

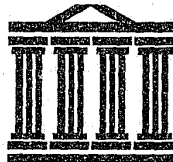
A PERF  
Discussion Paper

# Police & Drug Control:

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A Field  
Home Advantage



POLICE EXECUTIVE  
RESEARCH FORUM

# Police and Drug Control: A Home Field Advantage

John E. Eck

120903

U.S. Department of Justice  
National Institute of Justice

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## Foreword

Drug abuse enforcement — no issue has been the focus of more intense and sustained debate. Yet, for all the discussion about new strategies to combat this nation's drug problem, no program has been developed to effectively address the long-term, local problems caused by substance abuse. This discussion paper serves as a starting point from which policymakers, law enforcement leaders, community groups and others interested in formulating longstanding reform, can construct truly useful responses to the proliferation of drugs in our society. Local law enforcement practitioners can't help but feel that much of the rhetoric about a "war on drugs" is meaningless, when little thought has been given to the fact that drug crimes and related problems occur on the local level — in neighborhoods and schools.

This paper clearly outlines how law enforcement can work in concert with government agencies, private institutions, and other members of the community to deal with drug abuse where it happens — on the local level. Approaches that street officers can take in collaboration with others in their cities and towns are outlined in a way that leads the reader to wonder why this perspective has not been considered more seriously by those in policymaking positions. The theme of the work is simple: drugs are a local problem with national implications. Accordingly, the success of any anti-drug program is dependent on strong leadership at the local level with appropriate support and assistance by the federal government.

The Police Executive Research Forum (PERF), a national membership organization of police chief executives, is dedicated to professionalism in policing. Discussion of meaningful reform and experimentation are the hallmark of PERF's work. This paper exemplifies the organization's dedication to seeking alternatives to traditional ways of thinking. The emphasis on practical methods of addressing drug problems that can lead to positive change is what makes this paper truly valuable.

Having served as director of the Bureau of Justice Assistance and chief of police in St. Petersburg, FL; Charlotte, NC; Cape Coral, FL; and now Dallas, Texas, I have had a unique

opportunity to see national drug strategies at work from both the federal and local perspective. While the federal programs are important, it is clear that standing alone, they are not the answer to our long-term drug problems. Drug abuse problems manifest themselves differently in communities across the nation, depending on the availability of certain drugs, the demographics of that jurisdiction, and myriad other factors. Only through tailored local strategies can a reasoned and sustained response to drug-related problems be formulated. It is time we realized that there is no uniform national quick-fix to a problem that has corroded every facet of our society – and it is time we did something about it.

Mack Vines  
President, Police Executive Research Forum  
Chief of Police, Dallas, TX, Police Department

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The views expressed in this paper are my own. They do not necessarily express the views of the Police Executive Research Forum's membership or staff, the Canadian Police College, or the Bureau of Justice Assistance.

John Eck  
July 1989  
Washington, D.C.

## Introduction

Recent history has shown that the U. S. public's concern with drug abuse runs in cycles — first mounting concern and feverish activity followed by a slackening of interest and quiescence until another illicit drug becomes widely available. In the 1960s and early 1970s, marijuana and heroin were major concerns. Though marijuana continued to be abused in large quantities, and the number of heroin addicts peaked and then stabilized at 350,000 to 500,000 people, the public's concern about the problems created by these drugs abated. Police and others in the criminal justice system continued to have to deal with the consequences of heroin addiction, yet little was said about this problem throughout the later 1970s and early 1980s. Now in the later 1980s the public's concern about drug abuse once again has been aroused. The United States is currently in the midst of a cocaine crisis. Assuming the public does not lose interest in cocaine abuse as it has with other drug problems, what is the appropriate national strategy for managing problems stemming from illegal substance abuse? The options posed in answer to this question are the focus of this paper.

The theme of this paper is simple: illicit drug abuse, of one form or another, has become a permanent, integral, and serious problem of society. In the recent past, drug use has been considered transient and separate from our mainstream cultures. Use of illicit drugs is too common for society to do this any longer.

Three corollaries follow from this thesis. First, national strategies have reached the limits of their effectiveness; substantial increases in resources to these efforts will only bring marginal returns. Drug problems are primarily local problems requiring local solutions.

Second, traditional anti-drug law enforcement, relying on special units and covert operations, is inadequate. These tactics were designed to combat small transitory problems and cannot control drug abuse rooted in the daily functioning of neighborhoods.

Third, the future of drug enforcement will lie in the full involvement of entire local police forces in collaboration with all local government agencies, with support — not leadership — from federal agencies. If drug abuse is a social problem, then all social

service agencies must be involved. If it is a local problem, then leadership must be local.

## **Drug Problems**

Drug problems seem to be insurmountable. Every day in the news, stories of killings, woundings, and addicted parents, children, and newborns confront us in an unending stream. The numbers of arrests and convictions and the amount of drugs seized continue to spiral upward with no end in sight and no results to show for it. Threats of injury and death, as well as internal corruption, give us concern for the health of the police profession.

The problems of drugs are overwhelming the capacity of the criminal justice system to cope. Drug and drug-related problems create more calls for police service. Criminals on drugs commit more crimes than when they are not using drugs (Gropper, 1985). Drugs, and crack cocaine in particular, are becoming associated with increases in various forms of domestic violence. Citizens call the police to report noise, traffic congestion, and other concerns associated with street drug markets.

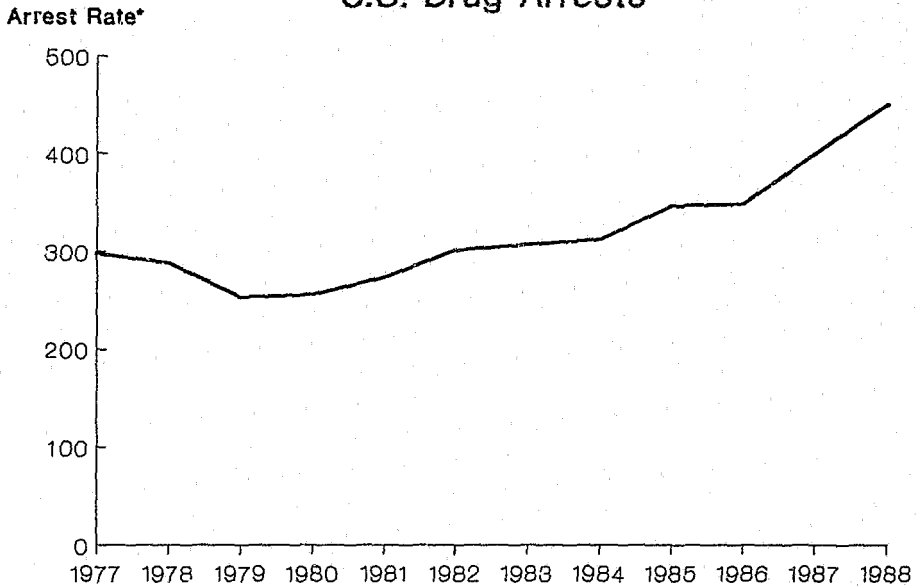
From 1977 to 1988 the number of drug-related arrests per 100,000 people increased by 50% (FBI, 1977-1988). The massive increase in drug crime arrests is placing even more of a strain on already overcrowded jails and prisons. In the United States, 74% of the state prison systems are under some form of court order to improve conditions and reduce crowding (The National Prison Project, 1989). State prisons are filled from 107% to 123% of capacity and 3% of state prisoners are being held in local jails because there is no room for them in penitentiaries. The federal system is no better. Its prisons are operating at 132% to 172% of capacity (BJS, 1989). Recently it was estimated that the Commonwealth of Virginia will have to build a new prison every year until the end of the century to keep up with increasing demands for prison space (Washington Post, 1989).

Treatment facilities in many cities are inadequate; there are not enough spaces available, facilities are geared toward alcohol and heroin treatment and not cocaine, and treatment merely consists of abstinence and counseling.

There are reports of schools, housing projects, and neighborhoods that are no longer under the control of teachers,



figure 1  
U.S. Drug Arrests



Source: FBI, 1977-1988

\* per 100,000 people

residents and local government, but are terrorized by armed young men trafficking in cocaine and other drugs.

Use of illicit drugs in the United States is widespread. Every year since 1975, the National Institute of Drug Abuse (NIDA) funds the Institute of Survey Research at the University of Michigan to conduct a representative national survey of high school seniors to determine developing trends in drug use. The survey results suggest that 40% of the U. S. population has tried cocaine by age 27 (Johnston, O'Malley, and Bachman, 1988). Of the population over age 12 in 1985, over 15% had used marijuana or hashish in the year prior to the survey and over 6% had used cocaine in the past year. Of those aged 18 to 25 in 1985, over 16% had used cocaine in the previous year. Among this same age group, whites (28.3%) were twice as likely as blacks (13.4%) or Hispanics (15.0%) to report that they had used cocaine sometime during their life. And cocaine use is more likely to be associated with the less educated and the unemployed. People 18 to 25 years old without a high school diploma were more likely to report cocaine use in the last month than those with more education. Indeed, as educational attainment rises, frequent use of cocaine

falls. In 1985, the unemployed 18-25 year olds had a rate of frequent cocaine use of almost 14%, compared to 7.6% for full-time employees in the same age group (NIDA, 1988).

As a consequence of a perceived drug crisis, particularly with regard to cocaine, there has been a massive push to do something — anything. In Washington, D.C., national policy discussions for reducing drug abuse revolve around the relative merits of strategies to reduce drug supply and drug demand.

### **Anti-Drug Efforts**

Supply theory suggests that if we choke the flow of drugs from their sources the problem can be reduced. Potential users will not be able to find suppliers and seasoned users will have to give up their habits for lack of the substance.

Demand theory suggests that we can reduce the drug problem by convincing people that drugs are harmful to their health and general well-being. Potential users will seek other, presumably more healthy, ways to get their kicks and habitual users will seek treatment and return to non-drug dependent life styles.

On the periphery is a debate on the merits of drug decriminalization. Exactly what this approach would entail is unclear. But, the general theory seems to be that much drug-related crime is caused by the fact that illegal drugs are more expensive than legal drugs, and that adverse health effects of drugs can be more easily addressed if drug use is not hidden for fear of arrest and punishment. Though advocates of this position seem to be growing in number, it is highly unlikely that this group will have any substantial or long-term impact on national policy. The public resistance to needle exchange programs is a dramatic example of widespread antipathy to any form of drug decriminalization (see Drucker, 1989). Accordingly, drug decriminalization will not be a focus of this paper.

### **Drug Supply Reduction Strategies**

There are a number of supply reduction strategies currently being applied internationally, nationally, and locally:

**Source control.** This strategy involves working out agreements with drug exporting countries to eradicate source crops and stem production and exportation. In the 1970s, the United States and

Turkey signed an agreement which was successful in cutting down the flow of heroin from Turkey.

**Input chemical control.** Restricting the sale of chemicals needed in the production of illicit drugs is another international strategy. For example, because ether is used in the manufacture of cocaine, attempts have been made to cut the flow of ether from the United States and Europe to drug processing labs in South and Central America. Without these chemicals, drug processing becomes more difficult or impossible.

**Attacking upper level drug traffickers.** Complex international investigations have been undertaken to bring the highest level traffickers of drugs to trial. The capture, prosecution, conviction and sentencing of Carlos Lehder was considered a major success. Presumably, removing "Mr. Big" paralyzes an entire drug production and trafficking network, thus reducing the supply of drugs entering the country.

**Border Control.** The United States is putting a great number of resources into sealing borders against drug dealers. Large balloons, known as aerostats, equipped with radar that can peer miles into Mexico and detect approaching aircraft are being installed along the southwest U.S. border. Congress is demanding greater participation from the military in the use of sophisticated surveillance, and command and control aircraft and ships to detect traffickers in the Caribbean. Stepped-up enforcement at major points of entry and drug courier profiles are being used to curtail drug smuggling.

**Asset seizure and forfeiture.** These efforts are designed to take profits from drug dealers and are likened to a 100% tax on drug traffickers' profits. Possibly, if the government can take all that traffickers have gained through illegitimate enterprise, dealers will switch to a business with a lower tax rate — one that is more socially acceptable.

### **Controlled buys and local covert enforcement.**

At the local level, police agencies attempt to control supply by making cases against mid- and low-level dealers. The theory behind this strategy is similar to federal efforts to apprehend and prosecute upper-level traffickers and producers.

**Sweeps and reverse buys.** Also at the local level police agencies are increasing the use of overt means for drug control. One member of the Police Executive Research Forum (PERF), an organization of big-city police executives, recently confided that during sweeps of blocks infested by dealers "everything that moves on two feet, and some on four, is arrested." These efforts are designed to disrupt local drug markets by making it harder for dealers and users to meet and transact business.

## **Evaluating Supply Reduction Strategies**

How effective can these strategies be? There is not a great deal of evidence one way or another about their efficacy, but there are some reasoned judgements that can be drawn from what has happened in similar circumstances and from the scant research that has been conducted.

**Source control.** When the United States negotiated with Turkey to reduce heroin production, the supply of heroin did not end. Instead, the sources were displaced to Mexico and countries in Southeast Asia. It is not inconceivable that if production of cocaine in Peru and Bolivia were stopped, it would shortly be produced in other countries around the world. There are certainly other climates where the coca leaf can be grown.

**Input chemical control.** Cutting off chemical supplies, like ether, is also unlikely to make substantial inroads into the production of cocaine. There are multiple sources, and new sources can be established. Ether is derived from oil and is a product of the petrochemical industry in which a number of countries around the world participate. South and Central America, Venezuela and Mexico are major producers of oil. So it is foreseeable that

alternate sources of ether can be developed by enterprising business people and chemists who find profits from the drug trade attractive.

**Attacking upper level drug traffickers.**

Attacking upper level dealers also has significant, inherent limitations. Not only are these people difficult to capture, but once caught and convicted, there is no reason to believe the vacuum they leave will remain unfilled. There are many who would be more than happy to step into their shoes. Indeed, probably the only way many of these people could be captured, tried and convicted is through the use of confidential informants — informants who may assist law enforcement authorities only to gain control over a drug empire.

**Border Control.** Democracies cannot seal their borders. Few citizens would want to live in a society that was able to restrict access in the ways that would be required to prevent the entry of a substantial portion of drugs. Estimates by the RAND Corporation for the U.S. Department of Defense suggest that the impact on drug supplies from closer monitoring of aircraft would be quite small (Reuter, Crawford, and Cave, 1988). The General Accounting Office (GAO) arrived at a similar conclusion (GAO, 1989).

**Asset seizure and forfeiture.** Asset seizures cannot be a 100% tax. Unlike income taxes, sales taxes, or property taxes, there is only a small likelihood that the tax will be imposed. Further, traffickers are becoming increasingly savvy in hiding their assets. Despite the claims that asset seizure and forfeiture statutes deter drug dealers, there is no evidence to support these assertions.

**Controlled buys and local covert enforcement.** Though this has been a standard tactic for years, there is no evidence that these investigations result in more than a temporary decline in drug availability. The same factors that mitigate the effects of investigations of high level traffickers operate at the local level, minus the international intrigue. Further, removing a local dealer can

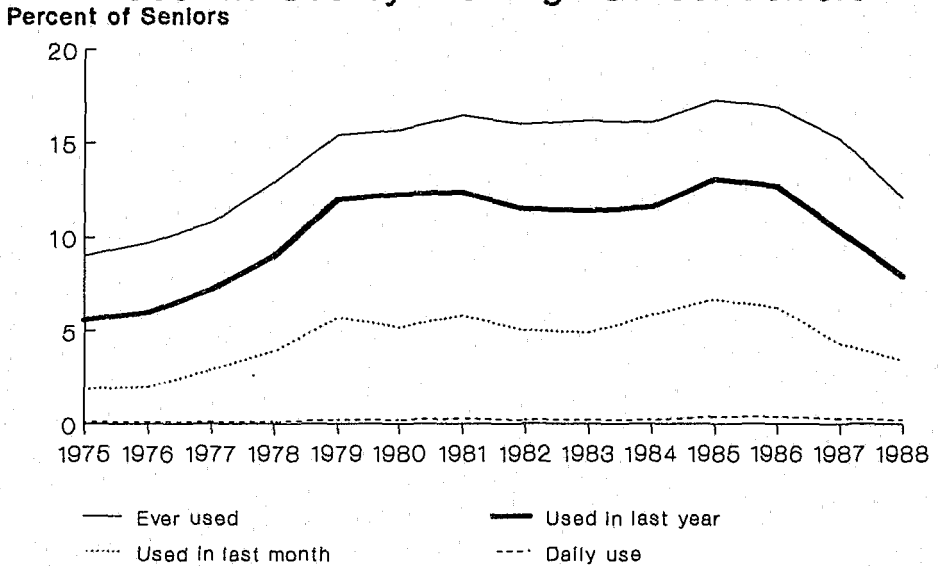
precipitate violence as groups of traffickers fight for the newly available drug market.

**Sweeps and reverse buys.** Similarly, sweeps produce a large number of arrests, but the little evidence that exists suggests that this strategy fails as often as it succeeds (Kleiman, 1988; Zimmer, 1987; Hayeslip, 1989). The successes that are achieved are often fleeting (Barnett, 1988). The costs of maintaining these operations can be quite high. And it is difficult to protect the civil liberties of neighborhood residents (and offenders) who may inadvertently be caught up in these operations (Bouza, 1988). Experimental evidence suggests that local residents do not notice any positive effects and their fear of crime remains unchanged (Uchida, 1989).

This evaluation suggests that substantial increases in resources devoted to supply reduction efforts alone, especially at the national level, are unlikely to have much effect on drug problems. If the price and purity of cocaine sold on the street is a measure of the collective impact of these efforts, these current strategies have not had much of an effect on the availability of cocaine. Between 1985 and 1988, the *retail purity of cocaine in the United States increased from 27% to 70%, while retail prices for a gram of cocaine fell by 32% to about \$70* (NNICC, 1989). There is, of course, much variation in these estimates. But, clearly, users can get much more for their money as supplies available to them increase.

This is not to say that supply strategies are useless. The situation would surely be worse if the supply of drugs were not restricted in these ways. Some of these strategies, like asset seizure, are relatively new and with increased experience and better laws police officials may be able to use them more effectively. Further, there are many other reasons, besides supply reduction, that justify these strategies. Going after high-level dealers and seizing their assets, for example, enhances citizens' feelings of justice that no one is above the law and that people should not be allowed to gain from illegal behavior. Still, these tactics must be seen for what they are — important but small tools in what is likely to be a long and protracted effort to manage drug problems.

figure 2  
Cocaine Use by U.S. High School Seniors



Source: Johnston, et. al., 1989

### Drug Demand Reduction Strategies

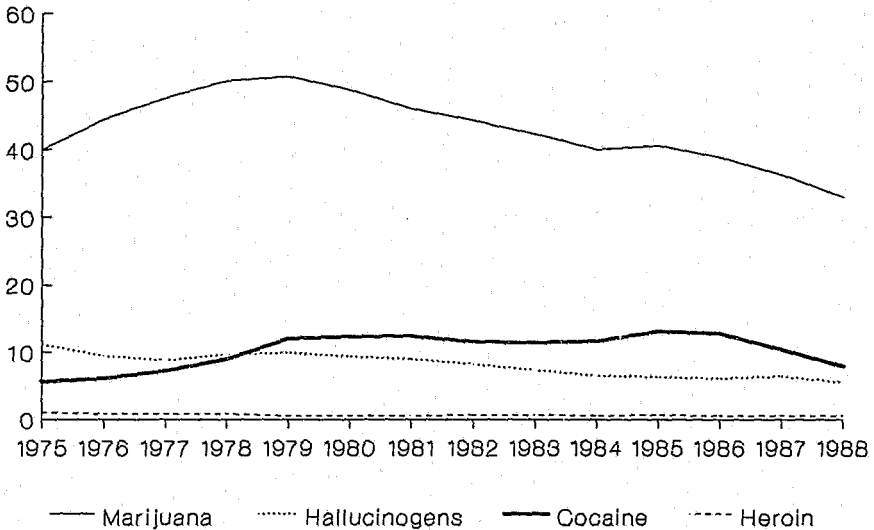
The other national approach to reducing drug abuse involves demand reduction strategies. Advocates of this approach argue that until people stop demanding drugs, there will never be much headway made in controlling drug abuse. This seems like a reasonable assumption and a number of tactics are used to further this approach: educating the public and teaching our youth to "Just Say No," stigmatizing users, and providing rehabilitation services.

The NIDA-sponsored survey of high school students suggests some positive developments. From 1975-1985, the proportion of seniors who had used cocaine in their lifetime increased 88% (from 9% to 17.3%). But from 1985-1988, the figures declined from 17.3% to 12.1%, a 43% drop. Further, the proportion of seniors who had used cocaine in the previous 30 days declined by 49% (5.8% to 3.4%) from 1985-1988 (Johnston, O'Malley, and Bachman, In Press).

figure 3

### Illicit Drug Use by High School Seniors

Percent Using In Last Year



Source: Johnston, et. al., 1989

These findings suggest that the next generation of kids may be less drug dependent and that demand reduction may be working. On average this *appears* accurate; the pattern is consistent across a number of drug types and the downward trend is steady, without a single upsurge.

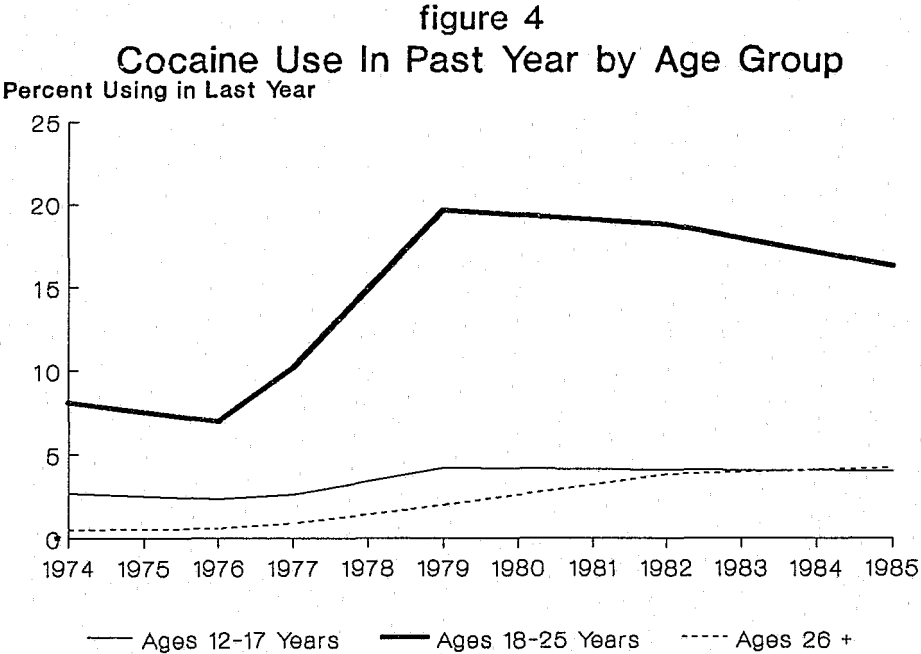
This is good news, but it must be approached with some caution. Though our youths may be less interested in cocaine, users from previous high school graduating classes may still be using cocaine. For example, the class of 1985 may still be consuming cocaine at their record-breaking levels four years after graduation. Yet these trends indicate that there are fewer new people joining the using population. In other words, the high school senior surveys only show that the cocaine-using population is increasing at a slower rate. But for cocaine use to actually decline, users who are in their twenties, thirties, and forties will also have to reduce their consumption of this drug.

In addition to the survey of high school seniors, NIDA sponsors periodic surveys of a representative sample of the U.S. teenage and adult population to determine trends in drug abuse



across all ages. This data may help reveal overall cocaine use trends. Figure 4 shows that cocaine use by people aged 18 to 25 may be declining. This graph also seems to show that cocaine use by teenagers, 12 to 17 years old, may also be declining, but the trend is far from clear. And people who are aged 26 and over show an upward trend in cocaine use, though this may be leveling off. The trends shown in figure 4, unfortunately, stop in 1985, the year in which high school seniors reported the highest cocaine use rates. So whether cocaine use by all ages will decline in the near term or a generation will continue to use cocaine throughout their lives cannot be determined at this time.

There is another reason the trends from the high school senior surveys are suspect. Inner city high schools serving the poor have higher dropout rates than high schools serving higher income groups. Often the youths taking drugs are not in school to be surveyed. The researchers who conducted the high school survey report state: "We do know from our own previous research, as well as the work of others, that dropouts have prevalence rates for all classes of drugs substantially higher than the in-school students." (Johnston, O'Malley, and Bachman, 1987, p. 259) In



Source: NIDA, 1988

\* 1974 estimates for 26+ are less than .5%.

Atlanta, for example, the dropout rate in 1988 was 44%. And while school liaison officers report low levels of drug problems in their schools, there are severe drug problems involving youths in some surrounding neighborhoods (Huguley, 1989).

A likely impact of demand reduction campaigns on different segments of the population can be determined in part by looking at what has happened with the consumption of tobacco. Users of this legitimate drug have been under intemperate public pressure to restrict their consumption. NIDA's household surveys reveal the impacts of this pressure. From 1972-1985, there has been a 12% decline nationally in the number of persons 18-25 years of age who reported smoking cigarettes in the month prior to the survey, from 48.8% to 36.8% (NIDA, 1988). These statistics suggest that demand reduction campaigns work for *some* segments of a community. Unfortunately, the same surveys reveal that tobacco smoking is more likely among the less educated and the unemployed (NIDA, 1988). As shown earlier, this pattern is similar to that found in the use of other drugs such as cocaine.

In other words, public campaigns to reduce demand for drugs may work, but they do not work equally well for all parts of society. Messages persuasive to the middle class and the educated may not affect the poor and those who did not graduate from high school. Casual users may be easier to persuade than steady users of drugs.

Though use of almost all illicit drugs seems to be on a slow, but steady, decline (NIDA, 1988; Johnston, O'Malley, and Bachman, 1988), the poor and less educated may be disproportionately represented among users. And it is among these groups, who are less likely to be found by survey researchers, that one finds the most serious harm from drug abuse. For example, a study conducted in the District of Columbia found that over 80% of the murders in 1988 were drug related and most victims were killed in their own neighborhoods. Not surprisingly, murder patterns and drug dealing report patterns were closely associated with low-income census tracts (Office of Criminal Justice Plans and Analysis, 1989).

Some argue that the rise in drug usage in impoverished neighborhoods is linked to the development of an underclass in major urban areas (Lemann, 1986). This view is supported by anecdotal observations of police anti-drug activities. For example, the Tulsa Police Department found that poor urban black males are being arrested for drug offenses out of proportion to their

numbers in the city's population, and that the arrest trend for this group in Tulsa is increasing (Allen, 1989). The existence of a stable "underclass" in major U.S. cities (Wilson, 1987; Hughes, 1989) is being debated, but that poverty is becoming increasingly concentrated in urban centers is not. It seems likely that drug abuse will also become increasingly concentrated in low-income areas, even as the overall trend in drug abuse declines.

The concentration of drug abuse among the poor and less educated is compounded by a crisis in drug treatment. The number of illicit drug users seeking treatment, either voluntarily or by court order, is well beyond the number of treatment facilities available (Reuter et. al., 1988; Huguley, 1989). The demand for treatment may be greatest among the inner city poor. Yet the number of publicly-supported beds is limited and the poor cannot afford the private treatment available to the middle class. Additionally, treatment facilities are more likely to be oriented toward aiding alcoholics and heroin addicts than crack cocaine users (Reuter et. al., 1988). Medical science has developed techniques for treating alcoholics. Heroin addicts can be maintained on methadone. But there are no therapeutic chemical substitutes for cocaine.

It seems likely that the most obvious and serious impact of drugs will be increasingly among those who cannot be convinced by mainstream social pressure to stay off drugs and who cannot afford the treatment to kick the habit. Though drug problems will plague all segments of society, they will become increasingly concentrated in poor neighborhoods comprised of a disproportionate number of residents who feel isolated from society at large. In short, national demand reduction strategies are unlikely to affect some segments of society.

### **Strategic Options**

The relative ineffectiveness of supply reduction and the incomplete impact of demand reduction leaves society with three options.

The first option is to redouble our current efforts at supply reduction. One might argue that these strategies and tactics do not work that well, but they are all that are available and, hence, should be more vigorously employed. Maybe they have not been applied intensively enough, often enough or in the right way. Further, as the public at large is turning away from drugs, additional national efforts to decrease drug use cannot be harmful.

The second option is for society to ignore the problem — write off the users. Proponents would say that supply reduction efforts do not work and drug use is declining among most segments of the population anyway; drugs are really the problem of the underclass. As long as drug users are contained, resources can be more effectively allocated to other concerns. Police efforts should be devoted to keeping the drug problem from spreading to society at large.

Though writing off the users is not the intention of the drug decriminalization advocates, it is the likely outcome if decriminalization does take place. Advocates of this approach assert that enforcement should be replaced by more effective treatment and prevention programs. But in the United States, the history of the public and their elected officials following through with such programs once decriminalization takes place is not encouraging. When the mentally ill were deinstitutionalized, a network of community based outreach programs was to be put into place. This network was never fully implemented for those patients with low incomes or without family members to assist them (Murphy, 1986). One result has been that many of the deinstitutionalized mentally ill are homeless. In the United States, antagonistic attitudes toward welfare and treatment are likely to conspire against any effective follow-up to drug decriminalization, especially if it costs money. Police would still have to handle the effects of drug problems but without any public commitment to do anything long-lasting.

The third option is to treat the drug problem as a very complex and long-term, if not permanent, set of problems. This option focuses on the places where the harm from drugs is most evident and on the groups directly impacted by drug abuse. Since the characteristics of these places and groups will vary, anti-drug strategies often will be unique and small scale. In other words, this option requires that anti-drug strategies would be formulated locally, not nationally. But even local strategies will have to be extremely flexible to meet the peculiar needs of different neighborhoods and vulnerable populations, and be able to address changes in drug use preferences and substance availability. And because drug abuse, like crime in general, will not be eliminated, the objective would be to manage drug problems, minimize harmful affects and reduce further spread.

The United States will probably implement all three options: redouble, ignore, and manage. Currently, anti-drug efforts are being redoubled. Politicians and law enforcement officials are

calling for more officers and prison space. Like demands for the military to help patrol our borders, these are calls for expensive strategies that are only marginally effective. Option two (ignoring the problem) is likely to take over quickly, within the next several years, if not sooner. As taxpayers realize that the redoubled efforts are not achieving their excessive expectations and that the nonminority middle class is relatively insulated from the most serious drug problems, (or can easily become so), they will decrease their support for anti-drug efforts.

The third option requires taking a long-term approach to managing drug problems, and it is to these strategies that the remainder of this paper is dedicated. This approach focuses on the harm caused by drug use and trafficking at the local, neighborhood, and family level; it requires that more than just the police become involved. Police must create alliances with every other local government agency to address problems. These other agencies must see drugs as a problem that imperils their missions, and a problem which they can help manage. Local government must approach the problem with a "long haul" attitude. National efforts should be created to bolster these efforts, but would necessarily be secondary.

### **Focusing on Local Harm**

Though illicit drug use is on the decline among most groups, it is still widespread. The harm created by drugs is almost entirely at the local level. Most drug-related violence occurs in neighborhoods as the result of street market battles, bad deals, ripoffs, or drug-induced fits of rage. Medical emergencies traced to drug abuse are also local problems. Similarly, children do not get involved to any large extent in international drug smuggling schemes or mid-level dealing. It is in local housing projects and low-income neighborhoods that youths are induced to aid low level dealers to protect their markets. The crime committed by drug abusers to support their addictions is local: burglaries, larcenies, and robberies. By drawing attention to the specific harms created by drug abuse, greater headway may be made in addressing drug problems.

The Police Executive Research Forum (PERF) has been experimenting with such an approach to drug enforcement since 1987. As part of a Bureau of Justice Assistance (BJA) contract, PERF is working with police agencies in Philadelphia, Atlanta, Tampa, Tulsa, and San Diego to have patrol officers, detectives, and drug investigators address drug problems. This project is part

of a much larger effort, known as a problem-oriented approach to policing, that advocates changing the nature of police work from merely handling calls to addressing underlying problems (Goldstein, 1979; Eck and Spelman, 1987). The experiences of these five cities form the basis for what may become the future of anti-drug efforts (PERF, 1989).

To focus on harm at the local level, a number of changes in how drug problems are currently handled will need to be made in police departments, city government management, local statistics gathering, and national efforts to support local policies.

### **Police Anti-Drug Efforts**

The scale of drug problems indicates that special units can no longer be used as the principle police tool for controlling drugs. This is no less true for drug education efforts than it is for enforcement. When 40% of U.S. residents under age 28 have used cocaine, it is clear that this is too massive a problem for special units.

Covert anti-drug efforts at the local level make some sense when the trafficking and consumption of drugs is on a relatively small scale and there are no social pressures changing the market. Specialized drug investigators can force drug traffickers to keep their activities concealed and therefore at a lower level. But once dealing and consumption reach high levels, there is too much work for special units to be effective. Further, long-term increases and decreases in the availability and use of drugs is not responsive to these types of enforcement efforts.

Under conditions of large scale use and trafficking, drug problems must be a major concern of all parts of police agencies. As the backbone of a police agency, the patrol force should have the primary responsibility for addressing drug problems. This will require changes in the tactics local police use to manage drug problems; uniformed officers will not be engaging in undercover work, so the types of intelligence information they can gather will differ from that of plainclothes drug investigators.

In the future, patrol officers will have to do much more than provide backup on drug raids, respond to drug-related crimes, and stop suspicious automobiles. They will have to identify aspects of drug-related problems on their beats. These include drug dealing locations, drug-involved domestic disturbances, drug-related crime patterns, youths who are particularly vulnerable to drug

abuse, disorder problems stemming from dealing and using, failures in the provision of other government services, and so forth.

Once problems are identified, these officers must undertake an investigation or analysis of the circumstances underlying these problems. Such analyses will have to tap the expertise of other police officials, police records, local residents and businesses, offenders, other public agencies, and anyone else who can reveal information that may help form a response to the problem. Officers should be asking why the problem is at one location instead of a similar site. They should find out why particular groups of people (victims, offenders, others) are involved in the problems. They must investigate how the physical environment and social context foster drug problems. And officers should document existing police and other agency efforts to deal with the problems and their symptoms.

Having described the nature of the problem, a number of solution options should become apparent to the officer. Working with other members of the police department, other city agencies, and the public, officers must develop ways of managing drug problems on their beats. The response to the problem may involve the selective application of traditional enforcement but it is also likely to require a broader approach. Traffickers may be identified with the assistance of newly-organized citizens' groups. Apartment managers can be encouraged to enforce lease provisions, thus forcing drug dealers out of the buildings. Social service agencies can be prodded into delivering assistance to people in need. In some circumstances, officers may be able to get others, including government agencies, private enterprise, or citizens' groups, to take over the response to the problem. In other cases, officers may have to stay involved for longer periods of time.

The final step in this problem-solving process is for officers to assess the impact of their responses to drug problems. Officers should look for evidence that the harm created by the problems has been reduced. Additionally, they should look for displacement and other unintended consequences of their efforts.

By focusing on harm at this lower level, some very small victories can be achieved and maintained. If practiced for a long enough time, these small victories may add up to large successes.

Implementing this process will require officers to have stable beats and shift schedules. They must be given the authority as well as the responsibility for the problems on their beats. Special units that formerly moved into an area, carried out an assignment and then left, taking their solutions with them, must now be ready to support the requests of beat officers. If a patrol officer on a fixed beat addresses a problem, someone will be in place to minimize the chances of the problem's return.

A problem-oriented approach requires that patrol officers have a great deal of authority to make decisions about how to handle problems. It also requires supervisors and managers to focus much more on results and monitor problem-solving efforts.

Because drug problems are part of the larger social fabric, this approach to police work requires the assistance of many nonpolice agencies, whose approach to drugs also needs to be changed.

### **Other Local Government Agencies' Anti-Drug Efforts**

Defining drug problems as solely a law enforcement responsibility forces police agencies to take limited and ineffective measures to manage these problems. Such a definition also downplays the vital role of other local government agencies in anti-drug efforts. If drugs are only a police problem, then schools, hospitals, parks departments, code enforcement divisions, housing agencies, and other sections of local government can shift the burden to the police. But the reality is that the operations of these and other agencies often contribute to, or fail to help alleviate drug problems. For example, housing agencies that do not enforce lease provisions and turn a blind eye toward drug dealers who move in with legitimate lease holders are contributing to the drug problem. A codes enforcement division that is not diligent in getting property owners to maintain their property contributes to the decline of neighborhoods and increases the likelihood of drug dealing. One of the startling findings of PERF's drug enforcement projects is how many drug problems could have been avoided, or minimized, if public agencies had been able to carry out their assigned missions.

Even more startling is how much can be accomplished when these agencies work in concert with police on drug problems. To date, unfortunately, most of these joint problem-solving efforts have been ad hoc affairs initiated by police. In the future, city governments will have to organize their operations so as to



maximize the benefits of interagency collaboration against drug problems. Many of these efforts will be led by police officials; police departments are still the only general purpose public agency that will make house calls 24 hours a day, and police have the authority and power to intervene in situations where agents of other branches of government cannot. But, increasingly, other agencies will call police to assist them in anti-drug efforts, and the police should be prepared to provide this help. Health agencies, for example, may call upon the police to assist in the identification of children who are at risk because of their parents' drug use.

At a higher level, cities may develop interagency plans to deal with classes of drug problems. For example, particular neighborhoods may be targeted for anti-drug efforts involving several agencies. Or a group of agencies may identify vulnerable subpopulations as the focus of problem-solving efforts. These proactive interagency efforts will require a great deal of information to identify and analyze problems, and to assess their results.

### **Local Substance Abuse Monitoring Statistics**

Future local anti-drug efforts will have to make much better use of information than is currently the practice. Despite a wide variety of local data describing the many features of drug problems in the five PERF project cities, this data was not used for any policy purposes.

The failure to use this data was not altogether surprising. The data was scattered across many agencies in inconsistent formats. Some agencies guarded their information jealously while others welcomed efforts to collate it and put it to use. Many agencies were unaware of the utility of their information for addressing drug problems. Often the data was only available for the city as a whole, or for large portions of the city. Seldom could the information be tied to small geographical subdivisions. Similarly, data usually described the population as a whole, leaving no way to determine which subgroups were most vulnerable to drug problems.

A number of ongoing and developing national drug use monitoring systems offer some examples which local governments could adapt to their needs. The National Institute of Drug Abuse (NIDA) conducts two sample surveys regularly — one of households in the United States and the other of high school seniors. These surveys, referred to earlier, provide national

estimates of drug use for most segments of the population and also gauge attitudes toward drugs. Though they provide reasonable national estimates, these surveys cannot give local estimates. Local governments could conduct their own surveys, modeled on these efforts to determine drug use trends among various population groups.

The Drug Abuse Warning Network (DAWN) also provides national estimates of drug abuse trends. A number of hospitals around the United States regularly report drug-related illnesses and injuries to NIDA. Similar procedures could be implemented locally to give estimates of drug abuse for cities and various subdivisions.

The National Institute of Justice (NIJ) has established a system for monitoring the relationship between criminality and drug use. Known as DUF (Drug Use Forecasting), this system reports on urinalysis results from arrestees in local jails selected according to a predetermined protocol. Each result is confidential, as are the results of drug use surveys conducted when the urine sample is provided. These results can provide local trend data as well as national estimates.

Still in the very early development stages are several Drug Market Analysis (DMA) projects, also sponsored by the National Institute of Justice. In theory these systems are supposed to integrate routinely collected police data (calls for service, crimes, car stops, arrests, etc.) with intelligence information for a region. All of this information should be tied to a geographical data base to facilitate tracking of drug markets throughout a region (NIJ, 1989).

Local governments have access to a variety of data that they can use to analyze, evaluate, and forecast drug problems. With proper attention to security and privacy, this information could be integrated to identify neighborhoods and subpopulations in need of assistance. In addition to police and crime information, these data sources could include: school disciplinary actions related to drugs, housing agency lease revocations related to drugs, drug-related automobile accidents, emergency medical calls, drug-related hospital admissions, medical examiners' reports, drug use treatment reports, employer drug test results, and other sources. Three minimal types of information would be needed for all such data: the nature of drug involvement; placement of the incident or subject geographically; and social, economic, and

demographic characteristics. Exact addresses and some characteristics could be eliminated to preserve confidentiality.

A central collating section of local government could collect the information and issue periodic reports. All city agencies would have access to the information for their anti-drug efforts. But the principle reason for organizing such an undertaking would be to facilitate coordinated drug problem-solving efforts involving several agencies.

### **National Anti-Drug Strategies**

Although the focus of anti-drug efforts must be local, there will continue to be a need for federal assistance. Supply reduction strategies must be maintained, even if they do not receive as much attention. Similarly, national campaigns to curb illicit drug use have strong symbolic value and cannot be abandoned.

National research, demonstrations, and technical assistance in support of local efforts must, however, become a higher priority. Research and development is expensive but it assists all localities. Local government will not be able to afford much research into new anti-drug approaches even though they can benefit from it. There is, at the national level, an economy of scale that makes such research productive.

Similarly unproven, but potentially useful, anti-drug efforts should be funded by the federal government. Many of these efforts will be less successful than their proponents believe, but a few will work well. National governments have a critical role to play in funding high-risk demonstration projects.

National governments will also have to play a larger role in technical assistance and training. This will require close observations of local innovations, as well as federally-sponsored research and demonstration projects. But this assistance and training must be provided to more than just the police — all branches of government must be included in these efforts. Further, federally-sponsored information exchanges such as newsletters, conferences, computer networks, and the like must expand to assist local officials in keeping up with new developments and innovations.

## Conclusions

Positive changes require that concern about drug problems be more than another passing fad. In the past, concern about drug abuse has peaked only to be followed by periods of quiescence. This could happen again. Concern about drugs is peaking, providing a unique opportunity to establish long-term drug abuse programs of real significance. An intense debate is being waged over the federal role, and most of the rhetoric presumes that massive reductions in illicit drug abuse are possible. Yet this reduction can only take place with innovative, local programs.

Though drug abuse may just be beginning to decline, this downward trend will not be rapid. Current levels of concern could turn to disillusionment and indifference if national policymakers give the public unrealistic expectations. Faced with an unexpectedly lengthy, expensive, and complex anti-drug effort, that is not meeting the public's expectations, the public could seize on the first hint of good news and refocus its attention on other problems. This is almost certain to occur if the drug problem is portrayed primarily as a national problem with few local implications.

It is more realistic and accurate to view drugs as creating local problems that sometimes have national implications. A more sensible and long-term strategy is to focus on the harm drugs cause and to attempt to alleviate this harm where it occurs. To do this will require close collaboration among many local agencies, including the police. And the police will have to treat drug problems as a permanent and major part of their work. If the police take a problem-oriented approach to drugs, in collaboration with the rest of the local government and neighborhood groups, it may be possible to effectively manage drug problems. Success is dependent on a strong local strategy that is supported by policymakers on a national level.

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