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Moments in Probation

Practice

When Heroin Hit The Streets of Bootle

Julian Buchanan, Professor of Criminal Justice, NEWI



I began work in 1980 as an 'Ancillary Officer' with the Merseyside Probation Service (MPS), before starting the CQSW at Liverpool University as a Home Office Sponsored student in 1981. Half of the two year course involved four placements; a city centre probation team, a residential hostel for 'seriously disturbed' young adults, a psychiatric ward, and a final placement at the Home Office Student Training

Unit (Old Swan). Very challenging experiences which I still consider to be excellent preparation for work as a probation officer. I began work as a Probation Officer at Bootle, Merseyside in 1983.

There had been no input concerning drug use on my course, hardly surprising as problem drug use amongst the probation caseload was very rare. Probation work concerned itself with reducing offending by directing offenders into life skills activities to support engagement in education, employment and the wider community. However, such opportunities became severely limited when the economic recession of the early 1980s, exacerbated by Thatcherist monetarist policies and deindustrialisation, left many working class areas ruthlessly blighted by mass long term unemployment. In Bootle many parents who worked in factories and the docks lost jobs they thought they'd have for life, while a new realisation dawned on their children – their hopes and aspirations for housing, employment and a better future were misplaced.

It was within this context that widespread heroin 'smack' use amongst youth (17-25 yrs old) appeared almost overnight in Bootle. It was one of the first areas in the UK to suffer a heroin problem. The local press labelled it 'Smack city' and people travelled from all over Merseyside for the opportunity to buy a 'bag' of heroin and 'chase heroin'. It wasn't long after that other areas - with similar social and demographic backgrounds - witnessed a heroin epidemic. Looking back our ignorance as probation officers regarding illicit drugs was embarrassing. The perceived wisdom was that heroin addiction was the 'road to death' and my role as a probation officer was to persuade heroin 'addicts' to become drug free. I remember doing lots of drug related Social Inquiry Reports (SIRs now PSRs). In my SIR interviews I tried to secure promises from offenders to become drug free. Fearing prison many offenders duly obliged and if given probation I'd take them as agreed in court to residential detox, or sometimes direct to Therapeutic Communities (Chatterton Hey, Inward House, Phoenix House).

No sooner had I dropped them off and they'd be back again in Bootle using drugs – and in bigger trouble having breached a court order, broken a promise, upset relationships, and blown a chance from the court. It didn't take too long to realise that this abstinence based approach was for the majority inappropriate. Worse I was setting up these young people to fail and adding to their problems. They accepted all that was on offer (abstinence) but most were either not ready, not able, or not willing to become drug free. A different approach was needed.

In 1986 a group of us with specialist responsibility for drug services in Bootle began working together; Pat O'Hare (teacher), Andrew Bennett, Annie Spiers, Dave Halford-Smith (social services drug counsellors), Dr John Marks, Dr Tim Garvey (psychiatrists), Russell Newcombe (health promotions officer), Geoff Wyke and myself (probation officers). We devised and promoted a risk/harm reduction strategy and set up one of the largest multi agency Community Drugs Teams in the UK. This innovative practice to engage more effectively with problem drug users arose from listening and learning from people who had problems with illicit drugs. It was enhanced by multi disciplinary debate and exchanges. It was a 'bottom up' approach that was encouraged by MPS who appointed probation officers as drug specialists in 1986 and expected them to investigate, reflect and formulate policy and practice to meet local need. By 1988 the MPS had approved a new policy document which promoted a risk/harm reduction approach for work with drug using offenders. This 'Mersey' approach to drugs has subsequently had national/international impact.

When drugs hit the street of Bootle in 1985 many thought it would just be a passing phase. Drugs haven't gone away. Neither have unemployment and social exclusion, deep divisions and a lack of social mobility. Drugs are widespread and continue to dominate the lives of a significant proportion of people in prison and on probation supervision. That experience in my early years of probation has profoundly affected me. I'm still engaged in the issue, still arguing that problem drug use is essentially a social problem not a medical or physiological problem and one that has its roots in social exclusion. Problem drug use disproportionately impacts upon those who start life damaged and disadvantaged, as Susanne McGregor observes: *'the impact of deindustrialisation and the rise of the consumer market society has created a class of losers and discarded youth who continue to provide new recruits to the ranks of problematic drug misusers'* (The Drugs Crime Nexus, Editorial, *Drugs education prevention and policy*, Vol 7 No.4, November 2000:315). The underlying causes of problem drug use remain.