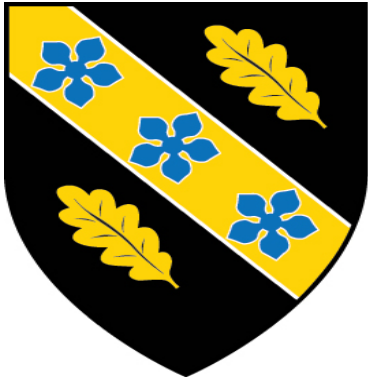




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Exploring the Effectiveness of Heroin-
Related Policing Strategies in Swansea: A
Frontline Police Officers Perspective.

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BSc (Hons) Professional Police Practice

Word Count: 6,666

Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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This dissertation is the result of my own independent work/investigation, except where otherwise stated.

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Acknowledgements

I wish to express my sincere gratitude to all those who have contributed to the successful completion of this dissertation.

For their knowledgeable advice, enlightening criticism, and support during this research, I am very grateful to my academic supervisor and their colleagues. Their guidance has greatly influenced the structure and quality of this work.

Additionally, I want to thank my police colleagues who participated in this study for their contributions. Their willingness to share their work experiences has given this research a useful and knowledgeable viewpoint that has significantly improved it.

It has been particularly difficult to find a balance between the demands of full-time police duty and academic requirements. Since they have been a consistent source of inspiration and fortitude along this journey, I am particularly appreciative of my family and friends for their patience, understanding, and support.

Finally, I would like to thank South Wales Police for their support and understanding, which enabled me to undertake this research alongside my professional duties.

Abstract

Heroin use in Swansea remains a pressing public health and law enforcement concern, with social deprivation, evolving drug markets, and associated harms presenting complex challenges. This dissertation explores the effectiveness of heroin-related policing strategies from the perspective of frontline police officers.

A qualitative, interpretivist research design was adopted to capture in-depth insights into operational realities, with purposive sampling employed to recruit 20 officers from response, neighbourhood, and drug enforcement roles.

Data was collected through self-administered surveys combining closed and open-ended questions, enabling both quantifiable trends and contextual narrative feedback. Thematic analysis, following Braun and Clarke's six-step model, identified recurring themes such as perceived heroin availability, effectiveness of current policing strategies, inter-agency collaboration, officer training, and resource constraints.

Findings indicate that while officers recognise some benefits from enforcement operations and harm reduction measures, a majority view current strategies as insufficient to reduce heroin-related harms. Key recommendations include expanding harm reduction initiatives, introducing Heroin-Assisted Treatment, enhancing officer training, improving multi-agency collaboration, addressing socio-environmental risk factors, and implementing systematic monitoring frameworks.

These insights contribute to the broader discourse on evidence-based drug policy, highlighting the importance of integrated public health and community-focused policing strategies to improve outcomes in areas experiencing ingrained heroin use.

Table of Contents

Chapter 1: Introduction	9
1.1 Background	9
1.2 Context.....	9
1.3 Current Policing Approaches	10
1.4 National Strategy	10
1.5 Research Gap and Rationale	11

Chapter 2 - Literature Review.....	12
2.1 - Introduction	12
2.2 - Understanding the Heroin Landscape in Swansea	13
2.3 - Traditional Policing Approaches.....	14
2.4 - Community Policing and Strategic Engagement	16
2.5 - Evolving Approaches: Harm Reduction and Public Health-Integrated Policing.....	18
2.6 - Case Study of Swansea Policing Interventions	19
2.7 - Learning from Other Jurisdictions.....	19
2.8 - Challenges and Considerations	19
2.9 - Conclusion and Recommendations	20

Chapter 3 - Research Methodology and Planning	21
3.1 - Introduction	21
3.2 - Research Philosophy	21
3.3 - Research Approach.....	21
3.4 - Research Design	22
3.5 - Data Collection	22
3.6 - Sampling Strategy.....	23
3.7 - Ethical Considerations.....	24
3.8 - Data Analysis.....	24
3.9 - Trustworthiness and Credibility	25
3.10 – Conclusion	25

Chapter 4 – Analysis of Results.....	26
4.1 Introduction	26
4.2 Demographic Profile of Respondents	26

4.2.1 Gender and Age	26
4.2.2 Length of Service	26
4.2.3 Role in the Police	27
4.3 Prevalence and Nature of Heroin-Related Incidents	27
4.4 Officer Support and Training	29
4.5 Naloxone and Harm Reduction Approaches	29
4.6 Perceptions of Current Strategies	30
4.7 Areas for Improvement	31
4.8 Accessibility and Treatment	32
4.9 Thematic Analysis of Open-Ended Responses	33
4.10 Summary	34
Chapter 5: Findings, Conclusions and Recommendations	35
5.1 Introduction	35
5.2 Key Findings	35
5.2.1 Effectiveness of Current Strategies	35
5.2.2 Frequency and Nature of Incidents	36
5.2.3 Officer Support and Training	36
5.2.4 Perceptions of Accessibility and Treatment	37
5.3 Officer-Identified Solutions	37
5.4 Why National Strategies May Not Be Working in Swansea	38
5.5 Conclusions	38
5.6 Recommendations	39
5.6.1 Expand Harm Reduction and Health-Centred Approaches	39
5.6.2 Improve Officer Training and Support	39
5.6.3 Strengthen Multi-Agency Collaboration	40
5.6.4 Address Environmental and Social Drivers	40
5.6.5 Establish Monitoring and Evaluation Frameworks	40
Bibliography	41
Appendices	48
Appendix A – Survey Questionnaire	48
Appendix B – Participant Information and Consent Form	49
Appendix C – Survey Results and Visualisations	49
Appendix D – Responses to Question 8	54

Appendix E – Responses to Question 10	55
Appendix F – Responses to question 12	56
Appendix G – Responses to Question 14	57
Appendix H – Responses to Question 21	59

List of Figures

Figure 4.3.1: Q5 – On average, how often do you find someone in possession of Heroin / Opioids in your role?.....	27
Figure 4.3.2: Q6 – On average, how often do you deal with the effects of Heroin / Opioids in your role?.....	28
Figure 4.5: Q9 – Do you carry Naloxone whilst on duty?.....	29
Figure 4.6: Q11 – Do you feel that current Heroin-related policing strategies in Swansea are effective?.....	30
Figure 4.7: Q13 – Do Heroin-related policing strategies in Swansea need improving?.....	31
Figure 4.8.1: Q16 – Have you heard of Take-Home Naloxone (THN)?.....	32
Figure 4.8.2: Q18 – Do you think Methadone is helping Heroin users?.....	32
Figure 4.8.3: Q20 – Do you feel Heroin-Assisted Treatment (HAT) facilities would be more beneficial than prescribed Methadone?.....	33

List of Abbreviations

Project ADDER - (Addiction, Diversion, Disruption, Enforcement and Recovery)

SWP – South Wales Police

UK – United Kingdom

COP – College of Policing

UN – United Nations

WHO – World Health Organisation

HM Government – Her / His Majesty's Government

CSJ – The Centre for Social Justice

LSE IDEAS - London School of Economics and Political Science

HAT – Heroin-Assisted Treatment

THN – Take-Home Naloxone

HIV - Human Immunodeficiency Virus

NPT – Neighbourhood Policing Team

PCSO – Police Community Support Officer

OCT – Organised Crime Team

Chapter 1: Introduction

1.1 Background

In the United Kingdom, heroin misuse continues to present significant challenges for both public health and the police service. The high rate of heroin uses and drug-related fatalities in Swansea has been a persistent concern for policymakers, practitioners, and the community. Despite substantial investment in treatment and policing initiatives, national drug strategies have frequently failed to deliver sustained reductions in drug-related harm at the local level, raising questions about their effectiveness in certain areas.

This dissertation seeks to examine the effectiveness of heroin-related policing strategies in Swansea through the views of frontline police officers. By exploring the perspectives of those working directly on the ground, this research aims to identify practical improvements, critically assess the shortcomings of national policies, and propose evidence-informed solutions shaped by operational realities.

1.2 Context

Swansea recorded the highest drug-related death rate in Wales between 2017 and 2019 - 1.8 times higher than a decade earlier - prompting urgent intervention (GOV.UK, 2021a). In response, Project ADDER was introduced as a pilot scheme for Swansea Bay, with £1 million of funding allocated to a combined package of enforcement, diversion, disruption, and recovery services (GOV.UK, 2021a). More recent strategies, such as South Wales Police's Substance Misuse and Harm Reduction Strategy (2022-25), have focused on early intervention, supply disruption, and harm reduction. These efforts have produced strong operational outputs, with hundreds of arrests and significant seizures of Class A and Class B drugs reported (South Wales Police, 2022).

1.3 Current Policing Approaches

Targeted, intelligence-led operations have been a central feature of Swansea's response to heroin-related trafficking. Operation Medusa exemplifies this approach, tackling county lines networks through multi-agency collaboration. In September 2024, the operation resulted in 24 arrests, the seizure of weapons, drugs (including heroin), vehicles, and mobile phones, as well as the safeguarding of a vulnerable young person (South Wales Police, 2024).

Another significant development has been the rollout of naloxone to frontline officers. This opioid overdose-reversal medication has been voluntarily adopted by approximately one in five officers in South Wales, with 134 documented uses since 2022 (South Wales Police, 2025). National evaluations suggest that police carriage of naloxone is a life-saving intervention but highlight ongoing challenges, including inconsistent training and cultural resistance within some police forces (Home Office, 2023).

1.4 National Strategy

These local initiatives align with wider national policy shifts, particularly the United Kingdom (UK) Government's 10-year drugs plan, *From Harm to Hope*, which aims to dismantle organised crime networks, close county lines, expand treatment provision, and combine diversionary and enforcement measures (GOV.UK, 2022). However, evidence on the overall effectiveness of policing strategies remains mixed. The College of Policing (2022) notes that while proactive, place-based and problem-solving approaches show promise, there is still limited evaluation of their long-term impact. Similarly, research into drug diversion schemes highlights their potential but calls for robust realist evaluations to better understand what works, for whom, and under which circumstances (Stevens et al., 2023).

1.5 Research Gap and Rationale

Despite these efforts, a gap remains in understanding how these strategies are experienced and implemented by those directly responsible for enforcement and harm reduction. This dissertation addresses that gap by focusing on the frontline police perspective. It seeks to evaluate operational effectiveness, identify systemic barriers such as resource constraints and treatment availability, and propose evidence-based recommendations for improving heroin-related policing in Swansea.

Chapter 2 - Literature Review

2.1 - Introduction

For years, police services and agencies around the world have struggled with the illegal use of controlled drugs. To address this issue for the benefit of the public's health, governments and their police services have been working to create new plans or improve those already in place. Public health, criminology, and sociology all frequently address the effects of drug usage on society as well as the policing of drug-related incidents. Governments have found an increased demand to address these issues. This is due to the increased production of drugs where for example in 2022, cocaine production reached a record-high, with an increase of 20% compared to 2021 (United Nations, 2024b).

Drug usage has an impact on several aspects of society, including public health and crime rates. According to the World Health Organisation (WHO) (WHO, 2024), misuse of drugs puts a significant strain on the healthcare system such as increasing demand where there are already struggles to meet this.

According to economic research, drug-related criminal behaviour costs governments billions per year in policing, legal systems, and criminal services. Drug use is also associated with increased rates of homelessness and unemployment, especially for those who have an ongoing addiction (McSweeney et al., 2008).

The common approach to drug policing is largely enforcement-focused, with the aim of criminalising possession and distribution. According to research, harsh sanctions normally don't work to cut down on drug use and can have unintended effects like increased rates of imprisonment and strained links between the community and police (Werb et al., 2011).

An alternative approach that promotes collaborations between local communities and the police to stop drug-related crimes is community policing (Engel et al., 2020). Instead of concentrating on harsh punishments, these approaches emphasise proactive strategies like outreach and education. In a comparable way, harm reduction policing which is an approach that brings together police work and public health tactics, has gained popularity in some areas with the aim of decreasing rather than removing the harmful impacts of drug use (Stevens, 2013).

Heroin use in particular in the United Kingdom remains a pressing public health and law enforcement concern. In urban regions like Swansea, the interplay between drug use, crime, and social deprivation presents complex challenges for policing. As drug markets evolve and public health concerns rise, law enforcement strategies have had to adapt from traditional corrective models toward more collaborative and health-oriented frameworks. This literature review critically examines recent academic studies, policy documents, and practical case studies to explore the effectiveness of heroin-related policing strategies in Swansea. It highlights both enforcement-based and public health-aligned approaches, aiming to identify the most effective strategies for reducing harm and improving community wellbeing and community trust in the police service.

2.2 - Understanding the Heroin Landscape in Swansea

Swansea is emblematic of many urban areas in the United Kingdom where heroin use intersects with socio-economic disadvantage. According to Morris (2019), over half of drug-misuse deaths in the region involved opioids such as heroin, with poly-drug use adding complexity to any intervention efforts. The Centre for Social Justice (2023) notes a strong correlation between drug misuse and social deprivation, asserting that areas like Swansea require intricate and targeted responses.

This assertion is supported by government policy. The “Levelling Up the United Kingdom” white paper (HM Government, 2022) stresses the need to address health and economic inequalities, of which drug misuse is both a cause and a symptom. These socio-political factors underscore the need for multifaceted policing strategies.

The use of Heroin in Swansea remains a significant public health concern, with the city experiencing some of the highest rates of drug-related deaths in the United Kingdom. Swansea has consistently reported elevated rates of drug-related fatalities. Between the years of 2017 and 2019, the city recorded a drug death rate of 17.6 per 100,000 people, making it the highest in Wales and nearly double the rate from a decade earlier (GOV.UK, 2021a). A report by Public Health Wales indicated that drug poisoning deaths in the region increased by almost 80% over the last decade, with Swansea and Neath Port Talbot among the most affected areas (Morris, 2019).

A study analysing opioid overdose deaths in Wales found that decedents were mostly male (73%) with an average age of 50 years old. Many were involved in unstable housing situations, with 47% living in non-secure housing or having no fixed abode at the time of their death. Fatal overdoses primarily occurred in private residences (62%) and were often linked to heroin use (Public Health Wales, 2024).

2.3 - Traditional Policing Approaches

Enforcement-focused policing strategies have long been a main component of drug policing, particularly in efforts to disrupt supply chains and organised crime.

Supporters of this style of policing argue that visible enforcement reassures the public and serves as a deterrent to criminal activity. Targeted policing operations, such as raids and surveillance, can temporarily disrupt drug markets, reduce street-level dealing, and remove dangerous individuals from communities. In high-crime areas like parts of Swansea, this kind of intervention is often demanded by local residents who experience the negative consequences of drug trafficking, including violence and antisocial behaviour.

Furthermore, strategic enforcement can create useful intelligence for wider criminal investigations. Arrests for possession or small-scale dealing can also provide information on any larger networks and trafficking routes that may be present (HM Government, 2022).

On the other hand, critics argue that enforcement-centred strategies have significant limitations and unintended consequences. Firstly, the removal of one dealer or group often creates a 'power vacuum' which can lead to turf wars and increased violence, as new actors eagerly compete for control (LSE IDEAS, 2012). This cycle contributes to what some researchers call the 'balloon effect' which means by suppressing supply in one area merely shifts it elsewhere without addressing the root causes of drug use (Werb et al., 2011).

Furthermore, these strategies often fail to reduce drug demand or long-term availability. Research consistently shows that increased arrests do not correlate with reductions in heroin use at the population level (Stevens, 2013). Enforcement also

disproportionately impacts marginalised groups, reinforcing systemic inequalities and over-criminalising people who are primarily in need of health and social services (The Centre for Social Justice, 2023).

In Swansea itself, enforcement alone has shown a mix of results. While operations like Operation Medusa have produced immediate arrests and seizures, there is little evidence to suggest these efforts have curbed long-term heroin usage or reduced community harm (South Wales Police, 2024).

Another style of policing used to deal with drugs within the community is zero-tolerance policing. This particular strategy involves strict, non-negotiable responses to any drug-related offence, where they are often implemented with the goal of deterring drug use through harsh consequences. Supporters of this strategy argue that these policies simplify enforcement protocols, eliminate discretion that could lead to bias, and present a firm stance against criminal behaviour. In theory, according to McSweeney et al. (2008), a clear and consistent approach should discourage drug activity by increasing the perceived risk of arrest and punishment.

In areas with rampant open-air drug markets or visible drug paraphernalia, zero-tolerance policing can also serve an aesthetic or public reassurance function therefore improving public perceptions of safety and cleanliness in public spaces.

Despite these intentions, zero-tolerance strategies have come under extensive criticism. Research indicates they often lead to over-policing and mass imprisonment, particularly of low-level offenders and people who use drugs recreationally or are dependent on substances (Werb et al., 2011). This contributes to jail overcrowding and burdens the criminal justice system without effectively reducing demand or rates of drug use.

In Swansea, applying a zero-tolerance approach may worsen police-community relations, especially in communities that already feel they are under surveillance or neglected by public institutions. Critics argue that strict enforcement without access to treatment or support services criminalises vulnerability rather than addressing it (The Centre for Social Justice, 2023).

Additionally, zero-tolerance policing can deter people from seeking help. Individuals using heroin may avoid health services or interactions with law enforcement out of

fear of arrest, which can exacerbate public health risks such as overdose and the spread of infectious diseases (WHO, 2024).

While traditional policing approaches, particularly enforcement and zero-tolerance policing strategies, can deliver immediate results in terms of arrests and visibility, their long-term effectiveness in reducing heroin use and its associated harms is widely debated. Increasingly, scholars and policymakers advocate for a balanced approach that retains elements of enforcement but integrates them with public health and community support strategies.

2.4 - Community Policing and Strategic Engagement

Community policing has become a key strategy in addressing complex social issues such as heroin use. It emphasises collaborative relationships between the police and the communities they serve, shifting the role of officers from reactive enforcers to proactive problem-solvers. In areas like Swansea, where heroin use is often linked with poverty, mental health issues, and social exclusion, community policing offers a way to build trust and provide more holistic, localised responses.

One of the core strengths of community policing is its ability to enhance trust between the police and marginalised communities. Research shows that when community members perceive police as approachable, fair, and empathetic, they are more likely to cooperate, report crimes, and engage with services (Bullock & Sindall, 2020). This trust is essential in the context of heroin use, where fear of stigma or criminalisation can prevent individuals from seeking help.

Community policing supports the co-production of safety, enabling residents, service providers, and the police to jointly identify and address the underlying causes of drug-related harm (Jackson et al., 2013). In Swansea, for example, local partnerships between South Wales Police and third-sector organisations have allowed for the development of initiatives tailored to specific neighbourhood needs, such as targeted outreach or education campaigns.

With community policing encouraging regular, informal interactions between the police and local residents, officers can also often intervene before problems begin to

escalate. Officers trained in trauma-informed approaches and addiction awareness are more likely to divert individuals into treatment rather than the criminal justice system, reducing the cycle of arrest and relapse (GOV.UK, 2021b).

On the other hand, some people will argue that there are issues with community policing. Implementing genuine community policing can be costly and time-consuming, due to it requiring significant investment in officer training, ongoing engagement, and multi-agency collaboration. Many police forces in the United Kingdom, including South Wales Police, operate under budget constraints, making it difficult to scale or sustain such initiatives (The Centre for Social Justice, 2023). Without sufficient funding, community policing risks becoming more symbolic rather than effective.

Community policing can also suffer from definitional vagueness and inconsistent application across different areas. Without clear frameworks, evaluating the impact of community policing engagement on heroin use reduction becomes difficult (Bradford et al., 2022). This can lead to uneven service provision and confusion about responsibilities between the police and partner agencies.

Some critics warn that under the banner of 'community engagement', police presence may increase in vulnerable neighbourhoods, reinforcing surveillance rather than fostering trust (Bacon & Spicer, 2021). Especially in communities that already experience high levels of police scrutiny, increased interaction (however well-intentioned) can deepen mistrust and perpetuate feelings of being criminalised.

In Swansea, community policing has shown early promise, particularly when tied to partnership models that include social workers, health providers, and addiction specialists. However, success depends on maintaining long-term investment, officer training, and genuine collaboration with local residents. Evaluative frameworks must also be established to track outcomes such as reduced relapses, increased treatment uptake, and improved public perceptions of safety.

2.5 - Evolving Approaches: Harm Reduction and Public Health-Integrated Policing

Emerging evidence supports a shift from purely punitive measures toward harm reduction approaches. Harm reduction policing aims to minimize the adverse health, social, and legal consequences associated with drug use rather than eliminating it outright (Stevens, 2013). This includes facilitating access to clean needles, naloxone distribution, and safe consumption spaces.

In Swansea, harm reduction has started gaining traction. According to the UK Government's drug strategy (2022), there is growing encouragement for police services to partner with health agencies. For instance, drug intervention programs that combine law enforcement with healthcare referrals are showing positive outcomes, including reductions in overdose rates and reoffending.

One of the more innovative harm reduction strategies is Heroin-Assisted Treatment (HAT). This program involves the administration of medical-grade heroin to individuals for whom traditional substitution therapies have failed. Hallam (2021) outlines the potential benefits of HAT, including reduced street-level crime and improved health outcomes. Although not widely available in Swansea, early pilots elsewhere in the United Kingdom (e.g., Glasgow and Middlesbrough) show promise. The effectiveness of such programmes depends on the extent of collaboration between police, health services, and community organisations.

However, in Swansea, to help combat the opioid crisis, initiatives like the distribution of Take-Home Naloxone (THN) have been implemented. Since July 2013, Take-Home Naloxone has been used in 3,675 opioid poisoning events across Wales, with a fatality rate of only 1.3% in these instances. In 2022-23, Take-Home Naloxone was administered in 303 events, resulting in just two deaths (0.7%).

Additionally, the UK Government launched Project ADDER in Swansea Bay, investing £1 million to integrate targeted policing with enhanced treatment and recovery services. This initiative aims to reduce drug-related crime and support individuals struggling with addiction.

2.6 - Case Study of Swansea Policing Interventions

Operation Medusa:

Operation Medusa is a pertinent case study which was launched in 2024 by South Wales Police. This operation targeted drug trafficking networks across Swansea and Neath Port Talbot, resulting in 24 arrests and the seizure of heroin, crack cocaine, weapons, and cash (South Wales Police, 2024). - The Centre for Social Justice (2023), such programs can reduce reoffending and improve individual outcomes. In Swansea, early iterations of diversion have begun to show promise, although systematic evaluation is needed.

2.7 - Learning from Other Jurisdictions

Looking outside of Swansea, other cities offer instructive examples. For instance, the decriminalisation and harm reduction models in Portugal have led to significant reductions in overdose deaths and HIV infections (Transform Drug Policy Foundation, 2021). While direct transplantation may be unrealistic due to legal and cultural differences, elements of this model, such as non-criminal responses to possession, could be adapted.

In Vancouver, Canada, the integration of safe injection sites with policing has helped reduce overdose fatalities and increase referrals to treatment (Côté-Lussier and Rodrigues, 2024). These examples demonstrate the potential of hybrid strategies that blend enforcement with robust public health infrastructure.

2.8 - Challenges and Considerations

A major challenge in Swansea is resource limitation. Effective drug policy implementation, especially those involving multi-agency cooperation, require sustained investment. The Centre for Social Justice (2023) warns that underfunding not only limits programme outreach but can also demoralise frontline staff.

Evaluating the effectiveness of heroin-related policing strategies is inherently complex. Data such as arrest rates, overdose deaths, and community perceptions must be carefully interpreted. As The London School of Economics IDEAS (2023) argue, without robust data collection and outcome tracking, it becomes difficult to attribute changes in heroin use or related crime to specific policing strategies.

2.9 - Conclusion and Recommendations

The heroin crisis in Swansea reflects broader national and global trends that intertwine health, socioeconomics, and criminal justice. Traditional enforcement-centric approaches, while necessary for targeting organised crime, offer limited long-term impact when used in isolation. The integration of harm reduction, community engagement, and diversion strategies represents a more balanced and humane approach.

This literature review emphasises the importance of collaborative, evidence-based practices. Future efforts should include:

- Expanding harm reduction facilities and Heroin-Assisted Treatment options.
- Embedding diversion schemes as standard practice across South Wales.
- Enhancing community policing capacity through training and funding.
- Investing in data systems for real-time monitoring and evaluation.
- Drawing on international models while tailoring strategies to Swansea's unique context.

With continued innovation and inter-agency collaboration, heroin-related policing in Swansea can move from reactive enforcement to proactive, health-centred support.

Chapter 3 - Research Methodology and Planning

3.1 - Introduction

The research design and planning process is outlined in this methodological framework. By integrating the professional opinions and observations of frontline officers, the study aims to provide a critical evaluation of policing methods associated with heroin. In order to gather comprehensive, contextualised data that represents the practical realities of addressing heroin misuse in Swansea, the study will employ a qualitative methodology. The research design, data collection methods, sample strategies, ethical considerations, analytical methods, and philosophical foundation that will guide the evaluation of the effectiveness of heroin-related policing strategies are all included in this methodology section.

3.2 - Research Philosophy

Interpretivism, which is a philosophy that emphasises developing an understanding of social processes from people's personal experiences, serves as the foundation for this study (Bryman, 2016). Given that the study aims to ascertain how frontline officers view the effectiveness of procedures connected to heroin, interpretivism is suitable in this case. Interpretivism is preferable to positivist paradigms that rely upon quantification and objectivity since it is focused on in-depth insights rather than generalisable truths (Saunders, Lewis & Thornhill, 2019).

3.3 - Research Approach

An inductive approach will be adopted for this research. As opposed to testing established hypotheses, induction enables theory to emerge from what is true (Thomas, 2006). The exploratory nature of the study, which aims to develop a knowledge of contemporary policing methods and their effectiveness in the local context of Swansea, makes this suitable. By adopting this method, the study hopes to offer fresh perspectives on police strategies from the viewpoint of professionals who implement such strategies day-to-day.

3.4 - Research Design

To give the data depth and richness, a qualitative research design has been determined. Qualitative research is particularly effective when studying attitudes, beliefs, and experiences (Creswell & Poth, 2018). It allows participants the opportunity to share their opinions in their own words, which is crucial for capturing the complicated nature of frontline heroin-related policing.

3.5 - Data Collection

The primary method of data collection will be through the use of surveys. These surveys will be self-administered to frontline police officers in Swansea to allow for them to express their opinions on the effectiveness of the strategies that they are implementing. When investigating attitudes, opinions, and self-reported behaviours, surveys are a particularly valuable method for collecting standardised data from a wider range of participants (Denscombe, 2017). Unlike qualitative interviews, surveys enable the gathering of quantitative data and make it easier to identify trends and patterns among a larger sample of participants.

The survey will be designed using both closed and open-ended questions. Closed-ended items, such as Likert-scale and multiple-choice questions, will gather quantifiable data on officers' views of current heroin-related policing strategies, including their perceived effectiveness, frequency of contact with heroin users, and satisfaction with inter-agency collaboration. Open-ended questions will then provide respondents with the opportunity to elaborate on their experiences, offering qualitative insights to complement the statistical findings (De Vaus, 2014).

To maximise accessibility and response rate, the survey will be hosted on a secure online platform, such as Google Forms for example, and distributed via internal police communication channels, with permission from South Wales Police. An introductory section will explain the purpose of the research, assure confidentiality, and obtain informed consent before proceeding with the questionnaire.

Pilot testing will be conducted with a small group of officers to clarify question wording, check for technical issues, and ensure that the estimated completion time remains under 15 minutes. This step is critical to ensure the reliability and validity of the survey (Bryman, 2016).

The use of surveys also supports anonymity, which may encourage more honest responses when discussing sensitive or potentially critical opinions about policing strategies (Fink, 2013). Given that drug enforcement is often subject to political and public scrutiny, anonymous survey participation may help reduce social desirability bias.

While surveys do not allow the same depth of probing as interviews, the inclusion of optional comment boxes will allow participants to provide narrative feedback where they feel strongly or wish to contextualise their responses. This hybrid design strikes a balance between breadth and depth, aligning with the research aim of capturing frontline perspectives on the effectiveness of heroin-related policing in Swansea.

3.6 - Sampling Strategy

A purposive sampling strategy will be employed to recruit participants. This non-probability method allows for the selection of individuals who have specific knowledge or experience relevant to the research question (Palinkas et al., 2015). Participants will include officers working in response, neighbourhood policing, and drug enforcement roles within South Wales Police, specifically in the Swansea area. A sample size of approximately 20 officers is targeted, which is sufficient for thematic saturation in small-scale qualitative studies (Guest, Bunce & Johnson, 2006).

Efforts will be made to also include a diverse range of officers with varying years of service and operational responsibilities to ensure a breadth of perspectives.

3.7 - Ethical Considerations

Ethical integrity is a critical element of the research process. The study will adhere to the British Society of Criminology's Code of Ethics (2021) and institutional ethical review procedures. Key considerations include:

- **Informed Consent:** Participants will be provided with detailed participant information, and they will be informed of their right to withdraw at any time without consequence.
- **Confidentiality and Anonymity:** Pseudonyms will be used where applicable, and all identifying details removed from transcripts and publications. Data will be stored securely in encrypted files accessible only to the researcher.
- **Potential Harm:** Although the topic is not expected to cause psychological distress, discussing operational challenges may potentially bring rise to frustration or discomfort.
- **Researcher Positionality:** As the researcher is a serving police officer, reflexivity will be maintained to reduce bias.

3.8 - Data Analysis

To analyse the data obtained, thematic analysis will be employed following Braun and Clarke's (2006) six-step model: familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and producing the report. This method is well-suited for identifying patterns within qualitative data and provides flexibility to respond to complex and context-specific issues.

Anticipated themes may include, perceptions of heroin use trends, effectiveness of arrest versus diversion strategies, inter-agency coordination, and resource limitations.

3.9 - Trustworthiness and Credibility

To enhance credibility and trustworthiness, different strategies will be adopted:

- Triangulation: While the primary method is surveys, policy documents and operational reports may be reviewed to provide contextual support.
- Audit trail: Detailed records of decisions and analytical steps will be maintained to allow transparency.

3.10 – Conclusion

This methodology provides a robust and ethically sound framework for exploring the effectiveness of heroin-related policing strategies in Swansea from a frontline police officer's perspective. By adopting a qualitative, interpretivist approach, the study will offer valuable insights grounded in practice. The use of purposive sampling, and thematic analysis allows for a comprehensive exploration of the topic, contributing to the broader discourse on drug policy and policing in the UK.

Chapter 4 – Analysis of Results

4.1 Introduction

This chapter presents the analysis of survey responses gathered from 20 frontline police officers in Swansea, focusing on their experiences, perceptions, and recommendations regarding heroin-related policing strategies. The survey was designed to capture officers' views on the prevalence of heroin use, the effectiveness of current policing strategies, and potential areas for improvement. This analysis directly addresses the dissertation objectives: (1) to explore the effectiveness of drug-related strategies in policing, (2) to identify ways to improve strategies in reducing heroin substance abuse, (3) to highlight frontline police officers' solutions to the problem, and (4) to explore why national strategies may not be effective in Swansea.

In order to provide insight into the real-life experiences of frontline police officers, the chapter combines descriptive statistics with thematic analysis of open-ended survey answers. The data can reveal both quantitative patterns and qualitative depth thanks to this mixed-methods approach (Creswell & Poth, 2018).

4.2 Demographic Profile of Respondents

4.2.1 Gender and Age

The survey sample consisted of 13 male and 7 female officers, indicating a male-majority sample, consistent with broader policing demographics in the UK (Home Office, 2024). Ages ranged from 18 to 40 years old, which suggests a relatively young workforce engaging with heroin-related policing issues. Younger officers may have less cumulative experience with drug-related interventions, potentially affecting their confidence in handling heroin-related incidents.

4.2.2 Length of Service

Respondents' length of service varied:

- 3 officers had served 1-2 years,

- 13 officers had served 2-5 years,
- 4 officers had served 5-10 years.

This shows that 85% of respondents had less than five years of service, which may shape their perspectives. Those with less experience may rely more heavily on formal training and operational guidance, while longer-serving officers may have observed the evolution of heroin-related policing strategies over time.

4.2.3 Role in the Police

Most respondents (16 officers) worked in response policing, with 2 in Neighbourhood Policing Team (NPT) and 2 as Police Community Support Officer's (PCSO's). This indicates that the dataset reflects a frontline operational perspective where officers are regularly first responders to heroin-related incidents.

4.3 Prevalence and Nature of Heroin-Related Incidents

Responses revealed mixed experiences in encountering heroin possession on average per week:

On average, how often do you find someone in possession of Heroin / Opioids in your role?
20 responses

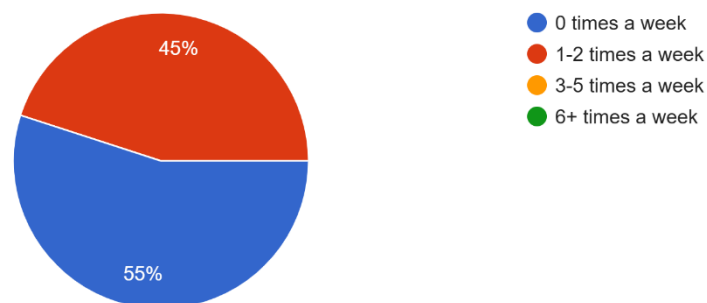


Figure 4.3.1: Q5 – On average, how often do you find someone in possession of Heroin / Opioids in your role?

- 55% (11 officers) reported 0 incidents of heroin possession on average per week,
- 45% (9 officers) reported encountering heroin possession on average 1-2 times per week.

However, the frequency of dealing with incidents effected by heroin (e.g., overdoses, public disorder) was higher:

On average, how often do you deal with the effects of Heroin / Opioids in your role?
20 responses

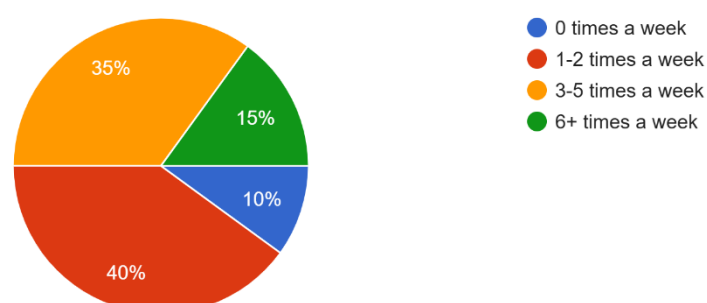


Figure 4.3.2: Q6 – On average, how often do you deal with the effects of Heroin / Opioids in your role?

- 10% (2 officers) dealt with no incidents,
- 40% (8 officers) dealt with 1-2 per week,
- 35% (7 officers) dealt with 3-5 per week,
- 15% (3 officers) dealt with 6+ per week.

This highlights that while officers may not frequently seize heroin, they are often required to manage its consequences - particularly overdoses and related public health crises. These findings support existing literature that notes heroin-related harm places a significant demand on frontline policing resources (Public Health Wales, 2024).

4.4 Officer Support and Training

When asked if the officers felt supported to deal with heroin-related incidents, 70% (14 officers) answered 'Yes', while 30% (6 officers) felt unsupported. Key themes from those feeling unsupported included:

- Lack of specialist training to manage heroin-related cases.
- Delays in ambulance response times, leaving officers to manage medical crises.

This feedback indicates a gap between operational expectations and available support, reinforcing concerns raised in previous research about resource pressures on police in areas of high drug-related harm.

4.5 Naloxone and Harm Reduction Approaches

The survey revealed a split regarding officers and the carrying of Naloxone:

Do you carry Naloxone whilst on duty?

20 responses

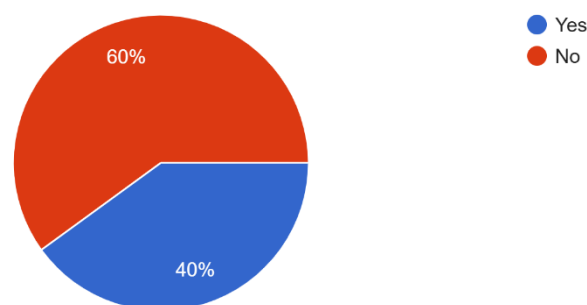


Figure 4.5: Q9 – Do you carry Naloxone whilst on duty?

- 40% (8 officers) advised that they carried Naloxone, citing life-saving potential as a key motivator.

- 60% (12 officers) however did not, citing insufficient training, role creep concerns (“not a paramedic’s job”), and fear of liability if something went wrong.

This is consistent with larger discussions regarding police participation in harm reduction initiatives, where participation is frequently constrained by worries about liability and professional role boundaries (Butler, Zakimi and Greer, 2022).

4.6 Perceptions of Current Strategies

When asked whether current heroin-related strategies in Swansea were effective:

Do you feel that current Heroin-related policing strategies in Swansea are effective?
20 responses

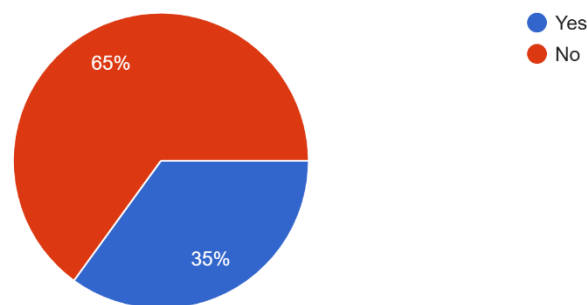


Figure 4.6: Q11 – Do you feel that current Heroin-related policing strategies in Swansea are effective?

- 35% (7 officers) said Yes, citing ongoing operations and intelligence work as positive efforts.
- 65% (13 officers) said No, noting that strategies only address symptoms and do not prevent ongoing heroin use.

This perception of limited effectiveness suggests that officers feel current approaches are reactive rather than preventative, an issue echoed in UK-wide reviews of drug strategy implementation.

4.7 Areas for Improvement

A significant 80% (16 officers) agreed that heroin-related policing strategies need improvement.

Do Heroin-related policing strategies in Swansea need improving?
20 responses

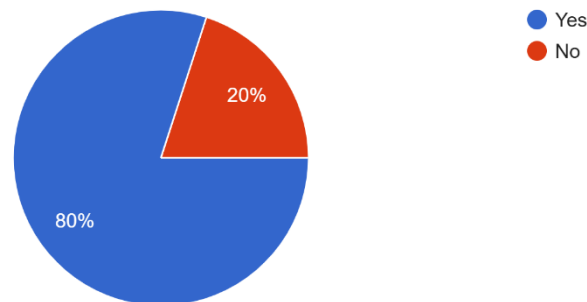


Figure 4.7: Q13 – Do Heroin-related policing strategies in Swansea need improving?

On answering 'Yes' to this question, officers were asked to freely suggest what needed improving. Their suggestions included:

- Better intelligence sharing on known dealers and drug networks.
- Proactive interventions rather than purely reactive responses.
- Increased availability of support services for users (treatment, housing, mental health).
- Training days specifically focused on heroin-related incidents.

These responses demonstrate that frontline officers have clear and actionable ideas for improvement that align with calls for a more holistic public health approach to drug harm reduction (National Library of Medicine, 2016).

4.8 Accessibility and Treatment

Most officers (90%) reported that heroin accessibility in Swansea has increased, suggesting a worsening local drug supply issue. Awareness of treatment options was mixed:

Have you heard of Take-Home Naloxone (THN)?

20 responses

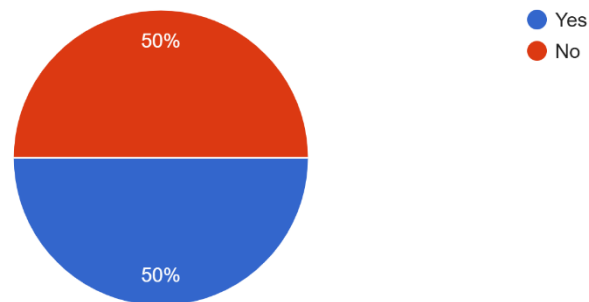


Figure 4.8.1: Q16 – Have you heard of Take-Home Naloxone (THN)?

- 50% had heard of Take-Home Naloxone (THN), with most viewing it positively.

Do you think Methadone is helping Heroin users?

20 responses

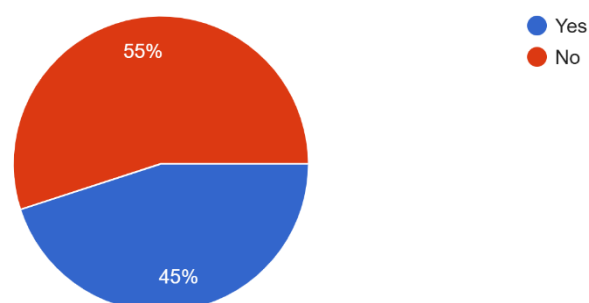


Figure 4.8.2: Q18 – Do you think Methadone is helping Heroin users?

- 55% believed methadone was not helping users, citing its potential for diversion and dependency.

Do you feel Heroin-Assisted Treatment (HAT) facilities would be more beneficial than prescribed Methadone?

20 responses

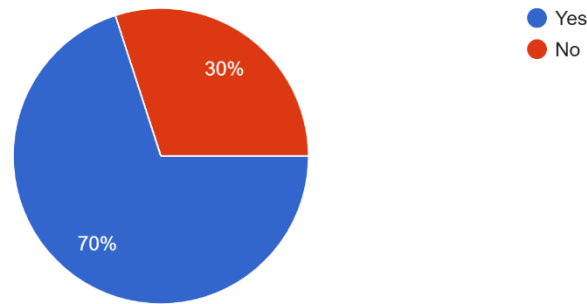


Figure 4.8.3: Q20 – Do you feel Heroin-Assisted Treatment (HAT) facilities would be more beneficial than prescribed Methadone?

- 70% felt that Heroin-Assisted Treatment (HAT) facilities would be more beneficial than methadone.

These findings imply a growing recognition among officers of the potential benefits of harm-reduction-focused treatment models, particularly HAT, which has been shown in trials to reduce overdose deaths and drug-related crime (Riley et al., 2023).

4.9 Thematic Analysis of Open-Ended Responses

The final question invited officers to suggest other heroin-related strategies of their own. Out of the total 20 respondents, 7 of which provided their suggestions. Out of these suggestions, three main themes emerged:

1. Training and Knowledge Building – calls for structured training days to implement heroin-related strategies effectively.

2. Public Health Focus – suggestions to adopt a public health approach, prioritising prevention and early intervention.
3. Environmental Change – recognition that concentrated social housing and service hubs may unintentionally increase local drug markets, suggesting a need for different urban planning approaches.

These responses demonstrate a sophisticated understanding of the wider socio-economic context of heroin use and policing challenges, showing that frontline officers can provide valuable insights for strategic development.

4.10 Summary

This analysis highlights several key findings:

- Officers frequently manage heroin-related harm, even if direct possession encounters are less common.
- There is a mixed sense of support and readiness, with training and medical resource availability seen as insufficient.
- Most officers believe heroin strategies in Swansea are not fully effective and require significant improvement.
- There is strong support for enhanced intelligence sharing, increased harm reduction measures, and broader public health interventions.
- Frontline officers favour innovation such as HAT facilities over reliance on methadone alone.

These findings provide a strong basis for the next chapter, which will discuss the implications of these results in the context of existing literature and national policy frameworks.

Chapter 5: Findings, Conclusions and Recommendations

5.1 Introduction

This chapter synthesises the findings of the survey conducted with 20 frontline police officers across Swansea and situates these results within the context of the literature reviewed in Chapter 2. The aim is to draw together the empirical data and academic evidence to provide conclusions on the effectiveness of current heroin-related policing strategies, potential improvements, and officers' perspectives on why national strategies may be falling short in Swansea.

The chapter is structured around the research objectives:

1. To explore the effectiveness of drug-related strategies in policing.
2. To identify ways to improve strategies in reducing heroin substance abuse.
3. To understand frontline police officer solutions to heroin-related problems.
4. To evaluate why national strategies are not working as effectively in Swansea as intended.

5.2 Key Findings

5.2.1 Effectiveness of Current Strategies

According to the research, 65% of police officers don't think Swansea's existing heroin-related policing strategies are effective. This supports the literature's concerns that enforcement-heavy strategies only provide short-term relief and fail to substantially lower long-term demand or harm (Werb et al., 2011; Stevens, 2013). In line with the literature's recognition of the immediate advantages of policing strategies, the officers who answered "Yes" for this question acknowledged that operations such as Operation Medusa have been effective in disrupting supply chains and removing dangerous criminals from the streets (South Wales Police, 2024).

However, the majority of officers agreed with scholarly criticisms that the majority of present strategies are reactive rather than proactive. This supports the finding that enforcement by itself does not result in long-term decreases in heroin use or the

harms associated with it when treatment and social interventions do not receive appropriate funding (LSE IDEAS, 2012).

5.2.2 Frequency and Nature of Incidents

Although 55% of officers said that they do not deal with heroin possession in an average week, 90% said they dealt with the consequences of heroin at least once a week, and 15% said they dealt with such incidents six or more times a week. This illustrates how policing is being burdened more by the social and health repercussions of heroin use than just possession alone. The literature also emphasises that the main cause of public concern and policing demand is heroin-related harms, which include overdoses, antisocial behaviour, and drug-related deaths (Public Health Wales, 2024).

This research emphasises the importance of a public health-focused strategy that addresses the underlying causes and negative effects of heroin use, enhancing police operations rather than relying solely on police officers to handle complicated medical emergencies.

5.2.3 Officer Support and Training

Although 70% of officers felt supported in their role, those who felt unsupported cited insufficient training and slow ambulance response times as key issues. These findings reflect the literature's discussion of resource constraints as a key barrier to effective drug policy implementation (Centre for Social Justice, 2023). Officers' responses suggest that while policing strategies may exist on paper, there is a practical implementation gap, leaving officers under-prepared to respond to heroin-related incidents.

The split regarding Naloxone carriage is particularly significant. Only 40% of officers carried Naloxone, with the majority of non-carriers citing inadequate training and liability concerns. This is consistent with national debates about the extent to which police should engage in harm reduction measures traditionally associated with healthcare providers (Butler, Zakimi and Greer, 2022).

5.2.4 Perceptions of Accessibility and Treatment

The vast majority of respondents (90%) believed that heroin was now more easily accessible in Swansea, indicating that policing strategies had not been enough to reduce the supply. This is in line with the "balloon effect" described in the literature, which states that if the supply of drugs is suppressed in one site, it will simply move to another (Werb et al., 2011).

Officers' opinions on the effectiveness of methadone treatment were also varied; 55% of them said that it was not assisting addicts, citing problems with dependency and diversion. However, the majority of respondents (70%) were in favour of the establishment of Heroin-Assisted Treatment (HAT) facilities. This conclusion is consistent with the research that advocates for new treatment models in cases where replacement therapies are ineffective (Hallam, 2021).

5.3 Officer-Identified Solutions

A strong theme across the survey was the need for proactivity rather than reactivity. Officers called for:

- Greater intelligence sharing about known dealers and drug networks.
- Early intervention initiatives to prevent heroin use.
- Increased service availability for treatment and mental health support.
- Regular training days to improve competence in dealing with heroin-related incidents.
- These recommendations align with the literature's calls for public health integration, multi-agency partnerships, and a community policing approach that focusses on providing support rather than punishment (Bullock & Sindall, 2020; GOV.UK, 2021b).

5.4 Why National Strategies May Not Be Working in Swansea

A balance between enforcement, treatment, and recovery is promoted by national drug plans, such as the UK Government's 10-Year Drug Plan (HM Government, 2022). The results, however, imply that implementation has been inconsistent in Swansea. Officers expressed the opinion that existing strategies do not appropriately target the concentrations of social housing that give rise to local drug markets, nor do they offer sufficient resources or training to handle medical situations.

This suggests a localisation gap: whereas national initiatives offer a framework, they do not adequately take into account Swansea's particular socioeconomic profile, which includes a high level of drug-related mortality and deprivation (Morris, 2019). Similar to this, the research highlights the necessity of customised strategies that take into account local circumstances as opposed to universally applicable laws (Centre for Social Justice, 2023).

5.5 Conclusions

The results of this research demonstrate how intricate and varied Swansea's heroin-related policing is. The majority of frontline officers believe that existing strategies are inadequate for tackling the underlying causes of heroin use, even while enforcement actions such as Operation Medusa show short-term effectiveness in restricting supply.

Survey responses reveal that heroin-related harm is a frequent and resource-intensive challenge for police, with many officers calling for enhanced training, improved intelligence sharing, and expanded public health measures. There is clear support among frontline officers for harm reduction initiatives, including Take-Home Naloxone and Heroin-Assisted Treatment facilities, aligning with national and international evidence that such measures reduce deaths and improve outcomes (Transform Drug Policy Foundation, 2021).

In conclusion, this study supports a well-rounded, integrated strategy that combines multi-agency cooperation, public health initiatives, and targeted enforcement. Swansea's high rates of deprivation, housing issues, and unique drug market

dynamics necessitate tailoring national solutions to the local situation. If this isn't done, there's a chance that reactive policing, high emergency service demand, and consistently high overdose and drug-related fatality rates will unfortunately continue.

5.6 Recommendations

The findings of this research reveal that frontline police officers in Swansea view current heroin-related policing strategies as only partially effective, with 65% of survey respondents stating that existing measures require improvement. These findings align with the literature review, which highlighted the limitations of purely enforcement-based approaches (Werb et al., 2011) and the benefits of integrated, public health-oriented strategies (Stevens, 2013). Based on the survey data and existing research, the following recommendations are proposed to enhance the effectiveness of heroin-related policing in Swansea.

5.6.1 Expand Harm Reduction and Health-Centred Approaches

According to the survey results, 70% of officers thought that strategies needed to be improved, and many of them supported a change from only reactive to proactive actions. The immediate risks of overdose deaths would be addressed and interaction with health services would be encouraged by increasing access to harm reduction programs, such as the possible introduction of Heroin-Assisted Treatment (HAT) in Swansea and the greater provision of Take-Home Naloxone (THN). HAT appears to improve health outcomes and lower street-level crime, according to evidence from other UK pilot sites (Hallam, 2021). The police's role as first responders in overdose situations can be strengthened by making sure that frontline officers are knowledgeable about and comfortable using naloxone.

5.6.2 Improve Officer Training and Support

A key theme from the survey was the lack of sufficient training, with some officers reporting they felt unsupported in dealing with heroin-related incidents. Training should cover addiction awareness, trauma-informed policing, de-escalation techniques, and the safe use of harm reduction tools like Naloxone. Additionally,

police leadership should provide clear operational guidance and reassurance that officers who intervene in overdose cases will be supported by management, reducing the fear of liability expressed by some respondents.

5.6.3 Strengthen Multi-Agency Collaboration

Frontline officers frequently lack up-to-date intelligence about local drug dealers and important individuals of interest, according to respondents. Improved data exchange between the police, public health organisations, housing services, and third-sector organisations would enable earlier intervention for those at risk of harm and more targeted supply chain disruption. This strategy aligns with the principals of Project ADDER, which integrate therapeutic pathways with enforcement (HM Government, 2022). Shared information dashboards and frequent multi-agency meetings could improve coordination and cut down on effort duplication.

5.6.4 Address Environmental and Social Drivers

Survey responses revealed concerns about concentrated social housing areas that create “hotspots” of supply and demand. Working with local authorities to consider housing dispersal policies, improving access to employment and mental health services, and increasing visible community policing presence could help address the socio-economic conditions that fuel heroin use. Community engagement programmes should also aim to reduce stigma and build trust, which is critical for encouraging treatment uptake (Bullock & Sindall, 2014).

5.6.5 Establish Monitoring and Evaluation Frameworks

Both the literature and survey results suggest a need for systematic evaluation of heroin-related policing strategies. Police in Swansea and partner agencies should implement outcome tracking for interventions such as HAT, THN distribution, and diversion schemes, using indicators such as overdose deaths, reoffending rates, and community satisfaction. This would enable evidence-based decision making and allow resources to be directed toward the most effective strategies (LSE IDEAS, 2023).

Bibliography

- Andrysiak, T. and Ungerleider, J.T (1984). Changes in the Drug Scene: Drug Use Trends and Behavioural Patterns. *Journal of Drug Issues*, 14(2), pp.217–222. DOI: <https://doi.org/10.1177/002204268401400202> (Accessed: 26th January 2025).
- Bacon, M. and Spicer, J. (2022). *Drug Law Enforcement, Policing and Harm Reduction*. Taylor & Francis. (Accessed: 31st January 2025).
- BBC (2019). Swansea has worst opioid death rate in England & Wales. *BBC News*. [online] 24 Feb. Available at: <https://www.bbc.co.uk/news/uk-wales-47350817> (Accessed: 26th January 2025).
- Bradford, B., Jackson, J. and Stanko, E.A. (2009). Contact and confidence: revisiting the impact of public encounters with the police. *Policing and Society*, 19(1), pp.20–46. DOI: <https://doi.org/10.1080/10439460802457594> (Accessed: 31st January 2025).
- Braun, V. and Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3(2), pp.77–101 (Accessed: 4th June 2025).
- British Society of Criminology (2021). *Statement of Ethics*. [online] British Society of Criminology. Available at: <https://www.britsoccrim.org/ethics/> (Accessed: 4th June 2025).
- Bryman, A. (2016). *Social Research Methods*. 5th ed. Oxford: Oxford University Press (Accessed: 4th June 2025).
- Bullock, K. and Sindall, K. (2014). Examining the nature and extent of public participation in neighbourhood policing. *Policing and Society*, 24(4), pp.385–404. DOI: <https://doi.org/10.1080/10439463.2013.844130> (Accessed: 31st January 2025).
- Butler, A., Zakimi, N. and Greer, A. (2022). Total systems failure: police officers' perspectives on the impacts of the justice, health, and social service systems on people who use drugs. *Harm Reduction Journal*, 19(1). DOI:

<https://doi.org/10.1186/s12954-022-00629-1> (Accessed: 10th September 2025).

- College of Policing (2022). *Key findings from the drug crimes evidence briefing*. [online] College of Policing. Available at: <https://www.college.police.uk/guidance/drug-crimes-evidence-briefing/key-findings> (Accessed: 9th September 2025).
- Côté-Lussier, C. and Rodrigues, P. (2024). The public health impacts of supervised injection sites in Canada: Moving beyond social acceptability and impacts on crime. *Canadian Journal of Public Health = Revue Canadienne De Sante Publique*, [online] 115(3). DOI: <https://doi.org/10.17269/s41997-024-00874-w> (Accessed: 31st January 2025).
- Creswell, J.W. and Poth, C.N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. 4th ed. Los Angeles: Sage Publications (Accessed: 4th June 2025).
- Daley, D.C. (2013). Family and social aspects of substance use disorders and treatment. *Journal of Food and Drug Analysis*, 21(4), pp. S73–S76. DOI: <https://doi.org/10.1016/j.jfda.2013.09.038>. (Accessed: 26th January 2025).
- Denscombe, M. (2017). *The Good Research Guide: for small-scale Social Research Projects*. 6th ed. London: Mcgraw-Hill Education (Accessed: 4th June 2025).
- De Vaus, D. (2014). *Surveys in Social Research*. 6th ed. London: Routledge (Accessed: 4th June 2025).
- Engel, R.S., McManus, H.D. and Herold, T.D. (2020). Does de-escalation training work? *Criminology & Public Policy*, 19(3), pp.721–759. DOI: <https://doi.org/10.1111/1745-9133.12467> (Accessed: 31st January 2025).
- Fink, A. (2013). *How to conduct surveys: a step-by-step guide*. Thousand Oaks, Calif.; London: Sage (Accessed: 4th June 2025).

- GOV.UK (2021a). *£1 million to cut drug crime in Swansea Bay*. [online] GOV.UK. Available at: <https://www.gov.uk/government/news/1-million-to-cut-drug-crime-in-swansea-bay> (Accessed: 31st January 2025).
- GOV.UK (2021b). *BEATING CRIME. UK Government*. [online] Available at: <https://assets.publishing.service.gov.uk/media/6135f34ed3bf7f05b7bcb54e/Crime-plan-v10.pdf> (Accessed: 31st January 2025).
- GOV.UK (2022). *From harm to hope: A 10-year drugs plan to cut crime and save lives*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives> (Accessed: 9th September 2025).
- Guest, G., Bunce, A. and Johnson, L. (2006). How Many Interviews Are enough? an Experiment with Data Saturation and Variability. *Field Methods*, 18(1), pp.59–82. DOI: <https://doi.org/10.1177/1525822X05279903> (Accessed: 4th June 2025).
- Hallam, C. (2021). Heroin-Assisted Treatment and the United Nations international drug control apparatus. *Heroin-Assisted Treatment and the United Nations international drug control apparatus*, [online] 7(7). Available at: https://www.swansea.ac.uk/media/GDPO_Working_Paper_on-HAT_FINAL.pdf (Accessed: 31st January 2025).
- HM Government (2022). *Levelling Up the United Kingdom: Executive Summary*. [online] Available at: https://assets.publishing.service.gov.uk/media/62e7a429d3bf7f75af0923f3/Executive_Summary.pdf (Accessed: 31st January 2025).
- Home Office (1998). *Tackling Drugs to Build a Better Britain: The Government's Ten-Year Strategy for Tackling Drugs Misuse*. [online] Available at: <https://assets.publishing.service.gov.uk/media/5a7bfd2840f0b63f7572aa72/3945.pdf> (Accessed: 31st January 2025).

- Home Office (2024). *Seizures of drugs in England and Wales, financial year ending 2023*. [online] GOV.UK. Available at: https://www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2023/seizures-of-drugs-in-england-and-wales-financial-year-ending-2023?utm_source=chatgpt.com (Accessed: 10th September 2025).
- Jackson, J., Bradford, B., Stanko, B. and Hohl, K. (2013). *Just authority: trust in the police in England and Wales*. London; New York, Ny: Routledge, Taylor & Francis Group (Accessed: 31st January 2025).
- LSE IDEAS (2012). *Governing the Global Drug Wars*. [online] Available at: <https://www.lse.ac.uk/ideas/Assets/Documents/reports/LSE-IDEAS-Governing-the-Global-Drug-Wars.pdf> (Accessed: 31st January 2025).
- Mazerolle, L., Soole, D.W. and Rombouts, S. (2007). Street-Level Drug Law Enforcement: A Meta-Analytic Review. *Campbell Systematic Reviews*, 3(1), pp.1–47. DOI: <https://doi.org/10.4073/csr.2007.2>. (Accessed: 31st January 2025).
- McSweeney, T., Turnbull, P.J. and Hough, M. (2008). *The treatment and supervision of drug-dependent offenders: A review of the literature prepared for the UK Drug Policy Commission*. The UK Drug Policy Commission (UKDPC).
- Morris, S. (2019). ‘We can’t save enough lives’: Swansea in grip of drug death epidemic. *The Guardian*. [online] 22 Sep. Available at: <https://www.theguardian.com/society/2019/sep/22/too-late-save-her-swansea-drug-death-epidemic-wales> (Accessed: 31st January 2025).
- National Audit Office (2023). *Reducing the harm from illegal drugs - National Audit Office (NAO) report*. [online] National Audit Office (NAO). Available at: <https://www.nao.org.uk/reports/reducing-the-harm-from-illegal-drugs/> (Accessed: 31st January 2025).

- National Library of Medicine (2016). *VISION FOR THE FUTURE: A PUBLIC HEALTH APPROACH*. [online] Nih.gov. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK424861/> (Accessed: 10th September 2025).
- Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N. and Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), pp.533–544. DOI: <https://doi.org/10.1007/s10488-013-0528-y> (Accessed: 4th June 2025).
- Public Health Wales (2024). *Harm Reduction Database Wales: Drug related mortality*. [online] Available at: <https://phw.nhs.wales/news/opioids-the-leading-factor-in-drug-related-deaths-in-wales/harm-reduction-database-wales-drug-related-mortality/> (Accessed: 31st January 2025).
- Riley, F., Harris, M., Poulter, H.L., Moore, H.J., Ahmed, D., Towl, G. and Walker, T. (2023). 'This is hardcore': a qualitative study exploring service users' experiences of Heroin-Assisted Treatment (HAT) in Middlesbrough, England. *Harm Reduction Journal*, [online] 20(1), p.66. DOI: <https://doi.org/10.1186/s12954-023-00785-y> (Accessed: 10th September 2025).
- Saunders, M., Lewis, P. and Thornhill, A. (2019). *Research Methods for Business Students*. 8th ed. S.L.: Pearson Education Limited (Accessed: 4th June 2025).
- South Wales Police (2022). *South Wales Police make environment for drug dealers tougher under new drugs strategy*. [online] South Wales Police. Available at: <https://www.south-wales.police.uk/news/south-wales/news/2022/hyd-oct/south-wales-police-make-environment-for-drug-dealers-tougher-under-new-drugs-strategy/> (Accessed: 9th September 2025).
- South Wales Police (2024). *Op Medusa action sees large number of drugs-related arrests in Swansea and Neath Port Talbot*. [online] Available at: <https://www.south-wales.police.uk/news/south->

[wales/news/2024/september/op-medusa-action-sees-large-number-of-drugs-related-arrests-in-swansea-and-neath-port-talbot/](#) (Accessed: 31st January 2025).

- Stevens, A. (2013). Applying Harm Reduction Principles to the Policing of Retail Drug Markets. *SSRN Electronic Journal*, 3(1). DOI: <https://doi.org/10.2139/ssrn.2290797> (Accessed: 31st January 2025).
- Stevens, A., Hendrie, N., Bacon, M., Parrott, S., Monaghan, M., Williams, E., Lewer, D., Moore, A., Berlin, J., Cunliffe, J. and Quinton, P.M. (2023). Evaluating police drug diversion in England: protocol for a realist evaluation. *Health & Justice*, 11(1). DOI: <https://doi.org/10.1186/s40352-023-00249-2> (Accessed: 9th September 2025).
- The Centre for Social Justice (2013). *NO QUICK FIX: Exposing the depth of Britain's drug and alcohol problem*. [online] Available at: <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2018/03/addict.pdf> (Accessed: 31st January 2025).
- Thomas, D.R. (2006). A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*, [online] 27(2), pp.237–246. DOI: <https://doi.org/10.1177/1098214005283748> (Accessed: 4th June 2025).
- Transform Drug Policy Foundation (2021). *Drug decriminalisation in Portugal: setting the record straight*. [online] Transform Drug Policy Foundation. Available at: <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight> (Accessed: 31st January 2025).
- United Nations (2024a). *UNODC World Drug Report 2024: Harms of World Drug Problem Continue to Mount amid Expansions in Drug Use and Markets*. [online] United Nations : Office on Drugs and Crime. Available at: https://www.unodc.org/unodc/en/press/releases/2024/June/unodc-world-drug-report-2024_harms-of-world-drug-problem-continue-to-mount-amid-expansions-in-drug-use-and-markets.html (Accessed: 26th January 2025).

- United Nations (2024b). *World Drug Day report highlights spike in drug use, increased trafficking* | UN News. [online] news.un.org. Available at: <https://news.un.org/en/story/2024/06/1151446> (Accessed: 31st January 2025).
- Werb, D., Rowell, G., Guyatt, G., Kerr, T., Montaner, J. and Wood, E. (2011). Effect of drug law enforcement on drug market violence: A systematic review. *International Journal of Drug Policy*, 22(2), pp.87–94. DOI: <https://doi.org/10.1016/j.drugpo.2011.02.002>. (Accessed: 31st January 2025).
- World Health Organization (WHO) (2024). *Global status report on alcohol and health and treatment of substance use disorders*. World Health Organization. (Accessed: 31st January 2025).

Appendices

Appendix A – Survey Questionnaire

The following questionnaire was distributed to frontline police officers across multiple departments in Swansea. Responses were collected anonymously.

Section 1 – Demographics

1. What is your gender?
2. What is your age?
3. How long have you served in the police?

Section 2 – Role and Exposure

4. What is your role in the police?
5. On average, how often do you find someone in possession of heroin/opioids in your role?
6. On average, how often do you deal with the effects of heroin/opioids in your role?

Section 3 – Support and Resources

7. Do you feel supported in your role to deal with heroin-related incidents? (If no, please explain)
9. Do you carry Naloxone whilst on duty? (If yes/no, please explain)

Section 4 – Strategy Effectiveness

11. Do you feel that current heroin-related policing strategies in Swansea are effective? (If yes/no, please explain)
13. Do heroin-related policing strategies in Swansea need improving? (If yes/no, please explain)
15. Do you feel the accessibility to heroin has increased?

Section 5 – Treatment Knowledge and Opinions

16. Have you heard of Take-Home Naloxone (THN)? (If yes, do you believe it is effective?)
18. Do you think Methadone is helping heroin users?
19. Have you heard of Heroin-Assisted Treatment (HAT)?

20. Do you feel HAT facilities would be more beneficial than prescribed Methadone?

Section 6 – Open Feedback

Final Question: What other heroin-related strategies (if any) do you think would be more beneficial to Swansea?

Appendix B – Participant Information and Consent Form

To ensure that the survey was conducted anonymously and fairly, consent forms and participant identifiers were not asked for.

In substitution of this, the following information was provided to each participant at the start of every survey:

This survey is designed with your role in mind. Your participation in this survey is anonymous and is not compulsory - you have the right to withdraw from this at any time.

The answers you provide will assist with the research into the effectiveness of heroin-related policing strategies in Swansea.

Thank you for your participation.

Appendix C – Survey Results and Visualisations

Table C1 – Summary of Survey Results

Question	Summary of Responses (n=20)
Q1 – Gender	13 male, 7 female
Q2 – Age	18-40 years old
Q3 – Length of service	3 (1-2 yrs), 13 (2-5 yrs), 4 (5-10 yrs)
Q4 – Role	2 PCSO, 16 Response, 2 Neighbourhood Policing Team (NPT)

Q5 – Finding heroin	11 (0 per week), 9 (1-2 per week)
Q6 – Dealing with heroin effects	2 (0 per week), 8 (1-2), 7 (3-5), 3 (6+)
Q7 – Feel supported?	14 Yes, 6 No with reasons such as lack of training and ambulance delays
Q9 – Carry Naloxone?	8 Yes with reasons such as it saves lives. 12 No citing that they are not trained, “not our role” and in fear of being blamed.
Q11 – Strategies effective?	7 Yes stating that there are operations in place. 13 No advising that you can’t stop use completely
Q13 – Need improving?	16 Yes advising the need for intelligence sharing, reactive approach, more services needed.
Q15 – Accessibility increased?	18 Yes, 2 No
Q16 – Heard of THN?	10 Yes (9 believe effective, 1 no), 10 No
Q18 – Methadone helpful?	9 Yes, 11 No
Q19 – Heard of HAT?	7 Yes, 13 No
Q20 – Prefer HAT to Methadone?	14 Yes, 6 No
Q21 (Final questions) – Suggestions	Training days, early intervention focus, better housing distribution

Figure 4.3.1: Q5 – On average, how often do you find someone in possession of Heroin / Opioids in your role?

On average, how often do you find someone in possession of Heroin / Opioids in your role?

20 responses

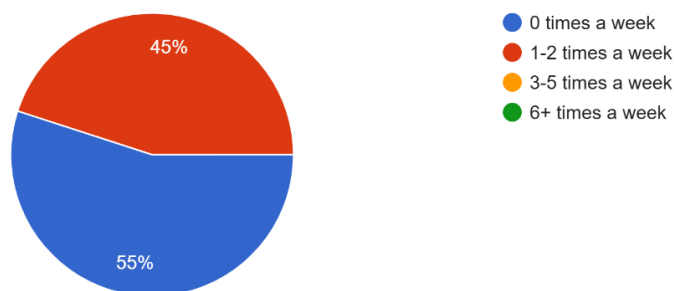


Figure 4.3.2: Q6 – On average, how often do you deal with the effects of Heroin / Opioids in your role?

On average, how often do you deal with the effects of Heroin / Opioids in your role?

20 responses

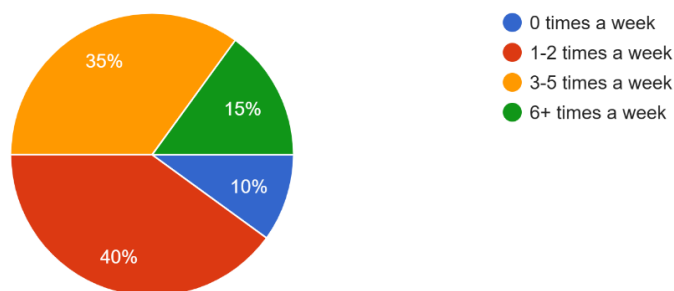


Figure 4.5: Q9 – Do you carry Naloxone whilst on duty?

Do you carry Naloxone whilst on duty?

20 responses

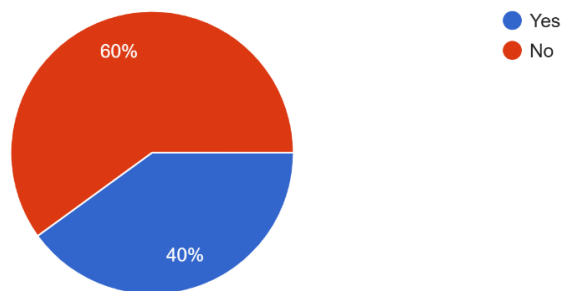


Figure 4.6: Q11 – Do you feel that current Heroin-related policing strategies in Swansea are effective?

Do you feel that current Heroin-related policing strategies in Swansea are effective?
20 responses

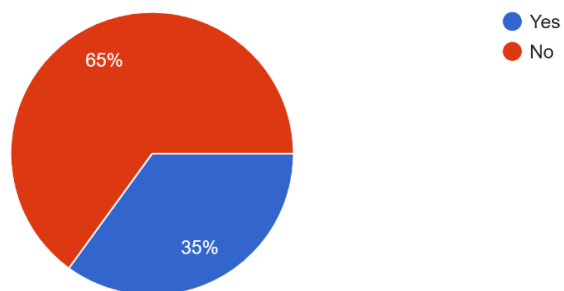


Figure 4.7: Q13 – Do Heroin-related policing strategies in Swansea need improving?

Do Heroin-related policing strategies in Swansea need improving?
20 responses

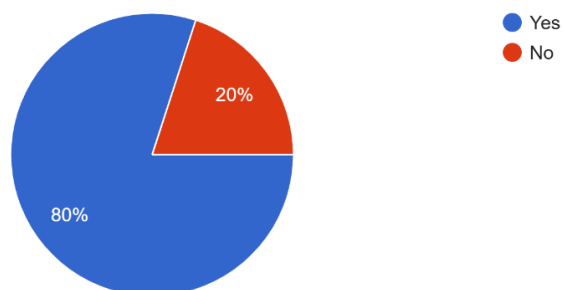


Figure 4.8.1: Q16 – Have you heard of Take-Home Naloxone (THN)?

Have you heard of Take-Home Naloxone (THN)?

20 responses

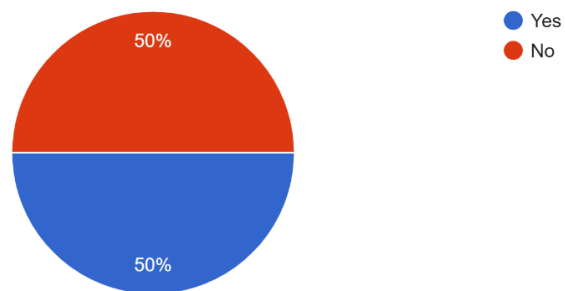


Figure 4.8.2: Q18 – Do you think Methadone is helping Heroin users?

Do you think Methadone is helping Heroin users?

20 responses

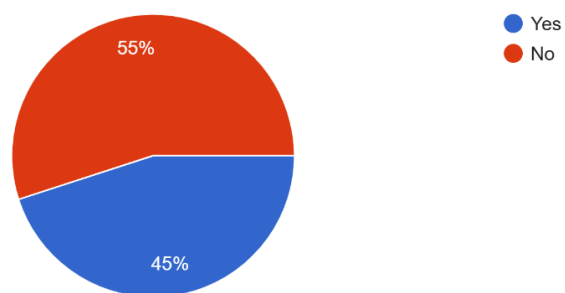
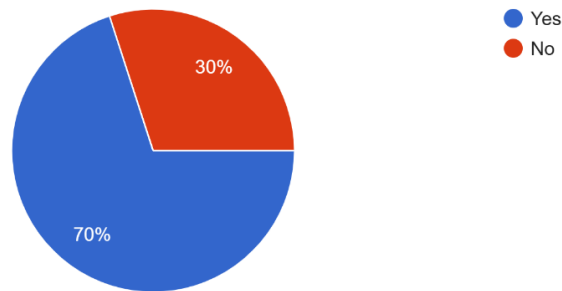


Figure 4.8.3: Q20 – Do you feel Heroin-Assisted Treatment (HAT) facilities would be more beneficial than prescribed Methadone?

Do you feel Heroin-Assisted Treatment (HAT) facilities would be more beneficial than prescribed Methadone?

20 responses



Appendix D – Responses to Question 8

If you answered 'No' to the previous question, why?

- There is not much training to deal with heroin related incidents such as overdoses. Most times it is on ourselves to identify an drugs overdose and deal with the situation. The job does offer naloxone to officers to use in drug related overdoses, however, not every officer carries this as it is not mandatory.
- Often experience delays with Ambulance attending in situations of suspected Heroin overdoses, also a lack of officers who carry Naloxone which I think should realistically be a requirement for all front-line officers.
- There's little to no information/training given on Heroin, its effects, signs, symptoms and how to manage Heroin related issues.
- There is often a long delay with ambulances. There is only so much that police can do when dealing with the effects of heroin.
- There is no specific training in dealing with drug related calls apart from how to use Naloxone.
- Ambulance pushback as if Police are on scene, it becomes less of a priority.

Appendix E – Responses to Question 10

In relation to the previous question, why?

- I am not a medical professional and if someone was to have a reaction and subsequently die, I do not believe I would be supported by SMT. I know that a person passing away from a naloxone administration is an unlikely situation, but it is not impossible. Also, when officers have administered naloxone, ambulance is less likely to arrive as an emergency. This is then resource intensive and there are less officers out patrolling due to having to be at the hospital for a medical emergency.
- Carrying naloxone adds an extra responsibility onto me and the fear that if something goes wrong with the administration of naloxone, I may be responsible to answer questions relating to such issue which I am not prepared to do at this stage of my young career. Maybe as a more experienced officers I would be more inclined to carry naloxone.
- I have dealt with a number of overdoses in which I haven't previously had access to naloxone, and should it have been available, I would have been able to potentially reverse effects and prevent further risk to life.
- Told by ambulance staff that if administered, less of a priority for them to attend within the dosage time, whilst it is lifesaving, ambulance have more than one dose and more ability to deal.
- No particular reason, I just never got around to it. If it came in as a policy that I had to carry it that would be fine by me.
- I have had no experience with Heroin related incidents; however, I carry Naloxone, in order to help should I come across one.
- It is not supported by the police federation, and I feel unsupported if a person dies whilst I am helping them.
- If I come across someone who has accidentally overdosed on heroin, I could potentially save their life.
- Neither the training or product is advertised enough which can make officers reluctant to carry it.
- Not enough training and why should police be carrying out the role of a paramedic.

- Prevent deterioration prior to ambulance attendance and possibly prevent death.
- It is not our job as police to administer substances to people.
- To assist with opioid related overdoses
- To help save people's lives if needed.
- Police are not medical professionals
- Haven't received the training
- To potentially save lives.
- To save lives if needed.
- Not officially trained
- We are not paramedics.

Appendix F – Responses to question 12

In relation to the previous question, why?

- Rather than it being a resounding yes, I suppose I just don't really have a specific opinion on why they aren't. I am sure that as with everything that there is room for improvement, I just can't say what, maybe just that everyone should have to carry Naloxone as there are probably a lot of people like me who are impartial and simply don't carry it as they haven't got around to it rather than because they are against it.
- We are noticing a larger number of drug operations carried out more proactive departments to arrest dealers and take heroin off the streets which eases the burden on response officers. As a response officer I have noticed a much bigger improvement from the neighbourhood team and how they proactively carry out operations in plain clothes etc. to take drugs like heroin off the streets.
- I can't fairly say as we don't get enough information on response about what strategies are being implemented to directly target heroin-related issues.
- I am not fully aware of what the strategy is. It is not conveyed to response officers. At this time, we react to calls rather than police proactively.

- OCT and Op Sceptre are working tirelessly alongside NPT daily carrying out warrants, searches and gathering intelligence to reduce and prosecute.
- People are still using heroin and causing harm to themselves. However, I do think it is impossible to completely stop the use of it.
- Naloxone has been implemented for officers and as far as I believe has been successful in treating genuine overdoses.
- There is only so much help you can give people when they want to carry on using heroin and do not want help.
- Strategies can only be so effective, you will never be able to completely prevent people from using heroin.
- Because there is clearly an ongoing issue that appears to be getting worse
- Heroine is still an issue in Swansea and doesn't appear to be improving
- I'm not sure what heroin-related policing strategies there are?
- Not enough services available to people who are using heroin.
- Continuation of persons dying from the related drug
- Large numbers of people are still using heroin.
- The police can only do so much to help people.
- There is a clear increase in heroin use.
- Loads of people still use heroin.
- Unsure what these strategies are.
- Do not know them

Appendix G – Responses to Question 14

If you answered "Yes" to the previous question, what needs improving?

- frontline officers should have access to information about who deals in SWANSEA to make us aware of who to look out for. Daily briefing documents are beneficial for front line officers; however, they do not give us the full picture. It is possible that we may encounter persons of interest to departments that are investigating drug gangs etc. during our attendance to calls without even knowing. Having an idea of the addresses and persons to be aware of could help us submit useful intel which can be developed.

- At the moment we are just reacting to the issues. I believe that more intelligence needs to be gathered, and a more proactive response is need. However, I know that numbers are at an all-time low and it is very hard for response officers to be proactive due to lack of numbers compared with demand. As much as response officers would like to be proactive it is very difficult when you are the only car and have to respond to every G1 during the shift as well as cover other sectors as they are also understaffed.
- Front line officers should have more training in Heroine, its effects and dangers. I also think it should be implemented for all front-line officers to be able to carry and use Naloxone due to the common delays in Ambulances attending suspected heroin overdoses.
- There is still a significant issue with Heroin in Swansea, though I don't encounter it in physical form in the area that I cover, I do encounter the effects of it during my duties.
- People who are addicted need help to come off it or help measuring the amount they are taking.
- More support is needed for front-line policing to assist with officers dealing with incidents.
- Certain areas and individuals need to be target. Sometimes, our approach feels soft.
- Assistance with both liaising with persons involved and officers
- Further training and dealing with these situations for PCSO's
- More assistance is needed to people who want to withdraw.
- Education and awareness on what those strategies are.
- Bigger crack down on the dealers - longer sentences
- Listen to and consider points raised by officers.
- More assistance needs to be available to users.
- Make more services available to people.
- Knowledge of them
- As above

Appendix H – Responses to Question 21

What other Heroin-related strategies (if any) do you think would be more beneficial to Swansea?

- Training days where we had the opportunity as response officers to be plain clothed and conduct arrest enquires for high priority suspects felt like a useful way to utilise resources rather than a PowerPoint via a team's meeting. Implementing this for heroin strategies could be very beneficial for response officers to further tackle the heroin issue in Swansea.
- Keeping it off the streets and being so readily available. However, this is a massive task and highly unlikely to happen overnight. There is no quick fix to the heroin issues in Swansea.
- Unfortunately, I don't think that we will ever be able to completely stop the issue. Only contain it and reduce the amounts on the street by keeping up with what the police are doing.
- Alongside police-led strategies, taking a public health approach and focusing on early intervention can be effective in reducing the risk of individuals taking drugs later in life.
- All social housing is here along with the suppliers, all services are in one location, and this creates a social element to this as all supply/demand being in one spot.
- Methadone and other heroine replacements should be offered to heroin users by partner agencies such as Dyfodol.
- I don't know