

Understanding drug selling in communities



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Understanding drug selling in communities

Insider or outsider trading?

Tiggey May, Martin Duffy, Bradley Few and Mike Hough



**JOSEPH ROWNTREE
FOUNDATION**

The **Joseph Rowntree Foundation** has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy makers, practitioners and service users. The facts presented and views expressed in this report are, however, those of the authors and not necessarily those of the Foundation.

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First published 2005 by the Joseph Rowntree Foundation

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ISBN 1 85935 417 3 (paperback)
ISBN 1 85935 418 1 (pdf: available at www.jrf.org.uk)

A CIP catalogue record for this report is available from the British Library.

Cover design by Adkins Design

Prepared and printed by:
York Publishing Services Ltd
64 Hallfield Road
Layerthorpe
York YO31 7ZQ
Tel: 01904 430033; Fax: 01904 430868; Website: www.yps-publishing.co.uk

Further copies of this report, or any other JRF publication, can be obtained either from the JRF website (www.jrf.org.uk/bookshop/) or from our distributor, York Publishing Services Ltd, at the above address.

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Acknowledgements

We owe an enormous debt of gratitude to our funders, the Joseph Rowntree Foundation. Without their generosity, this study would not have been possible. The views expressed in this report are, however, those of the authors and not necessarily those of the Foundation.

Studies of this nature can only be made possible through the dedication and commitment of many individuals. To preserve the anonymity of the sites, and to protect the identities of our respondents, we have not thanked by name the many individuals who gave up their time, provided us with important insights into their work and helped us in numerous other ways during the lifetime of the project. We are, nevertheless, very grateful to them all.

We would like to express particular thanks to Faye Gayle whose help with the study we can only describe as a godsend. We would also like

to thank Siân Turner and Carrie Buttars from the Institute for Criminal Policy Research for their administrative support, and Paul Turnbull, our Deputy Director, for his advice and guidance throughout the lifetime of this project.

We are also grateful for the advice and support provided by our advisory group: Deborah Browne, Ruth Lupton, Alastair Macorkindale, Mark Mason, Steve Otter, Geoffrey Pearson and Maggie Telfer. Thanks are also due to Charlie Lloyd and other staff at the Joseph Rowntree Foundation for their help and support throughout the project's lifetime.

Finally, we would like to extend a special thanks to all the sellers we interviewed for the candour and patience with which they described their activities to us.

Summary

This report presents findings from a study that was designed to improve our understanding of the impact drug dealing and dealers have on local communities. To date, little research has been carried out in this area and our knowledge of the operation of local drug markets is slight. The study examined four local communities and the street-level sellers that sold drugs in them. The research findings were as follows.

- The four drug markets were – to different degrees – linked with both the legal and illegal economies of the neighbourhoods in which they were situated; they had varying relationships with their communities – sometimes symbiotic, sometimes parasitic.
- Some of the neighbourhoods in the study had a strong sense of community identity that could have actually facilitated the emergence of the drug markets.
- Many sellers were from the communities in which they sold drugs.
- The participation of young people varied across the markets, but, in all, their involvement was reported to be increasing.
- Though their activities caused widespread concern, sellers were – to a greater or lesser extent – also bringing money and cheap goods into their neighbourhood.
- Residents' concerns about drugs were focused mostly on the negative reputation that the market gave their area and the violence associated with it. The fear of reprisals was a concern for residents in all our markets.

- Residents had mixed views on what the police should be doing. The majority felt that the police were not able to tackle the market by themselves and that the wider community had a role to play.

Four local drug markets

The research for this study took place in four local communities in England. The areas have been given fictitious names to avoid consolidating their reputations as drug markets and to preserve the anonymity of those who took part in the research. In all the markets, heroin and crack could be bought seven days a week, 24 hours a day. Both were sold mainly through closed markets, where buyer and seller arranged deals in advance, although in Sidwell Rise there was also some open street dealing. Most transactions were conducted by mobile phone, with exchanges taking place in public space. All the markets except Byrne Valley appeared to have a number of dealing houses (or crack houses).

Selling in Byrne Valley was conducted by small clusters of hierarchal dealing networks. These clusters were tightly controlled by local families or through other social networks. Drugs were sold by suppliers to users via runners who were not themselves users. The markets in Sidwell Rise and Etherington operated much more on free-market principles: anyone could sell as long as they followed certain rules and conventions. Midson Vale appeared to be a mix between the two, having a structured dealing-house market and a less organised street market.

Who sells drugs?

We interviewed 68 people who were involved in selling in the four markets. Three-quarters were male. Their average age at interview was 31 and just under a third had lived in the areas all their lives. Several had experienced unsettled early lives; over half had lived with a foster family, in a children's home or in secure accommodation. Interviewees had typically used alcohol and illicit drugs from an early age. Many had had a disrupted education, over half being excluded from school or leaving with no educational qualifications. Nearly all had been in contact with the criminal justice system and over two-thirds had served a prison sentence.

Interviewees got involved in selling drugs in a variety of ways. The three most common reasons were to fund their own drug use, because of family and friendship ties or because they had been asked by an established dealer to sell for them. The majority continued to sell because they had become reliant on the income drug selling provided them, either to fund their drug use or to finance their lifestyle.

The average weekly income reported by our ten 'profit dealers' – those whose motivation was entirely commercial – was £7,500. The rewards were smaller for user-dealers and runners. The latter reported average weekly earnings of £450. Over half the sample spent the majority of their earnings on personal drug use, while others spent their earnings on family, friends and luxury items.

Just over a third stated they carried a weapon. The key reason was to protect themselves from being robbed by other drug market participants.

Young people were involved in all the drug markets, most extensively in Byrne Valley. They generally took the roles of runners or lookouts. Young people were becoming increasingly involved in the markets in Sidwell Rise and Etherington but sellers were still reluctant to use them regularly. The young people we interviewed did not use drugs, but they were often well known to a number of professionals such as social services and the police.

Markets and communities

The relationships between local drug markets and their 'host' communities were to varying degrees ambiguous and complex. The differences and social distance between the buyers and sellers of drugs vary and often depend on a number of factors. Some drug markets were closely linked with the legal and illegal economies of their local neighbourhoods. In Byrne Valley, and previously in Sidwell Rise, they were run by cohesive groups with local family ties and extensive local networks of friends, but elsewhere the markets were populated by entrepreneurial 'sole traders' with few ties to the area. In Sidwell Rise, the local dealers were being replaced by more criminal outsiders.

This research found that there were at least two sorts of precondition for a drug market to become established in a community: on the one hand, fragmented, atomistic neighbourhoods like Midson Vale, with highly depleted social capital, may through inertia or neglect provide a suitable setting for a market; equally, though, some highly deprived but cohesive

neighbourhoods may also provide fertile soil for the development of markets that suit – up to a point at least – the needs of some members of the community. Closely-knit communities in deprived areas may *by the very nature of these networks* have some of the preconditions needed for markets to develop.

The costs and benefits of local drug markets

A retail drug market that brings only benefits to a local community is difficult, if not impossible, to imagine. But it is also a failure of imagination to think that such markets are only socially destructive and economically damaging. The complexity of the relationships that some – mainly deprived – communities have with their illicit economies needs to be recognised. Some members of some communities do benefit from having a local illicit economy. The market for stolen goods that they stimulate can help people living in extreme poverty. Across the four sites, almost half (31) our sellers accepted stolen goods as payment for drugs. The clear implication was that there was a market – and probably a *local* market – for stolen goods. Our sellers were also supplementing incomes or giving money to family and friends. Where sellers had fewer friends or family in the area and there were weaker ties, they contributed far less to the local economy or to others living there.

In Byrne Valley, drug sellers also exercised – or claimed to exercise – a degree of control over other forms of criminality, such as car crime and burglary. It is likely that the motivation for this was driven by our sellers' desire to protect their own interests rather than an altruistic desire to

protect 'their' community. If other criminal activity attracted police attention, sellers would find it far more difficult to sell. It would appear that one of the perverse 'benefits' of hosting a drug market is that, in some communities, local residents are 'protected' from other criminal activity.

Constrained choices

The challenge in circumstances where markets are deeply embedded in their neighbourhood is to find ways to encourage communities to 'disembed' them. There can be intense pressures to discourage communities from tackling problems associated with drug markets. In trying to develop communities' capacity to take action against drug markets, it is important to appreciate the limited or constrained choices that are open to many residents. The constraints on their capacity for action are associated with the:

- use of violence in drug markets
- limited legitimate opportunities open to many residents, especially young people
- impact of family or peer pressure on young people.

Implications for policy and practice

The complexity of the relationships that some communities have with their illicit economies needs to be better understood if policies are to have anything more than a short-term impact. While enforcement activity is an essential component for tackling drug dealing, some markets have the potential to be tackled more

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effectively, if responsibility for doing so is spread broadly across a number of agencies. Also preventing young people from entering a drug market, either as sellers or runners, needs to be tackled at a local level and needs to involve professionals whom young people trust and are able to communicate with. Effective exit

strategies also need to be put in place to assist those wishing to retire. Different sorts of market will demand different sorts of response. If those who have to tackle local markets misunderstand and oversimplify the way they work, the risk of failure is high.

1 Introduction

Retail markets for illicit drugs can create intense problems for communities. They can contribute to a pervasive sense of insecurity, and may trigger spirals of social and economic decline, especially in deprived areas that already enjoy limited social capital. The Government has recognised that drug markets have a negative impact on the – mainly deprived – neighbourhoods in which they are situated. One of the four main strands of action in its drugs strategy is to protect communities from the harms that drug markets cause and to support community action against drug markets (HM Government, 2002). And, yet, there are ambiguities in the relationships between local drug markets and their ‘host’ communities, which often go unrecognised in political and media debate on the topic. Some drug markets are intertwined – to a greater or lesser extent – with the licit and illicit economies of the neighbourhoods in which they are located. Certainly, many people suffer from the consequences of drug markets, but many beyond the buyers and sellers of illicit drugs can also benefit from an illicit local economy.

Politicians and media tend to oversimplify the nature of drug markets. They overstate the differences and social distance between buyers and sellers of drugs. Drug sellers are cast as outsiders who prey on local communities. Markets are portrayed as supply-driven, with ‘pushers’ creating and then exploiting their markets. In reality, sellers often come from the communities in which they sell drugs; often, too, they are dependent users selling drugs to fund their own use. And drug selling is recognised and tolerated to some degree within some communities.

Of course, there is a political logic in the rhetoric that demonises participants in drug markets. Politicians who try to respond to the public sense of insecurity that visible drug markets engender will make little headway by emphasising the ambiguous relationships to the rule of law that exist in many of our communities. Nor should one ignore the very real harms inflicted on people’s lives by the problems associated with illicit drug markets. However, strategies for tackling drug markets risk failure if they are premised on the assumption that markets exist solely because of predatory outsiders. Policies that focus exclusively on punishing those who sell drugs are unlikely to solve the problems many communities now face, and framing the problem in terms that call solely for criminal justice solutions may have, at best, limited impact.

The rationale for this study is that effective strategies for tackling local drug markets have to be built on a rounded understanding of the relationships that exist between the markets and the communities in which they exist. As McKeganey *et al.* (2004) ask rhetorically:

If the characterization of drug users as posing an external threat to communities, somehow fails to grasp the reality of such communities then in what way may the rehabilitation of such communities come about?

(McKeganey *et al.*, 2004, p. 358)

Drug policy needs to be better informed about why local drug markets become embedded in some communities and whether they command at least tacit support from some residents. Little research of this sort has been

carried out and our knowledge of the operation of local drug markets is slight. It was with this in mind that the Joseph Rowntree Foundation commissioned the Institute for Criminal Policy Research to examine the impact of drug dealing in local communities.

Concepts

Any attempt to understand more fully the relationship between drug markets and their host communities needs to start with a discussion of community. The terms ‘community’ and ‘neighbourhood’ are notoriously woolly. They tend to be used interchangeably by government, academics and researchers. Lupton and colleagues (2002) describe them as nebulous concepts with no strict definition. Walmsley (2000) characterises the term community as having ‘a high level of use, but a low level of meaning’. Willmott (1984) applied a relatively broad definition describing communities as those ‘having something in common’. Others have stated that this commonality could include elements such as geographical location, housing type or tenure, culture, social class, gender, socio-economic status, sexuality or ethnicity (Crawford, 1999; Fittall, 1999; Shiner *et al.*, 2004). McKeganey and colleagues (2004) point out that communities can be differentiated by these factors; however they argue that, ‘the very notion of a “typical community” may be a misnomer’.

Social networks and social capital

Nevertheless, the pervasiveness of their usage suggests that we all recognise *something* when people refer to communities or neighbourhoods, and that this ‘something’ is more than the

concept of place. When people talk about communities, they are usually referring to small social units, at their largest comprising ‘several thousand people’ (Social Exclusion Unit, 2000). It is also clear that the term implies a perceived commonality of interest or common identity that exists among members of that community.¹ Though there is a nostalgic tendency to exaggerate the degree to which people see themselves as having such identities and shared interests, many small areas clearly do contain interlinked sets of social networks.

It is the *social capital* that exists within these social networks that preoccupies politicians. Social capital is a term that refers to the capacity for co-operative action that is inherent in social networks. Social networks can provide the mechanisms and processes both for defining shared community values and goals and for achieving these. Putnam, whose work is most closely associated with the concept, defines social capital as ‘networks, norms, and trust that enable participants to act together more effectively to pursue shared objectives’ (Putnam, 2000). Communities with dense social networks may be rich in social capital, and this richness may give them the capacity (or collective efficacy, to use another sociological term) to ward off various threats.

A simple reading of the literature on communities and social capital might suggest that drug markets tend to develop in deprived areas because they simply lack sufficient density of social networks to resist the threat of predatory outsiders. However, many communities do not necessarily have to be tight-knit either to want a stake in the welfare of their areas or to take collective action to secure their area’s welfare. In many – often more affluent –

areas, residents do not look to their neighbours to supply a wide range of social needs, but they nevertheless can act collectively to secure a narrow range of shared goals. Conversely, areas may be tight-knit, with dense friendship and social networks, without having the capacity to secure such goals.

Putnam has suggested that there are two types of social capital – ‘bridging capital’ and ‘bonding capital’. In defining bridging and bonding, he states that there are two important differences. These are:

- bonding (or exclusive) social capital – those close networks that often exist within stable, homogeneous communities
- bridging (or inclusive) capital – involving wider but weaker ties associated less with kinship and friendship networks, and more with membership of groups and organisations.

Bonding capital, he argues, is good for ‘getting by’, while bridging capital is crucial for enabling communities to ‘get ahead’. Bonding capital reinforces exclusive identities, but bridging capital allows communities to straddle social divides:

Bonding capital is good for undergirding specific reciprocity and mobilizing solidarity ... Bridging networks, by contrast, are better for linkage to external assets and for information diffusion ... Moreover, bridging social capital can generate broader identities and reciprocity, whereas bonding social capital bolsters our narrower selves ... Bonding social capital constitutes a kind of sociological superglue, whereas bridging social capital provides a sociological WD-40.

(Putnam, 2000, pp. 22–3)

Some disadvantaged communities are rich in bonding capital but poor in bridging capital, and it could be this particular mix of social resources that allows drug markets to evolve and thrive.

Richardson and Mumford (2002) have proposed the concept of social infrastructure as an elaboration of that of social capital. They suggest that the concept of social capital privileges social and friendship networks at the expense of other features of communities that also determine community well-being. They argue that there are two main components of social infrastructure:

- public services and facilities such as housing, education, youth provision and environmental services
- social/friendship networks or group activities such as community groups.

They suggest that the latter allow for the emergence of an agreed set of norms and standards of what is and isn’t acceptable within communities. Community goals, as opposed to personal goals, can be quite limited and narrow, such as living in tolerably safe and orderly communities (cf. Sampson, 1999).

Sampson highlights how effective community action requires cohesion and a mutual trust among residents. Residents are unlikely to become involved in *their* community if it is characterised by mistrust and there is a lack of consensus as to what behaviour is and isn’t deemed as socially acceptable. Mistrust can breed mistrust, of course, and social capital is thus a fragile resource. Communities with limited social capital face the very real danger of further rapid depletion. Crime and anxiety

about crime can play an important part in this process, prompting residents to withdraw from community life and reducing opportunities for social networking. Depleted social capital can weaken the ability of residents to put in place informal social controls and therefore damage a community's capacity to mobilise itself. The possibility that social capital has been – or is being – dangerously depleted is what explains political interest in communities, and in ways of nurturing them.

Communities and drug markets

Why do drug markets develop in some communities and not in others? In attempting to understand and unravel the complexities of drug markets it is helpful to distinguish between 'central-place' and 'local' markets (cf. Edmunds *et al.*, 1996). Central-place markets are often found in large cities and attract buyers from across and outside the city. They have usually established reputations as areas where drugs and/or sex can be bought, enjoy good transport networks and drug transactions are often conducted on the street in known places. Markets of this sort tend not to be well linked into local communities, and indeed community action is often significant in leading to their demise.²

On the other hand, there are large numbers of – usually – smaller local markets to be found in most of our major conurbations. These markets tend to have many features in common (cf. Parker and Bottomley, 1996; Ramsay and Partridge, 1999; May *et al.*, 2000; Lupton *et al.*, 2002). They tend to be located in:

- primarily residential areas located in inner cities or else in fringe estates

- areas with a high proportion of social and private rented housing, often catering for transient populations
- areas of concentrated poverty, especially ones that have suffered long-term economic decline
- areas with high unemployment, low levels of basic skills and high numbers of people claiming income support
- areas with poor transport facilities.

There are several causal factors that render such areas vulnerable. In the first place, it seems plausible that people growing up in such areas are more at risk of problematic drug use than others. Second, problematic drug users are likely to gravitate to such areas, given the limited accommodation choices open to them (cf. Lupton *et al.*, 2002). If these two processes create the demand for a local drug market, areas of this sort are also likely to provide willing workforces to staff it (cf. Burr, 1987). The reasons for this willingness are located in the limited legitimate opportunities open to young people in such areas, and the respect – and income – that they can attract by selling drugs (cf. VanNostrand and Tewksbury, 1999). A final set of contributing factors are to be found in the location and physical characteristics of an area. Isolated areas rarely visited by non-residents can provide an ideal setting for local drug markets: outsiders are easily spotted, thus providing a layer of security from both the police and 'unfriendly' outsiders. Once demand and supply exist in an appropriate setting, local markets are likely to evolve in those areas least prepared – or least equipped – to mobilise resources to obstruct them.

This analysis suggests that, in some circumstances at least, local markets are quite well embedded in their host community. In this context, Peter Reuter's (1983) warning against overstating the difference between those involved in crime and others seems apposite:

Criminals do not inhabit a social and physical world that is different from the rest of society. They walk the same streets, dine in the same restaurants, and send their children to the same schools.

(Reuter, 1983, p. 174)

Who sells drugs?

The term 'drug dealer' evokes an array of images. Political rhetoric often oversimplifies the complex and mundane realities of supplying illicit drugs, and the tabloid press frequently portrays drug sellers as pushers and predators, living the 'champagne lifestyle'. The following headlines are typical:

Crack down on evil drug dealers
(Sunday Mirror, 2005)

Seized! £3M Yardie Mansions
(The People, 2004)

Teenage heroin dealers on £50K a week
(Sunday Mirror, 2004)

BMW 'drug dealer', 15
(The Sun, 2003)

Drug dealer used kid of 3
(The Sun, 2001)

Coomber *et al.* (2000) have observed that there are few incentives or quality-control mechanisms to ensure responsible reporting of drug-related issues in the print media. Boyd

(2002) describes how the media often depicts drug dealers as 'evil, sadistic, immoral, greedy, corrupt outsiders, who lure innocent youth, and draw moral women into drug addiction and crime'. In reality, relationships between buyers and sellers can range from the exploitative to the collaborative, and from the predatory to the supportive. The offence of supplying drugs includes the non-profit sale of drugs to friends and sales with marginal mark-ups done to finance the seller's own drug habit as well as professional, commercial enterprises netting many thousands of pounds of income (Adler, 1985; Measham *et al.*, 2000; Parker *et al.*, 2001).

At street level, sellers of Class A drugs such as heroin and crack are often dependent users who sell drugs to fund their own use (see Dorn *et al.*, 1992; Edmunds *et al.*, 1998, 1999; May *et al.*, 2000; Turnbull *et al.*, 2000). In this sense, careers as dealers are often intertwined with careers as users. However, other motivations for dealing can include financial gain, greed and a desire for a certain type of lifestyle (VanNostrand and Tewksbury, 1999) and these motivations can evolve over time (Adler, 1985). Fairlie (2002) has described how drug dealing is likely to be attractive to people who have entrepreneurial ability, have a preference for autonomy and are less risk adverse than many persistent offenders. Pearson and Hobbs (2001) found that some drug dealers move from retail sellers to middle-market distributors and vice versa, suggesting perhaps a fluidity in illicit markets that is less apparent in the licit economy. Drug markets, they conclude, are fluid and ambiguous in their structure and function, a theme that is developed further in this report.

Terminology

Drug-market terminology can be confusing. Although some terms may seem to need no explanation, it is probably worth spelling out the definitions we have used in this report.

The terms ‘dealer’ and ‘seller’ are used interchangeably within the report. Where the market is structured, a dealer or seller will sell drugs to a ‘runner’ (defined below) and will have little contact with individuals who buy drugs to consume. Where the market is fragmented, dealers or sellers will, quite frequently, sell directly to a buyer. In each case, dealers/sellers will have an understanding of retail-market operations. However, in a structured market, they are unlikely to have a clear knowledge of supply routes into the market.

Individuals who deliver drugs for sellers to users are referred to in this report as ‘runners’. We found different types of runners in our different markets. In one of our markets, runners were nearly always young people from the local area, nearly all under the age of 21 and nearly always non-users. In another market, they were frequently problematic users earning money to pay for their own drug use by ‘dropping’ for more established sellers. What differentiates runners from sellers is that they sell for the latter on commission and do not regard the drugs they sell as their own. It is rare for this level of drug-market participant to have knowledge of distribution networks or market structures above street level. It would also be unusual to find a runner who had first-hand knowledge of the economics involved above his or her level.

The term ‘user-dealer’ refers to drug users who finance their use by buying drugs for

others, thereby reducing the cost of their own use. They do not necessarily consider themselves dealers or sellers; though some make substantial amounts of profit besides that which they spend on their own drug use, others make no profit and merely cover the cost of their own use. Some make a conscious decision to finance their use in this way as they are unwilling to commit acquisitive crime. Others find themselves in this situation as they are approached by new users in the market who lack the necessary contacts to be able to buy in the closed-market system.

‘Collective buyers’ are dependent drug users who pool their resources together to buy a greater quantity of drugs to share. They make no profit and, like user-dealers and runners, know very little, if anything, about the distribution networks or market structures. They, too, would never consider themselves as sellers/dealers.

Aims and methods of the study

The Joseph Rowntree Foundation commissioned this study in 2003 to improve understanding of the impact of drug dealing in local communities. The study’s aims were to:

- examine the career paths that lead into dealing, the motivations of those involved and the justifications that they deploy for their activities
- examine the differences between dealers, users and others in the community
- gain communities’ views of the market and its impact

- assess the financial, social, environmental and cultural impact of local drug markets on the communities in which they operate
- describe and assess strategic responses to drug markets in deprived communities.

Interviews with sellers

In meeting these aims, we examined four communities where Class A drugs were bought and sold. Our areas were chosen partly because of the quality of our pre-existing contacts, and partly because they offered a good range of communities and drug markets.

The study relied principally on semi-structured interviews with those involved in the market as buyers or sellers (or both) of Class A drugs. This gave us a more detailed understanding of how drug dealing affected each community. Although our primary focus was on the drugs that cause most harm (heroin and crack cocaine), we considered the overlap with other drugs if the situation arose. In total we interviewed 68 people who were involved in selling Class A drugs, of whom 52 were male and 16 were female.

Our respondents are best described as a purposive sample. Respondents were selected because they were able to inform us about the Class A drug markets and selling in each of our areas. The sample was located partly via treatment services, partly via the Prison Service, partly through pre-existing contacts and thereafter through snowballing techniques.³ Interviews took place in voluntary agencies, drop-in services, prisons and semi-public locations. In common with most research of this sort, we paid respondents to take part in the study. We have classified our interviewees into four broad categories:

- dealers
- user-dealers
- collective buyers
- runners.

Respondents chose the category that best described them. We thought this was preferable to subjective categorisation by researchers. We explained what we meant by each category before inviting respondents to make their choice. In our judgement, no respondent needed to be recategorised after the interview. Questionnaires varied slightly for each category of interviewee. Table 1 shows how our respondents categorised themselves.

Interviews with practitioners and residents

We interviewed 60 police officers and 64 other professionals who were knowledgeable about the detail of drug dealing, its local impact or the broader issues within the area and the responses being taken.

To gain the views of local residents and businesses, we conducted 200 street interviews in each site, 800 in total. We employed quota-sampling techniques to reflect the age, gender and black and minority ethnic group background of our local populations. To minimise response bias, respondents were

Table 1 Categories of seller

| Type of seller | Number |
|------------------|--------|
| Dealer/seller | 10 |
| User-dealer | 27 |
| Collective buyer | 15 |
| Runner | 16 |
| Total | 68 |

informed that the survey was about their local community rather than a study on drug dealing in their local communities.

Other data

To complement interview data, we also collected secondary sources of information. These included: crime statistics and audits, Drug Action Team assessments and community surveys. During our fieldwork, we also conducted regular site visits to observe drug-market activity, attended a number of local resident or community meetings and interviewed a number of local residents both in depth and informally.

We have anonymised all of our sites to avoid consolidating their reputations as areas where drugs can be bought and sold, and to preserve the anonymity of all those who took part in the study. All fieldwork was carried out between April 2003 and December 2004.

Representativeness

Our sample of sellers is unlikely to be representative of drug sellers across England and Wales. It was not the aim of this research to interview a nationally representative sample – if such an enterprise were possible. Our intention was to describe, as best we could, the operation of street-level drug selling in four communities; and, with this in mind, we assembled a purposive sample. We were unable to access all those sub-groups of sellers of which we were aware. We have probably under-represented those whose motives for drug selling were entirely profit-oriented. Nevertheless, we are confident that the interviews we conducted have produced sufficiently valid data to add to our knowledge of who sells drugs in some sorts

of local market. Although we cannot claim to have a representative sample of street sellers, the markets that we studied are certainly illustrative of some of the main types of retail market. From the available literature and our own knowledge of local drug markets we have no reason to think that our communities were exceptional or atypical of areas where retail heroin and crack cocaine markets operate.

Internal reliability and validity

There is always a risk in conducting research into illegal activities that some participants will mask – or sometimes exaggerate – their involvement. Some interviewees will also possess the necessary social skills to put a self-serving gloss on their current and past lives. With this in mind we structured our interviews to contain reliability checks. A number of questions were repeated in slightly different ways throughout the questionnaire to gauge the reliability of respondents' answers. If answers displayed inconsistencies, the respondents were asked to expand or explain their answers and hence their discrepancies. This procedure enabled us to ensure that the interviews were internally consistent. We also employed other triangulation techniques to validate our data, such as checking the consistency of different drug sellers' accounts of the same market, and comparing drug sellers' accounts with those of police officers and professionals. We also examined the differences in data collected by three different researchers all working in the same site, interviewing the same categories of respondents. Finally, in sequencing fieldwork, we interviewed drug sellers and runners after professionals, so that we were already reasonably well informed about the operation of

the markets. This put us in a stronger position to spot exaggerations, ignorance and limited understanding of price structures and distribution systems. In summary – without wishing to overclaim for our findings – we feel fairly confident that answers given by respondents accurately reflect the nature of selling drugs in the four drug markets we studied.

Structure of this report

Chapter 2 describes our local areas and their drug markets, outlining each in turn. In Chapter 3, we describe who sold drugs in our local areas. In Chapter 4, we present the findings from our 800 community interviews and, in Chapter 5, we offer some thoughts on the relationship between our sellers and their communities. Finally, in Chapter 6, we outline the implications for policy makers and practitioners.

2 Four local communities, four local drug markets

This chapter describes our four areas and their drug markets. Our descriptions are based on interviews with those who were actively involved in the drug market (those buying and selling or just selling drugs), as well as police officers, drug treatment staff and a range of professionals who worked in our areas. We have supplemented these data with other available information including census data, recorded crime data, environmental and housing data. We have presented two adjacent markets – Sidwell Rise and Etherington – together, as they share many of the same characteristics and our respondents rarely differentiated between the two.

Byrne Valley

Byrne Valley is situated a short distance from a busy metropolitan city centre where extensive shopping facilities are available. Although close to the hub of the city, Byrne Valley is often described as being run down. The area lacks local amenities such as a sports centre, recreational facilities, a cinema or other entertainment venues. There are few high-street shops, although there are various independent family-run businesses in the area. The area covers several Super Output Areas (SOAs)¹ all of which are (nationally) in the top 10 per cent deprived areas in the overall Index of Multiple Deprivation (ODPM, 2004). Just under 7 per cent of the local population were unemployed, a figure twice the national average. Besides those who live in the area, Byrne Valley appears to have few visitors except those passing through looking to buy drugs or sex. The area has an

ethnically diverse population of just over 4,000; over a third of residents are from black and minority ethnic groups (ONS, 2001). Housing is both Victorian and post-war. Sixty-two per cent of residents live in social housing; the city-wide figure is considerably lower at just under 11 per cent and 11 per cent of residents rent from private landlords (ONS, 2001).

Recorded crime in Byrne Valley was concentrated mainly around the outskirts of the drug market and in and around a popular public drug-using site.² Although drug users are often blamed for much of the crime in an area, it is impossible to say what proportion of the recorded crime can actually be attributed to them. Though Byrne Valley has a reputation as an area rife with crime, recorded crime figures were not particularly high.

Byrne Valley's drug market

In Byrne Valley, we interviewed 17 sellers about the local drug market and their buying and selling activities; seven of the interviewees were female. The average age at interview was 29, with a range from 15 to 45; three-quarters (13) of our sample were white. Almost two-thirds of respondents had lived in the area all of their life and many had close family members who also lived there.

The drug market was situated within a contained geographical area and was considered stable by nearly all participants. It was reported to have operated in much the same way for a number of years. The built environment of Byrne Valley lends itself particularly well to both drug use and selling, as there are a number of alleys inaccessible to cars

and houses back onto one another, enabling drug-market participants to conduct transactions in relative privacy. There was no fixed open-selling site and nearly all drugs were sold through a closed-market system. However, most transactions were conducted in public places. Unlike our other sites, Byrne Valley was not known to have any active or problematic dealing houses. Although the market had experienced competition from neighbouring areas over drug selling and territory, in recent years it had been relatively calm.

Respondents described the market as particularly active, stating that heroin and crack were readily available, as were most other drugs. Drug-using respondents ($n = 11$) were spending between £100 and £1,000 per week on drugs; the average was £250 per week. Most respondents were paying between £10 and £15 for a rock of crack and £10 for 0.1gm of heroin. More often than not these were sold together for £15. The market operated 24 hours a day, seven days a week. Nearly all transactions were arranged via mobile phones with runners meeting drug users in public places to exchange drugs and money.

Selling in Byrne Valley

Drug selling in Byrne Valley was based around clusters of structured top-down hierarchies, controlled by small handfuls of wholesale suppliers. Most respondents stated that selling was controlled by local families and friendship groups, and generally reflected the wider social community. The market was described by some as a 'closed shop' in terms of setting up to sell. Outsiders were not welcomed and undoubtedly would either be asked to stop selling or else made to sell, probably as a runner, for the

established sellers. Although four of our (drug-selling) respondents had lived in the area for less than five years, there was a general perception from interviewees that all drug sellers were 'born and bred' in the area. As one Byrne Valley seller told us:

You've got to be in with the big boys. You can't just pitch up and sell. Families control selling ... there's a mix of ethnicities. Most are born and bred in the area so folk put up with them. If they go away though another pops up.

The market in Byrne Valley relied on young runners, local to the area, to deliver drugs to users. Rarely were sellers seen operating at street level and, during our site visits, we only ever saw runners actively engaged in selling. Most runners we spoke to were not drug users and expressed a strong dislike for those they sold to. Although vital to the market, the runners knew nothing about supply above street level. Below are respondents' impressions of the position runners had in the market:

They [runners] are young lads from 14 to 24. It's very rare to get users running for sellers, they're just not trusted. Young people are begging the dealers to let them in [to the market].

It's mainly kids on bikes; they're 12 upwards, from the area, and all non-users.

They [runners] have a massive role to play. Through growing up here most of the runners know the dealers so it's easy to start running. They are all young boys, they're getting younger [from] 9 to 16. They're all from the estate.

The drug market in Byrne Valley was well established and lively. Although there was friction between the younger residents and drug

users, friction between the runners, sellers and the local residents was less marked.

Sidwell Rise and Etherington

Sidwell Rise and Etherington lie about a mile apart just outside the centre of a large city either side of a busy dual carriageway. Between the two areas there are just under 8,000 residents. Both areas cover several SOAs all of which are (nationally) in the top 10 per cent deprived areas in the overall Index of Multiple Deprivation (ODPM, 2004). However, both border areas that are described as either up-and-coming or affluent. The proportion of residents living in social housing is higher in both areas than in the rest of the city; in Etherington the figure is 38 per cent, in Sidwell Rise 46 per cent. City-wide the figure is only 21 per cent (ONS, 2001). Twenty-two per cent of residents in Sidwell Rise and 15 per cent in Etherington live in private rented accommodation. Both areas are ethnically diverse. Just under half (46 per cent) of Etherington's population and 43 per cent of residents in Sidwell Rise are from a minority ethnic group (ONS, 2001). Unemployment figures for the two areas were also higher than the national average. In Etherington the rate was 7 per cent, in Sidwell Rise it was 9 per cent – three times the national average (ONS, 2001). As with Byrne Valley, although Sidwell Rise – and to a lesser extent Etherington – have reputations as being high-crime areas, recorded crime figures were not particularly high in comparison to the rest of the city.

Sidwell Rise and Etherington's drug market(s)

We interviewed 30 respondents who were selling, buying and selling or running in Sidwell

Rise and Etherington. Twenty-six were male. The average age at interview was 33, slightly higher than in Byrne Valley, with an age range from 20 to 53. Two-thirds (20) were white; the remainder (ten) were from black and minority ethnic groups. Unlike Byrne Valley only five respondents had lived in either area all their lives. Twenty-two respondents had lived in either area for less than five years. Even so, all our respondents stated that they knew both markets well.

During our fieldwork the two markets were clearly in a period of transition, Sidwell Rise becoming slightly quieter, Etherington slightly busier. Both areas have long been associated with drug and sex markets. However, Sidwell Rise has both a national and international reputation, whereas Etherington has only a regional one. In both markets crack and heroin were easily obtainable. The average price for a rock of crack was £10 and 0.1 gm of heroin was also sold for £10. Again, like Byrne Valley, these were frequently sold together for £15.

There is some question whether Sidwell Rise and Etherington were two separate markets or one large market. Residents viewed the areas as two very distinct and different neighbourhoods. However, sellers tended to work in both markets and users tended to buy from both. Professionals were also more inclined to view the two as one. Some professionals talked about the two sites as one large market in a single community, for example:

There is a lot of talk about displacement [of drug sellers] from Sidwell Rise, but Sidwell Rise and Etherington were the same market, still are the same market. It just fluctuates from one point to another within the area.

Etherington and Sidwell Rise are only separated by [a motorway]. The reality is people living in Etherington and Sidwell Rise are one community.

Although the two markets shared a number of similarities, there were also differences. In Sidwell Rise the focus of the market had previously been a static selling site. However, this was closed down by the police and the sellers who normally worked from this venue had had to relocate. Some moved to Etherington while others simply relocated to nearby static selling establishments. Most, however, sold from both sites, moving between the two depending on who was buying and where the police were.

Both Sidwell Rise and Etherington had a number of 'dealing houses' where drugs could be bought and used. In Sidwell Rise these addresses were numerous but all were within a small radius of the old static selling site. Two local housing estates were reported to be popular places to purchase and use drugs. Respondents spoke about how the design of the estates made drug transactions easier. Both estates have numerous 'rat runs' and alleyways, which offer secluded areas for drug deals to take place. In Etherington one of the tower blocks had previously been a location for prolific drug selling and using. A number of flats within the block were operating as dealing houses and one police respondent stated that at one point over 200 users were visiting these flats per day. Although these particular flats had shut down, others had opened in their place.

In both Sidwell Rise and Etherington sellers waited in public venues between transactions and used these premises to 'hang out' in

between deals. Nearly all deals were arranged using mobile phones with sellers instructing users where to go to pick up their drugs. Sidwell Rise also had the advantage of users being able to bump into sellers in a number of static selling sites that had become established since the old one had closed down.

Selling in Sidwell Rise and Etherington

In the past drug selling had been loosely controlled by sellers who were described as local and who were regarded as having a relationship with the area. They 'ran as a crew' and until a few years ago were the main sellers in the market. However, a number of these were arrested, convicted and imprisoned. In their absence sellers from outside the area moved in. During the course of the interview two-thirds (20) of respondents referred to these sellers either as 'Yardies' or Jamaican nationals. It appeared that the influence the local sellers had over the drug market was now beginning to wane. As one of the new cohort of dealers put it:

The [local] crew's played out now. They're old, they're stale. It's time for us now, we're the new batch.

We asked respondents about their impressions of how selling had changed in the previous year. Below are some of their responses:

[The drug market] has become busier with drugs and dealers. There are more Jamaican nationals now.

[The drug market] has got worse. There are more 'Yardies', if you remove 50 another 50 will be there in a second.

It goes in spells. A few months ago [the police] arrested a few dealers. It got quieter then a new batch came in. When one lot goes another lot comes in.

The market appeared to operate along the lines of free market principles – anyone could come into the market and sell, as long as they followed the unwritten etiquette of dealing.³ Both the professional respondents and the sellers we spoke to stated that, with the introduction of new sellers, market dynamics had changed considerably. The new sellers were viewed as more businesslike in their approach. Their style of selling was also reported, by some, to be more aggressive and open compared to the local dealers. As one of our dealers said:

They're dealing hard. I don't like them. Not because they're mashing up my business, cause they're not, but they've got an air to them. There's enough money for everybody to eat, you know what I'm saying.

Both sellers and agency professionals spoke of an increased involvement of young people as runners in the drug market since the arrival of the new sellers. Although young people were still not viewed as particularly influential to the market, they were starting to be employed as runners or spotters (to alert sellers to any police in the area). One seller stated that young people from the two areas saw running drugs as a career opportunity:

[They are] young kids from the area, trying to be the 'I am', trying to get into the structure.

To sum up, even though the new sellers had been established in both markets for a few

years, the markets were still considered to be in a period of transition. There was general agreement from respondents that, when the new sellers first arrived, both markets became more volatile and selling much more aggressive and open; however, towards the end of 2004, the markets quietened down and appeared to become more settled.

Midson Vale

Midson Vale is a small area of a busy ward within a large metropolitan city with a population of just under 5,500 people. The area covers a number of SOAs all of which are (nationally) in the top 10 per cent deprived areas in the overall Index of Multiple Deprivation (ODPM, 2004). Unemployment is just under 7 per cent in the area, double the national average (ONS, 2001). The area is ethnically diverse with 57 per cent of the population stating they are from black and minority ethnic groups. Poor-quality housing has been an issue with local residents for a number of years. In particular there are three tower blocks that have caused the residents various concerns since they were built. There are also several low-rise blocks, as well as Victorian terraced housing. Forty-five per cent of properties are rented from a Registered Social Landlord compared to just over 8 per cent borough wide. Fourteen per cent of residents live in private rented accommodation (ONS, 2001).⁴ The area is often described as being run down, suffering in some respects because of the transience of its population. One professional described the area as:

... largely made up of ex-council housing. It has a transient population, with mostly low-wage families, mostly on housing benefit. It's a quiet area; I feel quite comfortable here and young kids do play on the streets. There are run-down areas, and a fear of crime that is greater than crime itself. There's probably quite a bit of petty crime [in the area], and a lot of cannabis smoking.

Midson Vale is often referred to as a crime 'hot spot'. The volume of crime in the area provided the impetus for the local authority to fund street crime wardens to patrol it. Midson Vale is one of the Government's high-crime areas and crime is nearly always on local community meeting agendas. Compared to the surrounding area, offences in Midson Vale were relatively high.

Midson Vale's drug market

We interviewed 21 market participants, three-quarters (16) of whom were male. Their average age at interview was 30, ranging from 16 to 49 years. Ten interviewees were black British or black Caribbean, the remainder were white British or white European. Eighteen respondents had lived in the area for over five years and five of these had lived there all their lives.

Like many other inner-city areas, Midson Vale had a particularly active heroin and crack market. All illicit drugs were easily obtainable all day, every day. There was no fixed open-street drug market. However, there were several dealing houses located in and around the three tower blocks and a closed street-based delivery system. The dealing houses were described as having a short lifespan and were constantly in a state of flux. As soon as one closed, another

opened or they reopened at the same address. As one police officer said:

When we are closing down a crack house another will open elsewhere, and another will move on.

It was difficult to estimate how many dealing houses were open at any one time. However, respondents generally thought the number was around ten. Police intelligence confirmed that this figure was likely to be quite accurate. Premises that were turned into dealing houses often belonged to 'vulnerable' tenants who professional respondents stated were frequently bullied, coerced or seduced into letting their property be used.⁵ Empty properties in and around Midson Vale were also targeted and then turned into dealing houses. One interviewee did just this and described how she 'acquired' and then 'sold' properties to other dealers:

I go somewhere empty, break in and put a gate on the door and change the locks. I'll ask another dealer if he wants it. Since I've paid for the gate I'll say £200 up front, then part of the profits.

Alongside the dealing-house market a closed street-based market existed, in which six of our interviewees were involved. Our respondents preferred to purchase their drugs from this market, as they considered it less volatile. This market worked more along the lines of Sidwell Rise and Etherington – a free-market economy. Competition existed and to a certain degree was accepted. New sellers were generally allowed into the market – as long as they conformed to drug-dealing etiquette – and price negotiations (in this market) were common. Because of the number of sellers, drug users were able to

haggle with them, something users felt unable to do when buying from the dealing-house market. Sellers were nearly always contacted by mobile phone with the exchange usually taking place on the street. Sellers frequently changed the meeting place to avoid not only police detection but also being robbed by other market participants. As one seller stated:

I like to be on the move. It's safer that way. I change [drop-off] places, which keeps me safe from other drug dealers and the police.

Generally, interviewees thought that the quality of both heroin and crack had declined since they had first started to use. As one interviewee commented:

The quality and quantity has got worse for both heroin and crack. You get less for your money. When I was smoking in 1996 it was good shit, but now I smoke £250 a night and it's bad shit.

Although interviewees complained about the quality of drugs they purchased, they also commented that, since starting to use, the price of both heroin and crack had steadily dropped. In Midson Vale, like our other markets, it was common to buy heroin and crack together rather than separately, not least because it made economic sense. Although purchasing the two together was slightly more expensive than in our other markets, it was still relatively cheap. The price for 0.1gm of heroin and 0.02gm of crack bought separately was generally £20. If the drugs were bought in combination, the price could halve to as little as £10. This was not, however, regarded as the norm in this market and respondents who reported buying drugs this cheaply had often been buying for considerably longer than other buyers, often

from the same seller and / or in larger quantities.

We asked a number of interviewees why they thought the area had a well-known drug market. Two responses are listed below:

The reputation is unsavoury, the more you work [as a police officer] the more you see that dealers on the estate live by their own code. They operate because people are fearful of them. Certain people control crime and drugs in the area.

It's the towers, it's easy to hide and to get away. Most people who deal live there. They're [dealers] not high in the supply chain.

Selling in Midson Vale

Market participants generally thought that there was a sense of structure in the dealing-house market, but the street market was more fluid, with sellers being able to move in and out of selling. Within the tower blocks a group of young men who collectively described themselves as the '[name of] crew' were said to exert a considerable amount of influence over the drug market. The crew were reported to be opportunistic sellers who did not sell on a daily basis but earned money by 'taxing' (robbing) dealers who sold in their area. As one participant commented:

The [name of] crew rob the dealers, the big dealers. They do deal as well but not regular, but when they do they get a nice portion.

Runners in Midson Vale were not as integral to the market as in our other sites. If runners were used they were generally drug users who transported drugs for sellers so they could 'earn' free drugs for themselves. Runners were generally considered to be from the community.

Four local communities, four local drug markets

Despite Midson Vale having a heroin and crack market, many viewed its neighbouring area as far worse. This particular market was renowned for Class A drugs, gun crime and

street violence. All members of the Midson Vale community were aware of this and by comparison probably felt relatively safe in their local area.

3 Who sells drugs?

Little is known about the ‘careers’ of those who sell drugs at a local level – how they come to be involved in selling drugs and their experiences of selling. In this chapter we have explored the working lives of our respondents and how they got into the business. First, we have sketched respondents’ lives before their involvement in drug use or selling. We have then outlined interviewees’ routes into selling drugs, why they started to sell and their experiences of being a seller. Finally, we asked for opinions and impressions about young people’s involvement in selling drugs in each of our areas. Where we found differences between types of levels of sellers or between sites, we have presented our findings separately; otherwise we have treated them as a single sample of 68 sellers.¹ These findings have been supplemented with data from our professional and police interviews.

Early lives

We interviewed 68 individuals who were buying and selling, or just selling drugs in our four sites. Three-quarters (52) were male. The average age at interview was 31, ranging from 15 to 53 years. Forty-four respondents described their ethnic background as white. The remainder classed themselves as either mixed race (five) or black (19). Many of our interviewees had experienced unsettled early lives; over half had spent time at a children’s home, with a foster family or in secure accommodation.² Over half (37) had been excluded from school and half (34) had left with no formal qualifications. Thirty-six interviewees had disengaged from the education system before the age of 16, the youngest being 12. The average age of first regular alcohol and drug use

was 14. Unsurprisingly, for just over three-quarters of the sample, their first experience of a drug was cannabis. Five interviewees were first initiated into drug use through heroin and two through crack. All but four had experience of the criminal justice system, many while still teenagers; over two-thirds had been arrested before their eighteenth birthday. Twenty-eight respondents had also spent time in a Young Offenders’ Institution (YOI) and a further 48 had been to prison at least once. In essence, our interviewees were known to a number of services and had been for a number of years, many from early in their lives.

There were no major differences in the early lives of those who sold to fund their use and those who sold purely for profit, although our ten (non-using) profit dealers reported staying in the education system longer and were more likely to have obtained formal educational qualifications.³

Routes into selling

We asked our interviewees a range of questions including: when they started to sell, why they started to sell, their routes into selling and why they continued to sell drugs. Many reasons were given for getting involved in selling drugs. On average, respondents first started to sell drugs at the age of 24, although this ranged from 12 to 49 years. Twenty of our sample had started to sell drugs prior to their eighteenth birthday. Respondents were involved in selling at a variety of levels from small collective purchasers to multi-kilo sellers.

We asked respondents how they first came to be involved with selling drugs. Unsurprisingly, just under a third (22) stated

that funding their drug use was an important factor in starting to sell drugs. Eighteen respondents were introduced to selling through either a family member or a friend, perhaps reflecting the closeness of some of the family and friendship ties and networks in our communities. In some cases, participants were exposed to a degree of coercion and, in others, it was more a question of drifting into it and being in the right (or wrong) place at the right time. For example:

My dad was fed up of me hanging around the house doing nothing so I had to start dropping [delivering drugs] for him.

Back in [city] at 27 a really good mate of mine was doing it, he led me into it, so I started doing it.

My partner was selling it first and I started helping him out. Then I took it on full time.

A really good mate of mine was doing it and laid some drugs on for me so I started doing it.

Three respondents started selling through prison contacts and five made a deliberate choice to start selling drugs. The remainder were either living with a drug dealer or were asked to sell by a dealer (17). Fourteen got into selling as a result of meeting the constant requests from fellow users for drugs and seven for financial reasons. The following quotes are illustrative:

My dealer saw how many people I could get him and started giving me small quantities like a sixteenth and an eighth and then I built on that.

Was clucking [withdrawing] one day, I couldn't shoplift. Through a bit of trust from one of my

dealers he said if I sold some items [drugs] he would pay for my drugs.

[Getting started] was just being well known. If there's no one about they know if they come here they'll get sorted.

I can't sign on, can't get a job, I need to raise money. I asked a dealer if I could do it and he said 'yes' so I just started doing it.

I saw it happening, I was scoring and I thought this is easy, [so I] bought a quarter of heroin and crack for £450.

Why continue selling?

Street-level drug selling is often viewed by participants as a temporary 'career'. For problematic users, it is easy to understand why selling drugs, even on a casual basis, is attractive. The chances of being arrested are regarded as lower than for acquisitive crime and, by selling drugs, users can reduce any other criminal activity they might be involved in. For others, selling provides a substantial wage and, for some, it is viewed as the first rung on the ladder to becoming a more established seller. Our respondents continued to sell for a variety of reasons. Twenty-eight stated that funding their drug use was their motivation to continue selling. Six believed that they continued in order to earn a living and 12 because they found selling had become habit forming or because they had little motivation to try and find alternative employment. Twenty-five were, however, attracted to, and locked into, the cycle of selling because of the income it provided. For some, this was because they perceived selling drugs as a less risky way of funding their drug use than other forms of

criminal activity and, for others, it was because they did not want to lose the financial benefits that selling provided them. The following quotes are typical:

I've got a habit, I've lost my kids, what else can I do? There's nothing out there for me legit wise. I'll sort it soon, get off the gear [drugs] and get my kids back.

Why stop? I will do one day when I've got a house and stuff, but I can't and don't want to do anything else.

I have a very long criminal record, mainly selling firearms. Last time I came out I wanted to get back my respect, money and status, so I continued to sell. I wanted my respect back.

I like the money, the clothes and goods. [Selling drugs] is pretty easy.

Experiences of selling

For many, selling drugs is both risky and rewarding. The profits that can be made and the associated personal risks are important considerations, which are in tension for those involved in selling drugs. During the course of our interviews we asked street sellers (and those just above street level) about the economics of selling drugs, and to what extent violence or the threat of violence influenced their everyday lives.

The economics of selling drugs

Selling drugs can be profitable, and for some highly lucrative. However, it can also be about economic survival. Calculating an accurate average weekly 'wage' for our sample was particularly difficult, as profit often depended

on a number of factors; for example, where a seller was in the supply chain, the drug being sold, how many customers a seller was supplying, police activity and whether there had been a recent drought. As two interviewees explained:

The people I buy off are getting it very cheap and I've got very good connections. Sometimes when it's scarce the price goes up, but it's at rock bottom at the moment. It's easy [at the moment] to offload both heroin and crack, especially when you have a couple of runners.

Prices vary loads, it depends on lots of different factors; who you're buying off, droughts, police activity, how good your shit [drug] is, how much you want to earn and how much you're going to slice it up.

Given these restrictions, and our sample size, the following figures should be viewed as tentative, not definitive. We asked our ten (profit) dealers how much they earned in a week. The average weekly 'wage' was £7,500,⁴ although this ranged from £900 to £20,000.⁵ This figure dropped steeply for our 16 runners. Of the 11 who were able to provide us with a weekly wage, the average was £450, ranging from £140 to £4,000. Two of the runners were dependent drug users and stated that their wages merely paid for their drug use. The remaining three were unable to calculate a weekly wage.

In Byrne Valley runners were central to the market. However, this was not reflected in their wages. In comparison to the sellers in our sample, runners were particularly poorly paid, especially in view of the risks they took. For example, two of our teenage runners who both

worked for the same seller – a relative – earned £150 per week each. To make this money they had to sell 200 bags of heroin and 200 rocks of crack between them. These sales would generally net their ‘employer’ between £3,000 and £4,000 per week. On average, the runners in our sample tended to work between five and seven days a week.

Of the 27 user-dealers, 20 were able to state how much they earned in a typical week. The average weekly amount was £500 (median). There was, however, considerable variation in the amounts earned by this group, from £22 to £20,000.⁶ Five of the user-dealers stated they earned enough to fund their own drug use and the remaining two were unable to calculate their average weekly earnings. Most of the collective buyers in our sample simply earned enough to pay for their own drug use. They rarely made a profit.

The user-dealers, collective buyers and problematic drug-using runners ($n = 50$) participated in the drug market in a number of ways, other than just buying drugs. Some undertook more than one function in drug-market activities. Twenty-seven stated that they mainly sold drugs to fund their own use, eight sold drugs for others and, as such, were ‘employed’ as runners. Other functions included working as a dealing-house doorperson, helping to rent out property to drug dealers and setting up dealing houses for sellers.

Spending the earnings

We asked sellers what they spent their ‘wages’ on, as we were interested in exploring whether the money they spent went back into their local communities. Given our sample’s profile, it was

unsurprising that just under three-fifths (39) spent nearly all their earnings buying drugs. Very little was left to spend on anything else. We have information on drug expenditure for 49 out of the 50 respondents who were dependent users. On average they spent £350 (median) each per week on drugs. This ranged from £40 to £1,500. From the entire sample, 15 stated that, despite spending money on themselves, they also gave money to family or friends. Some paid friends for stashing drugs or for driving them around while they dropped their drugs. Twelve stated that a proportion of their wage was also spent on their children. As would be expected, our respondents also bought luxury items. Interviewees generally mentioned designer clothes, cars, gambling, nights out and holidays. Four interviewees mentioned saving their earnings. The following quotes illustrate the range of expenditure:

I have seven brothers and a lot of nephews, I spend it on them. They don't get off their arses and do nothing. I spend it on my mum, cars, spending money, clothes – designer only – trainers, my partner and a lot of girlfriends. I've also got two boys, had two flats and I've invested in legitimate businesses as well.

I'm saving up, I'm not spending it on shite, I'm saving till I'm rich. I spend it on my kid.

Drugs. I spend £350 on heroin and £560 on crack a week.

All my kids have bank accounts, between them they have £20,000, which they can't touch until they are 18. I give to son's school, holidays and things for the house. Give money to my mum and spotters.

Food, clothes. I give [my] granddad £50 per day.

Let's see if I had a bag full of quarter ounces and ounces, do y'know what I mean, I'd go bury that in my mate's garden, do y'know what I mean ... I'd pay him for looking after it about a £100 a week.

Owning a weapon

Drug-market violence was highlighted as a concern for local residents in all our markets. We asked our sample of sellers if they 'owned' or had access to a weapon.⁷ Two-thirds ($n = 62$) stated they did, reporting access to guns (16), knives (16), knuckledusters and baseball bats. Just over a third admitted that they actually carried a weapon. However, 19 stated that they wouldn't ordinarily carry a weapon, partly because they felt there was no need to and partly because they wouldn't want to use it. The following quotes illustrate why a number of interviewees did not carry weapons:

I wouldn't use it, so there's no point.

If you carry a weapon then you're going to use it, I don't need to use it. If you carry a weapon it makes it more serious.

I just don't want to, I could get hold of a gun but why would I want to. If I shoot someone they'll [the victim and/or the police] find me.

Another common reason for not carrying a weapon was the fear of being found in possession of it by the police. As the following interviewees explained:

[I don't carry a weapon] cos if the police come and they find a knife or a gun I'm going to get locked up.

There's too much risk from being stopped and searched.

Those that carried a weapon often did so because they felt they needed protection from being robbed by other drug-market participants, as the following interviewees explained:

It's [weapon] for protection from being robbed. No one knows I've got a weapon, I don't publicise it. I'm a target though. For some it's a fashion accessory. I've never used it.

I've never used it but [the drug market] is violent and they are after me. I carry it for protection, for self-defence. I'd never take it out.

Risks of crime

Many of our respondents were concerned about the risks that they themselves ran of becoming the victim of crime. Robbery, in particular, was mentioned by several. All four markets had violent reputations and just under four-fifths ($n = 60$) of our sellers stated that they considered their areas to be violent areas to sell in. Twenty-one interviewees mentioned that the incidence of robbery – especially of dealers – had increased in the previous two years. In Midson Vale, one local group had a reputation for actively targeting sellers to rob.

Targeting drug sellers in this way is not a new phenomenon. Sellers make attractive robbery targets, as they are unlikely to call the police and will often be carrying a reasonable amount of money or drugs. One interviewee commented that, during one of his transactions, he was robbed of £18,000 by a group of dealers he knew and who knew he would be carrying a large quantity of money. He recovered his money and (outside of the formal interview)

commented that drug money was as easily lost as it was earned.

We interviewed one young seller who had – in all probability – been targeted by burglars. Very shortly after he had exchanged a considerable amount of cannabis for £20,000, his house was burgled and the money stolen. The money was not his own and, to pay it back, he swapped from distributing cannabis to selling heroin and crack; his reason for doing this was that his debt needed to be paid sooner rather than later.

Young people's involvement in selling

Young people's involvement in drug-market activity caused concern among professionals in all our sites. In Byrne Valley, the market relied on young people to connect seller with buyer. By contrast, in Midson Vale, young people were not viewed as important, they were rarely used by sellers to deliver drugs and rarely were they involved as spotters. Young people in Midson Vale were, however, involved in a number of other criminal activities, some of which were related to the drug market, for example robbing drug dealers. In Sidwell Rise and Etherington, young people actively tried to be part of the drug market but found it hard to gain acceptance from the more established sellers. It was reported to us that young people in these two sites often offered to work for free in an attempt to gain a foothold in the market. Although in both Sidwell Rise and Etherington they were 'employed', it was not the norm. Their involvement was more as spotters or casual weed dealers, usually within their own friendship networks rather than with strangers.

Even though young people's involvement varied across the four sites, almost half (32) of our drug-market participants thought their involvement was significant, as the following quotes illustrate:

They sell to me. It is part of their life and it's their family. They are in waiting to become the next drug dealers.

I have contact with a 12 year old. It's better to have a 12 year old running than a 17 year old. The police won't do anything to a youngster. Young people are begging to work with some of the Yardies.

They are involved in lots of ways, hiding it and delivering mainly, helping out older brothers, uncles, etc.

There's quite a few 14 and upwards involved in selling, they all work shifts. They are doing it when they should be at school. I don't know if they've been kicked out or skipping but there's a lot of them.

Just under a third (21) of our professional interviewees and just under half (28) of our police officers thought that young people were more likely to work as runners than any other position, as the following two quotes illustrate:

A lot of them see the money. You know if you come from a single-parent background and can't afford very much because you have six brothers and sisters, and you can get an extra £150 a week, you wouldn't say no, you would probably say no to school ... They are the runners.

They are as young as 12. The early to mid teens are involved as runners. There's a quick turnaround of runners if some are arrested.

None of the young people in our sample was a dependent user and generally they held fairly negative attitudes towards drug users. In Byrne Valley, sellers preferred to employ runners who were not drug users. Not being a drug user was seen as particularly desirable by sellers. Two of our interviewees also believed young people were less likely to be picked up by the police, again making them attractive employees. As one dealer commented:

Dealers ask them to run, young people want to run, and they get money, everyone's happy.

Although none of our young people had been arrested for supplying drugs, all were known to a variety of professionals including the police and social services. Professionals working in our areas generally thought services could do more to protect young people from becoming involved in drug-market activity. A third thought that the education system should take more of an active role, and just over a

quarter thought that there needed to be better diversion schemes and achievable alternatives for young people, as the following quotes illustrate:

It needs a joined-up, multi-agency approach. Trying to get them [young people] involved in constructive activities from an early age. There has been a lot of provision for younger kids, but when you get to 12–13 there's a big gap.

There needs to be long-term finance put into whole communities so everybody gets some. What tends to happen is impact based. You've got a problem, then throw money at it and hope it will resolve it.

There needs to be a dialogue with young people based on a young person's perspective rather than an agency one. We need to abandon the restrictions on agencies and get down to the nitty-gritty of drug dealing.

4 Local residents' views

This chapter examines the views of local residents in our four areas. In particular, we sought to assess the impact, if any, of the drug market on those who lived or worked in the area. We told respondents that they were taking part in a community survey about their local area rather than a study on drug dealing. This was done to avoid response bias: if we had said the survey was about drugs, undoubtedly they would have taken their cue from us and identified drugs as a problem.

We conducted 800 interviews – 200 in each area. We combined the results, as there were few differences between the sites. Only where differences emerged have we presented findings as separate communities. Residents were quota sampled to reflect the local population of each area. We have supplemented these data with interviews with police officers, professionals and drug-market participants.

Some caveats should be attached to the results that follow. The advantage of structured street surveys is that quite large samples can be interviewed. There are offsetting disadvantages. A street corner is not the ideal setting to discuss the relationship between communities and drug dealers. Inevitably, respondents' responses tend to be less thoughtful than if they were interviewed in depth, for example in their own home. Street surveys neither explore answers further nor challenge respondents to think beyond their immediate response. There are problems about representativeness when quota sampling is used. Rates of non-response and refusals are high – and variable across different types of community. It is hard to assess the direction of response bias. Samples may be skewed in favour of the compliant or the

opinionated, or simply be in favour of those with time on their hands. Bearing in mind these limitations, the surveys probably give a reasonable – but far from perfect – indication of the concerns that people in these areas had about the nature of their neighbourhood.

Local residents and their areas

How local residents view their area can be an important indicator of whether they want to settle in a particular neighbourhood or move on. Communities with a transient population like Midson Vale are unlikely to be characterised by a sense of community togetherness or spirit. Conversely, those with settled populations are more likely to want to invest in their area.

As with any local area, the opinions of our residents about their communities were mixed. We asked residents if they thought their local area was either a 'fairly good' or 'fairly bad' place to live. Forty-nine per cent thought their area was a 'very or fairly good' area to live while 24 per cent thought it was 'neither a good nor bad' area to live; 27 per cent thought it was 'very or fairly bad' as the following quotes from residents highlight:

When I was growing up you knew who your neighbours were, now you just come in close the door and don't bother with anyone.

Personally I love it but it's a bad place to live. I hate it for my kids. It's all I know. Everyone from [Byrne Valley] is close-knit; it's a community for the bad asses. For those that aren't, it's a really bad area.

It's a very multicultural area. Each community sticks to its own. There's not much integration.

Despite problems of poverty, crime and drug dealing, over half of those sampled from Sidwell Rise and Etherington described their local areas as either 'very or fairly good' places to live. In these two areas, there are a greater number of services, community projects, recreational facilities and local shops. As highlighted previously, although not an exclusive list, the above are all prerequisites for building strong communities. In Midson Vale and Byrne Valley, residents were far less positive about their local areas. Less than half of those sampled in each area described their neighbourhoods favourably. It should be noted, however, that in these two areas there are fewer services for local residents, almost no recreational facilities, few community projects and few local shops. We can thus offer some tentative evidence in support of the idea that, where there is less economic and social investment in areas, there is also less 'emotional' investment from local residents.

We also asked our drug-market respondents ($n = 68$) what they thought of their local area. Few were particularly positive. Three-fifths (41) described their area as either a 'fairly or very bad' place to live. Reasons for disliking their area were similar to residents who took part in the street survey. These included the level and volume of crime, environmental problems and a lack of economic investment in their neighbourhoods, as the following quotes illustrate:

I think it's a shithole, there's too much competition, bullies and robbery. It's a rough area, especially at night. It's not too bad in the daytime, but it's a right playground at night.

It's a dive, it's horrible, it's terrible and it's a mess up here. Houses boarded up, litter everywhere, stuff like that.

The views of our drug-market participants should perhaps be viewed in context. For these respondents, perceptions may have been influenced by spending a large proportion of their time within their drug market either looking for, consuming or selling drugs. However, not all our drug-market respondents were so negative. Just under a fifth (13) described their area as either a 'very or fairly good' place to live; like our residents over half (eight) were from Sidwell Rise or Etherington. These respondents valued living close to friends or other family members and appreciated the multicultural diversity of their areas. The following quotes reflect some of our interviewees' thoughts on the areas they lived in:

[It's] multicultural, central, [the] music, [the] food, [the] people. It's my home and [I] like being here.

My family and friends are all here, everyone that I love and care for. It's what I know.

I just get on with everyone, I know everyone, I have a sense of belonging, I've never been anywhere else.

What concerns our residents?

During the course of the interview we asked local residents and businesspeople what three issues they would like addressed in their areas. Crime was highlighted by almost 300 respondents, drugs by 289 and a range of

environmental issues¹ by 244. As we had chosen our areas because they were drug markets, we were unsurprised that both crime and drugs were frequently raised as concerns by residents.

However, across the communities concerns did differ. While drugs concerned just over half the residents of Sidwell Rise and just under half in Etherington, only 46 residents in Byrne Valley and 39 in Midson Vale highlighted drugs as an issue. In these areas, crime and environmental issues were mentioned with greater regularity by our respondents. One possible explanation is that the residents of Sidwell Rise and Etherington, prior to our research, had experienced a number of police operations targeting drug dealers and were very aware of the concerted, high-visibility policing in their two communities.

In what ways do drug markets impact on local residents?

During the 1980s, most drug markets were open street-based markets and subsequently very visible to local residents. However, with the advent of mobile phones and a concerted police presence, many markets evolved from open ones to closed delivery-based markets. This change led to drug markets becoming less visible to local residents and thus less of a concern. However, the collateral damage caused by drug markets still concerned local residents. Unsurprisingly, when we asked local residents if drugs were a problem in their area, 79 per cent stated they were. While visible drug use and drug users concerned our residents, drug sellers and selling were rarely mentioned. Although a number of residents (117) thought the drug market increased the volume of crime in their

areas, more (167) were concerned with the negative impact the market had on the general social and economic decline of their areas.

As many authors (Sampson, 1999; Richardson and Mumford, 2002) have argued, the economic and social well-being of an area is likely to affect resident capacity to take collective responsibility for their neighbourhood and to protect it from crime and its associated disorder. Residents also cited an increase in the level of violence, the negative reputations their area had, and the presence of drug users and the associated drug paraphernalia as issues that not only concerned them personally but also impacted negatively on their areas. Many residents, outside of the formal interview, stated that it was through a combination of all these reasons that economic investment was not being put into their areas. The following quotes highlight some of these feelings:

[My] neighbour is a junkie, the whole street is full of them.

They come to the doors selling things for drugs. They [are] always prowling for drugs.

They deal drugs outside [my] house.

Drugs cause [the] decay of the area, with the crime, prostitution and street robbery. The potential to commit crime increases. [It has] stigmatised the area.

During the interviews, we tried to find out if residents avoided certain areas in their neighbourhoods because of their local drug market. Just over a quarter (27 per cent) stated that they did. However, a greater number (44 per cent) stated that they avoided certain areas regardless of drugs, often qualifying this by

stating this was frequently at night. Forty per cent of residents also believed that, in the 12 months prior to their interview, drug-market activity had increased. In three of the four markets, almost a third of respondents had seen discarded injecting equipment (the exception being Midson Vale); 22 per cent reported actually seeing people using drugs in public places.

Different markets differ in their public visibility, of course. In Midson Vale, there were a number of dealing houses that drug users not only bought from but also used in, hence users were able to consume their drugs indoors and out of sight. Byrne Valley, by contrast, had few dealing houses and a more publicly visible market. Sidwell Rise and Etherington had dealing houses, but the two markets also attracted buyers from a much wider geographical area who were probably unable to access dealing houses to use in and/or were unfamiliar with discreet using spots. Both areas also had street sex markets, which might also increase the level of visible public nuisance.

These differences point up the policy issue whether it is better to divert visible drug use and drug dealing from the street to off-street locations. There is also the question whether drug-consumption rooms represent a form of harm reduction that might also yield benefits in terms of reduction of community concerns about visible drug use.

Local residents and outside agencies

During our interviews, we wanted to gauge the general awareness residents possessed about the professional responses to drug markets. Across the four areas, over half (55 per cent) of our

respondents were aware that their local / force police were 'doing something' about drugs; this was often in the form of police operations, increased patrols or activities such as leafleting. Feelings, however, on what they thought the police *should* be doing were mixed. Over a quarter of respondents simply stated that there needed to be more of a police presence on their streets. Interestingly, 10 per cent of respondents felt the police were doing all they could and almost three-quarters felt that tackling markets and drug sellers should not be left to the police alone. Services they thought should be taking an active role included: treatment services, schools, the local council, housing providers and religious organisations. This feeling was voiced with greater regularity from residents who lived in communities where there are more services and where residents tended to know about their existence and use their facilities more. A number of residents also highlighted that they too should take an active role in reducing the harms that drug markets cause, as the following quotes highlight:

Everybody should be involved.

[The] community should be able to look after themselves.

Everyone! I live in the community so it's my responsibility and everyone else who lives in the community.

Although it is desirable that neighbourhoods should share a commitment to tackle drug markets, it is easier to call for shared responsibility than to bring it about. The preconditions need to be in place before there is effective community action. For this to occur, a local community needs to be cohesive and to

have mutual trust and shared expectations. In short, there needs to be a collective sense of efficacy if residents are to be able to exercise any form of informal social control over the areas in which they live.

5 Markets and communities

Earlier in this report, we discussed the ambiguities that exist in the relationships between local drug markets and their 'host' communities. Throughout the report, we have seen that the differences and social distance between buyers and sellers of drugs vary depending on a number of factors, and that some drug markets are closely intertwined with the licit and illicit economies of their local neighbourhoods. This chapter aims to unpick some of these ambiguities and examines the extent to which our drug markets were embedded in their communities. In answering these questions we have examined the:

- histories and ties our sellers had with their local areas
- costs and benefits for local communities 'hosting' drug markets
- relationship between residents, the police and other agencies
- constrained choices facing some local residents.

Histories and ties

In understanding why some drug markets appear embedded in their communities, it is important to have an idea of who sells in these markets. Local markets can sometimes be populated by entrepreneurial 'sole traders' who have few ties to an area and care little for it. Sometimes they are run by cohesive groups with local family ties and extensive local networks of friends.

Sidwell Rise and Etherington

As discussed above, Sidwell Rise was a market

in transition, on several different dimensions. A mixture of community pressure and police action had reduced market activity, closing down some significant dealing houses and on-street selling. There was also some displacement to neighbouring Etherington. These changes also involved a significant shift in market participants, with several new sellers operating in the area.

The community had a complex relationship to the market. The neighbourhood was generally regarded both by residents and by professionals as close-knit, with a strong sense of 'community spirit'. They had a shared set of values and a shared sense of what *their* community meant to *them*. The community was also characterised by tolerance of behaviour to which other communities might object and, in the past, this tolerance had – grudgingly – extended to drug sellers. One police officer commented that within the community there had previously been a notion of 'acceptable levels of criminality and drug dealing'. This acceptance appeared – in part – to be based on the historical ties that sellers had to Sidwell Rise. The established sellers were 'home-grown'. They had been born in the area and had lived there all their lives. They were regarded as part of the community by a number of residents. Residents may not have approved of these – mainly young men – selling drugs but they had grown up with them and there was a shared bond. At the same time, these sellers also viewed themselves as part of the wider community. As one seller stated:

I live here [Sidwell Rise], I grew up here, I was born and raised here man.

By contrast, the new group of sellers who had moved into Sidwell Rise were not from the local area and had no discernible ties to the community; many had been resident only for a short period of time. They had no investment in the community and appeared to have little respect for it. As two new sellers commented:

I don't care, I don't care. I don't give a fuck about them [local residents]. I don't care what they have to say.

As far as I'm concerned I'm just passing through man.

In Etherington – the market to which some of Sidwell Rise's business was displaced – the community contained both cohesive networks of residents and households with few local ties or links. Its social networks struck us as being fewer and less interlinked. The new cohort of sellers in Sidwell Rise also operated in Etherington. As with Sidwell Rise, this group neither regarded themselves as residents nor felt anything for those that did live in the area.

The point to emphasise about the evolution of these two markets is that Sidwell Rise was clearly not – and never had been – a community lacking in social capital. It had a shared sense of identity and a density of social networks, coupled with a broad tolerance of diverse standards of behaviour. Historically, it was rich in what Putnam (2000) would call 'bonding social capital', and this characteristic probably helped residents to 'get by' and to cope with the high levels of material deprivation in the area. In our view, it also facilitated the emergence of an increasingly visible drug market. It was only much later in the history of the Sidwell Rise market – when it became overly intrusive into the lives of residents – that the community

developed the skills and resources needed to mobilise agencies to tackle the problem. In other words, the growing problems created by the drug market seem to have served as a catalyst for the development of community capacity to respond more effectively than it had done previously. In Putnam's (2000) terms, Sidwell Rise developed bridging capital sufficient to make a real difference to the area. Etherington appears to have been an unintended victim of these developments.

Byrne Valley

In Byrne Valley – our stable market – the community was typically viewed as small clusters of very different but close-knit groups. These groups were seen as internally very cohesive. Sellers were all from their community, had strong ties with their local area and, in comparison to our other sites, had the strongest sense of belonging to, and being part of, their community – even more than in Sidwell Rise. As one of the sellers commented:

I've lived here all my life. Me and my brothers have all grown up here; we are part of the community.

While people in Sidwell Rise *tolerated* the activities of the original market participants, those in Byrne Valley had more of a symbiotic relationship with their market. A wide range of people benefited from the income that the market injected into the local economy, and some were directly subsidised by their friends and relatives who worked in the market, as described in Chapter 3. In this market, we also found a greater number of sellers recruiting through family networks than in any of our other sites.

In other words, the market was deeply embedded in the Byrne Valley community. As with Sidwell Rise, Byrne Valley was in no sense a community devoid of social capital. Rather, the experience of social and economic deprivation over several generations had led to the emergence of highly cohesive networks with a diverse range of strategies for 'getting by' – in which respect for the law was not especially prominent. In other words, Byrne Valley demonstrated bonding capital – with little evidence of bridging capital. In contrast to Sidwell Rise, Byrne Valley residents had shown little capacity for mobilising resources to tackle problems associated with the market. This could reflect the fact that the Byrne Valley market was in many ways less problematic, and yielded a wider range of benefits to residents, than the one in Sidwell Rise.

Midson Vale

Midson Vale contrasted sharply with both Sidwell Rise and Byrne Valley. The community was described as transient and fragmented. One of the sellers, who had lived in the area for over ten years, said with some insight:

There is no community there [Midson Vale]. If the drugs went I still don't think there would be a community.

The fragmentation of the community was in part a consequence of strategic decisions about housing in the area. Three large tower blocks had been scheduled for demolition and, in advance of this, they were being used to house tenants in need of emergency housing. People left the area if they could and moved into it only if they had no choice. What social networks had existed in the past were rapidly crumbling.

Ironically, a number of the sellers were – relative to the majority of people on the estate – long-term residents. However, they did not view themselves as being particularly tied to the area. This may be because Midson Vale bordered other areas where both our sellers and residents would have visited, shopped and socialised. Many of these areas were seen by our sellers to be far more exciting to socialise in during the evening and hang about in during the day. One particular neighbouring area was also viewed as being more attractive to sell drugs in, as it had a far more active Class A drug market, which provided better opportunities from a drug seller's perspective.

We have suggested that the particular quality of the close community ties in Byrne Valley and Sidwell Rise may have actually facilitated the emergence of drug markets. This was clearly not the case in Midson Vale, where there was very little sense of community at all. This suggests, in other words, that there may be two sorts of precondition for a drug market to become established in a community: on the one hand, fragmented, atomistic neighbourhoods like Midson Vale, with highly depleted social capital, may through inertia or neglect provide a suitable setting for a market; equally, though, some highly deprived but cohesive neighbourhoods may also provide fertile soil for the development of markets that suit – up to a point, at least – the needs of some parts of the community.

The costs and benefits of 'hosting' drug markets

A retail drug market that brings only benefits to a local community is difficult to imagine. But it

is also a failure of imagination to think that such markets are only socially destructive and economically damaging. The complexity of the relationships that some – mainly deprived – communities have with their illicit economies needs to be recognised.

Some members of some communities that host drug markets clearly benefit from having a local illicit economy. The market for stolen goods that they stimulate can help people living in extreme poverty. Across the four sites, almost half (31) our sellers accepted stolen goods as payment for drugs. The clear implication is that there was a market – and probably a *local* market – for stolen goods. Professionals in all our sites commented that both residents and local businesses took advantage of the supply of cheap stolen goods. As two professionals commented:

Shopkeepers buy stolen goods. Lots of shops on [name of road] accept stolen goods.

... it keeps [the estate] in one piece. Everyone on this estate benefits regardless of whether it's buying a stolen chain at Christmas or weekly toothpaste.

The sellers we interviewed were – to a greater or lesser extent – putting money back into their local areas in other ways, by supplementing incomes or giving money to family and friends. We saw in an earlier chapter how a young runner was giving his grandfather a significant weekly ‘pension’ out of his earnings. Another of our dealers ruefully commented:

My partners were with me because of it [drug selling], cos they could have anything they

wanted. They didn't want me, they wanted the person I had become – the face. My mum says I always pick wrong'uns.

Similar views were expressed by other sellers and by professionals:

It's poor [the area], it's deprived, there are loads of people involved in drugs in some way because it's the only way to make money round here.

Of course everyone gets paid. Everyone gets paid down the line.

It [drug selling] brings money into the area and is dispersed through family and then put into legit businesses.

The more sellers are embedded in their local community and are part of it, the more that these sorts of benefit spread throughout the neighbourhood. Where sellers had fewer friends or family in the area and there were weaker ties, they contributed far less to the local economy or to others living there.

In Byrne Valley, drug sellers also exercised – or claimed to exercise – a degree of control over other forms of criminality, such as car crime and burglary.¹ It is likely that the motivation for this was driven by our sellers' desire to protect their own interests rather than an altruistic desire to protect ‘their’ community. If other criminal activity attracted police attention, sellers would find it far more difficult to sell. It would appear that one of the perverse ‘benefits’ of hosting a drug market is that, in some communities, local residents are ‘protected’ from other criminal activity, as the following quotes highlighted:

The area I live in is controlled by drug dealers. They don't let any shit go on.

[The] police don't control the area, they do.

When drug dealing [is] in full swing, car crime and burglary goes down, no one wants stolen cars in the area.

The relationship between residents, the police and other agencies

Examining the relationship residents have with outside services, particularly the police, is important when trying to understand the level of drug-market activity that local communities will tolerate. If residents engage with the police and services, it is possible that these services will be able to provide 'protection' from some of the harms imposed by drug markets and their participants. If residents view outside agencies with hostility, the efforts of these agencies will be undermined and will undoubtedly have less of an impact.

Historically, residents from all our communities had had variously fractious relationships with their local police. A number of professionals commented that residents had previously perceived the police as ineffective and viewed them with suspicion. Residents tended to accuse both the police and local council of ignoring their areas, investing little or no money and passively allowing drug markets to thrive. These attitudes still persisted in some sites, as the following quotes illustrate:

You rarely see a police officer on the street. They are reactive rather than proactive. The residents rarely report minor crimes because they don't see the point.

There needs to be more actual policing. [There are] people blatantly selling drugs.

However, in Sidwell Rise, this was beginning to change and there was a general agreement among professionals and residents that the relationship between the police and the local community had improved. Although there was still dissatisfaction from some residents, others thought that the police were trying hard to tackle drug-market activity in the area:

They're [the police] doing OK. It [the area] has been cleared up. It's a lot different to ten years ago.

They're doing all they can.

They are trying their best; [I] don't know what more they can do.

There was no single reason why the community in Sidwell Rise, the police and other services started to work together. The trigger for change was probably the culmination of a number of factors including: the arrival of new – more aggressive – sellers to the market, the police being unable to place the market in the 'too hard to handle basket' any longer, the police initiating a dialogue with the local community and local residents responding. Local residents also recognised that, if anything was to change, they needed the police, and to a lesser degree other services, 'on their side'. The market was no longer staffed by their 'home-grown' sellers and it was rapidly evolving into an intolerable intrusion. The residents of Sidwell Rise no longer had the same relationship with their drug market and no longer had any influence on who staffed it and how it was controlled.

The change in Sidwell Rise had consequences for the residents of neighbouring Etherington. The market in Etherington became

busier and new sellers, who had previously not been associated with market activity, started to take an interest in selling drugs. Etherington is neither a community that could be described as rich in social capital nor one that would typically be associated with deprivation, isolation and an intrinsic mistrust of outside agencies. It was neither a fragmented community nor an especially cohesive one. However, like Midson Vale, the residents of Etherington suffered from bordering a nationally renowned, busy market. The community felt that any extra resources and policing were always disproportionately spent on Sidwell Rise.

It is unclear how this market will evolve and whether the community has the capacity – or bridging capital – to engage with services and thus demand a response. If the residents of Sidwell Rise continue to pressurise the police and other services, the residents of Etherington may find themselves competing for limited resources against a community that has become highly proficient at mobilising the support they need.

In Midson Vale, residents' engagement with the police and other outside agencies was patchy. Although several services worked in the local community, residents still appeared reticent to engage with them. This may be due to the transient nature of the local population. Midson Vale was considered by a number of our respondents as an area people passed through. It is also an area in the process of considerable redevelopment. There was a sense that residents were waiting to see how the redevelopment affected the market and its participants, hoping that, through structural change alone, the market would be eradicated. Police officers and

professionals were, however, more realistic in their outlook, arguing that regardless of the redevelopment, the area would still have its problems and sellers would still be there and need housing.

Residents complained about the lack of police officers patrolling on foot generally and in the tower blocks in particular, although just under half also disclosed that they thought the number of uniformed officers had increased in the previous year. There had been few arrests of sellers in the previous year. Residents were, however, aware that there were a number of other drug markets in the area that also demanded police attention. Nevertheless, professionals did not view the relationship between the police and residents as particularly functional, as they believed it lacked a foundation and mutual trust.

Housing provision was cited as a problem in all areas. However, in Midson Vale, a local housing association (HA) had taken over the council housing stock and this had subsequently injected a sense of optimism into the community. This optimism was driven partly by residents witnessing visible improvements to their area shortly after the HA had taken control. Further to this, the company had also adopted a proactive approach to working with the police and was active in assisting in the closure of crack houses in the area. A number of residents also commented that the arrival of local street wardens was welcomed. There was a feeling among some residents that it was easier to pass information about drug dealing and other crimes to the wardens than to the police. There was also a youth outreach project, which engaged with young people from the estate. However, this

project did not reach as many young people on the estate as perhaps it would have liked. Although both the council and police regularly leafleted residents to inform them of community consultative meetings, rarely did a representative cross-section of people show up. It would seem that many of the initiatives and services in Midson Vale were put in place through consultation with only small sections of the local community. As one community development organiser stated:

What you'll find with a lot of these forums is that the people who turn up will be middle-aged white people, who have a stake in the community.

We also attended a range of community meetings and found that only a small core of residents ever turned up to the meetings. One police officer commenting on a council-led consultation exercise stated:

The cynic in me says that it's a fairly cosmetic consultation exercise, because the people that go to community councils are the same people that go to neighbourhood forums, who are the same people that go to police and community consultation groups. They are always the same people. You don't actually get to hear what the people that can't be arsed to go to the town hall every second Tuesday say.

In Midson Vale, there were a number of services attempting to engage with the community. However, overall engagement was patchy and confined to a small group of vocal residents.

In Byrne Valley, community engagement with outside services was limited. There were few services actually situated in the drug market and a reticence on the part of residents

either to trust or to engage with the ones that were. There was widespread cynicism about, and distrust of, the police. Just under two-thirds of residents were unaware of any police activity that had been initiated to tackle the drug market and were unaware that the police had recently restructured and moved towards a more community-based style of policing. In our resident survey, the lack of facilities for young people was mentioned by a number of residents as something that urgently needed addressing. Young people in Byrne Valley had few amenities, no regular youth outreach work was taking place and there were few recreational facilities. These points were illustrated by a number of residents:

[There are] no parks for young children, no clubs for young people.

We have to tackle the younger generation ... people like me are doing their best to help people. Young people have got to realise these people [drug dealers] are just using them.

There needs to be better facilities for the kids, better night-time facilities.

One service that was valued – at least by the drug-using population – was the local treatment service. This service enjoyed a particularly good relationship with its clients and provided what many described as invaluable interventions. Its strength was that it was a community drug team housed in the community, and staffed by workers who clients could relate to and who they felt at ease with. A nearby statutory project that offered a range of services was rarely accessed by local drug users. Some commented that the service didn't meet their needs and spoke of an uncomfortable environment. Like

many treatment services, the community drug team in Byrne Valley had met with resistance and hostility from a minority of local residents who believed treatment services were to blame for the area hosting and retaining its drug market.

The view that residents held of most outside agencies was generally one of suspicion. Like Midson Vale, services were trying to engage with residents but, unless they were perceived to be for the community and based within the community, they seemed likely to struggle. This has led to those residents who are not part of the drug market being unable to mobilise or vocalise their needs. Ultimately, this has resulted in many residents feeling powerless against a deeply entrenched market.

Constrained choices

In this chapter, we have tried to describe the complex and ambiguous relationships that can develop between drug markets and the communities in which they are located. We have argued that levels of social capital can determine communities' ability to respond effectively to drug markets; however, we have also suggested that close-knit communities in deprived area may *by the very nature of these networks* have some of the preconditions needed for markets to develop. We have suggested that, if communities are to 'disembed' drug markets from their neighbourhood, they may require not simply strong social networks and a sense of community identity, but also the sort of social capital that enables them to mobilise and draw on outside resources.

It would be naive, however, to suggest that this 'bridging capital' can be rapidly

accumulated. On the contrary, there can be intense countervailing pressures to discourage communities from tackling problems associated with drug markets. In trying to develop communities' capacity to take action against drug markets, it is important to appreciate the limited or constrained choices that are open to many residents. The constraints on their capacity for action are associated with the:

- use of violence in drug markets
- limited legitimate opportunities open to many residents
- impact of family or peer pressure on young people.

Drug market violence

Policing of drug markets has an inevitable tendency to drive out participants who are risk-averse. The process of policing is designed to increase the risks and costs that sellers face, so that heavily policed markets will increasingly tend to be populated by sellers who are risk-takers. One important feature of this risk-taking behaviour is the willingness to deploy violence as a way of securing compliance.

As we have seen, the fear of violence – or violence itself – was a concern for residents in all our markets and violence played a part in their operation. As we have discussed earlier, in areas like Sidwell Rise, a core group of residents with a strong sense of togetherness can mobilise the services around them to tackle on their behalf any unwelcome transformations in their areas, like an influx of unwanted drug dealers. The residents in this area actively engaged with the police and services after the arrival of the new sellers. In part this was because these

sellers were themselves more aggressive but it also reflected the fact that they set themselves up in competition with the established sellers. When the new sellers arrived in the market the established sellers tried to retain control. This led to a sharp increase in both violent incidents and aggressive selling tactics. As one dealer summed up:

People thought they could come from outside and start selling. They [new sellers] actually came and started selling, standing on other people's spots, hassling other people's workers. [The] area [is] getting more violent and threatening due to [the] new sellers.

If it was the growing violence in Sidwell Rise that eventually spurred the local community into action, residents in Midson Vale – with little commitment to, or investment in, the area – were to a large extent cowed by their concerns about violence. They felt particularly vulnerable to intimidation from drug sellers. Living near one of the dealing houses coupled with the threat of violence from sellers created a collective sense of powerlessness among the residents. In this market both the police and the council had attempted to solve the problems experienced by residents. The police closed down dealing houses as soon as they became aware of them and the council employed wardens with whom residents were able to discuss their concerns. However, the chances of rehousing from the tower blocks were generally regarded as remote and, without the prospect of moving out of the area, residents were very reluctant to offer any evidence against dealers to the authorities. One professional described what had happened to a resident when she passed on information about selling in the area:

We've moved one woman out that was sleeping with a bucket of water and a bucket of sand by her door. They [drug dealers] threatened to burn her out because she made a complaint.

In the closed street-based delivery market, violence appeared to affect residents less. There could be a number of possible explanations for this. The mobility of the market meant that it was never static, making it less likely that clusters of users or sellers would meet in the same place and become confrontational with one another. Any violence that occurred was likely to be dispersed over a large area and therefore to have far less effect on residents than, for example, dealing houses. Sellers in this market also employed as runners drug users, who were less likely to feel they needed to look threatening to protect their profits and less likely to carry a weapon.

In Byrne Valley – like the dealing-house market in Midson Vale – residents were unlikely to ask the police to assist them, either through lack of concern or fear, as illustrated by the following quotes:

They complain ... but it's all anonymous, there's too much fear of retribution to be direct. That's the thing here, you don't grass.

They are living in an area with [a] big culture of [drug dealing] going on. You just tolerate it. I don't think people are strong enough to speak out.

Given that Byrne Valley residents felt their area was neglected by the police, it was not surprising that they were reluctant to inform on individuals they thought were selling drugs. There was also less likelihood of this because both sellers and runners were local residents. Violence in Byrne Valley was, however,

frequently directed at drug users. Many young people in the area viewed users as ‘fair game’ to chase, throw stones at and generally harass. They were seen as creating many of the problems in the area and were blamed for a significant proportion of crime in the area. Sellers highlighted the level of violence that tended to be directed at drug users as follows:

Kids off the estate are bullying and beating up users. It's just shit.

I never bother people that aren't junkies. I battered a junkie when [I] found out he'd burgled my sister's mate, she was living on her own with a baby. That's not right, they should go into town and rob, not do it here.

The impact of limited opportunities

In each of our neighbourhoods the unemployment rate was well above the national average, and also above the rate for the city as a whole. In all our sites respondents commented that good job opportunities were limited. It was not that there weren't any jobs, but those that were available were both low-paid and low-skilled. In all our areas there was a dearth of jobs that paid well and were interesting. The opportunities in the legitimate job market were described to us as limited. For many young people, working a 40-hour week for what they considered to be a pittance signalled a lack of real choice. Some of them believed that selling drugs offered greater financial rewards, better job opportunities and also possibilities for ‘promotion’ – all of which they perceived to be unattainable goals in the legitimate employment market. Many of the young people we interviewed made short-term career choices based on their immediate surroundings and

what they knew. For them the choice was easy: work five hours a day for a decent wage (possibly £100 per day) or work at least 40 hours a week for the minimum wage. As one young runner who had started selling drugs at the age of 14 said:

I can't sign on, can't get a job and I need to raise money. I asked a dealer if I could do it and he said yes, so I just started doing it ... I have a daughter.

Another runner who was 17 and had been selling drugs for two years commented that he sold drugs because there was nothing else open for him to do:

It's people like me and my brother [selling drugs] we've got nothing else so why not. I know it's wrong but what else is there for me?

Professionals working in our areas also recognised that the pull of the drug market was greater than the pull to stay at school or to pursue a legitimate job:

It's their career opportunity – for some people it's A levels, for them it's drug dealing.

I know it's difficult for young people to get [an] education and job. It's much easier to carry [a] package for someone for £60 than go to school with £2 from mum.

Most kids run to make money, why are you going to work in McDonald's if you have no qualifications for £200 a week?

We would not want to overstate the argument. The vast majority of young people, including those who grow up in poverty, end up not as runners in drug markets but in conventional jobs. Nevertheless, people who grow up in poor but close-knit communities

may face very difficult choices between lucrative illegitimate opportunities and unattractive legitimate ones. And, however much 'bridging capital' a community may be able to accumulate, this will be of little value to young people if it simply builds bridges to dead-end jobs.

Drug dealing was viewed as an acceptable way to earn money – especially if some of the profits were benefiting others. The young men we spoke to wanted to be successful and free from money worries, but they also thought they could achieve these goals *only* through illegitimate means, as they had few educational qualifications, had often been involved with the criminal justice system and had frequently left school prior to their sixteenth birthday. It was their belief that the chances of success in the legitimate economy were non-existent, but that, in the illegitimate economy, they had everything to play for.

The impact of family and peer pressure on young people

Finally, there are several less instrumental factors that are taken into account in the decisions that people make about participating in illicit markets. On the one hand, there are ties of friendship and family. We have described cases where young people were working as runners for older relatives; whether they had much choice in the matter is questionable. Although they did not describe themselves as coerced into participation, many of our sellers and runners were introduced to the work by family members. We found this type of recruitment strategy most prevalent in Byrne Valley, the most close-knit of the communities we examined. The following quotes are

illustrative:

Most [young people] are involved. They've grown up all around it on this estate. Their brothers have got them involved.

I had nothing to do; my dad asked me, it's [selling drugs] pretty easy money. I like it. I can buy things now and I get girls. I'm on bail though so I'll probably go down for a bit in the New Year, but I can work again once I get out. It's my rent money.

I was bored and thought it was cool to help my dad out [selling drugs]. He's always bought us quite a lot so I wanted to help.

In Midson Vale professionals also highlighted the influence that family pressure appeared to have on young people. They argued that some young people are born and grow up in an environment where selling drugs is viewed as a routine or normal activity, even if being a drug dealer is a constrained choice:

People are born into it [drug dealing]. There are sisters and brothers doing it. They think it's normal. It's kinship networks.

On the other hand, there are the symbolic rewards associated with work that is not simply lucrative but also daring and transgressive. Young men, especially those who live in deprived areas, are more likely to use such activities as the building blocks of their identities than the limited achievements that they can expect from exploiting legitimate opportunities. In Sidwell Rise and Etherington, drug dealers were held in high regard by some young people. They were perceived to be the men who had the money, the lifestyle, the respect and the women. One of our interviewees who had resumed selling as soon as he had been

released from prison explained what he liked about the lifestyle:

I spend my money on everything, clothes, cars and women. I swear to god, I try to live like Puff Daddy, I swear to god. I just love it, I just love it. I'm young still, innit. My cousins they're all settled down but I go out from the Wednesday night to the Saturday and just kill it man with everything, drink, the lot.

In both Sidwell Rise and Etherington, young people saw drug dealing as a way of acquiring kudos and a sense of identity, as both a seller and a professional highlighted.

There's peer pressure, they are vulnerable, it's [drug selling] all round them. They need or think

they need the money and they want to be the big 'I am', the great blood clot² on the street.

It's easy money, if they're [young people] from a deprived background and not got a lot it seems like a good idea. Young people see the glory side of it and don't realise what the next step is.

There's no fear of the police any more. If young people are seen to be involved with it, they are part of the 'in' crowd.

The need to belong and be accepted are strong influences on how young people shape their behaviour. In Sidwell Rise and Etherington, being part of a crew (or gang) was an important part of some young people's identity, and some crews were defined by their association with drug dealing.

6 Implications for policy and practice

This study has aimed to characterise the complexities of the problems encountered in tackling local drug markets. We have shown how different drug markets can have different relationships with their communities – sometimes symbiotic, sometimes entirely parasitic. Different sorts of market will demand different sorts of response. If those who have to tackle local markets misunderstand and oversimplify the way they work, the risk of failure is high. Traditionally, tackling drug dealing has been seen as the exclusive responsibility of agencies in the criminal justice system. Other agencies have not been expected or required to respond to drug markets. As we shall argue, some markets can be tackled effectively only if responsibility for doing so is spread broadly across a number of agencies.

We are conscious that we have painted a gloomy picture. Some might think that, where markets are entrenched in their local communities, the only realistic option is to wait until drug dealing is causing such problems locally that there is enough momentum for action. While we are pessimistic about *rapid* solutions, we argue in this chapter that it is important to tackle such markets energetically and on several fronts.

We shall examine options for tackling local markets under four headings:

- Enforcement
- Community capacity building
- Preventing involvement in markets
- Finding ‘exit strategies’ for those involved in markets.

First, however, we shall summarise the key findings to have emerged.

Key findings

The communities that hosted our markets had much in common. They were all situated in deprived areas, all suffered from high levels of unemployment and there were few local amenities or recreational facilities. The markets also had much in common. In all, heroin and crack could be bought seven days a week, 24 hours a day. However, there were some marked differences between the markets. In Byrne Valley, the most noticeable feature of the market was the integral part that teenage runners had in it. In Midson Vale, the market operated around several dealing houses as well as a closed street-based delivery system. Sidwell Rise was in a period of transition during the fieldwork and its previously established static selling market had now been disrupted and partly displaced into Etherington.

Although all four areas suffered from multiple forms of deprivation, it would be wrong to assume that they all lacked any sense of community. On the contrary, two – Sidwell Rise and Byrne Valley – had strong community identities and rich social networks. We suggested in Chapter 5 that the precise nature of their sense of community could have actually facilitated the emergence of drug markets. The sense of togetherness that can develop as a response to shared deprivation tends to bring with it a sort of inward-looking insularity and suspiciousness of outside authority, and a degree of tolerance of law breaking as a strategy for getting by. These are good conditions for the emergence of drug markets and we have seen how, in both communities, the drug market was initially deeply embedded in the community. By way of contrast, Etherington and Midson Vale,

in particular, had much weaker community bonds and the markets were more distanced from the community.

We have seen that the markets had followed differing trajectories. The original 'home-grown' dealers in Sidwell Rise were displaced by outsiders; the market became more violent and more attenuated from the community. More intensive policing coupled with community pressure began to destabilise the market over the course of the study, and we expect that this process will continue. One consequence has been the displacement of dealing to Etherington. Residents in Etherington, while concerned about these developments, have not developed the same capacity as Sidwell Rise to mobilise resources to tackle the problem. In the short or middle term, Etherington's market could remain stable or it could grow.

The other two markets – Byrne Valley well embedded in the local community and Midson Vale very much detached from a poorly integrated community – were in the course of fieldwork attracting little attention from the police and few demands from the community for action. Again, we predict that, in the absence of a crisis that serves to trigger action, these markets will remain stable or will grow.

In summary, the impact of drug markets on their host neighbourhoods varies. In neighbourhoods like Sidwell Rise, where residents have developed a shared commitment to improving their area, have strong lines of communication with outside services and where active sellers have weak ties to the area, drug markets can be vulnerable to disruption. In communities with vibrant drug markets, where sellers have strong ties to other residents and the market poses few immediate threats, drug

markets may prove hard to dislodge. Those that are deeply embedded may prove as intractable as well-established and widely known central markets.¹ The obvious question posed by our findings is whether the police and the local authorities can do anything to accelerate the sort of evolutionary process that occurred in Sidwell Rise. We have seen that the Sidwell Rise community developed increasing capacity to act collectively against the market, which was becoming disembedded from the community and destabilised. In a large part, this can be seen as a response by the community to the increasingly intrusive problems caused by the market. But can such developments be engineered and controlled? The rest of this chapter suggests some ways in which this might be achieved.

Enforcement

Enforcement action by the police will obviously be an important strand in any strategy to tackle a local market. However, it was beyond the scope of the study to assess specific policing tactics in any detail and we did not formally evaluate any of the policing initiatives in our four markets. However, with the benefit of hindsight, one can see how policing of the two markets that were policed with any intensity – Sidwell Rise and Etherington – had unintended as well as intended consequences.

Where markets are only minimally linked into their host communities, enforcement strategies may work in a fairly unproblematic way. The closer the links, however, the more problematic enforcement strategies may prove. The difficulty is that, in places where there is a ready supply of market workers, arrest,

conviction and imprisonment of key players will simply create 'promotion opportunities' for their subordinates or result in other forms of substitution.

We have seen how action against the well-embedded market in Sidwell Rise succeeded in removing a cohort of local sellers. The vacuum thus created was filled by a new group of sellers who had fewer attachments to the area and who were less regulated by local pressures. They were more ready to take risks than their predecessors, including the risks associated with the use of violence. And, as the latter started returning to the area on release from prison, tensions between the two groups grew. At this point, the costs to the community of the enforcement strategy seemed to some residents to have outweighed any benefits. Sellers who were locally known and were to some extent responsive to local pressures had been replaced by more violent, more criminally entrenched risk-takers with little or no attachment to the area; and the two groups were now engaged in a 'turf war'.

However, the longer-term effect of the enforcement action was to disembed the market from the community and to unite the community against the market. Social networks that previously had demonstrated a wealth of bonding social capital but little bridging capital began to develop the latter to significant effect. And, of course, we have seen that Sidwell Rise's gain was Etherington's loss. The key issue raised by this process is whether it would have been possible to disembed the Sidwell Rise market from its host community in ways that had fewer costs both for local residents and those in the adjacent area.

It is highly unlikely that this would have been possible through enforcement action alone. Webster and Hough (in press), reviewing the literature on engaging communities to tackle harm related to crack cocaine, noted that: 'a criminal justice response to the problems associated with crack [markets] is not, in itself, sufficient'. They further add that: 'There is a consensus that most large-scale crackdowns have modest and short-lived effects on drug markets'. Indeed, the sellers in our study were largely unaffected by the police. Only half stated that police activity influenced how they conducted their transactions and during our fieldwork we were aware that, in Sidwell Rise, a market that experienced considerable enforcement efforts, sellers began to return to the area shortly after the sustained police efforts. It is now becoming widely accepted that enforcement does not necessarily eradicate drug markets but merely displaces them. The Home Office good-practice guidance *Tackling Drug Supply* (Drug Strategy Directorate, 2005) also recognises that there needs to be a co-ordinated approach in tackling street-level dealing and that enforcement tactics alone will not have a sustainable impact on drug markets. The rest of this chapter considers what other measures could help safeguard communities against many of the harms associated with Class A drug markets.

Community capacity building

It is the Holy Grail of community development work to develop community networks that actually result in effective collective action. In Putnam's (2000) terminology, the challenge is to

transform bonding capital into bridging capital, or at least to grow the latter out of the former. It is beyond the scope of this report to provide a detailed discussion of how to do this.² However, we are able to offer some thoughts about the specific issues raised by crack and heroin markets.

Consultation

The first step has to be genuinely open consultation with those who live and work in the area. Shiner *et al.* (2004) highlight the difficulty in achieving a balance of power between communities and professionals in the consultative process and the danger of consultation being either tokenistic or exploitative. Smith (2001) also stressed that, when working with communities, interventions need to be appropriate and acceptable to local people. Therefore a way forward in engaging communities is a need to establish common concerns that exist within these communities, which outside services can actively act upon. These common concerns can be established through relatively brief street surveys or through existing forums such as those used in consultation about crime and disorder. Crime is very likely to emerge as a high concern, given that areas associated with drug markets often experience high levels of associated crime. However, other concerns may focus on the local environment, the lack of facilities within the local area and young people. A striking finding in Byrne Valley was that local residents, professionals and drug sellers all identified a need for more facilities for young people. In such circumstances, the next step must be meaningful consultation with young people themselves. Detached youth work is probably

the best approach to finding out what services and facilities young people in such areas would actually use.

Housing management, housing allocation and regeneration

Within the neighbourhoods that we studied, housing management and allocation provided some potential important levers for community capacity building. Poor allocation and management of local housing stock can exacerbate any problems an area may be experiencing. Housing providers must recognise that particular housing mixes – such as predominance of one- or two-bedroom properties – can work against the development of local networks and deter people from investing their futures in the neighbourhood. Similarly, a strategy of boarding up voided properties can have a disproportionate effect on the way that people feel about their neighbourhood; rapid reletting may cost more in the short term, but the investment may pay off. Groves *et al.*'s (2003) work on the Bournville Village Trust in Birmingham showed how communities with a mix of property type, tenure and value provided choice, variety and opportunity for residents while not creating division, conflict and fragmentation within the community. It is noteworthy that, during fieldwork, building work was starting in Sidwell Rise with the specific intention of diversifying the housing stock by providing new family homes.

Ignoring people's preferences when making allocation decisions is a sure way of squandering social capital. A neighbourhood made up of disaffected residents is unlikely to have the ability or the capacity to want to build

a community. One initiative designed to address this issue is the Government's 'Choice-based Lettings Scheme'. The rationale for the scheme is to extend choice for social tenants. It is the Government's intention to secure a shift away from a system whereby tenants are given no choice in where they are housed to one that is geared towards meeting the needs of individuals. Choice-based Letting Schemes also seek to place homeless people in accommodation. In adopting and promoting this approach, the Government highlighted that some vulnerable groups may also need other appropriate support services, such as help from social services.

Regenerating the run-down areas that typically host drug markets constitutes one of the 'wicked issues' that local planners have to contend with. In this study, we have seen two sorts of problem associated with regeneration. The first related to *focus*. While Byrne Valley had been targeted for regeneration expenditure, residents believed that the neighbourhood that stood in most need of money failed to get it. Instead, the money was spent on the periphery of this area, leaving the real problems untouched. Second, there are difficult problems of *transition*. The tower blocks in Midson Vale were scheduled for demolition and we had a strong sense that, in the intervening period, these properties had been consigned to a sort of limbo where the remaining residents could expect little support. We are not in a position to put forward concrete proposals for managing such problems of transition, but it is clear that a strategy of inaction is deeply unfair on their residents.

The need for realism

While engagement with communities through consultation is vital, there is a need to give residents realistic expectations of what can be initially achieved through the consultation process and that change within an area may not happen straight away or be immediately apparent. More damage than good can be caused by 'whipping up' the expectations of a community about changes within the area only for them not to come to fruition, underachieve or fail. It is therefore important to establish realistic goals for agencies and services that have contact with the local community. It is important to emphasize that working with communities is a long-term process.

Communities with a strong sense of community such as Byrne Valley are often very hostile to change and contemptuous to outside services, and it will take a considerable time for these community attitudes to change. Therefore there is an importance to introduce services that the community want. Services need to be perceived by local residents to be for the community and to be physically situated within the local community. If this does not happen, local communities will not engage with them.

Maintaining momentum

We have seen that, through happenstance or planning, communities can develop the resources and energy to take effective action against problems such as drug markets. In such cases, a key issue is to ensure that any cohesion and engagement from the community with services continue and that services are responsive to change within the community.

That can be achieved by monitoring population growth and change within the area. This monitoring is important, as there is a danger of communities that have made progress reverting to their old selves.

Within these communities there is also the opportunity to start developing more sophisticated forms of community engagement. This could take the form of community conferencing where a greater understanding between different groups within the community can be established, and views and experiences of living in the area can be shared. This can help facilitate obtaining views from groups that are normally either hard to access or whose views are unheard, for instance drug users who actually reside within the community. This interaction among groups could perhaps be facilitated through the use of community mediators. Hester and Westmarland (2004) highlighted how this approach worked between sex workers and local residents in Stoke-on-Trent with a dialogue between the two groups established through a community development worker, which reduced tension between the two groups. This approach would perhaps not work in communities with more bonded social capital characteristics, as there would not be tolerance from certain sections of the community to other sections of the community, as was highlighted in Byrne Valley in Chapter 5 between the young people and users on the estate.

There is also a need to continue to invest long-term funding into community projects while giving these projects more gradual autonomy of how this funding is invested so residents can have a sense of control over interventions within their community. Bashford *et al.* (2003) highlighted how specific community

groups in black and minority ethnic communities were funded and supported to assess needs in their own community, and recommended any necessary action that needed to be taken.

Prevention

If you were 18 or 19, you've left home, you're living in a grotty bedsit, grotty with mildew, you're coughing up £80 a week, plus your council tax, plus £20 for bills, and for whatever reason your income is about £180. What would you do to supplement your income? That's easy.

So far, we have been considering short- and middle-term remedial action for neighbourhoods where markets have become established. In the longer term, there is a need for preventive work to protect young people from becoming involved in their local drug market.

In our sites, the level of understanding about why young people become involved, and how they were able to, was somewhat hazy. We have seen that their degree of involvement varied from site to site. In Sidwell Rise sellers had little need to recruit young people, but in Byrne Valley they were integral, connecting buyer with seller. Again, in marked contrast, in Sidwell Rise potential runners often viewed the life of a seller through rose-tinted glasses. There was a kudos attached to selling, which focused on the items that could be bought and the girls that could be impressed. In Byrne Valley young runners saw the 'job' as a way out of the life they were in. In both areas there were, however, similarities. As mentioned in Chapter 3, our sellers had often experienced chaotic early lives.

Many were known to either the police or social services prior to their sixteenth birthday. For many of our sample any legitimate opportunities had been curtailed before they had reached adulthood.

From our interviews we found that young people's involvement in all our drug markets was on the increase. However, none of our sites had any formal structures in place to identify those young people who many professionals were concerned could be at risk of entering selling. Preventing young people from entering a drug market, either as sellers or runners, could be done in a number of ways.

Understanding young people

It is a cliché that communication between young people and adults can often be a struggle. Young people who have a status to maintain, are angry with the world, or have an inherent or justifiable distrust and dislike of adults in a position of power are possibly those most at risk of disengaging with the education system and any initiatives aimed at them. In all our sites there were initiatives aimed at young people, but these initiatives often had only a narrow appeal to small groups. In designing and implementing schemes and interventions young people need to be consulted in a meaningful way.

Work with young people needs to be done by an individual they trust. Young people in all our areas generally distrusted figures of authority, but detached youth outreach workers were not viewed in the same light. Detached youth workers were identified neither with social services nor the criminal justice system. In young people's minds they were a friend rather than a foe. In communities that host drug markets, detached youth workers can play an

important part in reaching hard-to-reach youth. In all our areas young people who had been excluded from school and pupil referral units did not access mainstream activities for young people. In essence the drug market was their playground. Expectations need to be realistic, of course. In areas where young people are recruited into selling through family networks, gaining the trust of these young people to steer them to alternative activities will take time, commitment and long-term funding. Attempting to shock these young people about the realities of drug selling is likely to fall on deaf ears. One of our professionals advocated exactly this:

Show them what this lifestyle is really like. The lifespan is not very long. Because, right about now, you've got more people buying guns and weapons and stuff like that ... you're probably going to see 21, 25 if you're lucky.

Our judgement is that this approach would meet with derision.

Involving the education system

Understandably, educational interventions were popular among many of our professional and police interviewees as an important way of preventing young people becoming involved in selling drugs. The education system can capture a large number of young people in one place and – with luck – exert some influence on them and explain to them the realities and consequences of selling drugs. However, while there is an abundance of literature about preventing harmful drug use among young people, to our knowledge there are no educational interventions designed to prevent young people from selling drugs.

Specific educational interventions could include ex-sellers discussing the realities of the selling lifestyle. However, it should be noted that the success of such an approach will be dependent on the type of market and community. In Sidwell Rise and Etherington, for example, the dealing lifestyle was viewed positively by some of our young people. Having an ex-dealer present an honest picture of the drug market is likely to diminish some of the glamour surrounding drug dealing. As discussed above, an approach akin to 'Scared Straight' prison programmes is unlikely to work on the basis of the available research evidence (Lloyd, 1995), but a lower-key approach might achieve something in some neighbourhoods. The more the illicit economy is an adaptive response to poverty, as in Byrne Valley, the less success one can anticipate, however.

Where young people have been excluded from school the education system can also play a role. Excluees who reside in drug markets should be carefully monitored and provided with support. Detached youth outreach workers could be alerted where young people have been excluded from school and could work with both the young person and the home tutor.

Diversion interventions for young people at risk of involvement in drug markets

Our professional and police interviewees believed that diversion activities would help prevent young people from becoming involved in selling. The delivery of interventions will be dependent on the relationship between the community and outside agencies, as discussed in Chapter 4. Diversion interventions should be put in place after meaningful consultation with young people about appropriate services and

facilities required. Investing solely in community centres and sports centres is unlikely to reach the most disaffected young people most at risk of involvement in drug markets (cf. Robins, 1992).

The Home Office established the 'On Track' programme in 1999 (which was then transferred to the Children and Young People's Unit in 2001). This is a preventative programme targeting four to 12 year olds and their families in 24 high-crime and high-deprivation areas in England and Wales. 'On Track' is a long-term multi-intervention programme, which aims to reduce offending by working with young children at risk of involvement in anti-social behaviour and crime. Although an early evaluation of this long-term programme stated that it had 'mixed success', its future has been described as promising (France *et al.*, 2004). If its effectiveness is proven, high-crime areas hosting drug markets are obvious sites in which to replicate it.

The youth justice system as a referral mechanism

In theory, the youth justice system allows for a wide range of referral options at each stage of the process. Reprimands – the lowest level of formal police warning – can trigger referral to a voluntary programme (e.g. a Youth Inclusion Programme). A final warning³ automatically triggers a referral to the Youth Offending Team (YOT) and through the YOT to a Youth Offender Panel (YOP). This is perhaps the first point that the youth justice system can act as a referral mechanism to other services. Following a young person's first conviction, a referral order is mandatory – except where the offence is so serious as to require custody.

In practice, we found little evidence that young people who had become involved in our markets as runners had benefited from, or even been exposed to, these referral processes at any stage of their criminal careers. We suspect that the problem is largely one of YOT capacity and partly one of awareness on the part of YOT workers. They are familiar with, and attuned to, relatively low-level offending and, where drug offences are involved, these usually are possession offences. Involvement in supply offences may simply pass unnoticed. If this is so, then the remedy is to alert YOT to the possibility of supply offences in areas where drug markets are known to be active. There is an obvious role for Drug Action Teams (DATs) to play here.

Finding 'exit strategies' for those involved in markets

Finally, we would like to sketch out some ideas about helping those seeking 'early retirement' from drug selling. Few of our sample had actually stopped selling drugs. However, we did ask all market respondents what, if anything, would help them to abandon 'the lifestyle'. Although several stated that the criminal justice system was a deterrent, interviewees simultaneously claimed to be unperturbed by the threat of arrest and imprisonment. It would appear that, while interviewees were cautious and took measures to avoid being arrested, the threat of imprisonment was not real enough for them to desist from selling. Some mentioned that the support and encouragement of a family member could be important; others mentioned legitimate work, becoming drug free or winning the

Lottery. A minority could think of nothing that would encourage them to give up selling.

At the time of fieldwork, one site – Sidwell Rise – was piloting an interesting idea exploring ways to assist drug sellers to exit from dealing. The idea was in its infancy but provided the only example in our sites of an agency actively working to assist sellers to desist from selling. In collaboration with the treatment service, a local retired drug seller was offering support to both the partners of sellers who had been imprisoned and to sellers themselves. The idea was that the ex-seller would access imprisoned dealers and discuss their options for alternative employment upon release. Unfortunately, the project struggled to get their new worker security-cleared throughout the pilot and he was left unable to get access to prisoners. However, on our prison visits, we asked all interviewees if they would welcome the opportunity to access such a service while serving a custodial sentence. All who were contemplating retirement from dealing stated they would, and even those who were not contemplating retirement said that it would be the type of service they would use. Its appeal appeared to be that it involved an ex-seller working with a trained professional to provide a realistic overview of life after selling, coupled with practical assistance. The combination of empathy and expert advice seemed very attractive. We think a project of this type is worth exploring further. We found no courses designed to help individuals convicted of selling drugs. All that was reportedly available to our imprisoned sellers were anger management courses – which did little to help our sellers and a great deal to annoy them.

The future

Finally, it is perhaps worth looking into the future. It is impossible to predict what shape markets will take in the next five to ten years. While it is certain that they will evolve – one way or another – the actual shape they take will

probably depend on the interaction of developments in the law, in enforcement technology, in pharmaceutical knowledge, in selling technology and how these – in combination – affect local communities.

Notes

Chapter 1

- 1 'The community' has quite different connotations, of course. It is often no more than a synonym either for the general population or for the social space that exists outside of institutions, as in 'Care in the Community'.
- 2 King's Cross in London is one of the best examples.
- 3 Snowballing is a technique that refers to identifying new interviewees who fit the research criteria through already existing networks and contacts.

Chapter 2

- 1 Super Output Areas (SOAs) are sub-ward areas that measure deprivation in much greater detail than had previously been possible at ward level. There are 32,000 SOAs compared to the previous 8,500 wards. Each SOA has an average population of 1,500 residents.
- 2 Recorded crime figures for the four sites are for the period June 2003 to May 2004.
- 3 These rules or conventions required sellers not to undercut others' prices, not to take over another seller's patch and generally not to 'rock the boat'.
- 4 In 2003, there was a stock transfer of all council properties to a housing association.
- 5 This was usually done by offering tenants alcohol or drugs in exchange for using their properties.

Chapter 3

- 1 For nearly all questions in this chapter, respondents were able to provide more than one answer. Where this is the case we have used multiple response analysis; hence total numbers will nearly always be more than 68.
- 2 Secure accommodation is local authority secure children's homes run by local authority social service departments. They provide secure accommodation for children who have been through the criminal justice system.
- 3 It was unclear whether these formal qualifications had been obtained at or after leaving school.
- 4 Average income and spend were skewed by a small number of very high earners. For this reason, we have used the median – the mid-point score – rather than the mean as our average.
- 5 It should be noted that this amount was not earned every week.
- 6 As with the sellers in our sample, those earning high amounts rarely worked every week and rarely earned this amount every week.
- 7 In hindsight, the question about *access* to weapons was too broad. Outside of the formal interview a number of interviewees commented that all adults have access to knives and, for a price, anyone would be able to buy a gun.

Chapter 4

- 1 Environmental issues included: litter, lack of green space and derelict buildings.

Chapter 5

- 1 In assessing these claims, it should be remembered that the neighbourhood had quite high levels of crime and that any informal policing role filled by dealers must have had only a limited impact.
- 2 The term 'blood clot' is generally used in a derogatory way. However, in this quote, the interviewee uses the term in the same way as people use the term 'wicked' when they are referring to something they think is good – i.e. it is used as a contranym.

Chapter 6

- 1 It is the reputation of central markets that makes them so resilient; unlike embedded local markets, they provide few benefits for the local community to offset the extensive nuisance they cause.
- 2 There is now an extensive literature on the topic, of which the following are key texts: Taylor (1995); Skinner (1997); McGregor *et al.* (2003).
- 3 A formal verbal warning given by a police officer to a young person who admits their guilt for a first or second offence.

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