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ADDRESS

BY

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BEFORE

THE POLICE FOUNDATION'S CONFERENCE ON DRUGS AND VIOLENCE
"POLICE DEPARTMENTS UNDER SIEGE: A SEARCH FOR SOLUTIONS"

11:00 A.M.

FRIDAY, SEPTEMBER 15, 1989

THE SHERATON WASHINGTON HOTEL

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Thank you, Jim, for your kind introduction. I welcome the opportunity to be part of this important conference and to share with you some research initiatives that can help in the search for solutions to domestic priority Number One -- controlling illicit drug use and mitigating its devastating effect on neighborhoods and communities.

As the title of this conference underscores, many police departments do feel under siege as they try to protect their communities against the ravages of drug dealing and drug-related violence. There is tremendous pressure on police to "do something," and police have responded. But, as your presence here today demonstrates, police leaders recognize that "doing something" is not the same as "doing anything." Police want thoughtful, creative approaches that make the best use of our resources.

That's what has brought each of you to this conference. The Police Foundation deserves our thanks for providing this forum for sharing ideas. We know that many conditions contributing to a city's drug problem are not the responsibility of the police. Education, housing, citizen involvement -- all have an impact, and this conference performs a valuable function in bringing together a wide range of speakers representing a variety of perspectives on narcotics control.

In presenting the new national drug control strategy to the country earlier this month, President Bush emphasized that the dimensions of the problem require all parts of our society to pull together, clarify what works and what doesn't, and commit the resources and energies needed to do the job. Police are in the vanguard of experimenting with a whole array of strategies, including working productively with other community organizations, to confront and contain the deadly commerce of drugs on our streets.

As the Department of Justice's chief research branch, the National Institute of Justice is developing the empirical evidence you need to weigh alternative policies and make intelligent adaptations of strategies so they meet your specific local needs. In fact, 60 percent of NIJ's research funding is now directed at various aspects of drug control -- identifying trends, examining drug-crime links, assessing innovations such as use of civil laws and sanctions against drug dealers and sellers, and gathering information on how drug prevention and treatment can be made more effective.

One of the key obstacles in attacking the drug problem is getting the hard facts about drug use -- who's doing what, and where they're doing it. Information that can help us measure the impact of our interventions and seizures beyond the usual standard of numbers of arrests.

Getting that kind of hard information has been one of our biggest challenges. But now we have a tool for more accurate diagnosis of local drug problems. NIJ's Drug Use Forecasting program, or DUF as we call it, gives us something we've never had before -- an objective measure of recent drug use by those who endanger public safety through crime. The program uses voluntary, scientific urinalysis tests to detect drug use among arrested persons, rather than relying on dubious self reports.

We talk in terms of "the drug problem," but in reality there are many drug problems and they vary -- from city to city, neighborhood to neighborhood, from week to week and month to month. You need different enforcement tactics against PCP in one jurisdiction than you do against heroin and crack in another. Different drug use patterns also require different education and treatment strategies.

DUF test results give us for the first time a baseline for measuring the results of drug interventions. Now if we seize two tons of cocaine, and the cocaine level in arrestees stays the same over the next three to four months, we know it didn't have much effect. Instead of patting ourselves on the back for the two tons, we may have to seize 20 tons. And then, if the urine positives drop 30 to 60 percent, we know we're really making some progress.

Twenty-two major cities have joined the DUF program, making it a vital network of information that brings into sharper focus the trends in use of various drugs among those arrested, the relationship of drugs to crime, and the implications of drug use for a host of community concerns, such as public health and child abuse and neglect. We expect to have a total of 25 cities on line by the end of this year.

Let me briefly explain how the program works. DUF data are collected in each city's central booking facility. Every three months, trained local staff spend about ten consecutive evenings obtaining voluntary and anonymous urine specimens and interviews from a new sample of about 200 men who have been arrested. Some cities also obtain smaller samples of female arrestees and juvenile detainees.

DUF response rates are high. Over 90 percent of those asked agree to be interviewed. More than 80 percent of the persons interviewed provide a urine specimen. Urine specimens are analyzed by EMIT for ten drugs: cocaine, opiates, marijuana, PCP, methadone, Valium, methaqualone, Darvon, barbiturates, and amphetamines. Positive results for amphetamines are confirmed by gas chromatography to eliminate the presence over-the-counter drugs.

Within three months of data collection, NIJ sends each city a machine-readable data file that is, in effect, a unique city profile. How can the DUF profile help you? First, it gives you accurate data on trends and patterns in the use of specific drugs such as cocaine and heroin. DUF data can also serve as a "leading indicator" of changes in crime rates and other drug-related community problems.

A separate research study now in progress compared trends in arrestee drug use with other indicators of drug use and associated problems in Washington, D.C. The preliminary findings indicate that the arrestee test results improved the ability to predict changes in levels of crime, drug-related overdose death, drug-related emergency room episodes, and child abuse by as much as one year in advance. The test results added forecasting capability over and beyond what examining trends in the community indicators alone provided.

DUF is revealing other important trends. One is the ominous shift in drug abuse patterns among women. We have always believed that men tended to be the hard core group of drug users. But DUF has highlighted the spread of the drug contagion among women, particularly of crack cocaine. During the last quarter of 1988, for example, 65 percent of the sample of women arrestees in Washington, D.C. showed signs of cocaine use. This compares to 62 percent of the arrested men sampled during the same period. In New York, 73 percent of the arrested women who were tested

showed evidence of cocaine use, compared with 67 percent of men. Kansas City, Portland, and San Diego also showed a higher proportions of women testing positive for cocaine.

Now the impact of this shift is being felt in city hospitals, where limited resources are strained by the growing number of crack-addicted babies who require special care and who often are simply abandoned by their mothers. Schools and child protection services are wrestling with the plight of innocent children caught up in a life where their mother, once the family's bulwark, has succumbed to the chaos of a life seeking and using crack, with no time or inclination for even the barest essentials of nurturing children.

What else are we learning through DUF? Nationally, we know that recent drug use in arrestees is more than 10 times higher than is reported in surveys of persons in households or senior high schools. More than half of arrestees test positive for one or more drugs, with the level in some cities running as high as 82 percent.

I want to emphasize that these are minimal estimates of drug use, because we designed the sample to limit the number of persons charged with sale or possession of drugs. We wanted to be sure that we obtained an accurate picture of the kind of offenses that drug users are being charged with.

We find, for example, that in New York 60 percent of those charged with violent crimes tested positive for drugs, while 84

percent of those charged with income generating crimes were drug-positive. In Philadelphia, the figures are 68 and 83 percent, respectively.

Regional trends indicate the diverse nature of drug problems different cities confront. Cocaine was found in all cities, while PCP was limited primarily to Washington, D.C. and St. Louis. Amphetamines were limited primarily to San Diego and Portland, Oregon. Opiates (heroin) are found primarily in female arrestees in Washington, D.C., Portland, Oregon, and San Antonio.

Both long and short term trends show dramatic increases in cocaine use including cocaine powder and crack. In most cities, the rise in cocaine has been accompanied by a reduction in the use of other drugs by arrestees. For example, in New Orleans, cocaine use rose from under 40 percent to just under 60 percent in just a year. During the same period, PCP has declined and was found in less than 10 percent of arrestees.

In Manhattan, cocaine use doubled between 1984 and 1986 and has since remained between 65 percent and 85 percent. At the same time, use of opiates, marijuana, and PCP have fallen to their lowest levels.

In San Diego, the rise in cocaine use has not brought about a decline in amphetamines. Use of both these stimulants has risen since 1987, contributing to the city's high rate of drug use among arrestees.

Here in Washington, D.C., cocaine use has tripled since 1984. Opiates and PCP have declined to their lowest levels since urine testing has been in effect.

DUF also indicates the public health implications of drug use by defendants. About one-fourth of those tested in 13 cities reported during interviews that they had injected drugs. In some cities, the rate was much higher. In Portland, Oregon, for example, almost half the women and more than a third of the men said they had injected drugs at least once. This suggests that many criminal suspects are at risk for hepatitis, HIV infection, or developing AIDS -- and they are very likely to spread these diseases to the general population. These sobering findings reinforce the need for a national commitment to require those who are on bail or probation or parole to remain drug free, and to verify it through drug testing.

NIJ is also in developing another new information tool that can help police move against drug dealers and users at the point of purchase. The enormous drug profits of dealers and cartels are fueled by the thousands of small exchanges of dollars for drugs. If we can do a better job of interrupting sales in a systematic way, we can make real inroads. Soon we will pilot test a system called Drug Market Analysis, or DMA. Seven police departments and research groups have been selected in a competitive round, and they will undertake a comprehensive operations and research endeavor.

DMA will computerize all information about drug trafficking, to track the locations of drug markets throughout a city or a metro area. Mapping and computer printouts will permit police to locate drug hotspots and markets more easily. Police will initiate a variety of strategies, and researchers will evaluate the effects. They also would be able to track when and where displacement occurs, and how long it takes to occur, in different areas. At least one DMA site covers an entire metro area, so we can see displacement across political boundaries.

Each police agency in the area would then know very quickly when and where a new drug problem emerged in its area. An individual police officer on the beat may pick it up right away, but the computer will pick it up aeons faster than the police as an institution would.

A number of police agencies are trying a variety of tactics to make it harder for drug sellers and buyers to do business. We've enlisted the aid of The Police Foundation in evaluating some of these efforts.

In Oakland, California, a special team of six officers and a sergeant did six months of high-intensity enforcement against drug sellers in 20-square-block areas. They used search warrants, surveillance, high-visibility patrolling, buy/busts, stopping and questioning, frisking, the works. The effort produced a high level of arrests for about three and one-half months, a drop-off for about two and one-half months, and then an

increase in the sixth month.

In Birmingham, the program involved reverse stings -- to make the users accountable for their actions. Police put an officer in the street as a drug dealer, had a videotape running, and made arrests. Our analysis isn't quite done yet, but I should tell you that Birmingham has a law that makes solicitation of a purchase a felony. The police don't have to sell drugs to make an arrest; the suspect simply has to ask to buy some. It's similar to the way many places handle prostitution.

The Police Foundation's evaluation will measure the impact of these different strategies in terms of quality of life within neighborhoods and the impact on both the drug dealer and user.

Another innovative program is the new Demand Reduction Program in Maricopa County, Arizona, which Chief Jerry Oliver will be talking to you about shortly. I know he will give you all the details, so I'll just note that NIJ will be evaluating the program, which is a cooperative effort by twenty-six agencies to targeting casual drug users from all walks of life. The objective is to get these users to change their attitudes, and reduce demand for drugs. A public service advertising campaign, developed by private-sector time, talent, and money, is spreading the message: "Do Drugs. Do Time."

Users who are arrested are booked on a felony charge, and spend at least some time in jail. First-time users are given an option. They may enter a one-year counseling and treatment

program as an alternate to prosecution.

The user pays the cost of the program, which can run \$2,500 to \$3,000, although the fee is waived in hardship cases. If the user completes the program, the felony charge is dropped. If the user drops out, he or she is prosecuted.

NIJ will be sharing information on how the approach is working, whether treatment is working, or users are being rearrested. We also want to learn what is gained in terms of jail space and prosecutorial time.

We're also looking at TNT -- the Tactical Narcotics Team -- in New York City. Teams of 117 officers converge on a small area of the city, saturate the area, do buy/busts, and get rid of the drug traffickers. Then people from other city agencies move in, to clean up the area, and to get landlords and businesses to fix up their properties. They try to complete the job in a 90-day period through a cooperative and coordinated approach to quality-of-life issues by police, citizens, and other agencies. Then they move on.

TNT has been operating for the last year or so in Queens, and on Manhattan's Lower East Side. It starts in South Brooklyn in October or November, and we're funding the Vera Institute of Justice to evaluate it there. They're selecting three neighborhoods -- two to get the treatment, and one to serve as a control.

We will be looking again at the issue of displacement. If the sellers have to move around a couple of times, many of their casual customers aren't going to be able to find them again. The rule of commerce tells us these customers are going to hesitate buying from anybody new.

There's a second aspect to this. Pure displacement assumes there is open, unoccupied territory for the dealer to move into, and that customers will be there. In real life, though, moving the dealers produces territorial encroachment. Eventually, there may be a shoot out, to determine who gets to claim the territory as a drug distribution point. Unfortunately, displacement that results in encroachment thus may carry the risk of injury or death to innocent people caught in the line of fire, so it isn't a panacea. But it does produce two positive effects. One, we've made it harder for the dealer to do business; and two, he now is in direct competition with other dealers.

One thing we want to see in New York is how long the effect lasts after the 90 days. When does the problem re-emerge? When should the police go back in to reinforce the cleanup? How many officers need to be sent back in -- two, fifteen, seventy?

Let me emphasize that TNT is a special operation. The neighborhood whose residents scream the loudest gets the treatment.

There aren't enough resources to put it into an area that's decrepit and dying; it goes into areas that are begging for help,

that are highly receptive and highly supportive. People don't want the police to leave. That's why the 90-day limit. TNT has yet to be tried in an entrenched dope-dealing, dope-using neighborhood.

And a real evaluation has yet to be done, of course. But over the next two years we should be able to know what works.

Police are also working productively with housing officials to help residents of public housing deal with crime and drug trafficking. I know we will be hearing from Secretary Kemp tomorrow about his energetic efforts to make public housing safer. It can be done, as Chicago and other cities are showing.

The Chicago Housing Authority decided to try dealing with the source of the drugs and crime problems. It set out to secure places that appeared to be unsecureable -- buildings that have no lobbies, where people just walk in to open stairwells, and up into the building. It's an ideal place for drug dealers. It's a great place for law-abiding people to be victimized. Criminals can just walk through and do what they want. It's a design that delivers more victims to the predators.

Is it any wonder that violent crime in these buildings is four times the city average? That up to 40 percent of the units are unoccupied -- and up to 20 percent of the occupants are there illegally?

The Chicago Housing Authority picked some of the worst buildings, and has gone through them in a program called Operation Clean Sweep. The Chicago police provide essential support. About 50 of them ring a building early in the morning. The housing authority people board up every possible exit except one. In that one, they put a metal detector. As people come out of the building for any reason, they've got to go through the metal detector.

A police officer is stationed on each floor. Then the housing people go through every apartment. They check the lease and the occupancy, and they identify repairs to be made later. People who don't belong are put out. If the housing people see some obvious things in an apartment, like guns or dope, they call the police officer on that floor. The officer takes custody, and tries to determine if an arrest can be made.

Meanwhile, other housing people build a wire mesh lobby with big heavy doors on it. At about three in the afternoon, everyone in the building who is there on a proper lease and is still inside is evacuated. They go out to a mobile van, where they are processed for photo ID cards. As people who went to work or elsewhere in the morning return, they, too, are processed for photo ID cards. No one can get back inside unless they have an ID card.

A security guard then mans the door, and checks ID cards. Visitors must have a pass, which they can get only if a resident comes to the lobby, and vouches for them.

In the four or five buildings where the Housing Authority has done this, it claims to have totally eliminated both illegal occupancy and victimization. Not counting cost of the police time, the authority says it costs about \$150,000 a building to sweep and secure it, and to make repairs.

The police and public housing authorities in New Orleans and Denver are making efforts similar to the one in Chicago -- ID cards, building hardening, community involvement.

The Chicago program's success gives others the hope and confidence that they can make a difference. Residents of the Clifton Terrace Apartments, one of Washington, D.C.'s most notorious drug bazaars, for example, have done something similar on their own. The residents enlisted the help of D.C. police in clearing the complex of drug dealers and other nonresidents. Then they set up their own photo ID system.

The latest Gallup Poll shows that Americans now rank drugs as the most important problem facing the Nation. We now have a national consensus that drug use is harmful, ending the moral confusion of the past that contributed to the problems we face today.

During the '60s and '70s, society accepted the idea that drug use was a victimless crime. This view shaped our drug control policies in a number of ways. One, drug use was to be handled only by the criminal justice system. It wasn't the responsibility of the family, schools, or workplace.

Two, because of limited resources, criminal justice went after only the major dealers and importers. The costs of drug prosecution were high. First, there had to be an evidentiary hearing before there could be a trial. In effect, we had to provide two trials, at almost twice the cost. And if the drug user were convicted, the judge as a rule gave him probation and treatment, to save prison space for criminals who were victimizing others. So drug use and possession were virtually de facto decriminalized. And we have been paying the price ever since.

Today, we recognize that no single agency or institution can rid our communities of drugs. Enhanced local enforcement is a critical bridge between efforts to halt supplies and the education and treatment components that are basic to our national strategy. The National Institute of Justice will continue to work in partnership with police leaders and organizations like the Police Foundation to make law enforcement as effective as possible in the fight against drugs.

Thank you. I'd be happy to answer your questions or to hear your views on anything I've covered.