DEALING WITH OPEN AIR DRUG MARKETS

Downtown Marketing & Development

By Barry Cassidy

I remember watching The Wire on an HBO binge. I had worked in Baltimore, both in the county and city. In the city, I worked in the Patterson Park Area and did tenant conversions from renter to homeowner. In the Wire lingo, I worked in Prop Joe's area. I laughed about how they set up "Hamsterdam," an open-air drug market.

They were using houses and marketing on a street that was an island from the rest of the city. It was an "anything goes" scenario. When I was there, Baltimore's Block had an "anything possible" atmosphere, but varied by interest, and a modicum of decorum was practiced, however thin.

Cities have displaced and disillusioned people living on the streets and they tend to cluster. The will to live takes different forms, and right and wrong decisions become part of the group dynamic.

The Philadelphia Mayoral election has taken place. As part of this new effort on Kensington Avenue, Philadelphia, it is reported that many of the drug offenders in these communal groupings will be arrested for dealing or maybe for possession. I cannot determine if that is right or wrong, but I can tell you it is not helpful to demand they stop using drugs.

There will be a record of the people living and thriving in this situation through arrest records, and if you do it once, you should do it every time. In dealing with a subset of street users, opportunity and penalty must be consistent.

I have developed the following phases for eliminating aberrant behavior (as conceptualized by the offenders):

1. If I go there, I can do it.
2. If I go there, I may be able to do it.
3. If I go there, I might not be able to do it.
4. If I go there, I can't do it.

If you arrest people all the time within the target area, you get to #4 pretty quickly. It will take longer in the summer, but now is the time to do it because exposure to elements is more severe.

Another subset of the open-air drug market is the people who are there because there is nowhere else to go. When I worked in Kensington in the early '90s, the homeless were classified as bums on the street, and some of the younger people there would beat the stuffing out of people. I saw the same thing in the Becton section of London near the royal docks. Only they had hammers. So, seeking safety in numbers could be advantageous, no matter how dangerous the clustering is.

These people have done nothing wrong and are not involved in any activity other than running out of money or having a domestic incident — people with children and maybe some general run-of-the-mill people who have no desire to live indoors.

Medically impaired people constitute a portion of the homeless population both physically and mentally. Here is the dilemma. Most of these folks are on prescription drugs for some disorder. These will not be offenders *per se*, but they most likely drift into the drug user category. When arrested, how will the supervised aid be dispersed to this population?

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In previous articles, I have advocated for making people walk for however long it takes. I have heard that the National Guard may be called in to move people. That may be a little overkill regarding who they are. But not in the numbers needed to take care of this problem. There needs to be more crowd-control police, but the number of individuals necessary to respond effectively is high.

A sequence for breaking up the open-air drug market is to look at the segmentation of those told to walk.

First, you will find out that guys with legs are not mobile. There will be some real heartbreaking stories concerning the impairment that prohibits their movement. So, the goal is not to have them released back into the hospital zone just because they do not have legs or whatever inhibits movement. I suggest a temporary facility to determine the right environment for someone lying on the street who cannot move.

If you arrest the drug dealers, they will be immediately eliminated from the population, but most likely, they will be immediately released. After that, they are arrested again. I still wonder why that strategy is appropriate, but it is viable under this segmentation scenario and my 4-point approach. If you know you can move out of the area and accomplish what you want to do elsewhere, the smart person does that.

The mentally ill could be evaluated and perhaps have their scripts reviewed — a temporary two-week hold to evaluate and investigate through checks with drug-prescribing providers.

The people who have nothing wrong will walk — a 24-hour walk. The crowd thins out, and the street becomes a little more manageable. When the guy without legs shows up after evaluation and some help, the atmosphere for him to stay there for weeks ends.

I have had two big circle projects in Philadelphia — Mardi Gras and the Greek Picnic — and in both cases, the strategy worked perfectly. This was the strategy that the Philly police recommended, and it worked. Most of the residents were in favor of the plan.

I would estimate it will take about six weeks to eliminate Kensington Ave's open-air drug market.

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