

Section F: Enforcement and supply activity

Enforcement and supply activity has in many ways been the poor relation of treatment and tackling drug related crime throughout the life of the current strategy. At some levels in the police the understanding of the national strategy and the commitment to delivery in partnership (particularly around issues of public health and the Drug Interventions Programme) has been outstanding, however overall delivery at a local level has often been disappointing.

Among the reasons for this are lack of national direction, lack of coherent local or national targets, and poor partnership working.

In terms of national direction, there is a distinct misfit between what the police are expected to do and what they are able to do. While the top-level drive of the strategy is to reduce the availability of drugs across the UK, the police's actual ability to do so is limited. Police operations do disrupt street and middle markets on a regular basis – large quantities of drugs are seized and drug gangs are broken up. However, owing to the ready availability of drugs and the profits to be earned from the trade, the gains from local enforcement activity are generally short-lived. At a local level if activity is disrupted, it can easily be displaced to another location. And where drug dealers are taken off the streets or middle market/wholesale traffickers are imprisoned, they seem to be quickly replaced with little sustained impact on supply, price or purity.¹

¹ Best, D et al (2001) Assessment of a concentrated, high profile police operation: no discernible impact on drug availability, price or purity. *British Journal of Criminology*: 41 (4), p.738-745; also, Parker, H and Eggington, R (undated) *Managing local heroin-crack problems: hard lessons about policing drug markets and treating problem users*. Manchester University
See also: Cabinet Strategy Unit (2003) *SU Drugs Project – Phase 1 report: understanding the issues*

Although the political imperative is for such activity to continue, there are questions to be asked about cost effectiveness and ‘value for money’.

DrugScope believes that the purpose of availability and enforcement must be first and foremost to reduce harms to the community. This means that we need to develop a better understanding of how these interventions impact on drug markets and even more importantly what impact they have on the quality of life of the community.

In addition to this, **DrugScope** would welcome a clear national lead around this to be evident in the new strategy and would also hope that through the National Standards Framework for Community Safety and using the Assessment of Policing and Community Safety (APACS) Framework that targets for policing to reduce drugs harm to communities can be in place in all areas to support the overall work of local partnerships.

27a. How can police forces best build confidence that drug supply is being effectively tackled locally?

During our consultation we were told of an estate where a number of large scale policing operations took place to disrupt supply over a 12-month period. After the first operation where a large quantity of drugs were seized the number of dealers and the quantity of heroin that was seized was widely publicised and the community were very pleased. After six weeks however the dealers were back and after the next operation and similar publicity about quantities seized, the community expressed great dissatisfaction and said that they felt the operation was a waste of money and time. However after a third operation, the publicity was much more low key and focussed on what had been achieved for the community rather than simple statistics about seizures. In this case, an open drug market that had centred around a small parade of shops was disrupted and people who hadn't been able

to use the shops were able to do so again. Both the traders and the community were pleased with the results and the operation was demonstrated to have a real impact on quality of life.

It is these types of approaches to communicating success that **DrugScope** feels build public confidence in availability and enforcement operations. As we were told at the time,

“...no one really cares if it’s a hundred or a thousand grams of cocaine that are lifted in [a local area], but people do care if 20 old ladies can buy their Pickles a tin of Whiskers without fear.”

27b. Do the police and local communities have all the powers they need to tackle anti-social behaviour related to drug dealing and use?

DrugScope understands from its consultation and through discussions with those working in community safety and the criminal justice system that no further legislation is required to enable police and local communities to tackle the problems relating to substance misuse, however we have picked up on concerns that the uneven implementation of some existing powers is causing problems in some areas. For example zero tolerance of alcohol related disorder in one borough can lead to increased alcohol related disorder in another borough as troublemakers “relocate for a scrap”.

28. What role should communities play in tackling drug dealers and drug supply?

There are well-defined roles for communities to play in tackling drug dealers and drug supply. These include using the Crimestoppers numbers, being active in local neighbourhood crime prevention groups such as Neighbourhood Watch and through involvement in police

community forums. Communities also have a vital role to play in stifling the illegal activity that often sits alongside drug markets – such as the onward sale of stolen goods.

29. Which organisations might be able to assist in assessing the impact of supply-side activities in communities?

As we have already said, it is critical to assess the impact of supply side operations in terms of the quality of life of communities and the effect on the drug market. In terms of the first impact – that on quality of life – key organisations to involve are the local strategic partnership and the agencies that contribute to it. The community themselves should be involved in this assessment – setting baselines about the impact of the market and assessing the benefits associated with its disruption in the short, medium and long term. In terms of market disruption itself as an end, critical people to engage will include local drug users and drugs agencies.

30. To what extent and how should the UK tackle potential emerging threats (such as methamphetamine) as opposed to established drugs (such as heroin)? Methamphetamine is commonly referred to in the media as ‘crystal meth’; it has many street names including ‘ice’.

Responses to tackle potential emerging threats should be determined by the available evidence as to the likelihood and/or seriousness of the threat and not, for example, by media reporting. Potential threats can include the emergence of new drugs but can also come from existing drugs – e.g., increases in prevalence, changes in use and new evidence as to harms.

Experiences in other countries can inform pre-emptive and preventative responses, as can intelligence on high level and international criminal activity. However, as a general rule it should not

be assumed that every potential threat to the UK will be realised. There are examples of drugs that were problematic in the USA such as phencyclidine ('angel dust') that failed to appear in the UK in any significant quantity.

The Advisory Council on the Misuse of Drugs (ACMD) has a key role in conducting early warning assessments of drugs which might become problematic and their harms, although any moves to control should be accompanied by a robust evidence base across physical, mental and social harms. Enforcement activity should be focussed on those substances likely to cause the most harm to society as whole – from the user to the wider community.

So far, it would seem that the presence of crystal methamphetamine in the UK is limited – and could remain so given the relative cheapness and availability of other stimulant drugs such as cocaine and crack. Another factor that could inhibit widespread availability is that, from experience in other countries, crystal meth is produced 'in situ' rather than imported. This increases the chances of detection, not least because of suspicions that might be reported within the local community. The same scenario seems to apply to commercial cannabis farms in the UK that are regularly detected and disrupted by police.

Enforcement activity should be focussed on those substances likely to cause the most harm to society as whole – from the user to the wider community. **DrugScope** supported the reclassification of methamphetamine to Class A in January 2007 (following the advice of the ACMD) as a sensible precautionary move. There is no evidence available to establish whether it has been a deterrence to use, but reclassification has enabled police forces (nationally and locally) to allocate resources to identification and preventative measures.

31a. Do you think that there are ways in which the UK's broad approach to working with governments in priority drug producing, transit and consumer countries to tackle the causes and effects of drug problems and the harms caused to the UK can be developed and improved?

31b. How might this be achieved?

The actual countries involved in the main, primary plant drug production are just Colombia for cocaine (with Bolivia and Peru) and Afghanistan (with some production in Mexico and the Far East) for heroin. Yet despite so few countries being involved - none of who carry any diplomatic or economic 'clout' - nevertheless, the combined weight of the international community seems powerless to stifle production. This is a significant indicator of how complex the situation is, both within the producer countries and geopolitically within and between the main players on the international stage. And also why simplistic and environmentally hazardous solutions such as crop spraying etc are non-starters. The answers have to be sought within producer countries in terms of economic, political and social stability, which may seem a distant hope for the main countries involved.

Similar situations apply in transit countries where the necessary enforcement infrastructures are not in place and where often corruption is rampant. Again under those circumstances it is hard to see what significant impact can be made on international drug trafficking unless the cornerstones for effective enforcement are in place.

Nor does there seem to be much scope for international cooperation on demand reduction. The recent USA/UN – backed campaign by the Colombian government to 'shame' European governments into doing more to tackle demand for cocaine was widely regarded as ill-conceived.

In general, the nature of a drug culture is very much determined on a national basis and national links to particular sources of drugs. So for example, during the 1980s, although both the UK and the USA experienced significant economic downturns with consequential rises in problematic drug use – for the USA the main problem was crack cocaine while for the UK it was heroin.

However, when it comes to limiting the damage caused by drugs, then much can be done. The risk factors contributing to problem drug use in the UK apply and are mitigated by good health care, employment and housing. There are tremendous global health gains to be made through public health-oriented harm reduction measures especially in reducing the spread of blood-borne viruses among injecting drug users. However progress in this and other harm reduction actions are severely hampered by the implacable opposition of the USA and the UN Office of Drugs and Crime. **DrugScope** calls upon the UK government representatives to the Commission on Narcotic Drugs to exert pressure on those opposed to such measures that could save so many lives and significantly reduce harm to the wider community. There are a number of organisations that can offer assistance, in particular the International Harm Reduction Association and the International Drug Policy Consortium, of which **DrugScope** is a founder member.

32. How might we better measure the impact of supply and enforcement activity?

The key measures should be around:

Quality of life of communities – including levels of crime, anti social behaviour, mental ill health;

Impact on Drug Markets – purity, price, availability, time for which market was disrupted;

Economic – Impact on regeneration, void properties, local business ‘footfall’;

Environmental – Impact on physical environment, level of drug litter, public drug taking;

Health – Impact on health of drug users, impact on health of wider community.

Changes in these measures should be evidenced by the relevant local agencies and the work could be undertaken through the Crime and Disorder Reduction Partnership. Evaluations of this kind should not be restricted to supply side interventions – but could also extend to other community level activities aimed at tackling the problems related to substance use.²

² An Australian review of the international evidence suggests that partnership working at a community level can reduce harms associated with drug markets. See Mazerolle, L et al (2005) Drug law enforcement: the evidence. Victoria: Turning Point Alcohol and Drug Centre

