of addiction as being rooted to the subject’s material being (their *biological* body), but once it becomes established (i.e. a user has formed a habit), as becoming

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3 Parallax refers the difference in appearance of objects due to movement and lines of sight. For example, when travelling on a motorway the trees closest to the road appear to be passing by much quicker than those further away, despite the fact both are stationary and being passed at the same speed. The space between the two trees is the parallax gap.
irreducible to, or ‘more than’ (i.e. transcendental of), this material basis because of its inextricable links to the social realm in which addiction is practiced. For Johnston:

The transcendental materialist theory of the subject is materialist insofar as it asserts that the Ideal of subjective thought arises from the Real of objective being, although it is also simultaneously transcendental insofar as it maintains that this thus-generated Ideal subjectivity thereafter achieves independence from the ground of its material sources and thereby starts to function as a set of possibility conditions…

(Johnston, 2008: 275)

What this means is that a human subject (a self) emerges from its bodily base as a set of possibilities for becoming something else. As the subject acts in the symbolic order it finds itself thrust into, so it becomes something, depending upon what it does.

In summary, this model argues that out of the biological body arises a human subject that becomes irrecoverably entangled with the social sphere in to which it emerges. However, as overviewed in Chapter Two, we now know the human brain – the epicentre of all the biological body does – to exist in a state of plasticity in that it changes over time with recourse to the structure and strength of its synaptic connections. In this sense, the finer points of transcendental materialism become clear; subjectivity emerges out of the brain as a set of possibilities to become something else. As action takes place around this emerged subjectivity, it feeds back into the brain through the processes of neural plasticity facilitating the emergence of a new subject. Again for Johnston: “cogito-like subjectivity ontogenetically emerges out of an original corporeal condition as its anterior ground, although, once generated, this sort of subjectivity thereafter remains irreducible to its material sources” (Johnston, 2008: xxiv). This means, for example, a cyclist becomes a cyclist, a teacher becomes a teacher, a mother a mother, and a heroin addict becomes a heroin addict. It means that the subject is what they do in a material sense, but not in a reductionist or wholly deterministic sense because the subject remains transcendental of this material basis – different thoughts and actions will result in plastic changes at the material level which will in turn result in a different subjective being arising and then again transcending the material ground out of which it emerged.
The transcendental materialist subject is a subject continually in a state of *becoming*, in this respect it is little wonder that Žižek continually refers to himself as ‘Hegelian’ (Žižek, 1997, 1999a, 1999b, 2000, 2006a, 2012). Hegel’s (1977) famous dictum is that ‘the spirit is a bone’. He claimed: “When being as such, or thinghood, is predicated of Spirit [Geist], the true expression of this is that Spirit is, therefore, the same kind of being that a bone is … the *being of Spirit is a bone*” (Hegel, 1977 [1807]: 208 original emphases). Importantly here, ‘Spirit’ is translated from the German ‘Geist’ that can mean either ‘spirit’ individually (as in the individual’s spirit), or socially (as in ‘the spirit of the day’). Regardless of the debates about translation, what this implies is that the individual spirit, and/or the spirit of the day, must be understood as being in and of the human being in the same way that bone is. For the likes of Žižek (2006a), Malabou (2012) and Johnston (2008), this can be considered a forerunner to the neuroscience of today – as the human thinks and does in the realms of the spirit (socially or individually understood), so she becomes internally/biologically, *right down to the bone*.

As such, the extrapolation of the above into what I term here a transcendental materialist theory of heroin addiction runs as follows: an individual’s continued and sustained use of heroin becomes inscribed upon them through the processes of neural plasticity, resulting from this material inscription is an emergent ‘addict subjectivity’ which then interacts with (and in the process contributes to the construction and maintenance of) the particular social sphere – or Lacanian ‘symbolic order’ – it is thrust in to. At this point, the variable (and contested) addict subjectivity becomes irreducible to its corporeal source due to the ways in which it becomes enmeshed with its particular social setting. This social sphere, best understood through the conceptual framework of heroin’s moral economy, attains an increased significance in the context of exclusionary symbolic orders like that of austerity Britain which causes the actions undertaken within it to become more important to their participants and in turn, to become more deeply inscribed materially. Thus, it is argued here that heroin addiction must be understood in a manner similar to subjectivity in the Žižekian sense of the term; it is a bio-social phenomenon that exists in a ‘parallax gap’ between its two contributing poles, or in what could be termed a ‘third space’ (Žižek, 2006) between the individual and their

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*It is noted here that – just to complicate matters further – it can also mean ‘mind’ and ‘ghost’ too. However, Johnston (2008) is confident that in this context the meaning is as above.*
social setting, *between* the neurobiological and the social-symbolic. It is at the same time both, yet totally reducible to neither. In this sense a transcendental materialist theory of heroin addiction is unashamedly deterministic, but crucially *not* in a fixed or irredeemable manner. Before moving on here, this point must be stressed – just as the subject *becomes* an addict through the above processes, this same subject can (and does/will) become ‘something else’ as a result of the very same processes. This has many important ramifications for the ways in which heroin addiction is responded to, and as such it is returned to in the closing section of this chapter. For now though, attention turns to matters of drug policy.

**Rethinking Heroin: Questions of Policy**

The second research question required investigating the policy provisions that could reduce some of the harms associated with heroin. It was concerned with the ways in which legally enforced prohibition was not only ineffective, but actually increased the prevalence and impact of heroin-related harms. There is little need to rehash the evidence supporting this contention again, what matters here is the ways in which prohibition might be transcended; the ways in which drug policy provisions might be improved with recourse to their potential to impact upon the lives of users like Tony, Sarah and Ryan. In the previous section, three of the four articles had direct policy relevance, with Article Three and Article Four being specifically concerned with progressive drug policy initiatives. As such, and as above, the core claims of these articles are reiterated here – with support from data collected in the field – with a view to offering three tentative conclusions with direct relevance for the future evolution of drug policy in the UK. Firstly, the fact that some users believe their heroin use affords them real and significant benefits; secondly, that some of the established treatment options routinely offered in the UK today have negative consequences for some users; and finally (and most problematically), that many of the problems associated with the use of heroin in the UK today are in fact manifestations of larger issues of inequality that must be addressed first and foremost, over and above drug policy reform. Each of these is addressed systematically in what follows.
The Beneficial Qualities of Heroin Use

As noted in Chapter Two, the UK’s current response to drug use is twofold, with policy pivoting on an axis between criminal justice and public health concerns. Drug policy currently involves the application of the criminal law by various enforcement agencies alongside the provision of various modalities of treatment/harm reduction by healthcare networks. In respect of the latter, heroin assisted treatment (HAT) was presented in Article Three as possibly constituting a meaningful route forwards. Despite the agnosticism that Article Three concluded with, from a public health perspective prescribed heroin has significant potential in terms of reducing some of the damage associated with continued illicit heroin use. However, this research identified a number of issues around desirability in the eyes of the target population. Article Three concluded by noting:

the very real possibility that this policy’s target population does not and will not find HAT to be an attractive option. …the evidence-base for HAT is still guilty of neglecting heroin’s role in the construction and maintenance of individually meaningful identities.

(Article Three: 18)

The core premise of this article was that an ostensibly promising policy intervention such as HAT runs into difficulties due to the fact that heroin use has significance to users in many ways beyond their simple enjoyment of taking the drug. For example, some users in this study actually came to regard heroin as both necessary and beneficial to their wellbeing. In the lives of these users, there quickly becomes evident an important and destructive paradox – these people had numerous health problems which may or may not be attributable to their heroin use, however, in their minds, their continued use has become the solution to these problems and as such, giving it up becomes highly problematic for them.

The following example from a discussion around health with James and Helen is indicative of this paradox:

Helen’s not really said much since she got here, this is unusual for her as she’s never exactly backwards in coming forwards, I lean over towards her and ask how she’s doing?
“Not great you know love, it’s my chest again, my breathing’s all fucked up today.”

She has a chronic bronchial condition that means she can’t breath properly at all – this is why she never smokes cannabis, or even cigarettes, which in itself is pretty crazy when you think about the fact that she smokes heroin every day. In a real sense she might be perhaps the only user in the UK for whom injecting would be a safer route of administration. She tells me the story of coughing up blood again, it’s just as unpleasant as the first time she told it me. In her mind though, heroin is key to her wellbeing, she needs it to minimise the impact of her poor health:

“You see, with my condition, I need to sleep a lot, I have to get rest properly as that’s the only time that my body can fight it, like repair itself you know? My doctor told me that too. So basically, I have to sleep, so coming off the gear just now isn’t an option for me, ‘cus you know why don’t you?”

She motions me to finish her sentence about withdrawal stopping sleep; she nods her head affirmatively as I do.

“It’s not like it is for everyone else for me, I really do need it to stay well, and before anyone talks shit I’ve always had this [her breathing condition], so I know it [heroin] didn’t cause it. I’m not stupid, I know it probably won’t help it long-term, but it never caused it in me.”

James chips in with his own health problems; it turns out he’s got diabetes and as a result of this he’s lost a toe on one foot. Ryan makes a joke about him being Steptoe and Son, which although in pretty bad taste, was actually pretty funny at the time – even James had a bit of a giggle at it before telling him to fuck off. He’s now decided to show me his foot: I’m not really that keen on this, but I don’t want to discourage him. It takes him a while to get his trainer off, and the even longer to peel off his sock. Now I really wish he hadn’t done this; the smell is awful and I’m doing my best not to wince at it. Thankfully Ryan is considerably less tactful and quickly bawls at him:

“Put that thing away, it fucking stinks.”

“Are you getting that checked out?” I cautiously enquire.

“Yeah, yeah I have, there’s nothing they can do now though you know? It’s alright though, I mean I get my meds [medication] for it and that, but it’s just my diet you know, it was fucked up for so long.”

His problem here is the fact that he’s just not taken care of himself at all – this is why his teeth are in such a state despite his young age, his general personal care is almost non-existent. His aggressive pursuit of heroin takes over all that stuff. In fact, he’s quite forward in letting me know that his teeth are one of the key factors in his decision to keep using heroin:
“In all seriousness now, if they [his teeth] were a bit better, I might think about staying off you know? But it’s [heroin] a pain killer isn’t it? When I have it they don’t bother me, but if I’m off for a bit like I was when I come back down here the other week, they fuckin’ kill me I swear. It’s hard then, ‘cus the toothache’s on top of the rattling too you know Ste, and all the time I know I can just fix both just like that [snaps his fingers].”

Field notes

The above demonstrates why it is exactly that this particular group of users pose such problems to policy-makers – for various reasons they have come to regard heroin as the solution to their health problems, rather than seeing it as a cause of them. Importantly here however, it should be noted that in some respects they are perhaps right to do so. Whilst this is certainly disputable, their reasoning is understandable at the very least.

The parallel with the conclusions drawn in Articles Two and Three is evident here; it is arguably the case that the policy-making process where drugs like heroin are concerned takes too little notice of the significance of these drugs in some peoples’ lives. Whilst from an external position it may appear that heroin is causing them significant problems, from the perspective of some users it is actually causing them relief from these (and other) problems. Thus, the first recommendation that can be offered here regarding the future direct directions of UK drug policy runs as such: drug policy needs to progress with greater attention paid to the ways in which some drug users regard their continued consumption of drugs like heroin as not only necessary to their wellbeing, but as beneficial to it.

The Negative Impacts of Drug Treatment

Related to the above is another area of interest that became visible through this research – the potential negative impacts of drug treatment on users. That is, this project revealed that receiving treatment for drug addiction could have negative consequences for some users, and that these present significant barriers which prevent treatment uptake. Many of the people I met in the field expressed a disdain for the kind of treatments routinely offered to them as part of the UK’s established drug policy provisions. Ryan for example laughed when I first asked him about substitute prescribing – he confidently told me that ‘everyone knew’ methadone to be a worse drug to be on than heroin, and that Subutex (a form of buprenorphine
often prescribed as an alternative to methadone) was not much better either. However, such observations around methadone and prescription services have been made many times before (McKeganey et al., 2004, 2006) and as noted in Article Three, are potentially problematic through issues of sample bias. The observations made through this research are similar yet slightly different; the treatment aversions I witnessed among this group of users often had more pertinent underlying causes than a desire for abstinence over substitute prescribing – they were frequently underpinned by a belief that revealing one’s self to be in need of addiction treatment would impact negatively upon what little one held dear in life. By way of an example:

Barry’s spent most of this morning telling me how he has a certain carer provided for him by the social because of his disability, and that he really likes her and shouldn’t be able to have her because of her extra cost. As she likes him he tells me, she works it out with her bosses to keep him on her rounds. The problem here is that should she find out about his heroin use, he believes she would stop coming and he’d be forced to have whoever he’s given. This means that he spends large proportions of his time trying to keep his drug use from her. But as he tells me, she’s not stupid:

“She said the other day, why are your eyes pinned [opiates cause the users’ pupils to contract to the size of a pin-prick, ‘pinned’ eyes are a sure sign of their consumption]? I said they’re not. She said ‘get up, go look in that mirror, then tell me that your eyes aren’t pinned’. I did it and they was, I knew they was. I managed to blag [convince] her that it was medication for my [condition] and that the pills can pin you – which they can you know, some of them can definitely – I’m not sure she was having it, but I think she did. She said she believed me anyway.”

“What happens if she didn’t believe you?” I ask.

“Well then I’m fucked Ste, she’ll stop coming. It’s simple as that really. That’s why I’ll not go to [the local drugs service] or any of that shit to get a script [a methadone prescription]; once they know then everyone does, and it stays on your record you know? You know it does forever.”

Here I see why some of these users remain under the treatment radar for so long, and Helen is quick to agree with Barry on this one, albeit for slightly different reasons:

“It’s true love, that’s why I’ll not go too. All of my kids are grown up now except my youngest, but if I told anyone about the gear they’d have him off me straight away, I’d never get to see him properly either. They already want to you know? They’ve tried to before because of my illness, but my other kids all stood up and said they’d look out for us and that. If it wasn’t for them I’d of lost
him then. If it was just me I wouldn’t care, I can deal with the stigma of it all, but I’m not doing it to him, not until he’s old enough to understand anyway.”

Field notes

This is the core of the problem right here – treatment that is so badly needed is made unfeasible by a social system that stigmatises and condemns heroin use.

No degree of novelty can be claimed here with recourse to such an observation; drug policy analysts and other commentators have been saying similar things for many years now. Jock Young concluded his classic text *The Drugtakers* by postulating that where drugs are concerned, “it is only by treating citizens as responsible human beings that any sane and long-lasting control can be achieved” (1971: 222). And as Shiner (2009) argued in his review of the history of drugs and drug policy in the UK, Young’s conclusions still reverberate as strongly today as they did when he first made them well over forty years ago. The point here is that effective and meaningful drug control is only ever going to be achievable – and as such, treatments rendered acceptable and desirable by users – when people who use drugs are recognised and respected as citizens of worth and value. In this sense, and as is argued below, change is required at a level far higher than it might initially appear.

The kernel of the issue is this: there are pressing reasons why almost all of the users I came into contact with on the Range need some sort of treatment for their drug use, but their current circumstances prevent them from getting it or worse yet, from even seeking it. Both Helen and Barry would be set to lose precious contact with a child and/or a valued carer respectively should they seek the help they so clearly need. In the lives of these two people, who it should be stressed again have very little to their names, such a loss is simply inconceivable. Herein lies the real issue; the problem is much bigger than heroin and needs much more than a jostle of existing policy provisions to address. As such, the second conclusion that can be offered here to drug policy debates (and again I stress the fact that it is offered cautiously) is as follows: efforts towards the reformation and progression of drug policy *must* recognise the fact that for some users, ostensibly ‘helpful’ treatments can have negative consequences due to the larger forces of stigma and exclusion that are currently directed towards people who use drugs of addiction.
The ‘True’ Nature of the UK’s Heroin Problems

Finally, and despite the fact that it is hopefully evident by now, it must be forcefully asserted in summary that all of the above is bound up with the larger forces of discrimination that stem from the dominant ideologies of prohibitive drug control. It must be recalled that Article Four argued drug control – both in terms of its ideologies and practices – to be a manifestation of the larger systems of governance it is situated within. It is at this level, the level of ‘governance’ as the ordering of social life itself, that change is required. This is where the central claims of Article Four become key. Namely the following:

If nobody can win when the game is played like this, then we urgently need to change the rules, or better yet, *play a different game.*

(Wakeman, 2014b: 20 original emphasis)

Here my reasoning was as such: positive changes in the lives and fortunes of marginalised heroin users will require much more than a change of drug policy provision, they will require some fundamental changes in the ways in which the opportunities for success in the late-modern West are distributed. *The Wire,* much like the fieldwork, makes clear one thing if nothing else – the problems associated with heroin are not problems to be solved *by* neoliberal systems of population governance such as national and international drug policy, they are actually problems *of* neoliberal systems of governance.

Without being overly bleak here, the many problems I saw people dealing with on the Range may or may not be directly attributable to heroin use, this remains up for debate. However, the one ‘truth’ that I am certain of is the fact that solving such problems requires addressing their larger social context of exclusion and advanced marginalisation first and foremost. Until such a task is achieved – as utopian as I am aware this sounds – there appears to be little that can be achieved *en masse* in terms of addressing the many problems posed by heroin in the marginalised communities of austerity Britain. It would appear that in this particular socio-economic setting, the problems posed by (and related to) heroin are likely to continue. The following extract from one of my final visits to the Range is usefully indicative of this:
Once he’s got the tenner in his hand, Ryan makes the call:

“Alright kid, it’s [nickname], you got a dark for me [a bag of heroin]? Yeah, I’m there now, two minutes ok.”

We say our goodbyes to Pauline and head down the street. As we pass two mothers with pushchairs and their kids, Ryan shouts something to one of them but she says nothing back. We head down towards an alley behind a small kitchen shop – this seems remarkably out of place here, but I don’t dwell on that for too long as my attention has been diverted towards two young lads heading our way over the road. One of them has a half-drunk bottle of supermarket’s own brand vodka in his hand and a drunken swagger to accompany it, the other has a freshly rolled joint:

“You got a bit of roach there lad” he asks Ryan, who then passes him his cigarette papers so he can roach his spliff with the cardboard. Him and Ryan then head off into the alley behind the shops, on his way he stops and stares at me:

“What’s your name then lad” he asks me somewhat provocatively.

“Steve” I reply…

“Steve who” he snaps back with a heightened tone. I can tell I’ve agitated him now and I’m a bit concerned; he’s got a large glass bottle in his hand and I can tell he’s drank the contents of it – young lads like this can be dangerous when they’re drunk.

“Steve Wakeman” interjects Ryan quickly, “It’s good, it’s ok, he’s with me.”

I can tell that the dealer isn’t happy about this as they head down the alley leaving me with the other lad on the street. I don’t watch as I don’t want to upset him further, but part of me is amazed he’s the dealer. He’s a kid, literally, I’d be amazed if he was over 21, the other one I’m talking to now, he can’t be over 18.

“You getting into these things too lad” he asks me, ‘things’ referring to heroin.

“Nah am I fuck, I’m just with him you know?” I respond motioning towards the alley where Ryan and the dealer have gone.

“Don’t blame you lad, best off sticking with these eh?” Meaning the joint he’s now waiving at me.

“Yeah for sure” comes my response – I quickly conclude that it’s best to not disagree, if his mate’s suspicious of me now I can only imagine what he’d be like if he finds out I don’t even smoke weed. Just then Ryan comes back and we’re on our way. I make a quick comment about them being young, Ryan’s response – like it so often is with him – is brief and nonchalant, but profound and meaningful to me and my research far beyond anything he’s aware of:
“I was doing shit like at their age.”

Field notes

The point of including this extract is simple – these two young men are the next generation of users like Ryan, Helen, Tony, James and Barry. What I saw here was the ways in which these problems are embedded and ingrained in this locale, just like they are on the multitude of similar estates to be found up and down the UK. Underpinning heroin and all its associated problems are issues of social exclusion and marginalisation – if these two young men are not out here earning money selling drugs, where else do they have to be? Jumping through hoops to secure welfare payments? Chasing the few unfulfilling temporary contracts available to them in various service industries that will pay them the minimum wage flat? Like Tony and Alan currently are, and Ryan and Barry once were before long-term heroin use took its toll on them, these two young men are far too enterprising for that. They are unlikely to settle for that. This is why efforts towards solving the problems associated with heroin must be bigger than just drug policy revision; unless there is some form of meaningful change to the larger social context that all of the above takes place within, then it is little wonder why these issues have become cyclical in this way.

I am more than aware of the fact that my claims might be dismissed as unrealistic and unachievable by some; that there are contemporary criminologists who might accuse me of harking back to some form of utopian left idealism, tinged with the romantic and foolish notion that come the revolution ‘all will be well’. And moreover, I categorically do not wish to imply that efforts towards the reformation and/or improvement of drug policy provisions on the ground are not important. Such critiques of my position are surely valid, yet I will not dwell on them for long here. The fact remains that, as I was at pains to make clear in all of the articles above, multiple levers of exclusion are active in the lives of the men and women I encountered on the Range, and that these underpin their problems primarily, not heroin. It is because of what Bernard Stiegler (2011, 2013, 2014) has identified as the complete erosion of traditional social life in large sections of Western democracies that individuals come to rely upon heroin and the social practices that surround it as the very basis of sociality. In this respect, efforts
towards addressing the harms associated with this particular drug must extend well beyond the realms of drug policy identified above. Thus, the final conclusion I have to offer here regarding the future direction of UK drug policy debates is admittedly somewhat less tentative than the previous two were. It runs as such: efforts towards the reformation of drug policy are fatally flawed if they fail to recognise the current predicament of marginalised dependent drug users as being inextricably bound up with the exclusionary nature of late-modern neoliberal democracy.

The Policy-User Intersection(s)

The third and final research question was located at the intersection of the previous two: that is, it was concerned with assessing the extent to which an increased understanding of the heroin-addicted user could inform future UK drug policy. In this final brief section I complement the ‘cautious conclusions’ offered above with some more tentative recommendations around the future directions of drug policy. It is appreciated that this may seem somewhat paradoxical given the previously asserted claim that reform needs to be in the larger social structural context rather than the drug policy field. However, as previously noted, a focus upon the need for structural change is categorically not to imply that there is no merit in seeking to reform and change drug policy provisions on the ground right now. Thus, this final section draws the chapter to a close by assessing the ways in which a greater focus upon the nature of heroin addiction in the UK today might help improve the effectiveness of the policies that are put in place around it. That is, this final section is specifically concerned with the potentials and limitations of a transcendental materialist theory of heroin addiction with recourse to the drug policy arena.

Firstly, and by way of a brief recap, a transcendental materialist theory of heroin addiction holds that the long-term habitual user has become a heroin addict at the core of who they are. Article One claimed that addiction resides ‘in and of [a user’s] being’, Article Two noted that users become ‘socially embedded’ in the practices that surround heroin use, and Article Three held that the ‘real addict’ identity was crafted and privileged by some users in such a way as to override other
features of their characters. All of this reasoning was drawn together in the opening section of this chapter where the claim was made that the ‘real addict’ subjectivity becomes inscribed upon users at a material level through their continued actions within the social symbolic order that surrounds heroin. It was in this sense that addiction was posited as existing in a ‘third space’, or a ‘parallax gap’ between social and biological forces. However, and as was also noted above, whilst this may seem a somewhat deterministic claim to make, it is not deterministic in a fixed or reductionist sense – just as one becomes a heroin addict, one can (and does) become something else too. This is where the model’s real implications for drug policy are to be found.

To start with, if it is true that a user has become an addict down to the very core of their being and remains so through the interaction of both biological and social forces – some of which the user has no capacity to control – then the idea that this can be rectified through prohibiting access to drugs needs to be jettisoned right away. For the reasons outlined in Chapter Two, all this will achieve is a marked increase in the prevalence and impacts of the risks associated with the use of heroin. Instead, the question needs to be in what ways can a regulatory system be enacted that recognises and impacts upon both the biological and sociological features of this phenomenon concomitantly. Many of the problems associated with the operation and effectiveness of drug policy, as well as with addiction treatment techniques, are rooted in a lack of awareness of the importance of this socio-biological nexus. For example, when Davies (1997) or Peele et al. (1992) frame addiction as a ‘myth’ by focusing upon the discursive constructions that surround it, they demonstrate a problematic lack of recognition around the biological components of the condition. They are not wrong in the sense that the external discursive realm is crucial to understanding heroin addiction, but they are only half right. Likewise, when proponents of the brain disease model of addiction (e.g. White, 2002; Nutt, 2012) argue the condition to be primarily a synaptic one, they too are only half right in that they potentially render obsolete the importance of the social-symbolic realm. It is because of the skewed emphases of these positions, and the omissions that result from them, that they are each found wanting in respect of how to move drug policy forwards.

It is argued here that a transcendental materialist theory of heroin addiction does not suffer from these same issues. In demonstrating an increased sensitivity
towards the external and internal factors influencing addiction, this model offers some realistic benefits to the policy maker. It is important to note though that I am not the first to recognise this. Weinberg (2013) highlights the policy potential to be found in his post-humanist model of addiction – overviewed in Chapter Two as also being predicated upon a bio-social intersection – in two distinct yet interrelated areas: (1) it reveals the true extent to which addiction impacts upon the user; and (2), it can help answer questions of addiction treatment methods and whether or not they fulfil their potential as empowering, or fail as oppressive apparatuses of social control. Due to the similarities between these two models of addiction, these fields of policy-relevance are particularly useful in the present context. That is, a transcendental materialist theory of heroin addiction can aid in the development of more effective drug policy due to its increased appreciation for the extent of addiction’s effects on the heroin user, and it can shed some light on the ways in which addiction treatment provisions might be enhanced as well.

Regarding treatment provisions first, Weinberg (2013: 180) notes the “antinomy between mechanistic neuroscience and humanistic social science” can be avoided through a perspective that incorporates both positions, and that this can be highly beneficial in that it permits the investigation of addiction treatment techniques which are more ‘supple’ than the likes of cognitive behavioural therapy or substitute prescribing can ever be when employed on their own. Likewise, it is claimed here that if framed and operated through a parallax view of heroin addiction, treatment provisions could be tailored to more effectively meet the needs of the addicted user. In this sense, treatment would need to offer a means by which the body’s biological requirement for opiates can be slowly reversed at the same time as making efforts to situate the user within a new symbolic order that offers real and meaningful choices for social action that are not heroin-related. This would allow the processes of neural plasticity – highlighted above as being central to the emergence of the subject/self – to take effect so a new, ‘non-addict’, subjectivity can emerge.

Importantly, such a conceptualisation has significant ramifications for the currently in vogue treatment option of abstinence-based recovery (see Duke, 2013). Such models are predicated upon a notion of addiction as being a lifelong condition which the user arrests daily, and in this respect it could be argued that they actually hinder the transcendental materialist emergence of a non-addict subjectivity
through keeping a user – albeit a ‘clean’ one – bound up within an ‘addict’ social symbolic order. Thus, one of the key policy recommendations that can be made here on the basis of heroin addiction existing in a parallax gap is this: once the biological need for opiates is alleviated, efforts need to be directed towards severing all social symbolic links with heroin, as well as with ‘addiction’.

Similarly, moving back to Weinberg’s first point about the true impact of addiction on the user, a transcendental materialist theory of addiction again shows significant policy potential. Weinberg claims that his post-humanist perspective can:

examine more seriously than other social scientific approaches, not only the idea that some people really do experience a loss of control over their drug use, but also the concrete combinations of intra-personal, interpersonal and social structural dynamics that give shape and stability to their addictions and recoveries in situ.

(Weinberg, 2013: 180)

While Weinberg holds addiction to be bound up with a real and identifiable loss of control, the present research differs slightly in that some users did demonstrate the capacity to enact some control over their heroin use, some of the time. However, the underlying principle of the two models remains the same – this being the heroin user experiencing their addiction at a ‘deeper level’ than some social constructionist and/or discursive accounts of the phenomenon allow for, a deeper level that is responsive to both internal and external forces. Locating addiction in this third space between the individual and their social setting facilitates understandings of it that are responsive to, and in tune with, the personal and social structural factors that impact upon it concomitantly. This in turn has crucial implications for the ways in which heroin addiction is legislated against.

To illustrate this, a transcendental materialist theory of addiction holds that the problem resides at the very core of who the user is/has become. It also holds that their subjective being is responsive to both their thoughts and actions, and their respective social-structural context. In this sense, it is possible to direct some basic but hard-hitting questions of ‘justice’ towards the drug policy arena. It can be asked whether or not it is ‘just’ – whether or not it is fair, right, or even civilised – to punish someone for engaging in behaviour that is a seemingly natural
manifestation of who they presently are. Whilst it is fully appreciated that such a question is potentially unanswerable, in posing it here however I was not seeking an answer. Rather, it is through such a question – a question that a transcendental materialist theory of heroin addiction engenders – that it becomes possible to discern an alternative future for UK drug policy. In this respect a parallax view of heroin addiction is a truly progressive view of heroin addiction, one that has truly progressive policy potentials too.

The philosophy of transcendental materialism is a philosophy of becoming; the user that has become an addict at the core of their being has only done so as part of their larger journey of becoming something else. This is a theory of addiction that is truly forward thinking and transitory – as such, it can be used to suggest that drug policy provisions should be directed towards assisting in this process of change. It invites questions around the ways in which policy responses to heroin addiction can facilitate people’s safe movement through it, rather than the somewhat futile questions of how it might be prevented, stopped or even ‘cured’. Whilst I would not be so bold in closing to suggest that I know exactly what should be done in terms of the correct policy response to heroin addiction, if the above model can stand up to proper scrutiny I believe in this respect it does point in the right direction at least. That direction is as follows: drug policy now ought to recognise that dependent users have become drug-dependent at the core of their being, both socially and biologically, as part of their larger and on-going journeys of becoming who they will be. As such, policy provisions will only be successful in properly countering the harms of heroin use when it is more fully recognised that the key task of policy is to provide addicted users with a meaningful set of opportunities to ‘become something else’. That is, the above suggests that addiction is fully embodied at a material level, yet fluent at the same time. The task now is to engineer large-scale systems of social order/governance – of which drug policy will be just one constitutive component – whereby people can move more easily through the heroin-addicted stage of their journeys of becoming. Nobody said it would be easy.
Rethinking Heroin: Some Conclusions

In many respects, the analytical core of this PhD thesis has been revealed in the present chapter. While the articles in the previous section made the core arguments, the research questions that structured the project as a whole have been addressed here. In summary, the chapter has shown that (a) a transcendental materialist theory of heroin addiction is possible and plausible; (b), that policy responses aimed at addressing some of the harms associated with heroin use are complex, yet could be improved in three specific areas; and (c), that this improvement might most realistically be achieved by integrating the policy field with a more nuanced understanding of the heroin-addicted individual. That is, an increased understanding of what exactly heroin addiction is, may in fact naturally lead to more effective policy responses. Importantly here however, it should be recognised in closing that the most important facet of the above set of arguments may not be immediately visible within them – it being instead the potential identified here for a progressive analytical theory of a given problematic through a theoretical synthesis of biological and sociological concerns.

As indicated in Chapter Two, a number of thinkers from various academic disciplines have in recent years been working towards the very same synthesis (e.g. Braidotti, 2002; Massumi, 2002; Wilson, 2004; Žižek, 2006a; Johnston & Malabou, 2013; Rose, 2013; Meloni, 2014), and one of the core claims that can be made through the above is that it is time criminology started to embrace these developments too. This is not to suggest that criminologists have not started moving in the right direction (e.g. Walsh & Beaver, 2009). However as Hall (2012a) recognised, these thinkers have failed to grasp the complexities of the bio-social interface and instead simply recant the now well-discredited neo-Darwinism of the likes of Dawkins (1976). They are correct when they claim: “[f]lesh and blood people commit crimes, not disembodied ‘social factors’” (Walsh, 2009: 292), but again only to a degree. As argued above, flesh and blood people do not exist as ontologically distinct entities, discrete from their social setting. Rather the claim was made here that the core of the human subject – and by implication, the addict subjectivity – exists in a parallax gap between the flesh and blood body and its social context; both are at the same time crucial to understanding the human, but said understanding can never be reducible to either alone. This is why – predicting
with an almost eerie accuracy many of the current developments in both philosophy and neuroscience – Hegel was right centuries ago when he claimed the spirit to be a bone.

In conclusion, it has been shown here that a bio-social intersection is key to understanding heroin addiction, and that this has significant and progressive implications for the ways in which heroin and other drugs of addiction might be more effectively regulated in the future. This is not however all completely without issue or cause for concern. Adrian Johnston (2014), one of the key architects of the philosophy of transcendental materialism, has recently argued that it should be employed with caution and due recognition for the series of ‘balancing acts’ it requires to avoid regression into crude reductionism or biological determinism. Likewise, Catherine Malabou (2008), building on Boltanski and Chiapello (2005), has persuasively and insightfully argued that there is a potentially insidious congruence between the notions of neural plasticity offered by contemporary scientists, and the concepts of ‘flexibility’ that have come to form a defining feature of neoliberal governance in the late-modern West. The possible extent to which the ‘synaptic self’ is the latest manifestation of a carefully crafted neoliberal subject is as of yet to receive the analytical attention it is certainly deserving of. Nevertheless, it has been argued here that in the present context, the biological-sociological synthesis is key to both understanding and legislating around heroin addiction. In addition to this, and by implication, it can also be argued in closing that this has wider significance for the discipline of criminology; that the bio-social intersection should now become a key foci for analysis both in terms of the genesis of human action, and the aetiology of crime and deviance.
Chapter Five: Conclusions

The cure of personal disorder depends more directly than before on the cure of the general disorder.

Herbert Marcuse

The task of this final chapter is twofold: it closes the work by providing an overview of the main conclusions derived from the project as a whole, but it also offers some thoughts on where they should lead next. That is, this chapter is concerned with the core findings of this investigation into heroin in austerity Britain, as well as with the areas that have been revealed through it to be in need of further research. In this respect this work is far from finished – it has revealed as many questions as it has provided answers. This considered, the project has (it is hoped at least) achieved its originally stated aims of rethinking heroin in terms of its use, addiction to it, and its policy context in the current climate of the late-modern UK. These three fields of use, addiction and policy were identified in the opening chapter as being the sites of three distinct challenges to social scientific knowledge around heroin and as such, they are each returned to now.

Rethinking Heroin: Use

It was noted in Chapter One that recent developments around the demographic patterning of heroin’s use in the UK were presenting something of a challenge to orthodox social scientific understandings of this phenomenon. Such understandings are largely predicated upon the existence of a strong link between heroin use and social exclusion and as such, in the current economic climate of rising inequality and disadvantage we should expect to see heroin use rising

accordingly. The problem identified in the opening section of this work was the fact that we have not seen this; we have actually witnessed the exact opposite. This decrease casts some doubt upon the validity of some sociological theories of heroin use and provided all the impetus necessary to rethink them. Importantly within this though, the older user group (35-64 year-olds) were noted to be running against the trend – their use has been rising. In this respect this work has gone some way towards accounting for why exactly this might be the case.

Whilst it was not planned as such, the users that formed the sample studied here mainly fell into this older-user category. As such, this can potentially be understood as a unique strength of the present project. Moreover, it is important to note that age is a social variable afforded strikingly uneven coverage in contemporary criminology. There are countless books, articles and studies of young people, youth justice and youth crime, but a significant dearth of works focused upon older people. The main finding with resonance in this context was predominantly delineated in Article Two; here it was argued that the older users like Helen and Ryan were more firmly embedded in heroin’s moral economy and as such, were much more reliant upon it to fulfil basic social needs than some of the younger users were. In this respect it is not difficult to see why such a scenario might keep older users involved with heroin. As argued in Article Two, the moral economy of heroin should be understood as a concerted set of efforts towards the reconstitution of a meaningful social order by, and specifically for, this population of highly marginalised and disadvantaged users. It is absolutely not an exaggeration to say that outside of heroin’s social symbolic order, there is virtually nothing of a social life left for an individual like Ryan.

**Rethinking Heroin: Addiction**

In terms of heroin addiction, this project opened with an extended overview of the multiple ways in which both the social and natural sciences have come to understand this phenomenon. In many respects the size of this review alone is indicative of the need for more joined-up thinking. A multitude of contested positions on addiction were identified and many of their potentials and pitfalls revealed. However it was also noted that a specifically ‘criminological’ theory of
addiction was lacking from this literature, and this itself proved to be a significant motivating factor for the present project. In terms of the need to rethink heroin addiction, the rise of neuroscience was presented as pivotal here. It was argued here that the ‘curious void’ Weinberg (2013) identified at the core of addiction science could be filled by a theory that prioritised both social and biological concerns. In this respect, the emerging philosophy of transcendental materialism offered a suitable means by which this might be achieved.

It is true that this was an ambitious undertaking, and that a transcendental materialist theory of heroin addiction very probably requires more sustained delineation than space permitted here. However, it is hoped that the above has gone some way towards revealing the direction in which a criminological theory of this type of drug use ought to be heading. The theory offered here had two main potentials: it offered the ability to account for both social and biological factors in the genesis of drug addiction, but also the ability to situate the condition in its larger socio-economic context. Transcendental materialism poses significant questions around the ways in which material conditions influence and affect the emergence of ‘consciousness’ (Johnston, 2008; Hall, 2012b). In the present context this was shown to be reducible to the ways in which material conditions influence the emergence and maintenance of contested addict subjectivities. In this respect, the benefit of rethinking addiction along these lines was demonstrated above to be found in the potentials of a transcendental materialist theory of heroin addiction to account for both the continuities surrounding how it is that addict subjectivities emerge, but also their divergences and the ways in which they are contested along the lines of existing material and social divisions like age, gender and levels of poverty.

**Rethinking Heroin: Policy**

The final field this project was concerned with was that of policy. Specifically, the ways in which the policy provisions that have come to surround heroin might be rethought in terms of what they are designed to achieve, as well as the effects that

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2 To stress again, by a criminological theory I mean a theory of addiction based primarily in the teachings of criminology as a field of study – not that addiction should be understood as a criminal problem through the discourses of crime and justice.
they have on heroin users. The challenge identified here to knowledges around drug policy was to be found in the ways in which the global drug policy arena appears to be evolving of late. In the opening chapter numerous examples of this evolution in progress were offered: the legalisation of recreational cannabis use in some U.S. states; the decriminalisation of possession of controlled substances in more than twenty nations around the world; and the rising market in the West for legal psychoactive substances to name just three. It was argued here that these developments were indicative of the need to rethink our drug policy in light of impending changes to it. The claim that drugs will remain legally prohibited in the UK for the foreseeable future is less than convincing – things are changing rapidly in this domain and as such, the need to think carefully about what we do next is crucial.

To this end, Articles Three and Four made the mainstay of the contributions here. The policy interventions of HAT and decriminalisation were investigated through the experiences of the users on the Range, and the ways in which they have been culturally represented through *The Wire*. In many respects this might appear to be a strange place for an ethnographic project to end, with a televisual representation of a problematic observed first-hand in the field. However, what this achieved here – at least what it is hoped that it achieved here – was the rendering clear of one core claim: *that drug policy debates must extend over and above drug policy debates*. Whilst this work could, and did, offer some recommendations as to where drug policy should go next, and what measures exactly should be used to treat and legislate against heroin addiction, *The Wire* neatly demonstrates why such efforts are potentially misplaced. The core of the problem was revealed above to be the exclusionary and socially corrosive nature of neoliberal systems of governance. Whilst it may seem overly bleak and melodramatic, rethinking policy along these lines has been argued here to be crucial. Until such debates are set in this context, and until challenging the hegemonic dominance of neoliberal governance becomes a core focus of efforts towards the positive reformation of drug policy, little of significant benefit to the users on the Range is likely to be achieved.
Moving Forwards: Where Next?

In terms of the areas this project revealed to be in need of further research, these are numerous. However, they are largely centred upon the core problematics of the articles in Section Two, and the theoretical model of addiction presented in the previous chapter. Regarding the latter, it is certainly the case that there is more to be done here. Whilst the transcendental materialist model of heroin addiction presented above is – again, it is hoped – strong enough to stand up to theoretical scrutiny surrounding its application in this research, there are questions remaining around how far exactly it might be expected to travel. For example, for a theory to hold true it ought to be able to transfer across temporal and spatial boundaries – there are questions that could be asked around how such a theory of addiction would ‘fit’ in the context of heroin users in China perhaps, or maybe the same questions could be asked around the model’s applicability to dependent heroin users from the higher ends of the social class spectrum as well? Whilst such users are very probably few in number, the recent heroin-related death of Peaches Geldof – a significantly privileged individual – confirms that not only do they exist, but that they also experience harms connected to their drug use. Further research around the validity of this theory and the extent to which it can be expected to transfer to other social settings is now required.

In a similar vein, there remain questions around whether or not transcendental materialism could underpin theories of other types of addiction. For example, could the model developed here account for dependency on alcohol, cigarettes, or prescription drugs? Likewise, the proliferation of what have come to be known as ‘lifestyle addictions’ – to sex, chocolate, shopping, use of the Internet etc. – presents similar questions. Is it possible that the ontology of the human subject propounded by theorists working with transcendental materialism could account for these types of addiction too? In this respect it could even be asked whether or not this particular model could be developed into a general theory of addiction, if indeed such a theory is even possible in relation to a phenomenon with such diverse manifestations. Ambitious as it may seem, it is held here that this might actually be a possibility, however considerable work will be required in future for it to ever be realised.
There are however some more concrete paths for future research that the present project has rendered clear. The first of these is based upon the last of the articles, Article Four. Here *The Wire* was presented as a cultural paradigm of drug policy debates and in this respect, as having the potential to impact upon the future direction of said debates. Importantly, this means that other representations of criminological subjects might well have this capacity too. Towards investigating these potential ends a research project on new media representations of crime and deviance is already underway (Wakeman, 2014c). Also of interest here are the core claims of Articles Two and Three. An empirical research project is in the planning stages around drug dealing, focusing on the moral economics of drug market systems and the importance of the identities of the actors contained within them. In the near future I intend to build on these articles to ask in what ways, if any, could the micro-dynamics of drug markets be employed in the policy arena. For example, could the heroin dealers I met on the Range be expected to become agents of harm reduction – as Alison Ritter (2010) has tentatively suggested they might be – through handing out clean injecting equipment with their wares in return for reduced or even suspended sentences upon future conviction? The feasibility of ideas such as this (which admittedly may not be plausible at present, but might very well be so in ten year’s time) will hinge upon a sound understanding of the morality inherent in heroin markets and in this respect, an investigation of this sort seems the obvious direction in which the present research should now advance.

**Endpoint**

To conclude, it feels only right that I refer to Helen, Tony, Alan, James, Barry and the others, but most of all Ryan, to thank them for the help they gave me in undertaking this research. To be blunt, without them and their willingness to allow me into their worlds, this project would not have happened. I remain eternally grateful to them all. My involvement with them has taught me many things, but the one I will close with is perhaps the most resonant still, despite the fact that it has now been just over a year since I last saw any of them. It has been stated before, but still, it runs as such: the problems these men and women experience on
a daily basis are related to their heroin use, yet they are not reducible to it. In many ways, heroin has come to act as a solution to the numerous problems of social disintegration and advanced marginalisation that they face on a daily basis. In this respect, and whilst all efforts made to help this population are certainly laudable, they unfortunately remain futile as they are misdirected at a symptom of the problem rather than aimed directly at its cause. This cause is the complete hegemonic dominance of neoliberal capitalism as a system of social order. However, there is a possible solution to the problems of the people I met on the Range, and it would not be right to finish this work without at least offering it. It involves a large-scale redistribution of the UK’s wealth and opportunities for success through the implementation of a new system of governance that is more committed to peoples’ collective welfare than it is the individual’s right to accrue capital. Holding one’s breath is not advisable.
References


Appendices

Appendix i: Participant Profiles

The names of all participants in this research have been changed, along with any other information that could be used to identify them personally. All were White and British-born, the following brief demographic data are included here as a point of reference for the reader.

Ryan – male heroin and crack user, 40-50.
Alan – male heroin and crack user, 40-50.
Cherrie – female heroin and crack user, 30-40.
Helen – female heroin user, 40-50.
Pauline – female non-drug user, 70-80.
Maddy – female alcoholic, infrequent heroin user, 30-40.
Paul – male drug dealer from the Range (non-heroin user), 30-40.
Tony – male heroin and crack user, 20-30.
Amy – female heroin and crack user, 30-40.
Pete – male heroin and crack user, 30-40.
Scott – male heroin and crack user, 30-40.
Drew – male prescription drug user/alcoholic (non-heroin user), 40-50.
Barry – male heroin and crack user, 30-40.
Appendix ii: Information for Prospective Participants

The following information is designed to be your guide about the research you have been invited to participate in. Please read it carefully and feel free to ask any questions about it that you might have.

Who will conduct the research?
This research is being conducted by Steve Wakeman as part of his PhD (the degree of Doctor of Philosophy) that he is undertaking at the University of Manchester. He works alone but under the direct supervision of two distinguished criminologists from the University. During the course of the research, Steve will be the person you have contact with.

What is the aim of the research?
The aim of the research is to help criminologists get a better understanding of what it is like to use drugs like heroin and crack cocaine today. With government cuts to important social services looming, the research is looking to see how this will affect people who use these drugs. It is important to realise, this research doesn’t aim to condemn or condone the use of these drugs; it merely aims to understand it better from the perspective of people who actually do it.

Why have I been chosen?
You have been invited to participate in this research as you have been made aware to the researcher as a user of heroin and/or crack cocaine.

What would I be asked to do if I took part?
In all honestly, very little that you’re not doing already. This research is using ethnographic methods, this means that the researcher would like to be invited into your daily life to spend some time with you, doing whatever you normally do. He would ask you questions and maybe take some notes, but for the most part, he would just observe you and your daily affairs. At a later date, Steve may ask to interview you in detail about the things he has observed or any other questions he might have. Like the research in general, you are completely free to say no to this,
but if you did agree, it would mean that the two of you would talk in private for an hour or so. Other than allowing Steve into your world and answering his questions if you wish to, nothing else will be expected of you.

**What happens to the data collected?**

Any data that the researcher collects will be stringently protected. Steve will take your privacy very seriously. Any notes he makes will be typed up as soon as possible and then the original notebooks destroyed. In the event that he interviews you in private, he may ask your permission to record the session. If you agree he will keep the audio recordings securely encrypted on a memory stick locked in a cupboard in his house. At the end of this process he will write up his findings as part of his PhD thesis, and then this in turn will become a book. Throughout the whole process though, your personal data will be secure and safe, and it will be held in full compliance with the Data Protection Act 1998. Steve will not make your personal details known to anyone else, ever.

**How is confidentiality maintained?**

This research is confidential, and again, the researcher takes your privacy very seriously. However, there are limits to the confidentiality that can be offered. Steve will change your name in anything he publishes (such as a book or journal article) based on the research, and nothing that could identify you will ever be made public. He will never make details of your drug-related activities know to anyone. This includes the police. However, there are some instances when he could not guarantee you this level of anonymity or confidentiality. He has an ethical obligation to report some serious crimes, such the abuse of a child for example. Likewise if you were to tell him that you were planning to seriously harm yourself or someone else, or you knew for sure that someone you knew was planning such an act, he would again have an ethical obligation to inform someone.

However, Steve would only ever do this in extreme circumstances, and would always discuss it with you first. Your confidentiality, privacy, and general wellbeing are of the utmost importance to this research.
What happens if I don’t want to take part of if I change my mind?
If you decide not to be involved, nothing will happen. You would participate in a purely voluntary capacity – you do not have to do anything unless you want to. Similarly, you can leave the research at any time, with no notice or reason being required. You can also take any data collected from you at that point with you too. If you wish, you can completely remove yourself from the project at any point. Also, ethnographic research means that the researcher will spend a fair amount of time with you, going where you go and doing what you do. If however, you decide you do not want him present, or you want him to leave, then you only have to say so; Steve will always respect your wishes and will honour any requests for him to leave immediately without requiring any reason from you at all. It is completely up to you how much or how little you share with him.

Will I be paid for participating?
Regrettably, you cannot be paid for your participation. This is not because your time is viewed as unimportant, but because there are ethical issues that prevent researchers paying participants for information. However, it may be the case that Steve can offer you things to compensate you for your time and to thank you for your help, such as vouchers etc., but these could never exceed £20 in value and would only be offered in exceptional circumstances. Again this is for ethical reasons. This said, in the event that your participation costs you anything (travel expenses etc.) Steve will fully reimburse you without question.

What is the duration of the research?
The PhD lasts for three years, but the first is already complete and the last will be spent writing up the findings. So while the actual duration of the research is hard to pinpoint, Steve will only be conducting fieldwork for a year, eighteen months as a maximum. This doesn’t mean he’ll be with you the whole time though, again, how much or how little time you see him is up to you, it may be regularly, once or twice a week, or you may just agree to see him once – in this process, you are the one in charge and the duration of your involvement is up to you.
Where will the research be conducted?
Again, ethnographic methods mean Steve will be seeking to understand your world as you see it, so there will be no fixed location. As far as you permit it, he will go wherever you do. To begin with however, it is usual for you and the researcher to meet in a public space such as a bar or a café to discus how much you would be willing to share with him and where he would be allowed to accompany you in the future.

Will the outcomes of the research be published?
Hopefully yes. The whole study will be written up as a book in a few years time, but as it takes place, Steve will publish details of it in academic journals. You will be given access to any material he tries to get published though, and he will never publish anything about you that you are not happy with. Again, nothing that could identify you personally will ever be made public.

What benefits might this research offer me or anyone else who takes part?
Unfortunately, there is not much in the way of direct benefits for you at present. However, the research will be published in time, and it will be used to contribute to wider debates about drug policy and the public good in the UK. It may be the case that your story – told by Steve with your guidance – plays a part in benefitting others in time to come through providing policy makers with a greater understanding of what the lives of people using heroin are actually like.

What if something goes wrong?
In the event that something goes wrong, you will have every right to complain about the researcher, or your treatment, to either the University of Manchester or any other body you wish. In this unlikely event, Steve will offer you his full cooperation at all times.

Thank you for taking the time to read this information and for considering taking part in this research. Steve’s contact details are below, please feel free to contact him with any questions, at anytime.