

POLICING AND PUBLIC HEALTH

Law Enforcement and Harm Minimization in a Street-level Drug Market

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This article describes the impact of street-level law enforcement on Australia's principal heroin market. Based on three years of research, including interviews and extended ethnographic fieldwork, it uses data on drug-use, risk practices, crime, and policing to examine the relationship between law enforcement and harm minimization. Findings suggest that the 'successes' of police crackdowns and their impact on drug markets (including threats to public health and community safety as a result of geographical, social, and substance displacement) may be won at substantial costs, raising doubts as to their value.

Introduction

Policing, place and people

This study is concerned with tensions in drug policing between commitments to law enforcement and to harm minimization, and with the harmful consequences to public health of the domination in policing practice of law enforcement. Reporting ethnographic research in Sydney's principal street-level drug market, and integrating perspectives from research in policing and in public health, we argue for a shift in policing priorities, rejecting suggestions that the law constrains the ability of police to subordinate law enforcement to other objectives.

The focus is on the policing of drug users and user/dealers in public space. Such work is primarily carried out by uniformed patrol officers, although plain clothes officers also contribute. These activities have to be placed in the context of other forms of drug policing. During the study period, the research site was subject to the attention of a considerable variety of other police sections and agencies, including local detectives and drug units, regional and district specialists, transit police, the NSW Drug Enforcement Agency, the Australian Federal Police, and the National Crime Authority. These activities interrelated, overlapped, and sometimes conflicted.¹

Studies of drug policing often fail to discriminate except at a general level, for example between supply-side and demand-side strategies. This study indicates that more specificity is needed because of the under-acknowledged importance of street-level enforcement (Pearson 1992). Despite the attention which specialist units attract, 'the current

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This research was supported by grants from the Commonwealth Department of Health and Family Services (National Drug Crime Prevention Fund) and the US National Institutes of Health (AIDS-FIRCA Grant # RO3 TW00562-01). An earlier version of the paper was presented to the British Criminology Conference, Belfast, July 1997.

¹ In addition, an extensive CCTV system was established in the research site in 1997. For a discussion of this, see Maher *et al.* (1997).

reality is that the bulk of drug law enforcement in Australia is conducted by non-specialized police' and 'the great majority of drug offenders taken before Australian justice systems are more likely to be "users" than "providers"' (Sutton and James 1995: 113–19; cf. Green and Purnell 1995).² As Sutton and James suggest, 'in the long term, comparatively neglected "street-level" issues are likely to yield the most important challenges and to yield the most significant returns for Australian drug law enforcement' (1995: x).

The study focuses not just on a particular kind of policing, but on such policing in a particular kind of place—Sydney's Cabramatta. Such specificity is necessary (Weisel 1996: 39). Cabramatta is very different (socially, geographically and symbolically) from other drug-market locations such as, for example, an inner city 'red-light' area dominated by Euro-Australians. Cabramatta has the dubious distinction of being Australia's 'heroin capital'. But it is also Sydney's Asian city, and has been the subject of concerted attempts to promote it as a tourist attraction and an exemplar of Australian cultural diversity. Media attention has wavered between these negative and positive images, increasingly settling on the former. In the context of a public debate about race and immigration which became increasingly racist in the mid-1990s, Cabramatta is a 'symbolic location' (Keith 1993), reference to which summons up fears of drug-related Asian criminality.

The social reality is rather different from either of these images. Cabramatta is a large, ethnically heterogeneous suburban centre in south-western Sydney. It is part of the Fairfield Local Government Area (LGA), which has the highest concentration of young people (aged 12–24) in New South Wales. Fairfield LGA also has the highest number of overseas migrants of any local government area in Australia, and the most diverse ethnic community. According to the 1991 Census, 61 per cent of young people in the area speak a language other than English and almost half (46 per cent) were born overseas (compared to the state average of 16.7 per cent). While unemployment in the area is generally higher than the state average, it is endemic amongst some groups—notably young people and the Vietnamese, Lebanese, Cambodian, Chinese, and Aboriginal and Torres Strait Islander communities.³

Contrary to media reports of domination by a ruthless Vietnamese gang (the '5T'), street-level heroin distribution in Cabramatta takes the form of a freelance market (cf. Curtis and Sviridoff 1994: 157–8) dominated by Indo-Chinese user-dealers. While our research indicates that some dealers are 'taxed' by local gang members, the marketplace is not 'controlled' or monopolized by them, or anyone else.⁴ Heroin is primarily distributed by individuals and multiple units of small entrepreneurs (mostly user-dealers) rather than mega-organizations or businesses. Entrepreneurial participation is relatively easy to accomplish, but is often short-lived and sporadic.

² While this paper is primarily concerned with heroin, it should not be overlooked that almost half of all drug offences in NSW involve the possession of cannabis (Bureau of Crime Statistics and Research 1997: 15, 48, 67).

³ These data are drawn from Australian Bureau of Statistics (1991), Fairfield City Council (1995) and Sullivan *et al.* (1995).

⁴ This corresponds with the findings of research on North American drug markets (Hagedorn 1994). Our fieldwork in Cabramatta suggests that gang involvement in drug distribution and sales is oriented toward the economic survival of individual members and may be best understood as a response to high levels of unemployment and economic and social marginality. In particular, the 5T, as a 'cultural gang' (Skolnick 1989), exists independently of the illegal activities in which it is involved and is perceived by many young Vietnamese people as a quasi-familial resource which places strong emphasis on loyalty, brotherhood, respect and physical protection (see also Long 1996; English 1995).

While the market is freelance, it is not open. Data from a related project which examined the characteristics of heroin purchases found that 92 per cent of respondents described the person from whom they last bought the heroin as 'Asian', with more than a third (39 per cent) estimating that the dealer was less than 20 years old (Maher *et al.* 1998). In a marketplace dominated by Indo-Chinese user-dealers, concepts of risk and respect clearly structure the participation of non-Asians. For some young Indo-Chinese people, territoriality is not merely a matter of economics, but an integral part of an oppositional street culture which provides them with a source of status and respect.

Heroin in Cabramatta has a reputation for being of higher quality than that sold elsewhere in Sydney.⁵ It is typically sold in *caps*, small units weighing between 0.02 and 0.03 grams pre-packaged for individual sale. Caps are wrapped in a small piece of foil (often taken from the inside lining of a cigarette packet) and sealed in miniature balloons. The mean purchase price for a cap of heroin during the study period was \$30.54 (range \$12.50 to \$45), with most purchases (84 per cent) costing between \$25 and \$35. The next most common retail unit was the *half-weight*: the mean purchase price of a half-weight during the study period was \$180 (range \$150 to \$200; Maher *et al.* 1998).⁶ During 1998, a new unit of retail sale known as the *quarter* emerged in Cabramatta: quarters typically sold for between \$80 and \$90 and, as the term suggests, ostensibly consist of a quarter of a gram of heroin (Maher *et al.* 1998).

Law enforcement strategies (in Cabramatta and elsewhere) are founded upon economic and social assumptions about the drug market. First, it is hypothesized that law enforcement drives up the street price of heroin which, in turn, reduces demand (Reuter and Kleiman 1986). Secondly, it is expected that street-level law enforcement will disrupt the market and thereby 'accelerate the process by which users enter treatment programmes' (Gilman and Pearson 1991: 112; see also Pearson 1992: 16–17). A study by the NSW Bureau of Crime Statistics and Research challenges these assumptions, reporting that 'the rate of arrest for heroin use and/or possession exerts no effect on the street-level price of heroin or on the rate at which heroin users seek methadone treatment' (Weatherburn and Lind 1995: iii).

This result is only superficially counter-intuitive. The impact of law enforcement (or lack thereof) should be understood as just one more example of how little criminal activity the police encounter in proportion to a 'dark figure' of crime, the dimensions of which can only be approximated. Our estimates suggest that between 18 and 78 million retail level heroin transactions take place in Australia each year. Using data from the Australian Bureau of Criminal Intelligence (1997) on the total number of heroin arrests in Australia in 1996–97, we calculate the overall risk of arrest per transaction as being between one in 2,600 and one in 10,900 transactions (Maher *et al.* 1998). Clearly, for those involved in high-frequency, low-volume transactions in areas such as Cabramatta, the risk per transaction may be greater. None the less, within the constraints of resources which can be realistically provided, police will never directly affect more than a relatively modest proportion of illegal drug activity.

⁵ Based on 322 samples of heroin obtained as undercover purchases or recovered from persons arrested in Cabramatta. Weatherburn and Lind (1995) found a mean purity level of 58.7%.

⁶ There appear to be several types of half-weights available for purchase in Cabramatta. 'Asian halves', which are reserved for Asian customers (usually street dealers), typically consist of a weighed half gram. Junkie or 'Aussie halves' (sometimes known as 'streeties') typically weigh between 0.3 and 0.4 grams. There is also a version of the half-weight in Cabramatta which is reserved for rank outsiders (i.e. non-Asian, non-regulars and non-locals). These 'tripper's halves' are the most expensive and may weigh less than 0.2 grams.

If drug law enforcement does not achieve its objectives, then the social and economic costs in terms of crime and public health may be less acceptable. If, as the present study suggests, the concomitant public health risks are alarming, then current street-level drug policing strategies may be regarded as fundamentally flawed.

Drug policing: strategies and priorities

How does the street policing of drug users and user/dealers fit into broader policing strategies? It is widely accepted that policing efforts should be focused on the detection and prosecution of large-scale importers, suppliers, and traffickers, rather than users and user/dealers (Green and Purnell 1995: 35). However, there is a significant disjuncture between enforcement agencies' commitment to targeting major drug offenders and the more prosaic reality in which enforcement impacts most on users and street-level dealers. This must be explained, first, in terms of the discursive presentation of the structure of the drug market, and, secondly, by placing drug policing in the broader context of public order policing.

Street-level participants in the drug market are redefined by police officers as potentially major players, or as the beginning of a trail to them. As one of Green and Purnell's interviewees responded: 'There's no such thing as a Vietnamese street dealer. They are all capable of importing a couple of ounces from relatives' (1995: 26). Other officers in the same study indicated that it was difficult to separate minor players from major because 'little jobs lead to bigger ones. We prosecute the little ones that we find along the way as well as the big ones they lead to' (Green and Purnell 1995: 31). These 'fluid measures of seriousness which blur the distinction between major and minor drug offender targets' (Green and Purnell 1995: 35) reinforce strategies based upon a pyramidal model of illegal drug organization which has been extensively criticized (Dorn and South 1990; Ruggiero and South 1995). Redefining police activity directed at the street user/dealer as part of a strategy aimed at the high-level dealer is a rhetorical, legitimating device.

Of course, drug policing has wider symbolic dimensions. In societies which regard illegal drug use as a challenge to moral and social order, drug policing delineates and defends 'the edges of our society' (Manning 1980: 256). Doing so may be as significant as any instrumental effects of policing. In the case of drug policing in Cabramatta (as so often elsewhere), the 'edges of society' are racialized boundaries: a predominantly Caucasian police force seeks to control and discipline 'the slums of Cabramatta, its spiralling crime rate, (and) the almost pure Asian race that inhabits the streets and the drug scene there'.⁷

Drug policing must be understood, not just as a matter of specialist law enforcement, but also of a more general policing mandate which prioritizes order maintenance (Reiner 1992: 212). In this context, street-level drug use and sale offend variously: as potential sources of disorder and violence, as improper 'disorderly' use of public space, as producing fears and anxieties amongst others in the community, and as expressions of immorality and social disutility. Drug policing, therefore, has to be located in a long history of public order policing which has focused on a variety of economic, cultural, and

⁷ Letter, *Sydney Morning Herald*, 21 October 1996.

recreational practices in public space (Cohen 1979; Dixon 1991: ch.7). Street-level practices are determined by this mandate and its history as much as by policing strategies directed at the drug market.

Policy, discretion, and law in policing

We argue that public health considerations should be a prime determinant of drug policing activity. It is appropriate at this point to deal with a formulaic legalistic objection, which is to insist that policing is determined by the duty to enforce the law, and consequently that officers' activities cannot be restricted by directions intended to implement policy (cf. Jefferson and Grimshaw 1984).

In a long tradition of research beginning with the American Bar Foundation project in the 1950s, it has been shown that law does not and could not dominate police activity (Dixon 1997: ch.1; Ohlin and Remington 1993). Policing is not just about law enforcement: 'crime fighting has never been, is not, and could not be the prime activity of the police . . . The core mandate of policing, historically and in terms of concrete demands placed upon the police, is the more diffuse one of order maintenance' (Reiner 1992: 212). In carrying out such work, police officers are able to draw upon law as a resource of power, definitions and resolutions. As Chatterton suggests, we must suspend 'the conventional idea that laws are things to be enforced and (think) of them instead as resources to be used to achieve the ends of those who are entitled or able to use them' (1976: 114). Drug laws constitute such a resource, providing uniformed officers with authority to intervene to disrupt drug markets and harass participants, and with opportunities to make self-initiated arrests (see below).

In England and Australia, much is made of the supposed legally exceptional character of the police officer as constable (cf. Dixon 1997: 75–6). It is claimed that officers cannot be directed how to perform their duty to enforce the law because the law requires them personally to be satisfied that legal criteria (e.g. reasonable suspicion) have been met (Jefferson and Grimshaw 1984). Such arguments have a basic empirical flaw: police officers are part of organized departments, and are indeed directed in their duties every day. Their legal foundations are equally unreliable: as authoritative studies have shown (Lustgarten 1986; Marshall 1965), the legal implications of the 'office of constable' are largely mythical. There is nothing, either in empirical practice or in law, which makes an attempt to direct police activity in dealing with street-level drug users either unusual or legally problematic.

The longevity of the legalistic conception is primarily to be explained by its apparent attractions and ideological functions. It provides a mandate for policing—law enforcement as crime-fighting—which is much clearer and simpler than one which involves discretion and the inter-relation of social policies and political considerations (Manning 1997: ch.4). Disavowal of the power to choose has historically served police as a way of distancing themselves from misconduct and corruption (Remington 1965: xvii). It is perhaps not surprising that some officers are wary of acknowledging their discretion in the aftermath of a major Royal Commission into corruption in the NSW Police Service (Wood 1997; Dixon 1999). However, as Scarman insists, 'the exercise of discretion lies at the heart of the policing function . . . Successful policing depends on the exercise of discretion in how the law is enforced' (1981: 63).

Critiques of legalism contributed significantly to the development of new conceptions of policing, such as community policing and problem-oriented policing (Goldstein 1990; Moore 1992). In these, law is displaced from its central position: policing is reconceived and redeployed as a flexible means of achieving a variety of public purposes. In such contexts, an insistence on the primary duty to enforce the law is merely anachronistic. To say that an officer must 'uphold the law, or is responsible to the law, is in practical terms meaningless' (Lustgarten 1986: 11).

A central weakness of legalistic conceptions was always their lack of fit with the perceived reality of policing: as a series of studies demonstrated, police officers do not mechanically enforce the law (Dixon 1997: ch.1). Our research, unsurprisingly, finds the same. Police officers in Cabramatta routinely deal with drug users not by arresting, but by removing or destroying drugs, equipment or money, and by warning, harassing and discouraging the drug user (Maher *et al.* 1997). Consequently, it is unconvincing to resist pressure for public health to be prioritized by citing legal duties of law enforcement. For police to present their work as the automatic application of law is, ironically, to understate the significance of their functions and the skill which policing requires (Bittner 1990). In making decisions on how to police prohibited commodities and their markets, police officers must make choices. In this article, we suggest that another factor—public health—should be taken into account in making these choices.

Research Methodology and Demographic Characteristics

In-depth ethnographic interviews and observational fieldwork designed to elicit information on the lifestyles and economic behaviours of street-level heroin users were undertaken in Cabramatta between February 1995 and February 1997. Initial ethnographic mapping identified geographic and social locations in which drug use and distribution occurred. It also identified dominant use patterns, acquisition and consumption sites, social networks, and demographic characteristics of the target population. Mapping data were collected through direct observation, informal conversations, systematic 'walk throughs' and the coding of locations.

This process provided the ethnographer with a map of the street-level drug using population which was subsequently used to develop a targeted sampling plan using the time-by-location method (Clatts *et al.* 1995). This involved the differentiation of potential participants by geography (street location) and time (of day and day of week) so as to achieve representation of all of the major segments of the street-level drug using population. Within this 'frame', efforts were made to secure appropriate age, gender and ethnic representation. In this respect, careful ethnographic research and the use of ethnographic mapping to inform targeted sampling can ensure more accurate representation than survey research which relies on self-selected or opportunity samples (e.g. recruitment through snowballing, advertising in newspapers, or notices in treatment centres).

As noted by Stimson, two of the principal strengths of ethnography for drug research are the ability to 'describe the social settings in which behaviour occurs' and the opportunities afforded by fieldwork to 'actually watch people doing things (rather than just talking about doing them)' (1995: 758). The fact that ethnography enables direct

observation and analysis of behaviours and practices at both the individual and group level means that it is not dependent on drug users' self-reports. The combination of various data sources (observations recorded as fieldnotes, tape-recorded interviews, structured questionnaires and photographic images) permits information to be cross-validated (triangulated) and, where necessary, targeted for follow-up and clarification. As an additional measure, data collected for other projects by the authors in the same study site were triangulated against each other.

Once selected, potential participants were approached and the purpose of the study was explained to them. Participants were required to read and sign an informed consent outlining the possible risks and benefits of participating in the study. A total of 143 individuals participated in at least one in-depth tape-recorded interview (mean = three completed interviews, range 1–11). Data sources include 405 tape-recorded interview transcripts, more than 1,000 pages of typed fieldnotes, and 202 structured questionnaires on income and expenditure. Interviews were designed to elicit information in relation to a range of topics including demographics, childhood and family background, education and work history, social networks, drug use, crime, income generation and expenditure, impact of law enforcement, risk-taking, and experiences of treatment. Observational data in the form of fieldnotes were collected on each subject and on the nature, type and level of interactions between subjects in the study. Participants were paid \$20 for each interview.

All participants in the research were current heroin users. Table 1 presents their demographic characteristics. Approximately half the sample were women. Anglo-

TABLE 1 *Sample characteristics (% unless specified)*

N	Experienced users* (n = 53)	New users** (n = 90)	Total (n = 143)
Gender			
Male	51	61	56
Female	49	39	46
Age (years)			
Mean	25.8	18.7	21.2
Median	25	18	20
Culture/Ethnicity			
Anglo-Australian	51	28	36
Indo-Chinese	19	36	30
Koori (Aboriginal)	15	2	8
Latin-American	6	9	8
Serbian-Australian	1	10	7
Pacific-Islander	0	6	3
Other NESB	8	9	8
Education (years)			
Mean	8.8	9.0	8.9
Unemployed	93	81	84
Current Residence			
Cabramatta	28	48	41
Other South West Sydney	42	31	35
Other	30	21	24

* Experienced users defined as those who had used heroin for more than two years at the time of first interview

** New users defined as those who had used heroin for two or less years at the time of first interview

TABLE 2 *Patterns of heroin use (% unless specified)*

N	Experienced users* (n = 53)	New users** (n = 90)	Total (n = 143)
Heroin use (years)			
Mean	7.1	1.7	3.6
Median	6.0	1.5	2.0
Route of administration			
Inject	100	79	87
Smoke	0	21	13
Transition smoke-IDU			
Full sample (n = 143)	28	55	45
IDU (n = 124)	28	70	52
First drug injected***			
Heroin	77	89	84
Other drug	23	11	16

* Experienced users defined as those who had used heroin for more than two years at the time of first interview

** New users defined as those who had used heroin two or less years at the time of first interview

*** IDU (n = 124)

Australians accounted for just over one-third (36 per cent) of the sample. The majority of participants (64 per cent) were from ethnic or cultural minority groups, with just under one-third (30 per cent) of Indo-Chinese background.

The mean age of participants was 21 years and a majority (77 per cent) were aged less than 25 years. Participants had an average of nine years of schooling and more than four-fifths (84 per cent) were unemployed at the time of the study. Most people who participated in the study resided in south-west Sydney: 41 per cent described themselves as residents of Cabramatta. One-third (34 per cent) had previously sought treatment for heroin use, but only 6 per cent (n=8) were currently in treatment. Of these, seven were in methadone maintenance treatment.

Table 2 summarizes patterns of heroin use and routes of administration. The majority of participants (87 per cent) were predominantly or exclusively injectors. While those who currently smoked the drug only accounted for 13 per cent of the full sample, more than half (52 per cent) had initiated heroin use by smoking. Most participants were relatively recent recruits to heroin use, with a majority (63 per cent) having used heroin for two or less years. New injectors (70 per cent) were significantly more likely than experienced injectors (28 per cent) to report having made a transition from smoking to intravenous use. Preliminary analyses suggest that a combination of social, cultural, and environmental incentives are involved in the transition to intravenous use (Swift *et al.* 1997).

The Effects of Drug Policing on Public Health

During the period of the study, Cabramatta was the focus of several high profile, intensive and sustained policing interventions. The findings presented here relate only to the activities of uniformed officers (beat police, mobile patrols, officers on horseback and

dog teams), not to covert operations (undercover buy and busts).⁸ While the latter target drug-dealers, the former also target users. However, in reality, there is no neat distinction between users and dealers at the street level: most dealers use, and indeed sell in order to finance their use. With this qualification, the findings presented here relate only to user-directed policing: i.e. interactions between uniformed officers and drug market participants at the street level. The impact of a highly visible uniformed police presence in Cabramatta has substantially increased the risk that those who participate in drug use and distribution will come to police attention. This has created a climate of fear and uncertainty which has resulted in a number of unforeseen negative consequences. We examine these in turn.

Oral and nasal storage and transfer of heroin

The intensity of policing in the area has encouraged both the oral and nasal storage and transfer of heroin. Most street-level dealers in Cabramatta store caps in their mouths. When a customer wishes to purchase, the dealer simply spits the cap(s) into his or her hand and passes it to the customer in exchange for the money. Such transfers often happen so quickly that they are invisible to the untrained eye. In some circumstances, the cap may be passed directly from mouth to mouth.

Normally I take it in my hand and try and rub it on my clothes or something and clean it up a bit before I put it in my mouth. [You never put it straight into your mouth?] Sometimes if the police are really hot I do. Everyone does. I have even gone mouth to mouth, like kissing if things are really hot. (Rebecca, 17 year old Anglo-Australian)

When I get it I put it in my mouth. I wipe it sort of, rub it on my jeans a bit and then put it in my mouth because I don't want to get busted with it. If cops come, I just swallow it. (Gavin, 17 year old Latin-American male)

Related research (Maher 1996b), found that a majority of respondents (58 per cent) indicated that, on the last occasion on which they had purchased heroin, the dealer had retrieved the heroin from his or her mouth, with a further 10 per cent reporting that the dealer had retrieved heroin from his or her nose. More than two-thirds of the dealers were storing heroin in body cavities, risking exposure to blood and other bodily fluids. This may have implications for the transmission of tuberculosis, as well as blood-borne viruses, if the buyer then places the cap in his or her own mouth.

Until recently, dealers regarded oral storage of caps as an unproblematic tactic. If the police approached, dealers simply swallowed the caps and retrieved them later. While some might be irrecoverable, the cost was considerably less than being arrested.

Before when I was dealing with (X), I think we had six caps each and a cop came up to me and I had to swallow all the caps and went around the corner and tried to vomit them up and I could only vomit three back up so I lost three caps you know. (Tien, 19 year old Indo-Chinese male)

⁸ While these activities are clearly interrelated, in attempting to ascertain the impact of law enforcement strategies at the street level, it is necessary to differentiate the various policing strategies employed.

Police are now aware that dealers store heroin inside their mouths, and officers often attempt to prevent suspects from swallowing and to retrieve drugs from their mouths. These practices present significant risks both to suspects who are held in chokeholds and to police who put their fingers into people's mouths.

Most of the cops are pretty cluey . . . They always ask to look in your mouth, like you know, 'Have you got anything in your mouth? Open your mouth' . . . I have even had a cop stick his finger in my mouth. (Harry, 34 year old Koori male)

Now when the cops grab you they try and put a hand around your throat so you can't swallow. They punch you in the back, try and make you cough it up . . . I have seen a lot of people get hit actually. (Chantelle, 23 year old Anglo-Australian female)

In response to the police 'wising up' about the oral storage of caps, some dealers took to nasal storage of heroin.

He'll pull 'em out of his nose and say 'Put in your mouth quick'. Piss off . . . I wouldn't put them in my mouth. I have done, but only if the coppers are walking straight towards me and they're gonna question me and that. Then I'll put it in my mouth, but other than that, there's no fuckin' way in the world I'll put it in my mouth. Those cunts carry TB and everything, mate. (John, 27 year old Anglo-Australian male)

I knew one bloke, fair dinkum, I've seen him pull ten caps, ten caps out of his nose. Mate, I don't know where the hell he puts 'em. He's gotta have a huge cavern at the back of his nose. Ten deals, no sweat mate, wrapped in foil and then in them little water bomb balloons tied up at the end. (Jack, 20 year old Anglo-Australian male)

The increased risk of being busted has also resulted in a number of near-fatal overdoses as a result of people swallowing heroin in order to avoid detection by the police. In one instance observed during fieldwork, a young Vietnamese woman swallowed approximately two grams of heroin wrapped only in a tissue. Despite the potentially lethal consequences, she refused to go to hospital for fear of being arrested, choosing instead to force herself to regurgitate the contents of her stomach.

Reluctance to carry injecting equipment

Both observations and interviews suggest that users who inject in public settings in Cabramatta (streets, parks, alleyways, stairwells, toilets, carparks) are increasingly at risk of being interrupted by police either during preparation or actual administration. The most obvious consequence of this increased risk of being 'busted' is that some users are reluctant to carry injecting equipment. This means that, when they go to inject, they are less likely to have clean equipment. Some 'stash' their 'fits' (syringes) in nearby bushes, houses, or local flats, which may result in them being used by others.

We were in a house up the back and it's like in the kitchen section and there's like all fits and swabs and blood and stuff lyin' around everywhere, you know. And you open up one of the cupboards and up on the top shelf there's like fits up in there as well . . . He pulled one out that he said was his, you know, he puts it back each time he uses and . . . he changes it every day you know. He buys one in the morning and then, you know, he goes up there and has his shot and he leaves it up in that corner so he doesn't have to carry a fit around with him so if he gets shaken down by the cops he hasn't got it on him. (Jason, 24 year old Anglo-Australian male)

Others engage in even more risky behaviours which are encouraged both by police practices and by the dearth of sterile injecting equipment outside business hours in Cabramatta.⁹

I was hangin' out like you wouldn't believe. I was sick, really severe cramps and I was like in major pain from the cramps and that and me insides were so like rotten that I was spewin' up bile y'know. And I was sweatin' and freezin'—just full on cold turkey. And I got on [bought heroin] and it was too early in the morning to get fits and there was no-one around that had any fits. I asked the dealer and he said no and I remembered that I saw a syringe like next to a drain. And I've seen it before and it's been there for ages. And I thought to myself 'HIV only lasts outside the body for three hours so I won't get that, and I've been immunized against Hepatitis B.' I've got Hep C already so I thought I'm hangin' out too much to wait so I just picked it up and used that. (Bon, 22 year old Anglo-Australian male)

I know people that walk up the back of the flats and they're really bad, hangin' out. They can hardly walk. They're throwin' up everywhere and they spot a fit that someone has used and they just fuckin' fill it up with water a few times and squirt it out. (Kit, 23 year old Anglo-Australian male)

Towards the end of the study period, there were a series of operations at Cabramatta Railway Station in which police ostensibly targeted people travelling without train tickets. Officers systematically searched those suspected of being drug users, inspecting arms for signs of injecting and examining clothing and bags for syringes and other evidence of drug use. Users reported that they were increasingly targeted by police and subject to street searches.

Every time they see me, they tell me 'What are you doing? Did you come to score?' You know, they nag and they search me, search my bag—in the middle of the street. I said 'Do you have ta to do it here?' Fuckin' embarrassing—why do this to me? What have I done? Fuck, I haven't done nuthin' and they'll just fuckin' empty my pockets, tell me 'Get on the train and go home. If you don't go and get on the train we're gonna arrest you' . . . and tell you to keep out of Cabramatta and all this stuff. (Taylor, 16 year old Anglo-Australian female)

Some young people also reported that police had forced them to destroy their needles and syringes. This was particularly irresponsible late at night when the result was likely to be, not abstinence, but risky injecting practices.

[Why don't you carry fits?] Cops . . . You get hassled. They know [if] you've got a fit, you use. They pat you down, ask you have you got any fits on you . . . A couple of times I've pulled it out and they seen it and go 'Snap it, break it, put it in the rubbish bin' . . . Just say that's the only fit you've got . . . and there's nothing open, you can't get nothing else and you haven't got none stashed or there's no-one around with any more fits. What are you gonna do then? (Alex, 23 year old Serbian-Australian male)

While the possession of needles and syringes is not an offence in New South Wales, many new intravenous drug users (IDUs) and, in particular, Indo-Chinese users, were unaware of this. In any case, whatever 'law in the books' may provide, policing practice means that many IDUs fear that being found with a syringe will lead to harassment and further police attention, more intrusive searches, and warrant checks (see also Koester 1994).

⁹ Sterile injecting equipment was only available from chemists and a secondary needle and syringe exchange outlet during business hours in the study period.

They said to me they can charge me, they were going to charge me with self administer and all this. I just told them ‘Fuck off, you can’t, they’re washed out, they’re clean’.¹⁰ They said ‘Show us your arms . . . Don’t lie to us. We can charge you. If you want to get smart, we’ll start gettin’ smart.’ (Taylor, 16 year old Anglo-Australian female)

You haven’t even done nothin’ wrong. They grab you for doing nothin’, find a fit on you and next minute they’re doing a warrant check. (Bon, 22 year old Anglo-Australian male)

For young women, gender issues in relation to police treatment may also condition their reluctance to carry syringes.

Once a cop found a fit in my bag and he smashed it and broke my water. OK, that’s bad enough, but it’s the way they make you feel—made me feel like a real slut. They treat you like you are a prostitute or something just cause you’ve got a fit. (Suzie, 17 year old Serbian-Australian female)

Users’ perceptions of the risks involved in carrying syringes were clearly differentiated by age, gender, and ethnicity. Most experienced injectors did carry syringes, and many kept a supply of sterile injecting equipment at home. Older female IDUs claimed that it was easier for women and girls to carry syringes and less likely for them to be detected because they had handbags, whereas men had to carry bulky fitpacks in their back pockets. Many young injectors feared detection by their parents as well as by the police. Furthermore, for some young Indo-Chinese injectors, fear of identification as an intravenous drug user by their peers increased their reluctance to carry injecting equipment.

Increase in injection related risk-taking

The overt police presence has also exacerbated the incidence of high-risk injecting episodes in the area. Users who inject in public or semi-public settings are anxious to ‘get on’ and ‘get out’. This can mean using any syringe that is available if they do not have one: either borrowing one or picking one up off the ground.

From the time when I’m just about to get it [buy heroin] ’til the time when I’ve just finished using, all that time is a major stress period. (Teddy, 20 year old Pacific-Islander male)

Users are also less likely to have a ‘taste’ first or to measure their dose. Because they are fearful of interruption and anxious to get rid of the evidence, IDUs typically administer the drug in one dose, increasing the risk of overdose (especially if they have been using benzodiazepines or drinking alcohol).

It’s like pigs in a trough. You gotta be quick. Hurry up, hurry up. Get me quick, put it away quick and then it’s too late [to get busted]. Once you’ve taken it out of your arm, too late now, throw the fit in the box and say ‘Well, the coppers can go and get lucky’. (Alex, 23 year old Serbian-Australian male)

You just want to go quickly and have your shot in case the coppers come and that’s how you get marks all over your arms and how come people overdose and stuff. (Kylie, 17 year old Anglo-Australian female)

¹⁰ While possession of injecting equipment was decriminalized in 1987, self-administration of a prohibited drug remains an offence (Drug Misuse and Trafficking Act 1985 s. 12(1)) and a ‘dirty’ syringe could be used as evidence of this.

They [the police] hassle users and we are scared of being busted when we go and have a shot. People stress out and just want to have their shot and bolt. I'm more fearful now. There's no relaxing—scoring and using is stressful. (Arian, 36 year old Anglo-Australian female)

Such fear and uncertainty are not conducive to safe injection practices. Our research suggests that street-based injectors are now less likely to use sterile injecting equipment and more likely to engage in unsafe drug preparation and division procedures, including needle sharing and the use of discarded needles, and to practise unsafe disposal (Maher 1996a).¹¹

You don't have time . . . to be there mixing everybody's gear [separately], you've gotta do it fast . . . Like I'm there mulling up and I've got my ear you know, listening for cars, you know, or for footsteps or the cops. (Susan, 19 year old Latin American female)

The rush for the vein accumulates risk for many young people who are anxious and unskilled in injecting techniques. People are shaking, jabbing furiously, trying to get a vein, blood is flying around; in short, the worst possible injecting scenario.

I've been in a hurry and fucked my arm up because I'm scared of being busted. (Lazzares, 19 year old Latin-American male)

I know I'm taking a risk. People are very scared 'caus we all know the cops go checking flats and everything. We hurry up and get out. (Kim, 16 year old Indo-Chinese female)

Everyone's scared—paranoid. People are rushing. They lose things—drop their caps, drop their fits—panic. (Bob, 24 year old Serbian-Australian male)

During these episodes, participants sometimes become paranoid or start arguing. Mistakes are made, such as drawing up too much solution from the communal spoon and having to squirt some back. This is a most effective way of spreading disease if the syringe has been used previously.

A couple of lines is a big deal. I sucked up too much [into a previously used fit] and they started spinning out, so I had to squirt some back. (Fatman, 20 year old Anglo-Australian male)

It's money. I'm scared that I won't get the hit and I want to get more, as much as I can. And I was like, I must admit I am greedy but they always fight: 'Look, I only got ten lines' when she only had eight, so I had to put two more [lines] back so she had ten. I flick it and see how much and then I'll put it back in the spoon so she can get back it through the filter. We all do it. We flick and see how much and we say 'What did you get? What did you get?' I go, 'Look at you, you're greedy. See we've only got ten lines mate. Come on. Put some more back in.' And I'll have a stress attack. (Speedy, 16 year old Anglo-Australian female)

The desire to 'get on, get it in, and get out' also means that users are less likely to dispose of their needles safely. Carrying used fits to a safe disposal bin risks being caught, so they leave them behind.

¹¹ A survey (n=202) conducted as part of this study found that more than a quarter (28 per cent) of participants reported using a needle after someone else and 42 per cent had lent their needle to someone else to use during the month prior to interview (Maher *et al.* 1998).

You rush and shit 'caus you're paranoid they're [the police] gonna come. I just get it done real quick and I don't care where I put the fits. Just have it, leave everything and go. (J.J., 15 year old Anglo-Australian female)

Finally, many young people reported that they were too scared to carry identification in Cabramatta in case they were 'busted'. This can have problematic consequences in instances of accidents and overdoses.

The effective promotion of unsafe drug-injecting practices amongst a growing group of heroin users in an area with the state's highest concentration of young people should be a matter of considerable concern. Also of concern is the impact of policing practices on police-community relations.

It's like a crackdown on users—a persecution of users. It's over the top. They are physically more rough. They don't care who sees them doing stuff to people. They're breeding a whole new generation of people who will just resent and loathe law enforcement because of the way they see police treat people out here. They don't care who is watching. (Bananas, 41 year old Anglo-Australian male)

Given that young Indo-Chinese heroin users are particularly over-policed, relations between them (and the communities from which they come) and the police should be a source of great concern.¹²

Displacement

Drug markets are rather like a squishy balloon: apply pressure to them in one place and there will be some diminution of the problem, yet it is likely that the market will balloon out in another place or on an adjacent site, involving new and possibly more cautious or sophisticated dealers and perhaps a different range of drugs. These outcomes are, respectively, examples of geographical, social and substance displacement. (Dorn and Murji 1992: 170, n. 5)

Displacement of criminal activity has been recognized as a likely consequence of street-level law enforcement and of CCTV surveillance (Pease 1997). Drug transactions, unlike, for example, certain types of theft, are labile polymorphous activities requiring only that the vendor and purchaser know how and where to make contact with each other. As such, they may be especially susceptible to displacement which, as Dorn and Murji note, can take a variety of forms. First, we examine the geographical dispersal of drug users and consumption sites.

Injecting drug users in Cabramatta utilize a wide range of locations to consume drugs. These locations represent hierarchies of risk (Friedman *et al.* 1992; Ouellet *et al.* 1991). Private settings include residential addresses and motel rooms. Semi-private settings include motor vehicles and abandoned houses. Public settings encompass the walkways, stairwells, and gardens of local flats, public toilets, hotel toilets and trains, as well as outdoor locations such as parks, underpasses, and car parks. Public settings are more likely to be used by young street-based injectors and some of these locations constitute significant health risks.

¹² There is a prevalent insensitivity in the over-policing of young Indo-Chinese people (Maher *et al.* 1997) which is remarkably ill-advised given the documented costs of such policing activities in relation to members of minority ethnic and cultural groups in other jurisdictions (Keith 1993; Scarman 1981).

Vigorous policing may encourage the use of less desirable settings. In particular, locations used for collective injecting episodes are likely to be public, unhygienic, poorly lit and ill-ventilated. With the exception of public toilets, few provide access to running water and most are littered with injecting paraphernalia, including discarded syringes. Conditions in abandoned houses are notably poor.

You go in there and you can't even see the floor, it's just full of [used] needles . . . there's needles everywhere. I reckon there'd be about a thousand needles. (Kylie, 17 year old Anglo-Australian female)

When you look at all these houses and that where people go to shoot up it's just unbelievable, unbelievable . . . I am just looking at a photo of myself shooting up now and I'm freaking out. I can't believe how filthy it was where we went yesterday and all the garbage and all the syringes and needles. Unbelievable. (Peter, 17 year old Serbian-Australian male)

Many of these settings could be characterized as 'free' shooting galleries in the sense that they provide a 'space where IDUs regularly gather to inject drugs but where there is no admission fee' (Ouellet *et al.* 1991: 73). However, conditions in Cabramatta are conducive to the development of commercially oriented galleries where people provide places for others to inject for a fee (either drugs or money). Such developments are marked by the presence of individuals who support their use by injecting those who are unable or unwilling to inject themselves. While, in one sense, the establishment of commercial galleries may be desirable (i.e. presence of gatekeepers, potential for safe using norms and safe disposal), this is highly contingent on the type of galleries that emerge. For example, research in North America indicates that certain types of shooting galleries may serve as vectors for the transmission of HIV and other blood-borne viruses (Marmour *et al.* 1987; Des Jarlais and Friedman 1990; Ouellet *et al.* 1991). There is also the danger that, in such settings, people, especially gatekeepers, are less likely to call an ambulance in overdose situations for fear of drawing attention to the premises.

One consequence of the vigorous policing of these locations has been a dispersal of the problems associated with having a large community of street-based injectors. Because the police have been successful in targeting known injecting locations in and around central Cabramatta, users have been forced to fan out in search of new, and as yet undiscovered locations.

The police thing . . . [is] forcing us go further and further out. We had certain spots, you know, 2 minutes away from scoring, you had somewhere to go. Now it's you know, you're taking 15, 20 minute walks sometimes. (Steve, 38 year old Anglo-Australian male)

People get paranoid and they're always looking for new and more hidden places. All the close spots are very hot. There's a good chance of gettin' busted when you have a shot, so people are looking for new spots. (Bon, 22 year old Anglo-Australian male)

Some residents, increasingly frustrated by the presence of drug users and drug-related paraphernalia, have installed locks and gates in order to prevent consumption in and around residential premises. Drug users who are part of the local community also resent what they see as the dirty habits of 'outsiders' who have no stake in the neighbourhood.

They have no respect. Leave their fits everywhere and people piss in here [stairwell of flats] and be sick everywhere. They could go outside to do these sort of things. Plus like little kids live here—they shouldn't have to see this sort of stuff. (Tiffany, 17 year old Vietnamese-Australian woman)

Dispersing drug users and using locations over a wider geographical area simply spreads 'the problem' further into the community. Over time, more flats, more parks and more families are affected and, in particular, the risks presented by discarded syringes increase. There are also risks to drug users associated with the dispersal of street-based injecting: seclusion may be fatal if a user overdoses. Cabramatta already accounts for a disproportionate share of overdose deaths in south-west Sydney, most of which occur in public places.¹³

Both the results of the present study and related research (Maher *et al.* 1997) suggest that current policing strategies may also threaten the tentative alliance between drug users and health professionals by displacing or driving drug users underground. Forcing heroin users to move around marginalizes and alienates them from communities and the rest of society, hampering outreach efforts directed at this population. New developments within at-risk communities may go unnoticed until it is too late. Police officers' insistence that intensive (or 'zero tolerance') policing is part of a multi-agency, problem-solving approach is, in this light, simply disingenuous.

While drug use has been dispersed, there has also been some displacement of the drug market. The unintended and undesirable consequence may be to make drugs available in neighbourhoods where they were previously scarce (Pearson 1991: 74). Both field observations and interview data suggest that there has been significant growth in drug markets in adjacent suburbs. The emergence of a street-level heroin market in nearby Campbelltown has been a source of particular concern. Whether this is due to displacement from Cabramatta is unclear and controversial. However, there has certainly been geographical displacement within Cabramatta itself. Field observations suggest that many dealers who had previously operated on the street began to ply their trade in local shopping arcades. Others who had previously operated in the town centre shifted their business to the vicinity of a local primary school.

However, geographical displacement is not necessarily regarded as problematic. The police response has been to equate the problem to that of 'aircraft noise' which should be disaggregated in the interests of social equity. According to one senior police officer, 'we knew there was going to be a displacement effect . . . It is a bit like aircraft noise. We have to spread the problem about and not just have it centred on one suburb' (*Sydney Morning Herald*, 11 October 1997). From a public health perspective, this analogy is inappropriate not least because it assumes a finite population and discounts the possibility of reproduction. The adoption of a 'zero tolerance' policing policy which advocates the geographical displacement of drug problems clearly has the potential to produce more, rather than less, harm. Indeed, an epidemiological approach to the reproduction of heroin use and the transmission of blood-borne viruses suggests that the dispersal of heroin use and heroin markets may present more problems than it solves (Hughes and Crawford 1972).

Intensive policing may also produce harmful forms of social displacement. As suggested above, there is some evidence to suggest that vigorous forms of street-level law enforcement may ultimately lead to more organized, professional and enduring forms of

¹³ Between 1992 and 1996, 38 per cent of the 176 deaths attributed to heroin overdose in South West Sydney occurred in Cabramatta. Deaths in Cabramatta were significantly more likely to occur in public settings (89 per cent v. 42 per cent) (Darke and Ross 1998).

criminality and thereby exacerbate the social, economic and health costs of illicit drug use. First, observations and interviews suggest that the use of intermediaries became a more stable feature of the market as policing became more intensive. At minimal cost, the retention of a helper alleviates the need for the dealer to tout directly and provides some verification of authenticity of users if the helper knows, or is prepared to vouch for, the potential customer. If this is indeed the case, then street-level law enforcement activity may indirectly contribute to an increase in the complexity and sophistication of the market by encouraging functional specialization and hierarchical differentiation (Dorn *et al.* 1992).

Secondly, the availability of multiple means of making connection (whether personal, via touts and runners, or technological via mobile phones and beepers) increases displaceability. The police presence during the study period encouraged some dealers to move their business 'off the street' by relying on mobile phones, thereby minimizing the risk of detection and apprehension. Dealers who rely on mobile phones are well served by the market for stolen goods in Cabramatta where small, good quality mobile phones and reprogrammable cards are sought-after commodities. Thirdly, the introduction of a new unit of retail sale, the 'quarter' (see above) during the study period could also be seen as evidence of the market's capacity to adapt to external pressures. Indeed, insofar as the effect has been to minimize the number of transactions, the introduction of larger units of sale could be seen as a risk-reduction measure for both sellers and their customers. A fourth trend appears to be toward increased vehicular trade. Several streetcorners in Cabramatta are characterized by the presence of individuals who cater to these 'drive-by' customers.

When they stop at the red lights you know a lot of the Asian guys just walk straight up to the car, 'Are you right mate?', you know, and a lot of the time you will see an Asian guy jump in the back of the car and they will just go for a drive somewhere and do the deal. (Rob, 17 year old Anglo-Australian male)

If anything is getting heavy they can just jump in the car and they can drive somewhere where the cops can't see them, away from everyone's eyes and then do the business. (Luis, 21 year old Latin-American male)

In addition, structural changes in the wake of intensive policing have created a vacuum. As dealers leave the market (either because they are arrested or displaced), novices and those willing to work in a higher risk environment move in. Street-level dealing becomes more volatile and elusive, increasing the power of groups such as 5T. Intrusions may be met violently, as in a recent incident where a helper 'steered' a customer towards the 'wrong' dealer and had his throat cut on the street. On the other hand, 'bodgy' dealers (those who sell fake caps or half-weights) have become more common, especially during periods when there are few genuine dealers available as a result of fear and uncertainty induced by police operations.

We'd see 'em coming. Suckers, you can just spot 'em. Just chop up some panadol [paracetamol]. (Stan, 23 year old Serbian-Australian male)

The activities of 'bodgy' dealers have the potential to increase violence in the market-place. Heroin users do not take kindly to being 'ripped off' and the illegal nature of the transaction necessitates resort to informal sanctions. During the study period, there were several reports of violence in Cabramatta associated with such transactions.

Fake caps, that's bad enough but fake halves, you know they're just going to get killed. They think we're junkies but you might be sick and weak but you get so much anger getting ripped off—trying to get \$200 whatever together and then you get ripped off. (Rebecca, 17 year old Serbian-Australian female)

Intensive policing of this kind may have broader detrimental social consequences. There may be short and long-term criminogenic effects:

They [the police] make more crime by taking the gear off us—busting us so we have to do more rorts [income-generating property crimes]. Because every time they bust someone having a shot, that person just has to go out and do another rort to get that shot back (Frash, 18 year old Anglo-Australian male)

A further unintended effect may be to encourage 'failed' user/dealers to resort to other types of crime in order to generate income. Deterring people from selling heroin and other related activities may not be the unproblematic social good which it is usually assumed to be (Grapendaal *et al.* 1995: 200). An increase in property crime, some of it involving violence, is a type of social displacement which receives insufficient attention. One of our participants, a 17 year old Vietnamese-Australian female who had for several years supported her heroin use by street-level dealing, recently reported that, unable to sell heroin because of the police presence, she had held a knife to a shopkeeper's throat during a robbery. Clearly, some types of crime result in more direct harm than other types. The goal of public policy may need to be no more ambitious than minimizing the most harmful.

As regards substance displacement, there is some evidence that pressure on the heroin market has led to an increase in the illicit sale and use of diverted pharmaceuticals (primarily benzodiazepines¹⁴ and methadone). An additional and significant form of displacement may involve route of administration, with some participants claiming that the police crackdown has encouraged users to make the transition from smoking to injecting heroin.

People are starting shooting up because of the police. Like a lot of the guys I know that used to smoke started shooting up in the last few months—I'm the only one left [smoking] . . . It's too hard to make any profit now with all the police and the cameras. They come and just stand there at the station and we have to move. When you smoke, you have to smoke a lot, so if they shoot up, they can use less. Like instead of smoking a halfweight, you can just have one or two shots. (Phuong, 20 year old Indo-Chinese male)

It is too early to comment on the possibility of 'temporal displacement' (Dorn and Murji 1992: 170). Cabramatta is currently the subject of even more intensive policing activity than during the period of the research reported here. Experience elsewhere suggests that whether the drug market regains its previous shape once this crackdown is relaxed is likely to depend upon social and economic change (Pearson 1992; Sviridoff *et al.* 1992). If factors such as employment growth, gentrification or urban development are induced, the conditions for a street-level drug market may no longer exist. If they are not, saturation policing may be a short-term strategy which becomes a long-term liability.

¹⁴ This development is of concern given the role of benzodiazepines in heroin-related deaths (Darke and Zador 1996).

In summary, the heroin market in Cabramatta has proved itself to be resilient with a considerable capacity to respond and adapt to police interventions. Some of these adaptations are pathogenic and/or criminogenic, posing serious threats to public health and community safety.

From Law Enforcement to Harm Minimization

The conventional policy prescription at this point is drug law reform, notably decriminalizing the possession of small amounts of some drugs. There is increasingly significant support for such change. However, the political reality¹⁵ is that policing will be conducted in the context of prohibition for the foreseeable future. Consequently, discussion should focus on how drug prohibition could be best policed to minimize harm (Pearson 1992: 18).

Australia has a considerable reputation for its commitment to harm minimization as the foundation of its national drug strategy. It is almost conventional to contrast Australia favourably with the United States (Nadelmann 1992). While this contrast does have substance, its invocation creates a danger of complacency. The research presented here suggests that policy commitments to harm minimization are not matched by street-level enforcement practices. Operational officers appear not to understand harm minimization policies, feeling at best confused by directions (for example) not to target clients of needle exchanges. They are little assisted by some official guidance, for example on 'Drug harm minimization and practical policing applications', which states the problem, but offers no solution:

Some officers have a moral dilemma in reconciling policing needs with harm minimization. For example, a person caught injecting heroin is breaking the law and under strict law enforcement, should be arrested. Yet, with harm minimization, officers are asked to accept drug use and a programme that supplies users with clean needles and syringes. (*Police Service Weekly* 1996: 3).

When 'policing needs' and 'harm minimization' are polarized in this way, it is hardly surprising to find officers enforcing the law and regarding proposed alternatives with cynicism.

More generally, this approach can encourage cynicism if harm minimization is perceived as a rhetorical rather than a substantive commitment. In terms of policing strategies, it implies a partial (and consequently inadequate) adoption of problem-oriented policing: such a strategy, to be successful, requires the active and knowledgeable involvement of operational officers in the programme (Goldstein 1990). Problem-oriented policing cannot be simply a tactic or 'law enforcement technology'. The failure of police organizations to give substance to their commitments to harm reduction cannot be explained at the level of poor communication or even bad faith: responsibility lies much deeper, in the structures and cultures of policing (Brown and Sutton 1997: 21).

¹⁵ This is demonstrated by the remarkable controversy in 1997 over a proposal to prescribe pharmaceutical heroin to 40 people in the Australian Capital Territory. It became the subject of a heated, lengthy, national debate as if the proposal was for national decriminalization rather than for a small-scale clinical trial.

Harm minimization requires cooperation with non-police agencies committed to demand-reduction and public health. However, relations with such agencies are strained by police insistence on the priority of their definition of 'the problem' and by these agencies' lack of political influence and economic resources (Pearson *et al.* 1992). Throughout south-west Sydney, welfare and medical services are over-committed and under-resourced, and consequently limited in their ability to make an effective contribution. In Cabramatta, such services are scarce, underfunded, and understaffed. Some local government leaders are publicly committed to a simplistic law-enforcement strategy, refusing to see the Cabramatta drug trade as anything other than an 'Asian crime problem'.

In a context such as this, arguments that street-level law enforcement should form part of harm minimization strategies are simply inappropriate. In the absence of adequate partners for inter-agency initiatives, police crackdowns are closer to 'heavy-handed scatter-gun approaches to law enforcement which fill the courts and prisons with people . . . (and) which result not only in harm to the individual . . . but also to the wider community' than to 'a more realistic and focused strategy by which the police direct their efforts against heavy end-users and user-dealers in order to push them into community-based programmes offering alternative lifestyles' (Pearson 1992: 26). It is symptomatic that, one year after the NSW Police launched its latest series of crackdowns in Cabramatta, the new health and welfare services which were supposed to accompany them were yet to materialize. A purportedly problem-solving, interagency initiative is experienced on the street as a crackdown which offers punishment as its only 'treatment option'.

In the context of under-resourced or ill-informed potential partners, the police have a particular responsibility to ensure that their own actions do not produce harm. As a well-resourced, politically powerful and strategically sophisticated organization, the NSW Police Service may have to take a more prominent role in reducing harm than would otherwise be appropriate. The discussion above makes clear that there is no legal impediment to the implementation of policies which go beyond law enforcement. This study strongly indicates that police officers should exercise their discretion in a way which takes full account of public health imperatives. This does not mean replacing law enforcement with unfettered discretion. The analysis above makes clear that police could not and do not fully enforce the law in this (or any other) area: police work is inherently discretionary. Some drug users are arrested, but the power to arrest and charge is a resource used to fulfil a fundamental mandate of public order maintenance. More frequently, other methods are adopted: police disrupt the activity, destroy the drugs, and/or move the user on. These are legitimate uses of discretion. However, under certain conditions, they are harmful to public health and inconsistent with policy commitments to harm minimization. Police make choices about how and when to enforce the law. Minimizing drug-related harm should be a factor that feeds into that choice.

Noting an example from a comparable area without the political and emotive resonances of drug control may be helpful. Many police departments in Australia, Britain and the United States issue instructions to police officers not to engage in (or to abandon) car chases in certain circumstances. Such instructions tell officers not to attempt to enforce the law, even though criminal offences (such as car theft) and violations of traffic regulations have occurred. Such instructions prioritize public safety: the safety of police officers, the persons in the stolen car and bystanders. This is one area in

which a harm minimization policy is unproblematically adopted (Criminal Justice Commission 1998; Homel 1990). This example (including its lessons about the difficulties of implementing policy) could provide a starting point for developing a strategy for drug policing which takes harm minimization seriously.

Our study indicates that, as in the case of car chases, the *point* of intervention is crucial. Although there are a number of points along the continuum between purchase and use at which intervention is possible, current practice appears to be to intervene at the point of use. This is an obvious point of intervention: users are vulnerable, static and performing a complex procedure (preparing drugs, preparing the injection site, administering the drug). However, intervention (and the threat of intervention) at this point is, as our research makes clear, hazardous because it encourages unsafe injecting practices. The dangers for police officers should also be evident. Any intervention when needles are in use is dangerous, but some reported police practices (such as removing needles from people's arms during the injection process) suggest an alarming recklessness and a failure of police training to communicate information about health risks.

'Order maintenance' and some drug-related arrests are currently bought at the cost of serious public health risks to drug users, police officers and the broader community. Police officers should be directed, trained and encouraged to take public health into consideration when exercising their discretion in dealing with drug users. Using discretion in this way would not be improperly to abandon law enforcement. As has been made clear above, law enforcement is not currently the automatic police response, and structuring discretion by taking account of various policy imperatives is both legally impeccable and consistent with best practice in contemporary policing. The priority must be to shift police attention away from the period immediately surrounding self-administration. It is time that laudable policy commitments to harm minimization are given substance in policing practice by structuring police discretion around the priority of public health.

Conclusion

It is almost a cliché to point out that unsuccessful attempts to enforce prohibitions of widely desired goods and services have undesirable side-effects (Morris and Hawkins 1970: 27). In the policing of prostitution, gambling, drink, and other drugs, a pattern has been established which was familiar in the eighteenth century: 'the inventions of the sharpers' are 'swifter than the punishment of the law, which only hunts them from one device to another' (Blackstone 1769: 173).

Drug law enforcement has particular pathogenic and criminogenic costs. It is characterized by waves of activity: both the availability of resources and public or media pressure for action produce this pattern of crackdown and back-off. As we have seen, such a pattern appears to be particularly prone to unwelcome side-effects. Drug market participants adopt risky practices in storing, transferring and administering heroin. The illegal activity is not suppressed, but the threat of intermittent law enforcement encourages the development of a level of organization that protects participants and increases the potential for police corruption. Geographical, social, substance and temporal displacement may occur, and relations between police and ethnic minorities deteriorate.

As we have seen, specific types of illegal activity can be moulded in different ways by attempts to suppress or control them. Once it is accepted that suppression of an activity is impossible, the task of policing (assuming a continuing formal commitment to prohibition) is its regulation (Dixon 1991). As Dorn and South suggest, the ‘question is, given that we cannot totally prevent illegal drug markets . . . what kind of markets do we least dislike, and how can we adjust the control mix so as to push markets in the least *undesired* direction?’ (1990: 186). Such questions need to be answered empirically. Our research goes some way towards providing some answers. The lesson from this study is that we know what *not* to do if we value public health and community safety.

If viewed solely from the short-term perspective of traditional law enforcement, the street policing of drug offences in Cabramatta may be judged a reasonable success: it generates respectable arrest and conviction rates. As quality of life or ‘zero tolerance’ policing attracts increasing interest, the criteria of success have shifted to disrupting the market and ‘cleaning’ up the town centre. The various ways in which the Cabramatta drug market has been displaced have been hailed as winning a drug war.¹⁶ However, our research indicates that crackdowns, whether carried out in the name of law enforcement or quality of life, push markets in directions which are highly undesirable. Such ‘successes’ and ‘victories’ may be won at a cost which, in the long term, makes them not worthwhile.

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¹⁶ See ‘Police win war in drug capital’, *Daily Telegraph* (Sydney), 20 April 1998; ‘Outstanding success of Operation Puccini’, *Police Service Weekly*, 1 June 1998: 4–5.

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