

Policing the largest drug market on the eastern seaboard: officer perspectives on enforcement and community safety

Policing
perspectives of
a large drug
market

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Abstract

Purpose – The Kensington transit corridor runs between Huntingdon and Allegheny stations in the Kensington area of Philadelphia, Pennsylvania, and is one of the largest illicit drug areas in the country. The authors report qualitative findings from ride-alongs with transit police officers assigned to a vehicle patrol dedicated to reducing the response time to opioid overdoses in and around the transit system (trains and buses) in this large open-air drug market. This study's focus was on management and mitigation of the criminogenic harms associated with the illicit drug environment.

Design/methodology/approach – For ten months, transit officers patrolled the Kensington transit corridor in a dedicated vehicle (callsign "Oscar One"). Oscar One operated during either an early (8 a.m. to 4 p.m.) or late (4 p.m. to midnight) shift, between September 2020 and June 2021. 269 shifts were randomly selected for Oscar One from 574 possible shifts. Researchers accompanied Oscar One for 51 observations (19%), 45 of which were completed by the authors. Semi-structured interviews occurred during these shifts, as well as ethnographic field observations.

Findings – Four main themes emerged from the study. These centered on the role of law enforcement in a large drug market, the politics of enforcement within the city of Philadelphia, the policing world around risk and proactive engagement post-George Floyd, and the sense of police being overwhelmed on the front-line of community safety.

Originality/value – Police officers have a community safety as well as a law enforcement mandate, and this study explores the community safety and harm mitigation role from their perspective. The article draws on their words, based on approximately 400 h of field observation.

Keywords Philadelphia, Harm-focused policing, Harm reduction, Opioid crisis, Overdose, Transit police

Paper type Research paper

Introduction

The connections between policing and public health are "indelible and complex" (Wood, 2020, p. 1), even if "the essential role of brokerage played by police has only recently started to be formally acknowledged by other stakeholders" (Bartkowiak-Théron *et al.*, 2022, p. 4). Recent work examining calls-for-service data from Philadelphia, PA has revealed this complexity by showing 20% of calls from the public at the intersection of policing and public health result in a substantially different outcome than the original call indicated (Ratcliffe, 2021). The growth of hot spots policing—fueled by research suggesting it has the "strongest collective evidence of police effectiveness that is now available" (National Research Council, 2004, p. 250)—has

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increased police presence in high crime areas. And as [Anderson and Burris \(2017\)](#) point out, areas with high levels of crime and insecurity are rarely healthy locales.

After decades of underfunded public health structures, the street has become a primary locale for social service need and police are frontline workers in this effort. Over a decade ago, more than 90% of surveyed Seattle police officers had attended a serious opioid overdose in their career, and nearly two-thirds had attended one in the last year ([Banta-Green et al., 2013](#)). In the intervening time, the opioid crisis has worsened.

Compared to colleagues in lower crime environments, police officers in high crime/high insecurity areas encounter a disproportionate number of people experiencing a range of harmful conditions, such as homelessness, mental health issues, and drug abuse. Calls for police to assist with people experiencing a mental health crisis are highly concentrated, with a study of Baltimore, MD finding that three percent of streets are responsible for 50% of incidents ([White and Goldberg, 2018](#)). Hot spots for mental health conditions such as depression and post-traumatic stress disorder (PTSD) correlate highly with hot spots for violent crime ([Weisburd et al., 2018](#)). Homicide rates across the US are also correlated with opioid overdoses, suggesting a close nexus between violence and the drug markets that fuel the opioid crisis ([Rosenfeld et al., 2021](#)), with particular emphasis on gun violence ([Johnson et al., 2020](#)). This is in part because users prefer to ingest opioids near the location of drug markets ([Bates et al., 2019](#)).

One notable location for all these issues is the Kensington area of Philadelphia, one of the largest illicit street-level drug markets in the United States ([Johnson et al., 2020](#)), and “ground zero” for opioid overdose deaths in the region. To improve outcomes for people experiencing overdoses in and around the transit system in Kensington, the police department for the Southeastern Pennsylvania Transportation Authority (SEPTA) was awarded a Bureau of Justice Assistance grant to test whether a dedicated transit vehicle (callsign *Oscar One*) could reduce opioid overdose deaths by providing a quicker response to overdose calls. We conducted an evaluation of the Kensington Transit Corridor Overdose Response Study, and this article reports the enforcement-related findings stemming from months of qualitative fieldwork alongside SEPTA transit officers in Kensington. It aims to contribute to the literature at the interface of policing and public health.

The tension between order maintenance in the community and the delivery of harm mitigation at the police/public health interface has myriad challenges, including agreement of shared measures related to outcomes, referrals, evaluations, budgets, and policies ([Bartkowiak-Théron et al., 2022](#)). Previous work in the area has explored the delivery of harm reduction measures through law enforcement ([Davis et al., 2014](#); [Lowder et al., 2020](#)), though less attention has been paid to the perspectives of the officers collaborating in this work. Public health researchers recognize the need to “showcase the voices of practitioners, and . . . acknowledge the tremendous value these perspectives can have in thoughtfully reminding us of the complexities in the shared roles and relationship charged with serving the people we intend to support” ([Clover et al., 2022](#), p. 155). Often, however, the voices of police officers are absent, possibly because—as [Southby and del Pozo \(2022, p. 68\)](#) argue—public health academics do not view police personnel as “genuine colleagues”.

Background

The estimated number of persons experiencing long-term, chronic homelessness increased 8.5% between 2018 and 2019, according to the most recent data available from the US Department of Housing and Urban Development ([Henry et al., 2020](#)). Furthermore, drug trends remain a major concern. More Americans die in one year due to drug overdoses (67,367 in 2018 according to [NIDA, 2020](#)) than were killed during the entire Vietnam conflict. And urine drug tests of over 150,000 patients indicate that substance use has increased during the

COVID-19 pandemic. This is exacerbated by an increase in fentanyl and methamphetamine use (Wainwright *et al.*, 2020).

Co-morbidity in these conditions exacerbates the public health challenges. Homelessness frequently co-occurs with health issues, such as behavioral health challenges, or drug and alcohol addiction. It has been estimated that more than seven million US adults have co-occurring disorders across mental health and drug abuse. Furthermore, more than half of them do not receive treatment for either their behavioral health or substance abuse needs (Han *et al.*, 2017).

The current project focuses on the city of Philadelphia, Pennsylvania. With a population of about 1.6 million, Philadelphia is the sixth largest city in the United States. 15% of the city identify as Hispanic, while of the non-Hispanic residents about 38% are Black, 34% are White, and 8% are Asian (Figure 1). The median household income is less than \$50,000 making Philadelphia one of the poorest large cities in the country. Nearly one-quarter live in poverty and only about 30% are college educated.

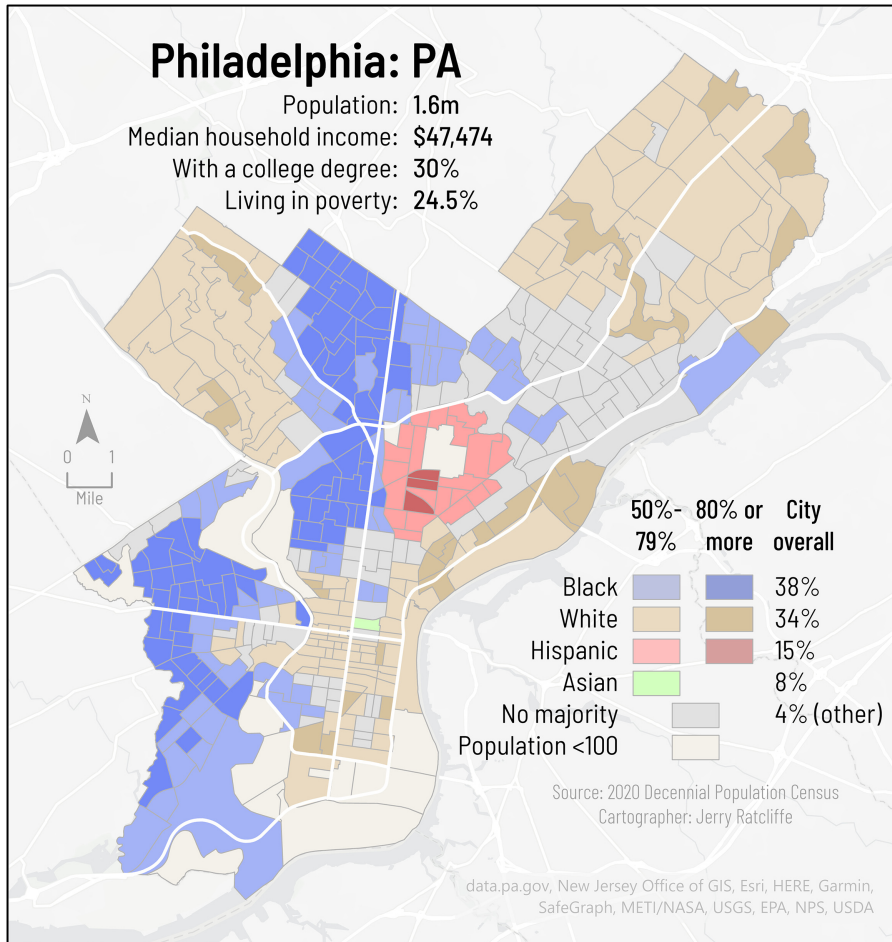


Figure 1. Demographic distribution, Philadelphia, PA, 2020

According to city data (substanceusephilly.com), there were 1,214 overdose deaths in 2020, more than 1,500 overdose-related emergency room visits per quarter, and Naloxone was administered by medics and police 3,609 times. Of these, over 300 were by police (either city police or transit police). 3,609 is down from the peak in 2017 when the city recorded a staggering 6,699 Naloxone administrations. As the city’s website notes, the decrease from 2017 to 2020 in Naloxone administrations by police and first responders is “likely due to the increasing availability of naloxone in the community rather than true decreases in the number of overdose events”. From data sourced from the transit police, these overdoses were overwhelmingly concentrated in the Kensington area of the city, and more specifically along and within a couple of blocks of the stretch of Kensington Avenue between Huntingdon and Allegheny stations, located at the significant overdose hotspot clearly visible in the city’s inner-Northeast shown in [Figure 2](#).

Given the reality that public transit systems are often a focal point for public health crises, Philadelphia’s transit police (formally the police department for the Southeastern

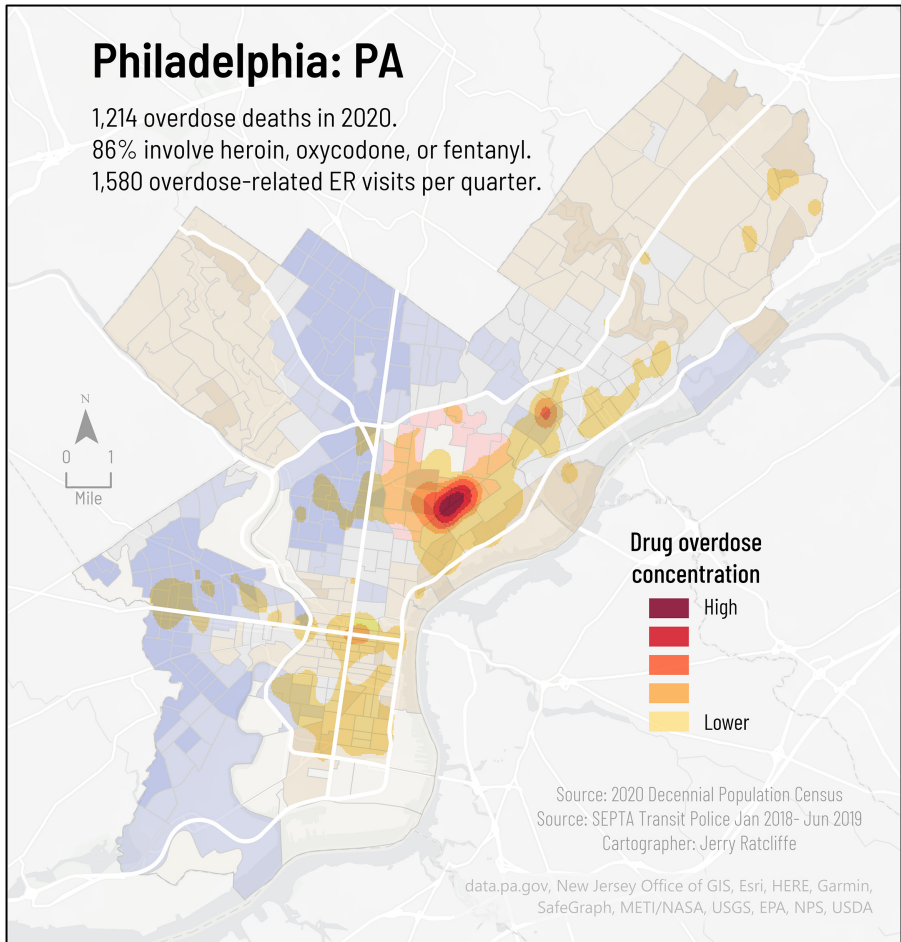


Figure 2.
Overdose hotspot centered on the Kensington neighborhood

Pennsylvania Transportation Authority, or SEPTA Police) received federal funds to support the purchase of a vehicle to improve their response time to people experiencing an opioid overdose in, or near, the transit system in Kensington. The transit system includes buses and the (elevated) subway line that runs through the area. The funding also supported a university-based evaluation by the authors.

The project was planned to be a randomized and controlled experiment, with the vehicle being available to respond to opioid-related assistance calls from either police (SEPTA or the city of Philadelphia's police department) or from the public. Shifts would be randomized, and the marked vehicle would be staffed by a uniform patrol officer from the transit police. Due to grant and purchasing delays, COVID-19, and civil unrest in Philadelphia in the aftermath of the murder of George Floyd, the project did not get underway until late summer of 2020. The project was operational from 17th September 2020 to 30th June 2021, during which time there were two tours of duty per day that were available to the study, a morning (8 a.m. to 4 p.m.) shift, and an afternoon/evening (4 p.m. to midnight) shift. The transit system partially shuts down during the night and the overnight period was deemed to have too few overdoses in pre-experiment data analysis to merit the use of the vehicle.

There were 574 possible shifts available for the Oscar One detail during the experimental period. 247 were crewed by one officer (43%), 22 were either double-crewed or more than one officer crewed Oscar One during the shift (3.8%), 16 shifts (2.8%) were assigned as treatment shifts but either suitable officers or the vehicle itself were not available (in one case the vehicle was unavailable because it had been struck by gunfire), and 289 shifts were randomly assigned to the control condition (50.3%). A total of 41 different officers completed at least one shift in Oscar One, with the maximum being one officer who participated in 20 shifts.

Methodology

Across 51 (19%) of the treatment shifts, an observer accompanied the officers on Oscar One. Except for five shifts, these observations were split between the two authors. We rode along in the passenger seat with the officers, and generally conversed throughout the shift. At the start of the shift, we would establish a set of "ground rules" for the observation, including procedures for observer behavior during any contact with the public, if the officer and the observer became separated, if the officer was involved in any call for service potentially involving violence, and the establishment of verbal consent to take verbatim or paraphrased notes of the conversations. Prior to the project, we compiled a preliminary semi-structured instrument to guide our interactions with officers focused on attitudes related to the addicted population, harm reduction measures, service providers in the area, immediate and long-term enforcement around Kensington and Allegheny, and the local police-community relationship.

We were aware that several factors distinguished our research environment from those that had gone before. These included conducting research (1) in the largest street drug market on the east coast of the US (and possibly in the country) where drug enforcement around usage has been effectively discontinued, (2) in a transit environment rather than a traditional municipal one, and (3) in a post-George Floyd world. Each of these factors distinguished the project from the previous research milieu, so we were cognizant of the need to revise our instrument accordingly.

After the authors had conducted both a shared and independent pilot observation where we had preliminary discussions with about seven or eight officers during the shifts, we adjusted our initial observation guide with updated themes and questions we sought to understand and use as a guide to our project field observations. We added items related to the timeline of the opioid crisis in the area, and the potential impact of gentrification. This enabled us to garner the perspectives of multiple officers across similar themes. There was also sufficient time in each shift for a wider range of opinions to be made available to us.

Depending on the circumstances and the available time, we took either contemporaneous notes as we were talking to the officers or made notes later during the shift (often when the vehicle was stationary, such as when the officer was on a break or taking up a static observation post at a known overdose “hotspot”). Additional notes were taken after the shift within a few hours of the completion of each shift. We noted a combination of direct quotes, paraphrased responses, and general personal impressions. Notes were shared between the authors and reviewed regularly. This enabled us to be better informed when we rode with the same officer as had participated in a previous ride-along, thus establishing a rapport with the officer more quickly. This was advantageous because we could ask follow-up or more in-depth questions as well as seek clarification of previous comments. We could also ask to go to any locations that the officer may have mentioned on a previous observation.

Officer demographic data was made available in March 2022, nine months after the project finished. In the intervening period, 9 of the 43 officers who worked on Oscar One had left the police department or their demographic data were not available to us. As of March 2022, the 167 patrol officers in SEPTA police department had an average age of 37 (37.5) and just under eight years’ police service (7.9). The pool of Oscar One officers tended to be a little younger than the average (32.9) and have a couple of years less service (average 5.6 years). As can be seen from [Table 1](#), officers assigned to the Oscar One detail tended to underrepresent the Black officers in the department, and overrepresent other groups.

Of the 34 officers for whom we had demographic information, seven were women, and seven (not necessarily the same seven) had receive crisis intervention team (CIT) training.

We noticed over time that many of the officers were from the same couple of shifts, and that the same sergeants were in charge at the district police office (located at the Frankford Transportation Center). Word therefore got around about our involvement in the project and our role. After a few ride-alongs, we noticed that officers were more relaxed and open in their communications with us, and that they had more trust that the discussions on-board Oscar One would not get back to management or local supervisors. These “word-of-mouth” endorsements benefited us and allowed us to better immerse into the world of study. Rather than conduct interviews or focus groups, ride-alongs allowed us to conduct more effective observational work, by the process of—as renowned ethnographic scholar Erving Goffman noted—“subjecting yourself, your own body and your own personality, and your own social situation, to the set of contingencies that play upon a set of individuals, so that you can physically and ecologically penetrate their circle of response to their social situation, or their work situation, or their ethnic situation” (quoted in [Charmaz, 2004](#), p. 984). That immersion situates the researcher between the academic and the policing world, where one might “settle in and leave your academic identity behind. Then you reproduce the same body rhythms, rate of movement, and, I imagine, cadence of speech—naturally” ([Charmaz, 2004](#), p. 981). As an extreme example, this involved in one situation, the first author assisting officers to physically separate two men involved in a knife fight at one of the subway stations.

Our field notes comprised two main reporting trends. First, notes were created chronologically throughout the shift, when interesting or noteworthy events transpired. Because Oscar One was dedicated to the opioid problem and was not required to respond to normal calls for service, there were periods of relative inactivity between incidents. These periods provided opportunities to take notes and converse more with the officer. Many notes

Table 1.
Racial demographics of
SEPTA Transit Police
Patrol Officers

	Asian	Black	Hispanic	White
All patrol officers	0.75%	34.3%	6.7%	58.2%
Oscar One officers	3.03%	9.1%	9.1%	78.8%

were therefore contemporaneous, or close to it. The second component in the field notes were impressions garnered through observations mixed with comments and behaviors of the Oscar One officer, those of other officers encountered during the shift, or of comparisons between the current and previous ride-alongs.

The 51 field notes were collated and “outlined”, a process [Saldaña \(2020, p. 893\)](#) refers to as “to hierarchically, processually, and/or temporally assemble such things as codes, categories, themes, assertions, propositions, and concepts into a coherent, text-based display.” There are many ways that ethnographic field notes can be analyzed, including coding, thinking with theory, situational analysis, or mapping ([Gullion, 2020](#)). In our case, field notes were compiled and reviewed multiple times by both authors, refining and compiling the notes into various themes. A theme is “an implicit topic that organizes a group of repeating ideas” ([Auerbach and Silverstein, 2003, p. 42](#)) from which we “construct summative, phenomenological meanings from data through extended passages of text” ([Saldaña, 2020, p. 898](#)).

We identified numerous themes across a range of perspectives on law enforcement, harm reduction measures, community engagement, and related topics. Inevitably, when reviewing field notes from approximately 400 h of fieldwork, it became unrealistic to report every significant theme here. We would either do an injustice to the individual topics or write an excessively long article. As a result, we have isolated for this article aspects related to enforcement. For other themes, we anticipate a further article soon. Within the context of the policing environment, repeated review, quantification of comments, and discussion resulted in four main themes that emerged from the enforcement-related examination of the Oscar One detail, as described in the next section.

Results

Four dominant themes emerged from the hundreds of hours spent with officers in and around the Kensington-Allegheny public transit corridor. Discussed below, these include the general role of law enforcement in policing one of the largest open-air drug markets in the country, the additional complexity of fulfilling this role in a city with a progressive district attorney, the challenge of identifying the role for police after the murder of George Floyd, and finally a general sense of being overwhelmed by the problem given the limited resources authorities can bring to bear in the area.

The role of law enforcement in a large drug market

The starting point for our discussion is the range of perspectives on the role of law enforcement in managing and mitigating the effects of the illegal drug trade. From our 51 observations, this theme emerged in 37 comments or observations across 15 different officers. The officers may not be versed in the academic literature; however, they are intuitively aware of the connection between drug use and crime ([Gottfredson et al., 2008](#)), between drug markets and the concentration of overdoses ([Johnson et al., 2020](#)) and that while a reactive approach to drug enforcement is largely ineffective ([Mazerolle et al., 2007](#)), their presence—at least at the micro-spatial level—can reduce some of the harmful effects of drug markets ([Lawton et al., 2005](#)). They are also sanguine that violence and shootings related to the drug business are particularly troublesome for police to solve and mitigate, a view supported by research finding these types of shootings are harder to solve ([Barao et al., 2021](#)).

The perspectives of the officers were frequently concordant with research that has found officers working in the area of illicit narcotics to have a “heightened ‘sense of mission’” and to see their “‘thin blue line’ of work as a vocation, a calling or moral imperative” ([Bacon, 2016, p. 311](#)). This is tied to their inherent understanding of the intersecting role of gangs, drug business-related violence ([Taniguchi et al., 2011](#)) and social harm in the local environment,

prevalent because so many drug users travel short distances to buy illicit narcotics (Johnson *et al.*, 2013). Embedded in the community, officers recognized that while law enforcement does not address root causes, they feel there is still a role for enforcement to mitigate the most egregious impacts for community residents. In general, the officers believe that local policies now effectively decriminalize drug possession and homelessness. First, during the initial peak of the COVID crisis, Philadelphia Police Commissioner Danielle Outlaw ordered officers to cease low-level drug enforcement in an attempt to mitigate the health crisis in the city [1]. Second, the officers were aware of explicit statements by the city's district attorney, Larry Krasner, confirming he would not prosecute low level drug crime (see next subsection).

The officers agreed that the clearing of an encampment near local train tracks prior to the Oscar One project had created the public-facing issues of open-air drug sales/use and homeless encampments in the Kensington corridor. As an officer said, "*Once you open that book, you can't go back. You can't say 'Oh, maybe this was a bad idea.'*" While officers recognized that there had been little policing of the large homeless encampment near the train tracks, it also isolated the problem away from public spaces. The officers felt that the public policy to clear that encampment had not been accompanied by a strategic plan to address the subsequent public health and crime consequences; "*At least when the homeless encampments were in the tracks near Lehigh, it was tucked away. Then they cleared them, I obviously wasn't a part of the decision making. And now everyone's out here on the street. I don't think anyone has long term planning skills. It's all band aids. You get a band aid, you get a band aid.*"

Because of variance in the enforcement of drug legislation, officers thought that the recent more permissive culture towards drug use across the city had fueled a growing crisis. While Philadelphia has previously used overt policing to contain street-level drug dealing (Lawton *et al.*, 2005), activity that at least pushed some of the drug business indoors (where it arguably causes less violence), the officers felt that the city's permissiveness to open-air drug activity created an attraction for those involved in all aspects of drug activity: "*It's different when it's happening behind closed doors. But here it's happening in public because we've established a culture that accepts this. A lot of people come here from the suburbs because they know they face time there for drugs.*"

The politics of enforcement

The Kensington area has been a focus for policing for decades. During the Kensington Transit Corridor Overdose Response Study, our evaluation was complicated by both medium and short-term events that were foremost in the minds of the officers. The city's district attorney, Larry Krasner, had been in office since January 2018, having previously been a public defender and a lawyer working in criminal defense and police misconduct cases [2]. Several officers made clear that they were aware Krasner had sued the Philadelphia Police Department 75 times and that Krasner had described law enforcement as "systematically racist" [3]. From our 51 observations, comments related to the politicization of enforcement emerged 31 times from 15 different officers.

The city's election of a leader in the new wave of progressive district attorneys had left some officers cynical about the effectiveness of the criminal justice system to impose any meaningful sanction on drug-related criminal behavior. As one officer remarked, while explaining the futility of arresting a drug dealer, "*we'll arrest him and take him to visit Larry [Krasner] and he'll be back in the area again later.*" Another commented, "*there are a lot of factors against us right now . . . The DA's office. The DA isn't charging anyone.*" Another officer commented that the biggest issue driving a lack of enforcement is that the DA's office often drops charges: "*Even if we enforced [open air injecting], it won't make it far.*"

The general perception that the city had become "soft" on drug activity was reflected in one transit officer's comment on the (at the time) relatively new Philadelphia Police

Commissioner Danielle Outlaw, “*The commissioner said injecting isn’t illegal. She doesn’t care that police have to deal with people with drug problems.*” While theoretically police could continue to arrest regardless of any anticipated decision by the DA’s office, officers argued that the lack of further action outweighed the risks or effort associated with proactive policing (such as additional paperwork, the possibility of complaints, or escalation of any incident). One officer lamented, “*Why would I risk my life to not have the case follow through?*”

The transit officers were particularly aware that their perceived status as being “less” than the city police in some fashion also affected the likelihood of their case being taken further; “*Being SEPTA, if we bring in someone with one bag, they’ll laugh at us.*” Citywide data (available from substanceusephilly.com) confirms a substantial drop in drug enforcement since the election of District Attorney Krasner. In the quarter before his election (third quarter of 2017) police in Philadelphia made 549 drug possession and 502 drug sale arrests. One year later these figures had dropped to 240 and 234. By the third quarter of 2021, police made just 60 possession arrests and 186 drug sale arrests, representing drops of 63% and 89% since the same quarter in 2017 respectively. An officer pointed out that this lack of enforcement was well known: “*We typically don’t arrest people and people know they won’t be arrested and if they are, they are right back on the streets.*”

Post–George Floyd

An additional complexity affecting policing in and around the largest drug market on the American eastern seaboard was that the project began a few weeks after the murder of George Floyd by (now former) Minneapolis police officer Derek Chauvin. Related to Floyd’s murder, Philadelphia experienced weeks of subsequent civil disorder. This intensely negative event for policing nationwide, came after a number of other high-profile police use of force incidents that had incited community uproar, including the death of Freddie Gray in Baltimore, MD, and the death of Michael Brown in Ferguson, MO. Subsequent to that last event, researchers explored police department data from 118 larger agencies in Missouri, finding officers subsequently conducted fewer stops, arrests and searches—evidence of a “Ferguson effect” ([Shjarback et al., 2017](#)). This effect was more pronounced in departments where officers had less confidence in their authority or in their immediate supervisors ([Wolfe and Nix, 2016](#)).

Given this context, the officers on Oscar One were acutely aware of various related factors, such as increased public scrutiny of their actions, reduced public support for proactive enforcement or any activity that increased interaction between police and the community, and what they felt was managerial uncertainty about their role in public safety in and around the transit system. We recorded 27 instances of comments related to this theme, from 11 of the 43 officers. This perception complicated the role of law enforcement within the wider mandate to “police” public spaces—especially places with known drug problems—within a public safety framework.

The change in political and cultural focus on police after George Floyd was cause for many officers to reflect more deeply about policing and the challenges of bringing public safety and security to such a troubled area. One officer with only one year in policing felt the situation acutely, saying “*It is depressing. It is making me wonder if this is the job for me. I’m thinking about other work.*”

The impact of social media was not lost on officers, many of whom are on one or other of the social platforms publicly available. The level of scrutiny was generally understood as the new way of things: “*Everyone is filming hoping to catch you out.*” Another officer commented, “*It has changed since George Floyd. The social media affects the street. Yesterday, I’m at Frankford doing a detail. Just standing there, and a guy walks past us giving us the middle finger, right until he gets on the train. My partner and I didn’t say a word to the gentleman. So, I’m not as active as I used to be.*”

The perception of increased risk post-George Floyd, either to one's career or even physical safety, was a common thread. During one observation involving the lead author, he noted "A car cut up inside us, sat at the lights, and then jumped them by a good 6 or 7 seconds. The officer said, *'There's an example. Before, I'd stop that car and speak to them about the traffic violation. But now it is not worth the risk.'*" Other officers observed, *"With policework now, stay low under the radar until you are called for. I want to keep my job"* and *"I think every officer out here is just following orders. Listening to commands from up top."*

It was clear that the desire—during the post-George Floyd climate—to avoid embroiling the transit police in activity that might draw negative attention to the department permeated through mid-level supervisors to the officers. One officer noted, *"With the change in public attitude, all this supervision and having to be nice to everyone and not get a complaint, the supervisors on you, watching you, it isn't worth it. I'm nice to everyone, so I don't worry. But the climate now, it's just easier to do less and not take the risk."* This was reinforced by discussions with mid-level supervisors who were more nuanced in their understanding of both the frontline perspective as well as the managerial position. Some managers pointed out that the election of the District Attorney was a message from the electorate and—in a democracy—they had to be cognizant of that. The rules had changed, and the police department had to respond to that. As SEPTA Police Chief Tom Nestel commented on one ride-along, *"I think that the future has a different vision for policing and us being an integral part in helping with society's problems, not through arrest."*

Overwhelmed on the front-line

Regardless of changing attitudes to drug enforcement, the officers remain on the frontlines of the city's narcotics problems and related issues. This is because instead of being a response service that remains in a fire station until requested, police are actively patrolling the neighborhood. *"We will always be a part of overdoses, because we are out here. We always get there first, before Rescue."* This was in part grounded in the reality that policing has become a generalist social service, with officers aware that, *"Well, we're everything. Before Narcan, law enforcement never played a medical role. We're not doctors, yet we're expected to be",* and *"Everything becomes a police problem, and then we're the ones to blame."*

Combining a law enforcement and a harm-reduction approach, officers could—in theory—approach each person engaging in open-air drug use, each person engaging in drug sales, and each person with drug paraphernalia in an effort to "get tough" on the local drug issue or check on their health; however, they do not. Some of this stems from reticence based on the overwhelming numbers; *"What are you going to do? You can't arrest people for injecting heroin"* and *"locking someone up for a bag of heroin isn't going to do anything. It takes us off the street and they won't even make it far into the court system."* As another officer said, while on patrol at Allegheny station, *"I could get a bus and go down here and take 50 people and arrest them, but it's not going to do anything for them."*

Other times, officers were under instruction. One officer explained that they could potentially bring charges of disorderly conduct for creating a hazard to people injecting, *"but I was told not to do that. You can only get possession if the heroin is in the bag, not when it's in a needle."* Part of their reticence is a realization that the entire criminal justice system is overwhelmed; *"People say, 'oh, law enforcement can do more' and they don't realize that we can't just arrest everyone, the court system would laugh at us if we brought someone in with one bag [of heroin]. There are rules just like there are rules with everything else."*

Challenges with recruitment, officer retention, and reductions in the number of city officers in the area impacted the transit officers. *"Policing is a joke down here because we are just so outnumbered. It's very frustrating."* The emotional drain and depletion of compassion

and energy was evident. “*The drug scene? How officers deal with it? Everyone is different but I think most of the guys are overwhelmed with it. It’s constant and you deal with it all so much.*”

This theme of being simply overwhelmed by the numbers of people suffering from drug problems, mental health issues, and co-morbidity challenges limited the officers’ perception of their capacity to alleviate the situation, even within just the confines of their assigned station and immediate area: “*If you went up to every person, you’d just be checking on people all day. That’s your whole day*” and “*If you checked on every single person, you wouldn’t leave one station all day.*” Overall, the officers cared about the residents of the area, but the frustrations were generally evident: “*I’d like to move it off the avenue. We have got to start locking people up. How many shootings do you need to have? We gotta do something. We have to lock up the dealers. Its open-air drug dealing here. It’s horrible.*” Over the 51 observations, this sense of being overwhelmed by the enormity of the challenges in the area emerged 24 times from 13 different officers.

Discussion

The fieldwork related to officers’ insights into the policing in and around the Kensington-Allegheny transit corridor reveals four main themes that emerged over the months. The officers believe, in general, that a more permissive attitude to drug crime and drug activity has resulted in deleterious effects on the neighborhood and local community. Second, they feel hampered by the local political environment around criminal justice that has removed tools that might help mitigate the harms affecting the transit system and the legitimate passengers. Third, the post–George Floyd world has increased scrutiny on their street work, resulting in a noticeable reduction in proactive enforcement.

Commentators across social media have discussed whether the “Ferguson effect”—the impact of a reduction in police proactive activity—is the result of officers belligerently deciding to “down tools” because they are being asked to be more accountable, or the result of officers perceiving a sense from public sentiment that they are being asked to exercise their discretion more. We found little evidence of this reduction in officer vigor related to a belligerent attitude to the public (though occasionally some caustic comments were directed at politicians). Rather, there was a pervasive sense that officers were cognizant of changing public mores related to their work. They sensed this both overtly (from political statements and the media) and implicitly (from public sentiment), and they were responding accordingly. This move to a more harm-mitigation focus was relatively new and it was clear officers were trying to figure out how to manage that role by looking to their own values alongside interpreting signals they perceived from both the public and their managers. This is reflective of the role confusion discussed by Clover (2022, p. 45) that “depending on which ‘hat’ the responding police officer will be wearing will have an influence on the type of engagement and response”.

The fourth main theme that emerged from our research is the sense of fatigue and that policing is overwhelmed in the Kensington area. Even the newer officers seemed to be exhausted, emotionally, by the relentless toll of drug-related misery and deaths. In the absence of a functioning public health support system, no officers expressed any real optimism that the situation would significantly improve, given that adequate social service support is failing in many places (Wood *et al.*, 2021). Every officer had a story about an unusual or particularly gruesome death related to an overdose, someone high on drugs falling in front of a train, or a drug-related homicide. Even people that survived an attempted murder were expected to be involved in another shooting, either as a victim or as the “doer” in one of the many retaliations that is integral to the illegal drug business (Topalli *et al.*, 2002).

All of this suggests evidence of widespread *compassion fatigue*, a situation where professionals—and especially first responders—experience repeated exposure to traumatic

events and work with traumatized individuals (for a related example see Jones, 2022). This exposure is linked to a variety of negative outcomes, such as feelings of helplessness and isolation, affecting personal and professional relationships (Papazoglou *et al.*, 2019). Compassion fatigue has been linked to symptoms of post-traumatic stress disorder (Violanti and Gehrke, 2004), with numerous studies finding police officers are repeatedly and frequently exposed to traumatic events (Hartley *et al.*, 2013). Furthermore, there is likely a compounding of these effects as the weight of working in a high-crime neighborhood, replete with some of the worst opioid-related challenges in the country, mixes with prolonged COVID effects, and a perceived lack of support from both within the criminal justice/law enforcement structure and the broader public.

At the time of writing, amelioration of these issues seems unlikely in the short term. City funding for anti-violence strategies has shifted from short-term solutions to more longer-term strategies with return-on-investment expectations of up to 20 years [4]. And with the reelection in November 2021 of District Attorney Larry Krasner for another four-year term, with a sizeable majority, a shift in policy appears unlikely. In the meantime, therefore, it might be prudent for police in the city to invest in greater officer wellness initiatives, as advocated by President Obama's Task Force on 21st Century Policing, to at least address the evidence of compassion and emotional fatigue. New initiatives under discussion with leadership of the SEPTA police department to pair social workers with police officers in an attempt to get more of the transit systems' long-term "residents" into treatment may also prove fruitful and worthy of evaluation.

Please note that a forty-minute documentary titled "Oscar One: The Kensington Transit Corridor Overdose Response Study", featuring ride-along footage gathered during this study, is available on YouTube at youtu.be/QANH3lsMbuA.

Notes

1. During a wave of Coronavirus infections in March 2020, Philadelphia Police were ordered to delay arrests for a variety of low-level offenses, include narcotics and prostitution. See <https://bit.ly/3H1IFjZ>. This policy was rescinded in the first week of May 2020 (<https://bit.ly/3H5je0M>)
2. <https://www.phila.gov/districtattorney/aboutus/Pages/DistrictAttorney.aspx>
3. <https://www.nytimes.com/2017/06/17/us/philadelphia-krasner-district-attorney-police.html>
4. See <https://bit.ly/3EWWfiM>

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