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COMMUNITY-ORIENTED POLICING STRATEGIES WHEN HANDLING NONVIOLENT DRUG OFFENDERS

A Thesis
Presented to
The Faculty of the Department of Sociology
Western Kentucky University
Bowling Green, Kentucky

In Partial Fulfillment
Of the Requirement for the Degree
Master of Arts

By
Michael J Layle

May 2012

COMMUNITY-ORIENTED POLICING STRATEGIES WHEN HANDLING NONVIOLENT DRUG OFFENDERS

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COMMUNITY-ORIENTED POLICING STRATEGIES WHEN HANDLING NONVIOLENT DRUG OFFENDERS

Michael Layle May 2012 50 Pages

Directed By: Holli Drummond, Douglas Smith, John White

Department of Sociology Western Kentucky University

In this study, I analyze the responses of police officers to questions regarding their involvement in the use of Community-Oriented Policing strategies. When the officer encounters a drug offender they must decide how to deal with the situation. There are a variety of trained responses and policies available. The data is grouped into nine variables; time in law enforcement, time in department, perceived support, perceived barriers, COP strategy, COP action, prevention, help, and citation. The data is then analyzed using structural equation modeling.

INTRODUCTION

> There will always be a part, and always a very large part of every community, that have no care but for themselves, and whose care for themselves reaches little further than impatience of immediate pain, and eagerness for the nearest good. (Samuel Johnson 1775)

When an officer encounters a drug offender, the officer has choices to make. He or she can arrest the offender, drive them to a rehabilitation facility, take them home if possible, etc. The strategies implemented by the individual officer are influenced by the philosophy of the officers' department or unit. Since the 1990s, more departments have integrated Community Oriented Policing (COP) philosophies as a method of crime reduction. This philosophy involves strategy that focuses more on synergy and cooperation with neighborhood residents and the community overall rather than "traditional" crime fighting. The belief is that addressing neighborhood problems, which lead to crime and victimization, requires cohesion between the police and citizens, especially regarding drug control policy (Benson and Rasmussen 1998; Bullington, Bollinger and Shelley 2004; Dorn 2004; Goetz and Mitchell 2003; Goetz and Mitchell 2006; McNeece 2003).

In 2002 President George W. Bush expressed a goal of reducing drug use by 25% within five years (Office of National Drug Control Policy 2005). Arrests for drug use violations totaled 1,538,813 in 2002 (Uniform Crime Report: Crime in the United States 2002). Considering the population change, the 1,889,810 arrests in 2006 equaled an increase of 18.32% (Uniform Crime Report 2006, U.S. Census 2007).

Drug use arrests have increased and the cost to the American public is

more than $193 billion annually (ONDCP 2011). For 2012 the ONDCP requested $26.2 billion for the National Drug Control Budget (ONDCP 2012). When evaluating illicit drug use among both adolescents and adults (those aged 12 and older), the National Survey on Drug Use and Health (NSDUH 2007) finds a stable usage rate of 8% since 2002. However, the most recent report from the Office of National Drug Control Policy (2008a) indicates a decline of 24% between 2001 and 2007 among adolescents (i.e., the 8th, 10th, and 12th graders surveyed by the Monitoring the Future project). The ONDCP, however, is a federal entity that has an interest in reporting certain information concerning their effectiveness. The FBI's Uniform Crime Report (2010) states that drug arrests for people under 15 jumped 9.8% between 2009 and 2010.

The general trend over the last 30 years has been illustrated by the ONDCP's Drug Policy Information Clearinghouse Fact Sheet and their National Drug Control Strategy (ONDCP 2002). The fact sheet shows overall drug use among persons over 12 declining steadily between 1978 and 1992, then increasing through 2001 (ONDCP 2002; ONDCP 2008a). One study suggested that the increase in the 1990s may have been due to a movement from crack and cocaine in the 1980s toward marijuana (Johnson et al 2005). Following this, there is a decline in illicit drug use, a sharp increase in non-medicinal prescription pill consumption, and steady usage of marijuana (ONDCP 2008). Some reasons for the decline in illicit drug use over the last six years may include increases in: drug testing in schools, drug courts, information about the harmful effects of use, anti-drug media campaigns, and attempts at interdiction across national borders

(ONDCP 2008).

It is important to consider that many social problems are born out of drug use: theft, murder, the cost to the public of drug treatment programs, the institutionalization caused by being arrested, and prostitution that can lead to spreading STDs, to name just a few. Some of these problems may be better handled by policing methods focused on minimizing harm, rather than reactive methods often used in many cities today (Benson and Rasmussen 1998; Bullington, Bollinger and Shelley 2004; Dorn 2004; Goetz and Mitchell 2003; Goetz and Mitchell 2006; McNeece 2003). Following the COP model offers a "cost benefit" mechanism for criminal justice professionals to "bridge the gaps" between crime control, drug use, and public health providers. COP is described by the United States Department of Justice's Office of Community Oriented Policing Services as follows:

> Community policing is a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime. (USDOJ 2011)

Different manifestations of COP exist across the United States and the world (Baker and Wolfer 2003; Deukmedjian 2006; Gianakis and Davis 1998; Goetz and Mitchell 2003; Gould and Mastrofski 2004; He, Zhao and Lovrich 2005; Miller 2006; Murray 2005; Wells, Schafer, Varano and Bynum 2006). The following are elements of COP used most often and called "COP strategy": specially designated policing offices or mini-stations; foot or bicycle patrol as specific assignment; foot patrol as a periodic expectation for officers assigned to

cars; beat or patrol boundaries that coincide with neighborhood boundaries; and designation of some officers as community or neighborhood officers, each of whom is responsible for problem-solving in a designated area.

Some methods are used less. These may include: formalized, in-service training for officers in problem identification and resolution; interagency involvement in problem identification and resolution; use of field interviews to gather intelligence; and development of a centralized database for using field interviews and other information. Additionally, some methods are called "COP action" in the current study. These may include: working with citizens to identify problem areas; door-to-door contact with neighbors; regular meetings with community groups; meeting with local government agencies; and meeting with private or nonprofit, community-based agencies concerned with solving local problems.

Though COP offers a holistic approach that some criminal justice policy advocates argue can greatly diminish the drug trade, and in so doing, decrease the associated neighborhood social problems, some studies (Deukmedjian 2006; Goetz and Mitchell 2006; Harris 2005; Benson and Rasmussen 1998) indicate that officers or general police agencies may resist the implementation of such COP policies. For example, Greene and Pelfrey (1997) found that community involvement usually wanes with time. Also, the need for stricter drug-control policies (Duffil and Brown 2002) and satisfaction with current policies (Harris 2005) are reasons found for not amending policies.

In contrast, other studies suggest that some street-level officers or general

police agencies react positively to COP strategies (Greene and Pelfrey 1997; He, Zhao & Lovrich 2005; Miller 2006; Petty 2005; Wilson and Kelling 1982). A greater sense of security is felt by community members when officers patrol on foot (Gould & Mastrofski 2004; Murray 2005). Even if crime rates do not go down, one study showed community members had a greater feeling of security when police officers patrol using COP versus typical methods (Gianakis and Davis 1998). This greater sense of security may lead to increased cooperation between residents and police officers. The result would be improved neighborhood watch programs, community meetings, relationships with local business owners, etc.

The current research hopes to add to our understanding of the process of adopting and using philosophies and policies consistent with COP when handling nonviolent drug offenders. Harm reduction methods such as drug treatment agency referrals or first-time offense warnings may limit or eliminate use while allowing the user to avoid adjudication and further involvement in the legal system. Using data from a cross-sectional telephone survey of police administrators from around the United States, I conduct a secondary analysis of the relationships between police officers' responses toward questions about COP roles, their perceptions of community and inter-agency support and barriers, and how these roles manifest when handling drug offenders.

LITERATURE REVIEW

Community-Oriented policing (COP) is a method whereby police officers and community members are required to be more collaborative than with a traditional reactive-protection policing model (Community Policing Consortium 1994; DOJ/COPS site; Gianakis and Davis 1998; Goetz and Mitchell 2003; Gould and Mastrofski 2004; Wells, Schafer, Varano, Bynum 2006). In the traditional model, when a crime is reported, the officers react. In COP other methods are used to proactively assist in reducing crime. Such methods may include: referrals to drug treatment programs, community watches, diversionary tactics, foot/horse/bicycle patrols, etc. See appendix A.

According to Murray (2005) "The origins of the modern police service can be traced to the creation of the Metropolitan Police in London in 1829"(p. 349). In the 1900s the automobile allowed police to greatly expand their beats. Policing took on a more reactive, crime fighting role as the use of automobiles allowed officers to patrol much greater areas (Wilson and Kelling 1982).

The riots of the 1960s led social scientists to reconsider the order-maintenance capacity of policing (Wilson and Kelling 1982). Community-oriented policing is the emerging paradigm in policing and generally refers to police departments that take a more grassroots approach to fighting and monitoring crime (Miller 2006, Petty 2005). COP focuses less on reacting to reports of crime and more on proactively maintaining order and interlinking the police force with the members of the community (Goetz and Mitchell 2003; He, Zhao, Lovrich 2005).

Time

Police officers who have been on the job for a long time may view traditional policing as the modus operandi and not want their daily duties to change (Deukmedjian 2006, Rohe (2001). These “careerists” (Hoath 1998) report higher levels of job satisfaction and therefore may not want to make fundamental changes concerning policing. Crow (2004) found that officers with less than four years tenure were more likely approve of police involvement in social problems. In the current study, I evaluate the role of time in law enforcement and time in present department on the process of COP.

Barriers

COP is not without its disadvantages, and there are barriers to effective implementation. These include: problems of buy-in/resistance by officers and/or policy makers; misalignments in training and management (Deukmedjian 2006; Murray 2005; Wang 2005); internal bureaucracy (He, Zhao and Lovrich 2005; O'shea 1999); poor communication (Gianakis and Davis 1998); community member resistance and apathy (Miller 2006; Wells, Schafer, Varano, and Bynum 2006); excessive organizational restructuring (Deukmedjian 2006); and perceived lack of aggressiveness toward “crime fighting” (Goetz and Mitchell 2003; Gould and Mastrofski 2004; Murray 2005). For all police agencies to switch to COP and throw away current training and strategies would require a complete paradigm shift.

There are many bureaucracies to contend with when trying to overhaul a system like policing. For example, what some may call a “traditional” police

force; others may call “paramilitarism” (Murray 2005). After the terrorist events of September 11, 2001, some police forces have abandoned community policing efforts and reverted to a more traditional approach focusing on arrests (Murray 2005). In a study by Gianakis and Davis (1998) sheriffs and other sworn personnel reported feeling unreal expectations as an operational problem area associated with COP adoption. Funding and service demands, managerial styles, patrol supervision, and paperwork were also problems with, and beyond, the main area of concern (p. 493). Here many barriers are clearly dependent on each other. They lead to member resistance, potential apathy, and bureaucracy that will eventually spill over into the streets where the officers and community members must cooperate.

Deukmedjian (2006) found problems in three main areas: acceptance by officers on the “front line,” training, and mid-level management. The officers, or “front line,” have been found to lack enthusiasm for COP strategies. Acceptance problems stem from some officers’ opinions that duties are wide-ranged and numerous, as well as the fact that police officers have been remade into peace-keepers instead of crime-fighters (Gianakis and Davis 1998). If the officers themselves do not support COP, then using such strategies while handling drug offenders is more unlikely.

There are so many different facets to COP that training is hard to standardize. The current officers would have to be retrained and the incoming officers would have to be trained using some techniques from the existing

policies and some techniques from the new policies. The process would then also vary between departments as each one has different needs.

Mid-level management resistance and budgetary cutbacks make proper training difficult and dissemination of information more difficult. In addition, a lack of equipment, excessive bureaucracy and organizational restructuring can lead to major communication problems. Without proper communication, mediated through middle-management, the COP components are hard to execute properly. Gould and Mastrofski (2004) found that unclear police roles and expectations also contributed to problems between the officers, management, and actual program implementation. Currently, I include barriers as a mediating effect between time and both implementation of COP generally and in the resolution of drug offenses specifically.

Perceived Support

Without support from members of the community, COP cannot function. Community apathy is one of the biggest setbacks to COP implementation. All of the training and communication available amongst police departments and policy makers becomes null if community members do not actively participate in the programs. Miller (2006) describes this problem quite succinctly. Drugs and violence devastatingly affect any community, resulting in high levels of crime and fear of crime.

Policing drug crimes, however, may lead to the destruction of the community's "human fabric" (Miller 2006, p. 618). The members of the community fear and resist the police while the "thin blue line" becomes fiercer.

An environment like this is not conducive to COP programs where both sides have to work together. According to the Community Policing Consortium (1994):

> Community members voice their concerns, contribute advice, and take action to address these concerns. Creating a constructive partnership will require the energy, creativity, understanding, and patience of all involved. (p. vii)

This type of prescription for action requires major effort on both sides.

Neighborhood watches, citizen surveys, use of store fronts, etc require collusion between the residents and the officers. One main strategy of COP is assigning officers to specific areas. By doing so, the officers become familiar with the area and the residents. Baker and Wolfer (2003) found that fear of crime dropped and resident's appreciation of policing efforts increased after COP measures were instituted. Officer perception of community support is also included as a mediating effect in the current analysis.

COP Strategy

Scholars have suggested social conditions or characteristics that, when present within a department or community, are most likely to lead to the adoption of COP (Greene and Pelfrey 1997; He, Zhao & Lovrich 2005; Miller 2006; Petty 2005; Wilson and Kelling 1982). Several larger municipalities have enacted COP in part or in whole since the 1990s. There are various degrees of COP implementation in police departments throughout the United States. They range from hand-picking one or two elements to combat specific problem areas, all the way to reorganizing department priorities to reflect the hope that COP can deliver on its possibilities of reducing crime.

By the mid-nineties Wycoff (1994) found that 46% of law-enforcement officials across the nation had already reported having instituted some form of community policing program. The exact numbers are difficult to discern because of the various elements of COP used in part or whole across departments. This mixture of elements is useful in that they may be chosen if they are logical for the department and not employed if illogical.

In the 1990s crime dropped in many major cities, including New York. In a literature review of publications from that period, Conklin (2003) found no evidence to support the notion that policing style affected crime rates. Nay-sayers may use this type of information as a reason to not support COP.

He, Zhao, and Lovrich (2005) examined the initial impact of COP strategies in several large municipalities across nearly a decade. They found that the average socioeconomic status of a city had no observable impact on the implementation of COP strategies in their sample, nor did a city's violent crime rate or citizen involvement in police activities. Region of the country (especially the West) and city government style (council-manager versus traditional mayor-council with partisan election) were found to have a significant influence on the implementation of COP strategies. In other words, how dangerous or poor a city is and whether its citizens feel able to help control crime currently has less effect on policy implementation than where the city is located in the country and what type of local government it has. The current study evaluates the existence of COP strategies such as foot and bike patrols, mini-stations within communities, designating officers as "community officers," and using existing neighborhood

boundaries as “beat” boundaries on resolving drug offenses with COP techniques. Further, I test whether these strategies are influenced by job characteristics such as time on the job and in the current department, and officer perception of community support and barriers.

COP Action

When a community is fractured by drug use, many researchers have found that harm-reduction methods may be more effective for helping these citizens than jailing (Benson and Rasmussen 1998; Dorn 2004; Goetz and Mitchell 2006; Johnson 2003; McNeece 2003; Miller 2006; Nadelmann 2001; Reuter 1993; Trebach 1990). The researchers often state that these citizens may benefit more from healthcare or public assistance, which is a basic tenet of COP. The community may be less harmed in that its members are not removed from interaction with other community members for their infraction. There are various methods of outreach within COP programs that can aid in reintegrating the marginalized drug population back into society, allowing them to be productive members.

When drug use was controlled for, the phase-shift from crack usage in the 1980s to mainly marijuana usage in the 1990s was hypothesized as a factor in the reduction of violent crime rates (Conklin 2003). This information may assist officers in choosing what strategy to use when handling a drug offender. The flexibility of COP would allow the officer to tailor the strategy employed during the incident to the type of drug involved.

In contrast to traditional policing, COP may involve reintegrative strategies,

which stem from order maintenance (Goetz and Mitchell 2003). Similar to the institutionalization effects that convicted felons sometimes experience before being released from prison, an attempt is made to give the members of these marginalized populations self-help tools. Instead of further isolating these individuals from the ebb and flow of society, they receive help to learn how to survive in their community without drug use. The officer, then, becomes a broker of social support programs to the area. The concept comes from the findings that suggest officers spend more time dealing with nonviolent or noncrime issues than practicing actual “crime fighting” (Goetz and Mitchell 2003; Wang 2005).

COP strategies often attempt to reintegrate drug users into normal society, a practice that Durkheim (1947) touted as a way to strengthen communal ties. Outreach programs, harm-reduction methods of police intervention and arrest booking, environmental improvements and focused efforts are also considered in an attempt to bring the community together. The more tight-knit a community, the lower crime statistics should be. Therefore, I assess the impact of activities that seek to form alliances between officers and other governmental agencies, public health organizations, and members of the community on the techniques used to handle drug offenses. Like my COP strategy variable, I also test whether these strategies are influenced by job characteristics such as time on the hob and in the current department, and officer perception of community support and barriers.

RESEARCH METHODS

This study is a secondary analysis of a survey conducted by Barry Goetz (2000). Trained interviewers conducted a nationwide telephone survey of police executives. In my analysis these questions were grouped into variables: time in law enforcement and time in department were exogenous variables; barriers, support, COP action, and COP strategy were mediating-endogenous variables; and prevention, help, and citation were the final endogenous variables. After excluding cases due to missing data on the variables of interest, data from subjects (N=307) were analyzed with SPSS.

Variables

Exogenous variables

Time in law enforcement and time in department are exogenous variables; their values are independent of the effects of the other variables.

Mediating variables

Barriers, community support, COP strategy, and COP action are mediating variables. “Barriers” is a group of six questions about problems making referrals to treatment or service agencies. Examples include the distance and time related to transporting individuals, a lack of services or facilities available, etc. This variable ranged from 0-12 with higher scores indicating greater perception of barriers (alpha .67). “Community support” is a group of eight questions. The first four questions measured the availability of support from the community, superiors, and other agencies (alpha .77). The next four questions measured the perceived support of fellow officers, local agencies, local community groups, and

community residents of connecting drug offenders with treatment services (alpha .72). “COP strategy” is a group of nine questions about how much time is being assigned to specific tasks and areas. Items included foot/bicycle patrols, neighborhood-based patrol boundaries, formal training, etc. This scale ranged from 2-18 with higher scores indicating the perception that more officers are involved in "COP strategy" (alpha .69). “COP action” is a group of eight questions about how often the officers participate in various COP-related activities, such as door-to-door contacts, meeting with community members and policy makers, etc. This scale ranged from 0-16 with higher scores indicating more community involvement (alpha .84).

Endogenous variables

To evaluate the effects of barriers, supports, strategies, and involvement in COP, three dependent variables were created. First, to measure Prevention, respondents were asked six questions under an umbrella question: “To what extent are officers in your [UNIT/DEPT] typically involved in any of the following activities?” Such prevention activities include 1.) participating in inter-agency partnerships with public health and/or social service agencies to increase drug abuse treatment services, 2.) increasing drug abuse treatment services in the community, 3.) supporting drug abuse education in schools, 4.) supporting drug abuse prevention activities outside schools, 5.) promoting youth recreational activities that might prevent drug abuse such as a police athletic league, 6.) participating in training about drug abuse treatment and prevention issues. Answer choices ranged from not at all=0 to very much=2. The prevention scale

ranged from 0-12 with higher scores representing more prevention involvement (alpha=.73).

Besides prevention activities, two dependent variables were created to examine law enforcement reaction to drug offenses that used 1) referrals to treatment and other “helpful strategies” or 2) citations and arrest. The Helpful Strategies dependent variable includes 6 questions under the umbrella question: “When a patrol officer in your [UNIT/DEPT] encounters someone he/she suspects of abusing drugs, what do they typically do?” Activities included 1.) encourage the person to get drug treatment, 2.) give the name of a specific treatment agency, 3.) give a pamphlet/card with the address/phone number of the agency on it, 4.) give the name of a specific person/contact at the agency/program, 5.) call the agency/program to facilitate a referral, 6.) arrange transportation to the agency/program. Responses ranged from 0-12[1] (alpha =.77).

The Citation variable includes three questions under the same umbrella question. Activities included 1.) cite the offender or place them under arrest on charges or possession or public intoxication, 2.) cite or arrest for the purpose of getting him/her into court-mandated treatment, 3.) cite or arrest for the purpose of getting him/her into drug court. Responses ranged from 0-6 (alpha=.62).

In the preceding chapters an attempt has been made to explain how drug policy implementation at the micro level may be influenced by police officer attitudes toward community policing strategies, alternative methods to dealing

[1] See Appendix B for a complete list of all scale items.

with drug offenders, and barriers to treatment. In addition, police officer attitudes toward community policing versus traditional policing models have been considered.

The survey included questions about demographics and COP-related activities. Officers were asked about their level of participation in various COP activities. Answer choices were 'not at all', 'somewhat', and 'very much'. One sample item is "How often do officers in your unit/dept meet with private or non-profit community agencies." Twenty-two questions were excluded from the current study because they were nominal or open-ended, asking respondents if they would like to give any additional information about the previous set of questions.

Hypotheses

Based on the review of the literature, the following hypotheses will be tested:

Time

H1: Officers with more years on the job will report fewer instances within their department of using community oriented policing strategies when dealing with drug offenders.

H2: Officers with more time in their current department will report fewer instances within their department of using community oriented policing strategies when dealing with drug offenders.

Barriers

H3: Officers who perceive barriers to successful implementation of COP to prevent drug crimes are less likely to report usage of COP in handling drug crimes.

Community Support

H4: Officers who perceive high levels of support from the community, superiors, and fellow officers are more likely to support usage of COP in handling drug crimes.

COP Strategy

H5: Officers who report more time spent in COP activities within their unit/department are likely to perceive more support for using COP to resolve drug offenses within their unit/department.

COP Action

H6: Officers who have more involvement with local government agencies, public health providers, and community groups, are likely to perceive more support for using COP to resolve drug offenses within their unit/department.

ANALYSES

In the present study the primary method of analysis is structural equation modeling (SEM). This method was chosen for several reasons. First, structural equation modeling permits multiple regression equations to be considered simultaneously for each variable. This technique is an advance over linear models that fail to consider co-variation among predictor variables. A second benefit of SEM is that it calculates the residual error. Residual errors represent the variation in the dependent or mediating variable that is unaccounted for by the predictor variables. Both characteristics make SEM the best choice for analyzing the survey data for the present study. The analysis was performed using AMOS (Arbuckle & Wothke, 1999)

I ran an initial model to determine the significant relationship between all exogenous and endogenous variables. To achieve more parsimonious results (i.e., a better "model fit"), all paths whose critical ratios are less than 1.0 were removed.

Table 1. Covariations between COP-related variables

VARIABLES	Barriers	Community Support	COP Strategy	COP Action	Prevention	Help	Citation
Time in LE	----	----	----	.03	.16***	-.20**	----
Time in Dept	-.12*	----	----	----	----	.16*	----
Barriers	----	----	----	----	----	-.12*	.09
Comm Supp	----	----	.22***	.21***	.18***	.30***	.06
COP Strategy	----	----	----	----	.15**	.10[t]	-.07
COP Action	----	----	----	----	.32***	.14*	.24***

t p<1.0; * p<.05; ** p<.01; ***p<.001

Fit Statistics: χ^2 =32.656, p=.338, DF=30, GFI=.981, AGFI=.959, RMSEA=.017, CFI=.996

The results suggest that time in law enforcement was not related to any mediating variables. However, survey participants with more years in law enforcement believed that more officers in their department worked with other groups and agencies to prevent drug abuse. Further, participants with more years in law enforcement were less likely to believe that officers in their department handled drug abuse violations by helping the offender get treatment. Time in law enforcement did not affect using citations and arrest for drug abuse violations. In contrast, the more time survey participants had spent in their current department, the fewer barriers they saw to implementing COP strategies and the more likely they were to believe that officers in their department handled drug abuse violations by helping the offender get treatment.

Beyond the negative relationship between time in department and barriers, there was a significant negative relationship between the barriers that respondents perceived and the use of helpful strategies. Officers were less likely to facilitate access to treatment programs for drug offenders if they felt there was a lack of support or services available. There was a slight positive relationship between barriers and the increased likelihood that the officers would use citation as a way to direct the offenders.

Community support was highly significant across strategy, action, prevention, and help. All relationships were positive. Respondents perceived higher levels of support when they recognized the need for treatment and services, have personal contacts with staff of treatment/service agencies, feel encouragement from superiors, and encouragement from the community. The

more support officers perceived, the more likely they were to report participating in foot patrols, formal training, cooperative interagency projects, etc. In addition, they were more likely to report working directly with community members to identify and resolve problems, use government policies to prevent and combat, and meet with community members and local agencies to solve problems. Officers who perceived more support were more likely to use preventative measures such as increasing drug abuse awareness and prevention services. They were also more likely to use helpful strategies such as giving the offender contact information for services, arranging transportation to services, or make a phone call to facilitate access to treatment.

Respondents who reported higher levels of participation in the basic COP strategies and the more aggressive COP actions were more likely to report using the preventative, harm-reduction methods when handling the drug offenders. The officers who used more aggressive actions also reported more participation in the helpful strategies and in using citation as a way to divert the drug offender to drug court or court-mandated treatment.

CONCLUSIONS

In this study, it was important to examine the relationship between COP strategy implementation and other factors affecting police officers while handling drug offenders. When police officers detain an individual for a nonviolent drug offense, they are entrusted with the responsibility of choosing the best course of action. Where traditional methods may be necessary while handling violent offenders, drug offenders and the public may benefit from less stringent or alternative punishments (Benson and Rasmussen 1998; Bullington et al 2004; Dorn 2004; Goetz and Mitchell 2003; Goetz and Mitchell 2006; McNeece 2003).

For the current study I tested six hypotheses. First, more time on the job was supposed to result in fewer instances of officers using COP. This hypothesis was partially supported in that there was a positive relationship with preventative strategies, a negative relationship with helpful strategies, and there was no effect on use of citations. Time in current department was also supposed to result in fewer instances of COP. There was a significant relationship with the use of helpful strategies, but none with prevention or citations. Increased perception of barriers was purported to result in fewer reports of COP usage. This was partially supported in that there was a negative relationship between barriers and use of helpful strategies, but none with prevention or citation. Officers who perceived higher levels of community support were hypothesized to report higher levels of COP usage. This was true of preventative measures and helpful strategies. There was no significant relationship with citations. Officers who report more time spent in COP activities were supposed to result positive

relationships with the three endogenous variables. There was a significant positive relationship with prevention, but there was none with help or citation. Lastly, officers who reported more involvement with groups, providers, and agencies were expected to result in positive relationships with prevention, help, and citation. There were, in fact, significant positive relationships across all three of the endogenous variables.

I expected more time on the job to result in fewer instances of COP observed. The current study found that, with increased time in law enforcement, there were fewer instances of helpful strategies employed. The officers were less likely to give an offender encouragement to seek treatment, contact information, a pamphlet, etc. More time in law enforcement overall may allow the officer to learn various “tricks of the trade” that allow him or her to handle a drug offender with traditional strategies, COP strategies, or otherwise, therefore lowering the usage of COP-specific helpful strategies. There was, however, a significant positive relationship between time in law enforcement and preventative measures observed. They were far more likely to report working with local organizations and community groups to reduce the demand for drugs and the harm that is associated with drug use. They seem to have less interaction at the individual level, but more at the community level. Surprisingly, time in law enforcement was not related to perceived barriers or support. The respondents reported neither encouragement nor hindrances to using COP strategies with drug offenders. Additional exploration in this area may be necessary. There was also little to no relationship with COP actions and COP

strategies. They also do not often work with citizens at the individual level by identifying specific crime areas or problems. The local regulatory and housing codes are not a significant tool for these officers to prevent crime.

Increased time in department was also supposed to lead to fewer instances of using COP. The officers who had been in their department for a longer time actually reported fewer barriers. This may be due to experience in working around these barriers as they become more familiar with their jurisdiction. There was, however, no relationship with support. There was also no relationship between time in current department and COP action or COP strategy. Surprisingly, officers with more time in their department also reported more instances of using helpful strategies. In other words, officers reported "helping" drug users less if they had been police officers for a long time, but more if they had been in their current position for a long time. This may be because the officer is comfortable in his or her job but has not been on the force so long that they support only traditional methods.

Increased perception of barriers was hypothesized to result in fewer observations of COP strategies. The only variable that barriers affected was help. More barriers perceived led to fewer instances of helpful strategies reported. With little or no support from superiors, fellow officers, and community members, or a lack of services to which the offender can be referred, the officers are less likely to assist a drug user in getting treatment. There was no effect on COP strategies or COP actions, prevention techniques or citation.

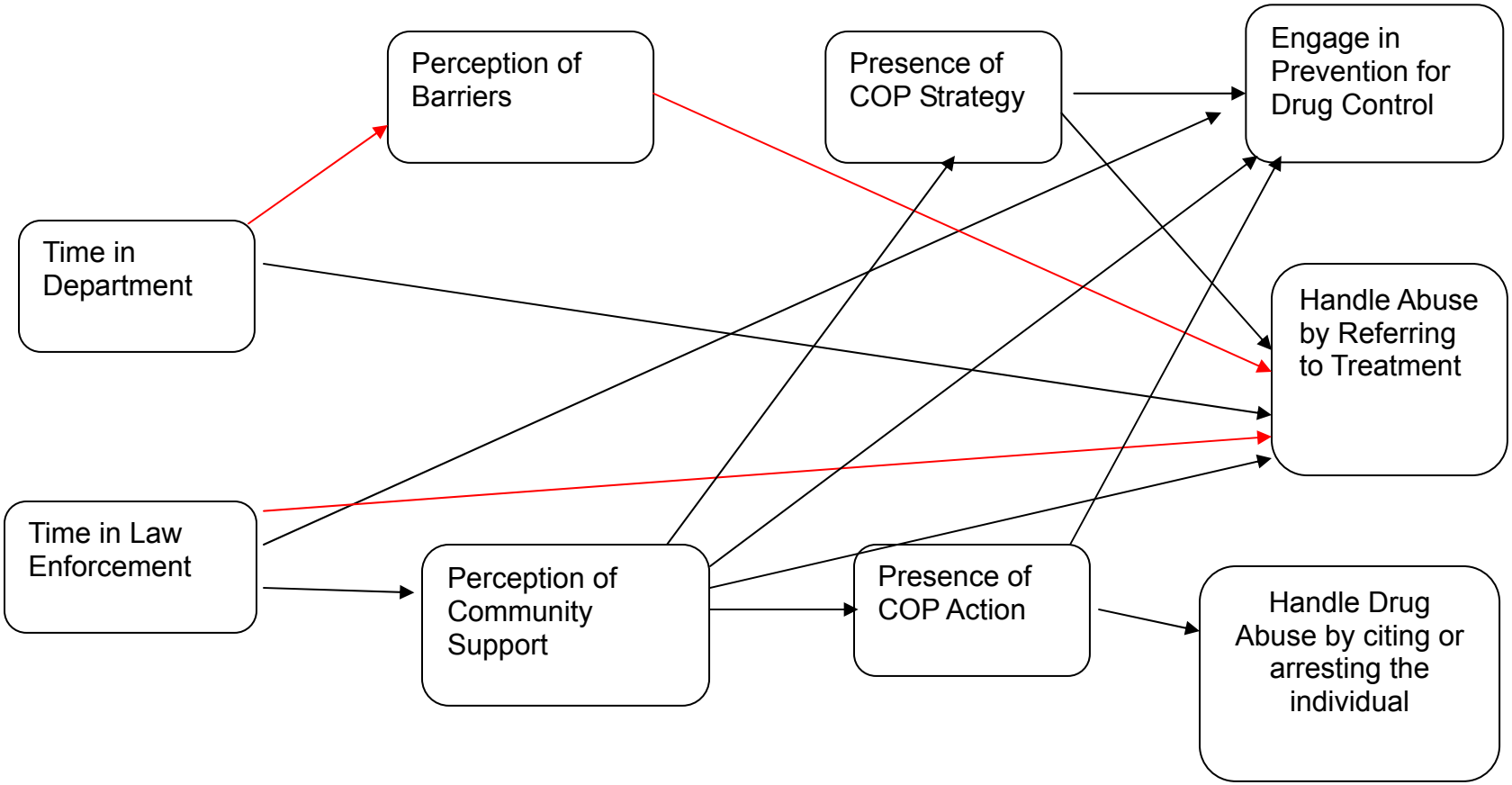
Increased support seemed more likely to result in more usage of COP

policy when managing drug offenders. Community support had no relationship with barriers or citation, but it did affect the rest of the variables. When an officer perceived support, they were far more likely to use COP strategies of most types. There were more instances of standard COP strategies, active strategies, prevention techniques, and helpful strategies. Support led to officers reporting working more with individuals, community groups, and treatment facilities.

Use of standard COP strategies was positively related to prevention, but not the other two endogenous variables, citation and help. Officers who participate in formal COP training, walk specific beats, etc., are more likely to work with local groups and schools to prevent drug use from the top down.

Use of the COP action strategies led to positive relationships across all three endogenous variables. Officers who work with individuals, community groups, and government organizations used more preventative measures when handling nonviolent drug offenders. They also reported participating in more helpful strategies and the use of citations. Some officers probably cannot participate in such activities if the departments they work in are not set up for formal training, a centralized database of crime information, “neighborhood” officers, etc.

Figure 1. SEM model



APPENDIX A

Terms Operationalized

Mediating variables: Tier 1

Identification of barriers that might prevent successful implementation of "Community oriented policing" to prevent drug crimes. I am going to list several potential barriers to making referrals to treatment or service agencies. To what extent are the following not at all, somewhat, or very much a barrier to officers in your (unit/dept)?

38.) A lack of services to which individuals can be referred.

39.) Distance and time involved in transporting individuals.

41.) Lack of faith that treatment or services would actually work.

42.) Lack of encouragement from superiors in police department.

43.) Lack of support from members of the community.

44.) Concerns about legal liability in escorting people not under custody.

Perception of community support, that might aid in the successful implementation of COP. I am going to list several potential sources of support or encouragement for officers in your (unit/dept) to make referrals to treatment or service agencies. To what extent are the following not at all, somewhat, or very much a support to officers in your (unit/dept) making referrals to services?

46.) Recognition by officers of the need for treatment and services

47.) Officers having personal contacts with staff of treatment or service agencies.

48.) Encouragement from superiors in police department

49.) Support from members of the community

How do you think the following groups would react to increased police efforts by your (unit/dept) to connect suspected illegal drug users with treatment services? Would each of these groups be very opposed, somewhat opposed, somewhat supportive, or very supportive?

51.) Patrol officers in your (unit/department)

52.) Social service/public health organizations in your community

53.) Community-based organizations concerned with local crime problems

54.) Community residents in general

Mediating variables: Tier 2

COP Strategy implementation at the local level. How much time would you say that officers in your (unit/dept) typically spend in the following assignments? Would you say that they spend no time, some time, or very much time in:

55.) Specially designated community policing offices or mini- stations

56.) Foot or bicycle patrol as a specific assignment

57.) Foot patrol as a periodic expectation for officers assigned to cars

58.) Beat or patrol boundaries that coincide with neighborhood boundaries

63.) Designation of some officers as “community” or “neighborhood” officers, each of whom is responsible for problem-solving in a designated area.

How much time would you say that officers in your (unit/dept) typically spend in the following assignments? Would you say that they spend no time, some time, or very much time in:

59.) Formalized, in-service training for officers in problem identification and resolution

60.) Interagency involvement in problem identification and resolution

61.) Use of field interviews to gather intelligence

62.) Development of a centralized database for using field interview and other information

Community Action COP: How often would you say that officers in your (unit/dept) typically engage in the following activities?

65.) Work with citizens to identify area problems

66.) Work with citizens to resolve area problems

67.) Make door-to-door contacts in neighborhoods

68.) Meet regularly with community groups.

69.) Use housing and health code enforcement as a crime prevention strategy

70.) Use other regulatory codes to combat drugs and crime, such as, curfew, noise, and loitering ordinances.

71.) Meet with local government agencies to solve neighborhood or local problems.

72.) Meet with private or non-profit, community-based agencies concerned with solving neighborhood or local problems.

Endogenous Variables

Use of Community Oriented Policing strategies to "handle" drug offenses

Now I am going to ask about some of the drug control strategies that may be used by officers in your (unit/dept).

Involvement in Prevention: A number of strategies have been suggested for reducing the demand for drugs and the harm associated with drug use. To what extent are officers in your (unit/dept) typically involved in any of the following activities? Would you say that they are involved not at all, somewhat, or very much in the following activities?

15.) Do they participate in inter-agency partnerships with public health and/or social service agencies to increase drug abuse treatment services?

16.) Do they work with locally based community groups to increase drug abuse treatment services in the community?

17.) Do officers in your (unit/dept) work with locally based community groups and/or govt. agencies to support drug abuse education in schools?

18.) Do they work with locally based community groups and/or government agencies to support drug abuse prevention activities outside schools?

19.) Do they promote youth recreational activities that might prevent drug abuse, for example a police athletic league?

20.) Do officers in your (unit/dept) participate in training about drug abuse treatment and prevention issues?

Involvement in "helpful" strategies: When a patrol officer in your (unit/dept) encounters someone he/she suspects of abusing drugs, what do they typically do?

28.) Would he/she encourage the person to get drug treatment?

29.) Would he/she give the person the name of a specific treatment agency?

30.) Would he/she give the person a pamphlet or card with the phone number of the agency?

31.) Would he/she give the person the name of a specific person or contact at the agency or program?

32.) Would he/she call the agency or program to facilitate a referral?

33.) Would he/she arrange transportation to the agency or program?

Involvement in citation/arrest: When a patrol officer in your (unit/dept) encounters someone he/she suspects of abusing drugs, what do they typically do?

34.) Would he/she cite the offender or place them under arrest on charges or possession or public intoxication?

35.) Would he/she cite the offender or place them under arrest for the purpose of getting him/her into court-mandated treatment?

36.) Would he/she cite the offender or place them under arrest for the purpose of getting him/her into drug court?

APPENDIX B

Measurable Survey Questions
(Doesn't include 1-14 or 74-76)

Measurement of strategies used by law enforcement to reduce both the demand and the harm associated with drug use:

Increase Treatment Services or Preventive Activities

Now I am going to ask about some of the drug control strategies that may be used by officers in your (unit/dept).

A number of strategies have been suggested for reducing the demand for drugs and the harm associated with drug use. To what extent are officers in your (unit/dept) typically involved in any of the following activities? Would you say that they are involved not at all, somewhat, or very much in the following activities?

1.) Do they participate in inter-agency partnerships with public health and/or social service agencies to increase drug abuse treatment services?

2.) Do they work with locally based community groups to increase drug abuse treatment services in the community?

3.) Do officers in your (unit/dept) work with locally based community groups and/or govt. agencies to support drug abuse education in schools?

4.) Do they work with locally based community groups and/or government agencies to support drug abuse prevention activities outside the schools?

5.) Do they promote youth recreational activities that might prevent drug abuse, for example a police athletic league?

6.) Do officers in your (unit/dept) participate in training about drug abuse treatment and prevention issues?

7.) Do they refer those suspected of using drugs to treatment agencies?

8.) Do they refer those suspected of using heroin to methadone programs?

9.) Do they divert public inebriates to detoxification programs or shelters?

10.) Do officers in you (unit/dept) refer those suspected of using illegal intravenous drugs to needle exchange programs?

11.) Do they use strategies other than arrest with persons found possessing hypodermic syringes or needles received from a needle exchange program?

12.) Do they let individuals keep hypodermic syringes or needles when received from a needle exchange program?

13.) Do they “caution” or “warn” first time drug use offenders, such as those who could be charged with possession and use related crimes, as an alternative to arrest?

When a patrol officer in your (unit/dept) encounters someone he or she suspects of abusing drugs, what do they typically do?

14.) Would he or she encourage the person to get drug treatment?

15.) Would he or she give the person the name of a specific treatment agency?

16.) Would he or she give the person a pamphlet or card with the phone number of the agency?

17.) Would he or she give the person the name of a specific person or contact at the agency or program?

18.) Would he or she call the agency or program to facilitate a referral?

19.) Would he or she arrange transportation to the agency or program?

20.) Would he or she cite the offender or place them under arrest on charges of possession or public intoxication?

21.) Would he or she cite the offender or place them under arrest for the purpose of getting him/her into court-mandated treatment?

22.) Would he or she cite the offender or place them under arrest for the purpose of getting him/her into drug court?

I am going to list several potential barriers to making referrals to treatment or service agencies. To what extent are the following not at all, somewhat, or very much a barrier to officers in your (unit/dept)?

23.) A lack of services to which individuals can be referred

24.) Distance and time involved in transporting individuals

25.) Lack of faith that treatment or services would actually work

26.) Lack of encouragement from superiors in police department

27.) Lack of support from members of the community

28.) Concerns about legal liability in escorting people not under custody

I am going to list several potential sources of support or encouragement for officers in your (unit/dept) to make referrals to treatment or service agencies. To what extent are the following not at all, somewhat, or very much a support to officers in your (unit/dept) making referrals to services?

29.) Recognition by officers of the need for treatment and services.

30.) Officers having personal contacts with staff of treatment or service agencies

31.) Encouragement from superiors in police department

32.) Support from members of the community

How do you think the following groups would react to increased police efforts by your (unit/dept) to connect suspected illegal drug users with treatment services? Would each of these groups be very opposed, somewhat opposed, somewhat supportive, or very supportive?

33.) Patrol officers in your (unit/dept)

34.) Social service/public health organizations in your community

35.) Community-based organizations concerned with local crime problems

36.) Community residents in general

How much time would you say that officers in your (unit/dept) typically spend in the following assignments? Would you say that they spend no time, some time, or very much time in:

37.) Specially designated community policing offices or mini-stations

38.) Foot or bicycle patrol as a specific assignment

39.) Foot patrol as a periodic expectation for officers assigned to cars

40.) Beat or patrol boundaries that coincide with neighborhood boundaries

41.) Formalized, in-service training for officers in problem identification and resolution

42.) Interagency involvement in problem identification and resolution

43.) Use of field interviews to gather intelligence

44.) Development of a centralized database for using field interviews and other information

45.) Designation of some officers as “community” or “neighborhood” officers, each of whom is responsible for problem-solving in a designated area

How often would you say that officers in your (unit/dept) typically engage in the following activities? Would you say not at all, somewhat, or very much?

46.) Work with citizens to identify area problems

47.) Work with citizens to resolve area problems

48.) Make door-to-door contacts in neighborhoods

49.) Meet regularly with community groups

50.) Use housing and health code enforcement as a crime prevention strategy

51.) Use other regulatory codes to combat drugs and crime, such as curfew, noise, and loitering ordinances

52.) Meet with local government agencies to glove neighborhood or local problems

53.) Meet with private or non-profit, community-based agencies concerned with solving neighborhood or local problems

54.) Is there a promising strategy or program that allows officers in your (unit/dept) to work effectively in linking potential drug abusers with treatment services?

APPENDIX C

Common COP Strategies

1.) Department sponsorship of community newsletter

2.) Additional officers on foot, bicycle, or horse patrol

3.) Use of storefronts for crime prevention

4.) Use of task unit for solving special problems in a targeted area

5.) Victim contact program

6.) Crime prevention education of the general public

7.) Fixed assignment of officers to neighborhoods or schools for extended periods

8.) Permanent reassignment of officers to neighborhoods or schools for extended periods

9.) Use of citizen survey to keep informed about local problems

10.) Neighborhood watch

11.) Business watch

12.) Increased hiring of civilians for non–law enforcement tasks

13.) Community service officers (uniformed citizens who perform support and community liaison activities)

14.) Unpaid civilian volunteers who perform support and community liaison activities

15.) Reassessment of rank and assignments

16.) Reassigning some management positions from sworn to civilian personnel

17.) Adding the position of Master Police Officer to increase rewards for line officers

18.) Quality circles (problem solving among small groups of line personnel).

APPENDIX D

The Key Elements of Problem-Oriented Policing

http://www.popcenter.org/about/?p=elements

- A problem is the basic unit of police work rather than a crime, a case, calls, or incidents.
- A problem is something that concerns or causes harm to citizens, not just the police. Things that concern only police officers are important, but they are not problems in this sense of the term.
- Addressing problems means more than quick fixes: it means dealing with conditions that create problems.
- Police officers must routinely and systematically analyze problems before trying to solve them, just as they routinely and systematically investigate crimes before making an arrest. Individual officers and the department as a whole must develop routines and systems for analyzing problems.
- The analysis of problems must be thorough even though it may not need to be complicated. This principle is as true for problem analysis as it is for criminal investigation.
- Problems must be described precisely and accurately and broken down into specific aspects of the problem. Problems often aren't what they first appear to be.
- Problems must be understood in terms of the various interests at stake. Individuals and groups of people are affected in different ways by a problem and have different ideas about what should be done about the problem.
- The way the problem is currently being handled must be understood and the limits of effectiveness must be openly acknowledged in order to come up with a better response.
- Initially, any and all possible responses to a problem should be considered so as not to cut short potentially effective responses. Suggested responses should follow from what is learned during the analysis. They should not be limited to, nor rule out, the use of arrest.

- The police must pro-actively try to solve problems rather than just react to the harmful consequences of problems.

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