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**HEROIN AND CRACK COCAINE MARKETS IN  
DEPRIVED AREAS:  
SEVEN LOCAL CASE STUDIES**

Supplement to Home Office Research Study 240, 'A  
Rock and a Hard Place: Drug Markets in Deprived  
Neighbourhoods'  
([www.homeoffice.gov.uk/rds/horspubs1.html](http://www.homeoffice.gov.uk/rds/horspubs1.html))

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## CONTENTS

Introduction	1
The Neighbourhoods	2
Methodology	4
The Case Studies :	
Seaview	7
Riverlands	20
Hilltop	31
East-Docks	42
Kirkside East	52
Overtown	63
Beachville	74
Summary of Report Findings	83
Glossary of Terms	85
References	86
Appendices	87

## INTRODUCTION

In November 2000, a research team consisting of Ruth Lupton and Dr Andrew Wilson of CASE and Paul Turnbull, Tiggey May and Hamish Warburton of the Criminal Policy Research Unit (CPRU) at South Bank University (SBU) was commissioned by the UK Anti-Drugs Co-ordination Unit (UKADCU) to undertake a short study of drug markets in deprived neighbourhoods in England.

The study examined neighbourhood drug markets in the context of the new policy agenda for neighbourhood renewal, including the Neighbourhood Renewal Strategy and New Deal for Communities. It sought to:

- identify the extent of drug market activity in deprived neighbourhoods and to describe its nature and scale.
- draw out any associations between types of area and types of drug market.
- understand how drug market activity impacts on disadvantaged neighbourhoods.
- find out how local agencies and local communities, working independently and in partnership, were tackling drug markets and with what effect.

Between December 2000 and April 2001, we investigated drug markets in eight neighbourhoods of varying type, tenure, location and ethnic mix, and in six different regions of England. In each neighbourhood, we questioned front-line staff and residents about the drug market, its impact on the area (if any) and the responses being taken. We also interviewed a small number of drug users (between six and nine) in each area, and collected supporting documents and statistics. We focused on markets for heroin and crack cocaine (crack).

Our report, entitled “A Rock and a Hard Place: Drug Markets in Deprived Neighbourhoods”, was published in January 2002 as a Home Office Research Study. This supplementary report contains the case studies on which the report was based. Seven of the eight neighbourhoods are included, since the local authority in one area felt that it would not be helpful for its case study to be published. Following the case studies, we have also included the summary from “A Rock and a Hard Place”, and a glossary of terms for readers unfamiliar with drug market terminology. We hope that the publication of the case studies will be useful both to policy makers and to practitioners, illuminating the detail of the problems faced, the perspectives of participants, and some examples of successful and less successful practice.

To avoid creating or consolidating reputations for these areas as ones where drugs are available, we have given them false names.

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## THE NEIGHBOURHOODS

The seven neighbourhoods included in this report are :

- Seaview : An inner city area, with mixed housing type and tenure. A majority white area with a significant African-Caribbean minority.
- Riverlands : An inner city area. Council houses developed in the 1960s and 1970s are the predominant housing type. A majority white area with a significant African-Caribbean minority.
- Hilltop: An inner city area with mixed housing types but Council housing the majority tenure. A majority white area with significant Asian (mainly Pakistani) and African-Caribbean minorities.
- East-Docks : An inner city area, mainly made up of post-war Council houses and flats. A majority white area but becoming increasingly ethnically mixed, with a significant black African minority among others.
- Kirkside East: An outer city neighbourhood, dominated by Council estates. Almost exclusively white population.
- Overtown : An area just outside a major city. Dominated by Council estates. Almost exclusively white population.
- Beachville: A seaside town, comprising mixed housing types and tenures, including an area of former hotels now operating as bed and breakfast hostels. Almost exclusively white but with a growing refugee population.

As the descriptions show, the neighbourhoods are widely different in character. Appendices 1 and 2 give further details of their ethnic and social mix and housing type. In order to capture the full range of experience, we deliberately selected a diverse group of neighbourhoods<sup>1</sup>, in different parts of the country and in different physical, economic and cultural settings. With the exception that no coalfields or areas of rural deprivation are included, the set of neighbourhoods broadly matches the overall distribution of the poorest neighbourhoods in the country in terms of region, tenure and ethnicity, using 1991 Census data. All of them are among the 10% most

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<sup>1</sup> We selected neighbourhoods, not drug markets. Only two sites were known to us from previous drug market research. In the other five, which we knew only as deprived neighbourhoods, we were aware that there was some local concern about illicit drugs, but not of its extent. It was certainly possible that this concern could have related to widespread drug use, rather than to the existence of a localised market where drugs were bought and sold.

deprived in the country, using the Index of Multiple Deprivation (IMD) (DETR 2000)<sup>2</sup>.

It is also evident that the neighbourhoods are of different spatial scales. Some are large social housing estates or collections of smaller estates. Others are inner city areas with mixed housing type and tenure. One is a small town. Their population ranges between about ten and twenty thousand people<sup>3</sup>. We make no apology for these differences of scale. 'Neighbourhood' is a nebulous concept, with no strict definition. Indeed, as Dorn et al. (1987) recognised in their study on identifying neighbourhood heroin problems,

*“any theoretically derived definition is likely to face difficulties when faced with the variety of social forms to be found in a society which is diverse in terms of region, ethnicity, social class, tradition and culture”* (1987:p6)

There is broad agreement that neighbourhoods are relatively small, “*made up of several thousand people*’ (Social Exclusion Unit 2001) and that they are identifiable by people who live there, “*delineated ... within physical boundaries where people identify their home and where they live out and organise their private lives*” (Power and Bergin 1999: p9). We adopted these broad conceptualisations. For each place in our study, we arrived at a definition of neighbourhood based on the understanding of local people, determined by natural or man-made boundaries, housing type or tenure, socio-economic or ethnic mix, history, or a combination of all of these factors. We do not claim these as definitive definitions of these neighbourhoods. It could certainly be argued that they contain smaller neighbourhoods within them, defined differently for different purposes and by different people. They are, nevertheless, reasonable working boundaries with which local people could identify. Within each neighbourhood, we concentrated on the drug market i.e. the buying and selling of illicit drugs. 'Neighbourhoods' and 'drug markets' are not an exact fit. The drug trading we studied took place within neighbourhoods, not throughout them. It was often concentrated in small pockets, and could be displaced. It frequently involved people from outside the neighbourhood as well as local residents. These issues are apparent from the case studies.

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<sup>2</sup> The IMD is based on wards. Where the areas were not wholly contained within one ward, we used the ward covering the greatest part of the area.

<sup>3</sup> The neighbourhoods tended to cross electoral ward boundaries or be contained within them, so it is difficult to obtain up-to-date population estimates. We have based these estimates on rough calculations using 1998 ward population estimates, or on data supplied by regeneration programmes with boundaries matching our neighbourhoods.

## METHODOLOGY

The study covered eight sites in five months. We used a rapid appraisal method (Beebe 1995), comprising semi-structured interviews with knowledgeable local people (professionals and residents), supported by the collection of readily available statistics and documents. Interview schedules for police and drug users were adapted from those used in a recent and more detailed study of two drug markets by members of the research team based at SBU (May et al, 2000). Interview schedules for other informants were adapted from an exploratory study in three other sites in early 2000, by members of the research team based at LSE (Graham, 2000).

In each site we interviewed front-line staff and residents who were knowledgeable either about the detail of the drug market, its impact on the area (if any) or the broader problems of the area and the responses being taken. Figure 1 lists typical respondents, although there was inevitable variation arising from the different structures of organisations, the presence or otherwise of different agencies and the availability of individuals for interview.

### Figure 1 : Typical Respondents

Housing manager
Supported housing/resettlement project/hostel manager
Police sector inspector
Local police constable/sergeant (s)
Drugs squad or force intelligence squad officer(s)
Drug Action Team co-ordinator
Drug treatment agency worker(s)
Needle exchange/drug prevention project worker(s)
Youth Offending Team worker (s)
GP
Youth worker(s)
Community worker (s)
Probation representative
Employment Service/New Deal manager
Regeneration project manager/Neighbourhood manager
Religious leader
Workers in other relevant local voluntary organisations (e.g. youth/health)
Local Councillor (s)
Residents (groups or individuals)
Young people (groups or individuals)
Drug users (individuals)

Residents were interviewed via a variety of mechanisms: in some cases in organised groups gathered together by workers on our behalf, and in some cases by informal contact on the street or in public amenities (such as libraries and youth clubs). We attempted to achieve a mix of residents of different ages, ethnic backgrounds and levels of involvement in neighbourhood affairs, but these attempts were necessarily partial given the time allowed. We do not claim to have represented all perspectives or carried out a community survey, although in some cases we were also able to draw on such documents as further evidence.

Between 28 and 60 staff and residents were interviewed in each area. Table 1 gives a detailed breakdown.

**Table 1 : Respondents Interviewed in Each Area (excluding drug users)**

Neighbourhood	Housing	Police	Drug workers	Probation/YOT	GPs	Youth and Community	Regeneration	Residents (incl young people)	Other	TOTAL
Seaview	2	7	10	2	1	2	0	10	1	35
Riverlands	2	4	10	4	2	4	1	13	7	47
Hilltop	4	11	5	1	2	3	0	10	1	37
East-Docks	2	1	4	1	1	4	1	10	4	28
Kirkside East	4	2	17	3	0	8	1	14	11	60
Overtown	2	2	6	2	0	0	2	31	7	52
Beachville	0	2	7	1	0	3	1	17	5	36

Note : 'Drug workers' includes staff of treatment agencies, needle exchange, specific drug projects (e.g. awareness projects), arrest referral workers, outreach workers, and Drug Action Team (DAT) representatives.

In addition to staff and resident interviews, we also interviewed a small number of drug users (between six and nine) in each area, including only people who bought or sold drugs locally and who were using heroin or crack, or both. We consider this to be the minimum number of user interviews with which to build (in conjunction with other perspectives) a view of the local drug market. The timescale for this project did not allow us to interview more. Larger samples might usefully be considered in future research.

In total we interviewed 49 users. The youngest was aged 18 and the oldest 50, and their median age was 30. Only in one area (Kirkside East) were we able to interview a group of users who were appreciably younger (average 21 years). Thirty eight of the users had lived in the area for ten years or more, and only four had been there a year or less, so the sample overall consisted of people who were very familiar with their areas as well as their drug markets. There was only one area, Riverlands, where a majority of users had not been in the area for ten years or more.

The majority of the users were using drugs on a daily basis. Thirty-three of those who supplied detailed information about their current drug use were users of both heroin (or methadone) and crack. There were ten who used heroin (or methadone) but not crack, most of them in two areas, Beachville and Kirkside East. Only three of the crack users were not also using heroin or methadone.

**Table 2 : Profile of Drug Users**

	Number of Users	Number living in area for 10 years or more	Number of users of heroin/methadone but not crack	Number of users of crack but not heroin/methadone	Number of dual heroin/methadone and crack users
Seaview	7	6	1	1	3
Riverlands	9	2	1	0	8
Hilltop	6	6	0	0	6
East-Docks	9	5	0	1	7
Kirkside East	6	6	5	0	1
Overtown	6	5	0	1	5
Beachville	6	4	3	0	3
<b>TOTAL</b>	<b>49</b>	<b>34</b>	<b>10</b>	<b>3</b>	<b>33</b>

Note : Three of the users were not currently using or did not supply information about their drug use.

The users were offered £20 for their participation in the study. In two sites, they were initially contacted through drug agencies or in some cases were known to the research team from previous work. Further contacts ‘snowballed’ from these. In five sites, the users were mainly recruited by face-to-face contact. The researcher observed local street activity and handed out flyers inviting people to participate in the study. ‘Snowballing’ took place from these initial contacts as well. In all sites, care was taken to avoid being drawn exclusively into a small network of users with a particular perspective. On occasion we decided to turn down potential respondents recommended by existing contacts in favour of making fresh contacts. Drug use and involvement in the local market had to be confirmed prior to agreeing to the interview. We told users (and other respondents) that the aim of the project was to examine links between drug markets and area deprivation and provided a brief outline of the project when requested. To avoid the obvious danger that respondents might manipulate the truth in order to present themselves favourably, the drug user questionnaire contained reliability checks, with several questions repeated in slightly different ways at different points during the course of the interview. Only information found to be reliable in this way has been used. Wherever possible, we also validated the data by checks with other sources: for example, other interviewees or documentary evidence.

Finally we collected supporting statistical data from the police and treatment agencies, research studies such as crime audits and community surveys, and policy documents detailing the interventions being undertaken by the various agencies.

## CASE STUDY 1 : SEAVIEW

### The Area

Seaview is an inner city area. It is adjacent to a main arterial route into the city and within walking distance of the city-centre where extensive shopping facilities are available. The area has no high-street banks or stores but a variety of independent local shops. It has a number of hostels and a sizeable number of local authority properties. The housing stock consists of large Victorian houses that had been converted into flats, as well as small low-rise blocks. In 1991 the area contained 1,109 dwellings that were occupied by 2,199 residents. Social housing provided 34% of dwellings in the area compared to 23% in England and Wales as a whole. The majority of housing association dwellings were built prior to the turn of the century whilst 70% of Council dwellings were built within the period 1969-1977. Seaview was ranked by the IMD in the top nine per cent of all areas in the country, and the Basic Skills Agency recorded that almost a quarter (24.1%) of the local population in 1996/1997 aged 16 - 60 had poor literacy skills. This was also reflected in the unemployment rate that was almost 10% of the local population. The area has an ethnically diverse population. The 1991 Census stated that 40% of the local population were non-white with 31.2% being black. The citywide figures were much lower and record that 5% were non-white, which mirrored that for England and Wales as a whole. Fractious racial tensions peaked in the area in the early 1980s. This tension had, however, diminished slightly as the police and local population changed their attitudes towards one another. Some residents viewed the police as potential allies.

### The Nature and Scale of the Drug Market

Seaview was predominantly a heroin and crack cocaine (crack) market, however, cannabis had been available since the early 1970s and still remained so. One senior police source commented that the market was 'awash' with heroin, although he believed crack was the main drug in the market. A local drug agency manager stated that heroin had been available in the market since the early 1980s but was only being supplied by a few individuals, and that those who were supplying were often users themselves. She also commented that there were often droughts in the area, something she believed would be unlikely to occur in 2001. One agency professional described the change in the availability of heroin:

*"[In the early 1980s] dealing was being done by a small number of people who were dependent themselves on heroin, and I certainly remember one of our clients deciding they were going to clean-up, and you know, the whole market collapsed. There wasn't anything around for about a week and a bit. You just can't imagine that happening nowadays".*

In 1993, there was a further rise in the number of new heroin users in the market. Drug agency workers stated that this new wave of user would have previously used amphetamine sulphate. The decline in price and easy availability of heroin were felt to be responsible for the switch.

Use of cocaine amongst local drug users was reported to have started in the mid 1980s. By the late 1980s there was some evidence that a number of local users were cocaine dependent and starting to 'wash' cocaine to produce crack. This was seen as a more convenient and profitable form of dealing and by 1991/1992 most of the cocaine in the drug market was sold in the form of crack. Since 1994 the growth in both crack users and sellers had risen sharply. There was evidence that heroin use crossed over into the primary crack using population as a way of crack users managing 'come-downs'. Both crack and heroin were widely available in the local market at the time of fieldwork.

Ecstasy and amphetamine sulphate were available, but on the outskirts of the market. Leakage of prescription drugs occurred, but the area did not have a reputation as a place where methadone or benzodiazepines were easily attainable. This may have reflected the difficulty there was in obtaining methadone prescriptions in Seaview.

Prices for drugs differed and were dependent on who the buyer was. Established buyers paid closed market prices, and new buyers higher prices. At the time of fieldwork, heroin was being sold for £45 a gram; and a rock of crack (.2 gm) between £15-20, although some users paid less.

Supply routes into the market came from both national and international sources. No one route appeared to predominate. The crack market appeared to draw clients from a wide geographical area and was reported to act as a distribution point for other dealers from the surrounding area. Whilst most crack suppliers in the market also sold heroin there was less need for drug users from outside the area to buy heroin (in Seaview) as there were several well-known heroin markets geographically spread throughout the city. Heroin was reported to be supplied from a number of cities, some of which were over one hundred miles away.

We interviewed seven drug users in Seaview, four males and three females. Their ages ranged from 23 to 47. Six had extensive knowledge of the drug market and were able to discuss the changes that had occurred since the early 1980s. Two were born and had lived in the area all their lives; three came to the area specifically to sell and/or use drugs; one was placed in the area by Social Services; and one moved to the area due to its ethnic diversity. Four interviewees were current heroin users and five were current crack users. First heroin use ranged from 13 to 34; first crack use ranged from 15 to 35. Interviewees were spending between £60 and £700 per week on illicit drugs. All interviewees described the drug market as vibrant and all were able to purchase drugs 24 hours a day seven days a week. When discussing the changes that had occurred in the drug market, four stated that the introduction of crack in the early 1980s had signified the greatest change. There was a consensus, however, that the problems associated with crack did not appear in the market until the early 1990s which coincided with the increased availability of the drug. All described the area as being a potentially violent place that was associated with robbery, sex work and drug dealing. Negative aspects focused on the volume of drugs that were available, and the stigma attached to the area. Other dislikes included outside drug sellers moving into the area, and the level of racial abuse. One interviewee also commented about the general level of crime in the area.

It is impossible to provide a guesstimate of the number of users in the market but during the year 1999-2000 one local voluntary drug service saw 3,523 individuals. Although this number would have included drug users who do not use Seaview it would have also under-represented ethnic minority drug users, and drug users who perceived the service to be an opiate service.

The market in Seaview operated on two levels, both in the same geographical area. There was an open heroin and crack market that operated from outside a static selling site, which was located at the epicentre of the market. This market sold to new buyers or clients of sex workers. The prices were usually higher and the quality of drugs was reported to be inferior to those drugs being sold to established buyers. The closed market operated from both outside and inside the static selling site. This market sold only to established buyers or those who were known to sellers. The prices, quality and quantity were reported to be better than that purchased from the open market. The owner of the static selling site had previously been taken to court for allowing his premises to be used for drug selling but the case had collapsed due to a lack of evidence.

We were also told, by a small number of interviewees, of a further market that had established itself on the periphery of the market. The market was described as being run by 'rip-off' opportunistic 'criminals' who sold substances that were fake illicit drugs to unknown or 'green' buyers. Prior to our fieldwork there had also been a small number of sellers operating from the stairwells of a block of local authority flats. The local residents association informed the police, who mounted a high visibility operation and displaced the sellers back to the static selling site. One senior officer commented that it was a short-term solution but that he had to respond to the immediate needs of the local residents before he could implement long-term strategies.

In the eighteen months prior to our fieldwork new dealers were reported to have moved into the area. These new sellers were described by nearly all respondents as being Jamaican nationals or by some respondents as 'yardies'<sup>4</sup>. One police respondent commented:

*"I class them [the new dealers] as outsiders, some people call them 'yardies', but I don't like to give them that sort of credibility. They are, in the main, Jamaican nationals, some who are legally here in the first place, some that are over-stayers, and some that are seconded as students and are being investigated by the immigration authorities".*

All of the drug users we interviewed commented about the rise in the number of new sellers who had moved into the market to sell both crack and heroin, and they also discussed the accompanying friction that had been evident in the market since their arrival. There was a consensus amongst all our interviewees that the new sellers in the market were responsible for the increase in firearm offences in the previous eighteen months and that this was due to the unease and friction between the established and new sellers in the market. All of the police officers we interviewed were aware that

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<sup>4</sup> We were unable to verify from any sources whether the new sellers were legal or illegal Jamaican nationals.

the new sellers were causing friction in the area not only with the established sellers but also for the local community. One officer commented:

*“There was gang warfare and territorial warfare going on, where it was all getting out of control. That’s what really made us say right we are definitely going to do something about this now, that was after we had had a couple of shootings. We had reports from members of the public that they had armed gunmen running through their houses and they were terrified that somebody would fire a shot... This was clearly not a situation we were prepared to tolerate. So we ran a high profile operation... It was a public confidence restorer, we were saying to these people enough is enough, we are going to deal with this problem, both in the short term and the long term...”*

Local residents reiterated the police statement and stated that a number of firearm incidents had occurred in the market that had caused both concern and worry. One local resident commented that it was the drug market ‘*spilling out*’ into their everyday lives that prompted them to enter into a dialogue with the police and demand a coherent response to the situation. Several high visibility police operations were conducted and there was a reduction in the number of reports of firearm incidents. It was perhaps the police response that also acted as a catalyst to a new, although fragile, relationship between the police and the local community. The police were aware, however, that firearms were still available in the market and that friction between the sellers could easily cause a recurrence of the situation.

The market was currently in a period of transition and there was no way of knowing whether the local sellers or the new sellers would end up becoming the primary drug market dealers.

Reports from various sources disclosed that runners were operating in the market as young as twelve years old. A number of respondents commented that the high visibility of affluent dealers in the area were attracting young people both into selling and using drugs. In the six months prior to fieldwork, the youth offending team (YOT) reported that they had worked with 60 young people who had left the local young offenders institute - all of whom had disclosed problematic drug use with which they wanted assistance. The YOT also stated that they had seen an increase in the number of young people using both heroin and crack, often in combination with alcohol. Further comments from agency professionals highlighted that the lack of recreational facilities in the area and the rise in school exclusions<sup>5</sup> meant that there were a number of young people ‘*hanging about*’ on the street. They believed this resulted in young people coming into direct contact with many of the street dealers. There was also a perception that dealers in the area were un-policed. As one local resident commented:

*“Peer pressure is very strong. You know how it is - I’m dealing this, I’m making this, I’ll take care of you. I’ll get you a bike and a mobile, and you’re away, they [the police] can’t catch you. They [young dealers] are there out there on the street I know exactly where they are, or some of them. You watch*

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<sup>5</sup> The local council were unable to provide figures for school exclusions or unauthorised absences.

*them with their bikes sitting around with their mobiles waiting for their next call. The youngest can go down to twelve, which is not a surprise to me, because there are families for whom it is their business”.*

The police were aware that this was the perception, but as one officer commented:

*“If we remove ten dealers this week, ten new dealers will be back next week”.*

Young people commented that there were young sellers working in the market, and that those who were ‘*running*’ drugs for more established sellers often saw their involvement as a form of social status.

One local drug agency set up a youth team in Seaview and the surrounding area that reported working with 400 young people and 35 parents in the year period April 1999 - March 2000. This figure will undoubtedly include young drug users that are not resident in Seaview, but it does, however, highlight a growing number of young people that are disclosing issues around their drug use to services.

### **The Impact of the Drug Market on the Area**

#### *Drug Related Crime and Neighbourhood Quality of Life*

Crime in Seaview was a concern for many local residents. One local assessment found that only 30% of residents felt safe walking about in the area. The assessment also found that the fear of crime was linked to three particular areas, namely: drug selling, sex work and street drug use. One resident commented about an episode that a friend of his had experienced in Seaview:

*“[He] was walking home one night, and three geezers approached him and said lets have your money and that. He said look I have only got about £1.50 like and they just caved his head in and everything, you know. So even if you are walking around and you have got no money it's risky, you know what I mean”.*

Drug dealing has had a negative impact on the area. The fear of crime, especially robbery, is high amongst the local community. One local assessment found that 43% of residents had been the victim of a crime in the previous year. Several of our respondents had also been the victim of a crime in the previous year. For most this was robbery but other reported crimes included rape and racial violence. The police had targeted robbery, and in the six months prior to fieldwork reported robbery figures had reduced by 65%. The commercial sector identified the fear of crime and harassment as the primary cause of the significant difference between property values in Seaview and other equivalent locations.

The area had an active street sex market and many off-street sex establishments. The number of active street sex workers had, in recent years, declined but there was still a presence of street sex work and clients kerb-crawling the area that affected the quality of life for local residents. There was, however, a number of agencies conducting outreach work with sex workers who worked both on and off-street in the area, all of whom provided assistance with exiting strategies from sex working.

Although crime in the area was mentioned by all respondents, nearly all interviewees also spoke about the area in positive terms. There was a sense of community in the area. We asked the young people we interviewed what they liked about the area. All of them spoke of their sense of belonging and the community feel that the area possessed. One of the drug users we interviewed stated that he liked the acceptance in the area of different cultures. One local resident commented that in many 'pockets' of the community there was:

*“A great sense of warmth that other big cities do not have, you can say hello to people on the street which in [other city] you learn not to do very quickly”.*

Young people also discussed their dislikes of the area. All of them stated that the lack of recreational facilities in the area made them feel 'singled out' by the local council as 'not worth bothering about'. One young person stated that the local council had visited his youth centre and asked what facilities they wanted. A year later no facilities had been provided. The young people felt they had been promised at least a football/netball ground in the area and hence felt let down by the local council. There would appear to be a dearth of facilities for both young children and older teenagers. Professional respondents commented that the lack of facilities often resulted in many young people either playing or hanging about outside, where street drug sellers actively worked. Council records showed that there were only two sites of nature conservation in the whole ward - a below average number. Within the ward there were 15 children's play areas, an above average number when compared with other wards in the city. However, although there were a number of play areas in the ward, there were few areas within the immediate vicinity of the drug market for children to access.

### *Population change*

Census data from 1991 recorded that within the city Seaview had the highest transient population. It was recorded as being 60% greater than the city-wide average. Such a high level of transience could possibly be related to the availability of privately rented accommodation and hostel accommodation, or possibly the location of Seaview, which is adjacent to the city centre and the main arterial route in/out of the city. Newcomers into the ward were also high in comparison to the city as a whole. However, one local assessment found little evidence to suggest that the area was a preferred choice for many of the existing or prospective residents, and concluded that the area's reputation as a drug dealing and sex working area was the reason. Residents and the police spoke of the issues associated with the transient population. It was felt to be responsible for many of the problems associated with the area. One member of the residents association commented that it was not the transient population per-se that were a problem, but stated that a community spirit could only exist if there is a stable population in the area. In comparison to other areas in the city it was relatively easy to be housed in Seaview. There was no evidence to suggest that dealers purposefully move into the area due to it being a drug market. However, there was evidence to suggest that many of the dealers already operating in the area had resided there for a considerable time or had been in the area all their lives.

### *Operation of services*

There were a number of services located and operating in Seaview. The area had several primary and secondary schools, local general practitioners, a community centre and statutory services such as housing services, the youth offending team and several drug agencies. There were reports of taxi drivers not wanting to enter Seaview, but this was only reported by one local resident. Services did not appear to be wary of the area and many statutory services had offices located near or in the drug market. All of the drug agencies in the area conducted outreach and all did home visits with clients. There was no evidence apart from the few taxi firms that services were uneasy about working in the area.

### **Service Provision and Agency Responses**

#### *Police*

Policing of Seaview was undertaken by five local community officers, two sergeants and an inspector. The local inspector acknowledged that previously the police had placed Seaview in “*the too hard to do basket*” and that this was in part responsible for the size and activity of the market. He believed that the market needed a three-tiered strategy – short, mid and long term. The long-term strategy, he stated, had to involve inter-agency collaboration and a positive relationship with the local community. This goal had partly arisen from the Crime and Disorder Act (1998), and partly as a change in the local police approach. Officers working in the area were despondent about the impact that policing had on the drug market and felt that their main policing technique – stop and search tactics - had suffered as a result of the Macpherson report. One officer commented that they were now in a ‘*no-win situation and the dealers know it*’. The sector inspector was, however, more positive and commented that if an officer had reasonable suspicion to stop and search an individual then there would be no complaints from the public:

*“Something I have been very mindful to ensure here is that we don’t have indiscriminate stop searching of people because they are black and standing on a street corner. If we are going to stop and search somebody then we have to have the grounds”.*

Other agencies were critical of the policing in Seaview. Some respondents commented that the area was heavily policed in comparison to other areas in the city, and other respondents felt that the police ignored the drug market in the area. One agency professional commented that:

*“There is a feeling in this community that the police know that there is drug dealing going on all around but they just don’t do anything.... It’s politics, I think they play politics. They say that they haven’t got the resources or there is not enough evidence. They play politics with the law and the legal system because they feel that the legal system is not defending them, in terms of how and when they try and make arrests...So the community just get pushed around like pawns”.*

One hostel worker commented how the relationship between the hostel and the police had improved considerably over the last few years. He stated that:

*“They brought in more community type policing and that seemed to work and that bridged a lot of gaps. We came to a better understanding that if the police needed to speak to any resident or perhaps execute a warrant, it would come through the beat officer who would perhaps know the resident.”*

One police driven initiative the worker spoke of was having an identified police officer to contact if the hostel was experiencing problems. The initiative was spoken of favourably by the worker, who also commented on how the police would conduct high visibility policing initiatives if requested to do so by hostel workers. These initiatives were often conducted to deter drug dealing or violence on or near the premises.

Resources for policing the drug market were highlighted by police respondents as a contentious issue. One officer stated that:

*“If you resource an issue for long enough you deal with the problem and then somebody else’s problem exceeds yours and your resources go to their problem and all of a sudden it starts to come back on you. We have got to look at the geographics, what attracts these people [drug dealers]”.*

Policing techniques also relied upon registered police sources and information passed to them by the local community. However, the use of police sources was seen as problematic due to the nature and level of violence in the market. The inspector commented that if he was to make wide use of sources he had to be mindful that these individuals often lived in the community. Officers were asked what policing techniques they thought would reduce the number of dealers in the area. Responses varied from maintaining a high visibility in the area to greater use of ‘buy-bust’ (test purchase) operations and registered police sources. One officer also commented that there needed to be harsher court penalties for those supplying drugs, as sentences currently being passed did not act as a deterrent. This sentiment was echoed by one of the drug users and several local residents we interviewed.

### *Drug Treatment Agencies*

There was one local voluntary service on the outskirts of the market but within walking distance of both the static selling site and the street sex market. Traditionally the service had been perceived as a white opiate service and hence, did not attract large numbers of either primary crack users or clients from ethnic minority backgrounds. However, the service provided a specialist worker to work with both street and off-street sex workers of whom a number were primary crack users and many were from ethnic minorities. Both health professionals working with sex workers and sex workers themselves held the worker in high regard. The service also offered a variety of programmes and worked in partnership with a number of statutory and voluntary services in the area including the probation service, the youth offending team, local prisons, general practitioners and several hostels.

There was also a city-wide prescribing service that offered daily-supervised consumption of methadone and worked with a number of pharmacies in the city that offered on-site consumption. The prescribing service targeted specific groups, one being single homeless people. The service had a harm minimisation policy, and set boundaries on an individual basis regarding a client's illicit drug use (on top of prescribed medication). All of the clients in the service were provided with a key worker who addressed the totality of the drug user's life. The service worked with several agencies across the city, some with more success than others. One issue that was highlighted by a worker at the service was the problems working with co-morbid drug dependency and mental health clients. He commented that traditionally and historically drug services and adult mental health services had not enjoyed a good relationship.

*"Traditionally what happens is there will be no assessment made of their mental health problems, what they'll [mental health team] say is they can't do so because of the drug use. Our problem is we will get them and say, yes you clearly have a drug problem, but what we are also saying is they have a mental health problem that they have no support with. We can't see how they can stop using drugs without support from the mental health team. And while we can prescribe things for them, without that support all we will be doing is nothing. That's getting better, but it's traditionally very difficult. I'm sure we [drug service] play our own negative part in that as well. In the drugs sense, historically we have been very poor in the response to mental health agencies and vice versa, it's improving, but it's certainly an area that could improve a lot more".*

There were also a number of smaller voluntary services including one that provided services specifically for sex workers, and one that provided services for young ethnic minority drug users. At the time of fieldwork there appeared to be some reluctance for some of the smaller services and statutory services to work in collaboration. The reluctance centred around competition for funding and different working practices with diverse client populations. We were unable to speak to the Drug Action Team (DAT) co-ordinator to establish the position of funding for services, the representativeness of different services on the DAT, or the knowledge of the DAT regarding treatment facilities and gaps in treatment for Seaview.

Arrest referral schemes operated in all of the police stations in the city. However, the schemes were relatively new and one worker commented that there needed to be a 'bedding down' period before their effectiveness could be measured. There appeared to be reluctance from some treatment services to work in partnership with the referral schemes. Problems concerned a small number of treatment services who considered arrest referral to be a mechanism to fast track criminally active drug users into treatment and leave non-criminally active drug users on waiting lists. This was not, however, perceived to be a problem that could not be resolved. One worker commented that they were also experiencing difficulties accessing young people in the custody area, a problem they were in the process of addressing with senior police officers.

All of the professionals we spoke to stated there was a paucity of services for primary crack users in the area. Although many of the treatment services offered acupuncture

and other complementary treatment options the services themselves were still perceived as opiate services. One drug agency worker commented that it was a problem within their service and they were evaluating ways to address the reluctance of crack users to enter treatment.

There was evidence in Seaview that treatment services had reduced the harm caused by the drug market. All of the services we visited conducted outreach work in the market and provided clean injecting equipment, condoms and advice regarding accessing services. We encountered no drug paraphernalia on the streets. However, one resident commented that in a nearby park there was always discarded injecting equipment.

### *Housing*

Seaview has had a growing number of social housing properties since the mid 1970s. The purchase, repair and improvement programmes of these properties have been widely supported by government funding. The number of dwellings owned by the social landlords was reported to have increased at the expense of the private sector. One local respondent commented that the number of private dwellings that had been renovated into flats was one reason for the increase in social housing. Another local resident commented that the availability of bed-sits meant that the area attracted a disproportionate number of young single people - in particular young men. She stated that there were three roads in the area she knew of that housed drug dealers in almost all of them. There was no evidence to suggest, however, that drug dealers moved into the area to facilitate drug selling.

### *Supported Housing*

There were a number of local hostels within the near vicinity of Seaview. There was a general perception from local residents that the area around Seaview was a '*dumping ground*' for many social problems. However, housing officers from the local council commented that residents were unaware of the number of council run properties and the number of privately run hostels, and often felt that all of the hostels were run by the council and that there was therefore a systematic policy of placing all perceived problematic clients in the local area. Council run properties in the drug market area were few. There were no direct access hostels in the area and only one council run family hostel. There were, however, a small number of housing association hostels that were on the outskirts of the market and a number of privately run bed and breakfast establishments on which the local council conducted regular inspections. There was also one probation hostel situated in the area, and one council housing advice centre for single people.

One of the workers from an established local hostel in the area commented that in the previous five years there had been a change in their client group from older to younger residents. This change was partly initiated by the hostel re-locating older clients to more suitable accommodation and partly to the growing number of young people seeking hostel accommodation. The worker commented that the change in their client base had resulted in an increased percentage of clients with alcohol or drug problems. Around 60% of residents in the hostel had disclosed problematic alcohol or drug use in the previous year. In 1998 the local council set aside money to develop a

rough sleepers initiative of 170 separate units of accommodation, Seaview was purposefully ring-fenced as an area unsuitable for any further hostel accommodation, as it was felt by the council that the area was unable to sustain any further hostels. A new high care project for clients with dual diagnosis issues was also in the process of being developed by the council and again the site being considered was outside Seaview. One housing officer commented that they were aware of the problems that the drug market caused in the area and were working in partnership with other agencies to address the issue in relation to housing allocation. A further problem discussed by a housing officer was the difficulty in obtaining planning permission in certain areas of the city. Areas with a stable population often block applications for planning permission and leave the council with fewer options. The remaining areas are often those with greater transient populations and less resident cohesion.

### *Youth Service Provision*

Youth service provision was deemed to be inadequate by nearly all our respondents. Young people we interviewed stated that there was only one statutory service in the local area that they used and there were no outside play areas within the immediate vicinity of the drug market. The statutory service worked with young people and addressed issues of race and developing racial equality within the youth service. The service conducted outreach work in the local community and had a detached youth team. The youth worker at the project commented that the lack of facilities in the area contributed to young people drifting into crime through boredom and thrill seeking. The youth offending team also commented that the local council should target the area for youth provision.

### *Education*

There were eight schools in the ward of Seaview. All of the schools had high percentages of pupils who were eligible for free school meals, and both the primary and secondary schools in the area had a higher recorded percentage of unauthorised absences when compared to the city as a whole. The local education authority were unable to provide us with exclusion or figures for the area. The young people we spoke to could not remember any drug education being provided at their schools and stated that the only talks and information they had received was from outside professionals on the issue of racism. All of the young people stated that one of the local schools was suffering structurally, and had been for some time. They reported that the school that most of them attended was poorly equipped and had few computers or facilities. One young person stated that it should have been condemned years previously. One local resident stated that she refused to send her child to one of the local schools due to its location. The school was on one side of the drug market and due to the fear of robbery and the number of dealers hanging about at all times of the day she felt un-safe walking her child to school. She did not want to expose her child to drug dealers and drug users at the age of five. The local inspector was aware of the problem of drug sellers being around the school and had arranged high-visibility policing at the end of the school day. This was welcomed by the local residents but viewed as another short-term solution that would not continue forever. Although the area had high unemployment none of the drug users we interviewed said they had been offered a training programme or knew of anyone who had attended a training programme in the local area.

### *Residents*

Seaview had a small residents association that had recently become active in addressing the drug market. However, the majority of the local population did not want to tackle the market due to the fear of reprisals. Residents in Seaview felt that the local police took a 'soft line' in policing the drug market. One local resident commented that:

*“The police keep saying that they are doing things but they haven't done an awful lot, we feel they are as scared as us which is not surprising, but not helpful either”.*

Another resident also commented on her perception of policing in Seaview:

*“We don't want better policing we just want policing full stop or visible policing, not these airy fairy ideas that they might nick someone in six months time, we want people [dealers] nicked now and kept out”.*

The residents association attempted to initiate a neighbourhood watch scheme but few residents were prepared to join or put a sticker in their window as they believed it would single them out and they themselves would become a victim of crime due to their participation in such a scheme. Money for CCTV had recently been put aside for problem drug use/dealing areas in Seaview, an initiative that the residents association stated they were instrumental in initiating. One project that was under consideration by certain residents was to initiate a scheme similar to 'mothers against drugs'. They were unsure what format it would take and were in the process of contacting similar projects for their advice. They were aware that participation in the project would have to be anonymous as residents were unlikely to publicly support such a scheme due to the fear of reprisals.

### *Environmental Services/Wardens*

There were no specific projects aimed at clearing-up needles, and few respondents commented on discarded injecting equipment or drug paraphernalia being a problem in the local area. Respondents commented that household rubbish was collected regularly and the area was generally kept clean.

### *Regeneration*

Seaview had been the focus of Single Regeneration Budget (SRB) funding. Seven million pounds had been set aside for the inner city-area over a seven year period, and the programme was now in its fourth year. The partnership funded two initiatives in local drug projects. Both projects targeted ethnic minority drug users and the programme manager had commissioned an independent evaluation. At the time of fieldwork Round Six SRB funding was under consideration, but drug issues in the city or Seaview had not been particularly flagged up in relation to this funding stream.

## **Summary**

Seaview had a long established drug market, with the use and availability of both crack and heroin increasing significantly since the early-mid 1990s. Both heroin and crack were widely available at the time of the fieldwork and there was a perception that police action was largely ineffective. Selling was conducted openly at fixed selling site and via a closed market. Prices were higher for new buyers than established ones.

The area is close to the city centre and contains a high proportion of flats as well as some hostel provision. It has a high transient population. It also has an active sex market. Crime and violence are major concerns to residents, and a number of people commented on increasing violence (including firearms incidents) related to crack selling and to the arrival of new sellers in the market. There was evidence of young sellers and runners who saw involvement in the market as bringing social and financial rewards. Concerns were expressed about poor youth provision and educational participation. Treatment agency provision in the area was good although there was a paucity of services for primary crack users. Regeneration funding from the Single Regeneration Budget had been used to provide specific interventions for ethnic minority users.

## CASE STUDY 2 : RIVERLANDS

### The Area

Riverlands is an inner city area. At one end it is a short walk from the city centre, and stretches uphill from there to the city edge. The hills, and the arterial roads leading out of the city, subdivide Riverlands into two distinct halves. One is made up mainly of Victorian street properties, with a few inter-war Council estates, one tower block, and some private housing. Here tenure is mixed. The population is predominantly white with a significant Mirpuri/Kashmiri minority and some smaller minority communities. The other side of Riverlands was redeveloped in the 1960s and 1970s and consists mainly of modern council homes. About one-third of the estates benefited from estate action in the 1990s and the environment is good. This part of Riverlands has a significant African/Caribbean population (15%). It has a higher number of single person households, and a significantly higher proportion of lone parents than the city average (9% compared with 6%.) It also has a high concentration of homeless hostels - about two-thirds of the homeless provision and supported accommodation in the city. There is a high level of transience. The main drug market activity centres on this part of Riverlands, which has a long-standing reputation in the city for drugs and as a high crime area generally.

The very high level of hostel provision in the area is certainly not the cause of the drug market, but is an important feature of it. This accommodation draws in a vulnerable, transient population, including a large number of drug users. Effective liaison between the hostel providers and the housing department means that people from hostels do tend to re-settle in the area. There is also a bail hostel, located close to a tower block providing temporary housing, and on the edge of the red light area. The local police claim that the crime statistics show to a day when the hostel is closed for refurbishment. Interviews with some residents in the hostel back up the police claim. The hostel caters for the 17-25 age group. 90% of the referrals have a drug history. Almost all of them use heroin and an increasing number are using crack. The presence of this kind of accommodation in an established drug market certainly has an impact on the problem.

Within the area, we have taken a specific look at the Rosehill estate, which is currently the subject of a major regeneration programme, using a neighbourhood management model. Given the high level of drug market activity in the area, and the adoption of this regeneration approach (currently favoured by government), the estate provides a good opportunity to examine the link between neighbourhood regeneration and local drug markets.

Rosehill is a small estate of about 450 homes built in 1979. It has a mixture of 3-bed houses in small closes, one bedroomed flats and bedsits, and a sheltered housing scheme. A concrete precinct used to house nine shops, but now the one under-stocked grocery store adds to the impression of emptiness. Rosehill is probably the least popular part of Riverlands. The bad design creates crime opportunities while adding to a perception of vulnerability, which is increased by a high number of transient people living in the neighbourhood. One block of 150 small flats, bedsits and maisonettes on the estate is extremely unpopular leading to a concentration of single men, including some with little choice of housing, such as ex-offenders, care leavers

and former long stay mental patients. An estate survey in November 1999 suggested that the unemployment rate was 32%, with only 20.4% of the people of working age in work. In the early 1990s Rosehill had very serious problems with crime and disorder, including high levels of burglary, car theft and joy-riding. CCTV cameras have since been installed. At the time of the fieldwork, the situation was more settled.

Riverlands is one of three main drug markets in the city, all in the inner city. Its drug market is long established. Cannabis has been available since the 1960s, when much of the supply was linked with the blues clubs. Amphetamines were available in the 1960s, but use of the drug became more problematic in the 1970s following the development of an injecting culture among users. Opiates were available through user networks stretching across the county in the 1970s and heroin became readily available in the early 1980s and has remained so. Crack emerged in the late 1980s and became more prevalent in the early 1990s. Crack availability and use have grown significantly since about 1998.

At the time of our work, heroin and crack were the main drugs in the area. Both were said to be easier to obtain than cannabis, which, along with cocaine, amphetamines and ecstasy formed a separate market. The remainder of this report refers to the heroin and crack market. As well as residents and representatives of agencies, we interviewed nine drug users, most of whom were using heroin and crack. There were two women and seven men, aged between 18 and 50. All except one described themselves as dependent on heroin or methadone, and they spent between £60 and £500 per week on drugs.

In contrast to some of the other study areas, it was difficult to find users who had a long association with the area. Five users who expressed a willingness to be interviewed were rejected for this reason. Only one of the users had been in the area since he was a child.

The profile of the users reflected the level of transience in the area, and the fact that this part of the city is known to attract users from further afield, partly because of its proximity to the city centre but partly because the drugs are widely available and cheap. The cheap heroin and crack was said by one user/dealer to be around half as much per deal compared with nearby towns.

### **The Nature and Scale of the Drug Market**

The police estimated that there were five to six high level dealers plus a core of around 20-30 middle level dealers operating in the area. The local inspector also estimated that there were 60-70 '*occasional dealers*' while estimates of the number of runners ranged from 30-100.

The relationship between the dealers was not entirely clear. While some users described the market as a cartel, others believed that it was possible for freelance dealers to set up in business. The high number of runners working for dealers in what appears to be a more or less stable alliance, suggests that it is difficult for freelance (usually user/dealers) to enter the market. Such operators lacked a competitive edge over pricing, and may have also been vulnerable to the significant level of violence with which competition appears to have been resolved in this market. Shootings were

not uncommon. There had been fourteen shooting incidents in the previous two years. It was difficult to determine the precise cause of the shootings. One spate coincided with the arrest of a major dealer, and it was suggested that the shootings were between rival dealers competing for this new segment of the market. Some of the conflicts were said to follow a fault line dividing dealers in Riverlands and those in a neighbouring area. However, this did not appear to be a turf war controlled by major operators. It was more akin to conflict between rival football supporters than a boardroom clash. Competition appeared to be resolved by violence, rather than the whole dealing structure being controlled by violence.

It was evident that the threshold for use of firearms was low. Police and drug user reports of victims displaying wounds as “*trophies*” suggest that the incidents may have been more closely connected to the perception of the need to gain and maintain respect in a machismo culture that extends beyond the area. Users were also likely to be the victims of violence (more so than dealers), not just for debts, but also for showing disrespect to a runner or dealer at the lower end of the scale. One user observed that “*debts of £10/ 20 can get heavy... some people take it as an insult.*” These comments backed up other accounts, one an apocryphal story of a single parent who was held hostage while her daughter was raped, and then had her house burnt down over a £5 debt. Most of the accounts of violence reported by users document beatings, kidnappings and/or the threat of such action over small debts.

It was not difficult to buy heroin and crack in this market. Successful police operations appeared to have stopped overt street dealing, and test purchase had made dealers suspicious of strangers, so the market could not be described as ‘open’. However, nor was it closed. We were told that a potential buyer who ‘*looks right*’ would be able to make a successful purchase. There was a high level of street dealing to known users, and a high number of dealers/runners on the lookout for passing trade. People came into this area to buy drugs. Although a neighbouring drug market was a more popular destination for out of town drug buyers, because of its close proximity to the railway station, Riverlands had the advantage of accessibility to the city centre and road routes. ‘Out of area’ buyers made up a significant proportion of this market.

Most transactions took place following a phone call to a dealer’s mobile phone to arrange a drop off point – usually an alley, subway, bus stop, tower block or very rarely, the dealer’s home. The regular use of drop off points did lead to some buying and selling at these points (either passing trade or dealers poaching customers waiting for a drop).

Methadone had relatively high availability in this area and a common user profile was use of illicit heroin use or methadone to keep back withdrawal symptoms with the use of crack. The wide availability of methadone was attributed to a liberal prescribing regime introduced in the mid late 1970s and continued during the early 1980s, when liberal methadone prescribing declined elsewhere. The head of the Alcohol and Drugs Team believed that this move probably delayed the heroin boom in the city.

**Table 3 : Riverlands – Drug Prices and Availability**

<b>Drug</b>	<b>Price per one unit (£)</b>	<b>Price per next unit (£)</b>	<b>Users' Availability rating</b>
Heroin	10 for .2 gram	40 Per gram	1
Methadone	5-10 for 100 ml		2
Cocaine	50 per gram		2
Crack	10 per rock		1
Amphetamines	10 per gram		3
Ecstasy	20 for 10 tablets		2
Benzos	50p for 1 tablet	5 for 10 tablets	3
Cannabis	15 for 1/8 <sup>th</sup> ounce	80 per ounce	2

Availability rating 1=very easy through to 5=very hard.

### **The Impact of the Drug Market on the Area**

#### *Drug-Related Crime*

The city as a whole has a high crime rate, part of which may be explained by the force practice of recording minor infringements as crimes. Recorded figures suggest that crime is higher in Riverlands than the city as a whole and considerably higher than the national average.

Local police believe that drug use is behind a lot of the crime in the area – based on the observation that “almost all of the area’s arrestees have a drug habit.” The evidence from the drug users interviewed is that shoplifting is the most common illegal means of financing drug use. Only one of the nine users did not commit crime and seven of the eight listed shoplifting as a means of paying for their habit. Only two people listed burglary and two others listed robbery. Burglary has been falling in Riverlands, in line with national trends. There appears to have been a shift away from domestic burglary towards shoplifting, possibly because of the falling value of, and market for, household goods. One local police officer's comments captured this change:

*“Six years ago everything went in a burglary – the TV, video, jewellery and any cash; four years ago they left the television; now they leave the video and just take jewellery and cash. They need to do eight burglaries now to make the same amount (as they did six years ago).”*

Opportunities for shoplifting are readily available to users living in Riverlands, given its proximity to the excellent city centre shopping facilities.

Robbery was a less prevalent means of financing drug use among the users we interviewed but has a disproportionate impact on fear of crime in the area, especially given the relatively high level of weapon use. During the fieldwork period the local pharmacist was held up at knife point by a crack user. The same person had robbed other people on the estate, stabbing at least two of them. These offences, unsurprisingly, had the effect of raising levels of fear and alarm about drug-related violence among residents.

**Table 4 : Drug users' main methods of raising cash for drugs (Riverlands)**

Method of raising cash for drugs	9 Users interviewed
Shoplifting	7
Burglary	2
Theft	3
Sold possessions	1
Handouts	1
Street robbery	1
Drug dealing	2
Theft from cars	1
Aggravated TWOC	1
Theft (from sheds)	1
Borrowing	1
Prostitution	1

### *Neighbourhood Quality of Life*

Riverlands was stigmatised within the city for its drug problem. Substance abuse was certainly a matter of local concern. A survey of nearly 7000 adults in Riverlands in 2000 identified drug and alcohol related crime as the second highest priority to be tackled out of a list of crime problems. Forty-nine per cent said it was a priority – behind house burglary (66%) but ahead of car crime (45%), anti-social behaviour (42%) and crime committed by young people (42%).

Our fieldwork revealed that the problem was very localised. For example, the manager of a housing association development of 500 homes to the north east of the area (further from the city centre) did not think crime or drugs were a significant problem on that estate. Fear of crime came second to lack of children's play provision when research was carried into resident concerns in 1996, a time when other parts of the area were badly affected by crime. By contrast, a survey in Rosehill indicated that 85% of residents were worried about drug use and 65% about the security of their homes. This was an interesting finding, since the neighbourhood manager for this area believed that drug use was widely tolerated on the estate, even though drug-related crimes, or risks to children, were major sources of concern.

*“Most residents accept it, there’s wide use of cannabis, and wide knowledge of heroin and crack. There is dealing from houses, five properties are labelled as crack houses by residents. Most people don’t care about the use of drugs, they are more concerned about crime in the area, or their child being harmed.”*

Violence associated with the drug market (or perceived to be associated with the drug market) certainly had a significant impact on fear of crime among the people we interviewed. Most respondents told stories of violent acts that they had experienced or

had heard about. The violence caused an unease that was tangibly worse than in the other drug markets we visited.

Drug market activity itself (such as additional traffic or disturbance, or unwelcome approaches to buy or sell drugs) was less often mentioned as a negative aspect. Discarded needles were a problem in certain parts of the area. In Rosehill, we were told that heroin injection appeared to be on the increase. Users were injecting on the stairwells of the flats, and fifty needles had apparently been found in an hour on the field close to the estate, rendering it effectively out of bounds for local people and the school.

### *Population Change*

The presence of the drug market in Riverlands did impact on its population composition, but there were other inter-linked factors. Users indicated that the availability and price of drugs were an attraction of the area, although not the only one – it is also close to the city centre and housing is easily available, both in hostels and in mainstream housing provision. Demand for social housing had not plummeted in the inner city as it had in some other cities. The level of empty homes was about the national average. Nevertheless, there was no real demand for properties in unpopular areas, particularly flats. In Rosehill, about 10% of properties in the main block of flats were empty and turnover was very high, with abandonment not being uncommon. The housing manager in Rosehill suggested that it was possible to count the number of people expressing a preference for Rosehill on the fingers of one hand. Part of the unpopularity of Rosehill was due to its reputation for drugs and other crime. Thus a vicious circle emerged whereby the drug market helped to make the area unpopular, meaning that housing was available to drug users who saw the area as attractive because of its drug use. More advantaged households were deterred from moving into the area.

We found no evidence that people were leaving the area because of drug market activity. An increase in market activity had not led to housing abandonment on any scale.

### *Individual Prospects*

The presence of the drug market in this area did lead to young people becoming involved as users and as runners for the dealers. Some runners were involved in direct selling. A number of the people involved at this level did not appear to be drug users (at least not of heroin and crack). Although it was impossible to estimate the numbers involved, it was notable that a significant proportion of low level dealers were not user/dealers, financing their habit, but young people who were taking advantage of an opportunity to make money from drug dealing. This method of making money gained credibility through the clear examples of its rewards. One interviewee, for example, spoke about a young unemployed person dripping with gold and driving a new car. This image of success was likely to be a powerful example to other socially excluded young people of the opportunities offered by dealing. We were not able to discover the extent to which this kind of involvement deflected people from education, work or training opportunities. The neighbourhood manager

in Rosehill remarked that attendance at local training programmes offered on the estate was affected by involvement in dealing:

*“I’d be run off my feet if not for drugs. Drugs keep people away. They are a source of income and a distraction for the situation they are in.”*

It is also important to bear in mind the localised nature of the drug market, and the relatively small number of people involved. Most young people in Riverlands did not get drawn into the drug trade, and they did not become problematic drug users. Research among young people in the city has indicated strong negative images of drug use. When young people were asked why they choose not to use substances the main reasons were around the physical side effects and consequences, with death being mentioned by several. Another big fear was that of becoming addicted, and how easily that could happen. Other negative side effects mentioned were paranoia and hallucinations. Most groups mentioned the cost of drugs, stating that they could not afford to use them, or that they were a waste of money. Many thought that if they started using and their family found out they’d be ‘*chucked out*’ of their house. These people suggested that using substances would not be worth the risk of losing their family and friends.

#### *Operation of Services*

Apart from the reluctance of treatment agencies to do outreach work in the area (see later), we found no evidence that services refused to operate in the area.

#### *Positive Impact of the Drug Market on the Area*

None of the interviewees thought that the drug market had a positive impact on the area, although a professional working on the edge of the area remarked that drug dealing provided a source of income for people who might find it difficult to gain work through legitimate means.

### **Service Provision and Agency Responses**

#### *Police*

The area was policed from a station on the edge of Riverlands. The local inspector considered crack to be the biggest policing problem in the area. The enforcement strategies for the drug market were to disrupt overt dealing, use the media to publicise convictions and encourage the flow of information from the public.

The emphasis was on intelligence led policing through good quality informants. Information from the public had almost completely dried up in the wake of the shootings, leading to an even greater reliance on informants – described as “*the only real method left.*”

There had been a number of intelligence-led operations against drug dealers that resulted in arrests. In one operation, running for about eighteen months, a dedicated team of ten officers targeted street-level dealers, disrupting the market with a view to infiltrating dealing networks above street level. These had a marked short term

impact on drug market activity, but police acknowledged that they were not stemming the growth of the market overall. A key problem was lack of resources: police sources suggested that another twenty officers would be needed to effectively police the market. When this level of resource was deployed during short term targeted operations it was perceived to limit drug dealing activity and area crime rates, but it could not be sustained. High profile 'busts' could not be followed with sustained intensive policing.

Our interviews with residents suggested that the public perceived police activity against the drug market to be ineffectual, and that police presence in the area was lacking. Several respondents alluded to the fact that residents believe that police are unable to protect them. The leader of an African-Caribbean centre gave the example of a man charged with intimidation of a witness who was bailed, repeated the threat, and was bailed again. In another case (reported by another respondent) a resident was attacked by a crack-using neighbour with a meat cleaver, the attacker was bailed and the victim apparently not told. A relative of the victim was later threatened by the attacker for going to the police. These type of incidents were probably rare, but such high profile cases had an important place in local folklore, and contributed to a general unwillingness to become involved in a potentially dangerous and violent business.

### *Drug Treatment Agencies*

There was a relatively high level of treatment provision in this city, much of it readily available to people in Riverlands. The main provider was the statutory agency, the Alcohol and Drug Team (ADT) which saw around 1500 patients annually, of which about 800 were primarily treated for drug problems. Most users accessed the service as outpatients at a clinic close to the city centre. Six of the seven drug users interviewed who had any contact with treatment agencies had attended the clinic. Only one user did not have a positive experience of the service, and the problem in that case was a personality clash with the worker.

Priority patients (such as pregnant women and prisoners awaiting discharge) may commence treatment within a week of referral, although others will wait longer. A local GP cited waiting times as long as three months in some cases.

A statutory provider run on harm minimisation principles offered hepatitis screening, acupuncture and herbal remedies and a needle exchange service. Similar provision was offered by a non-statutory provider. Both services were close to Riverlands, between the area and the city centre. The non-statutory provider had won the contract for the arrest referral project so they also provided three criminal justice workers to the scheme. They also had a bail hostel worker. The one drug user we interviewed who had contact with this agency did not find it very useful, but this was probably due to his poor level of participation. The adult service saw 107 clients between January and March 2001 (65 existing clients and 42 new service users). Figures for the young person's service in the same period were 34 existing clients and 21 new service users.

There was also a medical centre offering a drug service in the locality. One of the GPs treated around 200 drug using patients per year. About half of those were people passing through the city.

A city-wide Asian youth drug awareness project and a prostitute outreach service also provided services to clients in Riverlands.

### *Housing*

The allocation of vulnerable and problematic tenants without adequate support to flats in Rosehill and elsewhere in Riverlands certainly contributed to the drug market problem. The city attempted to achieve 'back-to-back' lettings in all housing areas, which left little scope for local lettings policies. The regeneration process may provide for the piloting of local and probationary lettings.

Management problems on the Rosehill estate were so great that the estate was the only in one in the city to have Neighbourhood Housing Support Officers, whose role was wider than housing management, including tenancy support, referral to other agencies and benefits support. However, staff shortages meant that in practice, these officers largely fulfilled a straightforward management role. Anti-social behaviour was dealt with by a city-wide team that, coincidentally, was based in Rosehill. An enforcement officer reported that twelve Anti-Social Behaviour Orders (ASBOs) had been served, eight of these being against sex workers. One housing officer was critical of the lack of support received from the police and Crown Prosecution Service in enforcement of breaches of ASBOs, which risked undermining their effectiveness.

Given the large number of hostel places in this area, effective management of supported accommodation was also a relevant issue for the drug market. Our interviews with residents at the bail hostel suggested that drugs were readily available there. New residents were said to be supplied with dealer numbers as soon as they arrived. Dealers hung around the hostel and one resident admitted to shoplifting to support a daily spend of £125 on heroin and crack. One member of staff believed that the environment did not support people trying to stop using drugs and that it actually encouraged some people to escalate their involvement in drugs and crime. The rule against use of illicit drugs on hostel grounds was regularly broken, and had the adverse effect of adding to the problem of discarded used needles in the neighbourhood. A local needle exchange pharmacist noted that hostel residents did not return their used needles, and the hostel did not provide suitable disposal boxes.

### *Youth Service Providers*

At the time of the research there was no detached youth work in this area and relatively poor club-based provision. A building in Rosehill is to be refurbished as a youth club but had been boarded up for some time. Residents running trips and activities for young people had been inundated with demand. The Youth Service did not reply to our request to interview workers familiar with the area.

### *Education*

Drug education was provided in all primary schools in the Riverlands area, to Year 5 and 6 pupils, via a police-run programme. There were also specialist staff responsible for coordinating and developing drugs education programmes across the DAT area, but there were staff and resource difficulties hampering delivery of drug education in the schools, which appeared reliant on the police programme.

The Health Action Zone (HAZ) in the city had a target to delay first use of alcohol and illegal drugs among young people and was funding a number of drug prevention initiatives across the city: a mobile classroom and drug prevention worker for primary schools, and training for parents and professional workers. None of these were specifically targeted on the Riverlands area. An education, information and referral project for 13-18 yr olds was targeted at a number of other areas in the city.

The LEA also had a policy of not excluding school-age pupils for drug offences, but referring them to specialist agencies. We are not aware how widely this policy was adopted by schools in the area.

### *Residents*

There were no resident-led programmes to combat drug market activity. Given the climate of fear in the area, it seemed unlikely that such initiatives could be developed. One resident described how the recent spate of violence had made her not only unwilling to talk to the police, but guarded about talking to her friends about anything she had seen. Community workers also spoke about how the climate of fear and the apparent lack of police protection had effectively disempowered residents from taking action for the benefit of their area.

### *Drug Action Team*

DAT boundaries were realigned in April 2001 to match local authority boundaries, with the new DAT covering the city area and consisting of representatives from the Health Authority, Education, Probation, Police, City Council, Leisure and Communities, prison, Social Services, Drug Prevention and Advisory Service (DPAS) and Housing. The coordinator post became full time in August 1999. The high level of concern, and perhaps more significantly, the wide media coverage, made drugs a central issue in the city. This awareness of the issue may have helped to encourage the members of the DAT to look for ways that their service or agency can contribute. There was a perception among a range of agencies that the DAT was effective, a perception that was helped by having a knowledgeable and effective coordinator. Unfortunately he was on long term sick leave while we were carrying out the fieldwork.

### *Regeneration*

Between 1992 and 1997, Riverlands had a City Challenge programme, with total spend of £170 million (£37.5m directly funded by government). This concentrated on physical and economic development. There was no specific work on drugs. At the time of the fieldwork there was no government-funded area regeneration programme, but there was a Community Renewal Trust, core-funded from the income from City Challenge property investments. This was not doing any specific work on drug-related issues.

Rosehill estate was being redeveloped with a £12m regeneration programme, of which £1.5m had been earmarked for social and economic regeneration, with additional regeneration funds sought from other central government and European sources. The programme was being co-ordinated by a neighbourhood manager with

working groups of residents and professionals for each aspect of the programme. A wide range of projects had been discussed, including health, youth work, and employment and training initiatives, with priorities decided by reviewing gaps in existing services. Specific initiatives on drugs by specialist agencies will be supported by the regeneration programme where added value is demonstrated. These will include awareness training for front line staff to support referral to and take-up of drug services.

## **Summary**

Riverlands had a long history of drug market activity. The drug market attracted users from outside the area to buy drugs and sometimes to live there. The housing was unpopular and available to people with low housing choice, and a concentration of hostel provision in the area also contributed to the high proportion of resident drug users and the transience of the population.

The main drugs in the market at the time of the research were heroin and crack. Crack availability and use was reported to be increasing. The size of the market and its visibility were drawing in young people as runners/dealers, and drug dealing offered a viable economic alternative to formal labour market participation for people who were so inclined. The market was associated with a high level of violence, both between dealers and against users for non-payment of debt and intimidation. Knives and guns were regularly used. The high profile violence was creating a climate of fear which left residents unwilling to report activity to the police. Policing of the market was intelligence led and, while it had short term successes, was regarded as under-resourced and ineffective overall. By contrast, the DAT was regarded as relatively effective. Specific projects relating to drugs were being considered as part of an estate regeneration programme.

## **CASE STUDY 3 : HILLTOP**

### **The Area**

Hilltop is an ethnically diverse inner city area with a population of around 14,000 of which over a quarter of residents were born outside the United Kingdom, over twice the city average. The largest single ethnic minority group was Pakistani (20%), who taken together with Indian and Bangladeshi residents, constituted 23% of the ward population. The area is a short distance from a busy metropolitan city-centre where extensive shopping facilities are available. The area had deteriorated economically after the traditional textile industry had declined. Much of it is run-down with high unemployment. According to the local authority, the ward had the third highest male and female unemployment rate in the city at 38% and 25% respectively. There were few high-street shops, although there were a variety of independent family run businesses in the locality. Housing was both Victorian and post-war, with much of the stock being owned by the local authority. New estates were under construction, which had been partly funded through regeneration money. The proportion of households living with more than one person in the same room was above the city average. Within Hilltop there was a closed heroin and crack market and both a street and off-street sex market.

### **The Nature and Scale of the Drug Market**

The drug market in Hilltop was contained within a specific geographical area. There was no fixed open selling site, but most transactions were conducted in public places. The built environment lent itself particularly well to both drug use and selling. There were many alleys inaccessible to cars and many houses backing onto one another. This created quiet places to exchange drugs and money. The market had previously experienced competition with neighbouring districts over drug selling and territory. This had, at times, erupted into violent confrontation.

The market was described by all respondents as vibrant and busy. Drugs that were readily available were heroin and crack. Amphetamine sulphate and powder cocaine were also available but fewer buyers said that their dealer sold them. Methadone was perceived to be difficult to purchase and perhaps reflected the difficulty drug users experienced in obtaining a methadone prescription.

We interviewed six drug users from the local area, three males and three females. Their ages ranged from 29 to 43. Five had lived in the area all their lives and one had lived in the area for the previous 10 years. All were current drug users, four being heroin and crack users and two primary crack users who used heroin on a less frequent basis. First heroin use ranged from 18 to 39, and first crack use ranged from 18 to 32. Heroin was normally sold in £10 bags and a .2gm rock of crack for £20. Often the two were sold in combination for £25. Most sellers were reported to be selling both drugs. One interviewee started his use in prison, the remainder began due to either curiosity, being around other users or boredom. Amounts spent in an average week ranged from £75 to over £1000. All of the drug buyers we interviewed purchased their drugs from the closed market system. All described the market as operating 24 hours a day seven days a week and none of the interviewees described

any problems obtaining drugs whenever they wanted to. The market was considered by both drug users and professionals to be stable. All stated that selling was arranged via mobile phones and runners met drug users in a public place to exchange drugs and money. Mobile phones were considered by all market participants as safer for both user and dealer and users disclosed that their dealer's mobile number changed on a regular basis. New buyers into the market were able to locate sellers, but this was usually done by asking an established drug user to introduce them.

All of the users we spoke to stated that weapons were a feature of the drug market, but stated that only a few of the sellers carried them. There was a general consensus that the market was violent and this was also confirmed by professional respondents we spoke to. Prior to our fieldwork there had been several shootings in the market, most of which were attributed, in some way, to the drug market activities.

No respondents worried about police activity and none could recall any police operations in the six months prior to our research.

Drug selling in Hilltop was based around a structured top-down hierarchy, controlled by a small handful of suppliers who acted as a loose consortium. The sellers at the apex of the hierarchy purchased their drugs from two cities in close proximity. These sellers also sold to other areas of the city, and hence acted as a small distribution point for both heroin and to a lesser extent crack. There were a number of runners in the market who linked sellers and users to one another. These runners were reported to be much younger than the sellers above them and were sometimes users themselves.

The market was described by some as a '*closed shop*' in terms of setting up to sell. Outsiders were not welcomed and would undoubtedly be asked to either cease selling or made to sell (probably as a runner) for the already established sellers. All of the suppliers at the top of the distribution system were described as being '*born and bred*' in the area.

Ground rules about competition in the market seemed very clear. Police officers, drug users and other professionals stated that if there was a serious bid to take control of the market, the market suppliers would take the problem in hand, as it was within their interest not to have other drug sellers operating in the area<sup>6</sup>.

## **The Impact of the Drug Market in the Area**

### *Drug Related Crime*

Crime in Hilltop was a concern for the local community. However, residents were more concerned with the issue of disruptive young people than the drug market. The most frequently reported city-wide disorder in 1998 (last available figures) was 'nuisance from juveniles' which represented 43% of all disorder incidents. City-wide crime was 48% higher in 1998 than the national average<sup>7</sup>. Recorded crime for the

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<sup>6</sup> In the past Hilltop has experienced a considerable amount of (armed) violence with neighbouring drug dealers attempting to take over the area. It had, however, quietened down considerably by the time of the field work and rival drug sellers seemed to have aborted the idea.

<sup>7</sup> This figure has been obtained from the city-wide Crime and Disorder Audit (1998).

year 2000 - 2001 in Hilltop<sup>8</sup> focused primarily on burglary (421) and robbery (198). However, detected crime figures illustrated that few property (31) or robbery (13) offences were cleared up. There were few detections for possession with intent to supply (32) or possession offences (57) in the area, and only three firearm offences (detected). These figures possibly indicate the difficulties the police experience when attempting to disrupt a closed drug market.

Although drugs were a concern for the local population it was not their primary concern. There was no way of knowing what proportion of crime in the area was drug related. However, all of the drug users we interviewed committed crime to fund their drug use. It was unclear as to whether the crime they committed was within Hilltop or not. One drug agency worker commented about crime in the area:

*“There is high unemployment, there are too many boarded up houses, there are problems with school teaching, its obvious that kids could make more money from drugs than from legitimate careers. Some of our clients were habitual shoplifters before they started on drugs because they didn’t feel they could live on benefits”.*

Although many residents did not highlight drug-related crime as a concern it was perhaps because they did not link certain crimes either to problematic users attempting to raise money for drugs, or drug sellers committing crime due to market activities. One local youth worker when asked what type of crime he thought caused concern in the area stated:

*“I would say drugs, and then car crime. We need more education – many of our youths think that drugs are legal”.*

### *Neighbourhood Quality of Life*

The physical environment of Hilltop was described by one local resident as ‘*dirty and scruffy*’. The area was bisected by a busy arterial route into the city centre that caused traffic congestion and pollution. Estates were unkempt and local residents commented that rubbish often piled up in the front gardens of people's houses. Residents also complained about young people on the estates. Older residents stated that young teenagers caused a number of disturbances and were frequently observed vandalising the estates. Residents were dissatisfied with the council response and one commented that although they complained regularly to the council, they had received no response from the housing office. Residents were further aggravated by the council housing offices being next door to the local police station and stated that there seemed to be no collaboration between the two agencies to address the problem.

It was not clear, however, the extent to which the drug market contributed to poor neighbourhood quality of life. We encountered no drug paraphernalia in the area and no respondent commented that it occurred or was a nuisance. All of the injecting drug users we spoke to were aware of the dangers associated with discarded injecting

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<sup>8</sup> The figures quoted include small parts of two areas that are just outside Hilltop. The areas are, however, policed by Hilltop officers. The figures for Hilltop are therefore slightly swollen due to the geography of the police beat areas.

equipment, and all stated that they returned their used equipment to the local project who provided needle exchange facilities. There was a fear of crime in the area from local residents and we were informed of a number of residents who never left their houses after dark. However, single regeneration budget (SRB) money had funded CCTV in the shopping area of Hilltop, and there were plans to improve the physical environment of the area. There appeared to be little social cohesion in the area and no community centre that was utilised by all ethnic groups. One resident we spoke to had challenged the anti-social behaviour of young people but she was not the norm, and was frequently informed by the police and her neighbours that it was not a wise thing to engage in. One respondent commented about the area that:

*“It’s your average working class area, with racial tension, cultural issues, power struggles between white, Asian and black communities, power struggles especially between the young people. Firearms are all over [name of city], guns are seen as a fashion accessory, a status symbol”.*

### *Population Change*

Many individuals who lived in Hilltop had done so all their life. However, population data (see Appendix 2) shows higher than average levels of transience. Those moving into the area are often young single people. People with families were perceived to be reluctant to move into the area due to its reputation as a drug market. One housing worker commented that:

*“I think for families then the issues of drugs and crime is very important and people want to move their families from that”.*

We found no evidence to suggest that new dealers moved into the area specifically to sell drugs. The drug market was hostile and did not tolerate new sellers unless they were accepted by the market suppliers. There were no bail hostels in the area, and only one sheltered housing project. The specific pockets of transient population found in some of the other areas were not as much in evidence here.

### **Service Provision and Responses**

There were a small number of services that operated in the area, many of which appeared to have a high level of joint agency co-operation, and an understanding of the work remits of one another. Although there was only one drug agency in the area a number of services from outside the area conducted work at the project. The housing department also liaised with several other agencies. Services that appeared to be missing from the area included: general practitioners that were prepared to prescribe methadone to clients, secondary education, and appropriate youth service provision. Although a sizeable proportion of residents had lived in the area for a number of years there appeared to be little social cohesion, empathy or understanding between the different ethnic groups.

### *Police*

Policing in Hilltop was conducted in a variety of ways - through a local unit, the force drug squad, and community police officers. We interviewed six officers from the local

tactical crime unit, the sector inspector, the area superintendent, a force drug squad officer and two officers whose remit was to collate drugs intelligence information and provide drug education initiatives. Policing the visible drug market was the responsibility of the divisional tactical crime unit. Uniformed officers conducted stops and searches and would arrest individuals if drugs were found, but operations were either the remit of the local crime unit or the force drug squad. The force drug squad had not conducted any operations in the area for some time. The local unit concentrated on drug dealers who sold directly on the streets (known as 'runners'). One senior police officer commented that the local unit would concentrate their efforts on the runners as it was these individuals that affected the local community directly. The force drug squad or the national crime squad would investigate those selling above street level. One officer stated:

*“We will [local unit] deal with street dealers...providing they [dealers] are not dealing on the street they're not a problem to me or the local community”.*

Previously the drug market had operated an open street style of selling, but in 1997 the police mounted an intensive operation to rid the estates and the area of street drug sellers. The operation involved test-purchases and high visibility policing, and was deemed by the police and local residents to have been a success. However, the market adapted and changed its style of operation to that of a closed selling system.

All of the officers we interviewed described Hilltop as busy and commented that there was always a stable supply of both heroin and crack. Local officers had a relatively good knowledge of market operations and stated that nearly all transactions were arranged via mobile phones. The only visible drug sellers were 'runners' who delivered drugs to users at pre-arranged locations.

Current enforcement strategies relied upon stop and search tactics, surveillance and test purchase operations. One senior officer commented that he was wary of test purchase operations due to drug sellers insisting that new faces smoke the purchased drug in front of them. He believed that the risks of this type of enforcement now outweighed the benefits. None of the officers we interviewed believed that the current enforcement strategies were having any effect on the local market. There was a general perception that when street dealers were arrested they would be replaced too quickly for there to be any effect on the overall market. One officer commented that they were:

*“[We are] just chipping away at an iceberg”.*

Local professionals were divided in their opinion of the police in Hilltop. One drug agency worker commented:

*“I think people have very high expectations of what the police can actually do. However, there are no patrols any more, they don't tend to prevent crime by moving people on. It feels like [name of area] has been given up on, but I don't think it has. There's not much confidence in the police from the local community. Also, a lot of the things which the community expect the police to deal with, are actually the jurisdiction of the local authority, or someone else”.*

Another respondent commented on his perception of the relationship between the police and local community:

*“The relationship with the police and community broke down before the drugs came. It happened in the late 1970s because of endemic racism in the police, there were then the riots in 1981. The damage has not been repaired. The community have no trust or faith in the police. On a day to day level, the police are not seen to respond effectively to burglaries and people who are victims of crime”.*

Although there were negative comments regarding the policing of Hilltop, there was also an appreciation from professionals that addressing the drug market was not the sole responsibility of enforcement agencies. One housing officer stated that the police worked in partnership with them to assist with disruptive tenants, and the local primary health care manager stated that they were in the process of drawing up guidelines on the exchange of information with the police.

There appeared to be a reluctance from the local community to trust the police and many stated that they felt the police response to local crime was inadequate. One officer commented that although this was the perception of a number of residents they were often those who had never been to a public meeting and did not actively attempt to engage with the police on local crime issues when they had the forums to do so. He did, however, acknowledge that drugs were endemic in the area and it was an issue that the police attempted to ‘keep a lid on’ not eradicate.

*“We manage the drugs problem. We will never, ever clear this country of drugs, ever. What we do - the police - is we manage what we've got. We tend to react to it so that we can keep a lid on it and it doesn't get any worse than it already is because it is pretty damn bad now. And we do, we just manage it”.*

### *Drug Treatment Agencies*

Until five years ago there was no specialised local service in Hilltop. One drugs worker who worked in a nearby area set up a mobile needle exchange van and provided drug users with clean injecting equipment, this provision continued for eighteen months. The worker commented that they were “*inundated with users wanting needles and referrals to treatment*”. It was the level of need that prompted one of the local authorities to provide the one worker and six volunteers with more permanent premises from which to carry out this work. However, the premises provided restricted the type of work they were able to offer. They were unable to conduct one-to-one sessions or provide any structured programmes for clients. Outreach was conducted during this period and staff also borrowed rooms for counselling sessions from other voluntary projects that shared their building. In the two years prior to our research the project conducted peer-led research which was funded by Single Regeneration Budget (SRB) money<sup>9</sup> to assess the needs of clients and to identify why ethnic minority groups were not accessing treatment services. Partly in response to the research, and partly in response to continued pressure from treatment providers further money was granted to the project. At the time of fieldwork

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<sup>9</sup> The SRB Partnership granted the project £2000 to complete the research.

the project provided a low-threshold methadone maintenance programme. The programme was aimed at delivering methadone in a more accessible and attractive way to individuals who had never sought treatment before or who had only engaged with services for a short period of time and then left. Twenty-five places were funded and certain groups of users were targeted. Those groups included drug users from ethnic minorities, sex workers, homeless people and poly drug users. The manager of the service commented on how he perceived the project to be working.

*“It has worked quite well so far. We’re waiting for all our results. The majority are women and of them about 40% are sex workers and about 30% are from ethnic minorities, and there are quite a few people who are NFA [no fixed abode]. Ninety percent of them also use crack cocaine, so we have done well to hit our target groups. In terms of retention it has also been successful, they either drop out in the first week, or they stay with us”.*

Both health workers and drug users welcomed the scheme. The health authority had seconded a nurse with specialist drug knowledge to assist with the scheme who monitored the progress of clients and was able to demonstrate that the general health of clients had improved. Sex workers were also working less and their illicit drug use had reduced. Other clients were stabilising and, due to the contact they had with the service, were accessing other services such as housing services and benefit agencies. There was also a perception that a reduction in criminal activity had occurred due to the reductions in illicit drug use from clients. Although in its infancy, the scheme appeared to be very successful. There was a great will on behalf of the workers to improve not only the take-up of treatment options by ‘hard to reach’ groups, but also to engage them in further services that were not necessarily concerned with their substance misuse.

Hilltop had no drug specialist treatment services for ethnic minority drug users or primary crack users. There was one crack service for the city, which was ten miles from Hilltop. The manager of the local project felt that it would only be those drug users who were particularly motivated or stable that would travel that distance. All of the workers at the local service felt that it was a service that was needed in the area. The manager of the local project stated that he wanted to set up a programme based along the lines of the specialist service. He stated that the service needed to be tailored to the individual needs of crack users and focus on abstinence rather than harm reduction. He commented that he would conduct similar research to the peer led research he had previously conducted to assess what clients needed.

*“The [name of service] showed that users wanted to stop using crack altogether. This needs to be separated from the harm reduction projects. There needs to be ex-users support groups, one-to-one counselling, complementary treatment, ETE [Education Training and Employment] advice – finding employment, and semi-structured day programmes. Literacy classes, and computer access, we need to tailor it to individual users’ needs, rather than group work”.*

There was only one general practitioner that would prescribe methadone in Hilltop and those clients who did not form part of the low-threshold scheme still had to travel to the main prescribing service in the city-centre for treatment. The citywide

prescribing service acknowledged that Hilltop had a particular need for a prescribing service due to the volume of drug users in the area, and provided an assessment worker to the project one day a week. However, it was only assessments that were provided and clients still had to travel to the city centre for a full medical assessment and to receive their methadone.

SRB money was granted to provide a specialist outreach and liaison worker for sex workers. This worker was based at the specialist service for sex workers (outside of Hilltop) but seconded to the local project one day a week. The manager of the project commented on the positive relationship that this arrangement provided between the two services in the city. Further SRB money (£4,000) was also granted to conduct research into the feasibility of SRB money funding structured day programmes. The research concluded that such a programme was the remit of the health authority rather than the SRB partnership.

There were only five detox beds for the whole drug using population of the city. This was seen as a particular problem in the area, but one that treatment providers commented was not unusual and similar to many other health authorities throughout the country.

Although there was only one community drug service in Hilltop, it was respected by both drug users and treatment professionals. The relationship between services in the area appeared to be one of co-operation rather than competition. We were unable to speak to the Drug Action Team (DAT) co-ordinator to establish the position of funding for services, the representativeness of different services on the DAT, or the knowledge of the DAT regarding treatment facilities and gaps in treatment for Hilltop.

### *Housing*

Housing in Hilltop was predominantly privately owned or rented. There were a number of local authority properties and 'notorious' estates. Hilltop was perceived to be a relatively easy place to be housed in comparison to other areas of the city. The local housing office worked in partnership with the police under the provisions of the Crime and Disorder Act (1998). One worker commented that certain residents would be warned prior to accepting council accommodation that if they re-offended whilst in Council property they would be evicted. Housing officers made inquiries to ascertain whether an individual was known to the police or not. Housing staff, police officers, education representatives, probation officers, and social service departments all sat on a case intervention group to work together to target crime in the area through housing initiatives. In some cases a plan was agreed for potential clients of housing in conjunction with other services. Some difficulties, however, still occurred and often revolved around the different agendas and ways of resolving issues that arose. For example, the police would often want to charge an individual, while education representatives would want to discuss problems with a school. These problems were not seen as insurmountable but housing officers felt that protocols needed to be implemented before progress could be achieved. There had been no problems for the local housing officer with drug dealing so far. The housing officer stated that if a council tenant was convicted of drug dealing they would probably be served an

eviction notice and there would be no burden on the housing department to re-house them as they had made themselves intentionally homeless.

One housing officer commented that with the growing demands of the Crime and Disorder Act (1998) the department had begun to give some consideration to restructuring into specialist teams dealing with specialist issues, for example, one team would collect rent, one team would assess new tenants. One housing officer believed that the area needed to improve its properties and have more involvement with the residents on what they actually wanted if the neighbourhood and its reputation was to improve. The housing department had not issued any anti social behaviour orders at the time of fieldwork.

### *Supported Housing*

There was one supported housing project in Hilltop that accepted clients throughout the city and further afield. The project accepted drug-using clients but stated that they did not allow drug use on the premises or drugs to be held on the property. The service worked alongside many other agencies including: probation, social services, health agencies, drug agencies, and at times the police. There were no provisions within the project to address drug issues with clients, but the workers were aware of treatment agencies that they could refer clients to if they presented to them and asked for assistance. An issue highlighted by one of the workers was the difficulty they experienced placing either ex-offenders or those with substance misuse problems in appropriate accommodation:

*“For some people with an offending and substance misuse history, some of the local authorities aren't very quick to offer accommodation”.*

### *Youth Service Provision*

Youth service provision was considered by many of our respondents in Hilltop to be poor. There was no green space and few recreational facilities. There was, however, one service that had been set up to target young people who leave school with no educational qualifications, poor literacy and numeracy, and at risk of offending. The service targeted 16-17 year olds who were unable to claim benefit. Basic skills were taught and the aim was to place individuals in employment. They ran courses for young people addressing literacy, numeracy and curriculum vitae (CV) skills. Young people attended the project for sixteen weeks and were then placed with employers. One problem that the manager highlighted was the reluctance of many employers to interview individuals if they had a postcode from the Hilltop area. Other professional respondents stated that this was often the case, but it was difficult to prove and impossible to solve. Some young people that we interviewed had had direct experience of this form of discrimination and stated that they often lied to potential employers about their home address.

As with other drug market areas some young people saw their only chance of economic survival as being part of the drug market economy. One young person we interviewed was not part of the illicit economy but stated that her partner was. She commented that with a baby it was their only way of surviving as they were both unemployed and neither saw any hope, due to minor criminal convictions, of ever

being employed. Both her and her partner were unable to read or write and both were under 18. She stated that there were few opportunities in the area but she did not want to leave it as her family were resident there and she felt safe in the area. She was aware that her partner could, if arrested, face a lengthy prison sentence but stated that, at that time, the risk was worth it.

All of the professionals we spoke to stated that there needed to be a consultation process with young people in Hilltop to ascertain what their needs were.

### *Education*

There were no secondary schools in Hilltop but a number of primary schools. There had been two temporary exclusions from primary schools that were related to drugs but no permanent exclusions.

### *Residents*

It appeared that there was little resident cohesion in Hilltop and little interaction between residents and professional services. One residents association existed whose membership comprised of a handful of residents. Problems the residents attempted to address did not include drug use or dealing, but young people and vandalism. One residents stated that many of the estates were run by teenagers, who had little respect for either their environment or those that lived in it. Residents felt let down by the police and many stated that they felt the police avoided the area. They were equally dismissive of the council housing department. One criticised the department for its lack of inter-agency collaboration between themselves and the police. However, as previously stated the housing department and the police reported working together to vet potential residents. One issue that professional respondents spoke of was the lack of empathy residents had towards one another. There were racist attitudes in the area from the local residents we interviewed. In Hilltop there existed a 'blame culture' attitude that appeared intrinsic to all ethnic groups. Residents distrusted one another and blamed one another for the reputation that the area possessed.

### *Regeneration*

In 1995 Hilltop was granted £15 million over a seven year period from the SRB. The money was to be spent on three areas: the physical environment, crime and community safety, and local opportunities. Various projects received funding, some of which involved addressing illicit drug issues. One project was a city-wide service that received £75,000 over a three year period to work with Asian parents in Hilltop around drugs issues. The partnership also funded a drugs education project. The project aimed to engage with all junior schools in the area and through a health promotion model explore the issues of illicit drug use. The project followed the national curriculum guidelines on drugs education and was evaluated by the partnership. One SRB worker commented that the project had been well received by both teachers and pupils.

Regeneration money had also funded the installation of CCTV in the main shopping area of Hilltop, which many residents had commented was welcomed and had had the effect of reducing the fear of crime. Local opportunity funding included several

educational schemes, child care provision, and information technology programmes. The regeneration co-ordinator worked in partnership with many agencies and welcomed feed-back from the local community on initiatives that residents believed were in need of funding or had been funded. The partnership were aware that drugs were an issue in Hilltop and attempted through a multi-agency forum to address these issues.

## **Summary**

Hilltop is a multi-ethnic inner city area. It had a vibrant market for heroin and crack, often sold together. These drugs were easily and readily available, and none of the users we interviewed reported any disruption from police activity. Police officers also agreed that enforcement tactics had little impact on the market.

Heroin and crack were sold in Hilltop in a closed market, with a stable, hierarchical structure of dealing. Attempts by neighbouring dealers to take over the market seemed to have been resisted. Armed conflicts have resulted. However, the situation was currently more stable than in Seaview or Riverlands. Concern about crime associated directly with the drug market did not emerge strongly from our interview, and the drug market was seen as one of a number of interlocking issues including: the area's reputation and low housing demand, unemployment, poor opportunities for young people and lack of cohesion between ethnic groups.

The regeneration partnership (SRB) had supported the development of drug education programmes, needle exchange and targeted low-threshold methadone maintenance provision. However, there was a lack of local services for methadone maintenance generally and services for ethnic minority and primary crack users.

## CASE STUDY 4 : EAST-DOCKS

### The Area

East-Docks is an area predominantly of Council housing in a former dockland area. It is enclosed by a major road to the north, a railway line to the west, the dock to the south and a river to the east. The area remained relatively self-contained for a long time until the recent re-development of the docklands and improved transport links brought opportunities for investment and some local jobs. Prior to the improvements of the 1990s the area had been in a period of stagnation that started in the early 1970s with the decline and loss of the area's two main employers, the docks and gasworks.

Demolition of a number of high-rise blocks in the early 1990s left a mix of post war semi-detached houses, flats and maisonettes. 68% of the stock is social housing. In the private sector the booming local property market has filtered through to East-Docks with prices rising by over 200% in just over three years. While properties in the area are generally in good order, the high density of the housing, with numerous pathways around the buildings magnifies the negative impact that the patches of dereliction and numerous abandoned cars have on perceptions of the area. To outsiders, the low cost units making up the main shopping centre add to an image of neglect and threat. Residents are less likely to share these perceptions, though the subway under the main road that links the main body of the estate with the shopping area is commonly seen as a place where people feel vulnerable. Fixed surveillance cameras at each entrance are perceived as ineffectual and believed to be inoperative.

East-Docks has a reputation for toughness and for crime initially linked with thefts from the dockyards. It was difficult to establish the origins of the drug market in the area, since none of the respondents had knowledge prior to the 1980s. Local drug users speculated about the long history of cannabis and (to a lesser extent) amphetamine use. Cocaine became more readily available in the early 1980s and ecstasy in the late 1980s. Those two drugs, along with amphetamines and cannabis, occupy a specific segment of the market and are more likely to be consumed by the club and pub goers. Heroin became more readily available in the early to mid 1990s, and crack in the mid 1990s. The availability of both had increased in the last three or four years. Cannabis crossed into the heroin and crack market and there were also dealers who specialised in selling cannabis, although they were said to be able to obtain other drugs on request.

The remainder of this report relates to the heroin/crack market. In addition to representatives of local agencies and residents, we interviewed nine drug users buying their drugs in this market. Seven were men and two were women, and they were aged between 21 and 37. Most had long-standing connections with the area. All except one considered themselves to be dependent and most were poly drug users. They were spending between £100 and £1500 per week on drugs. Four of the users had also dealt drugs at some time. All but one of the drug users interviewed was buying from dealers specialising in the sale of heroin and crack.

## **Description of the Nature and Scale of the Drug Market**

Estimates of the number of dealers operating in this market ranged from 10 to 30. At the time of the fieldwork (March 2001) there were no reports of conflict between the dealers, though competition for trade did lead to some poaching of custom – either by undercutting or by offering drugs to buyers waiting for a drop off.

It was not possible to gain a good estimate of how many dealers operate at each level in this market. The common perception among drug users was that almost all the dealers were making a lot of money, giving the impression that most of the dealers could be described as middle level. Only five or six dealers were described as runners.

None of the dealers were known to use the drugs that they sold. One respondent observed that there used to be some high level white dealers, some making large imports of cannabis, but they lost their positions through heroin addiction. All of the current heroin and crack dealers were black. Around half of the dealers were described by drug users as Jamaican nationals, based on their observations about accent, dress style, car choice and familiarity with Jamaica.

All dealing was conducted via a telephone call to a mobile phone. The deal was done at a prearranged place, or at the user's house. Drop off waiting times were very short, usually within about ten minutes of making the call. The use of regular drop off sites suggests that there was a low perception of risk of police disruption.

Information gathered since the main period of fieldwork suggests that the stability of this market had broken down following conflict between established local dealers and newcomers to the area. Two drug users believed that the additional competition in the market from the newly arrived group had destabilised the situation.

### *Availability and Prices*

East-Docks had a high level of availability for all drugs; in this respect it was no different from a number of other areas in the borough. Heroin and crack availability had increased leading to discounts being offered for multiple purchase – buying two rocks or bags of heroin gained a £5 discount. Accounts suggest that this had not affected quality or quantity. Users expected an average heroin deal weight of .3 of a gram with one user claiming that she could get .5. All users rated the substance that they used as very easy to obtain. Only three drugs (benzos, methadone and amphetamines) were thought difficult to obtain.

Drug buyers in the East-Docks market were locals. While other drug markets in the borough were known to attract outside buyers, this was not believed to be the case in East-Docks. Some dealers, though probably not all, also appeared to live in the area.

**Table 5 : East-Docks Drug Prices and Availability**

Substance	Price per one unit (£)	Price per next unit (£)	Users' Availability rating
Heroin	20 (.3 to .5 g)*	40 per gram 2 bags 35	1
Methadone	10 per 100ml		3
Cocaine	40 per gram		1
Crack	20 rock	2 rocks 35 3 rocks 50	1
Amphetamines	5-10 gram		3
Ecstasy	2-5 per tablet	20-30 for 10 tablets	2
Benzos	50p or £1	5-10 for 10	3
Cannabis	10-15 per 1/8 <sup>th</sup>	50-75 per ounce	1

Availability rating 1=very easy through to 5=very hard.

## The Impact of the Drug Market on the Area

### *Drug-Related Crime*

Crime in the area, while higher than the national rate, was lower in all the main categories than other parts of the borough. It was reported that there were a few high level 'villains' in the area, but most local crime tended to be opportunistic, with much of it believed to be committed by a few persistent offenders. At the time of the fieldwork there had been a longstanding problem with a high level of vehicle crime: partly due to the building density and design, which restricted the number of safe parking places.

The increased availability of drugs did not appear to have led to a corresponding increase in local crime. Neither police nor residents identified a high level of drug-related crime. Although the local drug user interviews did reveal that, for those who were not working, criminal activity was a main way of raising cash for drugs, some of that activity seemed to occur outside the area, or was restricted to commercial rather than residential areas. The one shoplifter travelled out of the area, and the two burglars claimed to only burgle commercial properties. The account of a local youth who was badly beaten by vigilantes after being caught burgling local homes to pay for his drug use was an indication that there was still a level of community disapproval of crime against members of the community. The beating caused the family of the burglar to move out of the area and the "fence" for the stolen goods, a local butcher, was also threatened, and the shop subsequently closed. The geographical isolation of the area, its predominantly residential make-up, and the relatively low-profile drug market may have helped to make the area unattractive to drug users from outside the area, and therefore reduced the level of 'imported' drug related crime.

**Table 6 : Means of raising cash for drugs (East Docks users)**

Robbery	3
Burglary	2
Theft of /from cars	2
Theft	2
Fraud	2
Shoplifting	1
Prostitution	1
Legal means (including work, benefits, loans, selling possessions and “scrounging”)	8

Residents’ concern about crime appeared to centre on youth crime and to a lesser extent, the threat of violence. A number of shooting incidents, and burglaries of elderly residents where extreme violence was used may have sensitised some people to the risk of victimisation. Fear of violence was not specifically linked to the drug market. Two of the drug users interviewed reported that they felt at risk of victimisation from other drug users, particularly crack users, who often “*taxed*” them (threatened them for money or drugs). Paranoia induced by their own crack use may have had some bearing on this perception.

#### *Neighbourhood Quality of Life*

Various consultations with residents indicated that drug use was a concern in the area, but that other issues were regarded as more problematic. When asked if they thought drug use was a problem in the area more than half of the 45 families questioned in a CASE’s Neighbourhood Study believed that it was (24% did not and 20% didn’t know). Older residents to whom we spoke also expressed concern about the prevalence of drug taking. A report for East-Docks SRB Partnership, based on 121 survey forms and 60 interviews, found that drug abuse was frequently mentioned as a concern, but less so than crime and anti-social behaviour from young people and children. This picture was repeated on an estate under Tenants Management (TMO) control. In their surveys of residents, crime was usually the greatest concern, followed by health, then fear and intimidation.

In CASE’s study, many of the negative comments about drugs, (11 of the 24 families), reflected the concern families had about the bad influence drugs may have had on their children, rather than about direct impacts on the neighbourhood as such. Ten responses concerned neighbourhood impacts: drug-related crime (4), drugs causing fear and distrust (3), and violent, abusive and unpredictable behaviour by drug users (3).

Discarded syringes appeared to have been a cause for concern in the area in the past, but they did not appear to be widespread at the time of the fieldwork. Local street cleaners identified the toilets in the main shopping area (now closed) and the nearby dustbin houses at the bottom of the refuse chutes as common places for finding discarded syringes. The centrality of these sites may be a sign of drug use by young or homeless people in the area. The local reverend, who lived opposite one of the few open spaces in the area, thought that discarded needles were much less of a problem than they were when he moved into the vicarage five years previously. Then he found a high number, but at the time of the research he did not come across any.

During the fieldwork no fixed selling points were identified. Nor was there any obvious dealing activity at known drop off points. Two young people, as well as a taxi driver pointed out a number of crack houses on the estate. Subsequent investigation revealed that these belonged to people who allowed their home to be used for drug consumption in return for a share of the drugs consumed, rather than being places where crack could be bought and consumed. Resident sensitisation to drug use increases the chance that gatherings may be interpreted wrongly.

East-Docks had a reputation for lack of cooperation with the police, partly through a culture of “*not grassing*” and partly because of fear of retribution. Recent shootings in the area provided an added incentive to abide by a culture of non-cooperation with the police over information. However, in general, non-cooperation was not specifically related to the drug market nor to fear of retribution by dealers – we were also told that it applied to local youths hanging around as much as it does to people involved in the drug trade.

### *Population Change*

Population change in the recent history of East-Docks had been dramatic, but there was no evidence to suggest that the drug market had played a major part. During the 1970s and 1980s, the population fell by 10%, a decline paralleled in other parts the city. There was an established tradition of out-migration of more aspirational families, to escape inner-city living and move to ‘better’ housing. Increased drug market activity in the 1980s may have been one element in this, but by no means the only one. Similarly it may have contributed to the area’s unpopularity (it had the lowest waiting list for Council housing in the Borough) but other factors, such as its geographical position and reputation for toughness and racism, were thought to be more influential. The drug market was generally seen as an established feature of the area, but not a sufficient problem on its own to drive people out. As one resident said, “*You get used to it, you accept it*”.

During the 1990s, out-migration continued, but natural increase and immigration have reversed the decline in population. There was an estimated population increase of 6% between 1991 and 1998 (faster than the national average). The ethnic mix of the population also changed. In 1991, 19% of the 15,500 residents were non-white. In 1999, 39% of the pupils at local schools were from non-white ethnic groups, Black Africans in particular. There is a high housing need in the area and a lot of pressure on the available stock, although the area is relatively unpopular.

### *Individual Prospects*

It was clear that all drugs are available to people from an early age in East-Docks, and that many young people in the area had a high number of the risk factors associated with problematic use. Residents expressed concern about the risk of heroin and crack to young people’s health and prospects and we were given specific examples of young lives ruined, or terminated, by addiction.

Despite this, there was no strong evidence (from the borough wide YOT, local treatment service, schools, and youth service) of widespread regular use of heroin or crack among young people. This was in contrast to another area of the borough, where widespread heroin use among young Asian people was evident from a number of

sources: the number presenting at treatment services, involvement in crime and visible market activity. The same sources do not portray a similar picture for East-Docks. The absence of evidence should not be taken as proof that it was not happening at all, as the YOT manager observed, “*there is no incentive for young people to admit using this type of drug (heroin)*”. It is possible that relatively widespread low-level use would not come to the attention of agencies. There is likely to be a time lag before a proportion of such users progress to more frequent use and present at treatment agencies as problematic users.

There was no suggestion from our fieldwork that the presence of a drug market in the area itself (rather than the prevalence of drugs in the society generally) encouraged the involvement of young people in dealing, nor encouraged their drug use. It was possible that the concentration of black drug dealers in the area (affluent and not using drugs themselves) may have an additional negative impact on young adult African-Caribbean attitudes towards legitimate career opportunities, whereas for young white adults the main images were the negative ones provided by heroin and crack users, but we were not able to confirm these suggestions. A recent survey for the East-Docks SRB partnership indicated that the African population in the area (many of whom have arrived in the area in the last 10-15 years, and some more recently as refugees) were generally more positive towards education, training and work prospects than the indigenous white population.

#### *Operation of Services*

There was no evidence that services were affected by criminal activity in the area.

#### **Positive Impact on the Area**

None of the interviewees regarded the drug market as bringing positive benefits to the area.

#### **Service Provision and Responses to the Drug Market**

##### *Police*

East-Docks was policed from the borough headquarters some three miles away. There was a small local police station which, at one time (in the early 1990s) was staffed by an inspector, two sergeants and ten police constables. By 1999 this had been reduced to two constables, using the station as an office on an irregular basis. The initial injection of resources was in response to serious crime problems in the area, which had dissipated. However, the limited police presence was commented on by several residents interviewees as a negative aspect of the area. The report for the SRB Partnership found that many residents

*“Felt that there were no police around in the area and that when police finally arrived at the scene of the crime they were generally ineffective. People tend to think that the police can’t be bothered to come to East-Docks”.*

The manager of a local Tenants Management Organisation (TMO) believed that the poor policing in the area stemmed from the negative image the police had of the

residents, believing them to be “*all thieves, blackmailers, fraudsters etc*”. This interviewee complained that they had lost their local community officer who had five years experience of building up contacts in the area and establishing a level of trust among residents, even though over two years earlier regeneration funding had been used to support the appointment of five additional police constables. Lack of police presence and indifferent response prompted this respondent to note that “*the biggest problem around here is the police*”. The police themselves commented on the poor state of police/community relations, and the lack of information from the community.

Policing the drug market was intelligence led (from registered sources, anonymous or the community). There had been little police enforcement on drugs offences in East-Docks, and no major targeted operations. We were not given an explanation for this, but within the division, there were a number of other drug markets that gained greater priority because of their size or impact on the community. East-Docks was ranked the fourth or fifth most significant market in the borough. While local drug users claimed that they were hassled by the police there was not a high level of activity against drug dealers operating in the area. The most striking indication of this came from drug user accounts of the level of dealing activity and the continuity of the dealers.

Policing priorities in the area were determined by the crime rate, with ‘hot spots’ gaining priority, probably because these were likely to have the most impact on performance indicators. The borough arrest figures showed a fall in arrests for supply of heroin (108 to 39), cocaine (45 to 14), cannabis (637 to 228) and amphetamine (36 to 10) between 1998/1999 and 1999/2000. We were not able to find out why this had happened at a time when our reports suggest drug availability increased. The police officers we spoke to suggested that the disbandment of a dedicated drug squad had hampered their focus on policing the drug market. Performance targets were also mentioned as an influencing factor.

### *Drug Treatment Agencies*

There was only one treatment agency serving East-Docks, located about two miles from the furthest point of the area, within walking distance - a non-statutory organisation in receipt of statutory funding. The Drug Dependency Unit (DDU) carried out satellite sessions there twice weekly, and the agency was also involved with shared care provision with local GPs, and offered counselling, group sessions and drop in facilities. A nurse attended twice a week to offer hepatitis B immunisation and screening for hepatitis C. The agency employed a detached drug prevention worker for the area but did not provide an outreach worker. The total referrals from East-Docks in the last year was 73, ranking the area third in the borough.

The Annual Report for the local young person service showed that only nine per cent of its 134 clients resided within the East-Docks postcode area. Heroin was the main primary drug used (100), followed by cannabis (32) and crack (18). Crack was the main secondary drug (24), followed by cannabis (22) and ecstasy (8) and cocaine (7). Adult service users reflected a similar profile.

A dedicated borough wide outreach worker targeted black and ethnic minority groups.

Drug users had mixed opinions of the quality of treatment in the area. It was clear that some users in the area were accessing treatment, although the views of two drug users looking for treatment suggested that there was room for more provision and/or easier access. There were few positive statements about the standard of provision from the users who were in treatment. The main complaint was about waiting times and lack of counselling. There was a common perception among the drug users that the staff did not have time for them, which seemed to be less of a criticism of the quality of the delivery than it was of the time constraints that the staff worked under. One user we interviewed who appeared to be making a sustained effort to become drug free (to the extent that one dealer would not sell to her) felt that she received good support. Nevertheless she complained about the length of time it had taken to get into treatment. This view was supported by her mother who was very critical of the delay and the lack of attention given to her daughter's family.

Self-referral was the most common method of accessing treatment. Next was NHS/GP – which often involved the agency through the shared care scheme. After those were: family/friend; other drug agency; probation; arrest referral and social services. The links between the agency and the arrest referral project were well established at the organisational level but had not been developed into effective working practice. The lack of continuity between assessment in cells and referral to the project created a break that may provide an added disincentive to attend the appointment with the agency. The agency service manager reported that some referred clients were not turning up at treatment.

### *Housing*

East-Docks is an unpopular housing area, which does mean that people with little choice of housing are allocated tenancies there. However, we found no specific evidence that housing allocations were bringing unusual proportions of users or dealers into the area nor creating problematic concentrations of users and dealers.

Action against drug dealing by the tenancy enforcement team was seen as a policing matter. It went beyond their own ability to mount the type of surveillance operation needed to gain evidence. The department was only prepared to act against drug dealers and users if they were reported for other type of nuisance problems. There was a general move to tighten up control of the housing stock by following through complaints and taking quick and decisive action. The housing department was in the process of changing tenancy terms and conditions and ensuring that these terms were effectively communicated to the tenant. Introductory tenancies were to be introduced for tenants with a history of anti-social behaviour, although the department did not regard them as a particularly effective enforcement tool. At the time of the research the department had not initiated any ASBO enforcement action.

The housing department was also looking at the possible introduction of a scheme based on the 'Beaver Project' run by the London Borough of Hounslow. The aim of the project, which was mainly based on delivering information through posters, leaflets and letters, was to

*“reduce anxiety, increase awareness of drugs and alcohol issues and services, and build confidence in responding to these issues” (Enforcement Officer).*

### *Youth Service Providers*

East-Docks had a 'youth-house' which offered detached work, as well as two Council-run youth clubs and a popular gymnasium. A large Borough-wide community project also ran youth activities, although these were not specifically for East-Docks residents. Despite this, there was a strong perception by young people and residents that there was a lack of youth provision in the area. The coordinator for one of the youth projects pointed out that young people did not take up the provision that was already there. Lack of provision or failure of the provision to engage young people was regarded as a major reason for youth nuisance and crime in East-Docks and for the boredom that may have led to drug taking.

### *Education*

There were three secondary schools in or close to East-Docks and seven primaries. In the Borough generally, about half of the secondary schools were assessed by the DAT to deliver drug education to agreed standards. At least one of the East-Docks schools had drugs education delivered by a detached drug prevention worker employed by the local treatment agency.

### *Residents*

There were no community-led projects to tackle the drug market in East-Docks. In the context of a high level of community activism and a number of resident-led projects (some of them benefiting from SRB funding) this suggested that the drug market was not of sufficient local concern to generate resident action. Our interviews tended to confirm this picture, pointing to a degree of concern about drug use and availability, but not to a high priority being given to this issue in relation to others. Problems relating to the drug market had not been raised in seven years of meetings of the community forum, an open forum attended by about 35/40 residents every six weeks. Nuisance caused by young people was an issue frequently raised at these meetings. One community organisation had considered the establishment of a drugs project but opted to spend the money on issues which had a higher local priority.

### *Drug Action Team*

The DAT had a borough wide remit with East-Docks being one of a number of active drug markets in the borough. It included representatives from all the main agencies: health, education, police, social services, probation and the treatment providers. The coordinator and other agency personnel reported being happy with the level of commitment given to the DAT by the various agencies.

Borough wide initiatives had been developed with lead agencies such as social services, education, treatment providers, police and local authority. These included the extension of the arrest referral scheme, the development of a joint commissioning strategy, and the development of a drug awareness campaign targeting parents. The DAT was also looking at ways of improving joint working – for example, in dealing with high profile drug misusers, and in using police information about drug activity to benefit health providers. None of the initiatives specifically targeted East-Docks. Indeed, the DAT coordinator had little knowledge about the extent and nature of drug use in the East-Docks area.

## ***Regeneration***

East-Docks was in the 5<sup>th</sup> year of a seven-year regeneration programme funded by the Single Regeneration Budget. SRB funding amounted to £21.5m, in a total programme of £165m. The programme was run by a team based locally and accountable to an elected board. The area forum and a business forum worked to the main board. The programme had four areas of work: training and education, business development, housing and community development. Activities included the development of industrial sites and providing business support and grants to local firms to help them benefit from the considerable economic development in and around the area, negotiating with investors (for example to bring a supermarket and hotel to the area) and with new businesses to secure local employment and training. There had not been any specific work on drug issues as part of the programme. The manager of the programme identified two areas that had probably not been given sufficient priority in the programme design: the problems facing young men on the margins of society; and drugs – their use, the culture and economy. However, there were no plans to redress this.

## **Summary**

East-Docks was one of a number of drug markets in close proximity within a large urban area, and was regarded by police as one of the less problematic of these markets. Consequently it received limited police attention.

The market was a closed market for heroin and crack. There was also a separate market for amphetamines, cocaine and ecstasy. Cannabis crossed into both markets. The heroin/crack market mainly served local users: people tended not to travel into this area to buy drugs. The main dealers were not themselves users, and were black – some local African-Caribbean and others Jamaican nationals, more recently arrived. Latest information suggests that a new group of dealers was destabilising a previously stable market.

There was concern in the area about drug use, and to a certain extent about the impact on the neighbourhood of drug users and dealers. Drug-related crime was not believed to be extensive, and a problem with discarded used needles seemed to have abated. We did not find any fixed dealing sites. There has been no community-led action to tackle the drug market nor was there any funding allocation from the regeneration programme.

## **CASE STUDY 5 : KIRKSIDE EAST**

### **The Area**

Kirkside East is one of a number of large local authority housing estates in the outer part of a large city. Its population was about 19,000 in 1991. Most of the homes are spacious pre-war and post-war terraced family houses, although there are also several tower blocks and maisonette blocks. The southern part of the estate (Southmead) mainly comprises of redbrick Council houses and has one of the highest concentrations of large (4-5 bed) family houses in the city. Also it has the highest proportion of under-16s in the city (28%). Southmead is the most deprived part of the estate and has a bad reputation going back to the 1960s. The northern part of the estate has more mixed housing type and tenure, including some private housing, and also incorporates a small industrial estate and a large new supermarket and shopping centre development.

Kirkside East is a working class area with a predominantly white population (less than 2% were from ethnic minorities in 1991). It is regarded as a stable area with a strong community spirit. It is just one of a number of deprived areas in the city, with relatively high proportions of lone parents, people who are unemployed or economically inactive, and those who have chronic health problems. Southmead has higher concentrations of all of those indicators. A local authority study in 1998 found that in one part of Southmead, 83% of households were in receipt of benefits, 23% were single parent households and another 39% contained no one who was working and 1 in 6 contained someone with a criminal record.

There is an established history of drug market activity in Kirkside East. Cannabis was the first drug to become available in the area in the early 1970s, followed by amphetamines about five years later. At this time, opiate use in the area was confined to a small network of users who kept their drug use hidden. In the late 1980s a group of young criminals from the estate began to supply the region with ecstasy imported from Amsterdam. There was no evidence to suggest that these dealers were linked with the current heroin dealers in the area, but they did have close links with drug dealers involved in high-level criminality in another city some forty miles away.

The heroin market developed in the early 1990s, following the development of an open market on an adjacent estate. A drug dealer interviewed in the research described scenes of people queuing to buy heroin. Eventually, probably in response to the demand for heroin on the estate, the area developed a dealer network of its own, mainly individuals with previous criminal involvement. A television documentary made at this time presented evidence of increased heroin use among young people in the area and the links it had with local crime. This had the negative impact of stigmatising the area as drug and crime ridden, branding it the needle capital of Britain. At this time, the drug market apparently had a serious impact on the estate. The rapid increase in the number of young heroin users created considerable local concern, and generated an explosion of low-level acquisitive crime, as well as discarded used needles found in public places by drug users. At the time of our fieldwork in late 2000, the availability of heroin had increased and the price fallen, but the number of users and the level of drug-related crime appeared to have fallen

considerably. Police, residents and other agencies no longer regarded the area as one of the most problematic drug markets in the city.

### **Description of the Nature and Scale of the Drug Market**

There was no evidence of an established crack market on the estate. The police did not consider it a problem, and crack users from the estate travelled to an established drug market in another part of the city. We found that the heroin market was more or less self-contained – that is, separate from the market for 'recreational' drugs such as cannabis, amphetamine, powder cocaine and ecstasy. In addition to representatives of a range of agencies, we interviewed six local heroin users, men and women, aged between 20 and 30, with an average age of 22.6. All had long associations with the area and family in the area. Three were dependent daily users of heroin. They spent between £80<sup>10</sup> and £500 per week on drugs. The three less regular users did not see their heroin use as problematic. They claimed to spend an average of £60 and £80 per week on drugs. All except one also used other drugs regularly, mainly cannabis and crack.

Drug users, including one low-level dealer, estimated that there were up to twenty heroin dealers on the estate, most of them user-dealers. The police estimated that there were six large scale dealers on the estate, who were involved in selling large amounts of heroin to middle level dealers on the estate, and to dealers in other parts of the city. They cited the discovery of £80,000 in Scottish notes (proceeds from a robbery in Scotland) as evidence that drugs were being traded from Kirkside East. The police also believed that the main supply routes for heroin into the area were Amsterdam, and other English cities. It was estimated that two kilos entered the area by direct importation every two to three weeks. This could be taken as evidence that the area is not a significant transit point in the heroin trade – the amount would maintain approximately 120 dependent heroin users.

The availability of heroin had increased since the mid 1990s, with prices falling in real terms with £20 buying .2 to .3 of a gram. There was a notable reduction for bulk buying with the price of an ounce of heroin falling from between £900 to £1,200 six years ago to £600 at the time of the fieldwork. A professional working in the area observed that there were a wide range of heroin bag options available, from £20 down to £2.50 – though the latter was more common among affluent users. There were no reports of conflict between the dealers, though there was one unconfirmed report that an established dealer from outside the area was trying to establish some control of the market. At the lower end, the market was reported to be relatively open to newcomers.

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<sup>10</sup> One user who spent £80-90 had an association with a dealer who supplied her with some free drugs

**Table 7 : Kirkside East Drug Prices and Availability**

<b>Drug</b>	<b>Price per one unit (£)</b>	<b>Price per next unit (£)</b>	<b>Users Availability rating</b>
Heroin	20 (.3, .2 g)	50 per gram	2
Methadone	10 per 100ml		4
Cocaine	50 per gram		2
Crack	20 rock		5
Amphetamines	10 per gram		2
Ecstasy	2-5 per tablet	20-30 for 10 tablets	2
Benzos	10 for 10 tablets		5
Cannabis	7.5-10 per 1/8 <sup>th</sup>	40-50 per ounce	1

Availability rating 1=very easy through to 5=very hard.

In the mid-1990s heroin dealing was carried out from fixed points on the estate. Increased police activity, together with changes in mobile phone contracts, provided the incentive and means to change. At the time of the fieldwork, most dealing was done via telephone contact to the dealer's mobile followed by the exchange of cash and drugs at a pre-arranged drop off point.

Most (if not all) buyers in this market were local. Outsiders tended to regard the estate as threatening and unsafe. A detached drug worker justified his reluctance to work on the estate with the comment:

*“when you step into Kirkside East the tarmac suddenly gets darker.”*

He and other detached workers at the agency, who identified Kirkside East as a likely source of heroin supply, believed that the area posed a risk of violence to people who may be mistaken for drug dealers. This fear of vigilante action was based on accounts of clients who had been attacked on the estate.

We did not find evidence from drug users, the local YOT, Arrest Referral, probation or police, that heroin use was widespread among the under-20s, or at all problematic among the under-16s. The young (U21) heroin users we interviewed thought that heroin use was not widespread outside their small group. If this was to prove correct, and they were representative of young heroin users in the area, then use may have been confined to young people with a concentration of risk factors, such as unsettled family background, parents involved in drug use or crime, school exclusion or persistent truancy, involvement in petty crime and early use of substances (solvents, gas, alcohol and cigarettes).

It is possible that the negative image of heroin provided by the users of the 1990s may have had some deterrent impact on the current generation of young adults. The younger users in Kirkside East were acutely sensitive to being labelled “*smackheads*” and were derisive about someone to whom they would apply that label. This, together with the fact that other users kept their heroin associates separate from their non-using friends, indicates that heroin has a poor image on the estate.

## **Impact of the Drug Market on the Area**

### *Drug-Related Crime*

While the drug market may have had a big impact on crime in the early to mid 1990s, in two years prior to the fieldwork it had become less significant. According to local police, the number of burglaries has fallen, a fact that was commented on by residents. A shopkeeper on the estate observed that:

*"A couple of years ago I'd get three or four customers telling me that they, or somebody they knew, had been burgled (every week). Now it's the odd one... every two or three weeks".*

Two of the drug users interviewed for the study claimed that burglary was one of their methods of raising cash for drugs. In both cases this was done so with the qualification: but "*not on the estate*". This sentiment reflected a wider held norm in the community that you "*do not steal from your own*", though one respondent contradicted a statement to this effect by revealing that his need to obtain drugs led him to burgle a nearby house. His actions suggest that the rule is weak, but his subscription to the principle at least indicates a form of commitment to the area that may be found lacking in areas with higher levels of transience. Kirkside East drug users, in common with similar areas, were more likely to be able to identify things that they liked about the area, usually the people and the community. One user indicated how these links helped to regulate the drug market.

*"I know everyone. I know what's what and who to trust, how far to push. You don't get people pushing gear on kids (11-12 year olds) here. If anything bad happened here everybody would get together to sort it out."*

Self reported offending by drug users suggested that shoplifting was the main method of raising cash for drugs. This was backed by observations by arrest referral workers and treatment agencies - both confirmed that the majority of the substance users they dealt with are involved in shoplifting. Kirkside East has few opportunities for shoplifting (two supermarkets being the only major stores). A neighbouring shopping centre and the city centre were the two main destinations for local users to shoplift in, though the arrest referral workers had evidence that users were prepared to travel to towns that were 15 to 30 miles away. The extent and nature of shoplifting was seen to have changed over the last five years. According to a treatment worker in the local shared care scheme, shoplifting is now more extensive and dominated by '*shoplifting to order*'. The type of goods ordered varies from electrical goods and clothing to food items and cosmetics. This kind of activity did not appear to have a negative impact on the neighbourhood.

### *Neighbourhood Quality of Life*

The drug market appeared to have a limited negative impact on the quality of life in Kirkside East. The main complaints to the local housing officer, based in Southmead, were not about drug use or dealing, but about:

*"repairs, then dogs running loose in the street, cars in gardens, no road tax on cars and kids hanging around – even when it's near to Youth Service projects."*

Local families questioned in the first round of interviews for CASE's Neighbourhood Study in summer/autumn 2000 reported that discarded syringes were a cause for concern. In the second round of interviews (winter 2000/spring 2001) this was not given the same level of emphasis – some people noted that the situation had improved. Users may be making more use of needle exchange facilities. This may also point to another trend, such as an aging group of intravenous user, and/or a change in method of drug use to smoking.

### *Violence*

There was evidence of violence being used to resolve competition between dealers, to enforce drug debts, to sanction informants and to find drug use. However, the scale of the violence was not as great as in some of the other areas.

The fatal shooting on the estate of a man associated with the drug trade suggests that there may have been a level of competition in the local market. Some of the drug users suggested that this was the case, and that a dealer from another area backed with firearms and liberal use of violence was moving in on the area. We were unable to substantiate this rumour. The police suggested that the killing was not related to drug market activity in the area, but to conflict in another area.

Low level violence also occurred as a sanction for non-payment of drug debts and to sanction informants. One of the drug users interviewed for the research had a black eye following a beating for non-payment of a drug debt. Residents were reluctant to challenge drug related activity or any form of anti-social behaviour, because of the knowledge that to do so would invite retaliation. This expectation of retaliation for speaking out, particularly for informing, reflects a strong strand in the culture of the estate against "grassing". Both offender and victim were aware of this code. Interviewees for the CASE Neighbourhood Study suggested that residents doubted that information given to the police would be kept confidential and that they would be safe from retaliation.

*"I wouldn't tell the police about drug dealers because it's too much of a risk with your house. Quite a few people have said they tell the police and they say they won't say anything but then their windows go through"* (local resident).

The number of street robberies in the area had risen slightly, a trend that police linked to drug use. One of the users we interviewed had been arrested for two robbery offences. The rise follows a national trend, which appears to have been affected by changes in categorisation of robbery offences and the increases in robberies involving mobile phones.

However, while the area had a reputation for violence the local young people and residents did not, on the whole, perceive the area as threatening. Neighbouring estates were seen as potentially more violent or threatening. Local residents tended to see

alcohol as more of a problem than drugs in terms of violence, vandalism and nuisance behaviour.

### *Population change*

Kirkside East has been losing population for some time, at least since the early 1980s, in common with many urban areas which have been affected by industrial decline, the urban-rural population shift, and the decreasing popularity of Council housing. It lost 10% of its population between 1981 and 1991 and a further (estimated) 9% between 1991 and 1998. These kinds of losses are not untypical for large urban Council estates in industrial regions. These factors provide a better explanation for estate depopulation than the drug (and associated crime) problem on the estate in the 1990s. Although there was anecdotal evidence from residents that, at that time, this contributed both to people leaving the estate and to its continuing unpopularity. Southmead, where the worst of the mid 1990s problems were concentrated, is one of the least popular housing areas in the city. Homes in this area are extremely difficult to let and some streets have blocks of empty properties, some of which have been vacant for several years. Selective demolition is now taking place. Even a new crescent, demolished in the 1990s and rebuilt by a housing association, remains a third empty because of the poor reputation of the area. While our interviews did not suggest a continuing population exodus because of drug market activity, the poor reputation of the area to outsiders remains.

Low demand for housing has also meant that people leaving prison and other people in urgent housing need are offered accommodation on the estate. Some of these new residents are drug users and there have been some localised problems associated with their drug taking and anti-social behaviour. There was no evidence, however, that the availability of heroin is a factor which attracts people to the area in preference to others.

### *Individual Prospects*

Kirkside East has a high youth unemployment rate and, despite the excellent training opportunities on offer and new employment opportunities at the local shopping complex, there remains a substantial minority of people who lack confidence in their prospects of getting a job that will pay rent and living costs, or of 'bettering' themselves through training or education. Such disaffected young people may well be drawn into heavy drug use, or into dealing as an economic alternative to work, but we did not find any evidence that the availability of heroin locally is a particular factor. On the contrary, the negative image of heroin users locally may be a deterrent. There was no evidence of local young people being sucked into heroin dealing as a purely economic activity. Most people involved in the heroin market were user/dealers who had been involved for some time. Staff at the local job centre did not believe that drug use was a major reason for excluding people from the job market. They thought alcohol was a more significant problem. The number of drug users claiming sickness or disability benefit may distort this view by removing them from the job-seeker process.

It is difficult to assess the impact of drug use or dealing on school performance. Only three school exclusions were drug related for the whole of the city in 1999/2000,

although there may be lower-level impacts. Most of the users we interviewed were using drugs while of school age and two were dealing.

### *Operation of Services*

There were no reports that service providers viewed Kirkside East as a no-go area because of its drug market, with the exception of detached drug workers from one treatment provider who claimed that fear of vigilante action was the reason that they did not work in the area.

### *Positive Impact of the Drug Market On The Area*

There were no obvious benefits accruing from the operation of the drug market. One can speculate that the drug market may have increased the number of low cost goods circulating in the black market. This was one of two areas in the study (Overtown was the other) where people speculatively knocked on doors to try to sell stolen goods. However, residents suggested that this practice predated the drug market by a considerable time, developing in the 1970s with increased unemployment and crime.

## **Service Provision and Agency Responses**

### *Police*

The area was policed from the divisional headquarters, located on edge of Southmead. Day to day decisions on policing the area were taken at sergeant level, fulfilling the role usually taken by an inspector. Resources were deployed in reaction to crime levels rising above those tolerated according to performance targets or by the development of hot spots. Kirkside East formed part of a policing sector with, in addition to response officers, a community policing team of a sergeant and seven beat constables (beat managers), whose role was described as “*old-style community policing but with a more proactive role*”. Three beat managers covered Kirkside East but the whole team also targeted ‘hotspots’ periodically, both with uniform patrol and plain clothes work, as part of the targeted policing approach of the division generally.

In common with this approach, the policing of the drug market was intelligence led. Local police believed that they have a good knowledge of drug market activity in Kirkside East but had not carried out any recent operations on the estate because dealing activity had been more prominent in other areas. Eighteen months previously to the fieldwork, they carried out a series of raids on a neighbouring estate that fragmented the market making it more difficult for undercover officers to operate. They arrested seventeen dealers, one a test case using video evidence of a deal. This moved the market off the street, making it difficult for undercover officers because they were vulnerable – and dealers became more suspicious of anybody not known or not having an introduction. This highlights the difficulties of tackling drug market activity beyond short term operations.

The arrest figures for the whole of the city, for both possession and supply, fell for all drug types between 1998/1999 and 1999/2000 – except arrests for heroin supply, which were up from 207 to 228.

In Kirkside East, a police officer funded by the Single Regeneration Budget had been deployed to a new initiative with two enforcement officers in the local housing department. They were known as the Combined Response Team, and will use the powers of the Crime and Disorder Act (1998) to enforce tenancy conditions and regulate the behaviour of tenants to prevent crime and anti-social behaviour. This initiative was not specifically targeted at drug users or dealers, but at existing and prospective tenants who may cause ‘trouble’ on the estate. However, it was used to combat drug dealing. The Divisional Commander explained that they were exploring the possibility of working with housing to use Anti-Social Behaviour Orders (ASBO) against drug dealers.

*“We are working with housing to serve ASBOs on dealers, destabilise them. They like a stable workbase. We're going to keep hitting their address – keep them on the move” (Divisional Commander)*

### *Drug Treatment Agencies*

There was a good level of treatment provision in the city. Most drug users on the estate accessed treatment through the shared care scheme operating between the local GPs at a modern health centre in Southmead and the statutory agency, the city Addiction Unit (AU). A notable feature of treatment at the AU was that personnel were trained to nationally recognised standards, which facilitated a sustained quality provision across the service. The AU was committed to setting clear boundaries for the client with sanctions for breaches of the treatment conditions. This did have its limitations, with one drug user commenting that they believed that staff lacked compassion and looked down on them, but overall impressions of the standard of treatment were favourable, with good outcomes reported.

Last year the AU had 44 referrals from the local surgery in Kirkside East – though this included people with alcohol problems. People from the area also access AU services directly by self-referral. Levels of referral were much higher (double in one case, quadruple in another) from areas of the city known to have more drug problems.

The closest non-statutory agency that was able to offer a wide range of support services to drug users was some four miles away. This service was only available to young people up to the age of 25. They had eight clients with the Kirkside East postcode (which also includes neighbouring estates). Another non-statutory agency had a couple of clients from the area and another specialising in treatment of young people did not have one referral from the area.

There was an apparent lack of after-treatment facilities for drug users – particularly facilities to support people to move from addiction into work, training or education. The city did not have any detox beds for drug users at the time of the research.

### *Housing*

The housing department in this area had recently become more proactive in dealing with drug market activity, the main initiative being the appointment of a specialist tenancy enforcement officer working with the police (see above).

There had also been specific initiatives to curb localised problems, caused by allocations of properties to people whose drug dealing or using was anti-social and problematic for others. In particular, one high rise block had become a '*dumping ground*' for difficult tenants, who were driving other residents out. Turnover was high. The housing manager decided not to offer any further accommodation in this block to under 25s, and followed this with the introduction of a low-level enforcement policy, acting on any small complaint from residents. This has had an almost immediate effect. The housing manager claimed that residents reported a 100% improvement. He also said that perceptions of safety had been increased with the relocation of the resident caretaker/warder from the first to the ground floor. However, the consequence of this more limited lettings policy was a high number of empty properties.

### *Youth Service Providers*

Kirkside East had a number of community facilities including three youth and community centres and the highest level of youth and community provision in the city. The southern part of the estate had particularly good provision with a small community centre and a family activity centre with a focus on sport and youth provision.

The youth service City-wide had a drugs education officer who was trying to gain access to local schools. They had also carried out some detached work looking at issues around drug use among young people in the city centre. This was a harm reduction approach to the issue that offered support and advice.

The local youth workers interviewed for the study did not see drugs as an issue that they needed to raise with young people. Their approach was to make it clear that they were there to talk about the issue if a young person wanted to, but they did not want to be seen to preach or challenge drug use. A study of youth workers in the city found that handing out a leaflet was the most common response for youth workers to make to questions about drugs. The report also found that only 25% of the workers were very or fairly familiar with drugs guidelines and 50% had little or no familiarity with them.

### *Education*

The DAT report states that all schools are delivering their own drugs education, though this does not appear to be to a SCODA (Standing Conference On Drug Abuse) standard. One member of the DAT believed that the education department was not pulling its weight on drugs issues. This was based on two observations: one was lack of participation by the education department in the DAT meetings; and the other that schools tended to see drug dealing outside of school as an issue for other agencies, not for the school. This interviewee expressed the view that schools' understandable concern with their reputation might lead them to underplay drug use and dealing rather than to draw attention to it.

## *Residents*

There was no specific community-based programme in Kirkside East to tackle any aspect of the drug market. There was, for example, no community led drug prevention or education programme, or support group for users or parents.

Tackling the drug market did not appear to be a major priority for residents in Kirkside East. In a community survey published in March 2000 'drugs' was listed as the 3<sup>rd</sup> area of concern after burglary and youth crime. Responses from other areas appear to show that responses reflect the local situation: the south of the city, where there is a high demand for treatment services, placed drugs first. The middle class areas in the north of the city did not rank drugs as one of the three issues of concern.

## *Drug Action Team*

The DAT operated on the Health Authority boundary and consisted of representatives from the Health Authority, Education, Probation, Police and City Council. It had a full time coordinator post, though this was only covered part-time for almost a year, up until early 2001.

The lack of resources available to the DAT has limited the extent of its activities. The coordinator, and the director of substance misuse and sexual health, carried out a joint audit of treatment provision. The aim was to try draw the disparate group of providers into a unified framework of provision. Strategic objectives have been identified.

It appeared from our interviews that the DAT lacks full commitment at the strategic level and it does not have the full confidence of service providers. A professional with close links to the DAT commented:

*“The DAT hasn't worked in this city, but problems with the coordinator haven't helped (charged with fraud). There are a lot of meetings, it's been said that there are more people in meetings than there are in treatment. But there is little action. The groups are too split up- they lack coordination”*

The coordinator of a non-statutory drug treatment agency shared the perception that the DAT was just a talking shop and that involvement in the Drug Reference Groups was a waste of time. The appointment of a new DAT coordinator may have resolved some of these problems.

The city is covered by a Health Action Zone. This does not have a specific drugs policy. Rather the issue is seen as part of the general move to equalise access to health services. The shared care approach of the Addiction Unit (AU) could be seen as an example of this approach. The NHS review of Shared Care (Dept of Health 1995) presented the GPs with guidelines on the treatment of patients with drug misuse problems. Experienced drugs therapists from the AU offer the GPs expert support through an assessment and treatment programme. This practice had cut waiting times to treatment services to seven days, though drug users in the study said that this referred only to the initial consultation and that the process could take a lot longer. Shared care appeared to be working fairly effectively. A recent evaluation by the AU gained a 90% response rate (96% accounted for) from 50 GPs, 120 shared care and

344 specialist unit patients. This found satisfaction with the referral process (98%), communication procedures (91%), specialist support (83%) and speed of treatment engagement (76%).

### *Regeneration*

Kirkside East does not have a government funded area regeneration programme. It received SRB (Round 1) funding under a thematic programme covering a number of deprived areas. This enabled the employment of two additional police officers (see above), and a youth programme working with young people at risk of offending, as well as various other education and business-related projects. Apart from the enforcement action, issues relating to drug use and dealing have not been a central part of the SRB funded work.

In 2000, Southmead was included as one of 18 neighbourhoods across the city in a new SRB programme entitled 'Better neighbourhoods, confident communities'. The programme was designed to develop neighbourhood action plans with community involvement. A co-ordinator was appointed, working to a forum comprising Councillors and officers from various agencies, with community representation. The neighbourhood plan was being developed at the time of our fieldwork. An interview with the co-ordinator suggested that the tackling the local drug market would not be seen as a major element of this plan.

### **Summary**

Heroin was the most problematic illicit drug in Kirkside East at the time of the research. While there was some crack use, there was no evidence that there was a high level of activity, or involvement in selling the drug by local dealers. This may be changing, and is likely to create further problems for the community and treatment services if it did.

Kirkside East was seriously affected by an explosion of heroin use and dealing in the early to mid 1990s. This was associated with a rapid increase in acquisitive crime and discarded needles. These problems contributed to a decline in population and to a decline in the reputation of the area, fuelling the problem of surplus properties which continue to be a blight on the area.

We did not find evidence of widespread heroin use among young people, based on the responses of drug users, residents and professionals working in the area and police sources. Buyers in this market were local: it did not attract users from outside the estate. The smaller number of users and dealers, and the lack of fixed dealing sites had reduced the impact on the neighbourhood. Burglaries had declined and shoplifting was the main method of financing drug use, so drug related crime had less impact. Cooperation between the housing department and the police on tenancy enforcement was to be used to limit drug dealing. Other action against the drug market was low key – this was not an area of major drug market operations for the police or an issue tackled very proactively by the community or other agencies. Tackling the drug market was not expected to form a major part of regeneration plans for the area.

## CASE STUDY 6 : OVERTOWN

### The Area

Overtown is a white working class community on the edge of a large city. It is dominated by social housing estates; the first built just before the Second World War; the remainder afterwards, as part of the city's slum clearance programme. The estates are bordered by major arterial roads. Shopping parades and other facilities are mainly located on the main roads; the housing estates themselves were built with little except housing and hardly any open space. Most are in need of some modernisation and environmental upgrading.

The main employers here were manufacturing firms based on the local industrial estates, as well as employers in the city itself. There were huge job losses in these industries in the 1970s and 1980s and there remained a marked lack of economic opportunity at the time of the fieldwork. The socio-economic legacy of economic decline was very much in evidence: low aspiration and disillusionment, low educational achievement and skills, lack of confidence, teenage pregnancies, relationship breakdown, poor health. A survey in 1995 showed that 39% of residents under 25 had never worked. In 1991, 60% of children lived in households where there was no earner. Forty-one per cent of births were to single mothers (compared with 28.2% in the region).<sup>11</sup> A disproportionate number of children on the Child Protection Register live in Overtown.<sup>12</sup> Some estates have suffered very severe crime and anti-social behaviour problems. This is unquestionably one of the most deprived areas in the country. Steady population loss (30% since 1971) has left an over-supply of housing, with extensive stretches of empty homes opening up in the Council housing sector, a problem only exacerbated by attempts to stem population loss by diversifying the housing stock through private and housing association building. Nevertheless, most people moving into new homes are from the area or have local connections. Many families have been rooted in the area for several generations and residents we consulted spoke about a strong community feeling.

The estates are similar in appearance, but constitute distinct communities with a degree of parochialism and rivalry between them. At the time of the fieldwork, the level of drug market activity and its impact varied from one estate to another, making it difficult to generalise about the area as a whole. Throughout this report, we have highlighted circumstances on particular estates where appropriate, including, in particular, Saints Walk, an estate of about 800 homes which had an extremely severe drug dealing problem in the early 1990s, resolved by estate redesign and improvements and saturation policing.

We found a long established market for, and widespread acceptance of cannabis in Overtown, going back to the early 1970s. Heroin became readily available in the early 1980s, and ecstasy and cocaine around 1989. The crack market developed from around 1994/95. While the area had a thriving market for recreational drugs

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<sup>11</sup> Overtown SRB data

<sup>12</sup> Overtown New Deal for Communities bid, 2000

(cannabis, cocaine, amphetamines and ecstasy), this report concentrates on the heroin and crack market.

In addition to representatives of agencies and local residents, we interviewed six drug users, five men and one woman, five of whom had lived in the area for most of their lives. All of them used heroin and crack and five considered themselves to be dependent. These five spent between £100 and £400 on drugs each week and had all also been involved in dealing to finance their habit.

### **The Nature and Scale of the Drug Market**

There were a high number of heroin and crack dealers in the area. The range (indicated by users) goes from 10 to 60. The police estimated that each of the five estates had 3 or 4 well-known middle tier dealers plus a significant number whom they do not know about, supplied from other major cities, as well as by some direct importation. Seizures in the area have been significant. Recently this included a record £6.5m of heroin (estimated street value).

Most dealing was initiated by mobile telephone followed by an exchange of drugs and cash at a busy junction or bus shelter. While this may have been the general rule, the status of trust between the dealer and the user and the circumstances meant that the rule could be broken. For example, following an interview, two users went to their dealer's house to buy crack and heroin, having failed to persuade him to come and meet them.

Crack use was increasing, but cannabis was the most widely used and heroin was the more problematic drug. It appeared that dealers were trying to increase the use of crack. There was a suggestion that some would only sell heroin if the buyer took a rock as well, although this was not supported by the drug users we interviewed. They said that there were "*special offers*" to encourage higher use, or crack use with heroin (buy a bag of heroin and get one rock at half price), but that no dealer would allow a customer to walk away with nothing.

All of the drugs we asked about were easily available. Heroin prices appeared low in this area. Crack also appeared cheaper than in other areas, although users said that the rock size had decreased correspondingly.

**Table 8 : Overtown Drug Prices and Availability**

Drug	Price per one unit (£)	Price per next unit (£)	Users' Availability rating
Heroin	10/15 bag 2 for 15	35/40 per gram	1
Methadone	10 per 100ml		1
Cocaine	40 per gram		1
Crack	10 rock	2 for 15	1
Amphetamines	5/10 per gram		1
Ecstasy	5 per tablet	35 for 10 tablets	1
Benzos	50p each	5 for 10	1
Cannabis	7.5-10 per 1/8 <sup>th</sup>	40-50 per ounce	1

Availability rating 1=very easy through to 5=very hard.

## The Impact of the Drug Market on the Area

### *Drug-Related Crime*

There was little hard evidence of a high level of drug related crime in the area. Recorded crime in the borough as a whole was relatively low compared with other urban areas and had been falling steadily since the early 1990s.<sup>13</sup> Recorded crime was higher in Overtown, and crime problems consistently ranked as residents' most pressing concerns in local consultations.<sup>14</sup> In 1998, Overtown SRB area had 13030? crimes per 100?,000 population, compared with 9745 nationally and 8320 in the Borough as a whole.<sup>15</sup> Levels of drug offences, disorder and violent crime were twice the Borough average.<sup>16</sup> Residents concerns also centred not on acquisitive crime, but on issues such as vandalism, drug use, under-age drinking, nuisance and disorder. Some estates had had very serious problems with vandalism, arson and nuisance caused by large groups of youths.

The increase in sustained crack use might have been expected to lead to an increase in acquisitive crime locally. However, five of the six drug users interviewed for this study said that they funded their drug use through crime committed outside the area. The shoplifters did not consider the town centre a good place to pick up goods. The local Overtown shops were seen as *"too well sorted. They stick to you like glue, follow you around everywhere"*. Two people worked for a local 'fence' who drove them to shopping centres around the region. The arrest referral worker for the scheme covering Overtown portrayed a similar picture:

<sup>13</sup> Borough Crime and Disorder Audit.

<sup>14</sup> Overtown New Deal for Communities bid, 2000

<sup>15</sup> Data supplied by Overtown SRB

<sup>16</sup> Overtown New Deal for Communities bid, 2000

*“Shoplifting is the main form. Usually goods like clothing, perfume and food – one was caught shoplifting 50 packs of bacon. [Nearby towns] are popular for shoplifting - the city centre too, but well known faces get excluded”.*

Where burglary was given as a means of raising money for drugs it was followed by the quick qualification “*but not council houses*”. Fear of being attacked by vigilantes may have produced a good incentive for following this rule – though it was likely that the ethos was constructed more informally within the community. However, the example of a beating that one heroin/crack user sustained suggests that the threat was real, at least on one of the estates, and did act as a disincentive for commission of local crime.

**Table 9 : Methods of Raising Cash for Drugs (Overton Users)**

Shoplifting	5
Fraud	3
Burglary	3
Dealing	2
Borrowing	1
Theft of/from cars	1

#### *Neighbourhood Quality of Life*

During the 1990s, drug market activity had a very marked effect on one estate (Saints Walk), because of intimidation by dealers, vandalism and abuse of properties to conceal drugs and deter investigation, and the constant traffic associated with drug deals. Following enforcement action, this no longer appeared to be an issue, according to nineteen residents attending a meeting for two streets on the Saints Walk estate.

Nor were there accounts of any similar problems on the other estates. It may be the case that, since the mid 1990s, the more visible aspects of the heroin market, and the acquisitive crime that users engaged in to finance their drug use, have declined in significance. Changes in the drug market, such as the move from dealing houses, and better provision for needle exchange, may have had an impact. It may also be the case that the particular local concentration of powerful individuals, who were prepared to create a climate of intimidation and fear, has not been replicated.

The main concern about declining neighbourhood quality of life was around the behaviour of young people. Drug use was wrapped up within this general concern. For example, focus groups conducted by NACRO on two estates found that the five issues most frequently raised were, in order :

1. Lack of youth provision
2. Drugs
3. Street lighting
4. Youth disorder
5. Youths gathering

It was unclear whether the references to drugs were to the heroin and crack market or recreational drugs. Other NACRO discussion groups with residents from four different estates between January and July 2000 found that youths causing disturbance was the main concern for both young people and adults. From our fieldwork, it was easy to see why these concerns were raised. The high number of young people hanging around, including a group of between 20 and 50 around a row of shops, was notably higher than any of the other areas we visited. The workers in the local off-licence were subject to an almost nightly ritual of abuse from young people. The availability of cheap imported alcohol was seen as a particular problem. Drunkenness was blamed for much of the vandalism, and frequent fights. It would appear that residents had general concerns about drug use among young people, as one element of their disruptive behaviour, rather than specific concerns relating to dealing activity or environmental damage.

### *Population Change*

It was difficult to establish the part played by drugs in the movement of people out of the area. Economic decline has been the main driver of overall population loss, and the increasing unpopularity of Council housing has also had an impact. Demand for Council housing has plummeted in the Borough since the mid-1990s and most estates have no waiting list. Some estates have significant pockets of empty property. These local concentrations were mainly precipitated by crime and anti-social behaviour - in a situation of housing choice it was easier for people to move away from trouble. The question is whether the drug market per se was having an impact.

The housing manager reported that the tenants identified drugs as an issue, and that drug dealing was driving people out, mainly families. There was good evidence to suggest that this happened in the early 1990s on the Saints Walk estate when one crescent was effectively taken over by drug dealers. By continual and visible dealing activity and intimidation, dealers drove out other residents to the point where 24 of the 100 homes were empty. Many were used as 'drops' and were heavily vandalised. One of the six drug user interviewees, a dealer on the crescent in the mid 1990s, confirmed that people were coming to score from all around the region. She also confirmed that the situation had "*got right out of hand, it was mental*". Demolition seemed the only option. The area had become a 'no-go' area for police. In 1995/6, the police, residents and housing department intervened together to arrest the decline. Saturation policing for several months brought the drug dealing under control. Empty homes were restored and Estate Action improvements undertaken. The crescent was made into two cul-de-sacs to prevent drugs traffic. Ostensibly, the estate had recovered at the time of the research. There was still little demand for housing, but crime and disorder problems had returned to normal levels. Normal policing had resumed, along with other community activities.

On other estates, the connection was less obvious. One street, with over 50 of its 95 properties boarded up and many vandalised, was said to have fallen into decline because of two or three drug dealers. When residents still living on the street were asked to explain why the properties were empty the blame for the decline was put on a couple of families with a lot of "*kids that ran riot. If you said anything you'd get a brick through your window*". Another resident thought that the Council should have done more to improve the area, such as by demolishing the nearby empty tower

blocks and developing the land. Drug dealing played a part, but not necessarily the main one.

### *Individual Prospects*

Widespread drug use, low prices and high availability in this area appeared to have led to a lowering of the age at which young people were taking up drugs. Cannabis was routinely used. Cocaine use has increased among the young people in their mid teens. Children as young as 10 years old were using cannabis and amphetamines, as well as tobacco, alcohol and solvents. However, we found little evidence of heavy or problematic use among teenagers. This view was backed by the manager of the local drug treatment agency, and by the Youth Offending Team. Only three of the 87 young people referred to the YOT between January 2000 and September 2000 for drug offences were charged with Class A drug offences. All of the other 84 offences were cannabis related. The SRB drug prevention officer also believed that heroin use was more prevalent among the 25+ age group and was not an issue for young people, the "majority have a negative stereotypical image of heroin and crack users... most young people use cannabis". The responses of ten young people to a short questionnaire for this research while attending an event organised by a drug prevention worker supported this. They were unanimous in their condemnation of heroin users, and felt that getting rid of them was a way of improving the area.

Despite this, it was suggested that widespread use and dealing does help to legitimise drug dealing among young people. Professionals in the area believed that the drug dealers provide a negative influence because some young people look up to them. An outreach worker at the local agency noted that there were "a lot of young people with a lot of money, and they're only teenagers". In areas nearby, some young people were certainly getting involved in the drug trade as an economic activity. The criminal justice worker we interviewed gave examples of groups of young people in other nearby areas, usually four of them – aged around 14 – clubbing together to buy wraps of heroin to sell. It is notable that these were not just runners for local dealers but young people who were sourcing their own supply of the drug and selling independently. This worker suggested that similar things were also likely to be taking place in Overtown.

### *Operation of Services*

There was no evidence that the drug market was affecting the operation of services in this area.

### *Positive Impact of the Drug Market in the Area*

No one we interviewed thought that the drug market was having a positive influence on the area, although it may bring a supply of cheap, stolen goods into the area for sale. Residents and a shopkeeper gave accounts of drug users approaching them with goods for sale, usually small expensive items like, coffee, shampoo, batteries, or razor blades. The account of the shoplifter working for a local fence is another trade route.

## Service Provision and Responses

### *Police*

Overtown was divided into two police divisions, both working from the station in the town centre. From April 2000 policing the estates changed from emphasis on the response section "*racing around in cars*" to a neighbourhood based method where one officer took ownership of the problems in the area. It was planned that this method would use the centralised custody suite to enable the neighbourhood officer to return to duty following arrests. Visible police presence has been welcomed by residents. Police officers reported that they were '*made up*' with the new arrangement.

The drug market was policed on an intelligence led basis. Local police thought that the impact of policing was limited, partly because of the lack of resources, which made it impossible to deliver high profile policing, or to spend sufficient time gathering intelligence on drug dealers, particularly middle level dealers. The disbanding of the area drug squad was seen as another limitation on police effectiveness.

One police officer believed that policing the drug market was hampered by the focus on achieving performance targets. This gave emphasis to the reported crimes of burglary, violence and car crime as well as providing a negative incentive to

*"create crime by locking people up for drug offences. No prisoner, no crime, so reported crime is prioritised".*

Senior managers were seen to be more concerned with the force's performance for serious crime, not drugs. It was unclear whether this was because the performance targets set by the Home Office did not reflect the extent of the local drug trade. Targets were regarded by local officers as easy to hit by making arrests at street level, and as a consequence "*the middle range dealer doesn't get touched*".

One particular initiative was the setting up of a database to map the drug market from the origin of supplies by making a forensic link to the supply chain. Identification of the batch should allow the force to make better connections between the dealer network and sources of supply. However, it was difficult to gain a full picture. As one officer noted

*"We are never on top of the drug market, we try to measure effect through agencies and new customer figures, but this is not very responsive. There are worldwide links from the area, to high level dealers linked to organised gangs in other cities. The middle level import drugs".*

### *Drug Treatment Agencies*

Overtown was served by one drug treatment agency, a Community Drugs Team (CDT) located in the town centre. The CDT was a non-statutory organisation funded by the Health Authority. Two key workers dealt with methadone prescription and one worker saw an additional 48 clients through the GP liaison scheme. The agency also

had two outreach workers focussing on harm minimisation, delivering needle exchange to the Overtown estates.

The escalation of crack use in the last 18-24 months was stretching resources at the CDT. The main user group was aged 25 plus, and was likely to have had an addiction to heroin before starting to use crack, often backed with a prescription for methadone. This group, and crack users in general, present a massive challenge to the treatment services. There is no established method of treatment. Acupuncture appears to bring benefits, but evidence from the USA suggests that this user group also requires commitment of counselling and therapy resources to deal with addiction.

Crack use was also having an impact because some GPs in the nearby city refused to treat poly drug users – particularly heroin and crack users. They felt that they lacked an appropriate treatment for crack addiction. This may have been affected by a common perception that crack addicts are more unstable, act more unpredictably and are more prone to using violence – all perceptions that are reasonably well founded. As a result of this waiting lists at the treatment agency were increasing.

Only a few primary crack users have presented at the CDT. Usually they attend once only, or maybe attend again 2-3 months later. The manager had noticed a number of crack users showing up at hospital, admitted for chest infections. Not many young crack users are showing in treatment, though the city centre is finding a number of crack users presenting after becoming addicted to heroin by using it to ease the crack come down.

### *Housing*

Local housing management was based in a multi-service One-Stop Shop close to the Saints Walk estate. The local police community office, and a primary health care centre were also based there. The drug market was seen as important by the local housing manager, who reported complaints from tenants, and believed that drug dealing was driving people out, particularly families. When tenants are convicted of possession and supply the housing department moves to regain possession. This does not apply to tenants convicted of offences involving personal supply, and exceptions are made in circumstances such as where there are children involved. Convicted tenants may also be excluded from the housing list, though *'this may push them into the private sector where we have no control'*.

The department did not have a dedicated enforcement officer. Enforcement matters were dealt with by housing officers. The manager felt that they *'should have a ASBO unit, because a significant proportion of the housing officers duty is spent on ASBOs, being on this full time would ensure that more complaints are followed up'*. A major problem is getting people to come forward as witnesses. Professional witnesses have been used, but are expensive. The manager believed that the main thing they needed to do was to tighten up the procedures that they have, and to protect tenants so that they can give evidence free from fear.

## *Education*

This is a largely Roman Catholic area and is served by a range of Catholic and non-denominational schools. Secondary school children go to one of at least four local schools. There are six main local primary schools. At the time of our work, drugs education was delivered in all of the local schools and the standard of delivery was being assessed by the DAT. Shortly afterwards, we heard that the Borough had appointed a full time schools drug worker and funded an additional half post at the CDT to work specifically with young people.

## *Residents*

There were no resident-led programmes to tackle the drug market. However, NACRO was developing community safety projects with residents on one estate, and there was considerable resident involvement in regeneration programmes in this area, including the New Deal for Communities. There is potential for the development of community action against the drug market in this area. Indeed, resident involvement was a key feature of the successful management of the drug problem on the Saints Walk estate.

Informally, there appeared to be some community regulation of the drug trade. Interviews on one estate revealed a strong anti-heroin and crack culture that sometimes erupted into vigilante action against dealers and users. Two 15 year old boys, one excluded from school and claiming responsibility for setting fire to one of the many derelict houses on the estate, reflected this ethos.

*“You don't get smackheads or crackheads around here, they rob your houses, if they come round here they get hammered, one lived down there till they set fire to the house ... you don't get smack dealers, there are some heavy people around here, they'd sort 'em out”.*

An outreach worker from the CDT confirmed that this estate was the only one that they did not work in. They had a few clients living on the estate, but they kept their habit hidden and would not talk to a drug worker in the street. The detached worker perceived the estate to be a threat, adding that, *‘they sort their own problems out up there’*.

Formal action against the drug market was limited by an ‘anti-grassing’ culture, backed by a fear of reprisal. This was spoken about by a number of people. It came up, for example, in conversation with a local resident while he worked on his car outside his home. When asked about drug dealing in the area he made it clear that he did not want to have the conversation in the street. Once in his home he said, *‘you want to watch out asking questions about drug dealing, they'll do your car in, they don't like people asking questions, they'll think you're a grass’*. The SRB funded drug prevention worker thought that fear of reprisals acted against community action on drugs. She gave the example of one resident that *‘set about leafleting local residents asking “are you fed up with drug dealers” - she was going to distribute them but I asked her to think of the consequences’*. The worker advised the woman to be careful about putting her own telephone number on the leaflets.

### *Drug Action Team*

The DATs in this area were reorganised onto local authority boundaries in January 2001. The DAT Co-ordinator was based within the Local Authority's Citizenship and Social Inclusion Unit (CSIU) and was following the current agenda of developing the DAT alongside the crime and disorder reduction strategy. The DAT membership consisted of executive members of the Council's leisure and community service department, social services, education and CSIU, the police, CDT, probation, health authority and DPAS.

At the time of our work, the DAT was reviewing participation. One key issue coming up was the limited community and young people's representation. The Chair of the DRG along with the Co-ordinator will be developing a community forum with representation from all of the local geographical areas of the Borough to send, in the longer term, a couple of representatives to the DRG. A youth forum is also being planned. The housing department will be also be invited to join the DAT.

### *Regeneration*

Overtown is in the fifth year of a seven year Single Regeneration Budget programme, funded to the tune of £26m SRB and over £100m overall. The programme includes physical development and job creation, education and training, and community development and quality of life projects. It funds a community drug prevention initiative and has plans to develop two other drug projects: one to employ former drug users to encourage current users into treatment, and one to help agencies to deal with the impact of drug abuse on the community (no action on the last two to date).

The area also has New Deal for Communities funding. At the time of the fieldwork, plans for this programme were being drawn up around seven themes: employment and the economy, health and healthy living, housing, environment and neighbourhood services, crime and community safety, young people, and communication and image. In the outline programme, drug issues featured under three of these themes (health, crime and young people). Tackling the availability of drugs, preventing take-up of use by young people, and supporting users and their families were seen as vital regeneration issues that will be tackled by the New Deal programme. Specific problems to be tackled include lack of drugs education, easy availability of drugs, local tolerance of drugs, lack of support for drug misusers and their families, lack of funding for detox. and rehab. programmes, and lack of diversionary activity for young people. At the time of the fieldwork the DAT coordinator and New Deal for Communities manager were meeting to discuss links between the DAT and NDC agendas.

### **Summary**

Overtown had a large heroin and crack market, in addition to a market for amphetamines, ecstasy and cocaine. 'Soft' drug use was widespread. Compared with the other areas in the study, all drugs were easily available and cheap. While there was no evidence of widespread heroin use among young people nor of large numbers of young people getting involved in drug dealing, there was evidence of uptake of drugs among very young children and of young teenagers dealing drugs

independently as an economic activity. In one estate, the drug market had a very serious impact during the mid 1990s and resulted in localised depopulation, but this chain of events has not been replicated since. There were serious concerns about youth disorder, including drug use, but not specifically about drug dealing. The way in which the drug problem on the Saints Walk estate was managed was exceptionally effective (although expensive), but has also not been replicated since. Regeneration funding has been specifically directed to drugs work. The extent of this funding has been limited so far, but promises to be much more extensive under the New Deal for Communities.

## CASE STUDY 7 : BEACHVILLE

### The Area

Beachville is a seaside town. Location and poor transport links make the area relatively isolated and it has been in severe and rapid decline for the past 10-15 years, since the demise of its main industry, tourism, in the 1980s.

Within Beachville, there are two types of deprived area. The largest social housing estate exhibits problems typical of a deprived residential area; high levels of unemployment and benefit dependency, high levels of lone parenthood and children in low-earning households. There is also a seafront area of about twenty streets comprising large redundant Edwardian and Victorian hotel properties which have been turned over to care homes, cheap bedsits and hostels for the homeless and refugees. This area is known as Sandyton. It also has high unemployment, benefit dependency and lone parenthood, but there are higher levels of transience and a younger population. Because of the type of accommodation, there is also a concentration of people with particular needs. These include:

- People who are statutorily homeless, many of whom will have suffered relationship breakdown or violence
- Homeless people for whom the local authority is not obliged to provide accommodation, particularly single men. It is rumoured that other local authorities direct such people to accommodation providers in Beachville.
- Refugees and asylum seekers (estimated at between 300 to 3000).
- People with mental health problems or learning disabilities, and elderly people, living in private care homes
- Children in care, many of them placed from London Boroughs.

This neighbourhood is a magnet for vulnerable people coming from outside the district; something which has an impact not just within the neighbourhood (for example, with high demands for support services and high levels of crime) but on the town as a whole. Local schools, for example, have high levels of special needs and high turnover. District services such as Social Services are overstretched. Families who settle in the area will look for Council accommodation nearby. While demand and supply for housing overall are well balanced in the Borough, there is low demand for flats and maisonettes<sup>17</sup>, of which there is a relatively high concentration on the largest estate in Beachville. This leads to a high concentration of the most vulnerable people in certain small pockets, and also to instability. Vacancy rates in flats and maisonettes are high (30% becoming vacant in a year in the least popular areas). Selective demolition of flats and maisonettes is being undertaken elsewhere in the Borough but not yet in Beachville.

Amphetamines and cannabis are the two most long established drugs in the area. Both were in common use from the early 1970s (if not earlier), though the area developed a well established amphetamine culture that appears to have occupied a central position in the drug market. This may have had something to do with Beachville's good time

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<sup>17</sup> Interview with Director of Housing

image, though another explanation is that the use of amphetamines fitted with the local mining culture, through a combination of use on shift work and/or use to allow people to extend heavy drinking sessions. Another is that the area has a strong link with 1960s amphetamine based Mod culture. All of those elements may have played a part. The realisation that the area had an amphetamine problem surfaced in the mid 1980s when local treatment agency closed a treatment centre in a nearby large centre of population, because of the lack of demand, and found that the new service in the Beachville's neighbouring town was overwhelmed.

The police believed that the amphetamine market, along with other recreational drugs such as cocaine, ecstasy and cannabis, was confined to users who fund their drug use through legitimate means. The buying and selling of recreational drugs was conducted within a well-organised dealing network with long-term structures that linked back to London. In this market cocaine availability had increased, almost completely replacing amphetamine.

The first flow of heroin users started presenting for treatment locally in about 1988/89. Heroin was probably established in the area before this, but the uptake of treatment services was probably slowed by the lack of a detox and prescribing facility. However, heroin users remained in the minority until the mid-late 1990s. A treatment agency worker with good local knowledge commented that up to 1994 70% of referrals were amphetamine users. In the last five years, heroin referrals have increased, to the point where they now make up 70% of the treatment intake.

At the time of the fieldwork, crack was beginning to appear in the area, and was gaining popularity among users. It was not, however, well established in the market. The police had disrupted two or three attempts by outsiders to establish crack dealing in the area, and the established heroin dealers had not shown willingness to become involved in the crack trade. A treatment agency worker suggested that this might have reflected a lack of demand. He gave the example of a client who told him that he was stopping using it because he couldn't afford to get another habit. This in turn may reflect the limited crime opportunities in the area. The comments of a drug user on the way "*the old bill are right on you straight away down here*" suggest that policing activity may have contributed to the limitation of crime opportunities or have impacted on perceptions of being able to get away with the commission of crime.

When we investigated it, the market was divided between the market for recreational drugs (cocaine, ecstasy, and amphetamines) and heroin – with cannabis holding an independent position that crossed into both markets. The remainder of this report refers to the heroin and emerging crack market. In addition to residents and representatives of agencies, we interviewed six drug users, all heroin users. Five also used other drugs, including methadone, crack, powder cocaine, benzodiazepines, and cannabis. One, who was attempting to stop using, spent £30-40 per week on drugs; the remainder between £70 and £400. Two were women and four were men, and their ages ranged from 26 to 40. All were living in flats or hostels, mostly alone.

## **The Nature and Scale of the Drug Market**

The local heroin market was relatively small. Higher level heroin dealers were based elsewhere in the county and this area appeared to form the end of a drug supply network stretching to London, but there was also some direct importation<sup>18</sup>.

The police estimated that these dealers supplied 3-4 middle level dealers, who served about 10-20 street dealers. There was a high turnover at the lowest level, possibly because of the active policing of the market but possibly because almost all of the people involved in heroin supply at the lower level were also users.

The drug market was concentrated in Sandyton, but increased security through CCTV and low tolerance policing had led to some functional displacement. The increased reliance on mobile phones may have contributed to the move from the type of fixed location dealing that was commonplace in Sandyton to use of phones to arrange a meeting at a fixed point. It was notable that users did not wait in obvious public spaces for drug drop-offs. There were street exchanges, but there was a high level of trepidation among drug users about the risk of police disruption. In this respect Beachville was unlike any of the other areas in this study. There was a high likelihood of being stopped and searched. One drug user claimed that the possibility of being strip searched in back of a police van had led some drug users to take the precaution of carrying drugs internally.

Policing activity against drug dealers may be having an impact on the supply side of the market. The aim of the strategy was to limit the amount of heroin dealers are prepared to risk holding. The area frequently runs dry of heroin, mainly because police raids and arrests are able to disrupt the limited supply network. The limitation on supply means that prices are not driven down by intense competition; prices were relatively high compared with other areas in our study.

When Beachville runs dry of heroin, users are able to contact dealers in the next town, and if that fails they are able to call on dealers further up the coast, or in the last resort, travel to London. While the area is relatively isolated, users coming to live in the area provide network connections that stretch across the country. There are strong regional links with London and other UK cities. The local treatment agency noted that a lot of the people entering treatment from Scotland arrive in the area with warrants against them for non-payment of fines. They also come across people who moved to Beachville to escape outstanding drug debts, or to get away from soured relationships in the home market. The 'out of area' users we spoke to gave different reasons for moving to Beachville – most moved in an attempt to make a break from their drug use.

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<sup>18</sup> It is unclear from the police interview whether this relates only to cocaine or to heroin as well. Drug users in the area suggested that heroin was imported and that the trade was linked with refugees and/or Turkish people living in the area. The people making this claim were involved in dealing, giving some level of backing to the claim, but were also quite racist – one gave “British bulldog” as his ethnic status.

**Table 10 : Beachville Drug Prices and Availability**

<b>Drug</b>	<b>Price per one unit (£)</b>	<b>Price per next unit (£)</b>	<b>Users' Avail ability rating</b>
Heroin	10/15 bag	70/80 per gram	1-2
Methadone	10 per 100ml		3
Cocaine	40/45 per gram		2
Crack	20 per rock		3-4
Amphetamines	5 per wrap	70 per ounce	1-2
Ecstasy	3-4 each	25 per 10 tabs	1-2
Benzos	30-50p each	3-5 per 10	2
Cannabis	7.50 per 1/8 oz	50-70 per ounce	1

Availability rating 1=very easy through to 5=very hard.

Crack was not regularly available in Beachville. We found crack users, but they either “washed” the cocaine themselves, or travel out of the area to buy rocks. There was some evidence to suggest that this may be changing. Two drug users reported that dealers travel from London to sell crack through heroin users – one in Beachville and the other in the neighbouring town.

### **The Impact of The Drug Market on the Area**

#### *Drug-Related Crime*

Sandyton is a high crime area relative to the rest of the Borough. Although it has only 4% of the Borough’s population, it accounts for 13% of the district’s recorded crime and noise nuisance. Nineteen per cent of those arrested and charged for offences in the Borough in 1999 lived in Sandyton. The neighbourhood has the highest street crime in the district and rates of drug offences and residential burglaries are particularly high relative to other places in the district. Local police indicated that crime in the area had reduced substantially since the mid-1990s, partly due to the introduction of a dedicated policing team in the area, and partly to the introduction of CCTV. The number of crimes had stabilised since 1998<sup>19</sup>. It is not clear how much of the crime was drug related. Certainly crack-related crime was very low (because of low levels of crack use). The police commented that there was very little crime generated by people from outside the area. They commented that heroin had the most significant impact on crime because most of the users of this drug were unemployed. Our interviews, supported by data from local treatment service clients suggest at least some drug-related crime, with shoplifting being the most common illegal means of raising cash. The kind of crime that is likely to have most impact in a residential area, burglary, and car crime, seems relatively limited.

<sup>19</sup> Data supplied by local police.

**Table 11 : Main Methods of Raising Cash for Drugs.**

<b>Method</b>	<b>Drug users interviewed</b>	<b>Clients registered for treatment on Drugs Misuse Database for Borough</b>
Shoplifting	4	11
Drug dealing	2	8
Burglary	2	5
Fraud	2	6
Theft of/from vehicles	2	6
Pick-pocket	1	-
Handling stolen goods	1	-
Work or other legal means	1	-

### *Neighbourhood Quality of Life*

Concerns about the ‘state’ of Sandyton were frequently expressed in Beachville: the area had become run down, full of young men hanging around, and felt unsafe. Most of the ‘blame’ for the situation was attributed to refugees. While some people who were accusatory about the refugees generally also suspected them of drug use and dealing (including importation), it was not a particular concern, just part of allegations about the general decline of the area. There was certainly no evidence from the police of any refugee involvement in the drug market. A drugs worker from the local treatment service was investigating rumours of a hidden drug problem among refugee groups, but had not uncovered evidence at the time of the research. The police suggested that since the installation of CCTV and increased police presence at the end of the 1990s visible drug market activity had not been a significant problem in Sandyton.

Elsewhere in Beachville, the drug market did not have a visible impact. Dealing was not visible or conducted from houses on the estate, at least not to the degree that was easily observed. There were no reports of problems with discarded drugs paraphernalia.

### *Population Change*

There was no evidence that the presence of the drug market impacted on population movement in Beachville on any large scale. Certainly, it was not driving people out of the area. The population is increasing.

The type of accommodation in Sandyton did mean that it attracted vulnerable people, some of whom were drug users. This kind of movement was less at the time of the research, because the influx of refugees and a clamp-down on unscrupulous landlords had limited the availability of cheap accommodation. There was, in any case, no evidence that the drug market in the area was a ‘pull factor’ for users. Indeed, three of the six drug users we interviewed in the area moved to Beachville to try to stop using drugs.

### *Individual Prospects*

In general terms, this was a closed drug market that was neither highly visible nor particularly extensive. There was no indication that young people were becoming drawn into the market as dealers for economic gain. Most of the low level dealers were users who were financing their own use. Nor was it thought that the presence of the heroin market was a particular local factor that would encourage drug use among young people or damage their prospects in education, work and training. The wide availability of cannabis was a bigger concern among teachers to whom we spoke. Concerns were expressed about the high proportion of vulnerable young people in the area, and their exposure to drug market activity.

### *Operation of Services*

There was no indication that drug market activity had any adverse affect on the operation of services.

### *Evidence that the Drug Market has a Positive Impact on the Area*

There was no evidence that the drug market had a positive impact on the area.

## **Service Provision and Responses**

### *Police*

The headquarters of the local police division is in Beachville, a mile from Sandyton. Policing in this area followed a model of role specialisation, visible law enforcement, and an intelligence led approach. This meant that the drug market area was actively policed at street level and that attempts were made to disrupt the supply chain at higher levels. The specialisation model enables a consistent street level presence. When a beat officer makes an arrest they pass the accused over to the custody officers, who then pass the accused on the interview team. Apart from the benefit of having personnel with the appropriate skills and experience to carry out their respective duties, this was claimed to have the major benefit of allowing beat officers to return to patrol duties.

The force had also made a huge investment in its intelligence capacity generally and this was used to produce accurate mapping of the drug market, including supply networks and outlets for stolen goods. The intelligence gathering included interrogation of mobile phone activity, reports by police constables and informants, and information from members of the public. All of the sources supplied good quality intelligence that was then mapped by the intelligence officers who looked for strategic points of the market to target. Unlike the other drug markets we visited, where the middle level dealers did not command much (if any) police attention, in this area all levels of the market were targeted to ensure that no level of the market could develop unimpeded.

There was also commitment to a policing crime hot spots which involved short term allocation of resources. After observing the crime rate in Sandyton fall after a saturation policing exercise in 1993, only to rise again when the police withdrew, it

was felt that a more permanent solution was needed. The installation of CCTV in the area was backed by the deployment of four dedicated patrolling officers. This was described as more police constables per square metre of pavement than anywhere else in the county. The Superintendent commented that:

*“It has been going on for over two years, and it will continue for as long.”  
This is a law enforcement exercise, not a community relations exercise to reassure the public”.*

The result was that fear of crime had fallen, and that intelligence had improved. The police declared that *“there are no ‘no information’ areas for us”*, and that they gained 60/70 arrests through neighbourhood watch. The police received 1200 intelligence reports a month from officers. They gained a positive press, and believed that the public thought that they were doing a good job.

The divisional commander was critical of a perceived lack of Home Office support for active policing of the drug market. He felt that there were clear and proven benefits to actively policing the drug market but *‘it is not in our interest to pursue drugs offences’*. This was because high numbers of drug arrests lead to an increase in the number of recorded drug offences (such as possession and supply). The force committed resources because they believed that actively policing the drug market reduces crime. The Superintendent used the example of a 25% fall in local crime following the arrest of a dealer as evidence of this link.

While the proactive policing strategy may be seen as having an effect on the drug market in the area, by reducing availability and increasing prices, it is difficult to determine what part is played by policing and what part is determined by the area’s peripheral position and that fact that the supply chain is highly controlled. The lack of competition in the market is notable.

### *Drug Treatment Agencies*

The closest treatment agency to Beachville was based around eight miles away. At the time of the fieldwork it had 71 clients from the Borough as whole. It was not possible to identify the number of clients from Beachville. The agency held regular outreach sessions at its alcohol treatment centre in Beachville. There was no Shared Care facility in Beachville. Drug users in treatment often had to travel to the neighbouring town for their appointments. While this appeared to be a deficit in provision, the drug users we interviewed, who were engaged with the service, did not raise it as a concern. An outreach worker from the agency attended a local youth centre and a centre for care leavers, delivering drug awareness sessions and promoting services to vulnerable groups. The agency also had the contract for the arrest referral scheme and the DTTO (4 referrals).

The drug users that we interviewed revealed mixed perceptions of the treatment provider. One user complained that the counsellors don’t have enough time, another that:

*“They keep changing my key worker, just when I get to know one I’ve got to go through it all again, after a while you stop trying, you think, what’s the point.”*

Other users were positive about the service. One user with experience of treatment provision in another area said:

*“They care and try to help here. They’re different here, you’re worth something, they’re not just trying to make you a better user.”*

The following two contradictory comments by another user show how perceptions may be soured by one relationship:

*“(The service) gets me to look at things more logically. I feel more positive, it keeps me working to the goal”*

*“Some of the people running it (the service) are too full of their own importance. They think they’re the bees knees.”*

Overall the impressions were good. Users valued the service for adding motivation to withdrawal, making them feeling good about themselves, providing someone to talk to, and someone to help with confidence.

### *Housing*

Enforcement by housing providers in Sandyton was negligible, because the majority of the properties were owned by private landlords who were mainly funded by direct housing benefit claimed by DSS clients. There was no incentive for them to regulate the behaviour of tenants. There was no landlords forum or other such body encouraging better practice among landlords. In the social housing sector, practice is not standardised – all of the estates were a mix of Council and housing association housing, with no dedicated estate management staff. The Council employed neighbourhood wardens who were the ‘eyes and ears’ of the housing department and part of whose role was to liaise with police over anti-social behaviour.

### *Youth Service Providers*

There was limited youth provision in Beachville – essentially one large youth centre offering a very wide range of programmes from pre-school provision to day-time activities for over 16’s. While this centre was well regarded, there was a widely held perception that there was little for young people to do in the area.

### *Residents*

There were no resident-led programmes to tackle the drug market in Beachville. Our interviews suggested that this reflected the low visibility and impact of the drug market, but it can also be seen as a reflection of an underdeveloped community infrastructure. There was no residents’ group in Sandyton. In other areas of Beachville there were Residents Associations, which were supported by the Council and had a small budget to spend on estate improvement. Until recently there had been relatively little community action. However, at the time of the research there was a community development project which was helping to build community involvement. A group on one estate in Beachville was working to develop a healthy living centre. A

Community Development Trust was also to be established boroughwide. There were no plans for these groups to address drug market issues.

### *Drug Action Team*

The area was covered by the county wide DAT, encompassing some eighteen small to medium sized towns and a population of 1.5 million. Beachville is on the periphery of the DAT area and the coordinator did not have specific knowledge of the drug market in the town. The DAT had a membership of nineteen representatives from the main agencies, plus the Crown Prosecution Service and Customs.

### *Regeneration Programmes*

There was no area-based regeneration programme in Beachville. However, there was an increasing focus on community regeneration and on poorer neighbourhoods. Two main programmes were involved. The first was a small SRB programme, covering the whole Borough. Included in this was a 'drugs and health' project to fund innovative programmes to tackle drug and alcohol abuse and develop community health projects. The SRB also supported the development of a community resource centre in Sandyton which has provided a base for outreach work. The second programme was a district-wide SRB5 programme (again a small initiative, with just £2.1m over 4 years) to promote the development of neighbourhood forums and community planning, support community development, and set up a community development trust. Several deprived neighbourhoods, including two in Beachville, were targeted and work was ongoing to develop a neighbourhood forum. This work will be supported in future by an SRB 6 programme, moving towards the development of local action plans. Our interviews suggested that tackling the drug market was not an issue under consideration for the programme at the present time.

### **Summary**

Beachville had two main drug markets, one for recreational drugs and one for heroin. Cannabis crossed into both markets. The heroin market was relatively small and not highly visible. Buyers were local, and the area does not attract people in to buy drugs. Low level dealers were usually users themselves. At the time of the research, crack-cocaine was not readily available. Crack users travelled outside the area to score. However, there were signs that this may be beginning to change. The policing of the drug market in Beachville was very much more proactive than the policing of the other markets in the study, with extensive intelligence gathering at all levels of the market, high visibility policing in 'hotspots' and regular market disruption. No-one we interviewed thought that the drug market activity had a major impact on the area nor that it should be viewed as a priority for regeneration.

## SUMMARY OF REPORT FINDINGS

This section summarises the findings and recommendations of our report ‘A Rock and a Hard Place’ which was based on the case studies.<sup>20</sup>

The report found that that all the markets we considered could be described as vibrant and busy. Heroin was easily available in all markets and crack in all but two. The availability and use of both drugs was reported to be increasing, with crack increasing more rapidly from a lower base.

The cost of drugs was consistent across markets. However, cheaper drugs coupled with increased availability were leading to falling prices and changes in selling practices enabling better deals. Established divisions in the sale of different drugs (primarily heroin and crack) were also being eroded, with an increase in the level of violence and use of firearms. In most neighbourhood markets sellers and buyers were increasingly involved in violent incidents.

Selling structures varied between markets. Smaller markets were often controlled by a handful of suppliers, supplying a number of middle level sellers who worked with a number of small-scale sellers and runners. These markets were primarily closed i.e. purchases were only possible when buyers were known to sellers. Deals were arranged via mobile telephone and drop-off points (mainly street-based locations) were arranged. Three areas had open markets alongside closed ones. Open markets are those that buyers can access directly. Selling structures in these neighbourhoods appeared to be more fluid and responsive to changes in market conditions.

The drug markets we looked at could be divided into two broad types, which were found in different types of areas. The first type were long-established with wide reputations, which draw buyers in from outside the area, and had open as well as closed selling and were vulnerable to competition. We found these in inner city areas, with mixed housing type and tenure, significant transient populations, and mixed ethnicity. The second type had less widespread reputations, served buyers mainly from the local area, and had closed selling arrangements with established buyer/seller arrangements. We found these in outer city areas with stable populations which were almost exclusively white and culturally homogenous. Some markets did not fit completely into one type or another, but shared some characteristics of each.

These findings suggest that the impact of drug markets in deprived neighbourhoods is variable, giving rise to the need for local strategies based on local information. However this situation appears to be changing. There is a general decline of open selling, with more and more deals conducted by mobile phone, which is reducing nuisance associated with particular sites. Discarded needles are still a concern in some areas, in localised pockets, but in others appear to be less prevalent than they were. While some neighbourhood impacts are decreasing, certain areas with drug markets are experiencing increasing levels of violence. Extreme violence is found particularly in large, central markets with contested distribution systems, where there are buyers and sellers from outside the area as well as from within it. In these areas,

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<sup>20</sup> Plus the additional study, Bankside, which is not included here

residents can be acutely fearful of their personal safety, resulting in unwillingness to provide evidence to the police or to participate in activities that may help resolve the problems.

In all of these areas, the drug market was one of a number of neighbourhood problems, not on its own a sufficient condition for neighbourhood decline or depopulation. However, where markets had become established, they were an impediment to regeneration, damaging community confidence and adding to the poor reputation of the area. Moreover, the market for crack, in particular, was providing a significant economic opportunity for young people whose formal labour market prospects were weak. We suggest that it will be difficult to regenerate neighbourhoods without tackling drug markets.

While we did find evidence of effective practice, the responses of local agencies, in sum, were not adequate given the scale of the problem. There was an absence of co-ordinated multi-agency strategies at local level. Partnerships that could be in a position to deliver such strategies had insufficient information with which to work. Drug Action Teams (DATs) appeared to lack the organisational capacity to operate at neighbourhood level and regeneration partnerships had not generally adopted a strategic role in relation to drug markets.

The report recommends that, in New Deal for Communities (NDC) areas, regeneration partnerships should be required to review drug market activity and develop co-ordinated strategies, incorporating enforcement, measures to develop community confidence in addressing the problem, treatment services and education and prevention strategies. DATs have a role to play in supporting the development of such strategies, and in initiating similar strategies in areas without NDC partnerships. They should be made accountable for the development of neighbourhood drugs strategies, and should be adequately resourced to fulfil this function. We also suggest that there are genuine resource problems hindering effective local action against drug markets. To inform future policy, we need better knowledge about required resource levels, and the additional return that could be expected from higher levels of investment at local level. The report proposes that pilot sites for the development of local drugs strategies are identified, properly resourced and fully evaluated.

Finally, the report acknowledges that effective action against heroin and crack will not be resolved by interventions only at local level. It requires adequate resourcing at national and international level as well as critical thinking about appropriate and differentiated strategies for dealing with the different challenges of heroin and crack. Our work reveals a complex and growing problem that requires a concerted and co-ordinated response at all levels.

## **GLOSSARY OF TERMS**

ASBO:	Court order to curb anti social behaviour
Closed market:	A market where access is limited to known and trusted participants
DAT:	Drug Action Team. Multi-agency partnership to tackle drugs at local or health authority level
Dealer:	Someone who buys and sells drugs
DTTO:	Court order obliging offender to undergo drug treatment and testing
High level dealer:	Seller who is involved in direct importation or purchase of large amounts of drugs, selling on to a few dealers lower down the distribution chain
Middle level dealer:	Seller who works between the high level dealers and those who sell directly to the market
NDC:	New Deal for Communities. Area-based regeneration programme
Open market:	A market where there are no barriers to access. Buyers can purchase drugs without being known or introduced to a dealer
Poly drug user:	Users who use a range of different drugs
Runner:	Someone who delivers drugs to users on behalf of sellers
SRB:	Single Regeneration Budget. Area-based regeneration programme
User/dealer:	Sellers who finance their own drug use by buying drugs for others, thereby reducing the cost of their own use.

## REFERENCES

**Beebe, J.** (1995) 'Basic concepts and techniques of rapid appraisal.' *Human organization*, 54 (1): 42-51.

**DETR** (2000) *Measuring Multiple Deprivation at the Small Area Level : The Indices of Deprivation 2000*. London: DETR.

**Dorn, N., James, D. and South, N.** (1987) *The Limits of Informal Surveillance – Four Case Studies in Identifying Neighbourhood Heroin Problems*. London: Institute for the Study of Drug Dependency.

**Graham, J.** (2000) *Drug Markets and Neighbourhood Regeneration* (unpublished report – CASE, LSE)

**May, T., Haracopos, A., Turnbull, P.J. and Hough, M.** (2000) '*Serving Up: The impact of low-level police enforcement on drug markets*'. Police Research Series Paper 133. London: Home Office.

**Power, A and Bergin, E.** (1999) *Neighbourhood Management*. Caspaper 31. London. CASE.

**Social Exclusion Unit** (2001), *A New Commitment to Neighbourhood Renewal; National Strategy Action Plan*. London. Cabinet Office.

## APPENDIX 1

### Ethnic Composition of Neighbourhoods (1991 Census)

	% White	% Black Caribbean	% Other Black	% Pakistani	% Indian/Bangladeshi
Seaview	71	14	4	4	2
Riverlands	78	10	1	1	7
Hilltop	64	3	4	20	3
East-Docks	81	5	7	1	2
Kirkside East	98	Less than 1% of any group			
Overtown	99	Less than 1% of any group			
Beachville	98	Less than 1% of any group			

## APPENDIX 2

### Housing type and Tenure

	Miles from city centre	Housing type	% Social housing	% Owner occupation	% Private renting	Hostel provision?	% Residents not at same address 1 year previously
Seaview	<1	Large Victorian houses converted into flats, plus 1970s low rise flats	34	50	15	Yes	17
Riverlands	<1	1970 and 1980s houses and flats.	54	28	16	Yes	17
Hilltop	1	Small Victorian terraces and 1970s and 1980s houses	52	34	12	No	15
East-Docks (1)	6.5	1950s and 1960s houses and flats	68	27	4	No	11
Kirkside East	4	1930s and 1940s houses. Small number of high and low rise blocks of flats	70	27	1	No	9
Overtown	5	1930s and 1940s houses. Small number of high and low rise blocks of flats	57	37	4	No	6
Beachville	N/A (not in a city)	Large former hotel properties, now hostels and B and B. Post 1950s estates and Victorian terraces	18	65	17	Yes	14
England and Wales			68	23	7		10

(1) East-Docks is in London, which is a vast city. While over six miles from 'the city centre' (Trafalgar Square) it had many characteristics of an inner city area. (Source: 1991 Census and fieldwork visits to neighbourhoods)