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Research in Brief

“Controlling Drug and Disorder Problems: A Focus on Oakland’s Beat Health Program”

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"Controlling Drug and Disorder Problems: A Focus on Oakland's Beat Health Program"

Police departments across the United States have implemented many different strategies to reduce drug and disorder problems. One strategy that is rapidly gaining prominence is the civil remedy approach. Civil remedies are procedures and sanctions, specified by civil statutes and regulations, used to prevent or reduce criminal problems and incivilities (Mazerolle and Roehl, 1998a; see also Finn and Hylton, 1994). Civil remedies typically aim to persuade or coerce non-offending third parties to take responsibility and action to prevent or end criminal or nuisance behavior (Buerger and Mazerolle, 1998).

Oakland Police Department's Beat Health Program is an example of a civil remedy program. The Beat Health Program seeks to control drug and disorder problems and restore order by focusing on the physical decay and management conditions of targeted commercial establishments, private homes, and rental properties. Police work with teams of city agency representatives to inspect drug nuisance properties, coerce landowners to clean up blighted properties, post "no trespassing" signs, enforce health and safety codes and municipal regulatory rules, and initiate court proceedings against property owners who fail to comply with civil law citations. While the ultimate targets of the Beat Health program are offending individuals living or socializing in target "zones," the direct targets of the program are typically non-offending third parties -- landlords, business owners, and private property owners -- responsible for the target property.

This Research in Brief reports the results of a randomized field experiment that assesses the relative impacts of the Beat Health program (experimental group) compared to the activities of the regular patrol division (control group) on a population of street blocks in Oakland, California. One hundred street blocks were randomly allocated to the experimental and control groups. During our 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 comprises a small group of patrol officers mandated to reduce drug and disorder problems throughout the city of Oakland (population 372,242). At the core of the unit are five Beat Health teams, each comprising one uniformed officer and a police service technician. Each Beat Health team covers one of the city's five beats. Civilian Neighborhood Service Coordinators (NSCs) serve as liaisons between the Beat Health teams and active community groups.

The Beat Health Unit "opens" a case after making a preliminary site visit to a place that has come to their attention because of a high number of calls for service, narcotics arrests on the property, special requests from community groups for police assistance, and citizen complaints.

The Beat Health Unit begins by visiting nuisance locations and establishing working relationships with place managers or with those people who are thought to have a stake in improving the conditions of a target location (see Mazerolle, Kadleck and Roehl, 1998; see also Eck, 1994; Felson, 1995). Place managers comprise two types of people: (1) landlords, managers, and owners of a property, or (2) individuals who live, work, and/or own property near the nuisance location. During the early stages of the intervention, police communicate landlords' rights and tenants' responsibilities, provide ideas for simple crime prevention measures, and gain the citizens' confidence that the police are supporting them in their efforts to clean up the problem location. Officers make suggestions for increasing security, they make referrals to city agencies for assistance, they communicate legal ordinance and safety code responsibilities relative to particular problems, they encourage owners to fix up and clean properties without the pressure of a formal citations, and they support owners in their prevention and intervention efforts.

The Beat Health Unit also offers training to landlords and owners in tenant screening and effective management of rented properties. Beat Health officers maintain contact with property owners throughout the intervention period (about six months) to ensure the problems are mitigated.

The Study Sites

The 100 study sites included in our evaluation came to the attention of the Beat Health Unit in three primary ways. Nearly half were referred to the Beat Health Unit from known individuals in the community, often from community organizations. About a quarter of the cases were referred anonymously through drug hotline calls. Another quarter were identified through hot spot searches of places with high numbers of vice and drug arrests over the previous six months.

Over three-quarters of the study sites were rental properties (77 percent) and twenty-three were owner-occupied. Of these, ten involved problems with relatives of the owner: the most typical situation was when the children or grandchildren of an elderly owner were involved in drug dealing. Ten of the experimental sites were completely or partially vacant.

Drug dealing was reported as a major problem prior to the start of our project in approximately three-quarters of the locations in both the experimental and control groups. Other problems in the 50 experimental sites included drug use (n = 14), blight (n = 14), and nuisance problems such as noise and unkempt yards (n = 7). Of the 50 control sites, 36 recorded drug dealing problems, followed by blight (n = 11), other criminal offenses (n = 6), drug use (n = 4), and nuisance problems (n = 4). Other complaints included rat and roach infestations, prostitution, trespassing, problems with pit bulls and/or other animals, and other health and welfare issues.

The Beat Health Program Evaluation

During our evaluation period (late 1995 to mid 1996) Beat Health officers personally visited all but two of the fifty experimental sites. Of the two properties not visited, one was owned by an individual known to the Beat Health Unit and contact was made by warning letter and telephone calls. The other property was not visited, but the owner was sent a warning letter. For the other 48 Beat Health sites, officers made an initial visit to the target site to confirm 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 the property owner in person or by telephone. Contact was also made with tenants, neighbors, and owners/managers to discuss problems at the target locations.

Most of the study sites had serious drug or disorder problems, yet not all study sites turned out have significant problems. In one case, a neighbor had complained of drug activity next door, with many young people going in and out at all hours. A brief visit from the Beat Health team found that the house with "drug activity" was owned by a foster parent who had raised over 200 children over many years. These children, grown now, visited frequently and the Beat Health Team concluded that the problem was merely disagreements between the neighbors. Another neighbor-to-neighbor problem was dismissed as a "lifestyle" issue. The complainant said his neighbor's house was full of debris, trash, and rats; a visit from the Beat Health team found clutter inside and in the backyard, but nothing reaching the level of health and safety code violations. In these sorts of neighborhood disputes, the Beat Health teams may make referrals (e.g., to the community mediation center) but take no further action.

The Beat Health process typically begins with attempts to establish a working relationship with the property owner or on-site manager with a view to enlist their help in resolving the problems reported. Several contacts and meetings may take place with owners or other responsible parties. In some cases, problems are mitigated without formal action required.

In most cases, however, Beat Health officers initiate formal actions to solve the drug and disorder problems. Formal actions taken by Beat Health officers at the 50 experimental sites included SMART inspections (n = 23), sending general warning letters (n = 9), sending 11570 warning letters (n = 13), issuing beat orders (n = 9), working with property owners to evict troublesome tenants (n = 19), and property clean-ups. A description of these formal Beat Health actions follows:

Letters to owners. "Warning letters" from the Beat Health officer or supervising sergeant inform the owner that complaints of problem activities (e.g., drug dealing) have been reported on their property, advise the owner of steps he or she might take to prevent or minimize the problems, and offer assistance in resolving the problem. "11570 letters" make reference 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 of the California Health and Safety Code (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 letters also reference Section 11366.5 (a), which states that criminal actions may be taken as well. The 11570 letters serve as official notice of drug activity and a copy is forwarded to the city attorney. The owner is encouraged to call a specific Beat Health officer for assistance in eliminating the problem.

SMART Inspections. Beat Health officers coordinate site visits by the Specialized Multi-Agency Response Team (SMART) that comprises a group of city inspectors. Depending on preliminary assessments made by the police, representatives from agencies such as Housing, Fire, Public Works, Pacific Gas and Electric, and Vector Control (including rats, roaches and other vermin) are invited to inspect a problem location and, where necessary, enforce local housing, fire, and safety codes (see Box 1 for a summary of SMART statistics). About half of all target locations receive SMART inspections and about two-thirds of the targeted sites are cited for at least one code violation from a city inspector; the most common type is a housing code violation.

SMART inspections are usually conducted in the presence of the owner who must grant access to the inside of the property. The teams assemble at a target site at a scheduled hour. Over the years, the Beat Health teams have developed a good rapport with the key city agencies and the same inspectors from each agency tend to participate in the SMART activities. The property is first secured by the Beat Health officer, who, always in uniform, knocks on each door, enters with permission, and makes sure the property is safe for the inspectors to enter. In some instances, drug and/or drug paraphernalia are in plain sight or residents are found to have arrest warrants active. In these cases, the Beat Health officer makes arrests on the spot at his or her discretion. When the property is secure, the code compliance (housing) and vector control inspectors enter for an internal inspection while sidewalk/sewer inspectors and the utility representatives take a look at the outside. Each inspector cites violations as appropriate, following their agency's procedures. The inspectors give owners a certain amount of time to fix the problem, depending on its severity and the owner's degree of cooperation, and are to follow up to see that the problem is taken care of (this step is not always followed). Fines and other civil penalties may occur if violations are not corrected, and fines are levied for re-inspections, to cover the city's costs. Penalties under Section 11570 include fines up to \$25,000, closure of the property for up to one year, and sale of the property to satisfy city costs. The city attorney's office files suit against owners who do not mitigate problems following the Beat Health process; none of the experimental sites reached this stage during our evaluation period.

Eviction. The Beat Health Unit cannot order or request that tenants be evicted, but they 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. In some cases the problem is resolved after property owners threaten tenants with eviction and when tenants subsequently move out without formal eviction orders. Evictions occurred in at least 19 of the experimental sites; in a number of other sites the tenants left voluntarily once confronted with the problems.

Beat orders. Beat orders notify patrol officers or special units (narcotics, vice, etc.) of the problems at specific locations and request their services be directed to them. The Beat Health officers occasionally work with these officers on surveillance efforts. Problems related to liquor stores and bars are typically referred (via Beat Order) to the Alcohol Beverage Action Team (ABAT) of the police department.

Other interventions include property clean-ups conducted by a city agency (who then bills the owner for the work) and referrals to agencies (Legal Assistance for Seniors, subsidized loan programs for rehabilitation efforts, etc.). Community organizations and merchant associations may also be called upon to work with property owners on problem-solving and to monitor the location on an ongoing basis.

The role of arrest. The civil remedies approach offered by the Beat Health Unit does not preclude the use of arrest as a problem-solving tool. Through beat orders and special requests of police units traditional enforcement strategies are used infrequently but as needed for Beat Health cases. At one SMART inspection, for example, the tenant was arrested on an active warrant; at another, the Beat Health officer noted that the property next door -- supposedly vacant -- was occupied, and they subsequently arrested a woman there for trespassing and drug possession. During several other SMART inspections drug paraphernalia and residues were found. In these cases the Beat Health officers confiscated the contraband but made no arrests.

Beat Health Up Close

Each Beat Health team has its own special approach due to the personalities and experiences of the officers and technicians involved. One Beat Health officer, for example, is a friendly non-threatening type: he talks to the owners in a "we have a problem here and I would very much like your help in resolving it before someone gets hurt" kind of manner. Another officer is a by-the-book type: he is stern and traditional, who motivates owners by threatening legal action. Another officer is a combination of a cops' cop and a caring counselor: he typically wants to help solve the family and personal problems of tenants by referring them to legal assistance, seniors programs, or youth counseling.

While our evaluation revealed individual style differences between the Beat Health teams, we consistently noted that a substantial amount of Beat Health intervention activity involves working with and pressuring third parties (primarily owners, parents of grown children, and property managers) to make changes to properties experiencing drug and disorder problems. Much of the contact with property owners was for the purpose of gathering information, yet in a number of sites, property owners were directly involved in the problem-solving interventions (see Mazerolle, Kadleck and Roehl, 1998).

In addition to working closely with city agencies via the SMART inspections, the Beat Health teams often work with the Neighborhood Service Coordinators, community groups, merchant associations, and other units of the Oakland Police Department.

The Beat Health process is sometimes short, sweet, and successful. Other times, however, Beat Health intervention may drag on for months with little evidence of success in sight. Several case studies are presented below to highlight some of these variations in approach and outcome.

Vintage Beat Health: The Classic Case. An anonymous caller to the Oakland Police Department drug hotline reported narcotics trafficking, abandoned vehicles, and trash at 5920 Lookout Avenue (a pseudonym): a single family home in a nice area of the city. The Beat Health team contacted the owner, who reported that the problems were likely due to an illegal tenant staying there with the permission of the legal tenant. A records check indicated that the illegal tenant was on probation for drug charges.

A SMART inspection was conducted. The owner was not present and the team could only inspect the outside of the property. Each city agency inspector found violations in their sphere of responsibility -- the code compliance officer noted missing stair banisters, broken windows, and possible electrical tampering; vector control -- responsible for policing rats, rodents, and other vermin -- noted overgrown weeds, trash, and dog waste; and the sidewalk inspector noted serious cracks in the sidewalk. Abandoned vehicles, engine parts in the yard, and two pit bulls were recorded as well. The Beat Health officer made arrangements with the code compliance officer to inspect the property again when the owner was present and the two could get inside.

Following the inspection, which resulted in the owner being cited with numerous violations that must be corrected within a specified period of time, the legal tenant and owner both contacted the Beat Health officer. Within three months, the illegal tenant was evicted, the yard had been cleaned up of abandoned vehicles and trash, and the code violations were fixed. The case was closed six months after it was opened; the property was being rehabbed and no new calls or complaints had been received.

The Quarter Pounder. The "Quarter Pounder," a fast food burger joint, had problems with youth hanging around and dealing drugs. The owner was sent a warning letter and landlord training flyer, and the Beat Health officer met with the owner at least twice to discuss the problems and possible solutions. The owner agreed to tighten security and was referred to a nearby community organization for help. The owner and the community group met and worked out additional security measures. The Beat Health files note that a security guard was hired. Six months after the original complaint the place appeared calm and quiet. The Beat Health Unit closed the case.

However, six 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 subsequently agreed to put up a security camera and post "no loitering" signs, which the police could then enforce. These actions, however, were not taken. The owner reported that employees had not reported drug dealing problems outside, but acknowledged they may be too afraid of retaliation to report them. The Beat Health Unit was forced to re-open the case and begin the Beat Health

process all over again. At the end of our study period, the local community group was considering a petition to force the owner to do something more.

When the problem is in the family. The Beat Health Unit opened a case at 589 Michigan Avenue (a pseudonym) after reports of narcotics sales. The problem turned out to be the son of the property owner who had an outstanding arrest for narcotics. The Beat Health officer met with the owner -- Mom -- to talk about the problem and how she could face legal action on her 26 rental properties if the problems persisted. A SMART inspection was conducted and minor violations were found; the property owner had the resident manager paint and clean the place. The son was arrested, and promptly bailed out by Mom. The mother evicted the son's girlfriend and had her son move in with her. The complaining party sent a thank you letter to the Beat Health program for abating the problem.

In another situation, an 80 year old woman lived with her granddaughter and the granddaughter's boyfriend, both methamphetamine addicts. A SMART inspection was conducted, with only a minor problem with garbage in the rear of the property cited. The Beat Health officer worked with Legal Assistance for Seniors to help get a restraining order against the boyfriend, and enlisted the help of the grandmother's two sons. Several months after the SMART visit, no more calls or complaints had been received and the grandmother said she was not allowing the boyfriend to be around anymore. Soon after that, however, the granddaughter was arrested for possession, and she got her own restraining order against the boyfriend. The Beat Health case was closed when no additional calls or complaints had come through for three months.

Most interventions lead to positive changes. A narcotics arrest and complaints of drug dealing resulted in the Beat Health Unit opening a case at 2823 E. 100th Street (a pseudonym), a two-story duplex. An 11570 letter was sent to the owner. A SMART visit found minor problems with mice and fighting cocks in chicken wire cages in the backyard (while illegal, no citations were issued). The problem tenants were living in the upper unit and were evicted by the owner after he found that they were essentially trespassers, living there after the legal tenant moved out. A follow-up visit by the Beat Health team found the property clean, and the upper unit vacant. A year after the SMART inspection, there were new tenants in the upper and lower units, the fighting cocks were gone, and the property was clean and quiet.

Some problems are difficult to solve. The property at 801 Mountain Boulevard (a pseudonym) was perhaps the "toughest" case included in our study. Many interventions were initiated by the Beat Health team during our evaluation period. The location was a 16-unit apartment building, reported to be rife with blight and possible drug dealing by tenants. A SMART inspection was made, with both health and safety code (trash in light well, unsafe stairway, no heat in two units) and vector control (roach and mice infestations) violations found. The Beat Health investigation found multiple problems in addition to the main building. 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 on-site manager was cooperative, putting up a ten foot iron gate to close off the parking lot and evicting at least one tenant believed to be dealing drugs. The owner contacted his city council member to request additional assistance. It became quickly known that one drug dealer was the leader, and a turf war between gangs for control over drug dealing in the area was underway. The Beat Health team issued a beat order, and asked for special surveillance, undercover operations, and enforcement around the building, which resulted in several arrests. The Neighborhood Service Coordinator participated in local organizing and clean-up efforts. The Beat Health officer remained the department's point person on this problem area; the Beat Health file on 807 Mountain Blvd was open and active for our entire evaluation period.

Does Beat Health Work?

Our evaluation of Beat Health 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. We downloaded over 7 million calls for service from Oakland Police Department's CAD system over a 39 month study period and we spent several months in the field conducting on-site observations before the start of the intervention period as well as at the end of a six month intervention period. We used self-reports of place manager individual actions, their collective involvement in neighborhood crime prevention activities, their fear of crime, and their perceived community cohesiveness to examine the role of place managers in changing the social and physical conditions of street block activity within the context of our randomized field trial.

We found that the fifty experimental street blocks targeted by the Beat Health program were also places that evidenced *decreases* in signs of disorder, *decreases* in males selling drugs, and *increases* in signs of civil behavior in public places when the social observation data were analyzed (Mazerolle, Roehl and Kadleck, 1998). Our finding that drug problems were more effectively controlled in the experimental sites (by the Beat Health Unit) than in the control sites (Patrol Division) were also supported in the calls for service data. Indeed, we found significant differences between the control and experimental groups when the number of calls about drug problems prior to the start of the intervention were compared to a twelve month follow-up period. Our finding of an improvement in drug problems at the experimental sites at the street block unit of analysis was consistent across varying "before" and "after" time periods (12 months, 6 months), suggesting stability and endurance of the Beat Health impact.

We note, however, that calls about drug incidents *increased* for both groups, yet the experimental group increased by just over 10 percent whereas the control group, by contrast, increased by 66 percent in the mean number of calls per month when the pre-intervention period was compared to post intervention period. This result was statistically significant at the .05 level (one-tailed test) and represents less of an increase than expected in the number of calls for drug incidents in the experiment street blocks (see Mazerolle and Roehl, 1998b).

Our experimental design also allowed us to examine the relative impact of the Beat Health program on commercial and residential properties. Importantly, it appears that the patrol

response (control treatment) led to significant *increases* in drug problems particularly at the commercial properties included in our study.

While the Beat Health program seems to be effective in reducing drug problems, our study shows no significant differences between the experimental and control groups when violent crime, property and disorder problems were examined.

Our study also sought to assess the role of "place managers" in controlling drug and disorder problems. In our study, we defined place managers as those people who live or work near problem places and who, by virtue of their proximity and interests, may have primary or personal responsibility to the street block (see Eck and Wartell, 1998; Felson, 1995). We found that the level of place manager *collective involvement* in community activism was associated with decreases in signs of disorder and with increases in levels of signs of civil behavior in public places on the street blocks in our study. Levels of perceived street block cohesiveness were found to play a significant role in decreases in males selling drugs (Mazerolle, Kadleck and Roehl, 1998; see also Sampson, Raudenbush and Earls, 1997; Taylor, 1996).

Individual, direct actions (e.g., calling 911) taken by place managers in an attempt to solve problems at specific target locations, however, were not associated with decreased levels of social and physical disorder on the street blocks in our study.

Our results indicate improvements in drug dealing and disorder conditions when place managers work collectively with their neighbors rather than when they react as individuals (e.g., calling 911) to specific problems on their block. Individual actions--such as calling 911, calling the police drug hotline, talking to the owner or tenant from the target, or directly calling a city agency to respond to the specific problem location--were not associated with reductions in signs of disorder or the number of males selling drugs. This may be because these types of individual actions are typically reactive in nature and represent solo crime control activities, and therefore may have minimal ability to control problems in the long run. By contrast, the collectively-based activities by place managers are indicative of more integrative and longer term commitments to controlling street block problems, and were related to decreases in signs of disorder, decreases in males selling drugs, and increases in signs of civil behavior in public places (Mazerolle, Kadleck and Roehl, 1998).

Our study also found that specific, short-term Beat Health program efforts (such as sending property owners warning letters, enforcing property code violations, evicting tenants) could contribute to decreases in drug and disorder activity *regardless* of the existing social climate on a street block. In other words, our study found that the Beat Health program was not *reliant* upon community support to be effective. Even though community support can be instrumental in solving neighborhood problems, our study found that the Beat Health program can succeed even when local residents and business owners want no part in the problem-solving process.

What About The Displacement of Drug Problems?

The central findings of the Oakland Beat Health experiment are consistent with a growing body of evidence that suggests that police can be effective in controlling drug problems when they use problem-solving approaches, specifically civil remedies, rather than traditional enforcement-oriented police tactics (see also Hope, 1994; Kennedy, 1993; Weisburd and Green, 1995a). In addition to assessing the main effects of the Beat Health program, however, our study sought to explore the displacement and diffusion effects of the experimental and control treatments.

Displacement is defined as the extent to which blocking opportunities will cause problems to be displaced to nearby places (spatial displacement), to be displaced to some other time (temporal displacement), to be committed in another way (tactical displacement), or to be transformed into some other kind of offense (target displacement) (Gabor 1978; Reppetto 1976). These negative effects occur when crime prevention measures block opportunities at some places or in some situations, but fail to protect other nearby places or situations from offenders who are either not discouraged or not deterred from committing a crime.

The opposite effect of displacement is the unintended positive effects of crime prevention measures. Known as "diffusion of benefits" (see Clarke and Weisburd 1994), these positive effects occur when crime prevention measures reduce opportunities not only at treated places or situations, but also at other, untreated locations (also see Chaiken, Lawless, and Stevenson 1974; Clarke 1989; Miethe 1991; Pease 1991; Sherman 1990).

Measuring displacement and diffusion effects of crime prevention initiatives is far from easy (see Green, 1995, see also Hesselting, 1994; Weisburd, Greenspan, Gajewski, and Eck, 1997; Weisburd and Green, 1995b). Past attempts at measuring displacement and diffusion have used offender tracking techniques (Green, 1995), official police data (e.g. arrests, field contacts, calls for service) (Gabor, 1981; Weisburd and Green, 1995a), victimization rates (Miethe, 1991), ethnographic observations (Sviridoff et al., 1992), and on-site observations (Lowman, 1986).

Our assessment of the displacement and/or diffusion effects of the Oakland experiment (comparing Beat Health and patrol interventions) examines citizen calls for service concerning drug problems within 500 foot radii (1,000 foot diameter circles) about each of the 100 targeted addresses. We call these circles "catchment areas" (see also Green, 1995).

One way to measure the spatial effects of the Beat Health program is to examine the densities per square mile of calls for service incidents before and after the interventions. We found that the densities of drug calls in the control and Beat Health sites *prior to the intervention period* were relatively similar (about 1,160 drug calls per square mile). During the twelve month *post-intervention period*, however, the density of drug calls per square mile *decreased* by 16.2 percent in the Beat Health residential sites compared to a 5.1 percent *increase* in the control residential sites (those targeted by the Patrol Division). Conversely, even though our results reveal a 44.2 percent increase in the number of drug calls per square mile in the Beat Health

commercial sites, we find a very large 280 percent increase in the density of drug calls in the commercial control sites. These results tend to support our finding that the Beat Health program is effective at reducing drug problems particularly in residential sites and that the patrol response is particularly ineffective at commercial locations.

Summing Up

Our results indicate that fairly simple and expedient civil remedies applied by police officers, with help from municipal agencies, are effective in reducing drug problems in the short term. Warnings of dire legal consequences if problems are not remedied, inspections and code violations by city inspectors, and various forms of coercive pressure applied by the police led to (1) noticeably cleaned up properties (2) an increase in the legitimate use of the street (3) a decrease in illicit and non-civil behavior and (4) reductions in observed drug activity, at least in the short-run. These interventions were neither costly nor time consuming, and might be strengthened by increased regulatory actions by involved city agencies, additional work with neighborhood place managers, and vigilant attention to long-term maintenance.

Our research also suggests that citizens can play an important role in controlling drug and disorder problems. There is evidence to suggest that place managers may be most effective when they are socially integrated with neighbors 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 have a backfire effect: this type of individual "solution" to the problem may inhibit rather than enhance the ability of place managers on a street block to be effective in solving problems in the long run. Citizens who simply call the police (and expect the police to deal with the problem) may be less effective than residents and business owners who seek a solution that is grounded in group-based problem-solving activities.

What Challenges Lie Ahead?

The success of the Beat Health program may entice cities to develop similar civil remedy problem-solving initiatives. But some challenges may lie ahead.

Challenge # 1: Consultation with the Community. The process for embracing help from third parties (particularly property owners) in police-led efforts to control drug problems requires the police to initiate dialogue with city inspectors and private citizens. Of central importance is the need for all parties to arrive at a consensus over the appropriateness of enforcing civil remedies to reduce crime and disorder problems. City agencies and the majority of property owners may readily agree with the acceptability of using civil codes as a means for decreasing drug problems. Nonetheless, police may find that informal use of the civil codes for crime control purposes is not an acceptable crime control method for many residents and third parties (see Green, 1996; Smith and Davis, 1998).

A consultative process is thus crucial to developing successful civil remedy responses to

crime problems. However, the nature of the responses, the situations that will evoke enforcement of the rules, and the purpose of the intervention strategies need to be clearly articulated. People need to know how, why, when and where rules will be enforced. For example, the landlord training component of the Beat Health program both offers support to landlords to improve their properties and informs them about the ramifications if they fail to comply with the rules.

Exploring community perceptions about what is reasonable, providing opportunities for reform, and articulating the ramifications of rule-breaking should greatly enhance the smooth planning and development of civil remedy crime control programs (Green, 1996). Without resorting to procedural guidelines that attempt to micro-manage the decision-making authority of police, guiding principles that are carefully crafted and capture the spirit of the consensus among community members, police and city policy makers, will provide a solid basis for future crime control activities. While guiding principles are not a panacea for solving all issues raised in the new wave of crime prevention initiatives, they provide some insularity against legal challenges to problem-solving initiatives in general, and civil remedies in particular.

Challenge # 2: Coordination with City Agencies. Beat Health success rests in the ability of the police to develop good working relationships with other city agencies. While many city agencies have informal systems for prioritizing problems brought to their attention by the police, interactions between police and city agencies tend to be based on informal networks between individual people, rather than on formal policies. In some cities, informal arrangements work to the police department's advantage, whereas in others, fire, health, public works and other service departments have little interest in responding to requests for assistance from the police. Goldstein (1990) articulates the importance of coordination and innovative policing practices in problem-solving efforts. City agencies must be willing to dedicate staff to civil remedy applications, and follow through with their own agency's procedures for ensuring that violations are corrected.

Challenge # 3: Carefully Selecting Responses. Successful Beat Health intervention is dependent on the ability of the police to effectively analyze and solve problems at target locations. The program provides a range of innovative alternatives that can be used by officers depending on the nature of the problem. The need to carefully match program responses to the nature of the problem is, of course, critical to the success of the Beat Health intervention. Routinization and formalization of civil remedy programs may lead to ill-matched responses and standardization of responses across a variety of problem places. Like problems noted with the problem-solving SARA model (see, for example, Capowich and Roehl, 1994), civil remedy approaches may fall into the trap of moving rapidly past the Scanning and Analysis tasks into Responses that police officers are traditionally comfortable with (e.g., surveillance and arrest), and then skip lightly over the Assessment, or maintenance, phase. To guard against such dangers, supervisors need to constantly monitor officer activities, present new challenges to officers, and create opportunities for officers to experiment with new and different response mixtures.

Challenge # 4: Thinking About Expansion. Successful civil remedy programs like Beat Health, carried out by a group of experienced problem solving officers, provides an excellent building block for expansion. Indeed, the original intent of community policing calls for

departmental-wide approaches to solving and preventing problems. However, unless carefully managed, expansion of successful civil remedy programs may "water down" the effects of the program rather than build on it's success. One potential problem with expanding successful programs like Beat Health is creating burdens on other service agencies to the point that they withdraw their active participation. If, for example, a city inspector's time increasingly becomes dedicated to responding to police demands, the increased burden may become so overwhelming that the inspector no longer cooperates with the crime control efforts.

Expanded civil remedy programs need to be carefully managed and coordinated (Green, 1996). Clear lines of responsibility need to be established and maintained. Police managers need to ensure coordination of efforts across various units, articulate and maintain spans of responsibility, and create procedures that guard against over-burdening other service agencies.

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[Box 1]

SMART Statistics

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

Beat Health Officers were present 100 percent of the time
Beat Health Police Service Technicians were present 88 percent of the time
Other Oakland Police Department officers were present 24 percent of the time
Code compliance (housing) inspectors were present 100 percent of the time
Vector control (rats, rodents) inspectors were present 71 percent of the time
Sidewalk/sewer inspectors were present 88 percent of the time
A deputy city attorney were present 6 percent of the time
Utility company representatives were present 6 percent of the time

As a result of these 23 inspections, the following violations were noted:

39 percent of SMART inspection locations received Housing and Safety Code violations
26 percent of SMART inspection locations received Vector Control violations
9 percent of SMART inspection locations received Sidewalk citations
4 percent of SMART inspection locations received Sewer violations

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