

## Conceptualising and Evaluating the Impact of Policing Drug Markets

### OVERVIEW

This N8 PRP Small Grants project considers the policing of drug markets through the lens of harm reduction. Drawing on interviews with police and non-police practitioners, an analysis of national, regional and local drug-related strategy documents, redacted case files, and a coproduction workshop, the study examines how police officers and staff understand police roles in drugs policing, as well as their perceptions of the breadth of harms occurring in this context. The study responds directly to government calls for urgently needed research to address knowledge gaps concerning the impacts of policing interventions on drug markets and the potential for innovative approaches within the existing legal framework.

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### KEY FINDINGS

- **Goals vs. Roles** - Police officers and staff commonly understand the police role vis-a-vis drugs policing as being enforcement-focused (the pursue element of the '4P' approach (i.e. prepare, prevent, protect, pursue)). However, research participants also described roles and responsibilities that largely align with principles of harm reduction policing. This includes roles usually associated with non-pursue activities that are more focused on prevention and protection.
- **Openness to mitigation approaches** - Police officers and staff showed an acute understanding of dealing with vulnerabilities in drugs policing and a willingness to explore how such vulnerabilities can be mitigated by police and partners, including via public health approaches.
- **Performance metrics poorly designed, counterproductive** - Despite an ongoing reliance on traditional performance measures in drugs policing detailed in national, regional and local strategy documents (e.g. arrests, seizures), police officers and staff showed broad dissatisfaction with these metrics. They were described as providing an incomplete picture, being difficult to evaluate in terms of impact, often being misunderstood/poorly defined (e.g. disruption), and even at times being counterproductive to achieving desired aims.
- **Outputs, not outcomes, dominate evaluation** - Participants expressed concerns about the lack of robust evaluation of drugs policing interventions, with a focus on outputs rather than outcomes dominating post-intervention reviews.
- **Clear awareness of potential harms of drugs policing** - Participants showed a clear awareness of the immense challenges of drugs policing, including the potential for exacerbating existing harms and vulnerabilities via unintended consequences of police interventions. It was often felt that not enough was currently being done to limit the potential impacts of such harms.
- **Appetite for training, especially on Diversionary Tactics** - Participants expressed a desire to develop their education concerning drug-related harms and the policing of drug markets, with some highlighting their understandings of these contexts developed through occupational experiences and diverse job roles. Diversionary activities (and their impacts) were identified by many police officers and staff as a theme they wanted to learn more about.

## INTRODUCTION

This study examines the policing of drug markets through the lens of harm reduction, a model often used in health-based contexts but rarely in policing. Harm reduction policing entails the adoption of evidence-based policies and practices which aim to reduce the adverse health, social and economic consequences associated with drug use, drug markets, and efforts to control them through the criminal justice system (Bacon and Spicer 2023). To do so, the research concerned four key questions:

- 1) How do the police perceive and prioritise harms associated with drug markets?
- 2) How do the police define success in policing drug markets?
- 3) How do the police evaluate the impact of their interventions on drug markets?
- 4) How can the police improve performance indicators to incorporate a wider range of drug-related harms?

Drug problems cut across a wide range of societal issues, presenting complex, compounding challenges that span multiple parts of the political system and the associated administrative apparatus. Despite its salience in politics, drug policy and everyday police work, research on drugs policing is surprisingly sparse and underdeveloped. As a result, police responses are built on an evidence base that is ‘distressingly weak’ (Babor et al. 2018: 190). The Government (2017: 107) acknowledged the need for more research in their evaluation of the Drug Strategy 2010, concluding there was insufficient evidence ‘to robustly measure the overall impact of enforcement or enforcement-related activity on levels of drug use and harm, or value for money’. More recently, Black’s (2020: 5) independent review of drugs found that interventions to restrict supply have had ‘limited success’ and recommended more research to advance understanding of the impacts of different types of policing intervention. It is precisely this gap that this project has sought to address.

## METHODOLOGY

The research was conducted March 2023–February 2024 and comprised three methodological strands:

- 1) Interviews – 44 interviews were conducted with practitioners in SYP (n = 29), the Yorkshire and Humber Regional Organised Crime Unit (n = 5), the National Crime Agency (n = 3), the British Transport Police (n = 1), and with non-police partners (n = 6). Partners were based in Sheffield and included members of the Community Safety Team, Public Health/Integrated Commissioning, the South Yorkshire Violence Reduction Unit, and local drug treatment services. Interviewees completed two pre-interview exercises on police roles and a taxonomy of drug-related harms.
- 2) Document analysis - 78 documents with content related to drugs policing were analysed, comprised of national strategy documents (n = 13) (e.g. *Beating Crime Plan* (HM Government 2021), *From Harm to Hope* (HM Government 2021)), Police and Crime Commissioners’ (PCC) Police and Crime Plans (n = 43), police force drug strategies (n = 12), and redacted SYP case files (n = 10).
- 3) Coproduction workshop – 38 stakeholders – most of whom were interview participants – attended a workshop where preliminary research findings were presented and directions for future policy, practice and research recommendations were collaboratively mapped.

## FINDINGS

### *Police roles in drugs policing*

Participants recognised that the police perform many roles in drugs policing to tackle a wide range of drug-related harms (see Figures 1 and 2 in the Appendices). Regarding core or primary police functions, emphasis tended to be placed on the proactive enforcement of the criminal law. Key reasons given for viewing drug law enforcement as a core function were the rule of law, the police

oath to uphold the law, and the unique authority carried by police officers. When framed using the '4P' approach, most interviewees said the core police function is to 'pursue' people for drug supply offences (*'catching a baddie'* (police officer – constable/sergeant)).

Interviewees said police target resources on 'high harm' offenders. Proactive operations mainly pursue mapped organised crime groups (OCGs) that are identified as the greatest risk through Management of Risk in Law Enforcement (MoRiLE) scoring. Serious violence, particularly homicides and firearms discharges, is a prioritised drug-related harm, as is child criminal exploitation (CCE). Quantities of drugs being supplied and the *'reach'* (police staff) of drug distribution networks are also central to decision-making processes.

Interviewees were generally of the view that the police need to prioritise and invest more resources in their 'prevent' and 'protect' functions. There were various understandings of what prevent involves. For some, prevention is achieved through enforcement in the sense that custodial sentences prevent people from supplying drugs and harming individuals and communities. Others, particularly those interviewees who had undertaken partnership work, viewed prevention through a wider public health lens as involving *primary* (targeting the general population/a sub-population to prevent an issue emerging in the first place/re-emerging by focusing on social determinants), *secondary* (targeting at-risk individuals/groups to prevent an emerging issue from becoming an established problem) and *tertiary* (targeting known offenders to prevent an established problem getting worse and mitigate the immediate impact of the problem) interventions (Christmas and Srivastava 2019). Interviewees identified the protection of life as a core role of the police. This was understood as protecting people who use drugs (PWUD) from health harms, including overdose, deaths, and risks posed by unknown commodities, purities and adulterants. Protecting people from victimisation also fell within this role.

While it was recognised that police need to collaborate with partners to address harms associated with drug markets, a common view was that boundaries have become *'blurred'* as *'policing's umbrella of work has got wider and wider'* (police officer – constable/sergeant). There were roles which interviewees viewed as secondary or peripheral to their core functions because primary responsibility rests with other agencies (e.g. diversion): *'It is not for us to get people off drugs ... but it is for us to signpost them'* (police officer – inspector/chief inspector). Pre-interview exercises revealed that tackling drug use/users was not a priority. This is interesting because interview data repeatedly shows officers saying drug markets will never change until demand is tackled. The main explanation for this finding is that demand reduction – through education and treatment – is outside the police remit/area of expertise. Rehabilitation was also viewed as not a policing issue. Interviewees argued that the police role ends at the post-court stage of the criminal justice process.

### ***Public health/harm reduction approaches to drugs policing***

The language of 'health' is used across strategy documents, with the health-related harms of drug use repeatedly highlighted. Indeed, a health-based approach is specifically identified as a key part of the Government's (2021: 8) strategy: *'We will treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive'*. However, despite this and many other mentions of health across most documents, it is not always clear how health-based approaches are delivered in practice.

Public health approaches were most commonly associated with trauma-informed responses to serious violence. A core feature of trauma-informed policing is understanding how traumatic experiences, especially multiple or chronic adversity in childhood, shape people's life trajectories. As a model, however, interviewees stressed that public health approaches are *'applicable across a range of subjects'* (partner). Drug addiction/substance misuse was overwhelmingly viewed as a health issue and interviewees frequently remarked that they found it *'bizarre'* that the police are *'still stigmatising and*

*treating [PWUD] as criminals and not wanting to look at treating them as a victim or people with medical issues'* (police officer – constable/sergeant). Police were supportive of using out-of-court disposals/resolutions to divert PWUD – principally for simple possession, but also minor drug-related offences (e.g. shoplifting) – into support services rather than processing them through the CJS. The futility of short-term prison sentences was noted by several interviewees.

In relation to supply, interviewees said the proliferation of county lines (CL) has focused attention on the pervasive impact of exploitation in drug markets (e.g. CCE and cuckooing). This reflects drug-related strategy documents, which have focused sharply on the harms of CL activities. Interviewees were acutely aware of *'the personal vulnerabilities of people, the personal harms of people involved in that lower level of the supply chain'* (police officer – superintendent+). They identified a need for more non-custodial options and diversionary interventions for vulnerable/exploited drug suppliers.

While diversion occupies a central position in police responses to PWUD, there are *'limited ... realistic alternatives'* (police officer – superintendent+) to criminalisation for drug suppliers. A key reason for this is that people involved in drug market activity tend to be labelled as 'serious' criminals, which makes it difficult - legally and culturally – to use out-of-court disposals/resolutions instead of remand and prosecute. Nevertheless, interviews and case files revealed that police are receptive to the idea of diverting people for low-level supply offences, especially young people who are *'in the early stages of coming into that lifestyle'* (police officer – inspector/chief inspector). Social suppliers/user-dealers – people who supply drugs to friends/acquaintances who are not (primarily) motivated by financial gain – were also mentioned as potentially eligible for diversion.

Participants repeatedly identified diversion as a topic about which they were keen to develop their knowledge and there was an appetite to be informed about *'good cases of people coming out of the other end'* (police officer – constable/sergeant).

Participants were cognisant of the potential for unintended consequences and harms to be exacerbated following police interventions in drug markets. For instance, interviewees argued that imprisonment can lead to the development of drug distribution networks and techniques: *'It's probably made them better at what they're doing because they realise how they've been caught. They go to prison, they associate and meet and develop a network, sometimes internationally, and they become an even bigger problem'* (police officer – inspector/chief inspector). Interviewees also spoke about the impacts of criminalisation and how a criminal record makes it harder for people to desist from crime. Elsewhere, interviewees repeatedly identified the potential for harm as a result of incurring drug debts following seizures: *'Every time we take a kilo of Class A off the streets, there is going to be a threat to life because someone is in serious debt'* (police officer – constable/sergeant). Interviewees provided examples of increases in drug-related violence which they viewed as being triggered by police interventions leading to turf wars or new groups with a greater propensity for violence.

Although police take measures to account for these unintended consequences – including conducting risk assessments, dialogue with suspects and safeguarding provisions – interviewees felt there is *'still very little sympathy in terms of what problems would be caused by us doing any kind of enforcement action'* (police officer – constable/sergeant). A common viewpoint was that people involved in drug markets have made a choice and thereby accepted the risks: *'You make your decision, don't you, you make your choice and then you live with the consequences of it really'* (police officer – inspector/chief inspector). When balancing harms caused by drug markets against harms caused by enforcement interventions, police invariably prioritise the reduction of harm to victims rather than offenders.

### ***Measuring success and evaluating impact***

Interviewees explained that the police are output focused because *'outcomes are really difficult to measure and government targets are always outputs'* (police officer – superintendent+). Data limitations, methodological challenges, and analytical capacity were highlighted when accounting for the lack of evaluation. Results analyses, *'bringing in every element of intelligence, analysis, local policing, other agencies, healthcare and saying, well, did this have the desired impact'* (police staff), were almost never commissioned. Recent 'Clear, Hold, Build' operations that aim to tackle OCGs through neighbourhood policing were mentioned as an exception to the rule. In general, interviewees reported that police *'tend to look at a shorter-term impact of what we do, because we just constantly change from one thing to the next'* (police officer – superintendent+). Short-termism, alongside limited resources and access to data, explained why police *'don't look further down the line'* (police officer – superintendent+) to capture what happens to people who are diverted or safeguarded.

There was a lack of clarity about the desired outcomes of policing drug markets. In SYP, this was partly because the force did not have a drug strategy document setting out what they are aiming to achieve in relation to the multitude of drug problems that fall within the police remit. It is also a consequence of subjective perceptions of 'good' drugs policing and what 'success' looks like (e.g. catching and convicting *'high-level nominals'* (police officer – inspector/chief inspector), *'stop people dying from taking drugs'* (police officer – constable/sergeant)). Eradicating drug markets was viewed as an unachievable aspiration. Officers involved in tackling drug supply often described their task as being to *'keep a lid on things'* by playing *'whack a mole'* (police officer – constable/sergeant). Success was judged on a case-by-case basis. For 'high harm' offenders, success in drugs policing is typically measured in terms of custodial sentences. *'The sentence sums everything up. It sums their role in it, the capability, the benefit, as well as the risk associated as well in it ... It's all encapsulated in that figure because the judge has considered all that when they're sentencing'* (police officer – constable/sergeant).

Drug-related strategy documents show continued reliance on traditional metrics to measure performance and success in drugs policing. These include number of arrests and prosecutions, seizure amounts (of drugs and firearms), asset recovery, and reduction in reoffending. 'Disruption' of OCGs and drug markets also features prominently as a method of measuring performance although specifically how disruption is understood was not always clear, particularly in PCC plans.

Participants acknowledged the value of metrics such as arrests and seizures (e.g. tangible measurements, clarity in public-facing communications, performance indicator expectations set nationally). However, they also identified limitations of using these metrics, not least because they reflect police activity but tell us very little about the impact of interventions on drug markets and drug-related harms. It was widely recognised that *'the low hanging fruit'* (police staff – former police officer) make up the bulk of arrests. Several interviewees viewed arrest figures as misleading because they imply that a positive outcome has been or will be achieved (i.e. sanctioned detections). Such figures, it was suggested, should be accompanied by data on how many arrests result in no further action owing to insufficient evidence or the suspect being released on bail or under investigation. Similarly, regarding seizure data, interviewees acknowledged that *'we sensationalise every figure'* (police staff) to give the impression that police activity is having a significant impact on the market. Without knowing the size of the market, however, it is impossible to judge what impact seizures have on availability by using seizure data in isolation. A more realistic assessment relates to the impact of seizures on the capacity of an OCG and whether they can replace the commodity.

Disruption was identified by interviewees as the most important police role in policing drug markets. However, interviews revealed varying degrees of understanding about what constitutes a disruption and how to record it: *'I don't think there is a good awareness of what [disruption] is. I think practitioners working in organised crime don't understand what it is, despite the region, ROCU and everybody else'*

coming in and explaining what disruptions are, I think cops see it as just minor admin' (police officer – inspector/chief inspector). As discussed above, this is partly because police focus on the outputs of policing activities rather than the outcomes. Interviews also revealed police frustration about disruption reporting and recording procedures. Common issues related to the need for the disruption to be a 'planned, targeted event' and how to evidence impact on the capability of the OCG. Regarding impact, at force level, interviewees said there are very few moderate and major disruptions. Another issue is that the majority of disruptions are recorded as pursue disruptions.

With regard to performance measures concerning CL activity, interviewees found 'closing' a CL to be a problematic measure of success, partly because this may be open to interpretation. For some, 'closing' a CL meant shutting down the telephone line whereas others viewed it as a major disruption that is only achieved when an OCG is archived. Another frustration for interviewees was simply that 'closed' CL rapidly reappear, hence celebrating the closure of a line was seen as short-sighted.

## CONCLUSION

The breadth of police activity in relation to policing drug markets has evolved over the years to include a range of cross-cutting strategies that see police forces providing a service that has moved far beyond law enforcement. Despite areas of commonality, there are tensions between competing conceptions of the police role and views on which drug-related harms should be prioritised. Police appear to be receptive to the concept of harm reduction policing and are making progress in refocusing their operations on a wider range of drug-related harms but still have a number of cultural, organisational and political barriers to overcome. This progress could be furthered by developing a drug strategy that is underpinned by harm reduction principles and a police education package that is focused on drug-related harms and the impact of policing interventions.

## IMPLICATIONS FOR FURTHER RESEARCH

- Develop a methodological toolkit that could be drawn on to help police and partner agencies evaluate the impact of policing interventions on drug markets and drug-related harms.
- Review police and partner data to capture what happens to people who are criminalised, diverted or safeguarded.
- Conduct a rapid evidence review of existing research on diversionary activities in the context of policing drug markets.
- Undertake a local mapping exercise of viable options for diverting people who use/supply drugs.

## REFERENCES

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**APPENDICES**

**Figure 1: Police roles**

Interviewees were asked to select the ten police roles in policing drug markets that they consider to be most important from a list of 42 roles. This treemap includes 375 responses from 42 interviewees, representing 23 roles and 89% of all responses. Each rectangle has an area proportional to the amount of data it represents. Roles selected by fewer than eight interviewees have been excluded. The responses that are highlighted in orange show police roles that might be categorised as harm reduction policing.

Pursue				Protect		Prevent	
	Enforce drug laws, 18	Target 'county lines', 17	Fight crime and bring offenders to justice, 17	Protect/safeguard vulnerable people and children, 28		Prevent people from engaging in SOC/drug market activity, 32	
Disrupt OCGs/USGs, 33	Target people who supply drugs and process them through the CJS, 16	Undermine the business models of OCGs, 15	Target the most harmful offenders, 14	Reduce harms caused by the production, trafficking and distribution of drugs, 13	Protect victims from the harms associated with drug markets, 8	Identify and support those at risk of engaging in drug market activity, 9	
Target the most violent and exploitative elements of the drugs trade, 19	Prioritise reducing the supply of drugs that cause the most harm, 16	Go after the money and recover criminal assets, 13	Target drug hotspots, 12	Reassure the community by responding to their concerns, 11	Deliver a trauma-informed approach, 7	Divert people who use drugs into support services, 15	Deter people from engaging in drug market activity, 8
			Pursue offenders through prosecution and disruption, 12	Prepare			
				Gather intelligence, 24		Analyse drug markets, 18	

**Figure 2: Drug-related harms**

Interviewees were asked to select the ten drug-related harms that they think should be prioritised when policing drug markets from a taxonomy containing 126 harms. This treemap includes 317 responses from 42 interviewees, representing 27 harms and 75% of all responses. Each rectangle has an area proportional to the amount of data it represents. Harms selected by fewer than five interviewees have been excluded.

