Illegal Geographies and Spatial Planning: Developing a Dialogue on Drugs

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INTRODUCTION

In 2015 a special issue of this journal dedicated to illegal geographies contained six studies on the "relationships between clandestine economies and the political geographies of law enforcement" (Banister, Boyce and Slack, 2015, p. 365). The unifying thread between the papers was their focus on illegal drugs, with some interesting nods to the role of land use planning (Polson, 2015). More recently, in another journal De Leo (2017, p 216) discusses the "links between urban planning and organised crime". Responding to this emergent body of scholarship in geography and planning we unpack and problematize the links between illegal drugs and spatial planning - the *drugs-planning nexus*. Moreover, in *developing a dialogue on drugs* we set the context for a new research agenda for the territoriality, governance and planning of contemporary cityspaces. The first point to make is that a reading of the academic literature reveals the overwhelming majority of planners do not dedicate their mind or motives to the massive issue of illegal drugs. Historically planning discourse has been framed under umbrella narratives such as the public interest (Lennon, 2016) and sustainable development (Davidson and Gleeson, 2014); today the trendy concepts are competitiveness (Boland, 2014), climate change (Wilson and Piper, 2010), resilience (Mehmood, 2016), health and wellbeing (Tewdwr-Jones, 2017). The eclectic nature of modern spatial planning encompasses *almost* every issue facing the modern city, from children's diet to the futurity of the planet. We deliberately emphasise the adjective *almost* because there is one notable, to us perplexing, omission in the intellectual focus of planners. Souza (2006, p. 333, our inset) explains "drug trafficking [and use] is an important challenge…for urban planning". However, there is a limited number of papers addressing drugs from a planning perspective (e.g. Boland, 2008; Németh and Ross, 2014; Polson, 2015; Smith, 2010; Souza, 2005). Regarding practice, at different spatialities of the UK's planning framework health, wellbeing, crime and anti-social behaviour are mentioned; however, in comparative terms drugs, and their often deleterious spatial and social consequences, are not discussed in any substantive or systematic manner in any planning strategy or policy document. Thus, drugs seemingly do not occupy the mindset of planners in universities or councils. Even in an era of inter-professional working and healthy urban planning the issue remains disconnected from praxis. Instead, drugs are largely the focus of other social science disciplines (e.g. geography, sociology, criminology and economics) and responsibility of other public officials.

For us *drugs are a planning problem*. This necessitates planning scholars and practitioners to be just as familiar with the drugs debate as they are with child obesity or global warming; i.e. moving beyond simplistic stereotyping of 'druggies' and sensationalist statements such as 'drugs cause crime' and 'drugs kill'. These at best misleading axioms, peddled by professionals (e.g. scientists, politicians and the police[1]) and "frequently fictitious news reporting" (Taylor, 2015, p. 417), are then accepted by the general population. Secondly, planners should be engaged in an exchange of ideas with other academic researchers, policy makers and public officials which examines the drugs question, and identifies how they can contribute to planning cityspaces affected by the drugs trade and drugs use. Thus, we aim to ascertain whether debating drugs can enhance the "21st Century planning imagination" (Sandercock, 2004, p. 140) and offer "possibilities of securing better planning outcomes" (Campbell, Tait and Watkins, 2014, p. 54). Clearly, "dealing appropriately with drug trafficking and its impacts is still very difficult" (Souza, 2005, p. 15), so we do not pretend that planners possess all the answers. Rather, there is a need for an intellectual and practical contribution from those responsible for 'mediating space, making place' (RTPI[2], 2015). Using Northern Ireland as a lens to develop a deeper understanding of the problem we expose and interrogate the links between drugs and planning. The insights from this study are relevant to a broad international audience; more professionally, the policy and practice implications are transferrable to planners in cities around the world. The structure of the paper is as follows. Next we explain the research approach, then we set out the contours of the drugs debate focusing on 'criminal entrepreneurialism', 'hidden employment' and 'geopolitics of the neighbourhood', the following section forms the core analysis of the paper that interrogates drugs, paramilitarism and planning in Northern Ireland. We end by setting out a new research agenda on drugs and planning.

RESEARCH METHOD

Thirty years of 'the Troubles'[3] were finally brought to an end in 1998 when the British and Irish Governments signed the Good Friday Agreement. This devolved power to the political parties of Northern Ireland, and the last twenty years has been a period of relative stability. However, one of the less agreeable consequences of the peace dividend is that former paramilitaries have

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[1] Exceptions in the UK include Professor David Nutt, Paul Flynn MP and former Chief Constable Richard Brunstrum.

[2] The Royal Town Planning Institute is the UK's leading planning body for spatial, sustainable and inclusive planning and is the largest planning institute in Europe with over 25,000 members (www.rtpi.org.uk/about-the-rtpi/)

[3] In 1921 Ireland was partitioned by the British. Six north eastern counties (with an in-built Protestant majority) became Northern Ireland while the remaining 26 counties formed the Free State, otherwise known as the Republic of Ireland or Eire. From 1968 onwards fierce ethno-sectarian violence erupted between Republican and Loyalist paramilitaries; the former seeking a united Irish Republic, the latter defending Northern Ireland's British status.

migrated from the armed struggle into the drugs trade, generating new rounds and arenas of conflict. Given this, Northern Ireland presents its own distinctive layer to the 'drug problem', in addition to the omnipotent drugs issues found throughout the Western world. Another reason for selecting Northern Ireland is that in April 2015 a major restructuring of territorial governance took place. For the first time in several decades significant planning powers were transferred from the Department of the Environment, renamed the Department for Infrastructure in May 2016[4], to 11 new local authorities (reduced from 26). This recalibrated the scale at which planning takes place, and handed responsibility for local development planning, community planning, development management and planning enforcement to councils (McKay and Murray, 2017). Finally, Belfast, the capital city of Northern Ireland, is part of the World Health Organization's Healthy Cities Network (Jenkinson, 2016). This global initiative promotes health and wellbeing in local policy agendas and is delivered by a strategic partnership of local stakeholders including spatial planners. Thus, since drugs are a major health issue, Belfast provides an interesting laboratory to analyse the interrelationships between drugs and planning.

The research design for this paper has different components. First, we develop our line of argument through a review of and critical engagement with the academic literature on drugs, reading writings from across diverse disciplines (e.g. planning, geography, politics, sociology, criminology, economics and medicine). This provides a rich, transdisciplinary and coherent conceptual framing for the study, and generates interesting lines of empirical enquiry. In specific terms the literature review examines the drugs debate and relationships between drugs and major social, cultural and economic issues. This is augmented with a review of official documents (e.g. World Drug Report) and media coverage to extrapolate key statistics on the size and extent of the drugs trade and drugs use. Another aspect involves a detailed desk study of planning policies at different layers of spatial governance - UK, Northern Ireland and Belfast. In developing research themes to drive forward the paper De Leo's (2017, p. 216) discussion of urban planning and criminal powers in Italy speaks about "the need to develop specific disciplinary knowledge on the subject". Moving the debate forward, our subject focus is illegal drugs and enhancing 'disciplinary knowledge' on the connection between this form of criminality and planning. To do so we extrapolate two *Research Themes* from De Leo (2017). *Theme #1* analyses the role of "criminal [drugs] powers controlling space"; while *Theme #2* addresses "the possibility that planners might have a proactive role in interfering and fighting this significant [drugs] power"

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[4] The DfI retains responsibility for determining significant and 'called-in' planning applications; the Regional Development Strategy (the overarching planning framework for Northern Ireland); Regional Planning Policy; Planning Legislation; Performance Management; and Oversight and Guidance for councils.

(De Leo, 2017, pp. 216-218, our insets). *Research Theme #1* is addressed through an analysis of the literature on drugs and paramilitarism in Northern Ireland with reference to how drugs and non-drugs powers seek to control cityspaces. For *Research Theme #2* we analyse UK, Northern Ireland and Belfast planning documents focusing on the extent to which drugs are mentioned and the level of discussion in the UK's planning hierarchy. We are then able to assess the extent to which planners are capable of 'proactively interfering and fighting' aspects of 'criminal drugs power'.

KEY CONTOURS OF THE DRUGS DEBATE

There is a vast and varied literature on drugs spanning the medical and social sciences. In our sister discipline geographers have made important contributions to the economic, political, social and cultural dimensions of the drugs debate (see Christian Allen, 2005; Corva, 2008; Garmany, 2011; Hall, 2013; Hudson, 2014; Lum, 2011; Rengert, 1998; Rengert et al., 2000; Rengert, Ratcliffe and Charavorty, 2005; Thomas, Richardson, and Cheung, 2008; Wilton and Moreno, 2012; also special issues of *Territory, Politics, Governance*, 2015, 3(4), *Space and Polity*, 2016, 20(1)). For example, Taylor, Jasparro and Mattson (2013, p. 416, our inset) highlight the "inherent geographic nature of the drugs trade" and how "the geography of illegal drugs [is] particularly important". Clearly we cannot do justice to all the issues in this paper. Given this, we tease out some of the key contours of the drugs debate in terms of how they are relevant to this paper and enable us to address the two research themes.

Due to the nature of illegality and extent of politicisation drugs data ought to be treated with caution (Fazey, 2002; Thoumi, 2005). Notwithstanding this caveat, it is clear that the growth of 'global drug' networks has exerted a 'dramatic influence' on local, regional and national economies across the globe (e.g. Christian Allen, 2005; Banister, Boyce and Slack, 2015; Rengert, 1998; Schaeffer, 2003; Singer, 2008). For example, in the United Nations World Drug Report the illegal drugs industry is (conservatively) valued at $420 billion; it also states that each year some 255 million people, 1 in 20 or 5% of the world's population aged 15-64, use illicit substances[5] (UNODP, 2017). According to Hall (2012, p. 371) this equates to 8% of international trade which is comparable to the textile industry; he also reveals that "the production and distribution of illegal drugs represents 50-70% of the income" for criminal gangs. Reflecting on this, global entrepreneur Richard Branson hypothesised thus: "If the drug trade were a country, it would have the 19th largest economy in the world" and therefore qualify for membership of the G20

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[5] In a UK context DrugWise (2016) reveal during 2015-6 in England and Wales around 1 in 12, or 8.4% of adults aged 16 to 59, had taken a drug in the last year. This equates to 2.7 million people. In addition, 1 in 5 16 to 24 year olds had taken an illicit substance in the last year.

(Branson, 2012). The UK Home Office[6] (2007, p. 15) accepts that "estimates of the size of the illegal drug market in the UK are very rough"; however, it also acknowledges "the UK illicit drug market is extremely lucrative" (McSweeney, Turnbull and Hough, 2008, p. 19). Illustratively, since 2014 the UK Government has calculated the contribution of illegal drugs (and prostitution) to the National Accounts (Abramsky and Drew, 2014), official recognition of the extent and significance of drugs economics. The most recent estimation is £4.4 billion that equates to 33% and 41% of the markets for tobacco and alcohol.

Broadening the discussion Campbell and Heyman (2015, p. 472) note: "The last two centuries have witnessed, through illegalized drug production, trafficking, and consumption, the presence of vast, alluring revenue streams". The key point is this 'alluring revenue' is channelled into formal economic spaces through extensive money laundering (Boland, 2008; Daniels, 2004; Hall, 2012; Hudson, 2014; van Duyne and Levi, 2005). The virement of drugs monies to off-shore bank accounts intends to obfuscate the illegal origin, and (re)present it as lawfully acquired income; each year some USA $1.6 trillion flows illegally to offshore tax havens. Another dimension is the alarming activities of financial institutions guilty of "laundering billions of dollars in illegal drug profits"[7] (Bannister, Boyce and Slack, 2015, p. 365). In the UK Johnson (2012, location 782) explains the 1980s 'big bang' financial deregulation provided "golden opportunities for investment". Major money from Liverpool drugs gangs was invested on the London Stock Market in acquiring stocks and shares in privatised utilities. Other tactics included recycling money into different international currencies through Bureau de Changes and 'smurfing' where small but numerous cash deposits are made in European countries. Connecting to theory such practices are "enabled by developments in information and communications technologies and closely linked to the liberalisation of global capital markets and the growing dominance of neoliberalisation" (Hudson, 2014, p. 788; also Andreas, 2007; Corva, 2008; Duke, 2013; Taylor, Jasparro, and Mattson, 2013). Another aspect is trafficking receipts are placed into safe investments in land, housing, property and front companies, e.g. bars, nightclubs, restaurants, shops and salons. In Liverpool during the 1980s and 1990s drugs financed numerous council house purchases that were sold off under the Conservative Government's Right to Buy scheme (Johnson, 2012). Then in 1992 following the renaming of Liverpool John Moores University significant numbers of new students arrived in the city; given this 'market

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[6] Central Government Department responsible for British drugs policy.
[7] In 2012 officials allowed "narcotics traffickers and others to launder hundreds of millions of dollars through HSBC subsidiaries and to facilitate hundreds of millions more in transactions with sanctioned countries" (Breuer cited in Treanor and Rushe, 2012).

opportunity' drugs gangs invest heavily in new student accommodation. Also, monies are used to secure strategic but secretive cityspaces with "flats, houses, warehouses, laboratories and industrial units used to...produce illegal drugs" (Hall, 2012, p. 377). Finally, revenue acquired from drugs is used to consume everyday commodities whether it is purchasing food, clothes, alcohol, fuel or leisure activities to more high level status expenditure on expensive cars, luxurious homes, exotic holidays, cosmetic surgery or private education.

The ubiquity and omnipresence of drugs in unlimited illegal and legal markets ensures that 'dirty' drugs money is 'cleaned' through legitimate trade and economic transactions. Thus, new businesses emerge and existing ones are revalorised on the back of investment from the drugs trade. Through these 'geographies of the illicit' Hudson (2014) reveals "at least two thirds of the money earned in the illegal economy is immediately spent in the legal economy" (p. 787) meaning that "the legal and illegal are locked into a systematic symbiotic relationship" (p. 775). Massaro (2015, p. 376) argues this results in "blurring the boundaries of legal and illegal practices". Thus, drugs represent a huge illegal economy due to "enormous flows of drug money through informal and formal economies and the global financial system" (Taylor, Jasparro and Mattson, 2013, p. 426). For example, in Sinaloa Mexico some 60% of the city's finances is linked to the activities of the drugs cartel (Dooley, 2018). More broadly, such flows and connectivities have significant implications for the territoriality and governance of the contemporary city. The reason is that they affect the essence of planning, i.e. land and property ownership, the use of urban space and making of place through investment, creation of new and expansion of existing businesses, job creation, injections into the circular flow of income, accumulation strategies, and economic growth. As these processes are global the implications should be appreciated by practising planners in cities around the world. Summing up and taking us into the next section Hall (2012, p. 372) explains:

> "Organized crime undoubtedly makes significant contributions to regional development. These include instrumental benefits from the drug trade for many legitimate businesses…links between illicit activities such as drug dealing, counterfeiting and money laundering and the licit economy in cities".

'CRIMINAL ENTREPRENEURIALISM', 'HIDDEN EMPLOYMENT' AND 'GEOPOLITICS OF THE NEIGHBOURHOOD'

According to Taylor (2015, p. 418) the "drugs market is a capitalist hotbed of entrepreneurship". Others talk of the growth in and impact of 'criminal entrepreneurialism' (Hall, 2012) and existence of 'entrepreneurial street gangs' (Levitt and Venkatesh, 2000). Johnson (2012, location 293) explains how in the 1980s Liverpool crime groups "thought they could replace the legitimate economy" that had collapsed during the 1970s with a drugs economy; he refers to these 'underclass entrepreneurs' as "the first disaster Capitalists: more right wing than Milton Friedman, more free market than Mrs. Thatcher". Arguably the most infamous exponent is Curtis Warren[8]. He rose from the deprived back streets of Toxteth in Liverpool to become Europe's most prolific drug smuggler and for some time he was Interpol's 'Target One' (Barnes, Elias and Walsh, 2000). In dealing directly with major drug cartels across Europe, Asia and South America he dominated the importation and distribution of drugs into the UK and Europe allegedly amassing a personal fortune of £80-120 million. In 1998 Warren appeared on the Sunday Times Rich List[9] and a decade later the estimated value of his property portfolio was a flabbergasting £40 million (The Telegraph, 2009). Across the Atlantic the media is accused of "portraying crack dealing as one of the most profitable jobs in America" and a 'glamour profession' (Levitt and Dubner, 2006, p. 93). However, astronomical financial rewards are not enjoyed by everyone involved in drugs trade. Levitt and Venkatesh's (2000, p. 757) study of an American drugs organisation revealed "earnings within the gang are enormously skewed": higher ranked leaders' income far exceeds what they could earn in the legal economy; however, those lower down the ladder "earn roughly the minimum wage". Thus, "an individual's rank within the gang is of critical importance for his personal remuneration" (Ibid., 2000, p. 769). Despite this, 'career path' (i.e. climbing the ladder to earn significantly more money) was an important motivation for 'foot soldier' involvement in dealing; revealingly, due to their low income most continue to live at home with their parents (also Levitt and Dubner, 2006). Another interesting issue is the spatial context of distributing drugs to customers has changed dramatically. Massaro (2015) explains how distribution has shifted from 'public view' (i.e. street corner dealing) to 'invisibility' as market transactions are conducted virtually leading to 'text deliveries' at home and in pubs, bars, nightclubs and even prisons (Boland, 2008; Channel 5, 2017a). On this, Taylor

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[8] Unlike other drugs traffickers Warren did not leave an easily identifiable audit trail of his enterprise through using technology (e.g. bank accounts or computers); instead he used his brain power to store this information. This seriously hindered the law and drug authorities in their search for his fortune. A forensic investigation only managed to recover £20 million of his estimated £120 million. There are unsubstantiated but realistic claims he owns 300 properties in Liverpool and the North West of England, discotheques and nightclubs in Spain and vineyards in Bulgaria (Barnes, Elias and Walsh, 2000). Warren is currently serving a 13 year prison sentence for cannabis smuggling.

[9] A national newspaper that presents an annual list of the most affluent people living in the UK.

(2015, p. 413) talks of the 'drugs in the mail' phenomena and how "both the drugs and information about them are largely disseminated on the Internet".

In terms of our conceptual contribution we advance the term 'hidden employment'. It represents a transposition of Beatty and Fothergill's (1998, 2002) notion of 'hidden unemployment' that was developed back in the 1990s. In the 1980s the UK coal industry was decimated resulting in a haemorrhaging of jobs. Beatty and Fothergill discovered this was not reflected in large increases of unemployment, rather it resulted in rising economic inactivity as miners in areas with minimal or non-existent job opportunities were signed off on long-term sickness. Thus, for Beatty and Fothergill this trend could be defined as unemployment that was effectively hidden in Government statistics. Our theoretical take is that in areas of high unemployment or high inactivity the drugs economy offers 'hidden employment' in providing a source of activity and income. The (unnamed) inner city neighbourhood analysed by Levitt and Venkatesh (2000, p. 759) reported "over 40 percent of males were not in the labour force". Given this, Levitt and Dubner (2006, p. 112) note "the gang…presented an opportunity for long-time employment. Before crack, it was just about impossible to earn a living in a street gang". In the UK a Liverpool dealer rationalised his job situation in this way: "I started to sell a bit of weed - if I couldn't get a job, then it was justified in my mind" (cited in Johnson, 2012, location 521); another said: "I just did what Mrs Thatcher told me to do. I got on my bike and built up a business from nothing. It did it to feed my family" (cited in Johnson, 2012, location 882). This is very evident in disadvantaged areas where powerful drugs dominated local labour markets suck in those not able to succeed in the formal economy, particularly young people (on the UK see Channel 5, 2017b; on Brazil see Souza, 2005; on America see Massaro, 2015) and most recently increasing numbers of young females (Channel 5, 2017a). The exchange below, taken from a British documentary series on gang culture, reveals how traditional employment cannot compete with the potential rewards from the drugs economy[10]. It also crystallises our contention that 'hidden employment' provides attractive illegal career opportunities in respect of money and other symbols and trappings of status and power:

> Presenter: "The lure of easy money has a seemingly endless tide of kids queuing up to sell drugs for gangs".

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[10] A lorry driver from Mexico explained he could earn $27,000 for one drug trip while his day job made him only $100 per week; the financial enticement was too much and resulted in a long prison sentence (Dooley, 2018). In Liverpool a local dealer informed he could make £17,000 profit on one kilo of heroin; ultimately he too ended up in jail (Johnson, 2012).

Rigz (drug dealer): "Put it this way, you're growing up, you're young. You're growing up with nothing, you've nothing. In your family you're broke, you need money. You see people in your area walking around with money, nice cars, girls, popping champagne. You want some of that action. The end goal is success - money. That's what success is classified as nowadays - money".

Presenter: "With the end goal money Rigz sees no point in a regular job".

Rigz: "When you're living that way for every single day of your life, what other life can you have? You're seeing that life as normal; it becomes a routine for every single day. So what other life are you going to turn to? What get a job, a 9 to 5 job? Struggle to get a job at that. What and get £10 an hour? Even the shittest drug dealer that sells weed can sell one £10 bag in less than an hour".

Source: Channel 5 (2017c)

Related debates on informal economies and alternative employment spaces do not include drugs (e.g. Daniels, 2004; Gibson-Graham, 2008; Gritzas and Kavoulakos, 2016; Samers, 2005; Williams and Windebank 1998, 2003; Williams, 2004a, b, 2013). As Bannister, Boyce and Slack (2015, p. 365) remind us: "Illicit economies of course are not limited to drugs. From petroleum to 'pirated' music to basic services like electricity, sanitation, and water, people across the planet depend upon and are tied into shadow markets of all kinds". We suggest that as with other informal economies the drugs economy fills the void left by the formal economy whereby "disenfranchised young men make a living through the drug trade…selling drugs often presents itself as the most stable and easily accessibly means to earning a livelihood" (Massaro, 2015, pp. 376, 380). Dooley's (2018) documentary on Mexico informs the Sinaloa drugs cartel (the world's largest) is revered amongst poor people[11] as they are helped with jobs, money and food. A rather more extreme example is a drug hitman responsible for over 20 killings who revealed: "I'd like to do something else but there's no other work here" (cited in Dooley, 2018). Returning to the UK we accept that drugs are perceived as a scourge on society that most residents wish to see eradicated. However, it is also true that drugs economies enable an undeclared but sizeable number of local people to respond to socio-economic hardship. Thus, high rates of

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[11] Drug lord Jesus Malverde is lauded as the Patron Saint of Narco amongst locals for his 'good work' for local people.

unemployment or economic inactivity mask labour market realities for those who earn a living from the drugs trade. Moreover, at different layers of the drugs ladder players will also have jobs in the formal economy; according to Levitt and Venkatesh (2000, p. 787) "most foot soldiers are simultaneously employed by the gang and in the legitimate sector" (also Levitt and Dubner, 2006). We do not diminish the significant disadvantage experienced by other inhabitants of deprived communities. What we are saying is the drugs economy provides a seductive lifestyle and income stream and therefore becomes a 'coping capacity' for people in areas with minimal job opportunities (Boland, 2008). So for us, 'drugs employment' is part of what Hudson (2014, p. 779) terms "individual and household 'survival strategies'…in spaces that have been marginalised from or were never part of major circuits of capital" (also Daniels, 2004). Similarly, Massaro (2015, p. 374) argues: "The language used to frame and deal with the drug crisis has consistently ignored the important livelihood function that the drug economy serves in economically marginalized and socially isolated inner cities". On this, an importer for a major Liverpool drugs gang explained: "Thousands of people worked directly for the cartel in multifarious roles. Thousands more were employed indirectly or benefitted from its economic activity" (cited in Johnson, 2012, location 4112).

Regarding the longstanding 'war on drugs'[12] the consensus is that it has largely been a failure. Boland (2008, p. 182) argues "the 'war against drugs' is counter-productive and actually creates more problems than it solves…for many it constitutes a 'phoney war'"[13]. For Taylor (2015, p. 442) the political and legal responses of 'narco-criminalisation' are inherently 'illiberal' and "Governments' attempts to ban drugs…has resulted in an enormous diversification and proliferation of new alternatives"[14]. He is referring to the 'balloon effect' as drugs production and distribution networks become 'geographically dispersed' following prohibition. Taylor (2015, p. 442) criticises States for failing to 'impose order' on drug markets, and accuses them of generating "a far more chaotic disorder and proliferation of drug markets" leading to "even more dangerous conditions for the user". Notwithstanding such criticism a new geopolitical dimension to the 'drugs war' has developed. For some time it has been highly militarised globally

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[12] Originates back to 1971 when the Nixon administration in America prohibited certain drugs and began to use military means to reduce drug production, distribution and consumption. In the intervening years the 'war on drugs' has extended around the world is now a truly global policy network involving nation states, drug enforcement agencies and international organisations.

[13] For example, the reality is that it has become a 'war on drug users' (Boland, 2008) and in many cases a 'war on people of colour' (Taylor, 2015).

[14] Taylor (2015) argues that variants of synthetic drugs are rising exponentially because of prohibitionist policies, for example during 2009-13 some 243 new drugs were discovered. The irony is that older illegal drugs are actually safer than new (not yet illegal) drugs due to knowledge of their risks, such important information is lacking in newly developed drugs.

and nationally but a more recent focus has been operationalised at the local level (Banister, Boyce and Slack, 2015; Corva, 2008; Massaro, 2015; Taylor Jasparro and Mattson, 2013). Massaro (2015) examines the 'front lines' of the 'everyday war on drugs' in Philadelphia. She identifies the dynamics and mechanics of how 'local militarism' operates (e.g. on the block, street, front porch, alleyway, parking lot etc.) and interprets this as 'geopolitics of the neighbourhood'. There are obvious parallels to cities around the world in relation to the 'daily spaces' through which the 'war on drugs' is fought and resisted by those involved in the drugs economy, how cityspaces become 'deeply contested' and the construction of 'fear, conflict and security'. We contend that such actions ought to form part of the 'broad and diverse' intellectual agenda that comprises the "dark side of economic geographies" (Phelps, Atienza and Arias, 2018, p. 237). At the crux of the 'neighbourhood war on drugs' is a coordinated and localised 'aggressive attack' on those involved in order to 'regulate (drugs) groups' and 'control (drugs) space' (on Mexican cities see Dooley, 2018). Massaro's paper raises important issues (i.e. the daily spaces of (para)militarism, fear, conflict and security) of direct relevance to our analysis. With these issues in mind we now turn our attention to the main empirical section of the paper.

NORTHERN IRELAND: DRUGS, PARAMILITARISM AND PLANNING

Unlike other regions of the UK Northern Ireland did not develop a major drug problem in the 1970s and 1980s and so "escaped the worst excesses of illegal drug trafficking and use" (McLaughlin et al., 2006, p. 682; also McElrath, 2004; McEvoy, McElrath and Higgins, 1998; Silke, 1998). In large part this is attributed to 'the Troubles' and the regulatory role played by Loyalist and Republican paramilitaries as agents of 'informal community policing' in highly territorialised and sectarianized neighbourhoods. However, following ceasefires in the mid-1990s the situation began to change. For example, according to McElrath (2004) during the late 1990s a 'growing heroin problem' - in terms of markets and use - became evident in certain parts of the country (e.g. Belfast and Ballymena). In 1985 the number of registered heroin addicts in Northern Ireland amounted to 35, by 2000 the figure had risen to 233 (McElrath, 2004), then rocketed to 1,500 (Braden et al., 2011) feeding media claims of a 'heroin epidemic' (Magee, 2016; McDonald, 2016). In addition, the use of popular recreational drugs (e.g. cannabis, cocaine, amphetamines, ecstasy) has become more prevalent (Department of Health, 2016). Thus, "in a post-conflict situation, Northern Ireland has a growing illicit drug problem with more people using such substances" (McLaughlin et al., 2006, p. 686). Today evidence shows addiction to prescription drugs (e.g. painkillers and sedatives) is responsible for more deaths than heroin and cocaine; thus misuse of legal medication has become the latest drug scare in Northern Ireland

(BBC News NI, 2017a, b; BBC Two NI, 2017; O'Neill, 2017). Beyond the case in question, the boundaries between legal and illegal drugs are increasingly fluid as users, and addicts in particular, become 'polydrug users' (Duff, 2015; Gittins et al., 2018). It is very common to find problematic drugs use related to a potentially lethal mixture of drugs obtained from illegal markets (e.g. heroin, cocaine, crack, meth etc.) and legal markets (such as those designed for mental health illnesses). In Melbourne Duff (2015, p. 87) discovered "ongoing use of a range of substances including heroin, prescription opioids, alcohol and cannabis, in addition to methamphetamine". A study of the UK by Gittins et al. (2018, p. 12, p. 16) informs 'poly-pharmacy' (i.e. using psychoactive substances, traditional illicit substances and prescribed medication) aims "to potentiate effects, manage side-effects and withdrawal symptoms", but is "associated with an increased risk of…overdose and death". Thus, for Banbury, Lusher and Guedelha (2018, p. 37) "differentiating between mental health symptoms, prescription medication and the effects of psychoactive substances may prove challenging".

In the theoretical section we advanced the concept of 'hidden employment' to argue that conventional economic indicators can be misleading when correlated with the drugs economy. Northern Ireland has some disturbing labour market statistics compared to other parts of the UK (NISRA, 2017; ONS, 2017). In October 2017 at 68.1% Northern Ireland had the lowest employment rate of all twelve UK regions - the national average was 75.1%, and at 29% it had the highest economic inactivity rate in the UK - the national average was 21.5%; moreover, along with Yorkshire and The Humber, they are the only regions to experience an *increase* in inactivity between 2016 and 2017. Birnie explains that "part of the explanation is that some people who would otherwise have been classified as unemployed in NI are still more likely than counterparts in Great Britain to be defined as eligible for various long term sickness benefits (hence becoming inactive)" (cited in Canning, 2017). This is a reference to the fallout from the trauma of 'the Troubles'[15]. NISRA (2017) disaggregate the figures to show the breakdown of those economically inactive: 29% sick/disabled; 28% students; 24% caring for family; 11% retired; and 9% 'other'. The effects of 'the Troubles' (e.g. 29% sick/disabled, 24% caring for family) could be read as 'hidden unemployment' (after Beatty and Fothergill, 1998, 2002; also Canning, 2017). However, we suggest that a proportion of these people and most evidently those who populate the 9% 'other' can be understood as 'hidden employment' due to involvement in the drugs economy and 'drug paramilitarism'. For example, a Sky News opinion poll twenty years after the

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[15] For example people suffering mental illness and physical disabilities as victims of paramilitary violence are now unable or unwilling to work in the formal economy and are placed on long-term sickness benefits. Of those economically inactive 82% did not want a job while 18% did (NISRA, 2017).

Good Friday Agreement reveals "drugs, mental illness and suicide are the real legacy of the Troubles" (Blevins, 2018). Furthermore, a former paramilitary now community activist stated: "The big thing is drugs, there has been a big influx of drugs into the community…There is educational underachievement, lack of employment and deprivation" (Donnelly cited in Sky News, 2018). Obviously we cannot offer accurate figures due to the nature of illegality but it is clear that an extensive and expanding drugs economy, and concomitant 'hidden employment', exist in Belfast. Given this, we find it surprising that Birnie and others (Magill and McPeake, 2016; Teague, 2016) who commentate on economic inactivity ignore the significant role of the drugs economy.

Research Theme #1: 'controlling drugs space'

As noted earlier De Leo (2017) questions how 'criminal powers control space'. In terms of our empirical focus Massaro (2015, p. 370) explains that the drugs economy is rooted in the "control and use of space". In this section we ground the paper through an analysis of drugs, territoriality and paramilitarism in Northern Ireland. Following the 1994 and 1996 ceasefires a "new drug network began to flex its muscles, a development which provoked a violent response from the most anti-drug of the terrorist groups" (Silke, 1998, p. 144). The police claim there are 138 gangs, involving local paramilitaries and criminals from abroad, dominating the drugs trade (McKeown, 2016). In relation to Republican paramilitaries there are 'considerable differences' between different factions' engagement with drugs (McEvoy, McElrath and Higgins, 1998). Historically the Provisional Irish Republican Army (IRA)[16] was, for moral, ideological and political reasons, noted for its 'conservative' anti-drugs stance meaning that drugs were 'frowned upon' in Catholic/Nationalist areas (McElrath, 2004; Silke, 2000). Drug dealers were severely dealt with by the IRA in the form of 'punishment beatings'[17] and depending on the severity of the anti-social nature of drug activity the ultimate penalty of loss of life (Hayes and McAllister, 2005; Monaghan, 2004; Monaghan and McLaughlin, 2006). As noted by Silke (1998, p. 137) "the principle focus for civil vigilantism[18] in the past three decades has been to curb…drug dealing". Beyond this social control of drugs markets the authorities accept the IRA has not been involved in any significant importation or distribution of drugs into Northern Ireland (Silke, 2000).

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[16] Over recent decades there have been various versions of the IRA – e.g. Official, Provisional, Real and Continuity – the latest incarnation is said to be simply 'the IRA'.

[17] These include attacks with baseball bats, iron bars, sledgehammers, electric drills and 'kneecappings'.

[18] Dooley's (2018) documentary shows how local vigilantes in Michoacán Mexico arm themselves to take back control of the streets from drugs cartels as they feel the Government has been unsuccessful.

However, the same cannot be said for the Irish People's Liberation Organisation (IPLO)[19] (Monaghan, 2004; Monaghan and McLaughlin, 2006). Unlike the IRA the IPLO "turned to drug dealing as a way to raise funds for its campaign of violence against the security forces" (Silke, 1998, p. 147). Interestingly, this brought them into collaboration with Loyalist paramilitaries in order to 'divide up territory' in Belfast for drugs markets (McEvoy, McElrath and Higgins, 1998); revealing the huge attraction of the drugs trade to ostensibly sworn enemies. However, in the mid-1990s the drug activities of the IPLO were brought to an abrupt end following ruthless retaliation from the IRA (Monaghan, 2004). More recently, Direct Action Against Drugs (DAAD) and Republican Action Against Drugs (RAAD)[20] are 'Dissident Republicans'[21] (many former members of the IRA) focused on violence aimed at 'removing the scourge of drug dealing' from local communities (Derry Journal, 2009; Monaghan, 2015; also www.youtube.com/watch?v=gsAHGu-Z-VA). Both DAAD and RAAD are responsible for numerous murders of alleged drug dealers in Belfast and Derry. This is evidence of Hudson's (2014, p. 786) discussion of how, as elsewhere around the world, "illegal activities are regulated…in extremis and occasionally brutally, via violence or death". Furthermore, in late 2017 a leaflet issued by an organisation called Communities Against Drugs in North Belfast listed the names of 48 alleged drug dealers. The 'threatening letter' demanded those named to 'bring themselves forward' or 'leave the area' (Fitzmaurice, 2017); such actions were criticised as counter-productive by politicians and the police (BBC News NI, 2017c; Doherty, 2017).

There is 'widespread belief' that elements within Loyalist paramilitarism, Ulster Volunteer Force (UVF), Ulster Defence Association (UDA) and Loyalist Volunteer Force (LVF), have been heavily in the drugs trade in Northern Ireland (BBC News NI, 2017d; McEvoy, McElrath and Higgins, 1998; also Gallaher and Shirlow, 2006). Initially this involved 'taxing' drug dealers (i.e. imposing fines and keeping the receipts) and developed into dealing given the lucrative financial rewards (Silke, 1998, 2000). In the 1990s the British Government estimated that Loyalist involvement in the drugs trade amounted to £1 million; moreover, the authorities argued that 60% of the drug trade was controlled by Loyalists. One of the reasons for this new form of Loyalist 'criminal entrepreneurialism' (after Hall, 2012) was the clampdown on their traditional money making schemes linked to drinking clubs (Silke, 2000). There are two strands of opinion

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[19] The IPLO was a splinter group from the Irish National Liberation Army.

[20] DAAD are active in Belfast while RAAD are mostly active in Derry/Londonderry which is Northern Ireland's second largest city; Catholics/Nationalists use the Irish name Derry while Protestants/Unionists use Londonderry reflecting their British identity.

[21] Those who oppose the current peace process arrangements in Northern Ireland and the mainstream Republican politics of Sinn Féin – the largest Nationalist/Republican party.

within Loyalism. One is that drugs should be 'stamped out' due to their negative impact on communities. For example, like the IRA response to the IPLO the UVF 'conducted a purge' of the Red Hand Commandos[22] in the mid-1990s (Monaghan, 2004; Monaghan and McLaughlin, 2006; Silke, 1998). The other view is the 'end justifies the means' and so "for many Loyalist groups, drug dealing is seen as an acceptable way to raise funds although the leaders of the main Loyalist paramilitaries publicly deny this" (Monaghan, 2004, p. 441; also Silke, 2000). It is claimed that this 'conflict of interests' punctured Loyalism and in the early 2000s "a feud linked to a drugs and turf war developed between the UDA-UFF[23] and the UVF on the Shankill"[24] (Monaghan, 2004, p. 442; also Monaghan and McLaughlin, 2006; for a different view see Gallaher and Shirlow, 2006[25]). During this violent internecine conflict seven men were killed and several hundred Protestant families were forced out of their homes due to paramilitary intimidation. Since then there has been ongoing police and security force accusations of systematic Loyalist involvement in drugs related criminality. This led a UDA leader to claim Loyalists were undertaking 'brilliant work' in keeping drugs out of working class communities (Bell, 2016); however, in March 2018 his home was subjected to a high profile drugs raid (Black, 2018). Most recently, representatives of the UDA, UVF and Red Hand Commando issued a joint statement expressing their repudiation of any criminal activities, including drugs that destabilise Loyalist communities (Kearney, 2018).

This evidence relating to *Research Theme #1* shows how drugs powers (i.e. IPLO, UVF/Red Hand Commando and UDA/UFF) and non-drug powers (i.e. DAAD/RAAD and other elements of the UVF and UDA) attempt to 'control drugs space'. In the former instance the aim is/was to carve out drug territory in order to generate paramilitary funds or for naked self-enrichment. For the latter the actions have been driven by the desire to remove drugs from their respective communities, prevent corruption of 'the (paramilitary) cause' and generate positive political imagery. Such violent regulation of cityspaces continues today. For example, in 2016-7 94 casualties from shootings and assaults were attributed to both Republication and Loyalist paramilitaries - an increase of 30% on the previous year - heightening concerns over the debilitating effects, physical and psychological, on victims (Dawson, 2017; McNeilly, 2017). Another shocking dimension is the ongoing assassinations of high profile former paramilitary associates connected directly or indirectly to drugs. One of the most paradoxical consequences

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[22] A small secretive Loyalist paramilitary group closely linked to the UVF.
[23] Ulster Freedom Fighters was the cover name for a murder squad within the UDA.
[24] The Shankill Road is a Loyalist heartland on the western edge of Belfast city centre.
[25] Whilst accepting the UDA and UVF are involved in drug dealing they argue the eruption of conflict on the Shankill was more to do with tensions over the future of Loyalism and the then emergent peace process.

of attempts to 'control drugs space' is we now find Loyalists killing Loyalists (BBC News NI, 2017e; Belfast Telegraph, 2016a; The Irish News, 2017) and Republicans killing Republicans (Belfast Telegraph, 2015, 2016b; McDonald, 2013). These attempts to 'control drugs space' represent a stark example of the 'dark economic geographies' (after Phelps, Atienza and Arias, 2018) of drug paramilitarism that continue to have significant socio-spatial effects in Belfast. Another theoretical insight is that such activities reflect Massaro's (2015) discussion of the consequences (i.e. fear, control, violence etc.) resulting from an aggressive 'geopolitics of the neighbourhood'. Moving beyond this case, but with undoubted relevance to Belfast, Souza (2005) and Massaro (2015) argue territorialised drugs economies generate important implications for city planning (in Brazil and America respectively). We develop this *drugs-planning nexus* in the next section.

Research Theme #2: 'fighting drugs power'

Here we focus on the possibility for planners 'proactively fighting drugs power' (after De Leo, 2017). The academic and professional evolution of planning is rooted in public health (Davoudi and Pendlebury, 2010); today health and wellbeing is one of the five core principles of the UK planning system and is central to the effective functioning of the city (Buchanan and Tewdwr-Jones, 2011; Gilroy and Tewdwr-Jones, 2015; Kent and Thompson, 2014). Indeed, the debate is global in that there is a "critical relationship between health, cities and planning" (Tewdwr-Jones, 2017, p. 31). The Marmot Review (2010) into health inequalities in England influenced the healthy urban planning discourse. For our interest, Marmot makes repeated references to the health, social and economic issues associated with drugs and the required policy responses (pp. 32, 37, 59-60, 96, 107, 137, 140-144). On this, a former scientific advisor to the UK Government informs "drug misuse is one of the major social, legal, and public health challenges in the modern world" (Nutt et al., 2007, p. 1047). For example, in the UK estimates of the annual criminal, health and social costs associated with drugs range from £12-20 billion (Boland, 2008). Given this, one of Marmot's policy recommendations is to "increase and improve the scale and quality of medical drug treatment programmes" necessitating the "involvement of a range of stakeholders" (Marmot Review, 2010, p. 32; also Crawford et al., 2015). We suggest this raises important implications for planning. As such, we now analyse key documents at a national, regional and local level to assess the extent to which planners engage with the drugs debate and their appetite for 'proactively fighting drugs power'.

Image 1: 'Drug litter'

The drugs-planning nexus

The National Planning Policy Framework (NPPF) sets out the UK Government's requirements for the planning system in England and local and neighbourhood plans that "reflect the needs and priorities of their communities" (DfCLG, 2012, p. 1). Clearly, one of the most pressing 'needs and priorities' for local communities is addressing the 'drugs problem'; however, the word drug does not appear once in a document of 65 pages. Section 8 *Promoting healthy communities* refers to "safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion" (DfCLG, 2012, p. 17). Given that drugs are heavily implicated in these issues[26] it is strange they do not feature in the NPPF. Moreover, reference is made to sport spaces, recreational spaces, open spaces, public spaces, cultural spaces, religious spaces and drinking spaces. These are needed to "plan positively for the provision and use of shared space and community facilities" (DfCLG, 2012, p. 17). The reality is that in UK cities and around the world drugs users/addicts frequent the same areas as the rest of society leading to media reports of 'outraged' and 'frightened' parents finding drug paraphernalia (Image 1) in children's play parks and other cityspaces[27] (evidence from Brazilian cities also reveals "public spaces have been abandoned because of…fear": Souza, 2005, p. 13). Given this, we advocate *planning for drugs spaces* in order to confront the vexed question of "how we manage our coexistence in shared spaces" (Sandercock, 2004, p. 134), and "implications for the everyday dynamics of social coexistence between mainstream society and the socially marginalized" (Kübler and Wälti, 2001, p. 38).

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[26] There is an established literature on the 'drugs-crime nexus' (e.g. Bennett and Holloway, 2004, 2005; Hughes and Anthony, 2006; MacGregor, 2000; Yates, 2002). Despite obvious links between drugs and crime there is no causality; the reality is that drugs do not inevitably cause acquisitive crime (Bean, 2004; Simpson, 2003), violent crime (Resignato, 2000) or gang crime (Bennett and Holloway, 2004; Pearson and Hobbs, 2001).

[27] The latest incidents in Belfast concern a young woman who was subjected to an unsuccessful 'carjacking' from a man brandishing a hypodermic syringe, and a mother discovering drug needles in the toilet of a shopping centre (Leonard, 2017; UTV News, 2017).

As noted above, one of the most obvious is the location of drug treatment centres and safe/supervised places for people to use drugs. However, the nature of public opinion via NIMBYism[28], 'socio-spatial stigmatisation' (Smith, 2010) and 'moral panic' (Agnew, 2015; Taylor, 2015; Young, 1988) means that planning permission for the 'location of unwanted land uses' (Németh and Ross, 2014) is territorially contentious. On opposition to injection facilities in Vancouver see McCann (2008); on 'recourse to planning policy' linked to land zoning for addiction treatment clinics in Toronto see Smith (2010); on 'planning for marijuana' through the location of medical dispensaries in Denver see Németh and Ross (2014); on land use planning and outdoor marijuana cultivation in California see Polson (2015); on the conflicts over social and medical services for drugs users in Switzerland, Amsterdam, Glasgow and Frankfurt see Kübler and Wälti (2001); on tensions between *favela* activism and drug traffickers in Brazil[29] see Souza (2005). We suggest a *more informed planning agenda* is required rather than the 'dumping ground' approach that selects poor, run down, working class areas of cities (Smith, 2010). This would help to develop a "new understanding of the legitimate place of drug users in urban space" and engage planners in the "conflict about appropriation of urban space" (Kübler and Wälti, 2001, pp. 40-41). On this, recent attention explores the implications of street-based injecting, 'drug litter' and Supervised Injecting Facilities (SIFs). In the UK Parkin (2016) refers to the 'Cambridge model' of redesigned public toilets (Image 2) that can also be used by drug users to inject safely and dispose of their equipment without harming themselves or the general public. Despite initial scepticism the evidence shows *reductions* in criminal activity, 'drug litter' and harm to users. A more controversial initiative is SIFs (Image 3). There are over 100 SIFs in 60 cities around the world; they are legal and hygienic spaces that drug users can avail of with access to clean equipment and expert staff who can regulate their drug intake to ensure any risk is minimalised. Kolla et al. (2017) compare public perceptions towards SIFs in Toronto and Ottawa, Fitzgerald (2013) investigates contrasting narratives of SIFs in Sydney and Melbourne, while Williams (2016) considers the legal geographies of SIFs in Sydney.

Image 2: 'Cambridge model'   Image 3: Safe Injecting Facility

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[28] This is part of "stigmatizing the so-called dangerous classes" (De Leo, 2017, p. 218) who are guilty of "offending the senses, causing anxiety and feelings of insecurity" (Kübler and Wälti, 2001, p. 38).

[29] The most recent example is the *aggressive social cleansing* of drug addicts and homeless people by police officers and security forces (using bulldozers) from a public square in Sau Paulo (known as 'Cracolandia' or 'Crackland'); the local mayor, Joao Doria, justified such revanchist actions by citing the need to remove an "open-air shopping mall for drugs" (BBC News, 2017).

Closer to home there are plans to introduce SIFs in Dublin (Murtagh, 2018) and Glasgow (BBC News Scotland, 2017) but they have met with the predictable NIMBYism and ill-informed stakeholder negativity. The Dublin case throws up specific relevance to this paper in that "planning permission would be required for whichever organisation won the tender to operate the project" (Brophy, 2018). On a related issue there are live calls for 'drug testing stations'[30] in the UK following a spate of drug deaths traced to fatally high levels of toxicity in batches of ecstasy and cocaine (Kelso, 2018). The co-author of a report by Durham University (Fisher and Measham, 2018) attests: "We are not encouraging, condoning or assisting drug use, the idea is to reduce drug-related harm and we have been very successful at festivals" (Measham cited in Kelso, 2018). Taken together, these issues reinforce our strong belief made at the outset of this paper: given their likely future involvement in *drug decision making* planners ought to be just as cognisant and knowledgeable of the drugs debate as they are with any other issue facing the contemporary city.

Moving down the spatial scale the Programme for Government sets out the Northern Ireland Executive's strategic priorities for 2016-2021. Positively, it makes reference to various drugs issues that we have discussed. For example, on *Improving wellbeing for all* it highlights the "specific risks associated with…drug misuse", "preventable deaths…by substance abuse" and that "organised crime groups are involved in a wide range of activity such as drug trafficking and supply…with paramilitary connections" (Northern Ireland Executive, 2017, pp. 56, 58). However, these important issues are not taken up by professional planners in the Department for Infrastructure or Belfast City Council. For example, the Strategic Planning Policy Statement (SPPS) "sets out strategic subject planning policy for a wide range of planning matters" for Northern Ireland (Department of the Environment, 2015, p. 3). One of its *Core Planning Principles* is "improving the health and wellbeing of local communities; and helping build a strong and

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[30] Strategic locations in city and town centres where substances can be tested without penalty to help stem a disturbing rise in drug-related deaths.

shared society" (Department of the Environment, 2015, p. 11). The section on health and wellbeing in the SPSS, like the NPPF, refers to a range of cityspaces compatible with creating healthy individuals and communities. More specifically, reference is made to prioritising people's lifestyle (e.g. exercise, diet, air quality, safety) and effective planning on building design, transportation, fast food outlets and leisure spaces. However, drugs are another significant danger to health and wellbeing (i.e. addiction and death) and a strong and shared society (i.e. paramilitarism and violence). As with the NPPF, this important connection is absent. In a striking comparison, the SPSS rightly highlights the locational implications of McDonald's, Burger King and KFC on child obesity yet there is not a single mention in the entire 120 pages of an arguably more debilitating danger to children - illegal drugs.

We now move on to consider Belfast City Council's Local Development Plan (LDP) and Community Plan otherwise known as *The Belfast Agenda.* The LDP sets out the 15 year framework for the social and economic needs of the city, while *The Belfast Agenda* considers a broader set of objectives for local stakeholders. One key aspect of the LDP is to "support progressive, healthy, safe and vibrant communities" (Belfast City Council, 2017a, p. 1). As with national and regional priorities there is a strong commitment to crime, anti-social behaviour, healthy lifestyles and wellbeing of neighbourhoods across the city; it also considers local groups' access to community facilities and cityspaces (Belfast City Council, 2017a, pp. 12-13, 37-38). However, at no point are drugs mentioned in relation to any of these issues. As elsewhere, community planning is predicated on "listening to and involving people in shaping their city and giving local people the opportunity to tell us what they want Belfast and their local areas to be like" (Belfast City Council, 2015, p. 3). Given this, in *The Belfast Conversation*, a community consultation feeding into the Community Plan, local people identified 'drugs issues' as something they "don't like about Belfast"[31] (Belfast City Council, 2015, p. 6, original emphasis). Thus, the significance of the 'drugs problem' has been made very clear to planners in the local authority. However, drugs are noticeably absent in *The Belfast Agenda* (Belfast City Council, 2017b). In a document totalling 48 pages crime, safety, health, wellbeing, cityspaces and quality of life are mentioned while drugs do not feature once. However, reference is made to the negative effects of legal drugs such as smoking cigarettes and drinking alcohol. From our reading *The Belfast Agenda* prioritises people who suffer ill health due to lack of exercise, poor diet, smoking and drinking but not those who have fallen prey to illegal drugs.

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[31] This is a concern replicated throughout urban areas of the UK, particularly the more deprived communities (Marmot Review, 2010).

Following our analysis of UK, Northern Ireland and Belfast planning documents we state that, whilst not accusing planners of ignoring local people's concerns, they obviously do not see drugs as falling within their professional competence. This is very evident given the lack of explicit engagement with drugs in the plans we analysed. Consequently planners' appetite for 'proactively fighting drugs power' appears to be non-existent. Instead, it is reasonable to presume that drugs are, in the planners' mindset, a matter for the police, legal and health professionals. Elsewhere, this lack of connection between planning and drugs is found in Kübler and Wälti's (2001) study of several European cities where there was no formal role for planners.

Belfast Healthy Cities

Belfast is part of the World Health Organization's Healthy Cities Network (Jenkinson, 2016). This approach places "health high on the political and social agenda of cities", exploring how "health is relevant to spatial planning" and generating "intersectoral collaboration and action to address the determinants of health" (www.belfasthealthycities.com/). Arguably one of the most prominent contributors to poor health and socio-spatial disruption is drugs consumption and drugs markets. Indeed, the orthodox view is that drugs are a serious health issue, i.e. 'drugs are harmful', 'drugs are addictive' and 'drugs kill'[32]. Given this, it would not be unreasonable to expect drugs to be a core element in making Belfast a healthier and safer city, particularly in light of a 'growing drug problem', 'heroin epidemic' and 'extremis violence'. As with the planning documents, we find it surprising that there is not a single mention of drugs in Belfast Healthy Cities literature (2013, 2014a, b, c, 2016). This is despite the commitment to "improving the health and wellbeing of all our citizens" (Belfast Healthy Cities, 2016, p. 3). However, given there is no mention of drugs users/addicts this casts doubt on the pledge to tackle the health problems of 'all citizens'. We are not critical of Belfast Healthy Cities as they are involved in worthwhile work; however, we do find fault with their ignorance of drugs. In our view addressing the drugs question within this initiative would be progressive, using their own words, in developing "better integration between health and planning" (Belfast Healthy Cities, 2014a, p. 2). At present the debate and policy intervention on drugs related issues is found in the Belfast Strategic

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[32] However, evidence shows it is possible for users, including hardened addicts, to manage their drug consumption and function normally in their social relationships, family networks and employment responsibilities (see Chris Allen, 2005; Shewan and Dalgarno, 2005). It is not necessarily the chemistry of the drug that causes death, it is the fact that users/addicts secure their 'gear/fix' from an underground economy where drugs production is uncontrolled and drugs are 'cut' to maximise sales meaning that drug purity becomes dangerously volatile and occasionally lethal (Boland, 2008; Cruts, 2000; Nutt, 2006; Nutt et al., 2007; Robson, 2001; Young, 1988).

Partnership[33], Community Safety Partnerships[34] and Drug and Alcohol Coordination Teams[35]. From our perspective the problem is that professional planners are not strategically involved in these networks; therefore, they are not exposed to current debates on drugs or able to offer a professional perspective on how planning may contribute to tackling the drugs question. For example, how to deal effectively with 'drug litter' and the possibilities for introducing SIFs and 'drug testing stations'.

REFLECTIONS AND A NEW RESEARCH AGENDA

This journal is concerned with 'confronting topical issues' of 'economic and political concern'. In adhering to this remit we have shown illegal drugs to be such an issue operating at international, regional and local territorialities. Our determination is that *illegal drugs are a planning problem.* However, we also argue that in setting the context for a *dialogue on drugs* the implications of the drugs question have yet to be fully unpacked, analysed or problematised by planning academics and the planning profession. This is a serious omission and represents an urgent task for us in higher education and those in planning practice. Our motivation is not to criticise academic and professional planners; rather we invite them to engage with us in debating drugs. It is our belief that planners in university departments and town halls around the world should contribute to addressing the drugs question. This study has shown that drugs are conspicuously absent from the UK's planning framework while there is no perspicuous debate in planning journals. In some ways this *academic and professional distancing* is understandable given the extent of societal unease and political sensitivity associated with drugs. However, now is the time for the international planning community, in the academe and profession, to actively engage with other academic researchers and policy makers in considering how planning can contribute to tackling the 'drugs problem'. Instructively, Kübler and Wälti's (2001, pp. 47, 50) multi-city study reveals close cooperation between the police and social workers involved "an exchange and convergence of ideas and viewpoints" resulting in a "collective learning process". The inclusion of planners would be beneficial in further cross-fertilisation of ideas and viewpoints and a more insightful approach to dealing with the drugs question.

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[33] The Belfast Strategic Partnership was established by the Public Health Agency, Belfast City Council and Belfast Health and Social Care Trust to provide a collaborative approach in addressing life inequalities (Belfast Strategic Partnership, 2015; www.makinglifebettertogether.com/bsp/).

[34] Community Safety Partnerships work to make communities safer, ensuring that the voices of local people are heard (Belfast Community Safety Partnership, 2012; www.belfastcity.gov.uk/community/pcsp/pcsp-about.aspx).

[35] Five Drug and Alcohol Coordination Teams across Northern Ireland, run by the Public Health Agency, provide a range of localised support networks for people with dependency issues (www.drugsandalcoholni.info/thenidacts/).

Due to the history of 'the Troubles' there is a uniqueness to Northern Ireland, and Belfast in particular, and so the generalisability of the study could be questioned. What is different about this study is that it shows non-drugs powers can become as violent and drugs powers; in common with other cities though it confirms that even in a complex and contested setting such as Northern Ireland the same problems are in evidence: communities living in fear, individuals beaten and murdered, violent gang rivalries, users/addicts losing their lives, families in turmoil, powerful drugs economies and alternative sources of employment. Whilst this paper has been framed within Northern Ireland and specifically Belfast the implications are relevant and transferrable to planners around the world. In this regard, planners should possess an informed understanding of the range of issues concerning illegal drugs. In terms of our contribution to knowledge we have analysed how 'drugs powers control space' (*Research Theme #1*). The lessons are not confined to the spatial spotlight of this article; rather they transcend geographical boundaries and political jurisdictions with different governance structures, territorial arrangements and planning systems. Armed with this new 'disciplinary knowledge' will allow planners, using the words of De Leo (2017), to 'develop a better awareness', 'acquire better skills' and ultimately 'deal effectively' with drugs related matters (*Research Theme #2*). This transition in planning pedagogy would facilitate a major step forward in enhancing the 'planning imagination' and present genuine opportunities for 'better planning outcomes'. As educators our role is to produce graduates with new skills and competencies; we consider the drugs question and its implications for planning to be globally relevant, cutting edge, boundary pushing and intellectually stimulating. This paper does not, nor could not, address all the issues of relevance concerning drugs and planning. Rather, our aim is to stimulate an international debate on this considerable challenge facing the territoriality, planning and governance of contemporary cityspaces.

We end this paper by setting out some preliminary ideas to frame a new research agenda on drugs and planning. Firstly, there is mileage in developing the concept of 'drugs employment' beyond the initial intervention we have offered here. For example, further research avenues might be how 'drugs employment' plays out in different countries, regions and cities (i.e. in various scalar and spatial configurations); how it is manifest within different class, ethnic, racial, age and gendered groups; more quantitatively, how can we (re)interpet official statistics on economic inactivity from a 'hidden employment' perspective; related to this, exploring the links between 'drugs employment' and extant work on informal economies and alternative economic spaces would be valuable. Then there is the possibility of reading 'hidden employment' and drugs

economies as a form of *community resilience* enabling those involved to 'cope with external shocks' (e.g. withdrawal of formal economies, loss of employment, austerity measures). Here, we suggest inculcating drugs economics into ongoing work on resilient economics (e.g. Bristow, 2010; Christopherson et al., 2010; Dawley et al., 2010; Hudson, 2010; Martin and Sunley, 2015; Shaw and Maythorne, 2012). Running alongside this is whether resilience represents a 'promising' or 'problematic' concept for planning (e.g. Chmutina et al., 2016; Davoudi, 2012; Deal et al., 2017; Fainstein, 2015; Mahmood, 2015; Pizzo, 2015; Raco and Street, 2012; Shaw, 2012a; Vale, 2014). Here we see merit in excavating the links between drugs and resilience planning in the context of understanding the 'adaptive capacities' of those involved in the drugs trade. Moreover, engaging planning academics and practitioners in this process will help them 'best learn' (Meerow and Newell, 2016; Meerow, Newell and Stults, 2016; Shaw, 2012b) what is happening in these 'hidden employment' spaces thus enhancing their knowledge of and ability to respond to the drugs question.

Secondly, there is the opportunity to develop and systematise the links between drugs, 'security planning' (Raco, 2007) and the socio-spatial-politico implications of the 'safety and cleanliness agenda' (Dempsey et al., 2009; MacLeod, 2011; Swyngedouw, 2009, 2011; Ward, 2000). Policy interventions intending to 'sanitise/pacify' cityspaces involve planning for 'clean and secure' environments and 'liberated zones' for the 'security conscious'; the objective is to protect 'consumer sovereignty' whilst 'choreographing the urban landscape' to control 'perceived nuisances' and exclude those 'out of place'. Given that "drug users elicit the highest forms of community opposition" (Smith, 2010, p. 860) they are open targets for the full force of 'security planning'[36]. Underpinning this is a fetishisation of 'place promotion and spatial purification' designed to combat the 'disorder of drugs' (Kübler and Wälti, 2001; Smith, 2010). The reality is we cannot make drug users/addicts disappear; they have to *be somewhere* in the city. Therefore, more work is required on *planning for drugs spaces*, such as the examples we cited above, just as we have dedicated drinking and smoking spaces for legal drugs that create significantly more social and health problems[37] (Boland, 2008; Gossop, 2000; Gregory, 2003; Nutt, 2006; Nutt et al., 2007). This would allow users/addicts access to regulated ('clean') drugs in a safe environment away from the prejudicial eyes of those prioritised by city leaders as 'responsibilised citizens' (MacLeod, 2011; Swyngedouw, 2011; Ward, 2000). We realise this is a not unproblematic agenda

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[36] Along with alcoholics, prostitutes, street beggars, the homeless and others who lead non-conventional lifestyles.
[37] Alcohol and tobacco account for 90% of 'drug-related deaths' in the UK (Boland, 2008; Nutt et al., 2007).

for planners. However, in a UK context, *planning for drugs* is a debate that planners, as custodians of 'mediating space, making place' (RTPI, 2015), ought to be actively involved in.

However, a country's overarching legal environment dictates how we plan for drugs. Since the mid 1990s UK drugs policy "has involved harsh criminalisation due to the high level of drug-related criminal statistics"; in contradistinction to this 'drugs war' "other countries…have employed alternate methods of control and enforcement" (Banbury, Lusher and Guedelha, 2018, p. 29). Holland and Portugal adopt a decriminalisation approach to drugs, while Spain and America are slightly different again[38]. Dutch policies are underpinned by 'gedogen'[39] which means official tolerance and not enforcing laws regarding drugs use and possession (Uitermark, 2004). This liberal attitude, along with proactive health programmes (van Empelen et al., 2003), led to less drug deaths and lower crime rates compared to the USA and other European states (Gilderbloom, Hanka and Lesley, 2009). Back in 2001 Portugal initiated 'a remarkable experiment' in 'decriminalising all drugs' for use and possession (van het Loo, van Beusekom and Kahan, 2002). As in the Netherlands, decriminalisation does not mean legalisation; rather those guilty of use and possession are subject to 'administrative sanctions'[40] as opposed to 'criminal proceedings'. The Portuguese believe it is better to treat drugs use as a health (i.e. harm reduction) matter rather than a criminal offence. As with 'gedogen' in Holland, Portuguese philosophy is rooted in 'individual liberty and autonomy' favouring prevention and treatment (van het Loo, van Beusekom and Kahan, 2002). Moreover, the principles underpinning the Dutch and Portuguese approaches are 'humanistic and pragmatic', whereas the UK's are punitive (Banbury, Lusher and Guedelha, 2018; Gilderbloom, Hanka and Lesley, 2009; Uitermark, 2004; van Empelen et al., 2003 van het Loo, van Beusekom and Kahan, 2002). Crucially, this leads to significant variations in approaches to planning for drugs. Indeed, Banbury, Lusher and Guedelha's (2018) study of drugs service providers in the UK reveals two key findings: one, the need for a change in UK drugs policy; two, an integrated approach to drugs is required. The success of the Portuguese model (e.g. less crime, deaths and prisoners, and more people in treatment) holds important lessons for the UK where "criminalisation has not led to a decrease in criminally offending behaviours" (Ibid., 2018, p. 30). They also discovered a 'lack of cohesion' within UK drugs policy resulting in spatial variations in planning for drugs: in Birmingham there

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[38] In Spain the individual accused of consumption is subjected to the court system but not sent to prison; in America the courts send a person to drug treatment after conviction. It is the acquisition of a criminal record ('stigmatisation') that the Portuguese and Dutch seek to avoid (van het Loo, van Beusekom and Kahan, 2002).
[39] The belief that it is wrong to deny the existence of illegality.
[40] From fines to travel restrictions to loss of allowances; for a full list see van het Loo, van Beusekom and Kahan (2002, p. 59).

was 'little concept' of the mental health context, whereas in Liverpool 'it was all about' mental health issues. The key conclusion of Banbury, Lusher and Guedelha (2018, p. 38) is that "if existing UK drug policies were aligned with the Portuguese drug liberalisation policy, that this would make a positive difference in supporting those with substance misuse problems".

Planning for drugs dovetails with theoretical debates on 'rights to the city' (Harvey, 2003, 2008) and the 'just city' (DeFilippis and Rivero, 2014; Fainstein, 2014, 2015; Fincher and Iveson, 2012; Williams, 2017). Factoring in drug users/addicts this paper generates wider questions regarding who the city is for. What rights do those who (ab)use drugs have in the 'just city'? How can these rights be upheld and protected? Moreover, it is here that further research could examine the role of planners acting as advocates of marginal groups, engendering greater tolerance towards difference and diversity in planning decisions with relevance to drugs. In this way planners can contribute towards making cities more 'socially inclusive' whilst embracing a 'progressive politics' towards drugs issues. Drugs cut right to the heart of debates about the contemporary city in terms negotiating, intellectually and practically, what kind of society we want. Fainstein (2015, p. 166) explains: "Planners can contribute to a more just city". This is correct to a point. We argue 'just city' debates should include a proper engagement with the drugs question; something which we believe can inform an important future research agenda for planning academics and policy agenda for professional planners. Finally, we welcome responses, sympathetically supportive and constructively critical, from planners, geographers and others to drive forward the *dialogue on drugs* we have initiated here.

Acknowledgments

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