

Executive Summary: A Rapid Appraisal of the Illicit Drug Market in Southend-on-Sea, Essex

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Project Background: This research, conducted by Plymouth University's Drug and Alcohol Research Unit (DARU), was commissioned by the Southend-on-Sea Drug and Alcohol Action Team (SDAAT) with a view to understand the form and nature of the local illicit drug market and inform drug policy within the Southend-on-Sea locale. Using a 'rapid appraisal' method whereby specific information is gathered in a timely way in order to gain a 'snapshot' of an existing context and provide relevant assessment, the drug market rapid appraisal service (DMRAS) is able to inform communities of the nature of their local drug market from a harm reduction approach.

Research Aims:

- **To map the key illicit drug market 'hot-spots'** of Southend-on-Sea for heroin and crack cocaine
- **To describe the nature of the Southend-on-Sea drug market/s** in terms of the basic supply/transactional activities and how they are organised.
- **To map the various perspectives on what the Southend-on-Sea drug market is thought to look like** by drug users, service professionals and local enforcement.
- **To map the actual nature of the Southend-on-Sea heroin and crack cocaine drug market (as revealed by the research) against the image** commonly presented by the local media.
- **To provide recommendations** relating to Southend-on-Sea drug markets and the reduction of associated harm.

Method: A variety of (mostly) qualitative research methods were employed as part of the rapid appraisal in order to provide a profile of the Southend-on-Sea drug market; these methods were employed during the rapid appraisal research period of May 2011-June 2011 and included:

- **Interviews were carried out with a sample of 32 local drug users** 28 of whom were (current or recently ex) problem/injecting drug users in 3 different local agencies
- **A multi-agency focus group exercise with over 20 key service and voluntary personnel** from around Southend and Essex who have a responsibility related to interventions around problem and other drug use
- **A further 8 interviews that were carried out with agency and other key service personnel** that had close contact with local drug users on their views on the local drug market
- **Liaison with Southend-on-Sea police; Essex police and the Serious Organised Crime Agency (SOCA)** to obtain relevant local arrest and forensic data
- **The collation and analysis of local media reporting** on illicit drug markets over the period 2007-2012

Key Findings

- In recent years media coverage has tended to focus on specific incidents about the Southend drug market with Somali gang involvement in particular leading to a distorted reporting of how the market might be understood as a whole and perhaps elevating fears around the level and extent of violence present in the Southend drug market as well as the type of violence that more commonly takes place. This arguably also reflects a tendency to focus on ethnic (and perhaps refugee) involvement in the drugs market.
- That despite the heroin and crack cocaine suppliers being mostly of a 'Black' ethnicity the overall drug market in Southend (including the 'club-drug', social supply, middle class cocaine and 'home grown' cannabis market for example) is populated by 'white' drug dealers and most of the drug users (including problem drug users) in Southend are also likely to be 'White'.
- Southend has a specific demand context that affects how drugs are supplied: its relatively close proximity to London; within good transport routes; a densely populated conurbation with elevated numbers of problem drug users (also densely populated) and has a less well established 'local' supply for heroin and cocaine. The above means that Southend has a 'captured' target population of problem drug users ready to be approached for potential dealers by outside suppliers that travel in to supply, then travel back out once business is completed. Local supplier's activity is therefore kept relatively contained due to saturation of the market by competitive London suppliers.
- The heroin and crack cocaine suppliers in Southend appear to mostly commute or travel from London to sell their drugs. They either arrive on a daily basis by rail or road and/or 'rent' space/accommodation from problem drug users on a short term basis (for a day, perhaps two and sometimes longer). Whilst most such activity involves users renting on a voluntary 'exchange' (for drugs) basis, there are reports of 'Somali' drug dealers displacing vulnerable tenants (often problem drug users) and using their flats/houses for longer periods before moving to another similar space.
- The Somali dealers have a mixed reputation among PDU and regardless of the accuracy of the stories surrounding them, for many PDU they are seen as a 'last resort' supply option or a group to be avoided altogether. Other PDU however report relatively good relations with them and logic suggests that alternative suppliers would be sought (the other London dealers do not have the same reputations attached to them by PDU) and the Somali suppliers would be out of business if they were as bad as reports portrayed them.
- Contrary to common perception but consistent with the general research evidence, the street drugs (such as heroin and crack cocaine) in Southend are not cut with substances such as rat poison or scouring powders or other dangerous substances
- Violence in the Southend drug market mostly surrounds drug dealers or their runners being robbed by drug users. Some 'turf' violence takes place but this is not routine nor does it tend to spill into the public domain. Few of the PDU had experienced first-hand violence in the drug market.
- Access to all drugs, like in any major English conurbation is both easy and speedy for those that want to access them but Southend does not have specific 'hot-spots' for drug transactions; instead, drug deals happen all over the town at spots that are both variable and varied by those supplying the drugs and are facilitated by mobile phone technology.
- Southend does not commonly have what are normally understood as open street markets (where effectively anyone can be offered or can buy drugs) nor 'shooting-galleries' or crack houses. Instead markets were relatively closed since sellers had become aware of police operations and had consequently adapted by only selling to those whom they perceived as fitting the 'image' of a drug user.

- The Southend market – like most English markets – is not top-down, controlled by either a ‘Mr Big’ or any one organised crime group or gang. It is a fragmented market with numerous suppliers attending to demand. It is by and large a mobile and competitive market that manages to co-exist without too much conflict.

Recommendations

- **Sensitive dissemination of some of the key findings from the study via local media** in order to begin to allay public fears regarding the control of Somali gangs within drugs market and/or that the recent ‘gang’ related events/robberies do not appear (i.e. un-evidenced by this research) to have direct drug market links or share the same populations.
- **Ongoing monitoring.** One of the reasons for the commissioning of this research was that there was an exaggerated fear and/or misunderstanding of Southend-on-Sea’s drug markets. This fear can be assuaged and/or managed by having improved ongoing monitoring of drug use trends and drug market trends and releasing this information in a non-sensationalised form to the media (perhaps even with some media training alerting them to what is and isn’t really present in the reports). Two prime examples of this could relate to (in partnership with Southend/Essex Police for data) forensic analysis of street drugs (showing the absence of dangerous cutting agents) and also data around overdose deaths (which will nearly always reveal an alcohol/heroin related or newly released PDU death rather than one from excessive purity of poisonous cutting agents).
- **Drug Alerts.** Too many Drug Alerts lack veracity and reliability and should be treated as less authoritative than they are. Many are the subject of a poor or absent evidence base but spread fear and anxiety among those they are cascaded to. Because much of their authority and credibility however comes from the fact that they are formal Drug Alerts both health professionals and service users are provided with unreliable information that propagates stereotypes of drug risks as proven. Drug Alerts should not emanate from Southend-on-Sea without being assessed for being properly evidence based. Although the current approach to drug alerts is problematic the process is worth improving on as the principle is sound. At the very least this is something that can be improved on at the local level in at least two ways: firstly the adoption of a rigorous local drug alerts protocol that controls and manages alerts passed to Southend and secondly the development of improved health alerts communications.
 - *By way of improving drug alert protocol, a small number of DAATs such as Torbay and Dorset do have relatively good drug alert protocols and practice. These have already been passed to Southend DAAT for consideration.*
 - *Currently drug alerts are weakly communicated to those most at need of the communication. Examples of drug alert communication are posters and leaflets at local service providers and e.g. GP surgeries. It is suggested that new methods of imparting relevant drug alert (and other key) information to local drug users should be developed and trialled for efficacy. This could be a combination of ‘viral’ marketing involving mobile phone texting but also face to face communications with key persons in the drug using community. It is recommended that new action research at the local level facilitate the development of an effective alerting communication mechanism.*
- **Prescription drug leakage.** From a harm reduction perspective – as opposed to medicines management or enforcement perspectives – the fact that a number of PDU seek to manage their own supply difficulties through recourse to drugs prescribed to other PDU may present an intervention/engagement opportunity. Enforcement approaches will likely simply displace the activity whilst an overly controlling approach to medicines management could create unhelpful tensions within the treatment context and confuse treatment with control. The innovative use of short term prescriptions to non-registered PDU may enable earlier engagement with them and largely make leakage redundant. *Without further research to understand this better we cannot comment further. Improved communications with this group, both those in contact with treatment services and those currently not in contact, would provide new opportunities to engage more effectively and perhaps for the first time. It is thus recommended that any research into prescribed drug diversion also*

include research on how to improve communications with this group at the local level (see recommendations under drug alerts above).

- **Harm reduction focussed policing/enforcement.** Most drug market research has found that enforcement activities struggle to do little more than displace drug markets and certainly have had little success in eliminating them. With this in mind the UK Drug Policy Commission (2008; Blakey/UKDPC 2011) has recommended that a pragmatic harm reduction approach to enforcement that targets and focuses scarce resources on the suppliers (individuals and gangs) that cause the most harm to individuals and communities through violence may be preferable. Whilst not reducing supply per se (although some supply would be reduced), targeted policing that looks to reduce the amount of violence in specific drug markets may be more beneficial to the community as a whole. Disruption and displacement may also sometimes be seen as a positive outcome in and of itself (rather than something to be defended as inadequate outcomes of policing) as breaking up concentrations of supply activity (such as in the high-rise blocks in the north of the city centre) may benefit the immediate community greatly.
- **Dealers as conduits of harm reduction activities.** Coomber (2010) has previously described how drug dealers – particularly user-dealers that may supply to a relatively contained clientele known fairly well to them – might be engaged to provide basic harm reduction activities/interventions. This may range from the provision of free, clean needles and syringes and other paraphernalia to a more hygiene injecting environment for those user-dealers that permit/accept injecting drug use in their home (often a primary supply location). Many services will in fact already know of certain well-disposed or even purposive user-dealers that already are moderately but informally active in harm reduction activities (e.g. in needle/syringe dispersal) but will not have engaged them more strategically/formally. Over time, an appropriately focussed intervention might also engage other types of supplier in moderate ways. Some preparatory research and engagement could prepare the way for such an approach.
- **Continued provision of substitute prescribing programmes.** Whilst the current ‘recovery’ context has produced a moderate backlash against substitute prescribing approaches sometimes describing them as ‘chemical handcuffs’, this debate is in reality nuanced and multi-dimensional. Substitute prescribing has also been criticised as working to help achieve criminal justice aims at the cost of individual/treatment aims: by reducing the amount of drugs people need there is a (usually) consequent reduction of offending. However, helping people to remove themselves from the ‘handcuffs’ of the illicit drug market, the need to engage in criminality and/or to continue to engage with it are also, potentially, laudable recovery aims for those on a longer ‘recovery journey’. Substitute prescribing remains a valuable first-step for many to becoming drug free and also enables them to transpose their reliance on the illicit drug market to medical professionals. For some, substitute prescribing – even long term – is preferable to the vagaries of the illicit drug market whilst for others it allows a shift from one dependency that offers little hope in terms of recovery to one that is potentially facilitative of life change.
- Identification/support/engagement with young people at risk of taking up roles as 'runners' combined with education regarding the penalties associated with even low level dealing (using experiences of those involved) and of the risk of losing their homes if they ‘rent’ them out to established holidaying or commuting drug dealers. The aim would be to reduce the number of local runners present in Southend. Such an intervention could also inadvertently help reduce drug market violence since young local runners were actively targeted by certain PDU as they were perceived to be easier to prey upon.

Summary of recommendations for further research/community development activities in Southend-on-Sea

- **Prescription drug leakage.** Research would explore the nature of leakage/supply and demand. It is important to find out why those that sell or supply their prescription drugs to other PDU do so as well as the reasons why those that receive them seek them out. It cannot be assumed that the supplying PDU are simply either over-prescribed or motivated by profit. Suppliers may ‘need’ to supplement their prescription with street drugs and thus there may be a need for more individualised prescribing that meets their needs. It may also be the case that ‘supply’ thus occurs often, rarely or occasionally reflecting this ‘need’. The ‘market’ may thus be

primarily made up of a small (or perhaps large) group of PDU dipping in and out of supply irregularly. Awareness of the reasons why supply in this form occurs is essential to understanding how to better manage it. Similarly it is important to know why PDU of street drugs are using/purchasing/accessing prescribed drugs from other PDU, which drugs they seek out/prefer and for what reasons. Short-term 'droughts' around Bank Holidays and Christmas in particular are common and these may be specific opportunities to engage with this population but research would also benefit from observing 'normal' activity. Research would seek, in partnership with SDAAT and addiction services to develop an informed intervention to short-term prescribing that aimed to reduce leakage, increase engagement with those not in touch with services and to improve prescribing practice for those that currently supply/leak prescription drugs.

- **Innovative information/advice dissemination.** Accessing those that buy leaked prescription drugs and making the PDU population aware of new interventions such as short term prescribing or accessing 'runners' to inform them of the risks relating to dealing is not straight-forward. Harm reduction messages in e.g. needle packs have little impact. A dedicated approach to information dissemination by numerous methods such as viral marketing could be employed. Monitoring of PDU knowledge over distinct moments in time could measure the impact of information dissemination. Improved approaches to important information dissemination could also be used to relate credible and important Drug Alerts when necessary whereas at present Drug Alerts are disseminated passively (e.g. posters in drug services), reach few PDU and almost none of those not in touch with services.
- **Action research to institute processes for using user-dealers to act as conduits for some harm reduction interventions.** Research would look to develop outreach/community-development and peer involved activities that engages with those locally based user-dealers that currently supply heroin and/or crack cocaine and allow users to inject on their premises. Initial aims would be to help such individuals to provide more sterile injecting conditions; overdose awareness and perhaps even be supplied with naloxone overdose kits to enable effective intervention in overdose events. The research would seek to establish how to best set up such a peer arrangement and how to sustain it over time.