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The impact of a police crackdown on a street drug scene: evidence from the street

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Abstract

This article documents the impact of a police crackdown on a street heroin market in a suburb of Melbourne, Australia, as perceived by individuals involved in the market. While our data suggest that ‘Operation Clean Heart’ achieved its objective of reducing the visible aspects of this street drug scene, they also imply that the drug market rapidly adapted to its new conditions and that the impact of the operation was essentially superficial and temporary. In addition, we contend that the operation had numerous (unintended) negative consequences, some of which are potentially harmful to public health. Negative outcomes implied by our data included the partial displacement of the drug scene to nearby metropolitan areas; the discouragement of safe injecting practice and safe needle and syringe disposal; and more frequent occurrences of violence and fraud. These outcomes may outweigh the perceived positive impacts, which were achieved at significant public expense. We conclude that police crackdowns are inappropriate responses to illicit drug problems; instead, in line with longstanding Australian policy, approaches which incorporate and balance demand reduction, supply reduction and harm reduction principles should be followed.

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Introduction

‘Zero tolerance’ is a term which has achieved wide currency in the public and political debate on Australia’s illicit drug problems in recent years (Dixon & Coffin, 1999). The phrase came to public prominence in Australia after the release of a proposal for a trial of heroin prescription and its rejection by the Australian government in 1997 (Lawrence, Bammer, & Chapman, 2000). Australia’s Prime Minister subsequently made public statements in which he invoked ‘zero tolerance’ as a ‘credible’ response to illicit drug use problems (Howard, 1998a,b, 1999). Mr Howard, like many other commentators, employed ‘zero tolerance’ to mean that no level or aspect of illicit drug use should be tolerated, and frequently used the phrase to express support for a

traditionally strict law enforcement approach to illicit drug problems. This stance does not fit comfortably within the National Drug Strategic Framework (Ministerial Council on Drugs Strategy, 1998), in which the Australian government’s approach to illicit drug problems is represented as consisting of a balance between supply reduction, demand reduction and harm reduction measures. Confusion between established policy and political rhetoric arguably engendered a climate in which an old-fashioned police crackdown could be developed and implemented in Australian cities without significant outcry.

In this research, our aims are twofold. Our first objective was to document the impact of an intensive policing operation on a street heroin market in a suburb of Melbourne, Victoria, Australia. Our second objective was to test the findings of Lisa Maher and David Dixon (Maher, Dixon, Swift, & Nguyen, 1997; Maher, Dixon, Lynskey, & Hall, 1998; Maher & Dixon, 1999, 2001) in a Victorian context. Maher and Dixon have been investi-

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gating the consequences of saturation policing on Australia's principal heroin market since 1995. On the basis of extensive ethnographic research amongst the Indo-Chinese community in the suburb of Cabramatta in Sydney's outer western suburbs, they argue that, despite a commitment to harm minimisation, law enforcement considerations have assumed priority in drug policy. Maher and Dixon contend that the climate of uncertainty and fear generated by such policing strategies amongst participants in the street heroin market lead to several harmful consequences for public health, including reluctance to carry new or used injecting equipment, and encouragement of more hurried and opportunistic injecting. In addition, Maher and Dixon argue that the disruptions to the street heroin market that occur as a result of policing strategies displace criminal activity, thereby increasing the risk of overdose, disconnecting street-based injectors from health and other service providers, potentially increasing availability of drugs in areas where they were previously scarce, increasing volatility and violence, and promoting transition from smoking to injecting heroin.

Maher and Dixon also explore the harmful consequences of saturation policing for police–public relations (see especially Maher et al., 1997) noting that cultural insensitivity (e.g. through denigrating and offensive searches of Indo-Chinese suspects) and improper behaviour on the part of police officers (e.g. routine harassment, intimidation, illegal confiscation of drugs and cash, destruction of clean injecting equipment and general mistreatment) has led to strained relations between the Indo-Chinese community and the NSW police force.

Background

The municipality of Maribyrnong (1996 population 59 029—Maribyrnong City Council, 2000), which includes the suburb of Footscray (1996 population 12,856), is a socio-economically disadvantaged area of Melbourne, Australia's second-largest city and the capital of the state of Victoria. The region is traditionally working-class and industrial (Grace & Shield, 1998), so has been disproportionately affected by the gradual decline in the Australian manufacturing sector over recent decades. Nearly 40% of Maribyrnong's residents are immigrants from non-English-speaking countries, and the region has low levels of proficiency in English (15.7% of residents speak English poorly or not at all, vs. the Melbourne average of 5.1%). Maribyrnong residents have low average income relative to the rest of Melbourne (\$289.60 per resident per week in 1996; Melbourne average, \$379.95), a high level of unemployment (8 vs. 4% across Melbourne in 1996) high crime rates (85.2 victims of crime per 1000 population in

1996–97; state average, 69.4) (Department of Premier and Cabinet, Victoria, 1999; Grace & Shield, 1998; Maribyrnong City Council, 2000). Some of these disadvantages are almost certainly related to the existence of an active street drug market in Footscray.

Recognition of the burgeoning street drug scene in Footscray (in which injectable heroin has been overwhelmingly the primary commodity) led to the establishment of Western Region AIDS and Hepatitis Prevention (WRAP) in 1990. WRAP remains the only dedicated needle and syringe program in the western suburbs, and distributed 419 181 needles and syringes in 1999—8% of the state total (Department of Human Services, *in press*). In the mid- to late 1990s, increasing purity and decreasing price of the heroin sold in Footscray (and throughout Melbourne) led to growth in the size and visibility of the drug scene, as well as an increase in overdose numbers (Fry & Miller, 2001). (While accurate quantification of the extent of the drug scene in Footscray is impossible, by late 2000 even a novice drug user could obtain heroin in minutes from dozens of street dealers, and intoxicated heroin users were a frequent sight on the streets. In late 2000, WRAP typically processed around 200 contacts with users per day.) Simultaneously, traders and community groups grew more vocal in their demands for action to curb the drug problem, the former claiming that the drug scene affected trade and the latter mostly concerned about public safety and the image of Footscray (Thompson & Cunworth, 1999; Noisette, 2000). This was the context of the police anti-drug operation which began in Footscray in early December 2000.

Operation Clean Heart

The impetus for Operation Clean Heart came from an offhand remark made by the coach of Footscray's Australian Rules football team after it had achieved the distinction of being the only team to defeat the competition's then best team, Essendon, in 2000 (Inspector de Bruyn, Footscray Police, personal communication). The Western Bulldogs beat the Essendon Bombers by playing zone defence—"defending turf"—rather than assigning a player to each member of the opposition team; following the win, their coach suggested to Inspector de Bruyn (Footscray's police chief) that the same idea should be applied to Footscray's drug problem. The Inspector saw this suggestion as both worthwhile and timely, as it coincided with calls from local shopkeepers to move strongly against the drug scene they claimed was seriously affecting their businesses (de Bruyn, personal communication). Thus Footscray police developed Operation Clean Heart, in essence a highly localised exercise in saturation policing.

Police anti-drugs activity in Footscray prior to Clean Heart consisted of irregular foot patrols by pairs of police through the suburb's Central Business District (CBD) during which police were expected to respond to the full range of law and order concerns (Inspector de Bruyn, personal communication). Operation Clean Heart represented a significant increase in resources dedicated to Footscray's drug problems, including a total of 18 extra full-time police. These extra resources were a permanent foot patrol of four police, two police occupying an observation booth opposite the prime dealing corner (7 am–10.30 pm, 7 days a week), two mounted police, and two police with sniffer dogs.

Operation Clean Heart began on Sunday 3rd of December 2000 with a brief of "defending" an area of the Footscray CBD consisting of a single city block measuring approximately 150 × 150 m, plus a 150-m southward extension of the mall on one side of the block, and the nearby Footscray train station (where all western suburbs rail lines converge) (Squires, 2000). This area also includes the local tram and bus terminals. People arriving in Footscray whom police judged were intending to buy or sell drugs were stopped and questioned about their intentions, and if their answers were unsatisfactory were "put back on the train" (Squires, 2000) or asked to leave by other means. A deliberate focus on incoming traffic was employed because "90 per cent of those arrested for drug offences in Footscray came from other suburbs" (Inspector de Bruyn, quoted in Noisette, 2000). Otherwise, police activities consisted of efforts to intercept people buying, selling and in possession of illicit drugs, made more intense by increased numbers of police, and passive deterrence through maintaining high visibility on the streets.

Research methods

The Centre for Harm Reduction (Macfarlane Burnet Institute) has a shopfront office located close to the street drug scene in Footscray from which it operates multiple research programmes. The major task underway during Operation Clean Heart involved long-term qualitative research—using street observation methods and associated conversational opportunities—with illicit drug users in Footscray. (This qualitative research was in fact the initial stage of a larger project aimed at mapping social networks of illicit drug injectors in order to study their influence on transmission of the hepatitis C virus.) By the time Operation Clean Heart began, our three researchers had been in close contact with dozens of people performing various (often multiple) roles in the local drug scene for around 3 months. In addition, all three had worked in the area for substantial portions of the previous 3 years, conducting social and epide-

miological research, working in Footscray's Needle and Syringe Program (NSP), as peer educators, and in community development. Thus our researchers' credibility and profile in the scene were well established, and greatly facilitated their ability to interact with and observe drug users and dealers on the street in Footscray. It was serendipitous that our researchers were perfectly positioned to document the effects of a police operation—another benefit of conducting long-term field research.

Each researcher was tasked with recruiting five people who represented at least some of the major categories of actors in the Footscray drug scene, including drug users, dealers, locals, visitors, ethnic Vietnamese Australians, and Anglo-Australians. In the event, the interviewees consisted of 11 users, 4 user/dealers, 9 locals, 6 visitors, 3 Vietnamese-Australians, 2 European-Australians, and 10 Anglo-Australians (non-mutually-exclusive categories, with obvious exceptions). In the following text, interviewees whose ethnicities are not specifically described are Anglo-Australians. Interviews were semi-structured, the 'structure' consisting of these questions: How are you involved in the local drug scene? Are you aware of the current police operation in Footscray? To the best of your knowledge, what does 'Operation Clean Heart' consist of? How has 'Operation Clean Heart' affected you personally? Have you noticed changes in the local scene as a result of 'Operation Clean Heart'?

All 15 interviews were conducted during the week 18th–22nd December 2000, 13 at the CHR shopfront. The project was explained to each potential participant approached, who signed a consent form if they were willing to be interviewed (none refused); then the interview was conducted and recorded on minidisk and the recording supplemented by hand-written notes; the participant was compensated for time and effort with A\$20 (approx US\$11 in late December 2000); and finally, the minidisk was locked securely away for later transcription and analysis.

Interviews were supplemented and given context by extensive fieldnotes compiled as part of our researchers' core work—participative observation of the street drug scene in Footscray, conducted for its own sake and as preparation for a project involving mapping hepatitis C transmission through the social networks of injecting drug users. Each researcher typically spent 3–4 h per day on the street observing and learning through conversation with users.

Prior to the commencement of the field research, the first author contacted the police officer (Inspector Bill de Bruyn) in charge of Operation Clean Heart to explain the project and obtain basic information about allocation of police resources to the operation.

Evidence of impact from WRAP

WRAP is the only dedicated and full-time NSP in Melbourne's western suburbs, so its hinterland extends far beyond Footscray, therefore a highly localised police operation directed at the street drug scene might not be expected to affect many people visiting Footscray only to collect needles and syringes. Nevertheless, Footscray is a public transport hub, and police concentration on bus and tram terminals and the train station would presumably deter people arriving for any drug-related purposes, whether they were intending to buy heroin locally or not. Needle and syringe distribution and collection figures for WRAP (Table 1) appear to provide some evidence for an impact of Clean Heart on drug use in Footscray.

Visits to WRAP and needle and syringe distribution both rose from November to December 1999 and fell again in January 2000, but the situation was reversed a year later, with a distinct trough occurring in December 2000. WRAP's visits in December 2000 were 7.0% down on December 1999, however 5.4% more needles and syringes were distributed. Likewise, visits to WRAP during December 2000 were down by nearly 17% over the previous month, but the number of needles and syringes distributed fell by only 12%. These numbers must be treated with caution—in particular *visits*, which does not distinguish between multiple contacts with one individual or single contacts with multiple individuals. Nevertheless, these data could be interpreted as showing that some drug users were deterred from visiting WRAP by police activity and overall needle and syringe distribution was also affected. Another plausible conclusion is that IDUs who did attend WRAP collected more equipment than usual, in order to reduce their own frequency of exposure to Operation Clean Heart and to distribute to users unwilling to make the trip.

According to a WRAP worker interviewed as part of this study, Clean Heart definitely affected the pattern of daily service delivery; instead of the usual steady stream of visitors, long periods of quiet separated short bursts of extremely high demand. Our observations were that pedestrian traffic to WRAP had declined significantly due to the police operation, but car traffic had increased, in line with the findings of a previous study of the effects of intensive policing of the street drug market in Cabramatta (a suburb of Sydney) (Maher & Dixon, 1999).

Impact of Operation Clean Heart on drug users

Impressions of police methods

Most people viewed the police's fundamental practice during Clean Heart as surveillance and low-level inter-

ference designed to make it difficult for people to sell, buy or use heroin in Footscray. All described police stopping suspected users more frequently than in previous times, taking names and addresses, and giving warnings to 'loiterers':

"I understand where the police are coming from but they don't have to search us five times in a week. Every time they see your face they say 'if we see you hanging around and not doing your Xmas shopping ... we're going to have to charge you ...'" (Male, late 20s)

"More cops around, hassling the users more, hassling them three times more than usual. I've been stopped three times in last three weeks. They just ask my name and address and ask you what you're doing and that's about all. Once they said nick off [go away]". (Male, late 20s)

Although the bulk of interviewees described their personal experience of Operation Clean Heart in similar terms to those above, some claimed to have observed or been the targets of more belligerent police action:

"...straight away they ask you what you're doing in Footscray and if you don't have a good reason they tell you to leave, to get out. Like one morning, I walked from the mall to the station and I got pulled over four times ... and then they threw me out of Footscray. Some people they [the police] know or they've arrested them before for dealing, they strip-search them, on the street ... we seen this girl on the corner of Lydia St and they pulled her pants down, in front of everyone—the street was full." (Male, early 20s)

"I got strip-searched by undercovers [undercover police] in the park. Like me and my friend were just standing [on the street] and next thing we know there are two of them running to us and they grab me and pushes me against the wall ... he rips out his badge and starts searching me and tells me to get over there for a strip search." (Male Vietnamese-Australian, late teens)

Our respondents described many individual and general responses to these police tactics. We have grouped the reported effects of Operation Clean Heart on the street drug scene into the following categories: altered scoring (buying) and dealing (selling) practices; changes in the spatial organisation of the drug scene; and heightened potential for drug-related harm.

Table 1
 Visits to and needle and syringe distribution from WRAP, September 1999–January 2000 and September 2000–January 2001

	Sept 1999–Jan 2000					Sept 2000–Jan 2001				
	Sept	Oct	Nov	Dec	Jan	Sept	Oct	Nov	Dec	Jan
Visits	3833	3825	4016	4401	4273	4566	4964	4917	4094	4281
Visits, % change over preceding month		−0.2	+5.0	+9.6	−2.9		+8.7	−0.9	−16.7	+4.6
Needles and syringes distributed	33 972	32 416	37 919	40 396	38 196	43 361	52 782	48 436	42 562	47 454
Needles and syringes distributed, % change over preceding month		−4.6	+17.0	+6.5	−5.4		+21.7	−8.2	−12.1	+11.5
<i>Percentage change, month in 2000 over same month in 1999</i>										
Visits						+19.1	+29.8	+22.4	−7.0	+0.2
Needles and syringes distributed						+27.6	+62.8	+27.7	+5.4	+24.2

The month in which Operation Clean Heart began is shown in bold.

Effects on scoring and dealing practices

As was the police's intention, Clean Heart's impact was felt by both users and dealers and did lead to altered behaviour. Many of our interviewees claimed that scoring and dealing were more difficult as a result of the police operation:

"There's less drugs around, you've got to know the right people to score [buy heroin], you've got to know the spots to get it... It's much harder to score. It used to take about five minutes when you got off the train. Now it takes ten to fifteen minutes." (Female, early 20s)

"I ring them [dealers] and they pick a place right away from where the police are. It's hard because you sometimes have to walk a fair way to get there and they won't wait and you turn up and they have gone from where they told you to meet them. You have to ring again and arrange another place to meet." (Male, late teens)

"Yes, it takes me longer to sell than it did. I've seen a few regulars go out of business because they can't sell enough safely to cover their habit. Not because there aren't the buyers, just because you have to be careful who you sell to, so you have to depend on regulars and that's often not enough." (Male, early 20s)

Although Clean Heart's impact on buying and selling heroin was undoubtedly real, several users indicated that its effect on the overall functioning of the market was small, and in some respects, temporary:

"The first time when they put that thing [the booth] up and I wanted to pick up [buy heroin] I couldn't find anyone. I had to walk around for forty minutes just to find someone, because I didn't know where people had moved to. I did find them eventually but like it took a bit longer to get on maybe ten minutes instead of straight away. It hasn't changed much at all." (Male Vietnamese-Australian, late teens)

"... it does move them from where they used to be, you know bro it sort of puts them outside the comfort zone. Like they have might have to work a bit harder to get rid of their deals that's all I reckon it does nothing much changes just makes it a bit more of a hassle for a while." (Male Maltese-Australian, mid 20s)

More evidence suggesting Clean Heart's disruption of the drug market was limited was provided in response to

direct questions about changes in methods, a strong theme being increased reliance on mobile telephones. Some older users mentioned how in earlier times 'the grapevine' had usually meant that most people would quickly become aware of the presence and location of police. The advent and ubiquity of mobile phones made the grapevine vastly more effective, and the technology has clearly become of central importance to this street drug market, and presumably others (Forbes, 2001). One dealer described how his mobile phone enabled him to carry on business in Footscray during Operation Clean Heart:

"I just did what I used to do on days they [the police] were around a lot. Like it didn't take long to know they were on a blitz ... people started using mobiles more and I just met people a few streets away from the places where they were." (Male, early 20s)

Other changes in dealing methods—staying mobile rather than regularly operating in a particular location, selling only to people they knew well (which probably further increased the difficulty of scoring for irregular users), dealing from off-street locations, keeping only a small amount of drugs on their persons—were described by users and dealers:

"The dealers on the street are just moving around instead of staying in the one spot... Or they'll sit in a coffee shop and have a cup of coffee instead of staying on the street." (Female, early 20s)

"The dealers ... won't hold anything on 'em or they might have one or two \$50 deals and stash the rest so they don't get caught with it." (Male, early 20s)

"I won't sell to anyone I don't know. My regulars know I am around somewhere, so if they keep walking they will find me" (Male, early 20s)

"The dealers ... just bring the customers into the shops to do it [sell heroin] ... it happens all the time, the dealer does the deal and then just walks out." (Male Vietnamese-Australian, late teens)

Changes in dealing practices forced users to change their behaviour in many respects, but Clean Heart also independently produced changes in the behaviour of people wanting to buy heroin:

"I'm more careful. One day I was too paranoid to get off at the station. I went on to the next stop and walked back to Footscray." (Male, late 20s)

“... [the] same amount of people are coming here [as before] but they’re not hanging around as long. They just come here and score and get out again.” (Male, early 20s)

With many users in a greater hurry to obtain heroin and leave Footscray quickly, one dealer we interviewed actually regarded the increased police presence as beneficial:

“Well I’m here for a shorter time than I have been before [the operation] and selling a lot more. I sometimes had to stay out until 3 or 4 pm to get rid of what I had to sell. I’ve been getting rid of everything I’ve got by 11am. I could make a killing if I wanted to stay out all day.” (Male, early 40s)

These quotes illustrate the fact that Operation Clean Heart compelled users and dealers to change their methods and generally be more careful when in Footscray. The most obvious means for dealers to reduce their (and their customers’) exposure to the police operation was to move to areas of less intense police activity.

Effects on spatial organisation

The most conspicuous outcome of Operation Clean Heart was the change wrought in the spatial organisation of the drug scene in Footscray. Two main kinds of spatial change are discernible in our interviews and from street observation. The first consists of localised dispersals, particularly relating to the police booth set up opposite what had been the major dealing corner in Footscray.

“Dealers have moved their spots ‘cause they all used to stay on the corner around Paisley and Leeds [streets] and now you can’t get it from there, they’ve [police] got their booth right there....” (Female, early 20s)

“The diehard dealers are still out there but they’ve shifted location from Paisley St—they’re in the mall and down towards the market” ... (Male, early 40s)

“[Now] you see a little bit [of the scene] up near [the supermarket], a bit down by the [train] station, a bit at the back of the market, it’s all spread out.” (Male, late 20s)

These quotes imply Clean Heart caused fairly minor disturbances to the drug market in Footscray; some dealers simply relocated a block north or west and out of direct line of sight of the booth, some moved several

blocks away, others (as detailed earlier) became mobile, often making contact with buyers using mobile phones.

In contrast to the minor disruptions described above, the second spatial change created by Clean Heart was a classic displacement effect (Maher & Dixon, 1999), where concerted police action in Footscray appeared to shift part of the drug scene to an entirely different location:

“Now like I usually go down to Kensington to get on [buy heroin] it is less hot down there” (Male Maltese-Australian, mid 20s)

“I have been going down and selling in Kensington. A lot of people have started going there. They [police] can’t be everywhere at once and the dealers and users can just keep moving, staying one step ahead of them.” (Male, early 40s)

“It [Clean Heart] has worked a bit but I mean it has just moved it [the drug scene] to another area won’t it? They moved into the mall ... there are plenty of people just going into Kensington as well.” (Male Vietnamese-Australian, late teens)

Two respondents independently described a secondary displacement effect whereby (they claimed) indirectly drug-related crime had moved away from Footscray due to Clean Heart, and this was echoed by another user:

“... there’s more crime elsewhere, like people are turning from shoplifting, petty little things like bag snatching, to doing burgs [burglaries]. They know they can’t shoplift around here ‘cause there are so many jacks [police] around.” (Female, early 20s)

“What they don’t realise is that because they’re all busy here in Footscray, it’s making it easier for all the heroin users to do burgs in other areas” (Male, early 20s)

Operation Clean Heart began in early December 2000 and continued into 2001 with somewhat diminished resources. As the quotes above suggest, heroin dealing and scoring activity in Kensington (a small suburb to the east of Footscray, which previously harboured an established and growing but relatively quiet heroin scene) swelled during the Clean Heart period. The heightened visibility of Kensington’s heroin scene was widely seen as linked to the police crackdown in Footscray, and it became an issue of great public concern (Monagle, 2001). The small needle and syringe program located in Kensington’s Community Health Centre was unable to cope with the increased demand on its services (Monagle, 2001), and eventually was

forced to close in response to agitation from residents (Hill, 2001). Public concern also prompted the initiation of a police operation in Kensington which resulted in “at least 15 arrests” (Bennett, 2001) but may also have shifted part of the drug problem to yet another nearby suburb (Bennett, 2001).

It is important to note that the displacement effect of Clean Heart was well recognised by the Footscray police. During a telephone conversation in December 2000, Inspector de Bruyn opined that the operation was indeed “creating a waterbed effect” (a la Dorn and Murji’s likening of drug markets to a “squishy balloon”, in that pressure applied to one spot will reduce the problem locally but simultaneously cause it to inflate elsewhere—Dorn & Murji, 1992) and was not a long-term solution to Footscray’s drug problems. Nevertheless, the Inspector made it clear that he regarded Clean Heart as successful because it had been a response to calls from local shopkeepers and they were very happy with the visible results (Inspector de Bruyn, personal communication; Noisette, 2000).

Effects on drug-related harm

A previous Australian study documented resultant increased risk-taking, violence and other behaviours prejudicial to public health during an intensive police anti-drug operation (Maher & Dixon, 1999). The same consequences were described in virtually identical terms by our interviewees with respect to Operation Clean Heart in Footscray.

“I have used in Footscray over the last few weeks. But not in the same place ‘cause there’s too many jacks [police] around, I go to a mate’s place . . . or to a back alley, somewhere no one can find you, a more remote place. And because I’m more paranoid about them it’s hard to concentrate.” (Male, late 20s)

“...now we go further away to our own spot . . . when we get there it’s like ‘hurry up, hurry up’ just in case we’ve been followed or someone has watched us, we don’t want to get done by the jacks. I missed my vein this morning ‘cause I was in a hurry.” (Female, early 20s)

“One day, I had the dope on me and came by bus to get fits. When I got [here] I saw two cops standing opposite the exchange [WRAP] . . . I gave up and went to a mate’s place and used an old fit of his. I got it out of the jar he puts the dirty ones in. I washed it out with water . . . from a glass he had used to mix up with before. It was really stupid but I had no choice.” (Male, late teens)

The physical harm which can occur when a user feels compelled to inject more rapidly is clearly demonstrated by the first two quotes above. Injecting into a vein is a delicate procedure, requiring stillness and deliberate movements—haste and anxiety are clearly unhelpful. People who habitually inject into the neck or groin are at risk of more serious consequences of imprecise technique, including paralysis or death if they puncture an artery or a major nerve. For someone who injects alone, moving to a more remote and quieter location to inject means less chance of being found if an overdose occurs and therefore increased risk of death. The third quote is an example of the negative outcome of a clash between public health and law enforcement goals; it suggests that police presence deterred a drug user from visiting an NSP—a service provided specifically for drug injectors to reduce transmission of blood-borne viruses—and he injected with someone else’s used needle (the principal risk behaviour for hepatitis C infection—Crofts, Jolley, Kaldor, & van Beek, 1997).

Although magnified anxiety over interception by police directly increases potential harms to drug users through the mechanisms described above, the non-using community may be affected indirectly:

“All the users are paranoid . . . people are more likely to get rid of their used fits as soon as they can, because there are so many jacks around.” (Male, mid 20s)

Needlestick injuries from unsafely discarded syringes are infrequent events in Australia, but needles are potent visual symbols and therefore constitute a psychological threat to the community well out of proportion to their public health relevance (Macalino, Springer, Rahman, Vlahov, & Jones, 1998; Fitzgerald, Broad, & Dare, 1999). Unfortunately—as the above quote implies—street-based users made more fearful of the consequences of being found in possession of used needles and syringes are more likely to dispose of them with less care, meaning the visible evidence of drug use may actually be increased.

Other reported harms were increases in the frequency of ‘standovers’ (threats or acts of violence used to obtain drugs from known dealers), and ‘rips’ (sales of fake heroin) on the streets—which naturally inspire further violence:

“...there’ve been lots of rips, people taking advantage of the situation, selling anything from plaster to pills. Like a fair few dealers aren’t around because they have been busted [arrested]. This makes it easy for the rippers to come in and sell shit.” (Male, early 20s)

“They [police] have put pressure on people who don’t use much because they are more likely to get ripped off at the moment if they don’t know the new drill. There are fuckers out there looking for them, selling them shit They end up doing more crime or becoming more desperate because of it. They will also become more violent if they have been ripped off.” (Male, early 40s)

“People are really more dangerous they are more desperate and you are more likely to get ripped off. I am only small, so they stand over me. That had only happened to me twice before the operation. Now it has happened to me four times in the last two weeks. I don’t know which is worse, the jacks or the users.” (Male, late teens)

Opinions of the effectiveness of Clean Heart

Many users and dealers provided (unasked) their perceptions of the impact the operation would have on the Footscray drug scene. They were united in viewing any reductions in drug-related activity as temporary, and many believed that its immediate impact was essentially minimal:

“People have adapted to work around the police. It’s been done right under their noses. They think it’s going to scare people away but it’s not... As soon as the police go, it’s all going to go back to the way it was again, so it only achieves anything in the short term.” (Female, early 20s)

“We’ll always find a way around it. People aren’t going to stop using the shit just because they [police] are around. Taking a few dealers off the street does nothing. They get replaced by someone else the next day. There will always be people to sell to and it will take a lot more than coppers [police] to get them to stop, they like it too much and they need it once they’ve got a habit... when they get out of jail they go straight back to the street the day they get out and sell ...” (Male, early 20s)

“The coppers won’t be able to keep this up, it’s not doing much, everybody has changed their ways and we are settling in to the way it is now. Things find their natural level, I’ve seen these operations come and go. See for the coppers it’s a job, for the user or dealer it is a lot more important than that. The user, and most of us are, will always be prepared to do what it takes to get dope. They will always take that extra step.” (Male, early 40s)

An important consideration for gauging the impact of Clean Heart is the nationwide heroin ‘drought’ which began (on the basis of our observations) in Footscray in early January 2001 and had not abated by October that year. The purity of street heroin dropped dramatically while prices doubled, causing significant disruption to the heroin market in Footscray. Many IDUs stopped buying heroin in Footscray, instead relying on better-quality drugs supplied by off-street dealers, or substituted other drugs—in some cases, legal drugs such as methadone, in others, tranquillisers or amphetamines. Disentangling the effects of Clean Heart from that of the heroin ‘drought’ is extremely problematic, as attested to by the lack of consensus on the relative contributions of Australian law enforcement, unusual weather patterns in heroin-producing countries, and heroin importers’ ‘marketing’ decisions on the phenomenon (Makkai, 2002; Loxley, 2002).

Conclusions

During its lifetime Operation Clean Heart undoubtedly curtailed Footscray’s street drug scene, especially in terms of the scene’s visibility. Nevertheless, it is clear that the market is resilient and rapidly adapts to new conditions. The information we collected from people buying and selling drugs in Footscray and our observations imply that Clean Heart’s main outcomes were to partially displace the problem to other areas of Footscray and nearby metropolitan areas, and to force dealers to adopt more clandestine and sophisticated methods. Our data also suggest that the operation discouraged safe injecting practice and safe disposal and increased the frequency of occurrences of violence and fraud in the Footscray drug scene.

We argue (as have Maher & Dixon, 1999) that these negative outcomes of an intensive police anti-drug initiative—for public health, neighbouring suburbs and the general community—may outweigh the perceived positive outcomes, which are largely superficial and temporary, and achieved at significant public expense. It is undeniable that illicit drug problems are ranked very high in the list of difficult and frustrating societal problems, and the temptation to respond to them with force is powerful. The competing tensions of the general public’s aversion to heroin use and drug injecting and their perceived threats to community safety, and the need to protect the health of drug users for the benefit of the entire community, complicate matters further. Nevertheless, the very complexity of illicit drug problems attests that simple responses are inadequate. Our and others’ research suggest that illicit drug problems require broad-based, multi-faceted approaches rather than narrowly-focused ones if the overall public interest is to be served. We urge that in

future, instead of police operations directed primarily at displacement of a street drug scene from one part of a city to another and suppressing some of its visible aspects, a broad harm minimisation approach should be adhered to, in which policing is an important but not the only component.

Such an approach is entirely possible in Footscray, which accommodates a concentration of service providers equipped to reach, educate and improve the health and social functioning of drug users. A partnership between law enforcement and public health—in line with national harm minimisation policy—may have achieved similar results in terms of suppressing the distressing visible aspects of Footscray's drug scene, without the negative public health effects which (our data suggest) Clean Heart produced. We support the recommendations for policing made by Maher and Dixon, including that there is a need to develop such alternative strategies to saturation policing to improve the quality of life in CBDs; that drug markets should be contained in locations which cause least harm; that a policy commitment to target higher-level dealers should not translate into an overwhelming operational focus on street-level dealers and users; that police should avoid contact at the point of injecting because of the health risks to police and drug users; and that police should receive better training with regard to harm minimisation and its aims.

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