Exploring community responses to drugs

'Communities' provides one of the core strands of the national drugs strategy, but practical efforts to include the community in this area of public policy are in their infancy. The research described here sought to explore the role of community responses to drugs through a national survey and a series of detailed case studies. The research, by Michael Shiner of the Mannheim Centre for Criminology at the London School of Economics and Betsy Thom, Susanne MacGregor and colleagues at the Social Policy Research Centre at Middlesex University, found that:

- Relationships with professionals are crucial to understanding the role of community responses. These relationships raise important questions of power, which are often expressed as concerns about tokenism (for instance public meetings and consultation.)

- While community involvement was widely supported as a principle, it was generally balanced by an emphasis on professional responsibility. Possible tensions between these positions tended to be resolved through an emphasis on 'partnership'. Partnerships between community and professionals raise important issues of risk and trust.

- Professionals often (but not always) resolve the potential risks associated with community involvement by falling back onto models of engagement which give away little decision-making power and limit the community to a 'sensitising' and 'gap-filling' role.

- Very few community responses focused on law enforcement; most concentrated on social welfare interventions. While some situations produced clear community support for police-led 'crackdowns', community members also emphasised the need for more sympathetic and inclusive responses.

- There was little evidence of drug user or carer involvement in strategic decision-making structures.

- The researchers concluded that meaningful community engagement demands an element of risk-taking and risk-management by professionals, and suggest several ways forward.

Background

The national drugs strategy places considerable emphasis on the role of the community, but this is a relatively underdeveloped area of public policy. Practical efforts to include the community are in their infancy and very little research has been conducted in this area.

The project

The study described here examined community responses to drugs through a national survey and a series of detailed case studies. Most survey respondents had some kind of professional involvement in the drugs field, although a few community activists were included. Case studies were conducted in three separate locations - a London town, suburban town and northern town - and focused on responses that included treatment, education/prevention and law enforcement.

Relationships with professionals

Relationships with professionals are crucial to understanding the role of community responses. These relationships raise important questions of power, which are often expressed as concerns about tokenism:

> **"A lot of things fall down because of a lack of time and money… We all say we involve the community and then go and do these tokenistic things – public meetings and consultation. But we don't go through a process where we educate the community. We don't think in terms of long-term investment to make the community more effective." (A Drug and Alcohol Action Team co-ordinator)**

Community involvement was widely supported as a principle but was generally balanced by an emphasis on professional responsibility. Possible tensions between these positions tended to be resolved through an emphasis on 'partnership'. In practice, however, partnerships between community and professionals raise important issues of risk and trust. Professionals risk losing power and influence, while communities risk being involved in ways that fall short of granting them genuine power and influence.

The survey indicated that professionals tend to resolve the potential risks associated with community involvement by falling back onto models of engagement which give away little decision-making power and limit the community to a 'sensitising' and 'gap-filling' role. This orientation was particularly evident among commissioners and policy-makers. Community workers and activists favoured more active and extensive forms of community involvement.

The nature of professional involvement varied between the case study responses. Three main styles were identified:

- *Professionals as sponsors* Professionals identify individuals in the community whom they feel they can trust, and effectively promote them and their activities. Within this style, professionals tend to take an arms-length approach to the day-to-day activities of the community response.

- *Professionals as ideas brokers* Professionals identify an approach to community involvement which is implemented by a third party who acts as a mediator between professionals and the community.

- *Professionals as nurturers* Professionals identify an approach to community involvement and are actively engaged in its implementation. This is the most 'hands on' of the approaches and raises important issues of ownership.

Issues of risk and trust were evident within each of these styles:

- Professionals as sponsors focused on recruiting 'low risk' partners who could be trusted to work within the parameters set by official policy.

- Professionals as ideas brokers worked through intermediaries who helped to build trust.

- Professionals as nurturers adopted a developmental approach which included an extensive period of trust-building early on.

Community values and law enforcement

Within official drugs policy, the notion of community is tied to law enforcement and criminal justice interventions. Very few of the community responses identified in this study focused on law enforcement, however, and most concentrated on social welfare interventions. This reflected a number of influences:

- Law enforcement was widely considered to be the responsibility of the state.

- Professionals expressed concerns about the risks of vigilantism.

- Community values did not necessarily lend support to law-enforcement-led responses.

Community values are often characterised as being deeply reactionary but are more complex and diverse than this implies. Drugs and drug-related crime were undoubtedly a source of considerable anxiety and, in some cases, there was clear support for police-led 'crackdowns'. Such support was not universal, however, and some community members emphasised the need for more sympathetic and inclusive responses.

> "I met this guy, who had just come out of prison... He would come to my house... the way he approached me really touched my heart. I knew there was a lot of people like him who wouldn't have anyone."
> (A community volunteer)

Misgivings about enforcement-led approaches were particularly evident in the most deprived communities, and this reflected the proximity of problem drug users as neighbours, relatives and friends. Community volunteers in these areas favoured approaches which encouraged social cohesion and included welfare-based activities, such as treatment and education.

The nature of community responses

'Community responses' is best viewed as an umbrella term, covering a range of different types of organisation. Four main types of community response were identified:

- *Community outreach programmes* depend on the activities of paid professionals but are based in the community or on outreach work and not in institutions. This type of response accounted for 11 per cent of people identified by the survey.

- *Professional networks* depend on the activities of paid professionals and work in partnership with other professional agencies. Such networks may include some kind of community representation but are neither organised nor led by the community. This type of response accounted for 24 per cent of those identified by the survey.

- *Community partnerships* are based partly on the activities of paid professionals, but depend mainly on unpaid volunteers and/or community organisation. This accounted for 52 per cent of those identified.

- *Grass roots initiatives* depend on the activities of unpaid volunteers or on community organisation and not at all on the activities of paid professionals (13 per cent of those identified).

While community partnerships and professional networks provide channels for community involvement, participation appeared to be limited to certain groups. There was, for example, little evidence of user or carer involvement in strategic decision-making structures. Involvement of diverse groups is crucial to the legitimacy of community responses. Approaches which focus on 'low risk' partners run the risk of excluding key stakeholders. The involvement of diverse groups appeared to be addressed most fully in the context of nurturing relationships with local professionals and through the promotion of multi-agency working and community partnerships.

The limits of community involvement

Community responses were most active in those areas that are *least* tightly professionalised (e.g. education and prevention) and were least active in

those areas that are *most* tightly professionalised (e.g. law enforcement and treatment). This may well reflect the 'sensitising' and 'gap-filling' role which is often reserved for the community by professionals. It may, however, also reflect the limits of communities' willingness and ability to participate.

Communities may lack the resources to fulfil certain roles and may be unwilling to fill the gaps left by the state. The boundaries between community and professional responsibility are particularly sharply drawn in relation to law enforcement. It was notable that the case study responses which focused most strongly on this area sought to bring about an 'appropriate' professional intervention.

Community involvement as a process

The nature of a community response may change over time. There were clear instances of grass-roots initiatives evolving into community partnerships and, in some cases, into professional networks. Where community members had focused on ensuring a professional response, professionalisation was welcomed as an essential part of the process of achieving tangible outcomes. In other circumstances, it was viewed as a threat to the autonomy of the community and as an attempt to impose a new direction.

Community involvement depends upon the ability to manage distinct, and sometimes competing, interests and demands. It follows from this that an on-going process of negotiation and review is required which includes an explicit focus on building trust between stakeholders and gaining agreement over respective roles and responsibilities.

Ways forward?

The researchers conclude that the notion of community should not be tied so tightly to law enforcement and criminal justice but should focus more on welfare-based activities, with the aim of promoting inclusive forms of social cohesion. From a professional perspective, they suggest, meaningful community engagement demands an element of risk-taking and risk-management. This might involve:

- actively building trust between stakeholders;

- devolving funds and decision-making to the community;
- encouraging community participation in existing decision-making structures; and
- involving previously excluded groups, such as drug users and carers.

More specifically, the researchers suggest that multi-component approaches and restorative justice may offer a useful basis for developing community responses to drugs.

About the project

Fieldwork for the study was conducted between April 2001 and August 2003. The survey elicited responses from 155 people and the case studies involved interviews with more than 50 people across the three locations. The full team of researchers comprised Michael Shiner at the London School of Economics and Betsy Thom, Susanne MacGregor, Dawn Gordon and Mariana Bayley at Middlesex University.