Research briefing: Poverty, violence, and the drug economy

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Paper prepared for the Scottish Government by

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Introduction

The most recent data from the Scottish Crime and Justice Survey suggests that the risks of violent victimisation are highest for those living in deprived communities and that victims of repeated incidences of violence account for the majority of non-sexual physical violence reported. In response to these patterns, the Scottish Government commissioned qualitative research to better understand repeat violent victimisation. This briefing paper summarises key findings from the research relating to poverty, violence, and the drug economy.

Box 1.

Repeat Violence in Scotland: A qualitative approach

The research involved in-depth, qualitative interviews with people with lived and living experience of repeat violence (n=62), alongside shorter, semi-structured interviews with community stakeholders (n=33). To provide important contextual data on communities and services, this primary data collection was centred in distinct, geographically defined communities: Urban, Town and Rural areas characterised by high levels of deprivation and violent victimisation. Most lived-experience participants were recruited via third-sector organisations; however, we employed lived-experience research assistants to assist in recruitment and interviewing as a means of reaching individuals who were not accessing services and who might not usually participate in research. Our sample included people experiencing homelessness, people in recovery from addiction, and people with convictions, many of whom did not consider themselves to be victims (or want to be identified as such).

The interview topic guide steered the discussion towards repeated experiences of non-sexual physical violent victimisation, but these experiences were also often inextricably linked to childhood experiences of neglect and abuse, institutional violence, domestic abuse, sexual violence, the perpetration of violence, and involvement in the drug economy. Interviews also explored participants' experiences and views on reporting violence and accessing support services.

More information on the research design of the study can be found in Chapter 2 of the final report.

Links between poverty, violence, and the drug economy

Participants made a connection between poverty, violence, and the drug economy within their communities, linked to generational deprivation, lack of local jobs and withdrawal of services, housing inequalities, social norms sanctioning specific forms of violence, a defensive culture of non-cooperation with the police, and models of masculinity emphasising self-reliance. The general view was that drug-related violence was on the increase – and this was explained in reference to increasing poverty and deprivation, as well as changing patterns of drug use:

It's all fuelled by drugs, absolutely fuelled by drugs, and I do think poverty's got a huge part to play. It's like the poor have got much poorer and the drugs are getting harder and [there are] different types of drugs. Crack cocaine is very big now and in terms of psychosis, crack cocaine is very bad for that. So, I think that's got a lot to do with violence as well.

45-year-old woman, West Rural

Over the past 12, 14 years it's becoming worse. There are certain things that we believe are fuelling violence and the biggest driver we feel is poverty, closely followed by substance misuse. Anywhere that substances are involved seems to also involve violence.

Throughcare manager, National

Community disinvestment and concentrated disadvantage

Stakeholders attributed community deprivation to longstanding patterns of economic decline, associated with deindustrialisation and the loss of jobs. In our West Urban and Town case study areas, the decline of heavy industry and rise of precarious work were highlighted as key drivers of deprivation, framed in terms of 'generational' disadvantage. Participants also highlighted the lack of investment in their communities and the loss of funding for public services, with particular concern expressed around the closure of youth and leisure services.

Participants also discussed the effects of local authorities centralising homeless accommodation within defined areas in Town and Urban city centres, concentrating people with complex needs in one place and thereby exacerbating the vulnerability of people experiencing homelessness. Serious safety concerns were raised by those living in temporary or emergency homeless accommodation, with reports of violence, drug dealing and drug use. Staff in these spaces were sometimes said to be facilitating, enacting, or overlooking violence or drug dealing, making these spaces feel unsafe.

People leaving prison were identified as being particularly vulnerable to structural housing inequalities since they often lost their tenancies whilst in custody. Lack of appropriate and safe accommodation exposed participants to dangerous situations, putting their recovery at risk and increasing their chances of re-offending. Without access to stable accommodation, they found it harder to access support services or engage in employment or training.

Violence associated with the drug economy

Drug markets often develop within deprived communities with well-developed social networks, providing young people (especially young men) with well-paid work opportunities lacking in the legitimate labour market:

> You can make a lot more [selling drugs] than you can in a 9 'til 5 and you don't need qualifications to do that. If you're making double or triple what you would make at a 9 'til 5, you're not wanting to stop doing that to go and stack shelves for a quarter of what you were making. […] It's called trapping because you're trapped once you do it cos if you're making easy money, you're not wanting to go and work all day for shite money.
>
> 20-year-old man, East Urban

As an illegal activity, drug dealing relies on the development of trust and the threat of violence or actual violence. Much of the violence reported relating to the drug economy resulted from drug-related debt enforcement, turf wars, or the punishment of police informants (or 'grasses'). Because people buying and selling drugs are extremely unlikely to use formal recourse through the criminal justice system, they are also vulnerable to predatory behaviour including threats and intimidation, criminal and sexual exploitation, as well as robbery.

Within our Urban and Town case study areas, participants talked about organised crime becoming more visible within the community, following several highly publicised 'high-end' incidents involving shootings, machete attacks, and firebombings linked to the local drug economy. These incidents were linked to long-running feuds between rival crime groups, as well as perceived instances of 'disrespect'. Stakeholders emphasised the detrimental impact of these incidents on the local community in terms of fear and

resignation, linked to a strong culture of 'no grassing' which meant that prosecutions were not always able to proceed due to a lack of evidence.

Very few of our lived experience participants were victims of 'high-end' drug-related violence linked to organised crime groups, but many of those who were homeless or living in supported accommodation and in recovery from addiction had experiences of drug-related robbery and debt-related enforcement, sometimes as both perpetrators and victims. Such violence was accepted as part and parcel of a 'chaotic lifestyle'.

Box 2.

'Lived experience' and 'lifestyle'

Despite repeated experiences of violence, resulting in serious physical injuries, most participants were reluctant to define themselves as 'victims', often because of concerns about status and safety. Many preferred the terms 'lived experience' and 'lifestyle' to refer to their involvement in violence, especially where this included the perpetration of violence or other forms of criminalised activity.

Not only do these terms emphasise experience over identity, but they are also broad enough to capture dynamic processes of victimisation and/or perpetration, as well as wider forms of harm. Many participants had backgrounds characterised by poverty, trauma, and state governance, and were currently navigating precarious conditions, including transitions from addiction to recovery and from prison to community. Whilst repeat violence was recognised as an inherent and insidious feature of these conditions, it was not regarded as the defining feature.

In describing our participant group, we have opted for 'lived experience' over 'lifestyle', since the latter implies an individualised exercise of choice, which is often aligned with models of criminal victimisation that hold victims responsible for their own misfortune (undermining their right to seek support or redress).

Being provided drugs 'on tick' (i.e., on credit) also often made participants vulnerable to threats and exploitation, including coercion to commit robbery, to transit drugs, to use their homes to sell or store drugs, and/or carry out an assault on another drug dealer or drug debtor. Young people and vulnerable adults involved in low-level drug dealing also discussed being groomed or taken advantage of by organised crime groups, with violence typically being used once they were already 'trapped', e.g., to prevent them from stopping selling or to compel them to upscale sales:

> People tried to threaten us basically, like if we don't sell for them. […] I was getting drugs to sell and then people were ticking me and then not paying me cos I was a wee boy. […] It was kind of getting groomed basically, getting gave dodgy [i.e., adulterated] drugs that nobody's going to get an effect off, but you owe that debt. So you can't go back and say, 'They're rubbish, take them back'. People will just laugh at you. It's taking advantage.
>
> 24-year-old man, West Urban

Non-payment of drug debts also resulted in physical intimidation of and threats towards loved ones and family members. Violence associated with the drug economy was considered less of a problem in our Rural case study areas.

Changing patterns of drug use and related violence

A recent shift from using opiates toward crack cocaine and 'street valium' (benzodiazepines) was said to have made the supply of drugs more lucrative and therefore more competitive, resulting in a more fragmented and unstable drugs market in our case study communities. The development of new technologies was portrayed as contributing to novel supply models, e.g., involving a greater number of young people as mobile delivery drivers:

> One of the changes in organised crime in [East City] is that it's involving really young people. […] The adults have got like young guys, really young, running about hurting each other and selling drugs to each other and to other adults. […] They've got these electric motorbikes, they're really high powered, they're really quick and they're really silent. […] And that's what they're all using now to pick up and deliver drugs but also to enact violence on each other.
>
> Peer mentor, East Urban

Increased drug-related violence was also attributed to the specific psycho-pharmacological effects of crack cocaine, including aggression and paranoia. The short-lived stimulant effect of the drug was said to lead to increased frequency and severity of violence associated with acquisitional crimes to raise funds to support drug use as well as theft and interpersonal violence among peers. Stakeholders also reported increased sexual exploitation associated with crack cocaine and were especially concerned about physical violence stemming from combined use of crack cocaine alongside sedative drugs such as benzodiazepines or pregabalin and gabapentin, with reports of unpredictable behaviour and blackouts.

Changes in drug consumption patterns were also reported in prisons, with participants highlighting the increased availability of Non-Psychoactive Substances (NPS) or other synthetic cannabinoid drugs such as 'Spice', which are again linked to violence due to drug debts and psychopharmacological effects including paranoia.

Drug use, violence, and victimisation

Drug use was presented as both a cause and consequence of violent victimisation:

> I done a lot of bad stuff. I done it through addiction and through trauma and through abuse, through bullying. […] It's a lot of bad [stuff] that's happened, a lot of trauma I've experienced and a lot of trauma inflicted, a lot of hurt I've caused, a lot of pain.
>
> 32-year-old man, West Urban

The majority – but not all – of our lived experience participants reported problems with substance use at some point over their lives, often explained as a response to violence and victimisation. Participants with experience of living in an institutional setting – including children's homes, young offender's institutions, prison, or homeless accommodation – often said that it was in these settings that they were first exposed to drugs or where their drug use escalated into addiction. Such settings were depicted as highly volatile and violent, with drug use offering a means to cope with a constant state of anxiety and tension. Drugs were also commonly described as a means of avoidant coping with trauma, including childhood abuse and adult violent victimisation and perpetration.

Participants who were homeless or in recovery from addiction were not only subject to violent victimisation in the context of the drug economy, but also in the wider community, where their status as drug users (or 'junkies') was said to mark them out as deserving victims, e.g., of apparently unprovoked assaults by groups of young people. Heightened feelings of insecurity and anxiety led some participants to carry weapons out of concern for personal safety, and several people had dogs as a form of protection.

Stigma, shame, and access to services

Stigma and shame were common themes emerging in interviews with people with lived experience of repeat violence, impacting access to services. Most participants said that they did not and would not consider reporting victimisation to the police, even in cases involving serious injury and hospitalisation. This was linked to rules and repercussions of 'no grassing' and a deep sense of resignation about victimisation linked to stigma and deeply internalised disadvantage. They did not see any point in reporting because they did not think they would be taken seriously, or that they would be blamed, discredited, or made to feel ashamed for their behaviour or 'lifestyle choices'. Participants also often considered themselves as exempt from victim support services due to their own involvement in violence, or they were actively excluded due to their current drug use or housing status.

Exclusion based on drug use was highlighted as a particular issue in statutory support services, especially mental healthcare services, which were said to operate through a hierarchy of competing needs rather than seeing the person as a whole. In contrast, smaller, locally based organisations were also seen to offer more holistic support, with an emphasis on relationship building. Lived experience gave workers credibility, alongside the experience and skills to engage people who are distrustful of more formal sources of support.