



Crime Detection and
Prevention Series
Paper 81

Tackling Rural Drugs Problems: A Participatory Approach

Norman Davidson
Louise Sturgeon-Adams
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Police Research Group: Crime Detection and Prevention Series

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The Crime Detection and Prevention Series follows on from the Crime Prevention Unit papers, a series which has been published by the Home Office since 1983. The recognition that effective crime strategies will often involve both crime prevention and crime investigation, however, has led to the scope of this series being broadened. This new series will present research material on both crime prevention and crime detection in a way which informs policy and practice throughout the service.

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Foreword

Drugs misuse is often mistakenly presented as an exclusively urban phenomenon. This study was commissioned to look at the problem of drugs misuse in a rural context. Of particular interest was the question of whether there are particular harm reduction initiatives which the police and their partner agencies might employ in rural areas.

The report catalogues the setting up of an initiative in a rural setting in East Yorkshire. Known as 'Participatory Drugs Profiling', the technique involves giving information to young people in order to inform their knowledge about drugs misuse without any stigma being attached to receiving it. As such it draws upon the skills and knowledge of a number of agencies who will already be committed to working together in Drug Action Teams and Drug Reference Groups.

I hope that the report will be a useful contribution to improving delivery of drugs education and harm reduction services to those who might otherwise have little chance to access them.

S W BOYS SMITH
Director of Police Policy
Home Office
July 1997

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Executive summary

Drugs misuse in rural areas has received increasing media attention but little work has been done to understand the nature and extent of the issue or to develop a coherent strategy for tackling it. In this paper we report on a programme of research and action undertaken in East Yorkshire to examine rural drug taking and facilitate an inter-agency initiative to reduce it. We have been particularly concerned throughout the project to emphasise the role of the police in understanding the problem and how to tackle it.

Key elements of the project

- Review of literature and general background to rural drug taking.
- An investigation of police intelligence on drugs in a rural area.
- Community-based surveys of drug taking in a rural area.
- Sharing knowledge and assessing the potential for action.
- Developing an inter-agency initiative - the Participatory Drugs Profiling Scheme.
- Evaluating the achievements of the initiative.

While the project has focused on the East Yorkshire case study, we have been careful to bear in mind the applicability of our findings to other contexts. Driffield is a small town serving a large agricultural area and is in many ways representative of rural England.

Key findings on drug issues

- There are few reliable indicators of the extent of misuse, but the indications are that it is less prevalent in rural than in urban areas.
- We found little evidence of pro-active use of police intelligence in the rural area although many officers see tackling drugs as important.
- All forms of drug misuse are evident but cannabis use is the most common.
- Drugs are widely available in Driffield and are also obtained in nearby large towns.
- Two clear needs were identified by people in the town - more information on all aspects of drug misuse and access to information in a way that does not stigmatise.
- Agencies indicated the need for 'stock-taking' as a platform for action.

Tackling the problem - an inter agency approach

The local initiative focused on building a shared view of drug issues and how they may be tackled through the participation of the police, agencies and local people. The initiative took the form of Participatory Drugs Profiling - police-led task-orientated group discussion of an aspect of drug misuse. The profile used was the life history of a drug user and the task of the groups was to draw a time-line of the user's life indicating when, how and by whom it could be changed. The profiling groups included agency workers and community representatives, parents and young people both inside and outside the school.

Participatory Drugs Profiling has benefits for all participants:

- for the police it uses their knowledge and leadership skills to build bridges with the community, raising trust and confidence;
- for other statutory and voluntary agencies it enables the setting of priorities sensitive to community needs;
- for the community it facilitates a dialogue which promotes a sharing of views about the issues and what can be done;
- for drug users and potential drug users it widens the scope for better-informed decision-making and choices.

The Participatory Drugs Profiling model is not resource intensive and is adaptable and capable of application in a variety of contexts.

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1. Introduction: knowledge about rural drug problems

Rural areas do not figure largely in the annals of drug use and abuse. Most attention has been paid to the metropolitan orientation of drug-taking - emphasising either the concentration in poor working class estates or the association with certain aspects of the creative professions. Recently however rural areas have had increased salience. There have been media reports suggesting abuse of veterinary drugs but more importantly there has been a rising consciousness that drug cultures might have escaped the urban realm as cities have decanted their populations and rural areas have become the focus for 'alternative' lifestyles. Public concern about the impact of societal changes on rural areas is reflected in the publication by parliament of a White Paper on Rural England in 1995 (Department for the Environment and Ministry of Agriculture Fisheries and Food, Cm 3016). The strength of these concerns is apparent in the wide range of this report, from the natural environment, to governance and the special place of historical legacies. While it covers crime and policing, including ways to tackle crime, the White Paper does not explicitly mention drugs as an issue.

Before examining the evidence for drug-taking in a rural context it is important to define some terms of reference. This study will be concerned with the use of drugs which contravenes the provisions of the Misuse of Drugs Act 1971 supplemented by the Drug Trafficking Offences Act of 1986. It will cover what are commonly known as 'illegal' drugs - cannabis, amphetamines, Ecstasy, heroin, cocaine, etc - as well as the misuse of tranquillisers and veterinary drugs. It will not cover 'legal' drugs such as alcohol and tobacco. However, it should be acknowledged that this neat distinction cuts across some very complex issues relating to the motivations behind drug use, the consequences for the user and for others, and not least in public perceptions of the problem.

We need to bear in mind that we live in a drug-using society that cannot easily be divided into "addicts and the rest when in reality there is a wide spectrum of reliance on artificial aids to living, ranging from an early morning cup of tea to an intravenous injection of heroin" (Teff, 1975). Tea, tobacco, alcohol and heroin are all drugs in the sense that they all contain a "chemical substance, whether of natural or synthetic origin, which can be used to alter perception, mood or other psychological states" (Gossop, 1996). It should also be remembered that drugs which are now illegal have had (and continue to have) vital medicinal applications (Erickson, 1993). Thus any concept of what is a 'drug' and what constitutes 'drug-dependence' depends on socially-constructed meanings that are culturally and historically defined as well as the pharmacological properties of the substance used (Gossop, 1996; McDermott, 1992; Akers, 1992; Royal College of Psychiatrists, 1987). Likewise "the acceptability of drug-use behaviour has varied widely across time, culture and substance" (Erickson, 1993). Anyone who introduces the 'drugs problem' in public debate has to acknowledge the strength and variety of preconceptions that exist - for example "the drug addict is a violent criminal; the drug addict is a moral

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degenerate; the drug addict wishes to convert non-users; the drug addict uses drugs because of an inferiority complex" (McDermott, 1992).

The drugs problem is therefore a large and contentious issue not easily categorised nor summarised. In acknowledging the difficulties of neat definition we do not wish to ignore the myriad of perspectives and processes that exist but rather would see them contributing to open debate about the issue of drugs in a rural context as a basis for developing a shared view about the way forward. There is no single entity that can be described as the drugs problem and therefore no simple solution. Drug-taking, like other social activities, is subject to fashion and trends which can be extremely volatile. Effective solutions need to be flexible and sensitive as well as shared.

The extent and nature of drug-taking in the rural context

Almost all the evidence from statistics and studies points to an increase in the use of illegal drugs over the past few years. However the illegality of drug-taking means that it is a hidden activity and one about which it is impossible to obtain a complete picture. These difficulties are compounded when trying to assess the size and nature of the rural drugs problem. Most studies have concentrated on urban areas and official statistics break down no further than police force areas which include both urban and rural. As Brown and Young (1995) suggest "An understanding of substance use in rural areas is hindered by the lack of specifically rural information or research."

The part of the picture given by official statistics shows a rapid rise in both seizures and offenders (Home Office, 1996c). Nationally over the ten-year period from 1985 to 1995 seizures of controlled drugs rose from 30,466 to 114,539. The number of drug offenders increased in similar proportion from 26,958 to 93,631. In Humberside the increase in seizures was from 267 to 1,394 and for offenders from 265 to 943. The caution of the Advisory Council on the Misuse of Drugs on the interpretation of figures needs to be acknowledged - that "the number of people dealt with by the police and the courts for drugs offences is as much a reflection of the enforcement efforts of the police and HM Customs, as of the number of people misusing particular types of controlled drug" (ACMD, 1994). Another official source is annual statistics on drug addicts. Those figures only concern people in contact with doctors for the treatment of addiction to certain drugs (normally opiates and cocaine). Nationally in 1995 14,735 new addicts were notified with a further 22,429 renotified (Home Office, 1996b). Humberside has an above average rate of notification - 978 per million compared to 636 nationally. Addictions notifications are, however, notoriously difficult to interpret as they may reflect unwillingness of GPs to notify the length of waiting lists at prescribing agencies as well as underlying addiction rates. Substance misuse data is collected by regional health authorities, and relates to

contacts with drugs agencies. Again there are difficulties with this source of information - agencies may collect information in different ways; agencies may respect clients wishes for a confidential service, etc. The most recent data shows East Yorkshire returning figures of 500 compared to 1,800 in Hull for approximately similar population bases. The Northern and Yorkshire Regional Health Authority (1995) observes that "the urban/rural divide is less pronounced than may at first appear." The picture to emerge from official statistics of rural drug-taking is at best partial and certainly problematic in a number of respects. One fact is clear: the profiles of people likely to be included in the various sources are quite distinctive - the majority of people arrested for drug offences tend to be cannabis users, while those who come in contact with drugs agencies and the health service are opiate users.

Surveys of the prevalence of drug taking provide an alternative perspective. Most have concentrated on young people in urban areas (Parker, et al, 1988; Swadi, 1988; Bagnall, 1988) and thus cannot be taken as representative either in general or of rural areas. The most representative and extensive is that on the 1992 and 1994 sweeps of the British Crime Survey (Mott and Mirrlees-Black, 1995; Ramsay and Percy, 1996). While acknowledging that even these estimates are likely to underestimate the extent of drug taking, they do profile "a national benchmark against which findings of local surveys of self-reported drug misuse can be compared" (Mott and Mirrlees-Black, 1995). They also provide an insight into the relativities of drug-taking from which some tentative inferences may be drawn about rural areas. Ramsay and Percy (1995) indicate that about 6% of the adult population admit to using drugs within the last month and about 28% have used drugs at some point in their lives. Consumption of drugs declines markedly with age from a peak at 19 years; 46% of 16-19 year-olds admit to ever taking drugs compared to 12% of 50-59 year-olds. Males are more likely to be drug users than females with a more marked persistence with age.

Geographical differences are significant but less marked. Compared to the national average prevalence rate of 28% for lifetime use, London is highest with 38% and the North and East Midlands lowest with 22%. Yorkshire and Humberside has 26%. Inner-city residents have a rate of 32%. One particular type of neighbourhood stands out with a rate of 50% - inner-city areas with high proportions of young, single, working people and flats (bedsits). Other sorts of areas on the affluence spectrum are weakly differentiated by drug use (all in the range of 23-30%). The implication of these patterns of drug use is concentration in specific parts of inner-city, especially metropolitan, areas with relative lack of differentiation elsewhere. It is unlikely that rural areas are going to be highlighted by an absence of drug-taking given the levels of prevalence and the degree of social and geographical orientation illustrated by the British Crime Survey studies. Indeed it would not be surprising if rural areas were little different from the vast majority of urban and suburban areas. Very little

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research has been carried out specifically on rural drug issues. One exception is Newcombe's (1993) study of the North Wealden District of East Sussex. Using a questionnaire of 14 and 15 year-olds administered through local schools, it was found that one in five young people had tried an illicit drug, about one third had been offered drugs and threequarters knew of someone who had tried them. Parker (1995) emphasises the greater opportunities to produce drugs, especially cannabis, and in rural areas cultivation may be made easier by isolation and disused farm buildings. Devon and Cornwall Police Force Area has one of the highest rates of seizure for cultivation (Home Office, 1996c).

There is a dearth of theory developed specifically to assist understanding of rural drug use. Some pointers are provided by Dean (1995) in a study of drug users in an East Yorkshire coastal town. He identifies some salient features in the pattern of drug use - the role of incomers into a community; the supply networks (contacts elsewhere) which make drugs available; and the types of drugs available in a particular area (for example veterinary tranquillisers and anaesthetics in farming communities). Dean's findings "depict a complex relationship between residential remoteness, incomer influence and social proximity", and highlight the very complex nature of drug use in rural areas. Edwards (1992) indicates the more limited options for treatment in rural areas because of factors such as transport but also due to attitudes and beliefs typical of rural areas. Treatment options must match the specific culture of the community in which they are to operate.

What do we know, then, about rural drug-taking? First, it is very unlikely to be absent. Indeed the extent of rural drug-taking may not differ radically from other small town and suburban areas. As in those areas the prevalence of drug-taking of any sort may be surprisingly high, particularly among the 16-21 year age group. As elsewhere, the level of serious abuse is likely to be low but rarely absent. What may distinguish rural drug-taking are those very factors which distinguish rural areas - criteria which we will return to below.

The drugs policy environment

The defining legislation for drugs policy is the 1971 Misuse of Drugs Act. Its objectives are clear: "to control use, production and distribution of all drugs recognised as being medicinally or socially harmful" (Fortson, 1988). The Act divides controlled drugs into five Schedules which dictate the ways in which drugs can be used. Schedule 1 drugs are most strictly controlled and cannot be used for any purpose other than research and only then under licence from the Home Office (for example cannabis, raw opium). Schedule 5 contains the drugs considered to be of minimal risk (for example painkillers and cough mixtures). Schedules 2, 3 and 4 refer to the majority of drugs which can be prescribed for medicinal use (for example

heroin, cocaine, amphetamines, barbiturates). The 1971 Act also divided drugs into Classes A, B and C which dictate the penalties for possession or trafficking which each attracts. The most serious is trafficking in Class A drugs which, on indictment, can attract a life sentence or unlimited fine (ISDD, 1996). Some areas of the 1971 Act have been supplemented by the 1986 Drug Trafficking Offences Act which allows for the seizure of assets that cannot be proven not to have come from drug-related crime.

Government policy to address the drug problem is outlined in *Tackling Drugs Together* (Lord President et al, 1995). The thrust of policy is to take effective action by law enforcement, accessible treatment and a new emphasis on education and prevention.

The primary objectives are:

- 1) to increase the safety of communities from drug-related crime;
- 2) to reduce the acceptability and availability of drugs to young people;
- 3) to reduce the health risks and other damage related to drug misuse.

The framework set out in this document is one of inter-agency working. It provides the remit for local agencies to initiate:

- 1) Drug Action Teams to co-ordinate policy and develop action upon drug issues as they affect the local community, and
- 2) Drug Reference Groups consisting of various experts and practitioners to act as advisory bodies for the Action Teams.

The police perspective

The police have traditionally had a powerful, central role in the drug arena. In the past this role has focused almost entirely on enforcement - with the administration of justice - but this role has been gradually widening. The challenge of the new strategic role for the police is set out in *Tackling Crime Effectively*, Vol. 2 (Association of Chief Police Officers, 1996). Drugs are conceived as a multi-level problem which requires a multi-level solution. No longer are the police seen as simple agents of law-enforcement working in partnership with other agencies. Three specific roles are indicated:

- 1) Enforcement - disruption of street level dealing to gather intelligence on 'higher' levels of dealing;
- 2) Demand reduction through education - training officers for involvement in drugs education in schools; and

- 3) Harm reduction - which "can be seen as a range of measures designed to minimise the harm caused to all members of society, directly or indirectly through drug misuse" (ACPO, 1996).

The strategic thinking behind ACPO policy is concordant with *Tackling Drugs Together* but it also recognises that "multi-agency working challenges much of the practice and thinking of all concerned" (1996). It moves forces into a new era of policing drugs problems in which "Drug enforcement operations should be seen as complementing action in other areas such as diverting individuals from drug misuse and reducing harm caused both to the individual user and the community as a whole" (1996).

This approach to policing drugs has filtered down to force level. For example, Humberside Police (1996) have adopted the three-tiered structure advocated by the *Broome Report* (ACPO, 1985) within a multi-stranded approach to tackle drugs at Divisional, Force and Regional levels: "We will continue to enforce the law against those in possession of illegal drugs. However, we will recognise that such persons are often victims themselves and therefore amenable to the positive use of our cautioning policy and referral to appropriate support schemes". The policy affirms that "Vigorous enforcement of the law should support the efforts of other agencies to reduce the harm caused by drugs". The policy specifically supports needle exchange schemes and methadone programmes which have, in the past, been said by some to condone drug use.

As in many cases of rapid change and new modes of thinking, tensions remain. We have already observed that the number of drug offenders arrested may be as much a reflection of police policy as the number of users. Cautioning has been advocated as a means of containing street level drugs problems but there remain wide variations in cautioning policies and levels between forces (ACMD, 1994). West Yorkshire Police have responded to the tensions between law enforcement and education by limiting their contribution to drugs education to areas where they have expertise, for example, the law (Eddison and Stone, undated). At the same time many opportunities exist for new thinking and new relationships as the police make the transition from law-enforcers to full partners in inter-agency collaboration.

The rural environment

The essence of rurality is easily recognised but not readily distilled. The distinctiveness of rural communities is almost self-evident and arguably relates to distinctive patterns of drug-taking. To understand the rural drug problem and, more importantly, to develop sensitive means of tackling it requires a brief exploration of the distinctiveness of rural life in Britain.

Rural communities are small-scale and close-knit. People know each other, not just their neighbours, but the whole community. Patterns of interaction tend to be local because the locality may itself be large. Rural communities tend to be integrated by traditions of mutual help and self-reliance. Local economies are small-scale and rely on well-developed patterns of informal bartering of goods and services. Geographical isolation is characteristic with communities slow-to-change and relatively impervious to external influence. Social relations tend to be more informal and less stratified than in cities. Rural communities are classically suspicious of strangers and supportive of their members. Information is rapidly shared. Deviance is difficult to hide, but also more likely to be hidden from casual view.

Rural England is a mosaic of differing worlds, each with its own pattern of social and economic relationships. Some are declining as traditional industries continue to contract or rationalise. Others are growing, perhaps as cities continue to decant population into neighbouring rural areas within commuting distance, or because of an influx of new, footloose forms of economic activity. Yet others remain stable as the local economy shows adaptability and flexibility in the face of societal change. Some rural communities are dominated by the traditional values of agrarian society, while others are more modernistic, reflecting the values of incomers of varying pedigree - ex-urbanites, alternative lifestyles or new breeds of worker. Whatever the particular form, rural areas are distinctive in broad cultural terms and these distinctions are relevant to an understanding of the setting of drug-taking and to the environment in which responses are going to be formulated.

2. Drug-taking in a rural area

The setting for the case study - Driffield, East Yorkshire

In order to provide a focus for an analysis of rural drug issues we have carried out an analysis of the situation in a rural police sector. Driffield is chosen because it represents many of the characteristics that identify rural England. It has a small town - Driffield itself - but also covers a substantial agricultural area with a scatter of villages large and small. The town is some 20 miles north of Hull, the nearest city, and is largely free of commuter influence. Driffield has a good range of shops including a weekly market serving the local area. It has a large comprehensive school, its own magistrates court, and a police station. There are local branches of voluntary agencies, active local councillors and an Annual Show. Agriculture and services predominate in the local economy, but industry is also represented. All this points to a dynamic, balanced and integrated community with no special biases to disturb its representativeness.

A profile of the sector in terms of socio-demographic structure and crime is given in tables 1 and 2. The sector population was about 22,000 at the 1991 Census, of which about 10,000 live in the town of Driffield itself. Compared to the UK average the sector has slightly fewer younger and older people, compensated by more adults in the working age range. Almost all the population is born in the UK with a very low representation of ethnic minorities. Mobility rates are about the national average. The focus of work is in the service industries but this is lower than nationally. As might be expected work in primary industries is highly over-represented against the national picture, but so is manufacturing industry though not by such a margin. Unemployment is lower than the national average. Housing tenure favours owner-occupation with council housing less represented than nationally. Housing amenities are slightly better than average. The most striking difference with the household variables is the high car-ownership rates: fewer households have no access to a car and more than three times as many have access to two or more cars. Part of the high level of car ownership may be related to wealth, but the need for private cars in rural areas ill-served by public transport is also relevant. The picture that emerges is of a stable, perhaps relatively affluent community, without unusual characteristics and therefore able to represent rural communities at large.

The profile of crime is a little more surprising. Most research has suggested that on most counts rural areas suffer much less crime than elsewhere. The British Crime Survey (Mayhew, et al, 1993) suggests that both burglary and car crime rates are about 1/5 the national average in rural areas. The profile for Driffield (table 2) is less favourable though the base for this is recorded crime rather than victimisation. Driffield's comparative crime rate is about half the national average. Burglary in a dwelling where the comparison is most easily made has a recorded crime rate which is more than double that suggested for rural areas as a whole. The large number and rate of non-domestic burglary is noteworthy. Although the number of personal

violence incidents and sex offences recorded is lower, these rates are closest to the national average. As with many small rural towns, Driffield suffers from a visible town centre drinking problem especially at weekends which may be connected with the levels of violence. However the scale of this problem, with fewer than two incidents (of all types) recorded per week, needs to be kept in perspective. The crime profile therefore highlights levels of recorded crime rather higher than might be expected in rural areas but still well below the national average.

Table 1: Driffield's socio-demographic profile at the 1991 Census

	Driffield	UK Average
Population resident	21,805	
% population 15 years or under	17	20
% population born in the UK	98	93
% population moved house in last year	11	10
% families with lone parent	2	6
% households with single person of pensionable age	15	16
% households owner-occupied	75	66
% households renting from local authority	11	21
% households with no car	24	33
% households with 2 or more cars	27	8
% unemployed	5	9
% persons in work in agriculture, forestry, fishing and mining	16	4
% persons in work in manufacturing	20	25
% persons in work in service industries	64	71

Source: 1991 Census

Two neighbouring police sectors will be mentioned at times in our discussion as comparisons for the patterns of drug taking. The smaller of these is Hornsea, a small coastal resort serving a large hinterland in rural Holderness. Hornsea town is smaller than Driffield and has a less complete set of service functions. This sector has a slightly higher crime rate, perhaps in reflection of the town's function as a day-trip destination for Hull residents and the more general location of its hinterland within the commuter zone of the city. The second comparator is Pocklington in the Vale of York midway between Hull and York. Pocklington town is very similar in size and function to Driffield but the sector covers a much larger hinterland covering small towns such as

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Market Weighton and Stamford Bridge. Pocklington sector's crime rates are also broadly comparable to Driffield sector. The three other sectors in Humberside Police's 'C' Division have been excluded from the study. Beverley because it is the main town and closely linked to Hull 5 miles away. Bridlington is a large seaside town with a transient population that increases in the summer months. Goole is a small port and industrial town, not typical of the rural area in which it is located.

**Table 2: Driffield, Hornsea and Pocklington Police Sectors:
Comparative Crime Rates 1995**

	No. of reported crimes	Crime rate per 10,000 population			
		Driffield	Pocklington	Hornsea	England & Wales
Violence	77	35	46	48	42
Sex offences	8	4	8	9	6
Burglary dwelling	118	54	51	62	125
Burglary other than dwelling	176	81	107	105	115
Robbery	0	0	1	1	13
Theft from person	1	0-	0	1	12
Theft from shop	30	14	10	38	53
Theft from vehicle	157	72	92	104	157
Theft of vehicle	70	32	38	48	98
Other theft	185	85	94	119	165
Criminal damage	144	66	72	103	177
Other crime	52	24	15	68	36
All crime	1,018	467	533	706	988

Source: Humberside Police data and Home Office (1996a)

Police intelligence on rural drugs

In this section we explore what police intelligence can tell us about the drug problem in rural East Yorkshire. This will be accomplished using two rather different methodologies. Firstly we examine the nature and use of Humberside Police's Criminal Information System (CIS) in relation to drugs information. The second strand is to review police officers' views about drugs intelligence through a series of focused interviews. The objective is to summarise what we know about rural drugs issues from police sources both formal and informal.

Two background items need to be noted. Figure 1 sets out the policy environment applicable to police operations against drug misuse. It needs to be emphasised that force policy is applied in a wider variety of community contexts from the highly urban to deeply rural: indeed one of the questions we have been at pains to bear in mind is how effective can a force-wide policy and structure be in ensuring delivery at the community level. The other background item is the number of drug seizures in the three sectors under review. For the period 1 January to 1 November 1996 these were:

Driffield	10 seizures
Pocklington	4 seizures
Hornsea	6 seizures

Most of the seizures involved cannabis and amphetamines. All the seizures in Pocklington sector involved inmates of a prison within its area, so none were residents of the town or its hinterland.

Figure 1: Humberside Police Drug Enforcement Policy

Enforcement activity will be:

- pro-active
- intelligence driven
- targeted against those persons involved in the supply of illegal drugs.

The structure for accomplishing force targets on drugs closely follows the recommendation of the *Broome Report* (ACPO, 1985) which sets out functional responsibilities between different police branches:

Level 1: Divisional officers to target 'those persons involved at a local level in supplying controlled drugs'.

Level 2: Divisional support branch to target those 'whose principal income is derived from supplying illegal drugs'.

Level 3: Regional Crime Squad to target 'those persons involved in the trafficking and importation of illegal drugs at a national and international level'.

Force strategy emphasises that 'Intelligence is at the core of our activity' and reiterates the importance of intelligence as the main tool in the enforcement of drugs law outlined in *Tackling Crime Effectively* (ACPO, 1995, Vol. 2).

Source: *Humberside Police* (1996)

The Criminal Information System

Humberside Police operates a computerised intelligence system to record information for operational purposes. Among these is the relatively recent development of systems of support for pro-active policing, for example crime and offender profiling and the use of target packages to ensure effective use of resources. The CIS is used for all crime but this review is only concerned with drugs intelligence related to the rural areas under study.

Humberside's CIS is a nominal system - records refer to individuals and are given a Unique Reference Number (URN). Each record can contain 12 datasets, each with various information pertinent to that individual which includes: Summary of information present on other datasets; Full description of the offender; Additional names used by the offender; Addresses used by the offender; Associates of the offender (up to 20); Vehicles used by the offender; Modus operandi; Convictions summary; Conviction details; Stop checks; General Information - for intelligence and information only; Administration - including 'interested parties' which can be 'flagged' on the record. All records are subject to a 'weeding' policy in order to comply with the provisions of the Data Protection Act. All information is reviewed within a given period and removed if no longer relevant. Weeding is applied particularly to datasets 10 and 11 where review is within 12 months. Any information held longer must be justified by its accuracy and relevance. To aid this dataset 11 contains a '4 by 4' grading of intelligence according to the reliability of the source and the accuracy of the information. An item of information which came from the observations of a police officer would be graded A1, whereas an anonymous tip would be D4. All information should bear the name of the police officer supplying it (or the source document) and the proper grading code.

As with many CISs, Humberside's is idiosyncratic in some respects. Most crucial for reviewing the scope of intelligence held on drugs, the vital dataset 11 - the intelligence and information record - is not searchable directly for drugs-related information. In order to obtain the inventory of all people having convictions for drugs offences and/or other drugs-related intelligence, it was necessary to adopt two alternative search methods. The first was to conduct a manual search using a 'snow-balling' technique to trace individuals through their associates. This search began with a known drug dealer and worked out from his/her associates, through their associates until a network of individuals was completed and no new individuals found. The second technique was to use a computer search on those individuals who were either flagged as a 'drug abuser' or had convictions for drugs offences. In both searches information was taken from identified records such as age, sex, drugs used (if known) and convictions/cautions to build an inventory and profile of drug information.

As a check on the completeness of the information derived from the searches, twelve names were chosen from the 'snowballing' group for more detailed analysis. Five were selected as the most salient records in terms of activity in the CIS (convictions or other intelligence). The remaining seven were chosen at random. The detailed analysis confirmed the difficulty of ensuring completeness in conducting the searches which we discuss below, but did not raise any doubts about the scope of information yielded.

In order to comply with the Data Protection Act, researchers were not permitted sight of names or other information that would identify individuals from the CIS. All information was recorded by URN, and the computer terminal operated by an experienced police officer.

Manual search of the CIS

The 'snowballing' technique found records relating to the three rural police sectors:

Driffield	72 records
Pocklington	10 records
Hornsea	23 records

All these records relate to people living in the sector and either having convictions/cautions for drug offences or being the subject of some other drugs intelligence.

The information on records for Driffield was reviewed in detail to assess the nature of the drugs problem as viewed from a police intelligence perspective. Of the total of 72 records, 27 relate to people who have no convictions or cautions, but who do have drugs intelligence. Of the 45 people who have one or more convictions or cautions, ten have received them during the current year. The other 35 have convictions dating back as far as 1982 when computerised record keeping began.

Only four of the 45 persons with a criminal record for drugs offences are female, the youngest being 17 and the oldest 56. Of the 41 males, 18 have a single conviction/caution, 16 have two, 3 have three, and 4 have more than three. The most prolific drugs offender is a man of 37 who has accumulated 20 drugs offences since 1982, the most recent in the current year.

Most of the convictions/cautions relate to the possession of, or possession with intent to supply, either cannabis or amphetamines, indicating that these drugs are the most common aspect of drug use in Driffield. However a significant number of records in the CIS (13) do not state the drug involved, simply giving 'a controlled drug'. This makes it difficult to say whether the profile of drug use is reliable.

The detailed analysis of the high-conviction group shows that a large proportion of the intelligence consists of sightings of this group in the street made by one officer in

particular. For example, one prolific offender had eight sightings in the current year, seven by this constable. This same officer also records when sightings are made of offenders in cars with associates known to the police - four of the five records contain at least one piece of such information. Although all this group had at least one conviction for drugs offences, only one of them was flagged as a 'drug abuser' in the CIS. It appears that there is little consistency in the application of the flag within the system. Among all the intelligence recorded in this high-conviction group there is just one example of information coming from members of the public.

The group of seven selected at random for the detailed analysis contained one person with a drugs conviction. However all seven, and all the high-conviction group, have convictions for non-drugs offences so none of the 12 is in the CIS solely for drugs information. As with the high-conviction group, the majority of the intelligence concerns sightings by police officers, mainly the same constable. There is also evidence that this constable receives information through his relationship with members of the local community. For example three items describe suspicions of drug dealing from a particular address, and another relates a father's concern about his son who he believes has a drug habit. However it remains true to say that most police intelligence originates from police sources, rather than members of the public. No information for Driffield is recorded as coming from the Drugs Hotline or from Crimestoppers. Only one of these seven is 'flagged' as of interest to the drugs squad.

One final observation on the detailed analysis of CIS content is that there is no direct evidence of proactive policing of drugs. All the drugs seizures and arrests arose out of police interest in other matters - speeding offences, stop and searches, arrests for non-drug offences, etc. In contrast the CIS contains drugs intelligence on 27 people in Driffield who have as yet no drugs convictions. The inference of this might be that intelligence on the system is not being used, or is being used and not resulting in convictions. The difficulty in unravelling this pattern lies in the fact that the CIS has no means of recording which intelligence leads to action, what action is taken and with what results. We are not saying that evidence of proactivity does not exist, but simply that the searches did not reveal it.

Computer search of the CIS

Since the computer searches were not of pre-selected nominals and use flags which are not always consistently applied, the data (in table 3) must be approached with caution. The number of persons currently resident in each sector and flagged as drug abuser or drug offender is higher than that yielded by the snowball search. The discrepancy is particularly large for Pocklington. This may be explained by closer inspection of the network of drug users in Pocklington which reveals a much more fragmented pattern, with smaller, discrete groups who have little or no connection with one another. The snowballing method relies on information about known

associates and may have failed to identify all the groups as a result. A further complication was that the computer searches pick up prison inmates whose associates were not connected with the local area.

A small number of records found by both methods do not appear in the other. Those only found in the manual search relate to people for whom there is intelligence but no convictions and have not been flagged as 'drug abuser'. Those persons are probably peripheral to the 'drugs scene' in the area or are suspected of being so due to the people with whom they associate. Those only found by the computer search tend not to be associated with other users in the area, or at least their associations are unknown to the police.

In sum, the nature of the CIS makes it difficult to obtain a complete picture of drugs intelligence in the rural areas of East Yorkshire. Whatever method is used for accounting it appears that Driffield has a substantially more significant drugs problem than either of the other two sectors. However it must be borne in mind that almost all police drugs intelligence comes from police sources. In the Driffield sector one police officer is particularly active in this respect and responsible for the bulk of the information recorded on the system. This is clearly crucial to interpretations based solely on the contents of the intelligence system.

Table 3: Results of computer searches of the CIS

	Driffield	Pocklington	Hornsea
A Number of records yielded by 'drug abuser' search	52	14	18
B Number of records yielded by 'drug offender' search	140	78	86
C Number of individuals yielded by A and B with overlap eliminated	155	80	94
D Number of individuals yielded at C resident in the sector	89	45	39

Source: Field research

Interviews with police officers

The aim of the interviews was to enrich our understanding of patterns of drug abuse in rural areas, and to illuminate the practice of policing drugs in such areas, particularly in relation to the proactive use of intelligence as advocated by force policy. Twelve officers of various rank were interviewed, all from 'C' Division which covers most of East Yorkshire. All three sectors were represented as were the various branches with responsibility for intelligence and/or drugs. The interviews were semi-structured, with a specific research agenda within a flexible format that allowed the

interviewer to “seek both clarification and elaboration on the answers given” (May, 1983). The interview schedule moved through three main areas - general questions about drugs in rural areas and the police response; questions about the practice of handling drugs intelligence; and finally questions about the strengths and weaknesses of the intelligence system.

A number of issues are highlighted by the pattern of response summarised in figure 2. It is clear that rural areas do have special problems policing drugs. These emerge both from the particular setting of rural policing - large areas to be covered with a given staffing level, low resourcing priorities in relation to high volume crime urban areas, lack of access to specialist branches, etc - and from the nature of the problem.

What was also revealed by interviewing the officers concerned was just how dependent the drug intelligence system in Driffield is on this one officer. Almost all the recorded information is supplied by this officer who also keeps his own card index system which contains a vastly greater volume of lower level information. His interest, knowledge and commitment are well known and lead to information that might otherwise not emerge. In a sense he operates a mini drugs intelligence bureau though much of the information gathered is not used because of the pressure of other police work. It is clear, however, that the salience of Driffield compared to its neighbouring rural sectors in terms of volume of intelligence, perhaps even of arrests and convictions, is highly influenced by this officer's work.

The difficulty of policing rural drugs proactively expressed by many officers connects with the observation in the review of the CIS that there was little evidence of proactivity in the way that drug seizures or arrests were made. Possession of drugs appears to be uncovered largely as a by-product of other reasons for police interest. This situation arises not out of intent but simply out of the need to respond to priority calls on police time - the day to day pressure of burglary, car crime and assault to which members of the public expect, and receive, attention. The volume of intelligence is there to be used proactively but priorities do not allow.

Figure 2: Police officers' views

Views on the problem of rural drug taking

- There is a consensus that there is drug taking in rural areas.
- There was less of a consensus about the nature and how much of a problem it is.
- A minority felt drug use was problematic because the law was not being enforced by the police.
- More commonly it was felt that much acquisitive crime resulted from the need to fund a drug habit and therefore it is right for the police to prioritise tackling drugs.
- Tackling drugs should be given a higher priority and more resources.
- None of the officers currently has personal contact with drugs agencies though it was generally felt that the police should work with outside agencies.
- Most officers felt that a simple emphasis on law enforcement did not match the realities of the drug situation and expressed a desire for a joint, long-term strategy encompassing health and education as well as law enforcement.

Views on handling drugs intelligence

- Most officers believe that intelligence is vital to policing drugs.
- Most higher level drugs intelligence, such as that collected by the Drugs Squad, is not relevant to work in rural areas. Squads tend to ignore rural areas, leaving officers there to police the problem as best they can.
- Many officers view the recording of drugs intelligence as a matter of personal discretion. Use of the CIS tends to be ad hoc, and most officers had no clear view on its value.
- Policing drugs in rural areas poses special problems. Pressures of everyday work squeeze out drugs issues. Targeting individuals is more difficult in close knit communities where the identity of police officers is well known.

The structure recommended by the *Broome Report* is being overtaken by the rising level of drug-taking. The specialist squads are being drawn upward towards high-level trafficking, leaving a void between them and shift officers operating at street level.

Rural officers feel that it is impossible for them to police drugs proactively, given pressure of workloads and lack of resources.

Source: Field research

Drug-taking in Driffield

Accessing information about the use of illegal drugs in a small close-knit community like Driffield presents real problems.

“You can live in the area for 20 years and you are still classed as an outsider. This is a real tight knit community where everyone knows each other’s business”

(Local Reverend)

Figure 3: Participatory Appraisal

Participatory appraisal techniques are well suited to the task of profiling drug taking in a community. Essentially it takes the form of a group discussion centred round a specific task such as drawing a map or a time-line of daily activities. Information is yielded by the process of negotiation among the group members towards the completion of the task. The researcher sets the task, facilitates the discussion and records the outcome, but does not ask direct questions.

Characteristics of PA

- *Informal*
The absence of direct questions on sensitive issues makes it particularly suited to investigating proscribed behaviours.
- *Task oriented*
Negotiating tasks provides insight into processes not available to questionnaire-based surveys.
- *Affirmative*
The role of the researcher as learner and facilitator affirms the participants as knowledgeable actors and values their contribution. This is important to the building of trust, especially where the researcher can be seen as an outsider.
- *Flexible*
As information is validated by cross-checking and triangulation rather than replication, there is no need to set a rigid agenda for discussion.
- *Quick and light*
Participant appraisal has been shown to produce similar results to more time-consuming and expensive conventional methodologies (cf Chambers, 1994).

For a fuller discussion of participant appraisal techniques see Cornwall and Jewkes (1995) and Sellars, et al (1995).

“In an area like this local people will pull down the shutters from outside.
They do not want people to know they have a problem”
(Professional working in the locality)

To overcome these difficulties, the techniques of participatory appraisal were used. Participatory appraisal “is a structured process of learning with and from communities” (Inglis, 1995) and provides an effective framework for developing a profile of drug taking in Driffield as perceived by the local residents (see figure 3). A conventional questionnaire survey was considered but was not feasible as administering it might have upset the delicate understanding achieved between agencies, parents and young people in the town. Participatory appraisal offers an informal, non-intrusive methodology that is just as effective in accessing sensitive information.

The participants

Contacts were made with over 300 people from a wide range of social groups in the town:

Young people: 10 group discussion sessions within the High School and College; 6 group discussion sessions within the Youth Centre; 12 outreach sessions on the streets.

Professional people from the following agencies: Probation Service, Magistrates’ Courts, Health Authority, Education, Youth Service, Social Services, Drugs Agencies, Aids Action, Pharmacists and a Veterinary Surgeon.

Community Groups: Church, Rotarian, Lions, Driffield High School, East Yorkshire College.

Other members of the community: Interviews with adults over the age of 25 during outreach sessions; including parents, leisure assistants, care workers.

Very few people refused to engage in the research, those mainly because they thought drugs had little to do with them. The approach to the professional people was slightly more formal as dictated by the format of one-to-one contact. However the interviews included much informal discussion yielding greater insight into the issues. With the young people, participatory techniques were employed in all three locations - classroom, youth centre and street. The task given to the groups was to draw a map of the town depicting areas of concern such as where drug dealing or drug use takes place. Since questions about their own drug use were not asked the young people were relaxed and talked freely about their knowledge. A wealth of information was gathered through these discussions. The outreach work included both day and evening sessions in locations previously indicated by the mapping exercises and interviews. The participatory method was particularly successful in the outreach work allowing trust to be established rapidly, leading in turn to engagement with drug takers who would normally be invisible.

DRUG-TAKING IN A RURAL AREA

All the information gained from interviews and discussion sessions has been carefully cross-checked. None of the information presented in the profile of drug taking in Driffield comes from a single source: it has all been cited independently by two or more participants in the research.

Drugs in use

A wide range of illegal drugs is available and in use in Driffield. These include cannabis, amphetamines, Ecstasy, LSD, Temazepam/diazepam, heroin, steroids. Young people also discussed the use of home-made GHB, smoking anti-histamine tablets and injecting whisky. Also mentioned are smoking and the consumption of alcohol, sometimes with added paracetamol. No-one volunteered any information about the abuse of veterinary drugs.

Cannabis appears to be widely used, openly and as an accepted part of youth culture. It is also used within a much broader age range. Cannabis is available in resin and leaf form and there are indications of people growing their own. Amphetamines are also widely available and feature prominently as a party drug. LSD is not so widely available but can be obtained if effort is made. Ecstasy is in use mainly as a party drug, and caused much discussion among the participants. Regular use was reported, usually at weekends, but many participants were very wary due to the deaths reported and uncertainty about the effects of long term use. Many of those who are happy to use other drugs would not use Ecstasy, and frown upon their friends who do.

Heroin is also in use in Driffield. However no participants in the sessions had used heroin - the general view was that heroin was a no-go area. Most young people regard heroin users as 'smack heads' with whom they would not associate. Heroin users keep very much to themselves and are mostly invisible to the community. Little detail of use is therefore available.

Temazepam and diazepam are both used, often in conjunction with alcohol. Supplies are obtained from dealers but also from friends and relatives. Abuse of steroids was not admitted by any participant, though many know of those who did. Local pharmacies have had to order the special needles used for steroid injection.

There is no evidence of the abuse of veterinary drugs in the Driffield area. No-one had heard of any cases of either the interception of drugs intended for animal use or the supply of such drugs from outside sources. Indeed the farmers and vets who participated in the research confirmed that vets now administer drugs such as ketamine directly to the animals themselves.

Poly-drug use occurs in Driffield, involving the use of more than one drug often in quick succession. This was reported by drug users and is confirmed in the return forms at the needle exchange which can indicate up to 5 or 6 drugs in use by a client. That this happens in Driffield is indicative of how easy it is to get hold of drugs in the town and of the connections between the town's drug scene and that of neighbouring larger places. Drug users among the participants openly admitted to

using whatever drug they could get hold of. If one drug was not available they would use another. There are special problems with poly-drug misuse, especially the danger of overdose.

Access to drugs

Drugs become available in Driffield in two contrasting ways: by travelling outside the town and through dealing within the town. The former is typical of drug taking within youth culture. Young people will travel to Bridlington, Beverley, Scarborough and Hull to buy small amounts which they will then sell on to their friends for a small profit to cover the cost of travel and subsidise their own use. One of the main reasons given for obtaining drugs in this way is that it reduces chances of being seen buying drugs locally and such information getting back to their families. This sort of low level dealing is not perceived as a reprehensible activity by those involved, rather as doing a favour for a friend.

Dealing within the town takes three forms. Some dealers live in the area and supply people who know of their whereabouts. Dealing also takes place on the streets. Since the installation of CCTV on the main street, back streets are more likely to be used. A car park near a pub is also cited as a place frequented for drug dealing. Lastly dealers come from outside the town and deal from their cars, an activity that causes friction with dealers based in the town. Dealing also occurs in surrounding villages.

Patterns of drug use

A large proportion of participants in the survey indicated that a majority of drug taking is done within the home, mainly for reasons of secrecy. The park is also a place for taking drugs, but also alcohol, usually after dark when fairly large groups can congregate. Needles have been found, used and unused, giving parents cause for concern. These groups cause fear and can be intimidatory to other young people.

Figure 4: A general picture of drug taking and age in Driffield

Age 11+	Solvents
Age 12/13	Smoking tobacco and alcohol
Age 14/15	Smoking tobacco; cannabis; alcohol and paracetamol; amphetamines; injecting whisky; home made GHB; antihistamines
Age 15+	LSD; Ecstasy; cannabis; amphetamines; tobacco; alcohol
Age 20+	Heroin; Ecstasy; cannabis; amphetamines; LSD; tobacco; alcohol

Source: Field work

There are clear patterns of drug taking with age and gender. The general pattern is illustrated in figure 4 with drug taking starting as early as 11 years and peaking in middle to late teens. Heroin appears later. Generally after the age of 20 drug taking

stabilises into a drug of choice. The youngest person known to have used the needle exchange is 14 and the oldest in their mid-forties. More males use illegal drugs than females who are likely to smoke and drink alcohol instead. There are strong indications that where females are engaged in drug taking, some may be introduced to them at an earlier age through an older male partner.

A wide variety of reasons are given for taking drugs. Many users indicated that they smoke cannabis in preference to drinking alcohol, excessive use of which makes them violent. These views were supported by non-drug users and by professional people participating in the research. Equally widely indicated was the view that it is cheaper to get high on illegal drugs than it is to get drunk on alcohol. Many young people see recreational and social uses of drugs as important in the way that others view alcohol. They see drug taking as a choice rather than an addiction and would continue use as and when they wanted. Lack of things to do - no facilities in the area - was cited as a reason for drug taking. A longer term view given by many young people was that poor job prospects restricted the opportunities for personal development or for financial independence from parents or the state. At the same time drugs are taken because the person likes it; because it is fun; because it is risky; because they are told not to.

Is drug use a problem in Driffield?

Very clearly, professional people working in drug agencies in the area see drug taking as a problem. There is a consensus that the number of clients has risen rapidly in the last five years. The use of the needle exchanges at local pharmacies has also increased but this can be just as much a reflection of growing confidence as increased drug use. There is also a consensus of concern about the number of clients whose drug use affects their families. Particular anxiety is expressed about the impact on the lives of young people whose parents use heroin sometimes along with other substances. Chaotic lifestyles cause problems for younger children - lack of parental supervision, poor school attendance, poor personal hygiene. The growing number of families in the area with one or more members involved with illegal drugs was highlighted throughout the surveys, with young people expressing concern for others they knew. It is also true to say that these concerns were not restricted to drugs, many participants in the research regarding the abuse of alcohol as a problem.

In contrast few young people see drugs as a general problem. Most of the young users who participated in the research did not see their use as a problem, rather as part of growing up. They would experiment with a few substances then move on as they took on more responsibilities such as jobs, relationships, family, etc. Before this stage drug taking was viewed as a means of asserting independence from parents and assuming control of their lives. More pessimistically many young people felt that they might never achieve jobs and money which were essential to that independence. Many young people see drug taking as an acceptable part of youth culture in Driffield, with

drugs as an element in normal social activity. These views exclude the use of heroin and cocaine which are regarded as very different and to be avoided.

Needs identified in relation to drugs

Two clear views were expressed:

1) Lack of information and education

All groups of participants indicated the need for more information about both legal and illegal drugs. The information needs cover all aspects of drug use from the effects on the body to the harm caused to others. It was frequently suggested that there is not enough drugs education.

2) Inability to access information

Young people find it difficult to access information - even when it is there - due to the size of the town and the fact that everyone knows each other. Young people made it clear that seeking information about drugs would be taken as a sign of use and would therefore make it difficult. They see a need for information to be given with discretion.

Views on policing drugs

Professional people in the area tend to see the police as insufficiently pro-active in controlling drug dealing and use. There is little contact between the police and other agencies in connection with drugs issues. The main view is that the majority of drugs arrests are happened upon by chance. In contrast young people have little regard for the police, whom they see as driving round the town moving on young car owners. There is a general awareness that the chances of drug taking being detected are slim. In other respects the police have a very positive image in the town: on drugs issues it is rather a non-image.

Agencies' views on drug taking in Driffield

Midway through the project a seminar was held in Driffield. The audience consisted of representatives of agencies relevant to drugs issues who were active within the area, including the police. Also invited were a number of community representatives - school governor, magistrate, minister, etc. The purpose of the seminar was to share the profile of drug taking in the town and to obtain views about the potential for action in tackling the problem. We particularly sought comments on agency perspectives on the direction an inter-agency initiative might take.

The response to the seminar was very positive. It was felt to be an important ground-clearing exercise, bringing together people and getting them to address common issues in a way that had not happened before. It was clear that there were widespread expectations for ongoing action on drugs which a time-limited research-led project could not fulfil. We list the key issues to emerge from the workshops during the seminar in figure 5. Some of them are crucial to the development of an inter-agency initiative that is sensitive to the local situation in Driffield yet applicable more widely within the rural context.

Figure 5: Key issues from the drugs seminar in Driffield

Identifying the issues

- It is important to stocktake the 'reality' of drug taking as a basis for future action
- Drug usage changes over time with new drugs being introduced and others going out of fashion
- Solvent abuse is particularly popular among young people at present
- Access to home-grown supplies of cannabis is an issue in rural areas
- Facilities for youth in the town are limited but the difficulty of providing something attractive to the crucial 15-17 age group is acknowledged
- Driffield was identified as being 'horrifying for gossip' which inhibits young people from seeking information about drugs and other personal issues

Potential for action

- Sharing information is essential to action. Agencies need to agree an agenda and who should take the initiative
- The complementary skills of the different agencies should be harnessed
- Information and education are the key requirements, and should not be confined to any age group
- There are many dilemmas with drugs: it will not be easy to agree what messages about drugs to convey to young people
- There are limits to what some agencies can achieve. For example schools have to be sensitive about the advice that teachers can offer
- The baseline for action is enabling young people to make informed decisions about drug taking

Source: Field work

3. Working with rural drug issues

The inter-agency environment

There are three main approaches to tackling drugs problems:

- Supply reduction - targeting dealers/user-dealers
- Demand reduction - education/treatment/punishment
- Harm reduction - supporting needle exchange, etc.

Various agencies can work together to attempt to implement some of these approaches simultaneously. However "the drug problem is likely to be very different for the addict, the newly recruited user, the doctor, the voluntary drug worker, the policeman and the government minister, all of whom are seeking solutions in their own way" (Clark, 1995). There is an area of possible tension between the police and drug agencies due to their differing remits. The police clearly need to uphold the law and to protect the community, whereas the primary concern for the drug agency will be provision of a service to its clients. Police work is about immediate results whereas treatment is a long-term process with its ups and downs. Likewise until very recently attitudes have been perceived by some to differ: "the staff in treatment programmes are much more likely to identify and empathise with their clients, whereas police officers are more likely to look down on the people they have to handle, often using negative or derogatory names" (Greenwood, 1995). However, the setting up of Drug Action Teams - all of which have police representation - and the publication of anti-drugs strategies by all forces - all of which contain some element of harm reduction - mean that, for the most part, such stereotyped views of the police will become a thing of the past.

Whatever the separate cultures of the police and drugs agencies are, and however they see their roles in terms of the drug problem (Blagg, et al, 1988; Alaszewski and Harrison, 1988), the fact remains that they must now work together in some measure for both the Drug Action Teams and Drug Reference Groups to tackle drugs at the local level. Effective inter-agency working will challenge old orthodoxies and present new opportunities. Stereotypes on all sides need to be confronted. Strategic approaches have to be worked out, and the detail of working relationships agreed: figure 6 attempts to outline the pre-requisites for effective inter-agency working. Two new focuses have begun to emerge. One is a greater emphasis on harm reduction, seeing this expanded in new directions (Pearson, 1992), for example harm to the community. Greenwood (1995) and others have demonstrated how arrest, a time of crisis for the drug user, can present opportunities for treatment and harm reduction as well as prosecution. The other focus is in new models of drugs education which move forward from 'say no' and 'shock-horror' to more integrated approaches which target different needs of different groups at different times. These, too, may emphasise the role of harm reduction.

Figure 6: Prerequisites for effective inter-agency drugs working

- Shared knowledge about the problem and possible solutions
- An agreed agenda covering both strategic thinking and detailed responsibilities
- Realisation of the various skills and training needs available to partners
- Attention to resource needs and allocation
- Monitoring and feedback of effectiveness/impact
- Good communication
- Implementation plan - setting targets and delivery schedule
- Leadership/co-ordination

Working with the community

Drug problems pose a threat to strong and supportive rural communities. Indeed the threat is that much greater because of the degree of integration. Drug taking and drug-related crime serve to increase suspicion, reduce trust and inhibit those very social interactions that are so valued. Tackling drug problems within rural communities has therefore to be seen as an integral part of the shared responsibility for action advocated in the White Paper on Rural England (DOE and MAFF, 1995).

Foremost is the widespread recognition of drug taking as an issue within the community. It is a message that was repeated across different sections and groups. There is also a consensus about action. The core of the message is the need for better information. Young people need to be better informed, especially those most at risk of involvement with illegal drugs. The community needs to be better informed, especially about the options for young people making choices about drug taking. Our surveys revealed concerns ranging much wider than straightforward law enforcement which, however necessary, is seen as coming too late. Likewise simple pleas for abstinence are seen at least as oversimplified and at worst as counterproductive among young people using drugs to assert autonomy and independence.

There are, however, real problems in realising the consensus for action. Firstly a knowledge gap exists, especially between young people and adults. Many children see their parents as ignorant or blind to the realities of drug taking. They feel unable to communicate their feelings, to seek reassurance or to gain understanding from parents who view all drug taking as dangerous. Parents are wary of discussing drugs because of fears that this may encourage experimentation, so a gap develops. A second problem arises out of the stigma attached to drug misuse. Because of the illegality, many people see requests for information about drugs as an indicator of use, so driving the search for help underground. This can be a more powerful reaction in a close-knit rural community where people know each other.

Tackling drugs in rural areas needs to recognise these issues and respond in ways that are sensitive to local realities. The bottom-line is raising the level of knowledge about drug taking and its consequences so that the whole community can share the issues and make informed choices. This needs to be directed primarily at young people, but if they are to be helped, their parents also must be well informed. Working with the community involves agencies - police, probation, education, health, drugs - in a process of consultation about priorities and the setting of targets for delivery. The community needs to be engaged in this from the beginning.

Policing perspectives

Police in rural areas enjoy a unique status. The image of the village bobby on a bicycle may have gone, but in many other ways rural policing continues to attract levels of public confidence that are hard to match. Rural officers stay longer in post and undertake a wider variety of tasks than their more specialist urban counterparts. They become well known in their communities and symbols of stability: this is a strength to be used in tackling drugs. However, rural areas are large and sparsely populated: quick response is often not feasible and resources easily stretched.

In the Driffield area drugs do not feature prominently in police work. This is not a reflection of officers' views - most feel strongly about the damage drugs can do - but rather a function of high workloads in which providing a service to the public is given priority. They also emphasised the need for joint action on drugs - that problems can be tackled most effectively in an inter-agency context, though few officers had any contact with other agencies. Any action will have to acknowledge workload constraints on police involvement in inter-agency activity.

Police action on drugs can take a variety of forms from beefing up enforcement procedures to inputs to education or treatment programmes. The particular initiative we wished to develop for Driffield had to be sensitive to the parameters of rural policing as well as to the local community and its drugs problem. We chose therefore to work with the strengths we identified within the police on drugs issues, matching these to the needs emerging from the community surveys. What was crucial was building bridges on drugs issues. The community wants knowledge and information at all levels: the police are well positioned to supply it. The community wants leadership on drugs: the police are trained in these skills, though not necessarily the agency which should 'take the lead'. A participatory framework is the bridge for police, agencies and the community to share action on drugs; it echoes the policy-sharing remit of the Drug Reference Groups (DRGs) set up under the auspices of Drug Action Teams. Clearly, though, not all DRGs are yet addressing the sort of grass roots problems found in the Driffield (and possibly other rural) areas.

4. Participatory Drugs Profiling as a solution

The PDP approach

Participatory Drugs Profiling (PDP) is a scheme which has emerged from the investigation of rural drug taking. It is designed to fulfil the key objectives of *Tackling Drugs Together* in an inter-agency context. Utilising the knowledge and leadership skills of the police it works with the community to establish a shared view of local drug issues and how they may be tackled. It acts as a framework for providing factual and non-judgmental information which will enable young people to make informed decisions and choices about drug taking. It enhances the community's ability to respond to drug problems in a sensitive and well-balanced way.

PDP involves drawing up an authentic and locally relevant profile of an aspect of drug taking and using this as the basis for task-orientated group discussions. Participation enables a shared view of the issues and how they may be tackled to emerge. The tasks ensure that the discussion has clear goals. The profile itself gives focus and direction to the sharing of views.

The police are well-placed to provide the knowledge and leadership skills in drawing up the initial profile and in facilitating the programme of discussion. Such skills are not necessarily the sole prerogative of the police and may be available from other directions. Participation should involve people from all sides of the community - young people, parents, community groups, voluntary and statutory agencies, etc. The strength of PDP is as an on-going process able to respond to changing circumstances, and to maintain a dialogue on difficult issues.

PDP is rooted in the techniques of participatory appraisal - it is flexible, affirmative and adaptable to the needs of different contexts. It is resource-light, but provides a framework for identifying where more concentrated efforts need to be targeted. Not least in sharing drugs issues and solutions it provides a platform for developing coherent community-based responses to drug problems.

PDP consists of a profile and a programme of participatory discussion. The profile can take different forms:

- The life history of a drug user
- The criminal justice career of a drug user
- The pattern of drug use in the community
- The network of victims of drug use

Key points:

- the profile should be factual, informative and relevant to the community. It may, for example, draw on real local cases anonymised as necessary;
- there is no need for the initial profile to be precise or detailed. The discussions will result in clarification as the shared view emerges;

- the profile might consist of a 'story' with 'trigger points' (key issues) leading into the task designated for discussion.

The community groups that should participate in the scheme include:

- Young people (within the school environment)
- Young people (in other contexts)
- Parents
- Community groups
- Statutory/voluntary agencies with interest in drug issues

Key points:

- The form of the profile should reflect the nature of the participatory audience. Life histories/criminal careers would be more suited to young people, patterns/victims to community groups;
- Discussion should be task-led to provide focus and activity. The task for a life-history discussion might be to draw a time-line of the drug user from birth to present indicating when, how and by whom the life might have been altered. For patterns of drug taking a task might be to draw a map of dangerous places in the locality, indicating what, how and by whom something might be done;
- The role of facilitator is crucial: needs to be a good motivator, knowledgeable without being overbearing, clear-sighted about objectives;
- There is a need to maintain a non-judgmental frame, e.g. "What more do we need to know?" "Where can we go from here?";
- Participation should be seen as an ongoing process subject to periodic update/review as patterns and fashions change.

Figures 7 and 8 illustrate what the objectives of PDP might be, and how they might be implemented.

Figure 7: Objectives of PDP

The immediate objectives of the participatory profiling include:

- promoting an informed exchange of views on drug issues that is relevant to a specific community;
- providing information on the harm caused by drug use in a non-judgmental context;
- enabling young people to make informed decisions and choices about drug-taking;
- facilitating the sharing of information about drug use within the community;
- identifying issues for implementation in other contexts;
- challenging stereotypes about drugs and drug users.

The strengths and weaknesses of PDP in the wider context should also be recognised since it:

- enables the expertise and knowledge of the police to be used in communities' responses to the issue of drug-taking;
- integrates the three planks of the ACPO Guidelines on drug issues;
- raises the level of debate about drug issues by providing a means of feedback from participants to other arenas of action;
- affirms and values community views and thereby promotes an environment for effective joint action on drug issues, although there may be difficulties in realising a profile relevant to all sectors of the community: local sensitivities may need to be recognised and worked with;
- does not deal directly with law enforcement or the treatment of offenders;
- careful thought needs to be given to integration with other drugs initiatives. PDP can raise expectations without the ability to fulfil them.

Figure 8: Implementing PDP: a step-by-step guide

- (1) Design the scheme
 - who is the audience?
 - what sort of profile is sensitive to the needs of this audience?
 - who will take lead role?
 - how many sessions?
 - co-ordinate and plan the programme
 - who will receive feedback for action?
- (2) Prepare the chosen profile
 - it should be presentable in 5-10 minutes
 - factual and relevant to target audience
 - base on local knowledge, anonymised as necessary
 - not too much detail
- (3) Prepare task for groups
 - relevant to profile
 - activity-based (need paper, pens, other materials)
- (4) Presentation/discussions
 - not too long (aim for 45 minutes, maximum one hour)
 - 5-10 minutes presentation, 30 minutes task activity, 5-10 minutes for feedback/review
 - maximum of 15 persons per group
- (5) Feedback
 - review outcome of sessions
 - main issues to emerge
 - main points for action

Some practical pointers for profiling sessions

- Break the sessions down into separate manageable stages - introduction, presentation of profile, the task-orientated discussions, summing up/conclusions. With young people it is especially important to give clear instructions, keep these to a minimum, and give them stage by stage rather than all at the beginning.
- groups of 10-15 can be divided in two for the task. This will ensure that everyone can have their say and not be intimidated if there are vociferous members. It will also give more interest to the summing up if the groups take different tacks.

- A strong and knowledgeable facilitator will ensure the smooth running of the sessions, especially if a group gets stuck or distracted. The facilitator needs to be able to keep groups focused and moving without taking control. Good interpersonal skills are needed.
- A second facilitator can be very useful. A volunteer from a previous session can provide continuity. Someone from outside the police can relieve apprehension and give support if an officer is the facilitator.
- Consider using props or aids. For example, items such as an amphetamine wrap or empty rizla packet with the end torn off found in child's bedroom or park can stimulate and focus attention.
- The venue is very important. It should be comfortable and free from distraction. Young people may be happy to sit around on the floor, but adults will be more at ease round a table big enough for the group. Sessions should be time-limited but not overly time constrained.

The Driffield PDP Initiative

Design of the scheme

The Driffield Participatory Drugs Profiling Scheme was a police-led programme of five participatory sessions spread over four weeks. Each session was effectively a double session at which two police officers presented quite different profiles in parallel. The profiles were based on the life history of a drug user. The target length of each session was 45 minutes but all over-ran.

The five sessions were designed to involve different groups of people from the local community. The design allowed for a progression from people working in the drugs arena to young people. A total of 63 people attended the sessions:

Session 1 13 Professionals, agency workers, community representatives

Session 2 10 Parents

Session 3 15 Year 11 students (aged 15/16)

Session 4 14 Year 9 students (aged 13/14)

Session 5 14 members of a youth group (aged 15-17)

The minimum number in a group was 5 with the maximum being 8. Throughout the sessions each officer introduced the same profile to maintain continuity. A brief introduction was given to the whole session. The participants were then divided into two groups each of which was given a profile of a drug user, one female one male

(see figure 9 on page 35) developed by the police from their knowledge of real cases. The discussion of the profile was organised round the task of drawing up a time-line of the drug user, making suggestions of what could have been done to change the course of their life. A volunteer from the groups in each week was sought to act as a facilitator for one of the next groups. The police would present the profiles throughout. The sessions were evaluated by two means. All participants were asked to complete a short feedback questionnaire at the end of the session. In addition, one or two volunteers in each group were asked to volunteer for in-depth interview to provide a more detailed insight into the process.

A further four PDP sessions took place later as part of a drugs training day at a comprehensive school elsewhere in East Yorkshire. This involved some 70 teachers and gave the opportunity to evaluate the scheme with a group that is in the forefront of drugs action policy. Before taking part in the sessions, the teachers had the benefit of a morning of workshops on various aspects of drugs education and were therefore more informed about many of the issues than most of the other PDP participants. The teachers' opinions are not included in the shared views below but their assessment of the value of the sessions, described separately below, gives an additional dimension to the evaluation.

In an ideal world, any PDP initiative will be an ongoing process with a powerful built-in reflexive capacity for registering significant change within the community through the issues raised by participants. The longer timescale will also enable other measures of change to be observed subsequent to action - such as in the number of self-referrals to drug agencies, in needle-exchange activity, in calls to Drugs Hotlines, etc. However, the timescale within which this report had to be produced made such measurement of the Drifffield PDP initiative impossible.

Shared views

All the sessions worked well though there were differences in approach and in the tenor of the argument. The professionals did not want to stop. The younger school students were initially a little reluctant to engage and were less forthright than the older students. In spite of the very different background of the groups and the deliberate avoidance of instruction on the scope of matters that could be discussed, a surprising number of common themes threaded through the views that were expressed. We report these here without attempting to convey the richness of detail that emerges from well organised PDP sessions. The main themes to emerge were:

- **Parents to blame.** All the groups blamed parents for young people turning to drugs. Even (good) parents blamed (bad) parents. Bad parenting includes lack of appropriate discipline, especially when young, not listening to young people, being ignorant about the issues, and being hypocritical (against drugs while smoking and

drinking). Parents need to be more positive in their approach to drugs - setting boundaries, talking to their children, seeking guidance before it is too late.

- **Need for more information and education.** This includes a wide range of concerns. Drugs education should cover parents, teachers and others as well as young people. The information should cover not just the 'blood and guts' of harm caused, but help in enabling informed decisions. Education needs to start young and continue, with information appropriate to the age group. Schools should engage parents in drugs education. Ex-drug users are seen to have a valuable contribution to make to drug education.
- **Drug taking is personal choice.** Peer group pressure is important, though adults were stronger in expressing this than young people who said they would respect their mates' decisions. All groups agreed that choices should be informed.
- **Practical help.** There was more emphasis on practical help among adults, with a variety of suggestions for improving local facilities, such as a helpline. Young people place more store in support, including counselling for drug users. Young people were concerned that help to drug users should not be local as they would be seen getting it.

The value of PDP

Following each PDP session participants were asked to complete an evaluation form. In addition a volunteer from each group was requested to take part in a semi-structured interview to obtain deeper insight into the effects of participation. 65 evaluation forms were completed (see appendix 1 for the summary of responses). A total of 10 participants were interviewed.

The view of the parents was very supportive of the profiling scheme. All the parents liked the approach with the interviews highlighting the fact that the profiling session had been the only time they had ever had the chance to take part in a discussion concerning drug use. Parents found the session both informative and valuable in altering their attitude. The information gained enabled them to view the issues from a different perspective and not with the tunnel vision gained from the media. The parents felt that they had learned a great deal from listening to other peoples' views. However the most important factor was the chance for them to be able to meet with other parents to discuss their concerns and views.

From the perspective of the professional workers and community representatives who had attended, the fact that the profiling had brought together a wide range of agencies could only be for the good.

Figure 9: Profiles of drug users

White, female

Born in 1962, 34 years

5'8" tall, thin build, blond coloured curly hair, blue eyes

Self administered tattoos

Two children to previous relationships both males, 12 years and 6 years

Both children subject to Child Protection Registration by the local authority

Unmarried housewife

Resides with children and current live-in boyfriend in local authority accommodation

Previously lived in Bridlington, Beverley, Hull

Forty six (46) previous convictions

First conviction at the age of 12 years for Burglary - convictions in 1974, 1976, 1977, 1980, 1981, 1983, 1984, 1985, 1987, 1993, 1994 and 1995

Several matters outstanding for possession of controlled drugs

Previously received prison sentences, 1980 - 6 mths, 1987 - 12 mths and 1995 - 2 mths

Currently subject to two years probation order

Involved in prostitution

Uses cannabis, amphetamine and heroin

Deals all types of controlled drugs from home address, parties, night clubs & street

Travels extensively to buy drugs, Liverpool, West Yorkshire

Known associates are involved in drugs and criminal activities.

White, male

Born in 1974, 22 years

5'9" tall, slim build, short black coloured hair, brown eyes

Born locally, as were his extended family

Only child of a middle class family

Single, unemployed

Relationship difficulties with his father, they find it difficult to communicate with each other

Currently living with a female who has family from a previous relationship

Previous criminal convictions in 1990, 1993 & 1996

Assault, theft, public order offences and possession of controlled drugs

1987 started to smoke cannabis with friends and progressed to amphetamine use and presently injects

Parents were aware that he was using drugs and was stealing from them to finance his habit

Parents approach police for help/advice regarding son's drug use

Subject denies having a problem with controlled drugs

Thefts from parents and extended family continue to finance his drug use

Left most recent employment as a labourer for no apparent reason

The young people particularly liked the informal approach towards an issue they were normally 'talked at' about. They expressed the view that they would like to continue the profiling sessions. They also pointed out that they would have liked the sessions to have contained more information on the effects of drugs. (Coincidentally, the Health Education Authority is currently producing a drugs information guide aimed specifically at 14-16 year olds.)

In general the teachers were very positive about the profiling. The sessions were felt to be extremely worthwhile, allowing a great deal of discussion about many issues while remaining focused on relevancies. The informal approach was liked and seen as very complementary to the information exchange of the morning session. Many of the teachers saw the profiling as a valuable model for use with parents and young people, though it needs to be followed up or combined with other forms of drugs training. All the groups got into the session very quickly, with the discussion broadly focusing on similar issues to the Driffield groups - parental control and parental responsibilities being the key. The samples of drug users' gear were felt to be useful in giving knowledge of signs to look for. A common concern voiced by the teachers and particular to them as a group was the need for training on the legal aspects in relation to their statutory responsibilities.

All groups found it beneficial that the police were instrumental in the initiation of the profile, even though they thought other agencies could have run the sessions. The main advantage of the police involvement in the scheme was reinforcement of police interest in drugs issues. The parents found this very reassuring. The young people also regard this as important, having never had the opportunity to discuss any issue before with the police. The session had enabled barriers to come down, which it was hoped would be a continual process. All groups commented positively on the merits of exchanging views with others.

All groups felt that everybody should be allowed to participate in discussions on drug use. However the young people thought they should have been the first to participate. They felt very strongly that their view should have been put forward to the other groups, especially the parents as they were most in need of informing. All interviewees agreed that they would like to see the sharing of views as an ongoing process. This was the first good practice they had seen around the tackling of drugs issues.

All groups found the profile of the drug user very useful, it gave them insight into the issues of drug users whilst also giving them background knowledge of the person. Reality was given rather than fiction.

The time allocation was about right for most of the participants. However 77% of the professionals found the session too short. This could be due to the fact that they did not realise how involved the sessions would become. Young people were also more likely to feel that sessions were too short.

The size of the groups was felt to be about right for all groups as all participants felt they were able to express their views without feeling intimidated. All groups felt very strongly that the sessions should be taken to more groups in the community.

80% of the professional people were of the view that their understanding of drugs issues had not changed through the profiling session. This could be due to the prior knowledge they had available to them in their professional role. A small majority of teachers reported that their understanding had changed, whereas the balance among young people was slightly the other way.

There was a strong view from all participants that the profiling could help young people to make more informed decisions about drug use. The young people interviewed stated that the life history had made them think more fully about the effect drug use would have on their lives, and is likely therefore to alter their decisions.

The police officers who took part in the sessions were very positive about the benefits for themselves and for the community from the profiling sessions. They felt that the sessions had given them a chance to communicate with members of the community on a level which was not usually available to them. They had been able to target groups, especially young people, in a way that their normal remit would not permit. The officers felt that the response they had from the groups of young people and parents held a promise of building relationships and trust rather than portraying enforcement and power. The profiling allowed them to meet the public on a common ground in an informal way, which would not be possible during routine police work.

5. What PDP achieves

For the police:

- PDP provides a viable alternative to other demand-reduction initiatives based on enforcement (eg. caution plus) in circumstances where enforcement-linked strategies are difficult or simply not feasible because of low numbers. However it can equally be seen as complementary to arrest-based schemes in that it has different objectives and targets a much wider audience.
- PDP uses the expertise of the police in a crucial area. The exercise of leadership skills is particularly important in establishing a platform for informed debate.
- PDP builds bridges with the community. It presents the police as having wider concerns about drugs than arrest. This is especially important with young people.
- PDP enables a broader appreciation of drugs problems facing the community. The value in complementing police drugs intelligence should not be underestimated.
- Not least PDP meets all three objectives of ACPO Drugs Policy by exposing participants to the consequences that illegal drug taking has for the drug user and others.

For the community:

- PDP creates a community-wide dialogue on drugs issues and promotes the sharing of views about the issues and what can be done.
- PDP facilitates the process of developing priorities in tackling drugs within an inter-agency framework, working from the bottom-up through sharing views.
- PDP builds bridges between parents and children by affirming the opinions of both. It also gives a voice to members of the community who might otherwise not be heard.

For statutory/voluntary agencies:

- PDP assists in the setting of priorities relevant to the community's needs. Such sensitivity is essential to success in a difficult area.
- PDP facilitates developing drugs initiatives based on a shared view of what is needed.
- PDP provides an informal and flexible framework for agencies to receive feedback from clients, potential clients and the public, but most especially young people.
- Since PDP does not ask direct questions about drug use, it may have particular value to agencies - such as the police or the probation service - whose statutory responsibilities make such questions difficult.

For drug users and potential drug users:

- PDP widens the scope of informed decision-making by presenting a factual and relevant picture of drug taking and its consequences.
- PDP affirms and acknowledges the voice of young people in the drugs debate in a structured and task-orientated environment which encourages a wider view of drug taking.
- Feedback from PDP aids the identification of potential action relevant to the needs of drug takers and young persons generally. This is particularly important in establishing what works from the users' perspective.

In general:

- PDP is not resource intensive: after initial costs in setting up and co-ordinating the scheme and in ensuring the necessary skills and expertise resource inputs are low.
- PDP is flexible and adaptable: the profile can be matched to the intended audience, and either the police or other agencies can develop an effective scheme.

In concluding we observe that PDP stands among a very broad spectrum of actions that can be taken on drugs issues. We are equally clear that it cannot be seen as a substitute for action in some areas. The first of these is in the enforcement of the law where there is scope for widening the remit of law-enforcement agencies to put rehabilitation and treatment on the agenda. The difficulties faced by the Tower Hamlets Referral Scheme (Southwell, 1991) should not inhibit new thinking in this direction. A second area for continuing effort is in treatment itself which is often severely inhibited by the very illegality of the act that is to be treated. But it is to a third area that we see PDP making a significant contribution. This is the arena of harm reduction, only recently recognised as the third pillar of drugs policy. To date harm reduction has been largely concerned with an individual perspective, emphasising initiatives such as needle exchanges and the education of children about the physiological consequences of drug taking. This debate needs to be enlarged. Communities are seeing the consequences of drugs in terms of high crime rates which affect everyone, not just the drug taker. At the same time there is a growing appreciation that the problems cannot be tackled by blanket prohibition: they are too complicated. It is in this arena of enlarged harm reduction encompassing the whole community that shared views have the greatest currency. And it is only by sharing the responsibility for action that the problem of drugs will be alleviated in rural or any other areas.

References

- ACPO** (1985) *Final Report of the Working Party on Drugs Related Crime (the Broome Report)*, Unpublished.
- ACPO** (1996) *Tackling Crime Effectively*, London: HMSO.
- Advisory Council on the Misuse of Drugs** (1993) *Drug Education in Schools: the need for a new impetus*, London: HMSO.
- Advisory Council on the Misuse of Drugs** (1994) *Drug Misusers and the Criminal Justice System: Part Two: Police, Drug Misuse and the Community*, London: HMSO.
- Akers, R. L.** (1992) *Drugs, Alcohol and Society: Social Structure, Policy and Process*, California: Wadsworth Publishing Company.
- Alaszewski, A. and Harrison, L.** (1988) 'Literature Review: Collaboration and Co-ordination Between Welfare Agencies,' *British Journal of Social Work*, 18, 635-647.
- Bagnall, G.** (1988) 'Use of alcohol, tobacco and illicit drugs amongst 13 year olds in three areas of Britain,' *Drug and Alcohol Dependence*, 22, 241-251.
- Blagg, H., et al.** (1988) 'Inter-Agency Co-operation: Rhetoric and Reality.' In *Communities and Crime Reduction*, London: Home Office Research and Planning Unit.
- Brown, J. and Young, C.** (1995) *Substance Misuse in Rural Areas*, London: National Council for Voluntary Organisations.
- Clark, C.** (1995) 'The Drugs Problem: A Strategic Perspective,' *The Police Journal*, 68(1), 17-21.
- Cornwall, A. and Jewkes, R.** (1995) 'What is participatory research,' *Social Science and Medicine*, 41(12), 1667-76.
- Dean, A.** (1995) 'Space and substance misuse in rural communities,' *International Journal of Sociology and Social Policy*, 15(1), 134-155.
- Department of the Environment and Ministry of Agriculture, Fisheries and Food** (1995), *Rural England: a Nation Committed to a Living Countryside*, White Paper Cm 3016, London: HMSO.
- Eddison, G. and Stone, P.** (undated) *Drugs Education Programme*, Bradford: Community Affairs Department, West Yorkshire Police.
- Edwards, R. W.** (1992) 'Drug and alcohol use by youth in rural America: An introduction,' *Drugs and Society*, 1(2), 1 - 8.
- Erickson, P. G.** (1980) *Cannabis Criminals: The Social Effects of Punishment on Drug Use*, Toronto: Addiction Research Foundation.

- Erickson, P. G. (1993) 'The law, social control and drug policy - models, factors and processes,' *International Journal of the Addictions*, 28(12), 1155 - 1176.
- Fortson, R. (1988) *The Law on the Misuse of Drugs*, London: Sweet and Maxwell.
- Gossop, M. (1996) *Living With Drugs*, Aldershot: Arena.
- Greenwood, P. W. (1995) 'Strategies for improving co-ordination enforcement and treatment efforts in controlling illegal drug-use,' *Journal of Drug Issues*, 1, 73 - 89.
- Home Office (1996a) *Criminal statistics England and Wales 1995*, London: HMSO.
- Home Office (1996b) *Statistics of Drug Addicts Notified to the Home Office, United Kingdom*, 1995, London: Home Office.
- Home Office (1996c) *Statistics of Drugs Seizures and Offenders Dealt With, United Kingdom*, 1995, London: Home Office.
- Humberside Police (1996) *Drugs - A Strategy for Action*, Unpublished.
- Inglis, A. (1995) 'Participatory Appraisal.' In T. Sellars (ed), *Participatory Appraisal Workshop Proceedings*, Hull: Department of Public Health Medicine, Postgraduate Medical School, University of Hull and East Riding Health.
- ISDD (1996) *The Misuse of Drugs Act Explained*, London: Institute for the Study of Drug Dependence.
- Lord President et al. (1995) *Tackling Drugs Together: A consultation document on a strategy for England 1995-98*, London: HMSO.
- McDermott, P. (1992) 'Representations of drug users. Facts, myths and their role in harm reduction.' In P. O'Hare, et al (ed), *The Reduction of Drug Related Harm*, London: Routledge.
- May, T. (1993) *Social Research: Issues, Methods and Process*, London: Open University Press.
- Mayhew, P., et al. (1993) *The 1992 British Crime Survey*, Home Office Research Study No 132, London: HMSO.
- Mott, J. and Mirrlees-Black, C. (1995) *Self-Reported Drug Misuse in England and Wales: Findings from the 1992 British Crime Survey*, Research and Planning Unit Paper 89, London: Home Office.
- Newcombe, R. (1993) *Drug Use in the North Wealden District of East Sussex*, Lewes: East Sussex Drug Advisory Council.
- Northern and Yorkshire Regional Health Authority (1995) *The Yorkshire Substance Misuse Database - Annual Report*. Leeds: Yorkshire Substance Misuse Centre.

REFERENCES

- Parker, J., et al.** (1988) 'Monitoring Problem Drug Use in Bristol,' *British Journal of Psychiatry*, 152, 214-221.
- Pearson, J.** (1992) 'The war on words: reflections on the American war on drugs,' *Journal of Research in Crime and Delinquency*, 29(3), 363 - 381.
- Ramsay, M. and Percy, A.** (1996) *Drug misuse declared: results of the 1994 British Crime Survey*, Home Office Research Study No 151, London: Home Office.
- Royal College of Psychiatrists** (1987) *Drug Scenes: A Report on Drugs and Drug Dependence*, London: Gaskell.
- Sellers, T.** (ed) (1995) *Participatory Appraisal Workshop Proceedings*, Hull: Department of Public Health Medicine, Postgraduate Medical School, University of Hull and East Riding Health.
- Southwell, M.** (1991) *Tower Hamlets Police Referral Scheme: 'Initiation, Development and Introduction'*. A Joint Initiative Between Tower Hamlets Police and Drug Agencies, London: Healthy Options.
- Swadi, H.** (1988) 'Drug and substance use among 3,333 London adolescents,' *British Journal of Addiction*, 33, 935-942.
- Teff, H.** (1975) *Drugs, Society and the Law*, Hampshire: Saxon House, D. C. Heath Ltd.

Appendix 1: Results of PDP feedback questionnaire

(NB "Workers" = Professionals, agency workers and community representatives)

1 What do you think about dealing with drugs issues in this way?

		Yes	(%)	No	(%)	No strong feelings	(%)
I liked this approach	All	105	(80)	3	(2)	24	(18)
	Workers	11	(85)	0	(0)	2	(15)
	Parents	10	(100)	0	(0)	0	(0)
	Youth	34	(83)	2	(5)	5	(12)
	Teachers	50	(74)	1	(1)	17	(25)
It gave me information	All	84	(66)	12	(9)	31	(24)
	Workers	8	(67)	3	(25)	1	(8)
	Parents	9	(100)	0	(0)	0	(0)
	Youth	21	(48)	7	(16)	16	(36)
	Teachers	46	(74)	2	(3)	14	(23)

APPENDIX 1: RESULTS OF PDP FEEDBACK QUESTIONNAIRE

2 What did you particularly like about discussing drugs issues in this way ?

	All (%)	Workers (%)	Parents (%)	Youth (%)	Teachers (%)
A Exchanging views with other people	96 (71)	10 (77)	9 (90)	37 (84)	40 (56)
B The profile of drug users was very helpful	62 (46)	8 (62)	4 (40)	21 (48)	29 (41)
C The time-line made me think about the issues in more depth	79 (58)	5 (38)	8 (80)	27 (61)	39 (55)
D The police were involved in sharing issues	65 (48)	8 (62)	8 (80)	20 (45)	29 (41)
E It was an effective way of sharing information about drug use	66 (49)	8 (62)	7 (70)	25 (57)	26 (37)
F Anything else ?	9 (7)	0 (0)	1 (10)	5 (11)	3 (4)

APPENDIX 1: RESULTS OF PDP FEEDBACK QUESTIONNAIRE

3 Thinking about the discussion:

The time allocated was:	about right (%)	too long (%)	too short %
All	78 (63)	12 (10)	33 (27)
Workers	3 (23)	0 (0)	10 (77)
Parents	7 (70)	0 (0)	3 (30)
Youth	17 (40)	5 (12)	20 (48)
Teachers	51 (88)	7 (12)	0 (0)

The venue was:	good (%)	about right (%)	not good (%)
All	58 (48)	52 (43)	11 (9)
Workers	11 (85)	2 (15)	0 (0)
Parents	9 (90)	1 (10)	0 (0)
Youth	25 (63)	15 (38)	0 (0)
Teachers	13 (22)	34 (59)	11 (19)

The number of people was:	about right (%)	too many (%)	not enough (%)
All	110 (92)	7 (6)	3 (3)
Workers	13 (100)	0 (0)	0 (0)
Parents	8 (80)	0 (0)	2 (20)
Youth	38 (97)	0 (0)	1 (3)
Teachers	51 (88)	7 (12)	0 (0)

APPENDIX 1: RESULTS OF PDP FEEDBACK QUESTIONNAIRE

4 Do you feel you have been able to make your views known?

	Yes (%)	No (%)	Don't know (%)
All	114 (86)	8 (6)	10 (8)
Workers	9 (90)	0 (0)	1 (10)
Parents	10 (100)	0 (0)	0 (0)
Youth	37 (86)	2 (5)	4 (9)
Teachers	58 (84)	6 (9)	5 (7)

5 Do you think your understanding of drugs issues has been changed by participating in this discussion?

	Yes (%)	No (%)	Don't know (%)
All	55 (43)	54 (42)	19 (15)
Workers	1 (10)	8 (80)	1 (10)
Parents	5 (50)	5 (50)	0 (0)
Youth	16 (37)	19 (44)	8 (19)
Teachers	33 (51)	22 (34)	10 (15)

6 Do you think profiling in this way will help young people make more informed decisions about drug use?

	Yes (%)	No (%)	Don't know (%)
All	86 (67)	11 (9)	31 (24)
Workers	6 (55)	3 (27)	2 (18)
Parents	7 (78)	0 (0)	2 (22)
Youth	30 (73)	1 (2)	10 (24)
Teachers	43 (64)	7 (10)	17 (25)

Source: Field work

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