

# The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: A qualitative study

Hannah Cooper<sup>a,\*</sup>, Lisa Moore<sup>b</sup>, Sofia Gruskin<sup>c</sup>, Nancy Krieger<sup>d</sup>

<sup>a</sup>*Medical Health and Research Institution/National Development and Research Institutes, Inc., 71 West 23rd Street, 8th Floor, New York 10010, USA*

<sup>b</sup>*Department of Health Education, San Francisco State University, USA*

<sup>c</sup>*Department of Population and International Health, Harvard School of Public Health, USA*

<sup>d</sup>*Department of Society, Human Development, and Health, Harvard School of Public Health, USA*

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## Abstract

This paper employs qualitative methods to explore the ramifications of a police drug crackdown on drug injectors' ability to practice harm reduction. Between August and December 2000, we conducted open-ended interviews with 40 illicit-drug-injecting residents of a New York City police precinct undergoing a crackdown. Interview topics included participants' experiences with police in the precinct and their drug use practices. Grounded theory methods were used to analyze resulting transcripts. Because place emerged as a salient analytic category, we also drew on elements of social geography to interpret results. The analysis suggests that particular crackdown tactics, notably frequent police searches of participants' bodies and elevated surveillance of the precinct's public spaces, reconfigured participants' experiences of their bodies and the public spaces comprising the precinct in ways that adversely affected their capacity to engage in harm reduction. Frequent police searches, for example, discouraged participants from carrying the injection equipment they needed to ensure that they could inject with a sterile syringe. Constant monitoring of local public spaces made it difficult for homeless women and men to inject safely. Simultaneously, participants expressed support for police actions that reduced public drug activity. Given these findings, we recommend the implementation of strategies, designed by partnerships of community groups and governmental and non-governmental organizations, which reduce public drug activity without imperiling injectors' health. Possible strategies include improving access to treatment and establishing safe injection spaces.

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## Introduction

Since the mid-1980s US domestic drug-related police strategies have shifted their focus from upper-level dealers and distributors to street-level dealers and users

(Moore, 1990 [1978]; Williams, 1990; Zimmer, 1990). This paper seeks to elucidate the ways that a particular street-level police strategy, a drug crackdown, shaped illicit injection drug users' capacity to reduce the harm of their drug use, as illuminated in a qualitative study of 40 illicit drug injecting residents of a New York City police precinct that was undergoing a drug crackdown in 2000. Prompting this investigation is a developing strand of research that suggests that drug injectors who fear arrest

\*Corresponding author. Tel.: +1 212 845 4641; fax: +1 917 438 0894.

*E-mail address:* [cooper@ndri.org](mailto:cooper@ndri.org) (H. Cooper).

hesitate to carry syringes and are more likely to engage in drug use practices that endanger their health, including borrowing injection equipment and not cleaning their injection site prior to injecting, than other injectors (Bluthenthal & Watters, 1995; Grund, Heckathorn, & Anthony, 1995; Koester, 1994; Zule, 1992). With rare exception, however, this research has not examined the police strategies animating this fear or explored the ways in which their particular tactics shaped drug use practices across injectors' diverse social position (i.e., race/ethnicity, gender, sex, and socio-economic position). Different police strategies, however, may vary in their consequences for injectors' health. Two qualitative studies, both conducted in Australia, suggest that intensive, user-focused police strategies may particularly damage injectors' capacity to use drugs safely: injectors using drugs in such heavily policed contexts reported that using outside was a 'major stress period' during which time they often borrowed syringes, did not clean their injection site, missed their veins, and sometimes carried drugs in their noses and mouths to evade police detection as a user during a search (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Maher & Dixon, 1999).

Extant research also indicates that a single police strategy may hold different consequences for various social groups of injectors. Bourgois, Lettiere, and Quesada (1997) found that Black men residing in a homeless encampment in San Francisco, US were more fearful of arrest and thus less likely to carry syringes than their white counterparts. Relatedly, Maher and Dixon (1999) learned that high-intensity policing of neighborhoods in Cabramatta, Australia created more barriers to using drug safely for men and younger injectors than for other injectors.

We build on this research by exploring the ways that a drug crackdown, a police strategy that is emblematic of the current focus on street-level drug activity in the US, shaped the ability of drug-injecting community residents of a New York City (NYC) police precinct to use drugs safely, attending closely to the ways that injectors' social position influenced both their experiences of the crackdown and its consequences for their drug-related behaviors. To place the study in necessary context, we first define police drug crackdowns, describe key elements of harm reduction, the framework that guided the development of the study, and then present relevant elements of social geography, the analytic framework that interviews prompted us to adopt.

#### *Police drug crackdowns*

Between 1982 and 2001, arrests for drug possession in the US more than doubled, increasing from 540,800 to 1,279,000 (see Fig. 1; Federal Bureau of Investigation, 2002). Shifting trends in domestic drug-related police

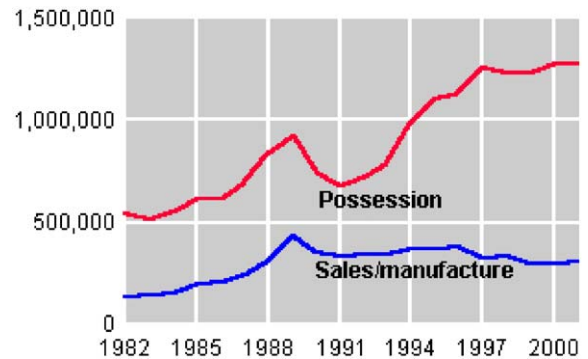


Fig. 1. Annual number of arrests by type of drug law violation in the United States, 1982–2001 (Federal Bureau of Investigation, 2002).

strategies partially animated this surge in arrests. From the early 1960s through the early 1980s domestic narcotic units explicitly targeted upper-level drug distributors and manufacturers (Moore, 1990 [1978]), believing that efforts emphasizing street-level dealers and users merely crowded the courts, jails, and prisons without discernibly impacting drug trafficking (Williams, 1990). Amidst growing concern that targeting upper-level members of the drug trade promoted crime by raising the street-level price of drugs, domestic narcotic units shifted their focus to low-level dealers and users (Boyum & Kleiman, 1994; Kelling & Moore, 1985; Klockars & Mastrofski, 1991; Williams, 1990; Zimmer, 1990). Arrests for drug possession rose shortly thereafter.

Drug crackdowns exemplify this type of user-focused policing. Crackdowns are centrally organized, rapidly initiated, sustained police efforts crafted to reduce the possession and sale of illicit drugs through heightened surveillance and arrest of drug users and street-level dealers (Greene, 1996; Sherman, 1990). Crackdown tactics typically include overt and covert community surveillance, the identification and monitoring of loci of intense drug activity ('hotspots'), and buy and busts in which an officer poses as a drug user to arrest dealers (Greene, 1996).

NYC experienced two waves of drug crackdowns between 1996 and 2000. Between 1996 and 1999, NYPD initiated precinct-specific crackdowns in 27 of NYC's 76 precincts (Giuliani, 1997; Personal Communication, Assistant Chief C. Kammerdener, New York City Police Department, 1999). Each initiative lasted for two years or more (Personal Communication, C. Kammerdener, 1999). Many crackdowns involved the addition of hundreds of uniformed officers to the target precinct(s) (Giuliani, 1997). In these precincts, officers worked in modules called 'Tactical Narcotic Teams', or 'TNT', which focused solely on narcotic crimes and were

comprised of one sergeant, six investigators, and two undercover officers (Personal Communication, C. Kammerdener, 1999). According to an analysis of 2000 Census data, the 27 crackdown precincts in NYC have been impoverished precincts principally comprised of Black and Latino residents (US Census Bureau, 2002).

The second crackdown wave, Operation Condor, began in January 2000 and encompassed all of NYC. The heightened police presence was initially achieved by requesting that all TNT officers work one day of overtime each week (Personal Communication, C. Kammerdener, 1999; Rashbaum, 2000). In May 2000, NYPD extended this request to include all officers (Rashbaum, 2000). By October 2000, Operation Condor had generated 40,137 drug misdemeanor arrests, 6968 arrests for drug-related violations, 9179 drug felony arrests, and 7027 arrests for non-drug-related crimes (Rashbaum, 2000).

#### *Interpretive frameworks: harm reduction and social geography*

Two frameworks guided this analysis: harm reduction and elements of social geography. We used harm reduction principles to structure the research question, the interview guide, and the ensuing analysis. Because participants' experiences of place emerged as an important analytic category, we drew on social geography to interpret study transcripts.

*Harm reduction:* The research question's origins lie in harm reduction principles that insist that drug injectors are both capable of and interested in protecting their health and that injectors' health holds salience for non-users because they parent and partner with them rather than because injectors can transmit infections to non-using communities (Harm Reduction Coalition, 2001; World Health Organization, 2003). Within this broad framework, harm reduction advocates for adequate treatment access for those individuals who wish to stop or reduce their drug use (Harm Reduction Coalition, 2001; World Health Organization, 2003). Additionally, harm reduction espouses the position that some individuals may be unable to abstain from drugs or uninterested in doing so and thus one role of public health lies in supporting drug injectors' efforts to use drugs in ways that reduce morbidity and mortality in this population and the communities in which it is embedded (Des Jarlais, Friedman, & Ward, 1993; Des Jarlais, 1995). Specific harm reduction recommendations have emerged to minimize the health risks of injecting; these guidelines provided a framework with which we assessed the health effects of the drug use practices participants described. Table 1 describes illnesses that can result from drug-related behaviors and particular steps users can take to protect their health. Because injecting outside may not permit the time or equipment

to engage in these prevention strategies, harm reduction programs advocate injecting in a safe, indoor location whenever possible (Sorge & Kershner, 1998).

*Social geography:* We have drawn on elements of social geography to better understand participants' constructions of place, defined here as a space endowed with meaning (Eyles, 1985; Kearns, 1993; Kearns & Joseph, 1993; Massey, 1994; Tuan, 1974). Social geography embraces the position that society and space are mutually constituted: past and present interactions of economic, political, and social systems give shape to space and, likewise, encounters in and with space constitute and inform our understanding of our place-in-the-world (Grosz, 1995; Kearns & Joseph, 1993; Kobayashi & Peake, 1994; Ruddick, 1996; Sibley, 1995). For example, in the US, for the first two-thirds of the 20th century, Jim Crow laws expressly prohibited access of Blacks to diverse places, both public and private, and Whites harshly punished Blacks perceived as transgressing these racialized places (Delaney, 1998; Gerber, 1976). Simultaneously, space configures social relations: the spatial experiences Jim Crow laws created were integral to the maintenance of a racialized society (Ardener, 1993; Grosz, 1995; Kearns & Joseph, 1993; Kobayashi & Peake, 1994; Ruddick, 1996; Sibley, 1995).

Similarly, experiences with public and private spaces can contour subjective maps of people's bodies, maps of what Adrienne Rich has named the 'geography closest in' (Rich, 1986). Violence, for example, can reconfigure an individual's perceptions of this most intimate of geographies, perhaps leaving her or him bereft of a sense of physical integrity and sovereignty. The 'closest' geographies of those individuals who have not endured violence may also be equally shaped by its absence.

In response to the spatial nature of participants' descriptions of police encounters and injection practices, we use qualitative methods to explore the interrelationships of a police drug crackdown, participants' sense of their bodies' geography and the precincts' public spaces, and their ability to practice harm reduction.

#### **Methods**

*Data collection:* The first author spent five months (August–December 2000) in NYC's 46th precinct interviewing 40 injection-drug-using precinct residents. Twenty-five non-using residents were interviewed as well; information on this group is available elsewhere (Cooper, Moore, Gruskin, & Krieger, 2003). The 46th precinct, located in the Bronx, NYC was selected as the study site because the Deputy Inspector of Narcotics at NYPD noted that the crackdown in this precinct was particularly active when data collection commenced (Personal Communication, C. Kammerdener, 2000). As with most NYC crackdown precincts, over 90% of

Table 1  
Schematic representation of the links between drug-related health behaviors, health outcomes, and harm reduction strategies

Drug-related behavior	Possible health outcomes	Harm reduction strategy
Borrowing used injection equipment	HIV <sup>a</sup> Hepatitis <sup>b</sup> Abscesses, cellulitis, and endocarditis <sup>c</sup> Scarred or collapsed veins <sup>c</sup>	Ensure access to sufficient quantities of new, sterile syringes <sup>c,d</sup>
Re-using own syringes	Abscesses, cellulitis, and endocarditis <sup>c</sup> Scarred or collapsed veins <sup>c</sup>	Ensure access to sufficient quantity of new, sterile syringes <sup>c,d</sup>
Injecting into unsterile skin	Abscesses, cellulitis, and endocarditis <sup>c</sup>	Clean skin with alcohol prior to injecting <sup>e,f</sup>
Injecting substances of unknown purity	Overdose and other forms of poisoning <sup>c</sup> Infections such as abscesses cellulitis, and endocarditis <sup>c,g</sup>	Test sample of substance prior to using <sup>c</sup> Cook drug and solvent prior to injecting solution <sup>c,h</sup>
Missing intended injection site, including hitting an artery or nerve	Abscess <sup>c</sup> Ischemia <sup>g</sup> Small vessel occlusion or spasm <sup>g</sup> Microembolism <sup>g</sup> Mycotic aneurysm <sup>g</sup> Paralysis <sup>c</sup>	Take time to accurately inject into intended site <sup>c</sup>

<sup>a</sup>Chaisson, Moss, Onishi, Osmond, and Carlson, 1987; Chitwood et al., 1995; Jose, Friedman, Neaigus, Curtis, and Des Jarlais, 1993; Koester and Hoffer, 1990; Normand et al., 1995.

<sup>b</sup>Garfein et al., 1998; Hagan et al., 2001.

<sup>c</sup>Sorge and Kershner, 1998.

<sup>d</sup>American Medical Association, 1996; Gayle, O'Neill, Gust, and Mata, 1997; Normand et al., 1995; Sorge and Kershner, 1998.

<sup>e</sup>Herb, Waters, Case, and Petitti, 1989; Murphy et al., 2001; Vlahov et al., 1992.

<sup>f</sup>Gayle et al., 1997.

<sup>g</sup>Geelhoed and Joseph, 1974.

<sup>h</sup>Clatts et al., 1999.

precinct residents identified themselves in the 2000 Census as Black and/or Latino and 40% subsisted below the US federal poverty line (US Census Bureau, 2002).

To participate in the study as an injecting participant, individuals must have been 18 years of age or older at the time of the screening; resided in the precinct for at least 1 year prior to the interview; reported typically injecting illicit drugs at least three times a week during the past year; and been able to speak English with sufficient fluency to understand the screening and consent forms.

Additionally, in keeping with theoretical sampling methods (Strauss & Corbin, 1998), the sampling strategy was designed to recruit a group of participants that varied with regard to qualities research suggests shape the relationship between police and injection drug users, including race/ethnicity, gender, age, and syringe exchange program (SEP) enrollment status (Day, 1995; Mauer, 1999). As the study progressed and the spatial location in which participants injected emerged as a salient analytic category, we also sampled participants according to whether they injected inside or not.

Snowball sampling methods were used to recruit residents into the study (Biernacki & Waldorf, 1981; Kaplan, Korf, & Sterk, 1987). Snowballs were initially started through non-using residents identified by a local council member and community board staff. As the first author located parks, soup kitchens, and other areas where users gathered, informal conversations with drug-using residents generated new snowballs; additionally, three key informants helped to identify potential participants. Multiple social networks thus comprised our sample.

Interviews lasted up to 90 min and consisted of an open-ended segment followed by a short survey. The open-ended portion delved into community/police relations; police contributions and threats to public safety; the role of officer type (i.e., uniformed vs. TNT officers) and officer and resident sociodemographics in shaping police encounters; and drug use behaviors. With the participant's permission, interviews were audio-taped; the interviewer took detailed notes in the rare instances that a participant refused permission to be taped. Taped interviews were transcribed verbatim. Study participants received \$21 and a community resource guide.

*Ethics:* Because interviews routinely touched on illegal behaviors, the National Institutes of Mental Health granted a Federal Certificate of Confidentiality to protect interview materials from subpoena. Additionally, the Harvard School of Public Health Human Subjects Committee permitted the use of oral rather than written consent when it approved the study. The study thus did not query or record participants' names.

*Analysis:* We used grounded theory methods to analyze qualitative data (Strauss & Corbin, 1998). Throughout the analysis, the authors discussed emerging concepts, categories, and their inter-relationships; negative cases were sought to extend and enrich our findings. Because the analysis found no differences in Black and Latino participants' police experiences or drug use practices, we combined these groups in our

interpretations. The first author returned to the field to discuss study findings with two participants to enhance the study's interpretive validity (Maxwell, 1996).

## Results

Reflecting the demographics of the 46th precinct, the study sample was comprised predominately of Blacks and Latinos who had attained at most a high-school education (see Table 2). Within these parameters, however, the study sample was diverse with respect to characteristics believed to shape police/injector relations, including gender, race/ethnicity, injection location, and SEP enrollment status; key informants attempted to recruit more younger injectors into the

Table 2

Characteristics of participants in a qualitative study of drug crackdowns and injectors' health, located in New York City's 46th precinct, August–December 2000, and of residents of the 46th precinct in 2000

Characteristic	Sample frequency (%) ( <i>N</i> = 40)	Precinct residents age > 18 <sup>a</sup> frequency (%) ( <i>N</i> = 49,037)
Gender		
Men	21 (53%)	21,645 (44%)
Women	19 (48%)	27,392 (56%)
Age (years)		
Median	41	40–44
Range	24–59	18–85
Race/ethnicity		
Hispanic/Latino	24 (60%)	28,889 (59%)
Black	4 (10%)	Not available
Other	20 (50%)	Not available
Non-Hispanic/Latino	16 (40%)	20,148 (41%)
Black	14 (35%)	17,773 (36%)
White	2 (5%)	644 (1%)
Other	0 (0%)	1731 (4%)
Highest education level attained <sup>b</sup>		
< High-School graduate	24 (60%)	18,605 (46%)
High-School graduate	9 (23%)	9650 (24%)
> High-School graduate	7 (18%)	11,888 (30%)
Homeless	14 (35%)	Not available
Length of residence in 46th precinct (years) <sup>c</sup>		
Median	10	6–10
Range	1–33	0–31
Enrolled in syringe exchange program	22 (55%)	Not available
Injection practices in the past month		
Re-used own syringe ≥ 1 times	32 (80%)	Not available
Borrowed used syringes ≥ 1 times	6 (15%)	
Borrowed other used injection equipment ≥ 1 times	9 (23%)	

<sup>a</sup>Data from the 2000 US Census 10453 ZIP code area, which roughly corresponds to the 46th precinct. US Census Bureau (2002).

<sup>b</sup>For total precinct population, figures refer to residents age ≥ 25 years (*N* = 40,143).

<sup>c</sup>For total precinct population, figures refer to tenancy in the housing unit; housing units are the unit of analysis (*N* = 24,159).

sample but the few younger injectors found declined to participate for unknown reasons. Most participants had deep roots in the community, reporting that they had resided in the area for 12 years on average. One-third of the participants considered themselves homeless at the time of the interview. Most participants reported engaging in one or more unsafe injection practices during the previous month, including re-using their own syringes and borrowing previously used syringes and other injection equipment.

*Characterizing the crackdown in the 46th precinct: surveillance and arrests*

According to NYPD officials, the department located 15 TNT modules in the 46th precinct when the crackdown began in April 1996 (Personal Communication, C. Kammerdener, 1999); when data collection commenced, eight modules patrolled the area (Personal Communication, C. Kammerdener, 1999). Each of these modules and the precinct's uniformed officers were invited to work an extra day each week with the onset of Operation Condor (Rashbaum, 2000). While almost invariably unaware of the NYPD policy that had located two crackdowns in their midst, most of the 40 study participants noted that the number of police patrolling the precinct had risen recently, often by heightening the TNT presence. This police presence was a highly salient aspect of the everyday places in the precinct that comprised participants' lives. Notably, many participants reported that the heightened police presence had diminished street-level drug activity and lauded this change. In particular, injecting women and men raising children viewed this shift as complementing their personal struggles to protect children from their own drug use by driving drug-related activity from the parks and streets in which children played and traveled. Likewise, these participants voiced concern about the violence, drug-related and otherwise, that they and their families and neighbors experienced in the precinct and expressed the hope that constructive police assistance would reduce these dangers. As one participant said when discussing his hopes for a safer community:

“I would really like to see my neighborhood [made] more safe and more secure, like for my kids and my wife, and myself... because I want to see one hundred and I want my kids, my wife to see me [then]. I would like to see my kids get married... [so] I would like to see more cops walking the beat around here.” 42-year old Latino man

Simultaneously, however, the analysis suggests that two elements of the crackdown impaired participants' ability to practice harm reduction, often by reconfiguring their sense of local public spaces and their bodies: (1)

elevated surveillance of public spaces and (2) the increased risk of police-initiated stops and body searches. We describe each of these elements in turn and then trace their ramifications for participants' ability to practice harm reduction.

For participants, public spaces were places of intense monitoring during the crackdown. Participants believed that officers stationed cameras around the precinct to record their movements, watched them through binoculars from atop nearby roofs, and scrutinized them from passing and parked unmarked cars. As one participant remarked,

“It's like God. You can't hide from the [officer] because he's everywhere ... as cautious as you can be, you can never be too cautious because they can be anywhere. They can be up on the roof just looking.” 34-year old Latino man

This constant surveillance transformed the precinct's public spaces into loci fraught with the threat of an imminent police encounter. Avoiding such an encounter was vital: participants described the health, legal, and social consequences of a police-initiated stop as manifold and often catastrophic. In addition to occasionally ending in life-disrupting arrest, participants noted that stops could result in stigmatizing public identification as a user to neighbors. Further, revelation of one's user status to police could generate future targeting. In addition, some had directly experienced or witnessed encounters with the police in which officers treated residents disrespectfully or violently. To reduce the risk of such encounters and their hazardous consequences, participants crafted a set of strategies to avoid catching an officer's eye while they engaged in drug-related activity in public spaces.

This set of strategies, however, was not uniformly successful, particularly during the months of Operation Condor when participants reported that the police were increasingly likely to view them as suspicious and stop them for further investigation. As one homeless woman reported when describing recent police encounters ‘I don't even really count the times that [the police] just tell me, ‘you can't stand there.’ That happens many times a day...’. Participants thus also did their utmost to ensure that a police-initiated stop did not result in arrest. Arrests and consequent conviction and incarceration held multiple and sometimes dire ramifications for participants: women and men raising children risked losing their families; participants who were addicted and/or knew they were HIV-positive feared for their health if imprisoned; and repeat offenders faced long sentences served upstate away from family. Participants therefore crafted a second set of drug use strategies that were designed to ensure that, if stopped, police searches of their bodies would not produce incriminating

evidence that would precipitate arrest. We argue that these two sets of strategies impaired injectors' ability to practice harm reduction, particularly as it pertained to injecting and carrying drugs, even as they protected participants from police-initiated stops and incarceration.

#### *Police surveillance of public spaces and injecting drugs*

##### *Injecting on the margins of public space*

Approximately a third of the participants lived most, if not all, of their lives in public and thus injected drugs in spaces largely controlled by the crackdown. Among those participants who lived their lives in public were homeless women and men and other individuals who, though housed, lived in overcrowded homes that lacked a private space in which to inject. Fine gradations in economic resources thus distinguished these "lesser-resourced" participants from others who, while far from affluent, possessed the means to inject inside. Additionally, three adequately housed men injected drugs outside because they felt unsafe journeying home through policed territory after purchasing drugs.

Injecting outside during the crackdown was perceived as perilous. Participants were acutely aware that, if the police witnessed them injecting, they could not credibly claim innocence. Additionally, many feared a violent police response to their predicament; indeed, one of the most brutal accounts of police violence narrated during an interview occurred when police found a participant and his friends injecting on a rooftop:

"[We] were on a roof [injecting] and [the police] came running up there and they literally beat us down with sticks. ... We were basically cleaning up and they came up, searched us ... took [the syringes], broke them, and commenced beating." 47-year old Black man.

To evade the police's gaze, as well as that of their neighbors, lesser-resourced participants using drugs in public spaces rushed to inject before the police saw them. The myriad strategies these participants constructed to minimize the amount of time spent at risk of police-related harms rendered them vulnerable to injection-related health problems. Participants characterized the moments spent injecting outside as 'panicked'. In their haste to inject, users often did not check the drug's purity, a useful method of preventing overdose (Sorge & Kershner, 1998), or properly heat them, as the following quote attests:

Participant: "I have a little bottle of water—[I] stick the syringe in it, put the syringe [in the cooker] ... that's it."

Interviewer: "And no time to cook?"

Participant: "No, no time for nothing. You [inject] it and take a chance. Whether it's good or bad, I'm going to be taking a chance." 38-year old Black woman

Heating drugs and solute not only creates an injectable solution but also can reduce the presence of bacteria and viruses in the solution (Clatts et al., 1999). Participants also often reported skipping cleaning their skin before injecting to save time, thus rendering themselves vulnerable to abscesses, cellulitis, and endocarditis (Herb et al., 1989; Murphy et al., 2001; Vlahov, Sullivan, Astemborski, & Nelson, 1992).

Gender also figured in these relations of policing, place, and drug use. Outside injection settings were less panicked when participants injected as a group because others could keep watch while each member took his time to inject relatively safely. With one exception, however, group injecting outside was only reported by men; women appeared to inject outside alone and thus had to balance injecting with watching out for police.

Further compounding women's risk were sex-based vascular differences that shaped participants' ability to successfully inject under duress. While male injectors reported that their veins were 'good' and thus easily hit, female participants had trouble finding their veins when panicked and were more inclined to miss and risk an abscess. One female participant noted, 'I'm surprised that I get [my vein]! I'm very surprised that I get it' when injecting outside.

In addition to temporally compressing their injections, lesser-resourced participants also spatially compressed their drug-related activity, seeking out secluded spaces such as rooftops, basements, and abandoned lots and buildings that were above, below, and generally on the margins of closely monitored public spaces. As attested to in the quote describing police brutality following injecting on a rooftop, these secluded places were not entirely unmonitored and thus injectors continued to hurry themselves even when injecting in the precinct's marginal spaces. For users whose housing circumstances compelled them to inject outside, then, the perception of perennially watched public spaces resulted in rapid and thus hazardous injection practices, particularly for women.

##### *Injecting drugs: vacating public spaces*

In contrast, better-resourced participants (i.e., participants with more material resources, including adequate housing and clean clothing) typically delayed injecting their drugs until they reached their home or a friend's home. One woman describes delaying injecting:

"I go on home [after buying], as much as I need it, I could be tearing and yawning or nauseous [with withdrawal but] I'll just go home. I'd rather wait a

few more minutes than to have [drugs] with me and get busted because [the police] take you in for any little thing now and put you through the whole system.” 35-year old Latina woman

As the following quote illustrates, the doors, keys, and locks separating these private spaces from monitored public spaces figured prominently in these participants’ discussions of injecting, perhaps because they were visible markers of security and privacy.

“I come home, get my stuff set up, get high, watch TV, listen to music. And I’m home. I don’t have to worry about TNT; I don’t have to be paranoid. I’m in my own house; locks are on the door. Nobody can get in unless they have a key.” 47-year old Black woman

Injecting inside was preferable to injecting outside because it was perceived as safer, both in that it reduced the risk of arrest and also facilitated caring for one’s health. These better-resourced participants were thus able to protect themselves from both the risk of a police-initiated encounter and the risk of injection-related health problems by ensuring that they injected drugs in private, an option largely unavailable to homeless and inadequately housed women and men.

#### *Police searches and syringe and drug acquisition and possession*

While all participants reported trying to avoid purchasing and carrying drugs and syringes in monitored public spaces during the crackdown, most could not entirely avoid doing so, regardless of their social position: some purchased drugs outside and almost everybody interviewed had to routinely carry drugs and syringes from the point of acquisition to their point of use. As with injecting, participants’ access to material resources largely shaped the strategies available to them to both protect themselves from police intervention and from drug-related health problems.

#### *Avoiding a search: passing in public*

Better-resourced women endeavored to escape police notice when acquiring and carrying drugs and syringes by passing as non-users and believed that they often succeeded. They maintained that officers had constructed an image of a user as a loud individual of dirty countenance who hung out outside too much and/or associated with individuals possessing such traits. Accordingly, they crafted fronts that bore scant resemblance to these images, manipulating police stereotypes when inhabiting public places to emulate innocence to officers watching from afar. When buying or carrying drugs, participants tried to ‘dress up’ and conduct themselves ‘properly’; they avoided loud con-

versations and generally communicated their innocence to police by walking ‘non-chalantly’ past officers and refusing to engage in overt counter-surveillance. They engaged in elaborate ruses to conceal drug transactions, pretending, for example, to be walking their dog while copping or exchanging videotapes with friends.

These better-resourced women believed that these strategies effectively protected them from police stops and searches and, as a consequence, felt relatively comfortable carrying drugs and syringes in their purses and pockets, usually concealing them beneath a wallet or spare tissues. Some had been stopped previously and learned that their camouflage was not foolproof. These women took additional precautions: believing that they might be stopped but certain that officers would not search their underclothes on the street, they stashed drugs and syringes in their bra and underwear.

“...it’s so sad. I wrap [the syringes] up and I put them in the cheeks of my butt so if [the police] ever have stopped me, I would never have [anything on me].” 43-year old Black woman

#### *Avoiding arrest: our closest geographies*

In contrast to these better-resourced women, women and men who were homeless or marginally housed simply could not successfully manipulate police stereotypes because they lacked the necessary props with which to do so. Better-resourced men were also routinely stopped by police despite their best efforts to pass as innocent. Bereft of a successful means of passing as a non-user, these participants experienced frequent and invasive police searches. They understood these searches as humiliating and enraging instances in which their most private selves became public. One particular reported,

“[the police] pulled my pants down past my knees ... to search me [on the sidewalk]. The only thing that they needed to do was stick their finger up my ass. ... That was very low. ... You got women and children walking by ... [Then they] let us go.” 35-year old Latino man

Participants implicated TNT officers more often than their uniformed counterparts in these humiliating searches.

These participants crafted strategies to avoid detection as a drug user during these searches; these strategies often mirrored their experiences of their bodies during police stops. Frequently subjected to invasive searches, better-resourced men and homeless and inadequately housed women and men decided it was prudent to stash their drugs inside their bodies, outside even the remapped boundaries of public space. Some carried drugs in their mouths, ready to swallow their bag should the police approach; one concealed his drugs in his rectum.



While these two strategies allowed participants to reduce their risk of arrest as they carried drugs, the former strategy incurred the risk of overdose and both jeopardized sanitary injecting.

Unable to conceal syringes inside their bodies, men and homeless women often hid syringes around the neighborhood's public spaces, concealing them under a step in a stairway of a local building, near a fire hydrant, or under a neighbor's air conditioner. They thus alleviated their arrest concerns but incurred the risk that others might borrow or steal their hidden syringes, thus either unwittingly exposing themselves to infection or leaving themselves suddenly without a syringe of their own when it came time to inject.

Other participants, including those enrolled in legal SEPs, tried to avoid carrying syringes by acquiring them from friends or dealers just prior to injecting. This strategy reduced their risk of police detection as a user during a police search but, as syringes purchased on the street can be unsterile (Des Jarlais, 1985), also placed them at risk of infection. One participant who could not purchase a syringe on the street borrowed a used syringe, a step that provoked anguish because of the risk posed to her health.

## Discussion

This analysis suggests that the heightened surveillance and arrests produced by the crackdowns targeting the 46th precinct imperiled better-resourced men and homeless and inadequately housed women and men's capacity to practice harm reduction. In a context of elevated surveillance of local public spaces participants who injected outside did so rapidly, often skipping steps such as cleaning their injection spot, to ensure that they finished injecting before the police saw them. Likewise, participants adapted to the heightened risk of searches by concealing drugs inside their bodies and refusing to carry syringes. As with past research, we found that individuals using drugs in an area undergoing a user-focused police strategy crafted methods to reduce their risk of police-initiated encounters and arrests that elevated their risk of drug-related health problems.

The crackdown often influenced drug use practices by reconfiguring injectors' sense of their bodies' geography and the precinct's public spaces. Police searches altered participants' understanding of their bodies' geography by redefining the boundaries that delineated public from private space; the strategies participants created to evade arrest if stopped, such as stashing syringes around the precinct rather than carrying them, reflected this new geography. Likewise, participants experienced local streets and parks as intensively monitored spaces during the crackdown and accordingly endeavored to shift their drug-related activity elsewhere: by injecting at home,

retreating to the precinct's spatial margins (e.g., rooftops, alleys, and basements), and hiding drug activity conducted outside under the protective layer of a front. Consistent with theories of place and power (Sibley, 1995), though relatively powerless to shape the larger geography configuring the precinct, the latter two strategies can be read as efforts to carve quasi-private places out of public spaces in which to conduct drug-related activity without attracting police attention. This resiliency, however, was socially patterned: while better-resourced participants had the means to inject at home and, often successfully, construct a protective front while engaging in drug activity in public, other injectors lacked the means to ensure that they could inject inside or pass as non-users. The strategy lesser-resourced participants were able to create—injuncting rapidly on the precinct's margins—endangered their health even as it protected them from police attention.

We emplace the pathways through which the crack-down shaped drug use practices within the intertwined histories of race/ethnicity, class, gender, and place in the US. Participants' sense that their bodies' most intimate spaces could be subjected to public gaze during a TNT stop resonates with past denials of impoverished, Black and Latino individuals' personal sovereignty over their bodies in the US (Delaney, 1998; Goldberg, 1994; Kennedy, 1997). Additionally, the crackdowns' creation of constantly monitored public spaces continues a pattern of depriving impoverished, Black, and Latino individuals of local public spaces (Delaney, 1998; Gerber, 1976; Goldberg, 1994; Henry, 1914; Mitchell, 1996, 1997; Ruddick, 1996). While study participants lauded the reductions in public drug activity that this constant monitoring produced, the intensive surveillance achieved this reduction by damaging injectors' health and, as documented elsewhere (Cooper et al., 2004), alienating non-users from local public places. Historically, these patterns of denial and deprivation have been vital to establishing and maintaining inequitable social relations (Delaney, 1998; Goldberg, 1994; Kennedy, 1997). From this vantage point, the challenges that the crackdowns posed to injectors' health by reconfiguring public space and the body's geography can be understood as a particular instance of the pathways through which the intersecting structures of racism, class, and gender condition population health.

These findings must be understood in light of the study's limitations. Rather than gathering data before and after the crackdowns' onset, we gathered all data after the crackdowns had been implemented for a period of months, in the case of Operation Condor, or years, in the case of the precinct-specific initiative; we thus relied on our knowledge of the crackdowns' tactics and participants' discussions of the impact of these tactics on their drug use practices to explore the research question. Additionally, we did not interview precinct

residents who had been incarcerated at the time of data collection or for a prolonged period during the past year; had ceased injecting drugs altogether or had reduced the number of times they injected each week to below three times a week, perhaps in response to heightened policing; and/or were not sufficiently fluent in English to understand the screening and consent procedures. These individuals might have had different law enforcement and/or drug use experiences than those interviewed; this study cannot address their perspectives.

Despite these limitations, we believe that the study credibly speaks to the drug use and police experiences of the precinct residents participating in the study: the data collection period was long and thus made it possible to gain familiarity with the precinct and many study participants; interviews were transcribed verbatim; and the two participants who reviewed the study findings during the member check supported our findings. Though shortly after data collection was completed New York State law changed from prohibiting the acquisition and possession of syringes without a prescription to permitting individuals to purchase and possess up to ten syringes without a prescription (10 NYCRR 80.131), these findings remain relevant, both in relation to other cities and to NYC, because users perceive syringes as markers of drug use to police and thus may still hesitate to carry them out of fear of a police search (Koester, 1994), with potentially adverse consequences for health.

Placing the findings of the present study in the context of past research on policing and injectors' health, we advocate for the discontinuation of drug crackdowns and the implementation of efforts, designed by governmental and non-governmental organizations in partnership with community members, to reduce public drug activity that do not harm injectors' health. Injecting participants in this study voiced concern about the adverse consequences of witnessing public drug activity and experiencing violence, drug-related and otherwise, for public safety; non-using precinct residents shared these concerns (Cooper et al., 2004). The analysis suggests that the crackdown in the 46th precinct pitted participants' desire to protect their health from drug-related harm against their wish for a safer neighborhood. Strategies designed to diminish public drug activity and thus further public safety, however, need not conflict with injectors' capacity to engage in harm reduction; in some instances these two sets of strategies can be complementary. Partnerships addressing public drug activity could, for example, advocate for increased access to drug treatment, a useful approach to reducing public drug use in a metropolitan area where an estimated 79% of injectors are not in treatment (Friedman et al., 2004). Likewise, such partnerships could consider the promises and pitfalls of establishing safe injection rooms, implemented in parts of Germany,

Switzerland, and Canada to reduce drug-related harm (DeJong & Weber, 1999; British Columbia Centre for Excellence in HIV/AIDS, 2004; Fry, Fox, & Rumbold, 1999), where injectors could safely use drugs in private; these places might be especially helpful to inadequately housed or homeless individuals. Drug crackdowns, however, appear to achieve the important goal of reducing public drug activity but in doing so undermine the health of the community's most vulnerable members.

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