

### 3.14 Community solidarity and civil law important tools in reducing drug-related nuisance and crime

**Findings** Experience at drug dealing ‘hotspots’ in Australia and the USA has highlighted some counter-productive effects of conventional policing and the role of civil law and collective action.

Reports ① and ② drew on ethnographic fieldwork and interviews with 143 heroin users who frequented the street drug market in Sydney’s Cabramatta suburb, target of a highly visible uniformed police presence and repeated crackdowns. Police action improved the quality of life locally, netted convictions, and reduced some crime. However, rather than abandoning their activities, sellers and buyers adapted in ways which increased risk and spread problems. Concealment and rapid purchase and consumption to avoid detection encouraged body cavity storage of drugs, re-use of injecting equipment and indiscriminate disposal, less careful testing of buys, and unsafe injecting. Users and dealers moved to less policed locations, leaving users isolated if they overdosed, severing links with services, and spreading nuisance and drugs to new communities. Crackdowns also led to ‘target-hardening’ – professionalisation of the market and protective devices such as selling larger amounts in fewer transactions.

Taking a different approach, police in Oakland California (study ③) established ‘Beat Health’ teams to generate action by local people and the authorities in neighbourhoods affected by drugs and disorder to make them less attractive to criminals. Housing, fire and safety regulations were enforced and civil law used to prompt landlords to ‘clean up’ premises. Teams formed relationships with ‘place managers’ – residents or business people whose stake in the area means they engage in informal policing. 100 street blocks referred to the teams were randomly allocated either to the teams or to conventional police units. Five months later the Beat Health blocks evidenced less drug dealing and neglect and women felt safer on the streets. Improvements were partly due to official interventions but were also associated with collective responses and social cohesion rather than individual actions such as calling the police.

**LINKS** [Nuggets 1.10](#)

**In context** Generalisability of the Cabramatta experience is limited by a race dimension which complicated community support for intensive policing. However, echoes have been documented in Britain. In London a closed dealing location facilitated harm reduction interventions and avoided nuisance from street dealing. Police action against drug users found with injecting equipment is thought to have encouraged the sharing of equipment which spread HIV in Edinburgh. A Home Office review (➤ *Secondary sources*) argued that target-hardening and displacement rarely outweigh the benefits of policing and place management strategies. However, it did not take into account the potential for intensive policing to encourage unsafe drug use. One benefit of heightened risk – that some users may opt to ‘retire early’ – is partly dependent on treatment being available.

**Practice implications** ➤ *Secondary sources* for a comprehensive account. Police crackdowns on drug markets will have more enduring impacts if used to create ‘space’ and confidence for community action to make sites less attractive as markets. In this task the major legal tools are civil rather than criminal, such as those enabling councils to exclude dealers and requiring owners to maintain premises. Using these tools, police can help reverse the cycle of decay and crime, leading to withdrawal and neglect, and further decay and crime. Drug action teams and crime and disorder partnerships are the main vehicles for the official cooperation required but neighbourhood solidarity is an important backdrop. Beyond policing, authorised injecting venues can reduce harm to drug users and curb local nuisance. Such facilities and easier access to treatment should help ‘soak up’ drug users deterred by policing, reducing displacement.

**Main sources** ① Maher L., et al. *Running the risks*. National Drug and Alcohol Research Centre, 1998. Monograph 38. Copies NDARC or bookshops ② Maher L., et al. “Policing and public health: law enforcement and harm minimization in a street level drug market.” *British J. of Criminology*. 1999, 39(4), p. 488–512. Copies: apply DrugScope ③ Mazerolle L.G., et al. “Controlling drug and disorder problems: the role of place managers.” *Criminology*. 1998, 36(2), p. 371–403. Copies: apply DrugScope.

**Secondary sources** Jacobson J. *Policing drug hotspots*. Home Office, 1999. Copies: Home Office, phone 020 7271 8225.

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