RESEARCH

The horse handlers

Despite its enormous potential for harm, research suggests that some people, in certain circumstances, feel able to effectively manage and control their use of heroin in order to minimise the inherent risks. **Tim McSweeney** and **Paul Turnbull** have followed the fortunes of one such group of heroin users.

Current policy aims to dissuade people from trying drugs such as heroin with good reason: it recently attained the highest harm rating from among twenty licit and illicit drugs of potential misuse using a risk assessment matrix devised by the Advisory Council on the Misuse of Drugs. While the harm potential posed by heroin is undeniable, research also suggests that these harms are, on the one hand, mitigated by the characteristics and behaviours of users, and on the other, compounded by the context in which the drug is used and its legal status.

In 2005 the Joseph Rowntree Foundation (JRF) published findings from a small-scale exploratory study of occasional and controlled patterns of heroin use. While the sample differed from those normally recruited for research on heroin – almost all were in work or studying; they were financially better off and better housed – the research revealed that some people, at certain stages in their drug-using careers, felt able to regulate and manage their use of heroin so that it caused them fewer problems. Although this finding was starkly at odds with media portrayal of, political debate about and public understanding of heroin users, similar results have been consistently reached by many studies, conducted across different locations over the last thirty years.

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

Funding and mounting research of this sort is clearly a contentious and risky endeavour, but justifiable on theoretical, policy and practice grounds as examining this subset of users might help enrich our understanding of the processes that enable some people to control and manage their drug consumption, and insulate them from developing dependent

patterns of use. It may also identify tactics for helping dependent heroin users gain greater control over their drug use.

Two years on from the original study and there were some considerable changes in overall patterns of heroin use reported by the 32 respondents we were able to re-interview. The most striking development was that most reported having either reduced the frequency with which they used heroin (7) or had stopped using (14). This latter group comprised of those who had not used during the last six months and stated their intention to stop using heroin. Six respondents reported that the frequency of their heroin use had increased while a similar number (5) reported no change in levels of use.

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

there are subgroups of heroin users who are either non-dependent or dependent but stable and controlled in their use of the drug

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

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

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

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

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

Heroin use can have a devastating impact on individuals, their families and the wider community. We are not trying to suggest that controlled and problem-free heroin use is a universal possibility. Nor did we set out to assess what proportion of heroin users are able to control their use. Our argument is that heroin will affect different people in different ways, and that some people, in certain circumstances, will feel able to effectively manage and control their use in order to minimise the inherent risks.

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

A more realistic goal for these clients, at least in the short-term, might be developing strategies for managing or controlling their heroin use. As part of the study we drew on evidence that suggests that there may be both a demand for controlled heroin use amongst treatment seeking drug users and a willingness within British treatment services to embrace the concept as an acceptable outcome goal for some clients. Sadly, it seems inevitable that the prohibitionist rhetoric of many politicians and much of the media will shut down any debate about the merits of such an endeavour before it's even started. Now that's enough to make anyone lose control.

Copies of the both the original and follow-up studies can be downloaded from the JRF website at: http://www.jrf.org.uk

■ **Tim McSweeney** and **Paul J. Turnbull** are based at the Institute for Criminal Policy Research, King's College London.