



# National Institute of Justice

## Research in Brief

Jeremy Travis, Director

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### Issues and Findings

**Discussed in this Brief:** A research project to examine the effectiveness of applying civil remedies to prevent or reduce criminal problems and incivilities. The project studies the experience of the Beat Health program of the Oakland (California) Police Department, which uses civil statute sanctions as leverage to encourage place managers to address drug and disorder problems on their properties. Basic data were gathered at 50 control sites (Patrol Division) and 50 experimental sites (Beat Health program) throughout the city over a 39-month study period. Program effects were assessed using calls for police service data and onsite observations.

**Key issues:** Police departments across the United States have implemented many strategies to reduce drug and disorder problems. One strategy that is gaining prominence applies civil remedies (such as fines for code violations and threats of legal action) to persuade or coerce nonoffending third parties—typically property owners or managers—to take action against criminal or nuisance behavior. This report evaluates the effectiveness of such an approach, comparing outcomes of a test group of sites experiencing reported drug and disorder problems with outcomes at a control group of similar sites. (At the control sites, police engaged in standard

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## Controlling Drug and Disorder Problems: Oakland's Beat Health Program

by Lorraine Green Mazerolle and Jan Roehl

Police departments across the United States have implemented many strategies to address drug and disorder problems. One strategy that is rapidly gaining prominence applies civil remedies—that is, procedures and sanctions found in civil statutes and regulations—to prevent or reduce criminal problems and incivilities, such as drug dealing, disorderly behavior, panhandling, and loitering.<sup>1,2</sup> Police often apply civil remedies to persuade or coerce nonoffending third parties to act against criminal or nuisance behavior.<sup>3</sup>

The Beat Health program of the Oakland (California) Police Department (OPD) uses civil remedies to control drug and disorder problems by focusing on the physical decay and property management conditions of specific commercial establishments, private homes, and rental properties. Police officers work with city agency representatives to inspect targeted properties, coerce landowners to clean up blighted properties, post “no trespassing” signs, enforce municipal regulations and health and safety codes, and initiate court proceedings against property owners who fail to comply with civil law citations. Although the ultimate targets of the Beat Health program are offending individuals living or socializing in identified zones, program staff interact primarily with nonoffending third parties—landlords, business owners, and private property owners—responsible for the property.

This Research in Brief presents the results of a randomized field experiment that compares the effects of the Beat Health Unit (experimental group) with the effects of the regular Patrol Division (control group) on a sample of street blocks in Oakland. One hundred street blocks were randomly allocated to the experimental and control groups. During the evaluation period, the Beat Health Unit and the patrol division each targeted 50 places with drug and disorder problems.

### The Beat Health Unit

The Beat Health Unit is made up of a small group of patrol officers mandated to reduce drug and disorder problems throughout Oakland (1990 population 372,242). At the core of the unit are five Beat Health teams, each with one uniformed officer and one police service technician. Each Beat Health team covers one of the city's five beats. Civilian neighborhood service coordinators employed by OPD serve as liaisons between the Beat Health teams and community groups.

Each Beat Health team has its own approach, reflecting the personalities and experiences of the officers and technicians involved. One Beat Health team, for example, tends to be friendly and non-threatening, talking to property owners in a manner that says, “We have a problem here, and we would like your help in

## Issues and Findings

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patrol responses to drug and disorder problems.)

**Key findings:** Researchers used calls for service, social observations, and interviews with place managers to explore the impact of the Beat Health program on drug and disorder problems. The combined efforts of the police and municipal authorities (representing housing, fire, health, and vector control departments) led to—

- Noticeably cleaner properties.
- More legitimate use of the street.
- Less illicit and uncivil behavior.
- Fewer drug-related calls for service, especially in residential sites.

During the 12-month postintervention period, the density of drug calls for service per square mile in catchment areas surrounding Beat Health and control sites decreased by 16.2 percent in the Beat Health residential sites and increased by 5.4 percent in the control residential sites. The density of drug calls related to commercial Beat Health sites increased by 45.8 percent during this period and by 282.2 percent at the commercial control sites. These findings suggest that the Beat Health program is particularly effective in residential locations and that the patrol response is particularly ineffective at commercial locations.

**Target audience:** State and local law enforcement agencies, municipal inspectors, interagency task forces, mayors, city councils, criminal justice researchers.

solving it before someone gets hurt.” Another team tends to go by the book, using a stern and traditional approach that motivates owners by threatening legal action. Another team could be characterized as caring counselors, typically wanting to help solve the family and personal problems of residents by referring them to legal assistance, seniors programs, or youth counseling.

### The Beat Health process

The Beat Health Unit opens a case after making a preliminary visit to a site that has come to its attention because of a large number of calls for service, narcotics arrests on the property, special requests from community groups for police assistance, or citizen complaints. During the preliminary site visit, Beat Health teams seek to establish a relationship with the place manager or with anyone who is thought to have a stake in improving the conditions of the location.<sup>4, 5, 6, 7</sup>

Two types of people are considered place managers: (1) landlords, managers, and owners of a property, and (2) individuals who live, work, or own property near the specified location.

In addition to working closely with city agencies during inspections, the Beat Health teams often work with police

department neighborhood service coordinators, community groups, merchant associations, and other OPD units. Although each Beat Health team has a unique style, a substantial portion of the intervention activity involves working with and pressuring third parties (primarily owners, parents of grown children, and property managers) to make changes to properties that have drug and disorder problems. Although much of the contact with property owners is to gather information, many property owners are directly involved in problem-solving interventions.

During the early stages of the intervention, Beat Health teams suggest ways to increase security, make referrals to city agencies for assistance, discuss relevant legal ordinances and safety code responsibilities (including landlords’ rights and tenants’ responsibilities), encourage owners to voluntarily fix and clean up properties, and support owners in their intervention and prevention efforts (see “Case study: The Quarter Pounder”). The Beat Health Unit also offers training to landlords and owners in screening tenants and effectively managing rental properties. The officers maintain contact with property owners throughout the intervention period (about 6 months) to ensure that problems are mitigated.

### **T** Case study: The Quarter Pounder

The Quarter Pounder, a fast-food restaurant, had problems with youths hanging around and dealing drugs. The owner was sent a warning letter and a landlord training flier, and the Beat Health officer met with the owner to discuss the problems and possible solutions. The owner agreed to tighten security and was referred to a nearby community organization for help with additional security measures. A security guard was hired; 6 months after the original complaint, the place appeared calm and quiet, so the Beat Health unit closed the case.

However, 6 months after the Beat Health file was closed, local residents reported that drug activity had increased and the owner was no longer responsive. The owner had reneged on an agreement to put up a security camera and post “no loitering” signs, which the police could then enforce. The owner said he and his employees had not reported drug dealing problems outside because they feared retaliation.

The Beat Health Unit reopened the case and restarted the Beat Health process.

## The study sites

The 100 study sites included in this evaluation came to the attention of the Beat Health Unit in primarily three ways. Nearly half were identified for the Beat Health Unit by individuals in the community, often from community organizations. About a quarter of the sites were identified anonymously through drug hotline calls (see “Case study: An illegal tenant”). Another quarter were identified through searches of places with large numbers of vice and drug arrests during the previous 6 months. The researchers screened the 100 study sites to ensure that none had been targeted previously by the Health Beat Unit, involved a child-abuse problem, or presented a serious, imminent danger.

Seventy-seven of the study sites were rental properties, and 23 were owner occupied. Of the latter group, 10 involved problems with relatives of the owner—most typically, the children or grandchildren of an elderly owner were involved in drug dealing (see “Case study: When the problem is in the family”). Ten of the experimental sites were completely or partially vacant.

In approximately three-quarters of the locations in both the experimental and control groups, drug dealing was reported as a major problem prior to the start of the project. In the 50 experimental sites, reported drug use problems totaled 14; blight, 14; and such nuisances as noise and unkempt yards, 7. Thirty-six of the 50 control sites had drug-dealing problems; 4, drug use; 6, other criminal offenses; and 4, nuisance problems. Other complaints included rat and roach infestations, prostitution, trespassing, problems with pit bulls or other animals, and other health and welfare issues.

## Case study: An illegal tenant

An anonymous caller to the Oakland Police Department drug hotline reported narcotics trafficking, abandoned vehicles, and trash at a single-family home in a nice area of the city. The Beat Health team contacted the owner, who said the problems were probably due to an illegal tenant staying at the house with the permission of the legal tenant. Police records revealed that the illegal tenant was on probation for drug charges.

An inspection was conducted by the Specialized Multi-Agency Response Team (see exhibit 1 for team members), but the owner was not present and the team could inspect only the outside of the property. Each city agency inspector found violations—missing stair banisters, broken windows, possible electrical tampering,

overgrown weeds, trash, dog waste, and serious cracks in the sidewalk. Abandoned vehicles, engine parts in the yard, and two pit bulls were also noted. The Beat Health officer arranged for the code compliance officer to inspect the inside of the property when the owner was present.

After the inspection, which resulted in numerous citations for violations, both the legal tenant and the owner contacted the Beat Health officer. Within 3 months, the illegal tenant was evicted, the yard cleared of abandoned vehicles and trash, and code violations fixed. The case was closed 6 months after it was opened: The property was being restored and no new calls or complaints were received.

## Beat Health activity during the evaluation

During the evaluation period (late 1995 to mid-1996) Beat Health officers conducted onsite interventions in all but 2 of the 50 experimental sites.<sup>8</sup> The initial visit confirmed the nature of the problem: The officers checked out the condition of the property from the outside, particularly if trash, blight, hazards, or animal problems were reported. In 35 of the 50 experimental locations, the Beat Health officers talked to property owners in person or by telephone. Officers also contacted tenants, neighbors, and owners or managers to discuss problems at these locations.

Some problems were mitigated without formal action. In most cases, however, Beat Health officers initiated formal actions to address the drug and disorder problems that included conducting 23 SMART inspections

(see “Inspections”), sending 9 general warning letters, sending 13 specific warning letters, issuing 9 beat orders (see page 5), working with 19 property owners to evict troublesome tenants, and ordering property cleanups. These formal Beat Health actions are described below.

**Inspections.** Beat Health officers coordinate site visits by the Specialized Multi-Agency Response Team (SMART), which consists of a group of city inspectors. Depending on preliminary assessments made by the police, representatives from such agencies as housing, fire, public works, vector control, and Pacific Gas and Electric are invited to inspect a problem location and to enforce local housing, fire, and safety codes (see exhibit 1). SMART inspections were conducted at about half of the Beat Health sites; of these, about two-thirds were cited for at least one code viola-

### A Case study: When the problem is in the family

An 80-year-old woman lived with her granddaughter and the granddaughter’s boyfriend, who were both methamphetamine addicts. An inspection by the Specialized Multi-Agency Response Team (see exhibit 1 for team members) found only a minor problem with garbage in the rear of the property. The Beat Health officer worked with Legal Assistance for Seniors to get a restraining order that forbade the boyfriend from coming near the property and enlisted the help of

the grandmother’s two sons. Several months after the inspection, no more calls or complaints had been received, and the grandmother said she did not allow her granddaughter’s boyfriend to visit. Soon after that, however, the granddaughter was arrested for possession, and she got her own restraining order that forbade the boyfriend from contacting or harassing her. The Beat Health case was closed after receiving no additional calls or complaints for 3 months.

tion by a city inspector. Most citations were for housing code violations.

SMART inspections are usually conducted in the presence of the owner, who must grant access to the inside of the property. Over the years, Beat Health teams have developed a good rapport with the key city agencies, and the same inspectors from each agency tend to participate in SMART activities. The property is first secured by a uniformed Beat Health officer, who knocks on the door, enters with permission, and makes sure the property is safe for the inspectors to enter. Sometimes, drugs or drug paraphernalia are in plain sight or residents are found to have active arrest warrants; in these cases, the Beat Health officer may make an immediate arrest.

When the property is secure, housing and vector control officials enter for an internal inspection, while sidewalk and sewer inspectors and the utility representatives look at the outside. Each inspector cites violations as appropriate and allows owners a certain amount of time to fix each problem, depending on its severity and owner’s degree of cooperation. Fines and other civil penalties may occur if violations are not corrected (fines to cover the city’s costs are also levied for re-inspections). Penalties under Section 11570 of the California Health and Safety Code include fines of up to \$25,000, closure of the property for up to 1 year, and sale of the property to satisfy city costs. The city attorney’s office files suit against owners who have not mitigated problems by the time the Beat Health process is complete.

**Letters to owners.** Warning letters from Beat Health officers or supervising sergeants inform owners that complaints have been received about problem activities (e.g., drug dealing) on their property. The letter advises the owner of possible steps to prevent

#### Exhibit 1. SMART Inspections

Specialized Multi-Agency Response Team (SMART) inspections were conducted at 23 of the 50 experimental (Beat Health Unit) locations. During these inspections, the following individuals were present:

Official	Presence at SMART Inspection (as percentage of total inspections)
Beat Health officer	100
Beat Health police service technician	88
Other Oakland Police Department officer	24
Code compliance (housing) inspector	100
Vector control inspector	71
Sidewalk and sewer inspector	88
Deputy city attorney	6
Utility company representative	6

The breakdown of citations issued during these 23 inspections is as follows:

Inspection Area	Percentage of Locations Cited for Violations
Housing and safety codes	39
Vector control	26
Sidewalks	9
Sewers	4

or minimize the problems and offers assistance in solving them. “11570 letters” refer to the primary civil statute used in the Beat Health approach and are sent to owners of property where a drug arrest has occurred. They inform the owner of Section 11570 (also known as the Drug Nuisance Abatement Act), which holds owners and managers responsible for knowingly allowing illicit drug activity to occur on their property. The letter also cites the statute under which criminal actions also may be taken. The 11570 letter serves as official notice of drug activity, and a copy of each is forwarded to the city attorney. The owner is encouraged to call a specific Beat Health officer for assistance in eliminating the problem.

**Beat orders.** Beat orders notify patrol officers or special units (such as narcotics or vice) of the problems at specific locations so that appropriate efforts (such as surveillance) can be directed to those locations (see “Case study: Caught in turf wars”). Problems related to liquor stores and bars are typically referred through a beat order to the Alcohol Beverage Action Team of the police department.

**Eviction.** The Beat Health Unit cannot order or request eviction of tenants, but it can support property owners’ decisions to evict tenants as part of the overall problem-solving strategy. Beat Health officers provide property owners with information regarding eviction processes and procedures. Evictions occurred in 19 of the experimental sites; in other experimental sites, tenants left voluntarily once confronted by the owner.

**Arrest.** Another tactic available to the Beat Health Unit is arrest. Through beat orders and special requests by the Beat Health officers to other OPD units (e.g., vice) such traditional enforcement tactics as arrest are used as needed. In one SMART inspection,

### Case study: Caught in turf wars

A 16-unit apartment building was reported to be rife with blight and possible drug dealing by tenants. A SMART inspection found violations of health and safety codes (trash in the light well, an unsafe stairway, no heat in two units) and vector control codes (roach and mice infestations). The Beat Health investigation found many other problems as well: the parking lot behind the building, shared with another apartment building, was a haven for drug dealers and prostitutes, and the entire one-to-two-block area surrounding the building was an active drug market, complete with young lookouts on rooftops and bicycles.

The onsite manager was cooperative, putting up a 10-foot iron gate to close off the

parking lot and evicting at least one tenant who was suspected of dealing drugs. The owner contacted his city council member to request additional assistance. The Beat Health team learned that a turf war between gangs was under way for control over drug dealing in the area. The Beat Health team issued a beat order and asked for special surveillance, undercover operations, and enforcement around the building—all of which resulted in several arrests. The neighborhood service coordinator participated in local organizing and cleanup efforts. The Beat Health officer has remained the department’s contact person on this problem site.

for example, the tenant was arrested on an active warrant; in another, the Beat Health officer noted that the property next door—supposedly vacant—was occupied, and a woman there was arrested for trespassing and drug possession.

**Other interventions.** Beat Health officers can call for a property cleanup to be conducted by a city agency (which then bills the owner for the work) and can refer concerned parties to agencies for special assistance (legal aid, subsidized loan programs for rehabilitation efforts, and so forth). Community organizations and merchant associations may also be called upon to work with property owners and to monitor the location on an ongoing basis.

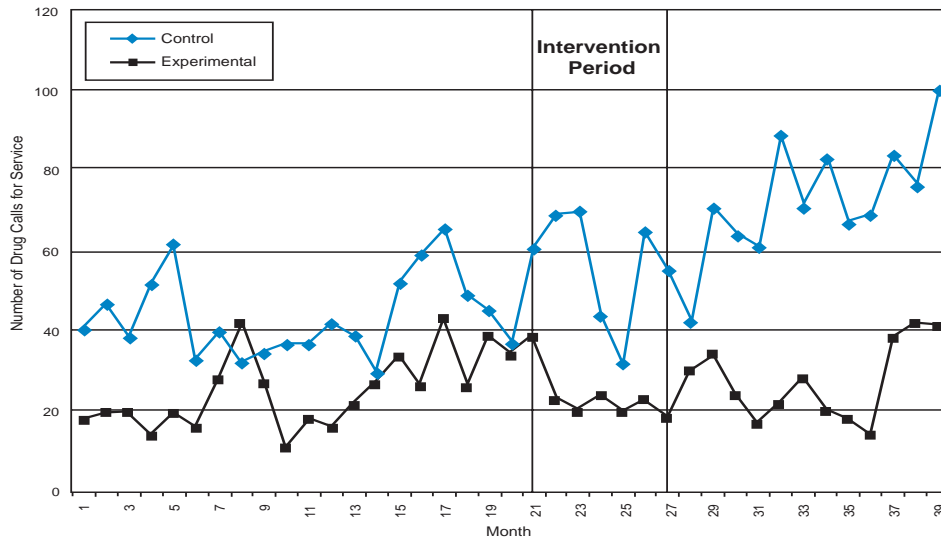
### Does Beat Health work?

Researchers used calls for service, social observations, and interviews with place managers to explore the impact of the Beat Health program

on drug and disorder problems. They analyzed more than 7 million calls for service from OPD’s Computer-Aided Dispatch system during a 39-month study period. They also spent several months in the field conducting onsite observations, both before and after a 6-month period of Beat Health interventions. To examine the role of place managers in changing the social and physical conditions of street block activity, researchers used reports from place managers describing their individual actions, their collective involvement in neighborhood crime prevention activities, their fear of crime, and their perception of community cohesiveness.

Analysis of the social observation data showed that, collectively, the 50 street blocks targeted by the Beat Health program evidenced decreases in signs of disorder, decreases in the number of males selling drugs, and increases in signs of civil behavior in public places (such as adults stopping to talk with one another on the street, going in and

Exhibit 2. Number of Drug Calls for Service by Month for Experimental and Control Street Blocks



out of businesses, and supervising children at play).<sup>9</sup> The finding that drug problems were more effectively controlled in the experimental sites (by the Beat Health Unit) than in the control sites (Patrol Division) was also supported by calls-for-service data.

The average number of drug calls per site *decreased* by nearly 7 percent in the experimental sites and *increased* by nearly 55 percent in the control sites from 12 months before to 12 months after the intervention. (see exhibit 2).

Researchers also measured the density of calls for service in catchment areas surrounding each Beat Health and control site. During the 12-month postintervention period, the density of drug calls per square mile decreased by 16.2 percent in the Beat Health residential sites and increased by 5.4 percent in the control residential sites. Researchers found a 45.8-percent increase in the density of drug calls to commercial sites in the experimental group during this period and a 282.2-percent increase at the commercial control sites. These findings suggest

that the Beat Health program is particularly effective in residential locations and that the patrol response is particularly ineffective at commercial locations.

While the Beat Health program seems to be effective in controlling drug problems, the study shows no significant differences between the experimental and control groups in terms of violent crime or property or disorder problems.

This study also sought to assess the role of place managers in controlling drug and disorder problems. Greater levels of place manager collective involvement in community activism, such as meeting and working with police and community groups regarding crime problems, were associated with decreases in signs of disorder and with increases in signs of civil behavior in public places on the street blocks in the study. Place manager perceptions of the presence of street block cohesiveness—residents’ belief that neighbors are willing, for example, to help each other and to intervene when they see suspicious activity—were in-

versely related to the number of males selling drugs.<sup>10, 11, 12</sup>

### What challenges lie ahead?

The success of Oakland’s Beat Health program may entice other cities to develop similar civil remedy problem-solving initiatives. These jurisdictions should prepare to meet several challenges.

**Consulting with the community.** Soliciting help from third parties (particularly property owners) to control drug problems requires police to initiate dialogue with city inspectors and private citizens. All parties must reach consensus around the appropriateness of applying civil remedies to reduce crime and disorder problems. City agencies and most property owners may readily accept using civil codes to decrease drug problems, but many residents and third parties may find such an approach unacceptable.<sup>13, 14</sup> Therefore, consultation and consensus building are crucial to developing successful civil remedy-based responses to crime problems.

Community discussions need to articulate the purpose of the intervention strategies, the situations that will invoke enforcement of the rules, and the nature of the responses. People need to know why, when, where, and how rules will be enforced. Exploring community perceptions about what is reasonable, providing opportunities for reform, and specifying the consequences of breaking the rules should facilitate the planning and development of civil remedy crime control programs.<sup>15</sup> Carefully crafted guiding principles that capture the spirit of the consensus among community members, police, and city policymakers and that do not undermine the decisionmaking authority of the police will provide a solid basis for future crime control activities.

**Building good working relationships.** Beat Health succeeds in Oakland because the police have developed good working relationships with other city agencies. While many city agencies have systems for addressing problems brought to their attention by the police, interactions between police and city agencies tend to be based on informal networks between individuals, rather than on formal policies. In some cities, such informal arrangements work to the police department's advantage; in others, the fire, health, public works, and other service departments may have little interest in assisting the police. Herman Goldstein articulates the importance of coordination when using innovative policing practices to solve problems.<sup>16</sup> City agencies must be willing to dedicate staff to work with the police on such initiatives.

**Selecting responses carefully.** Successful Beat Health intervention relies on the ability of police to effectively analyze and solve problems at target locations. The program provides a range of alternatives that officers can use, depending on the nature of the problem. Police must carefully match program responses to the nature of each situation. A program that standardizes responses and develops a routine approach cannot respond appropriately to the variety of problems that its staff will encounter. To guard against such dangers, supervisors constantly need to monitor officer activities, present new challenges to officers, and create opportunities for officers to experiment with different responses.

**Thinking about expansion.** Successful civil remedy programs lend themselves to expansion. Indeed, the spirit of community policing calls for departmentwide approaches to solving and preventing problems. However,

unless carefully managed, expanding a successful civil remedy program may dilute the effects of the program, rather than build on its success. So many burdens may be placed on other service agencies that they withdraw their participation. Therefore, expanded civil remedy programs need to be carefully managed and coordinated.<sup>17</sup> Clear lines of responsibility need to be established and maintained. Police managers need to coordinate efforts across various units, clarify areas of responsibility, and create procedures that guard against overburdening other service agencies.

### Conclusion

With help from municipal agencies, fairly simple and expedient civil remedies applied by police officers can effectively reduce drug problems in the short term. Inspections by city officials, citations for code violations, warnings of legal consequences if problems are not remedied, and various forms of coercive pressure applied by police lead, at least in the short-run, to—

- Noticeably cleaner properties.
- More legitimate use of the street, such as more adults stopping and talking to one another—as opposed to youths hanging out on street corners with blaring boom boxes.
- Less illicit and uncivil behavior.
- Fewer drug-related calls for service, especially in residential sites.

These interventions are neither costly nor time consuming, and they might be strengthened by more regulatory actions, additional work with neighborhood place managers, and vigilant attention to long-term maintenance.

Citizens can play an important role in controlling drug and disorder problems. Evidence suggests that place managers may be most effective when

they are socially integrated with neighbors (e.g., look out for one another) on their street block and when they are involved in collective, rather than individual, problem-solving efforts. Encouraging citizens to simply call the police (or other city agencies) about problems may backfire: This type of individual response to the problem may inhibit, rather than enhance, the ability of place managers to effectively solve problems in the long run. Citizens who simply call the police (and expect police to deal with the problem) may be less effective than residents and business owners who seek a solution grounded in group-based problem-solving activities.

### Notes

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The findings and conclusions of the research reported here are those of the authors and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

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