

The Research, Development and Statistics Directorate exists to improve policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.

Findings are produced by the Research, Development and Statistics Directorate. For further copies contact:

Communication Development Unit
Room 275,
Home Office,
50 Queen Anne's Gate,
London SW1H 9AT.

Tel: 020 7273 2084
Fax: 020 7222 0211
publications.rds@homeoffice.gsi.gov.uk

Editor: Carole Byron
Printed by: TABS

© Crown copyright 2002
ISSN 1473-8406

Drug markets in deprived neighbourhoods

Ruth Lupton, Andrew Wilson, Tiggey May, Hamish Warburton and Paul J. Turnbull

These findings are from a study of retail drug markets in eight diverse, deprived neighbourhoods in England. Teams from the London School of Economics and South Bank University carried out the research between December 2000 and April 2001. Evidence suggests that drug markets have a negative effect on the (mainly deprived) neighbourhoods in which they are located and cause considerable concern to people living in them. The research aimed to identify the extent of local drug market activity, how markets affect local neighbourhoods and to investigate local responses.

Key points

- Heroin was widely available at all sites and crack was widely available at most.
- All the markets were described as 'vibrant' and 'busy'. They were classified into two types: central place and local markets, although some markets showed characteristics of both types. Closed markets predominated i.e., for known buyers and sellers.
- Drug markets contributed to damaged community confidence and poor neighbourhood reputation. They hindered regeneration.

Areas for development

- The impact of drug markets in deprived areas is variable, giving rise to the need for local strategies based on local information.
- There should be greater co-ordination of local action within Drug Action Teams and local partnerships, including more effective use of local regeneration opportunities.
- Local enforcement activities, including civil enforcement and the need for better police/community relations, need resourcing.
- Better resourcing is required for local drug treatment services. This should include better targeting of groups (women, crack users, young people and minority ethnic users) which are not served adequately at present.
- Drug education and prevention need to be better integrated with other education initiatives with a clarity of purpose about the aims.

The aims of the Government's 10-year anti-drugs strategy (launched in 1998) include protecting local communities from drug misuse and stifling the local availability of drugs. In addition, there are a number of new policy initiatives for neighbourhood regeneration including Neighbourhood Renewal Strategy, New Deal for Communities and Communities Against Drugs

which have the potential to respond to drug-misuse, crime and related social nuisance.

Evidence suggests that drug markets have a negative effect on the (mainly deprived) neighbourhoods in which they are located (HM Government, 1998) and cause considerable concern to people living in them (Lupton, 2001).

The views expressed in these findings are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy)

This summary presents findings from a study of retail drug markets in deprived neighbourhoods. The study focussed mainly on markets for heroin and crack-cocaine (crack).

The study aimed:

- to identify the extent of local drug market activity
- to understand how markets affect disadvantaged neighbourhoods
- to investigate how local agencies and communities tackle drug markets.

The research covered eight neighbourhoods of varying type, housing, location and ethnic mix in six different regions of England. They were among the most deprived 10% of areas in the country using the Index of Multiple Deprivation (DETR, 2000). Interviews in each area (a total of 327) were with:

- front-line staff (i.e., the police, treatment agencies and other organisations)
- residents who knew about either the detail of the drug market, its impact on the area (if any) or the broader problems of the area and the responses being made
- small groups (between 6–9 in each area) of drug users.

Supporting documents and statistics were also collected.

The availability of drugs and the drug markets

Availability

Heroin was very widely available at all sites and crack was widely available at six of the eight sites. Markets were described as ‘busy’ and ‘vibrant’. The availability and use of both drugs was reported to be increasing, with crack increasing more rapidly from a lower base. There was a high degree of market separation for heroin and crack and those for other drugs.

Classification of markets

The majority of the markets had been established for a number of years. They could be divided into two broad types which were found in different types of areas (Table 1). Central place markets tended to be long-established drug markets with wide reputations, and drew buyers from outside the area. They were characterised by:

- open selling in public places
- access by ‘passing trade’
- being more prone to violence.

Local markets tended to have less widespread reputations, served mainly local buyers and were ‘closed’ i.e., access was limited to known and trusted participants:

- closed buyer/seller arrangements
- accessed by local drug users
- characterised by the need for introductions to dealers and the use of mobile telephones, drop-off points and ‘runners’ to facilitate dealing.

Markets can show characteristics of both types. Closed markets were the predominant form of selling.

A variety of drug distribution systems were in place, including the classic pyramid structure (major operators, middle level sellers and small-scale sellers and runners) and more fluid systems with different independent operators participating in the market. In some markets, different drugs were controlled by different ethnic groupings. In most of the neighbourhoods, violence and the use of firearms was becoming an increasing concern.

Impact of drug markets on local communities

Markets are not synonymous with neighbourhoods – heroin and crack selling takes place in smaller pockets and its impact is felt more in certain parts of a neighbourhood than others. As the impact of drug markets in deprived neighbourhoods was found to vary, it gives rise to the need for local strategies based on local information. The decline of open selling and increased use of mobile phones has reduced the nuisance associated with some sites. Discarded needles are still a concern in some areas but in others appear to be less prevalent than they were. While the impact in some areas is decreasing, violence is found particularly in large, central place markets where there is competition for distribution and there are also buyers and sellers from outside the area.

In all areas, the drug market was one of a number of neighbourhood problems. The study found that drug

Table 1 Typology of neighbourhood drug markets

Market characteristics	Central place markets	Local markets
	<ul style="list-style-type: none"> • Long-established with wide reputation as major drug market. • Buyers from outside area as well as local. • Vulnerable to competition. • Some openness and street selling. • Ethnic minority group or groups mainly involved at street level. 	<ul style="list-style-type: none"> • Established but one market among many. • No specific reputation. • Buyers mainly local. • Firmly established buyer/seller relationships. • Less vulnerable to competition. • Closed market. • Members of white majority group mainly involved at street level.
Characteristics of the area	<ul style="list-style-type: none"> • Inner city. • Geographically ‘open’ area – easily passed through. • Long established ethnic minority groups with strong cultural identity. • Mixed housing types and tenure. • Significant transient population associated with flats or hostels. 	<ul style="list-style-type: none"> • Outer city • Almost exclusively white – cultural homogeneity. Not changing in ethnic mix. • Main housing type/tenure is family housing on postwar Council estates. • Little significant transient population. Very stable.

misuse, related crime and social nuisance were problems which compounded other neighbourhood difficulties. Although they were not the sole cause of neighbourhood decline, where drug markets had become established they:

- impeded regeneration
- damaged community confidence
- contributed to the poor reputation of an area.

Involvement in drug markets, particularly crack, offered significant economic opportunities for young people where formal labour market prospects were weak, diverting them away from legitimate opportunities.

Responses by local agencies

The perceptions of those interviewed about the quality of drug services ranged from poor to well-regarded. Professionals perceived that neighbourhood drug problems were part of much larger social trends, thereby limiting the ability of services to respond.

Although there was evidence of effective practice, local efforts appeared insufficient to contain drug misuse and related problems. There were significant opportunities for improvement and development. Drug markets at local level can be tackled by reducing both supply and demand – for example, by arresting suppliers and providing prevention, education and treatment. A number of key areas identified for attention are outlined below.

Knowledge of the drug market

Systematic responses to drug market problems were hampered by a lack of detailed knowledge on the part of multi-agency groups at the neighbourhood level. Where information was available, it was not routinely collated to generate neighbourhood profiles. Strategic partnerships were, therefore, in a weak position to identify the nature of local drug problems. This was a particular constraint, given the rapid speed with which drug markets develop and evolve.

Mechanisms for co-ordinated action

There was also doubt on the part of interviewees about the overall effectiveness of some local Drug Action Teams (DATs) to tackle neighbourhood drug problems. In some cases, operational difficulties had affected performance. However, even where DATs were operational and considered effective, a lack of capacity had prevented them from developing a neighbourhood dimension to their work. Differences in the professional ethos and perspectives of those participating in multi-agency partnerships were also highlighted.

Local regeneration programmes were not found to be responding adequately to neighbourhood drug problems. This was, to some extent, due to the difficulties which long-term programmes had in responding to evolving issues. The ability to involve local residents in tackling neighbourhood drug problems was also hampered by their fear of reprisal from those involved in drug markets.

The need to accommodate the complexity of community relations was highlighted (e.g. transient populations and weak social networks). Culturally appropriate responses were also needed in light of the ethnic composition of local neighbourhoods and drug markets. Despite these

difficulties, New Deal for Communities programmes appeared to be developing the sort of strategic role that offered new opportunities for effective action.

Supply reduction – enforcement strategies

Police enforcement of neighbourhood drug markets was hampered by a lack of resources relative to the scale of the problem. Some areas had more than one market with large numbers of dealers and runners and were difficult to police adequately. Moreover, policing drug markets was just one priority competing for attention. In addition, drug markets showed signs of evolving and adapting to police enforcement tactics so that the range of effective responses could become limited.

There was low public confidence and poor police/community relations in these areas. This could lead to communities questioning police commitment to tackling neighbourhood drug markets and also make residents less likely to supply information. Poor relations were particularly acute in some inner-city areas with ethnically diverse communities.

The policing of urban drug markets can seem a demanding task and civil enforcement measures have hardly been used. Gathering evidence for possession proceedings and Anti-Social Behaviour Orders can be time consuming and expensive if professional witnesses are involved. Local authorities were reluctant to evict drug-dealing tenants when they may be required to re-house them again and neighbours were often said to be reluctant to provide evidence. Overall, drug dealing tended to be treated as a criminal matter and such measures were not invoked unless behaviour was considered to be severely antisocial.

Demand reduction – treatment provision

Although the study did not evaluate particular services, it found that treatment services were having some positive effect with local drug users. However, a number of factors limited their potential to reach more users and have a greater impact:

- insufficient resources given the scale of the drug-using population
- some mismatch between the siting of services, the nature of services offered and local needs
- unclear decision-making processes concerning siting and local needs
- limited funding or staffing constraints.

In response, services tended either to offer a broad range of services to a limited number of clients or targeted their services to specific client groups.

There was evidence that some drug users were particularly underserved. There was a lack of services for crack users across all sites – a particular concern given the growth of crack markets. Young people, women and drug users from minority ethnic backgrounds were also under-represented. Several of the services visited had waiting lists. Drug users themselves perceived treatment services as generally unresponsive to their needs. Lack of flexibility and methadone treatment waiting lists were particular concerns. While there were some examples of good

practice, some drug services reported difficulty in involving GPs in the care of drug users – they were perceived to be reluctant to work with drug users and to regard them as a difficult and troublesome group.

Ultimately, the ability to successfully treat drug users was limited by their housing, education, training and employment needs. Given the pressures on drug services, capacity to address these interrelated issues was severely limited.

Demand reduction – education and prevention

Drug education was delivered widely in secondary schools and in the majority of primary schools. However, such activity tended to be isolated from other promising initiatives (e.g. the National Healthy School Standard) and not designed in response to local drug market conditions or local drug prevention strategies. There was also some disagreement among professionals about the ultimate aims of drug education (anti-drugs messages vs. harm reduction). Ethical and ideological concerns require clarification and negotiation if local drug prevention and education partnerships are to function successfully.

Recommendations

The study identified a number of recommendations to further develop the local response to neighbourhood drug markets (listed below). In general terms, these address the need for improvements in local co-ordination, targeting and resourcing:

- **Action in New Deal for Communities areas (NDC)**
NDC areas should be required to review local drug market activity and develop a co-ordinated local strategy. This should incorporate enforcement, measures to develop community confidence, treatment services and education and prevention strategies.
- **The role of Drug Action Teams (DATs)**
DATs are already required to keep information on drug 'hotspots'. This information should be used to identify areas which have neighbourhood renewal programmes in place. DATs may need to take the

initiative (outside NDC areas) in developing local neighbourhood drug strategies. Within NDC areas, DATs should try to raise awareness of drug issues and develop the capacity of organisations to tackle drug markets confidently and appropriately as part of neighbourhood renewal. Ultimately, DATs should be accountable for neighbourhood drug strategies. Since there is some doubt as to whether DATs presently have the necessary capacity in this area at present, the situation should be reviewed.

- **Resource issues**

Resource constraints have hindered effective local action to combat drug markets. However, the level of resources needed and the nature of cost-effective responses is currently unclear. Further research is needed, possibly involving pilot sites drawn from NDC areas, with impact and economic evaluation. In the shorter term, there should be flexibility to allow the release of money from other programme areas or unallocated funds.

- **Communities Against Drugs**

More recently, £220 million has been made available to Crime, Disorder and Reduction Partnerships to tackle drug misuse, related crime and drug nuisance in high crime areas (Communities Against Drugs). Information gathering and mapping should take place to identify market conditions and developments as a preliminary to local spending allocation.

- **Multi-level responses**

Effective action against neighbourhood heroin and crack markets requires multi-level interventions. Such responses demand adequate national and international resourcing, critical thinking and appropriate and differentiated strategies to respond to the specific features of heroin and crack markets.

In conclusion, the research found that the challenges posed by neighbourhood heroin and crack markets presented a complex and growing problem, requiring a concerted and co-ordinated response at all levels.

For a more detailed report see *A rock and a hard place: drug markets in deprived neighbourhoods* by Ruth Lupton, Andrew Wilson, Tiggey May, Hamish Warburton and Paul J. Turnbull. Home Office Research Study No. 240. London: Home Office. Copies are available from the Communication Development Unit.

Reference

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

HM Government (1998). *Tackling Drugs To Build A Better Britain*. London: HMSO.

Lupton, R. (2001). *Places Apart? The initial report of CASE's areas study*. CASE Report 14, London: CASE.

The study was funded and managed by UK Anti-Drugs Co-ordination Unit (Cabinet Office) and the Drugs and Alcohol Research Unit (Home Office).

Ruth Lupton and Andrew Wilson are at the Centre for Analysis of Social Exclusion at the London School of Economics. Tiggey May, Hamish Warburton and Paul J. Turnbull are at the Criminal Policy Research Unit at South Bank University. The Findings were prepared from the main report by Nicola Douglas who is a Senior Research Officer in the Drugs and Alcohol Research Unit, Home Office Research, Development and Statistics Directorate.