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Drug Related Involvement in Violent Episodes (DRIVE)

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INTERIM FINAL REPORT

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A research report of this nature is seldom produced by just one individual. The successful completion of the DRIVE project required the cooperative efforts of a research team, each of whom played a vital role in the study. As responsibility was shared throughout the course of the research, it is appropriate that recognition be similarly shared. Hence, we have a rather lengthy list of authors.

Dr. Paul J. Goldstein functioned as both Principal Investigator and Project Director.

Dr. Douglas S. Lipton was Co-Principal Investigator.

Barry J. Spunt and Patricia A. Bellucci were Research Associates. Mr. Spunt's primary responsibilities were in the area of data collection. Ms. Bellucci's primary role was data manager.

Thomas Miller was Senior Interviewer. Nilda Cortez and Mustapha Khan were interviewers.

Andrea Kale performed a variety of roles including secretarial, clerical, data entry, and coding.

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CONTENTS

		Acknowledgments.....	i
Chapter I	-	Introduction.....	1
Chapter II	-	Problem Statement.....	4
Chapter III	-	Tripartite Conceptual Framework.....	12
Chapter IV	-	Methodology.....	27
Chapter V	-	Sample.....	54
Chapter VI	-	Violent Events.....	76
Chapter VII	-	Summary.....	114
		References.....	116
		Appendices	

Chapter I - INTRODUCTION

The intent of the research project "Drug Related Involvement in Violent Episodes (DRIVE)" was to map empirically the terrain of the drugs/violence nexus. This study began in 1984 and has produced an extraordinarily rich data base. A companion research project, "Female Drug Related Involvement in Violent Episodes (FEMDRIVE)," began in 1985. Data from that study will be available for analysis shortly. It is anticipated that the combined analyses to emerge from these two studies will provide substantial theoretical and empirical advances in our understanding of the relationship between violent behavior and drug use and distribution.

The report that follows is an interim final report. It does not signal the completion of analysis on DRIVE data. Two distinct "tracks" of analysis are being performed. One is the event based analysis that is the substance of this report. The other is a person based analysis that will be completed in the near future and submitted as part of an integrated analysis with FEMDRIVE data.

The person based analysis will focus on a wide range of characteristics, traits and developmental phenomena. The violent participations described herein will be examined with regard to subjects' individual patterns of drug use and criminality, demographic variables such as age and race (and gender since the person based analysis will be performed on a combined DRIVE/FEMDRIVE data base), and individual histories of

violent perpetrations and victimizations. The combined person and event based analyses of DRIVE and FEMDRIVE data should be published as a book.

Additional reports are planned as well. Ms. Alisse Waterston, a doctoral candidate at the City University of New York in the Anthropology Department, is using DRIVE and FEMDRIVE data for her doctoral dissertation. This dissertation is tentatively titled "Drugs and Gender in Modern U.S. Culture: A Comparison of a Cultural Alternative and Systems of Dominance." A copy of her proposal, which is currently under review by her dissertation committee, is attached to this report as Appendix A.

The fieldwork done on the Lower East Side of Manhattan engendered a vivid appreciation for the social realities of homelessness. Many DRIVE subjects were homeless and supplied important information about drug use, drug trafficking, needle sharing, violence and homosexuality in the shelters. Some preliminary findings in this regard were presented in our paper "Violence Amongst Homeless Drug Users in New York City" that is attached as Appendix B. Further analysis is planned on this important issue.

One of the Research Associates, Barry Spunt, kept a personal diary of his fieldwork experiences. This diary could be an important contribution to the social sciences in two related ways. First, it is an account of a "sociologist at work" and such accounts are needed to educate and motivate new generations

of prospective social scientists. Secondly, it will afford methodological insights into the practice of doing drug related fieldwork and the impact of such fieldwork on self. This diary will be edited and an appropriate publisher sought.

A substantial number of DRIVE subjects reported homosexual experiences of varying types. These included accounts of homosexual prostitution, "institutional" homosexuality (in prisons and shelters), homosexual rape, as well as the day-to-day sexuality of avowedly gay subjects. The importance of the drugs/homosexuality nexus has been heightened by the AIDS epidemic. It is now an area of critical concern. The DRIVE project will contribute at least one article to an increased understanding and elaboration of the relationship between drug use and homosexuality.

Chapter II - PROBLEM STATEMENT

The nature and scope of the relationship between drugs and violence is a matter of great concern in American society at the present time. The existing literature sheds some light on the subject, but mainly points to the need for further research. This need for better data to elaborate on the drugs violence/nexus is the main impetus for the DRIVE project.

The social sciences are only now beginning to generate the theory and data that will enable the relationship between drugs and violent crime to be perceived more clearly. Anglin has concluded "... that the relationship between drug use and violence can best be viewed as a probabilistic and relativistic function in which the violent outcome is dependent on the interaction of a host of biological, sociocultural and psychological factors, only a few of which have been elucidated in the research literature" (Anglin, 1984: 469). Some reasons for the current relative lack of data and theorizing in this most important area are listed below.

1. There has been a substantial increase in the total volume of illicit drugs used and sold in the United States over the past three decades, especially with regard to some specific substances such as cocaine. This has resulted in substantial increases in the volume of drug-related violence. However, there was an inevitable time lag before academic social scientists and government agencies labeled the increase in drug use as important, designed studies to estimate its magnitude, and began to do research aimed at documenting attendant phenomena, such as violence. Specialists in violence who

received their training prior to a general recognition of the impact of drugs on violence may continue to ignore drug use and trafficking as relevant variables in their studies.

2. Related to point 1 above, much of our current knowledge about the drugs/violence nexus has emerged from research funded by the National Institute on Drug Abuse (NIDA) and the National Institute of Justice (NIJ). The research programs at NIDA and NIJ expanded in response to the growing awareness of how serious the drug problem was becoming. The flow of Federal dollars into drug research has dispelled many of the myths and faulty assumptions about drugs and their impact on violence in American society. For a fuller discussion of these Federal efforts see Clayton (1981) and M_cBride (1981).

3. In addition to the problem of myth is the problem of backlash to myth. The first half of the twentieth century witnessed some absolutely incredible myth-making about drugs. The film Reefer Madness has become a symbol of the lurid and inaccurate manner in which drugs and their effects were portrayed. Other stories presented to a sensation-loving public by popular media included that of a fifteen year old boy who was driven to insanity and suicide by smoking cigarettes; the 1923 headline that "Marihuana Makes Fiends of Boys in 30 Days;" and the 1913 headline that "Drug Crazed Negroes Fire at Every One in Sight in Mississippi Town" (Silver, 1979).

Anti-drug crusaders such as Harry Anslinger, U.S. Commissioner of Narcotics for more than 30 years, went far to one extreme in portraying drug users as "fiends." In reaction, those who wished

to align themselves with wisdom and reasoned analysis of data tended to stress the nonviolent behavior that was characteristic of most drug users most of the time. This discouraged scientific inquiry into the actual violence that was characteristic of some drug users and traffickers some of the time. It should be noted that the violence characteristic of some drug users and traffickers some of the time may constitute a substantial proportion of a society's total violence.

4. Because of its widespread use, alcohol tends to dominate most discussions of violence and substance use. Many young scientists have been discouraged by experts in the field from pursuing inquiries into relationships between drugs and various sorts of violence. They are told that the major substance abuse problem in these regards is surely alcohol and there is little reason to do research on other drug-related violence. While some have persevered, there is no way of knowing how many potentially important studies of drugs and violence were nipped in the bud by this attitude.

5. Collins (1982) argues that within the context of long criminal careers, violent crimes tend to be statistical rarities. Property crimes are committed at much higher rates. The relative rarity of violent crime makes research on the drugs/violence nexus difficult. Numbers of incidents are often not adequate to conduct analyses that control for variables known to be related to violence.

6. Last, and certainly not least, is the fact that important national level data on the drugs/violence nexus are just not being collected. Researchers trained in the most sophisticated

techniques of data analysis can hardly make a contribution if the necessary data do not exist. Official statistics collected in the criminal justice and health care systems do not link acts of criminal violence and resultant injuries or death to antecedent drug activity of victims or perpetrators. Broad recording categories make it virtually impossible to determine whether the offender or victim was a drug user or distributor, or whether the pharmacological status of either victim or offender was related to the specific violent event.

Uniform Crime Reports (UCR), collected by the Federal Bureau of Investigation is the most visible source of crime data in the country. UCR contains aggregated statistics of crimes known to the police. However, the drug relatedness of violent events is simply not a focus of inquiry. It is not possible to use the UCR data base to link specific violent acts to antecedent drug activities of either victim or perpetrator.

The major alternative criminological data source is the National Crime Survey (NCS). This annual report issued by the Bureau of Justice Statistics (BJS) is based on data obtained from a stratified multistage cluster sample. The basic sampling unit is the household. Respondents within households are asked for all instances of victimization in the past year. Projections are then made to the nation as a whole.

As was the case with UCR, the NCS is not useful for elaborating on the drugs/violence nexus. Street drug users frequently are not part of a household, i.e., they may sleep in abandoned buildings, in subways, on park benches. Thus, a population that is posited to be at especially high risk for

drug related violence is likely to be under-represented in this data. Another problem with NCS is that victims may not know the motivation of offenders for committing acts of violence, or be able to judge accurately the pharmacological state of offenders. These latter problems have not really been problems because the NCS never asked victims anything about the pharmacological state of offenders. However, according to reliable sources , one or two rather simplistic questions of this nature were included for the 1986 survey.

Little relevant data is produced in the health care system either. Hospitals record presenting complications. Emergency room data will show that a bullet wound, a fractured skull, a broken arm, or whatever, were treated. There is no indication as to whether the event producing the injury was drug related or whether victim or perpetrator had engaged in antecedent drug activities.

Medical examiner data have limited utility for elaborating on the drugs/violence nexus. Such data only provide information on the status of homicide victims. Homicide is a relatively rare form of violence. The vast majority of violent events, including those that are drug related, never come to the attention of medical examiners. Further, evidence of the drug relatedness of homicides frequently is not contained in the victim; for example, when only the perpetrator had ingested drugs. Finally, a NIDA funded study claimed that there were "structural barriers" associated with trying to use medical examiner statistics to depict the relationship between drugs and homicide (Gottschalk et al, 1979).

So, for all of the above reasons, there is a serious lack of data and theory necessary for full elaboration of the drugs/violence nexus. There is clearly a need for such theory and data. It should be stressed, also, that the drugs/violence nexus is certainly not the only dimension of violence where there is a need for more and better data.

In the study of drug-related violence, one must rely chiefly on local studies for data since the problem is not specified in the major national data bases. Most local studies support the contention that there is a strong relationship between drugs and violence. Zahn and Bencivengo (1974) reported that in Philadelphia, in 1972, homicide was the leading cause of death among drug users, higher even than deaths due to adverse effects of drugs, and accounted for approximately 31 percent of the homicides in Philadelphia. Monforte and Spitz (1975), after studying autopsy and police reports in Michigan, suggested that drug use and distribution may be more strongly related to homicide than to property crime. Preble (1980) conducted an ethnographic study of heroin addicts in East Harlem between 1965 and 1967. About fifteen years later, in 1979 and 1980, he followed up the seventy-eight participants and obtained detailed information about what happened to them. He found that 28 had died. Eleven, 40 percent of the deaths, were victims of homicide. Stephens and Ellis (1975) argued that criminal patterns of heroin users were shifting in the direction of greater amounts of violence. McBride (1981) found the same increasing trend of violent behavior among Miami narcotic users. Ball et al (1983), studying heroin addicts in Baltimore,

found the number of days containing violent crime perpetrations to be 18 times higher during initial addiction periods as compared to initial days off opiates. Felson and Steadman (1983) studied 159 homicide and assault incidents leading to incarceration in New York State. Homicide victims were significantly more likely than assault victims to have used alcohol or drugs.

The New York City Police Department (1983) classified about 24 percent of known homicides in 1981 as drug related. The 34th Precinct, which serves the Washington Heights section of Manhattan, had more homicides than any other precinct in New York in 1983. It recorded 85 homicides, 70 percent of which were allegedly drug-related. (Randazzo & Gentile, 1983: 11) A Miami police official was quoted on television as saying that one-third of the homicides in Miami in 1984 were cocaine related.

Even though the relationship between drugs and violence has been so consistently documented in both the popular press and in scientific research, it is only recently that attempts have been made to assess this problem on a national level. One such effort estimated that 10 percent of the homicides and assaults nationwide are the result of drug use. However, the authors include the caveat that their estimate should be viewed as a conservative approximation "in the face of inadequate empirical data to support an estimate derived in a systematic fashion" (Harwood et al, 1984: 22). Another recent report estimated that in the United States, in 1980, over 2,000 homicides were drug

related and, assuming an average life span of 65 years, resulted in the loss of about 70,000 years of life. This report further estimated that in 1980 over 460,000 assaults were drug related, and that in about 140,000 of these assaults the victims sustained physical injury leading to about 50,000 days of hospitalization (Goldstein and Hunt, 1984). Gropper, summing up research funded to date by the National Institute of Justice, stated the following:

... narcotics abusers engage in violence more often than earlier studies would lead us to believe. Recent studies have shown that heroin-using offenders are just as likely as their non-drug-using or non-heroin-using counterparts to commit violent crimes (such as homicide, sexual assault, and arson) - and even more likely to commit robbery and weapons offenses (1984: 4).

Thus, the state-of-the-art with regards to knowledge about the relationship between drugs and violence may be summarized as follows. The issue is not specified in major national data collection efforts. Local studies suggest a strong association between the two phenomena, but the concepts to explain the observed association between drugs and violence are lacking.

The DRIVE project is "driven" by the need to create and test concepts that will illuminate more adequately the drugs/violence nexus. Progress in conceptualization will enable us to better focus on the relevant issues and, as a result, design more useful data collection and monitoring systems. Increased and more systematic knowledge about the drug relatedness of violence may be of further benefit to those engaged in treating drug users.

Chapter III - TRIPARTITE CONCEPTUAL FRAMEWORK

In earlier articles it was suggested that drugs and violence were related in three different ways: psychopharmacologically, economic-compulsively, and systemically. This conceptualization was intended to provide a structure within which data could be most fruitfully analyzed. The DRIVE project was designed to generate data to assess the utility of the tripartite conceptual framework. A full elaboration of the three models follows below.

Psychopharmacological Violence

The psychopharmacological model suggests that some individuals, as a result of short or long term ingestion of specific substances, may become excitable, irrational, and may exhibit violent behavior. The most relevant substances in this regard are probably alcohol, barbiturates, stimulants, and PCP. A lengthy literature exists examining the relationship between these substances and violence.

Barbiturates appear most likely, on a per ingestion basis, to lead to violence. Fortunately, the number of drug users who report barbiturate abuse is relatively small. In three separate studies of incarcerated delinquents, a barbiturate (secobarbital) was identified as the single substance most likely to enhance assaultiveness (Tinklenberg et al, 1974, 1976, and 1981). Collins (1982) studied self reports of aggravated assaults and robberies by nearly 8,000 drug treatment program new admissions in ten cities for the year prior to entering treatment. He found that the highest proportions of persons committing one or more aggravated assaults or robberies were

those who identified their primary drug problem as barbiturate use. Barbiturates, followed by alcohol and amphetamines, were most strongly correlated with assault. Barbiturates, followed by heroin, were most clearly correlated with robbery.

Early reports which sought to employ a psychopharmacological model to attribute violent behavior to the use of opiates and marijuana have now been largely discredited. However, the irritability associated with the withdrawal syndrome from opiates may indeed lead to violence. Mednick notes that workers in drug treatment programs are familiar with irritable, hostile and sometimes aggressive clients in withdrawal (1982: 62).

Heroin using prostitutes often linked robbing and/or assaulting clients with the withdrawal experience (Goldstein, 1979). These women reported they preferred to talk a "trick" out of his money, but if they were feeling "sick," i.e., experiencing withdrawal symptoms, that they would be too irritable to engage in gentle conning. In such cases they might attack the client, take his money, purchase sufficient heroin to "get straight," and then go back out on the street. In a more relaxed physical and mental state, these women claimed that they could then behave like prostitutes rather than robbers.

A somewhat similar process has been reported with regard to cocaine. Users characterize being high on cocaine as a positive and "mellow" experience. However the cocaine "crash," i.e., coming down from the high, has been described as a period of anxiety and depression in which external stimuli may be reacted to in a violent fashion.

A study of institutionalized delinquent boys revealed that about 43 percent took a drug within twenty-four hours of committing an offense against a person.

Many of these boys stated that they took the drugs to give themselves courage to commit an act of violence. Sometimes an act of violence against a person was not intended since the boys initially wanted to steal goods or money to support a drug habit. Each of the 25 subjects who took drugs prior to an act of violence considered the dose taken to be significant and to have contributed substantially to their commission of the crime. In fact, they speculated that the crimes would not have occurred if they had not taken the drugs in question. About 17% of the total person offenses committed by all subjects were preceded by significant drug taking within 24 hours of the offense. (Simonds and Kashani, 1980: 308)

The drug scores most significantly correlated with the number of offenses against persons were barbiturates, PCP, cocaine, and, to a somewhat lesser extent, Valium and amphetamines. In this research, alcohol use had only a small, nonsignificant correlation with number of person offenses.

Drug use may also have a reverse psychopharmacological effect and ameliorate violent tendencies. In such cases, persons who are prone to acting violently may engage in self-medication in order to control their violent impulses. The drugs serving this function are typically heroin, tranquilizers and marijuana.

Psychopharmacological violence may involve drug use by either offender or victim. In other words, drug use may contribute to a person behaving violently, or it may alter a person's behavior in such a manner as to bring about that person's violent victimization. Previous research indicates relatively high frequencies of alcohol consumption in rape

(Amir, 1971; Rada, 1975) and homicide victims (Shupe, 1954; Wolfgang, 1958). Public intoxication may invite a robbery or mugging. Sparks (1981) suggests that alcohol and/or drug use may be one of the reasons why a small minority of respondents on victimization surveys report multiple victimizations. One study found that in rapes where only the victim was intoxicated, that she was significantly more likely to be physically injured (Johnson et al, 1976).

Many intoxicated victims are reluctant to report their victimization. They do not wish to talk to the police while drunk or "stoned". Further, since they are frequently confused about details of the event and, perhaps, unable to even remember what their assailant looked like, they argue that reporting the event would be futile. Thus, even if police agencies were sensitive to recording cases of victim precipitated psychopharmacological violence, such events would probably be seriously under-reported.

Certain substances may be used in a psychopharmacologically functional manner. In this regard, drugs may be ingested purposively because the user is familiar with specific effects and perceives them as positive for the perpetration of criminal acts. Examples of such functional drug use include tranquilizer and marijuana use to control nervousness, barbiturate and alcohol use to give courage.

In a similar fashion, users may be motivated to ingest the substance because of its reputation. They may wish to engage in a violent act, feel deterred by scruples, and ingest the substance in order to be freed from personal responsibility for

the act. This entitles them to claim that "the drug drove me to do it!" This process may also surface as a legal stratagem. Clever lawyers may capitalize on a drug's reputation for provoking aggressiveness by claiming that their client is not responsible for criminal actions because of antecedent drug use.

Economic Compulsive Violence

The economic compulsive model suggests that some drug users engage in economically oriented violent crime, e.g. robbery, in order to support costly drug use. Heroin and cocaine, because they are expensive drugs typified by compulsive patterns of use, are seen as the most relevant substances in this category. Economically compulsive actors are not primarily motivated by impulses to act out violently. Rather, their primary motivation is to obtain money to purchase drugs. Violence generally results from some factor in the social context in which the economic crime is perpetrated. Such factors include the perpetrator's own nervousness, the victim's reaction, weaponry (or the lack of it) carried by either offender or victim, the intercession of bystanders, and so on.

Research indicates that most drug users avoid violent acquisitive crime if viable nonviolent alternatives exist (Preble and Casey, 1969; Swezey, 1973; Cushman, 1974; Gould, 1974; Goldstein and Duchaine, 1980; Goldstein, 1981; Johnson et al, 1985). This is because violent crime is more dangerous, embodies a greater threat of prison if one is apprehended, and because perpetrators may lack a basic orientation toward violent behavior.

While research does indicate that most of the economic crimes committed by most of the drug users are of the nonviolent variety, e.g., shoplifting, prostitution, drug selling, there are little data that indicate what proportion of violent economic crimes are committed for drug related reasons. No national criminal justice data bases contain systematically and routinely collected information on the drug-related motivations or drug use patterns of offenders as they relate to specific crimes.

However, a variety of studies do indicate a significant proportion of robberies are committed by persons who use drugs. "Robbery" is a broad term that may include quite diverse events, e.g., street muggings, bank robberies, juvenile lunch money "shakedowns." Robbery is defined by Uniform Crime Reports as "the taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear."

A report issued by the American Bar Association stated that "to a large extent, the problem of urban crime is the problem of heroin addiction." (1972: 8) This report estimated that between one-third and one-half of the robberies committed in major urban areas are committed by heroin addicts. A 1978 report on bank robbery issued by the General Accounting Office estimated that at least 42 percent of the 237 bank robbers that were surveyed were drug users.

Voss and Stephens (1973) studied a sample of 990 patients committed to the Federal drug treatment facility in Lexington,

Kentucky. They found that only 2 percent report committing armed robbery prior to beginning drug use. However, 18 percent reported committing armed robberies after having begun using drugs.

Petersilia et al (1978) studied forty-nine incarcerated, male armed robbers in California. These men reported committing a total of 855 robberies. Over one-half of the sample reported regular use of drugs, alcohol, or both; 60 percent said they were under the influence of drugs or alcohol while committing their crimes. The desire for money to buy drugs was the single most frequently cited reason for committing crimes.

Wish et al (1980) analyzed 17,745 arrests in Washington, D.C., in which a urine specimen was obtained from the arrestee. Twenty-two percent of the male robbery arrestees (N = 2,209) and 29 percent of the female robbery arrestees (N = 149) had drug-positive test results, mainly for opiates. In only four other offense categories was there a higher proportion of drug-positivity among arrestees. These included bail violation, larceny, drug offenses, and weapons offenses.

Inciardi (1980) compares heroin users to other drug users in Miami and reveals that the two groups had similar robbery rates and similar proportions doing robberies. Chaiken and Chaiken (1982) show that among inmates in Texas, California, and Michigan entering prisons and jails, the robbery rate is generally higher among daily heroin users than among less frequent users or nonusers.

Johnson et al (1985) studied the economic behavior of 201 active street opiate users in Harlem. Subjects provided at

least 33 consecutive days of data in a storefront ethnographic field station. A total of 183 robberies were reported. During the study period, 72 percent of the respondents committed no robberies; 23 percent committed robberies on an occasional and irregular basis. Ten subjects, 5 percent of the sample, were classified as high rate robbers. They committed 45 percent of all reported robberies, averaging one robbery every 6.6 days. High-rate robbers were most likely to use heroin, and to use a larger amount per day, than low-rate robbers or non-robbers.

An additional caveat should be offered with regard to the brief literature review presented above. Not all studies are able to claim that robberies were, in fact, motivated by the compulsion to obtain money to purchase drugs. In some cases the perpetrator may have been under the influence of drugs, such as barbiturates, and the robbery may have had more of a psychopharmacological motivation than an economic compulsive one. In other cases robbers may celebrate a successful score by "partying" with drugs, such as cocaine. This need not imply that the robbery was committed for the sole purpose of purchasing cocaine.

Victims of economic compulsive violence, like those of psychopharmacological violence, can be anybody. Previous research (Goldstein and Johnson, 1983; Johnson et al, 1985) indicates that the most common victims of this form of drug related violence are people residing in the same neighborhoods as the offender. Frequently the victims are engaged in illicit

activities themselves. Other drug users, strangers coming into the neighborhood to buy drugs, numbers runners, and prostitutes are common targets of economic compulsive violence.

Systemic Violence

In the systemic model, violence is intrinsic to involvement with any illicit substance. Systemic violence refers to the traditionally aggressive patterns of interaction within the system of drug distribution and use. Systemic violence includes disputes over territory between rival drug dealers; assaults and homicides committed within dealing hierarchies as a means of enforcing normative codes; robberies of drug dealers and the usual violent retaliation by the dealer or his/her bosses; elimination of informers, disputes over drugs and/or drug paraphernalia, punishment for selling adulterated or phony drugs; punishment for failing to pay one's debts; robbery violence related to the social ecology of copping areas.

Various sources have stressed the importance of what I have termed the systemic model in explaining drugs/violence relationships. Zahn pointed out the importance of systemic violence in her study of homicide in twentieth century United States. She showed that homicide rates peaked in the 1920's and early 1930's, declined and levelled off thereafter, began to rise in 1965, and peaked again in 1974. This analysis led to the following conclusion.

In terms of research directions this historical review would suggest that closer attention be paid to the connection between markets for illegal goods and the overall rate of homicide violence. It seems possible, if not likely, that establishing and maintaining a market for illegal goods (booze in the 1920's and early 1930's; heroin and cocaine in the late 1960's and early 1970's) may involve controlling

and/or reducing the competition, solving disputes between alternate suppliers or eliminating dissatisfied customers. ... The use of guns in illegal markets may also be triggered by the constant fear of being caught either by a rival or by the police. Such fear may increase the perceived need for protection, i.e., a gun, thus may increase the arming of these populations and a resulting increased likelihood of use. For the overall society this may mean a higher homicide rate (Zahn 1980: 128).

Zahn's analysis is contradicted by that of Klebba. Klebba (1981) argues that while gang wars for control of the illicit liquor market accounts for some of the rise in homicide rates, that white men, who were most frequently involved in the gang wars, continued to have a much lower rate than men of other races. Further research is needed to clarify this issue.

There are two rather distinct dimensions of systemic violence: one related to the system of distribution and one related to the system of use. Drug distribution refers to cultivation and/or manufacture, processing, packaging, smuggling, and both the wholesale and retail trade. Violence may occur at any level of this system. For example, Adler described marijuana growing in California as a "time-consuming and dangerous business."

Harvest seasons required the most vigilance, as the incidence of rip-offs was high. All growers, especially those with outdoor fields, had to guard their near ready crops both day and night until the process of cutting, preparing, packaging, and distributing was completed. And unlike dealing, where violence was less common, a successful cultivation business required carrying and occasionally using shotguns, hand guns, and rifles (1985: 55).

Lewis et al commented that the illicit heroin market in London is not as violent as that in New York. However, the authors add that this may be changing.

There were indications early on in our research that some freelance 'entrepreneurs of violence' (or thugs) were attempting to penetrate the distribution system at wholesale level in order to exert monopoly advantage from customers and monopsonistic advantage from importer/distributors unfamiliar with its structure (1985: 288).

Within the system of distribution, it is possible to differentiate between macrosystem violence and microsystem violence. A good example of macrosystem violence was reported in a recent Wall Street Journal article on the cocaine business. Discussing Florida's "cocaine wars," the article states that "... the U.S. demand for cocaine and the Miami-area drug-related homicide rate grew at about the same frenzied pace, with Miami's drug murders peaking in 1981 at 101."

Everyone who fought in or witnessed the war seems to have a different explanation of its causes. What is clear is that certain Colombian organizations emerged from the war in command of the wholesale level. ... In business school terms, those Colombian organizations, by installing their own middlemen in Miami, "forward integrated" to capture an additional level of profit. (Ricks, 1986: 16)

An example of microsystem distributional violence is provided by a subject from the DRIVE study.

I copped twenty dollars of heroin from this girl. I left and checked the first bag. It was baby powder. I checked the second bag. It was baby powder also. I got my knife, went back, and put it to her throat and took sixteen dollars off her. That's all she had. I don't know what happened to my twenty. She had the sixteen in her bra. We were in a vacant lot and I could have been seen by the cops. That's the only reason I didn't cut her up.

Microsystem violent events occur within the system of drug use as well as that of drug distribution. The system of drug use refers to the norms and values that have emerged to

structure interactions around drugs and drug paraphernalia. Violence associated with disputes over drugs have long been endemic in the drug world. Friends come to blows because one refuses to give the other a "taste." A husband assaults his wife because she raided his "stash."

Much of the heroin in New York City is being distinctively packaged and sold under "brand names" (Goldstein et al, 1984). These labeling practices are frequently abused and this abuse has led to violence. Among the more common abuses are the following. Dealers mark an inferior quality heroin with a currently popular brand name. Users purchase the good heroin, use it, and then repackage the bag with milk sugar for resale. The popular brand is purchased, the bag is "tapped," and further diluted for resale. Such behaviors have led to threats, assaults, and/or homicides.

A common form of norm violation in the drug trade is known as "messing up the money." This involves a subordinate returning less money to his superior than is expected. For example, a street dealer is given a consignment of drugs to sell and is expected to return to his supplier, manager or lieutenant, with a specific amount of money. However, for any of a variety of reasons, he returns with too little money or fails to return at all.

When a street dealer fails to return sufficient money, his superior has several options. If only a small amount of money is involved, and the street dealer has few prior transgressions and a convincing justification for the current shortage, his

superior is likely to give him another consignment and allow him to make up the shortage from his share of the new consignment. Other options include firing the street dealer, having him beaten up, or having him killed.

Fear of becoming a victim of systemic violence has led to the perpetration of economic-compulsive violence. Street dealers who have "messed up the money" may be terrified of what their superiors will do to them. Persons in this situation have committed robberies as a quick way to obtain the money that they owed.

Violence may arise when drug use constitutes a norm violation within another underworld system. For example, a pimp stated that he would never allow a "junkie broad" to work for him. One of his reasons was that an addicted woman might be easily turned into an informant by the police. When asked what he would do if one of his women did start to use narcotics, he replied that if she didn't know too much about his activities he would just fire her. However, if she did know too much, he would kill her (Goldstein, 1979: 107).

The social ecology of copping areas is generally well suited for the perpetration of robbery violence. Major copping areas are frequently located in poor ghetto neighborhoods. Drug users and dealers are frequent targets for robberies because they are known to be carrying something of value and because they are unlikely to report victimization. Dealers are sometimes forced to police their own blocks so that customers may come and go in safety.

A number of important issues pertaining to systemic violence remain unresolved. There is no doubt that participation in the drug business increases the probability for participation in violent events, both as victim and perpetrator. What is not so clear is the extent to which the drug business itself makes people violent or whether violence-prone individuals may self-select themselves for violent roles in the drug business. Adler suggest the latter point of view based upon ethnographic research among traffickers in California.

...dealers and smugglers as a group were overwhelmingly large in size. Before meeting a new drug trafficker I could expect that, at minimum, he would be six foot two and weigh 180 pounds. The reason for this also lay in self-selection, for although violence was rare in Southwest County, it was fairly common in the drug world more generally. Regardless of whether an individual ever had to resort to violence it lay behind all business relationships as a lurking threat. ... people who felt unsure of their ability to be aggressive or to physically defend themselves were less likely to venture into drug trafficking. This was also part of the reason why dealing and smuggling ranks were most heavily populated by men than by women (1985: 95).

Victims of systemic violence are usually those involved in drug use or trafficking. Occasionally, noninvolved individuals become innocent victims. For example, a recent homicide in New York City took place in a neighborhood social club. Two representatives of a local drug dealer were trying to force the owner of the social club to allow their "product" to be sold in the club. The owner refused. Guns were drawn, shots were fired, and a young boy who swept up in the club was killed. Several cases have been reported where whole families of drug dealers, including wives and young children, have perished in

narcotics gang wars. However, the vast majority of victims of systemic violence are those who use drugs, who sell drugs, or are otherwise engaged in some aspect of the drug business.

Victims of systemic violence are very difficult to identify in official records because they frequently lie to the police about the circumstances of their victimization. Few, if any, victims of systemic violence, who are forced to give an account of the victimization to the police, will admit that he or she had been assaulted because of owing a drug supplier money or selling somebody phony or adulterated drugs. Such victims usually just claim to have been robbed.

Chapter IV - METHODOLOGY

The social, scientific, and programmatic importance of elaborating on the drugs/violence nexus was clear. The next step was to design a research study capable of producing information to address this knowledge gap and operationalizing the tripartite conceptual framework described in Chapter III. Such a study should be both exploratory and descriptive. The purpose of an exploratory study is to "gain familiarity with a phenomenon or to achieve new insights into it, often in order to formulate a more precise research problem or to develop hypotheses." There are two major purposes of descriptive studies: "to portray accurately the characteristics of a particular individual or group;" and "to determine the frequency with which something occurs or with which it is associated with something else." (Selltiz et al, 1966:50).

Based on his prior field research experiences, the Principal Investigator believed that a fixed location field station was essential for the sort of rigorous, systematic data collection effort that was planned. It was essential that subjects know where they could always find a member of the research team and that a place existed where private and confidential interviews could be efficiently undertaken.

The lower east side of Manhattan was chosen as the target area for the DRIVE project for several reasons. Street drug users had long contended that the lower east side and west Harlem were the two most active sites for drug distribution in New York City, and that the highest quality heroin which is available is sold in these two areas. Further, the lower east

side was reputed to contain the youngest, most action-oriented population of street drug users. The accounts given by street drug users, and a daily perusal of newspapers, supported the contention that the lower east side was one of the principal stages upon which scenes of the drugs/violence nexus are played out.

The lower east side also contains the most heterogeneous population of all the major drug activity areas in New York City, including within its boundaries blacks, Hispanics, Orientals, white ethnics (Jews, Ukrainians, Italians, etc.), youthful transients attending New York University, and several motorcycle gangs. The New York City headquarters for the Hell's Angels was located three blocks from our field site. While no members of this group were involved in our research, several DRIVE subjects reported selling stolen property, especially tools, car batteries and the like, to the Hell's Angels.

The population heterogeneity of the area was seen as enhancing the research for several reasons. Much of the systemic violence taking place in the drug scene has been alleged to occur along racial lines, involving one ethnic group perceiving that another ethnic group is infringing upon its territory. The variegated population of the lower east side enabled this assertion to be studied. It also enabled us to study whether any single group was more likely to be violent perpetrators or violent victims. The population heterogeneity was also seen as facilitating the assimilation of researchers into the neighborhood.

Two interesting developments were occurring on the lower east side during the DRIVE research. One was a 'gentrification' of the neighborhood. The other was 'Operation Pressure Point', a massive police crackdown on street drug activity that began in January, 1984.

Gentrification has occurred quickly on some lower east side blocks, but has not changed others. Many blocks are still completely made up of abandoned buildings, seedy tenements and vacant lots. On other blocks buildings have been renovated, chic eateries and shops have opened, and art galleries are proliferating. Real estate prices have risen dramatically. Some small businesses, such as ethnic restaurants, are going out of business because the landlords have raised rents. Neighborhood residents have formed organizations to fight real estate speculators.

There has been little noticeable impact from gentrification on the neighborhood drug scene. There is still poverty, abandoned buildings, the Bowery with its flophouses and human derelicts, the main New York City shelter for homeless men on East Third Street, the free lunches offered by neighborhood churches and the Catholic Worker on East First Street, the housing projects on Avenue D. There are certainly more homeless men and women as a result of gentrification. Some people, both drug users and nonusers, had lived as 'squatters' in abandoned buildings. Some of these buildings have been sold to developers and the squatters have been ousted, forcing them to find another abandoned building, live in the streets or apply to a public shelter.

Shelters and flophouses have become scenes of heavy drug activity. The distinction between flophouses and shelters blurs because the Department of Social Services provides vouchers to the homeless that are accepted in Bowery 'hotels'. Some of these hotels are described by residents as little more than shooting galleries. Drugs are openly sold, and theft and violence have become a constant reality. DRIVE subjects provided vivid accounts of such establishments.

Operation Pressure Point has had a more direct impact on the drugs/violence nexus. While drugs are still sold in the streets and in parks, there has been great reduction of visible drug sales. One DRIVE subject stated that before Operation Pressure Point, drug selling on the lower east side resembled "an Arab bazaar", but that was no longer the case.

Some DRIVE subjects contended that the sharp reduction in street drug sales has resulted in increased systemic violence. They claim that prior to Pressure Point one could purchase drugs on the street in relative safety. They say now more drug transactions are consummated indoors, in apartments, hallways, basements, stairwells, on roofs, and so on. In these less public surroundings all parties to the transaction are far more vulnerable and, subjects claim, robberies and assaults are increasing. New York City Police Department data do not reflect such an increase. However, since most victimized parties in a drug transaction probably don't report their victimizations, such official statistics are not terribly relevant.

According to DRIVE subjects, Operation Pressure Point has had another implication for the drugs/violence nexus. This also related to victimization of drug users. Some subjects claim that the police have been less than gentle in their handling of drug users. Several reported being physically abused, e.g., one reported a broken nose. Another subject, a patient on a methadone maintenance treatment program, reported that when the police searched him they found a full 'take-home' bottle in his pocket. The police did not arrest him, but they poured his methadone down a sewer.

For the first few months of the study - beginning in the summer, 1984 - staff searched for a field station on the lower east side. This process was time-consuming and frustrating because recent gentrification had escalated rents beyond what the grant could afford. However, during this time we began to establish a 'street presence' in the area. We developed street contacts and informally discussed issues to be studied. Potential subjects for interviewing were screened (in terms of general veracity, cooperativeness, etc.). Also occurring in these first few months, field staff were hired and trained in the use of DRIVE interview schedules and recent literature on the drugs/violence nexus was reviewed.

A description of one day in search of a field site was extracted from the Principal Investigator's field log. It conveys a sense of the neighborhood and of the interrelationships between store owners, landlords, police, drug users, and the social researchers who study them.

I was looking for a storefront in which to do DRIVE research. I wandered the streets of the lower east side looking for "store for rent" signs and jotting down phone numbers listed on signs. I used the search for a field site as an opportunity to meet some of the neighborhood people. I frequently stopped into stores and asked persons if they knew of any places for rent. This often led to conversations and new information on the current state of the lower east side. In one small tobacco store, for example, I met Brian who managed the store for the owner. We have had several nice chats. He echoed the statements of others about how gentrification has driven the rents very high and is driving many of the small store owners out of business or forcing them onto less desirable blocks. Since I am looking for a place on a less desirable block I am now in competition with these store owners and, hence, even the rents on the less desirable blocks are going higher. I wound up buying a pewter Sherlock Holmes chess set from Brian.

Some examples of the storefronts that I found: on Essex Street was a single large room, about 20' by 24'. It was in pretty good condition. Lots of rubble on the floors but a pretty solid ceiling and floor. Two of the walls were brick. Very nice. The electricity was "broken" and it would be my responsibility to fix it. Likewise the plumbing. The landlord said the heat would be very weak in winter and I should plan to invest in gas heaters. The tenant in the store next door on the same pipes said that there was no heat in the winter. The rent was \$800/month. Expenses would include fixing the electricity and plumbing, buying heaters, and partitioning the room in order that confidential interviews could be done.

A landlord showed me three storefronts on Ridge Street. The first was about 29' by 22'. It was unheated. Apparently, many years ago, the storefront had a glass front but the glass had long since vanished. Pieces of wood and rusty metal were haphazardly nailed to the front. There were many gaps that the wind whistled through. The ceiling was peeling badly and looked like large pieces might fall down at any time. It was badly in need of painting. There was a john but it was not working. The rent was \$700/month. It had formerly been a shoe store and many pairs of shoes were lying about. The landlord examined the shoes while I examined the place. He took a pair when we left.

The second storefront on Ridge was too small, about 12' by 15'. A strong smell of urine permeated the place. There was no heat and the plumbing did not work. It too had wood and metal nailed to the front that did little to protect the interior from the elements. The rent was \$400/month.

The third storefront on Ridge Street was long and narrow, about 10' by 40'. There was no heat and the front was again nailed up with rusty metal. However, the toilet did work. The rent was \$400. The storefront was located on the ground level of a tenement that appeared about 50% abandoned. This was a

possible, but the extreme narrowness of the place presented problems. Also, significant expense would have been involved in heating the area and repairing the front. It used to be a social club and there was a hidden room behind a steel wall. The landlord professed not to know what went on in the hidden room. I doubt that for reasons expressed below.

The landlord was a character. He appeared in his late 50's. He exuded lecherousness and unscrupulousness. He was wearing a pink shirt, dark grey pants, a black hat and had a three day growth when we met. His favorite expression was "You pay for everything, I pay for nothing." The following incident took place at the third storefront. While he was showing me the place, two tough looking Hispanic street chicks, one looking very stoned, appeared. They were trying to talk to him about money. He did not appear to want the conversation to take place in my presence. He kept trying to get them to wait until I left. However, they appeared too stoned to understand and kept bringing up the subject of money. They had come down from upstairs in the tenement. They appeared to be in their early 20's. One put her arms around the landlord's neck and rubbed her body against him. He grinned appreciatively. She knocked his hat off his head to the floor. He laughed and said, "you got to show more respect." The girl replied, "Oh, we respect you." I left soon afterwards. The landlord was still talking to the girls.

Later that day I was walking the streets of the lower east side with Barry and Marietta. We were on Houston Street between Ludlow and Essex. A police van with three officers pulled up along side of us. Two cops were in the front and one was in the back. The side door slid open and the cop in the back called to us. The following dialogue ensued:

cop: Hey you.

Paul: Who, me?

c: I don't see anybody else. We've been watching you three. You were on Avenue A. You were on B, C and D. What are you doing in the neighborhood?

P: Research.

c: Well, I'm stupid. I don't know what that means. Explain it to me.

P: We work for Narcotic and Drug Research which is a not-for-profit affiliate of the New York State Division of Substance Abuse Services. We're doing research into the drug problem on the lower east side. We are looking for a storefront. We were just up on Ridge Street looking at one.

c: What number on Ridge Street?

P: (Number deleted for reasons of confidentiality.)

c: Oh, you don't want to rent from that guy. He's got a real record. We bust him regularly. We got him for selling needles to an 11 year old girl. He rents mainly to drug addicts. We bust his place all the time. It would be real embarrassing to you to rent from him. Why don't you stop by the station house and the sergeant will tell you where there are good places to rent.

P: Thanks. We'll probably do that.

cop in front seat: Why don't you go over to 6th Street and ask Jimmy Carter if he has space? (NOTE: Former President Jimmy Carter was at that time on the lower east side working with the Habitat group repairing tenement apartments to create housing for poor people.)

P: I was with him a few weeks ago in Atlanta. Maybe I will ask him.

c: Well, thank you for your time, sir.

P: Take care.

Staff finally located and moved into a field station in October. The field site consisted of three rooms in an old, dilapidated building that is owned by the city of New York and administered by a community organization called CUANDO as a neighborhood service center. CUANDO (an acronym standing for Cultural Unity and Neighborhood Development Organization) rents space in the building to a variety of individuals and groups - artistic, recreational, educational, and service-oriented. Organizations occupying space in the CUANDO building included two dance companies, a Hispanic cabaret group, the Third World Women's Archives, the Women's Health Collective (a source of primary health care for lesbians offered by lesbians), a cadet corps, and a carpentry workshop.

The area occupied by DRIVE was in relatively good shape because it had been fixed up by the former occupants, a Cornell University nutritional project. A large entry room served as a

waiting area and a place for 'rap sessions'. Hot coffee and crackers were generally available. A small room served as the project office. A medium sized room in the back was partitioned into three cubicles for interviewing. The field site was staffed on a daily basis (excluding weekends) by at least three project staff.

The field site provided an important stability and continuity to researcher-subject relationships. Subjects knew that the field site would be manned throughout the day and that they were welcome to stop in for a cup of coffee and a chat. Much interesting and relevant information was collected during the course of these informal conversations and through being included in discussions between subjects.

Study participants who had been out of circulation for some time (e.g., due to hospitalization, incarceration) found it a simple matter to reestablish contact with the project. Subjects who needed a safe haven found it at the field site and staff became privy to accounts that they might not have otherwise been told.

Also, the field site meant that project staff had 'a place' in the neighborhood. It engendered a feeling of rootedness in the area. It served to negate the perception of staff as strangers and facilitated interaction with neighborhood residents. The project came to be accepted as belonging to the local community.

Sampling/Recruitment

Initially, DRIVE subjects were recruited from field contacts established while searching for the field site.

Snowball sampling techniques were employed as initial subjects referred friends. As we began to exhaust the possibilities of this 'snowball', a new one was started. This was accomplished by making contacts with a local methadone maintenance treatment program and recruiting subjects from their patient population. Flyers were developed and circulated within the program (Greenwich House East) for this purpose. Additional subjects first learned about DRIVE in another program (Lower East Side Service Center) through serendipitous word-of-mouth from former subjects recruited on the streets.

The DRIVE field site was located two blocks from the Third Street men's shelter and was very near to a number of Bowery flophouse hotels. Word of the project spread rapidly among the homeless of the area, and subjects were recruited from this population also. In fact, 103 men, or 68 percent of DRIVE subjects, were found to be homeless (i.e., they had no permanent residence) at some point in the interview process.

Over time we developed key informants. These individuals were utilized as neighborhood guides, showing staff the principal coping areas, gaining access to specific population segments (e.g., ethnic groups, dealing hierarchies), explaining peculiarities of events and subcultures to research staff. Utilization of key informants widened the projects network of contacts and added to our credibility and legitimacy on the streets.

Initial plans to engage in quota sampling based upon subjects' use and/or distribution of heroin and cocaine, proved to be unworkable in the field. The ten dollar interview fee

offered to subjects was a real incentive to participate in the project. Unfortunately, we learned from our key informants at the outset of the research, this incentive was also sufficient to motivate potential subjects to claim they were engaged in heroin and cocaine use or distribution, and hence qualify for the sample, when in fact they were not involved in these behaviors.

The Principal Investigator decided that the interests of reliability and validity of DRIVE data were best served by limiting to the greatest extent possible any incentives for subjects to lie or exaggerate. As stated below the basic purposes of DRIVE were presented to respondents as a study of the health consequences of drug use. Subjects were told that we were interested in talking with users and distributors of all sorts of drugs, and also that we wanted a "control" sample of nonusers and nondistributors. By opening up the DRIVE sample to everybody, we hoped to remove the desire to be included as an instrumental reason for "conning" the researchers.

This procedure appears to have worked quite well. Chapter V, which discusses characteristics of the DRIVE sample, shows that a nice cross-section of users and distributors was obtained. DRIVE staff feel more confident about the veracity of subjects' claims to be using or distributing specific drugs because the pecuniary motivation to make fraudulent claims had been eliminated.

No specific quota sampling parameters were set for demographic characteristics such as age or ethnicity. However,

staff strove for maximum heterogeneity in this regard. Only men over the age of 18 were eligible to participate in the study.

In the area of demographic characteristics, DRIVE staff received a vivid confirmation of the above mentioned potential for subjects to try to "con" their way into the sample. For example, at one point in the research it became evident that our sample was being skewed towards older subjects. Field staff were instructed to recruit younger persons. As soon as this became common knowledge, some aspiring respondents who were obviously in their forties or fifties presented themselves at the field site claiming to be in their early twenties. Such persons were rejected.

An even more difficult and amusing situation occurred because of the temporal overlap between the DRIVE and FEMDRIVE projects. The DRIVE sample included a number of gay subjects. Some were transvestites. At a certain point in time, towards the end of DRIVE data collection, no new male subjects were being accepted. However, we were accepting new female subjects. Several persons who were obviously transvestites claimed to be female, and hence, eligible for inclusion in the FEMDRIVE sample. These persons were rejected. In a few other cases staff were just not sure if an aspirant for FEMDRIVE was, in fact, a female. In such cases, different staff members conducted interviews and then reached consensus as to whether the respondent should be kept in the sample or terminated. A protracted account of one such episode was extracted from the Research Associate's diary.

1/29 - Wednesday

Spoke to Lolita, her first session, petite Jewish lady in her 40's from Brooklyn. Has kids in their twenties. Her family life seemed pretty middle-class, non-deviant. Didn't get into drugs until late twenties. Talked about her shitty first marriage to asshole [M], who used to push her around a bit. According to Lolita he was a real immature jerkoff. Interview went well, rapport nice. Does she hustle and have a habit? She said she'd like to speak to me again. I told her I'd try to see that happen, but could not guarantee her. Told her all staff are good people to talk to. Set her up for tomorrow.

1/30 - Thursday

Spoke more with Lolita. Told me about her son who is in a county jail in P.A., busted for pulling armed robberies, has a problem with coke. His partner ratted on him, told police he would be at a coke spot at a certain time. Police got him there, wasn't dirty but arrested because of what partner in robberies said about involvement. He's just sitting in there with no one to help him much. Apparently Lolita's exhusband, who is in the town there, isn't helping. She asked me if there was anyone I knew who could help. I said I'd check with a friend in P.A. Lolita also gave me an account of how she got 'kidnapped' and raped once down in LES (NOTE: Lower East Side) after copping.

2/4 - Tuesday

Some more with Lolita - she starts talking about these regular customers - tricks - she has, the kind of guys they are. And she starts to come on to me - I'm the kind of guy who she makes it with, middle-class, clean, no blacks/Hispanics - "yeah, you're the kind of guy I have sex with, you and I, we could have sex together, we could get it on nice," with a little wink and a smile. So this is near the end of the session. It seemed like a good place to end it, so I say something like 'well that's nice' and so we end it and she leaves. And I'm a little blown away, feeling kinda nice, about what transpired.

Then in the course of conversation later with [J] he tells me earlier what happened. He was downstairs opening the door for Nora, and as she and he are coming in Lolita is leaving. They exchange 'hellos' and then walking upstairs Nora asks [J] "What is HE doing here?" [J] says, "What do you mean HE?" Nora says that Lolita is really a guy. So [J] starts smirking (Tom too, he had come into the conversation) because I'm gloating about this come-on from a guy! And I'm feeling confused and even more blown away.

2/5 - Wednesday

I tell Paul and Pat about the Lolita come-on and what [J] said Nora said to him, and we talked about how to approach this. Do I come out and ask her if she is a guy? What if she was a guy and had a sex change operation? Should I ask her what she was born? We talk about it but don't resolve anything.

2/6 - Thursday

Just me and Pat in Harlem. We talk about setting up data files and plans for the data analysis. We listen to more Bart tapes. Did a lot of rapping with Pat about work related stuff, Marsha Rosenbaum calls with advice on Lolita - I should just come out and ask her.

2/10 - Monday

Finished LHI with Lolita, a lot of shit has happened to her in the course of her "middle-class Jewish from Brooklyn" life. I set her up for Thursday weeklies. I didn't notice anything especially male about her and I was looking!

2/11 - Tuesday

Spoke more with Nora. She seems more conventional. Even though she is a heroin addict, she works, has skills, doesn't give it up to just anyone, doesn't want to go to jail for kid's sake so is careful about what she does. Also is careful about sharing works. She mentions about running into Lolita but her rap about her didn't sound vindictive at all. She just started talking about her - sees her at copping areas. Nora says Lolita is not allowed in the female section of the bathhouse they use, which according to her is a big shooting gallery. Lolita tucks her/his dick between the legs and wears a jockstrap, yet Nora hasn't actually ever seen the equipment. Nora doesn't appear to be bullshitting, that is my impression, but I don't know. She requested to speak with just me or Pat, also she showed me her tattoo on her arm.

2/14 - Friday

Lolita didn't show yesterday or today for her first weekly, maybe she got wind of the scuttlebutt or paranoid that we might suspect something?

2/18 - Tuesday

Did first weekly with Lolita, got an arrest account. She uses heroin daily. Husband also uses. She hustles to support her habit, tries to go with regulars. Husband doesn't know about it. Tom and Nilda think she's a woman. I asked her if her husband is a real husband - yes he is. She had to hock her wedding ring this week.

2/25 - Tuesday

Second weekly with Lolita - not much different from last week though no arrest. Mustapha says she could be a dude. Seven C. (NOTE: a gay subject) says she looks like a woman - and an ugly one at that, but he didn't really scope her out too carefully. I still don't know. She looks like she has an Adam's apple, but so does Christy (NOTE: my wife) - I think she's a female

3/4 - Tuesday

Lolita - did 3rd weekly, I'm almost sure she's a woman. Didn't poke around as to whether she's a woman. Nice rapport maintained, nothing new going on in her life, see patterns developing in her weekly routine. I don't want her to get in the habit of getting an \$11 payment. (NOTE: Though the standard interview fee was \$10, many subjects would try to obtain an extra dollar or two "for carfare." Staff generally helped out those subjects who helped us out, e.g., by providing good quality information, by facilitating our fieldwork efforts in the neighborhood. However, we were wary about allowing subjects to take for granted that they were entitled to more money than other subjects.) I tell her it's a last time 'solid'.

3/18 - Tuesday

Lolita depressed about visit to son in P.A. She's afraid he'll get raped in Camp Hill. Showed me picture.

4/1 - Tuesday

Lolita - nothing much new or different. It was hot, she didn't have her usual turtle neck on. I didn't notice anything weird about her Adam's apple. We talked about maybe me hanging out a bit with her, as a way to recruit for the study. She seemed a little hesitant/non-committal about this.

4/8 - Tuesday

Mustapha to clean up Lolita's LHI. (NOTE: Due to the normal pressures of field interviewing, it was possible for interviewers to record incomplete, unclear or ambiguous information. For this reason, a member of our field staff who was not the primary interviewer with that respondent would review the interviews and clarify any discrepancies in a "clean up" interview before the respondent was terminated.) I did all of LHI. But she didn't come in. He'll do it tomorrow.

4/15 - Tuesday

Mustapha raps with me on all the additional stuff he got going over Lolita's LHI - some of this I just didn't get. Some of it may be just that she came out with more as he got her to talk about some of the stuff the second time. I went over some

more of it with her. When it's over I give her the rap about keeping in touch and being a contact person even though we won't be able to do any more interviews for this study. I accompany her downstairs and outside because I wanted to tell her that I had heard she was really a guy and that I had been confused. So I did tell her that I had heard she was a guy and that for a while I wasn't sure what was going on, I asked, 'You're not a guy right?' She asked who said she wasn't a woman. I said I couldn't reveal that, but that the person said she tucks her thing in between her legs and carries on as a guy and hustles a lot of bathhouses. She laughed, made a couple of guesses, one of her guesses was Nora but I didn't let on that she was the one. She said, "You can see for yourself anytime." I said, "OK great." I said I had to go back upstairs. We said take care and she walked away.

Data Collection

The DRIVE project was designed to document the nature and scope of violence perpetrated by, or directed at, drug users and others involved in the distribution of illicit drugs, and about a variety of nondrug-related violent events subjects were involved with. DRIVE employed 3 sorts of interviews: Life History Interviews (LHI), Weekly Interviews, and Violent Episode Interviews. Subjects were paid ten dollars for each interview. Interview sessions were, for the most part, limited to no longer than one hour per session.

Upon recruitment for the study, all subjects were first given a life history interview that focused on a wide range of issues including: basic demographic characteristics; histories of drug use and treatment; participation in the drug business; criminal histories; violence histories; victimization histories; medical histories; and needle sharing experiences. A copy of the Life History Interview schedule is attached as Appendix C.

A decision to modify the first draft of the protocols by including questions that focused on medical histories, health problems, and needle use was made based upon initial fieldwork experiences (before interviewing began). Some potential subjects appeared reluctant to participate in a study that was introduced as focusing on drugs and violence. Staff attributed this reluctance to a fear that such information would be used against them. However, similar sorts of subjects expressed eagerness to participate when the study was introduced as one focusing on the health consequences of drug use. This eagerness was in no way compromised when subjects were informed that we considered violence one of the major health consequences of drug use and that many of the questions in our research would be about violence. In order to justify this new introduction to the research, the interview schedules were expanded to include more questions about health and health care.

After completing the life history interview, subjects were then put on a weekly reporting schedule for at least eight weeks. The analytic time unit for the weekly interview is the day - data covering seven discrete days were collected each week. The focal areas for which daily data were collected included: nature and amount of drugs purchased and consumed; affects of drug use; sources of income; criminal activity; medical and injury record; descriptive accounts of any violent encounters; participation in drug distribution; drug treatment experiences; and needle sharing experiences. A copy of the weekly interview schedule is included as Appendix D.

Subjects were asked about their sources of income and expenditures because economic questions are a very effective means of getting subjects to give a full accounting of their daily activities. These enhanced accounts give a fuller understanding of subjects' lifestyles and often lead to accounts of violence, either victimizations or perpetrations, that may otherwise have gone unreported.

Initially, subjects reported for twelve consecutive weeks. However, examination of responses provided by early cohorts suggested that little new information was being provided during the later stages of the interview process and that, in fact, a subject "burnout" process seemed to be taking place, i.e., later responses lacked the depth and quality that were common in earlier interviews. In addition, a higher than expected number of incomplete subjects was evident - 80 or 34 percent of all individuals who began the interview process failed to complete the process. Therefore, later subjects were reduced from twelve weekly interviews to eight weekly interviews. The data analysis that follows is based upon each subject having eight weekly interviews. Excess interviews, for those subjects who completed more than eight weeklies, were omitted in order to standardize the data base and prevent certain subjects from contributing disproportionately to the findings.

Fifty-six of the eighty incomplete subjects were lost to contact. These individuals may have been arrested, hospitalized, or for some other unknown reason decided to stop interviewing with us. One subject died of pancreatitis and cirrhosis of the liver; another subject, according to a friend

who completed the interview process, died of AIDS. DRIVE staff were told that two incomplete subjects had been hospitalized, and one was incarcerated. One individual moved out of the area.

Staff decided to terminate interviewing with 18 subjects. Subjects were terminated for various reasons. Some were so consistently 'stoned' and/or drunk during interviews that little of coherent value could be learned from them. Several others acted in such an erratic and threatening manner as to pose a real danger to the physical safety of others. One subject who manifested signs of acute paranoia and suicidal tendencies was taken, with his consent, to a hospital emergency room for psychiatric diagnosis and care. Other subjects were terminated because of their involvement in thefts from our field site.

During both life history and weekly interviewing, many subjects provided lengthy responses to various questions. Such open-ended responses were recorded on the 'flip-sides' of the pages of the interview schedules. A codebook to quantify the accounts of violent events was created. Violent event scenarios, in their entirety, were entered and linked to weekly quantitative data using the dBase III Plus data management system.

In addition to LHI's and weekly interviews, special taped violent event interviews were conducted throughout the duration of the project and form a rich section of the data base. These interviews sought to better understand the motivations for individuals exhibiting violent behaviors and provided added

insight into the nature of the drugs/violence nexus. Some subjects gave especially interesting accounts of a violent episode involving, for example, the inner workings of a drug distribution operation of which he was a member. If the project staff decided the account was especially rich, a special taped interview was devoted to its full elaboration.

Violent episode interviews were completely open-ended. The point of departure for each interview was whatever foreknowledge led to the interview, e.g., the report given by a subject of a violent altercation stemming from the sale of 'bad dope'. Each violent episode interview focused on the nature of the event, the statuses and behavior of all participants, whether any weapons were used, the physical consequences to all participants, the physical surroundings in which the event occurred, and the extent to which the violent behavior was considered normative or deviant within the appropriate subcultures. If the violent episode occurred within the context of drug trafficking, e.g., a dealer punishing a street pusher for withholding money, a full description of the particular drug dealing operation was sought, including role-statuses of all members, normative systems, methods of operation, and prevalence of violence within the specific hierarchy.

Establishment of the DRIVE field station plugged staff into the street grapevine; violent events tended to be the grist of much conversation and rumor within that grapevine. Front room conversations of DRIVE subjects and everyday interactions between project staff and neighborhood residents frequently revolved around instances of violence. Staff heard

many stories of violent events (family conflicts, psychopharmacological violence, systemic violence, etc.). In such eventualities, every effort was made to recruit participants in these events for the study. If this proved impossible, we attempted to set up a 'one shot' interview with as many of the participants in the event as possible in order to produce a complete descriptive account of the event and to ascertain whether drugs were involved in any way.

A substantial number of other special tapings were done around serendipitously encountered phenomena. These included: life in shelters and in the many Bowery 'flop house' hotels that are contained in the study area; homosexual street prostitution; experiences at shooting galleries; experiences in gay bathhouses; hospital treatment experiences. All taped interviews were transcribed on a word processor, edited by field workers, and are currently being coded by senior research staff.

In addition to the structured interviews and special tapings, project staff spent considerable time on the streets with subjects and took copious ethnographic field notes. An account of a visit to a nearby "shooting gallery" was extracted from the Principal Investigator's field log and follows below. The "guide " involved, code-named Ragtime, had completed his regular reporting cycle at this time, but continued to hang around the field site. A good rapport had developed between him and project staff. He was perceived as worthy of trust.

11/85 - Visit to shooting gallery with Ragtime

Ragtime asked me if I wanted to visit a shooting gallery with him. I said OK. We walked around the lower east side.

Ragtime crossed the street real crazy. Kept going against the light, dodging cars. I waited until it was safe and was always trying to catch up with him. He said I didn't cross like a New Yorker. I said I was practicing my Jersey guy look. I told him I knew now why bags marked "death wish" sold so well. He laughed.

Ragtime didn't like the looks of the street that the shooting gallery was located on. He pointed out people that he said were junkies and said that they all seemed to be dispersing away from the gallery. He indicated about five different people. To him this indicated that there was some sort of trouble there, perhaps police. He said that he would take me to a different shooting gallery.

As we walked he discussed how he would introduce me. He wanted to introduce me as a guy from Jersey. I wanted to be introduced as exactly what I was, the director of a research project. Ragtime said that it was too soon to be honest with people like that. I said that I was uncomfortable lying and that it was possible that other subjects who knew me would see me at the gallery and say something about who I was. Ragtime agreed that this was a possibility. The issue remained unresolved as we neared the gallery.

The gallery was near Avenue B. Ragtime said that if a motorcycle was parked outside, that meant that the gallery was open. The motorcycle was there. The entrance was through a hole in a chain link fence near a gas station. A parked van provided a screen (intentional?) so that people going through could not be readily seen from the street. We went through the fence and were in a rubble strewn backyard. Ragtime left a shopping bag that he was carrying in the yard by the fence. An entrance into the building had been cemented up, and a hole had been smashed in the cement. We crawled through. We were in a totally dark room. It took a while for my eyes to adjust to the darkness in order to be able to see anything. The room was strewn with rubble. The ceiling, walls, floor were all collapsing. I had the feeling that giant rats were lurking all over the place. There were some big holes in the floor covered with boards, like little bridges, so that you wouldn't fall through. I had no idea how far one could fall.

Ragtime reached under a slab of concrete and pulled out a brown paper bag. He told me that it was the works that he and his friend shared. I looked at them. There were two needles and syringes and a soda bottle cap wrapped in a paper towel. I asked him how he would know if anybody else had used them while he was away. He said that he didn't know.

I began picking up some empty dope bags that the floor was littered with. I could barely see in the dark so I stuffed a few into my pocket and examined them when I got outside later. They were stamped The Titanic and Jaguar.

Another man a 30ish Hispanic, crawled into the room through the hole. Ragtime said hello. The man looked surprised to find anybody there. He unzipped his fly and pretended to pee against the wall. I could see that nothing was coming out. He was just pretending that was the reason for his coming into the building. He soon left. He returned a few minutes later with three other guys. Ragtime said hello to one of them, who was named Angel. Ragtime had previously told me that his friend who ran the gallery, and with whom he shared works, was named Angel. I guessed correctly that this was the guy. Ragtime made no move to introduce me. I said nothing, which Ragtime later told me was the right thing to have done. Angel asked Ragtime to go and wait outside. He said that he had some business to conduct. Ragtime said OK, that he would go and get a beer. We left.

Ragtime said that he had gotten nervous when the four had come in. He thought that he might have to fight his way out, with me behind him. He said that Angel carried a gun and was a little crazy. He said we could have gotten decapitated. I was pleased to be on Houston Street at that point.

I asked Ragtime a few questions about the gallery. He said that it was only for people getting off with needles. Nobody went in there just to smoke reefer or drink wine or do pills. He said that heroin users could stay as long as they wanted but that coke users had to leave as soon as they had gotten off because "nobody wants to listen to their bullshit all day long."

The Research Associate (Spunt) spent most work days during the data collection phase at the field site. He kept a personal diary of his experiences. This diary is currently being edited and serves as an important part of the DRIVE qualitative data base. It includes reflections on the interviews he conducted, on the informal, front-room conversations he had with subjects, and, more generally, on the task of trying to manage a flow of people - research subjects - who were often 'dope sick', nodding out, drunk, or who ventilated feelings and emotions (anger, depression, etc.,) because the DRIVE staff member was perceived as someone who cared very much about his life.

The diary also includes descriptions of crime and violence that were witnessed at the field site. A number of thefts

(e.g., tape recorders) and attempted thefts (a staff member's leather jacket) occurred at the site. In part for this reason, trusted subjects who had completed the interview cycle were put on a retainer to act as "security", traffic monitors and general "go-fors." A total of five subjects served in this capacity, never more than one at any given time. One became very verbally abusive toward people, threatened a DRIVE staff member, and was fired. Staff suspected that his apparent increased use of "crack" was to blame for his change of attitude.

An especially unfortunate violent episode at the field site occurred when Spunt was mugged by a research subject and two others in March, 1985. Following is an account of the mugging from his diary:

"I had arrived at the site a few minutes early, after going to the bank to get interview money. 'Singer' [a subject I had interviewed 3 or 4 times previously] was sitting in front of the building with two males - Singer said they were friends who wanted to get involved in the project. While we were making small talk 'Dave', who was also hoping to get interviewed, joined the group. I felt comfortable with the situation and decided to go upstairs to schedule appointments. Upstairs the two friends were really pushing to get interviewed immediately; I tried to be nice and said that we would do our best. As I turned around to make coffee, Singer's friends came at me from behind, picked me up, and slammed me to the floor. One covered my mouth with his hand, the other held my arm behind my back. They went through my pockets (where they found the interview money) and my wallet; they asked if I had any more money, I said 'no'. The three of them ran down the stairs and disappeared. Dave sat there and did nothing - I don't think he was in on it but I'm not sure. The whole thing happened in 10-15 seconds. I ran out the building, and saw Tommy [DRIVE staff member] walking towards the building. I told him what happened; he asked if I was hurt, I said 'no', he said 'that's all that matters'. At that time Paul arrived, we all went back upstairs".

The field site was closed for the day. Spunt experienced a certain amount of self blame and even some hostility toward

fellow staff for not being present at the time (even though he had arrived early). The event was reported to the police, and Spunt went to the local precinct to examine mug shots (Singer and his friends were not spotted). Security procedures at the site were firmed up - from then on in the mornings staff met at a local diner and went to the field site together.

Reliability and Validity

Respondents were informed that all of the information that they gave to DRIVE staff was kept confidential and that no one would be arrested or get into trouble as a result of the information supplied. The protections afforded by the Confidentiality Certificate were fully described. Subjects came to know and trust DRIVE staff. Increased rapport led to increased honesty and willingness to share information. All subjects were assigned code names and code numbers. For the most part, subjects were eager and active participants in the research. Further, they tended to report relatively consistent patterns of behavior during different days and re-reported similar types of activities on interviews conducted on different occasions.

The use of in-depth interviewing offered a number of advantages over more limited questionnaire formats or the use of official data. Staff were able to get detailed accounts of the circumstances of violent events and the motivations of participants. Staff encouraged respondents to talk freely about events and were able to flesh out and probe drug relationships.

Staff questioned possible exaggerations or unreliable claims, cleared up misunderstandings, and motivated respondents to supply accurate and complete information.

Internal consistency checks were systematically built into the interview schedules. For example, during the weekly interviews respondents were asked to report on the dollar amount of drugs used and purchased each day for various drugs; later during the interview they were asked to indicate how much money was spent each day for various items, including drugs. If discrepancies arose, respondents were asked to resolve them.

DRIVE made use of a variety of external checks as well. Field staff were familiar with many subjects' behavior and could tell whether reported behaviors were consistent with their knowledge. Key informants and the street grapevine provided validation (in the vast majority of cases) or invalidation (in a few cases) for the accounts given by subjects in the interview situation. Some respondents provided information about other respondents. In some instances two or more subjects were partners in the same crime and reported similar stories.

The data have high face validity. Staff frequently observed subjects engaging in behaviors reported during interviews. For example, subjects who claimed to have shoplifted shirts were observed attempting to sell the shirts on the street. Subjects who reported selling marijuana were observed selling 'joints' in the area near the field site.

DRIVE data are sufficiently reliable and valid to support the findings of this study. However, given the sampling methods employed, no claims can be made that the sample is either random

or representative. Such claims for any sample drawn from any universe with unknown parameters would be methodologically pretentious. However, it is possible to specify the relationship between drug use and violence for this carefully specified sample in a particular geographical locale during a particular period in time. This constitutes an important accumulation of knowledge about the affects of drug use and distribution activities on violence. In addition, such findings should spawn a wide variety of testable hypotheses and replication studies. The true test of the generalizability of data from this project will occur when its findings are either validated or challenged by replication studies performed with other samples, in other locations, or at different times. The published dialogue to ensue around these issues can not fail to advance the state-of-the-art.

Chapter V - SAMPLE

A total of 152 men make up the final DRIVE sample. Table S1 presents data on demographic characteristics. For the sample as a whole, ages ranged from 19 - 57; the median age was 32 years. The racial breakdown reflects the heterogeneous population of the lower east side; 43 percent were black; 34 percent were white, and 20 percent were Hispanic. The 'Other' group (n = 5) consists of two American Indians, one West Indian, one Bengali and one Chinese.

About 40 percent of the DRIVE sample had less than a high school education; 28 percent had graduated from high school or had earned a GED; 27 percent reported some college; and another 4 percent stated that they were college graduates. Some of the college graduates had advanced professional training. For example, one subject had completed law school and had been a practicing attorney. He had been a "recreational" (week-end) heroin user. His divorce escalated a sexual relationship with his dealer (a female) and led to increased heroin use, several arrests, and his leaving the practice of law. At the time of his interviews he was living with his dealer/lover in an extra bedroom in the apartment of an older female user, for which she was being paid in heroin. The relationship between our subject and his dealer/lover was rather unstable, both because of the personalities involved and because her boyfriend (a "big dealer") was due to be released from prison.

DRIVE subjects tend to be somewhat better educated than other "street" research samples reported in the literature (See, for example, Johnson et al, 1985, in which about 60 percent

Table S1

Demographic Characteristics of DRIVE Sample (N = 152)

	N	%
<u>Ethnicity</u>		
Black	65	43
White	52	34
Hispanic	30	20
Other	5	3
<u>Education</u>		
Less than high school grad	61	40
High school graduate	43	28
Some college or college grad	47	31
Unknown	1	1
<u>Marital Status</u>		
Single	90	59
Formerly married	48	32
Married	13	8
Unknown	1	1
<u>Current Living Situation</u>		
Shelter	75	49
Spouse/Girlfriend	25	16
Family	12	8
Friend	10	7
Alone	19	13
Vagrant	11	7
<u>Currently Employed</u>	20	13

failed to complete high school). Higher levels of education among DRIVE subjects tended to be concentrated among whites (see Table S2). Educational levels for black and Hispanic DRIVE subjects only are actually fairly similar to those of Johnson et al, whose sample was overwhelmingly composed of only blacks and Hispanics. The higher educational levels of DRIVE subjects are mainly the result of a higher proportion of whites in the sample. Whites are more likely to be found on the lower east side than in Harlem, where the Johnson et al study was performed.

In terms of marital status, 59 percent of subjects were single at the time of the Life History Interview, 8 percent said they were married or living 'common law', and 32 percent stated they were divorced, widowed, or separated. About 49 percent of the subjects had one or more children, although only 6 percent of the subjects had children living with them during Life History interviewing.

Many DRIVE subjects had no permanent residence. At the time of the Life History Interview about 49 percent of the sample lived in public or private shelters for the homeless. An additional 7 percent lived "on the streets" as vagrants, i.e., in subways, parks, abandoned buildings, and so on. Having a permanent residence was also associated with race. Table S3 compares subjects' living situations at the time of the LHI with regard to race. Black DRIVE subjects were twice as likely as white subjects to be living in the shelter system. Arguments about the relative weakness of black family structures appear to be supported by Table S3. Blacks are far less likely

Table S2

Education by Race (in percents)

	<u>White</u>	<u>Black</u>	<u>Hispanic</u>
Less than high school grad	25	42	63
High school graduate	31	29	27
Some college or more	43	29	10

Table S3

Living Situation by Race (in percents)

	<u>White</u>	<u>Black</u>	<u>Hispanic</u>
Alone	15	8	17
Spouse/Girlfriend	25	9	13
Friend	8	9	--
Family	11	3	13
Shelter	33	66	47
Vagrant	8	5	10

than whites or Hispanics to be living with spouses, girlfriends, or family members.

Only 20 subjects (13%) reported being employed at the time of the Life History Interview. About 42 percent were receiving welfare or other public benefits and about 45 percent were not working or receiving any public benefits. The median number of years DRIVE subjects had been employed over the course of their lives was 6 years.

A caveat must be offered in this regard. While night and week-end fieldwork was performed by DRIVE staff, it was done on an irregular basis. Regular interviewing was performed during normal daytime working hours. This negated the possibility of many persons who worked similar hours becoming research subjects. Our sample is composed of persons who had sufficient free time during daylight hours to become DRIVE respondents. Hence, the sample probably over-represents unemployed users.

Most DRIVE subjects who were employed worked on a part-time basis. Six subjects worked as freelance construction workers, painters, or carpenters. Five subjects worked for moving or delivery firms that hired 'day workers'; typically they waited at a corner near the field site for trucking firms to select them to be hired for the day. Other subjects working part-time were employed in a variety of occupations. Two were musicians/music teachers; one subject drove a cab; one was a porter at a catering company; one subject who was registered at a temporary employment agency worked as a laborer in the

mid-Manhattan garment center; one had his own business cleaning building canopies and awnings; and one worked as an assistant in a public relations firm while attending a computer school. Only two DRIVE subjects worked full-time: one as a chef, and the other as a bicycle messenger.

Table S4 presents data concerning the lifetime history of drug use for the DRIVE sample. Marijuana, cocaine, alcohol and heroin were most likely to have ever been used by DRIVE subjects. Marijuana and cocaine had been used at least once by 98 percent of the sample; 92 percent reported using alcohol and 89 percent reported using heroin.

The notion of "use" is a tricky one in the context of interviewing. The Principal Investigator has previously reported that interviewers and interviewees may mean different things when they speak of "use". (Goldstein, 1979:19-20) Typically, and in the DRIVE LHI, the interviewer is looking for any instance of ingestion of the substance in question. However, interviewees sometimes interpret "use" as referring to a personally meaningful series of ingestions bordering on dependency. It is not uncommon for subjects to respond, under probing from an interviewer, that while they had tried certain substances, perhaps even on repeated occasions, that they had never used them. All DRIVE interviewers were instructed to probe for any instances of ingestion in each drug category presented in Table S4.

Most subjects were currently using drugs at the time of recruitment into the DRIVE sample. Table S4 shows that at the time of the LHI interview, 79 percent of the sample was using

Table S4

Proportion of Subjects Who had Ever Used, are Currently Using,
and Mean Number of Years Using by Specific Drug Type

<u>DRUG</u>	<u>% Ever Used</u>	<u>% Currently Using</u>	<u>Mean Number of Years Using</u>
Heroin	89	54	11
Other Opiates	58	11	5
"Street" Methadone	66	25	4
Cocaine	98	79	7
Amphetamines	62	7	3
Barbiturates	59	7	4
Marijuana	98	76	13
Alcohol	92	71	14
Tranquilizers	72	45	6
PCP	36	11	2
Glue	32	2	2
Psychedelics	68	12	3
Other Drugs	38	12	4

cocaine, 76 percent were using marijuana and 71 percent were using alcohol. Only 54 percent were currently using heroin. The lower proportion of heroin use undoubtedly reflects the fact that about 38 percent of our sample was enrolled in methadone maintenance treatment programs. Other substances that had meaningful current rates of use included tranquilizers (45%) and illicit or "street" methadone (25%).

A total of four subjects reported being drug free, or using only alcohol or marijuana, at the time they were recruited into the sample. Only one subject reported being drug free. This was a 34 year old single white male. He was enrolled in a methadone maintenance treatment program and stated that he had not used any illicit drugs, nor drank any alcohol, in the previous three years. He had a lengthy drug history which included regular use of heroin, cocaine, pills, marijuana and alcohol. He also reported prior arrests for attempted murder (of a policeman), assault, robbery, drug possession, grand larceny and possession of stolen goods. His accounts of daily behaviors gathered during weekly interviewing belied his initial claims to being drug free. He reported frequent illicit pill use (mainly Elavils), as well as drug selling (mainly pills and his "take home" methadone).

One subject reported during the LHI that marijuana was the only illicit drug that he was currently using. This was a 33 year old married white male who was in a methadone program. He reported over twenty prior arrests, mainly for breaking into automobiles, but also several for armed robbery. His history of

drug use included heroin, cocaine, pills and marijuana. His weekly interviews were consistent with his initial presentation. Marijuana was the only substance that he reported using during the eight week reporting period. He also reported occasionally selling his methadone and occasionally "copping" cocaine for people, in return for which he was paid in cash.

Only two subjects reported currently using alcohol, but no illicit drugs, at the time of the LHI. One was a 35 year old single white male. He was a patient in a methadone program and reported previously using heroin, cocaine, alcohol, marijuana and pills. He reported prior arrests for forgery, drug possession, burglary, and assault (his girlfriend). During weekly reporting, this subject revealed regular use of pills: Darvocets, Darvons, Sinequans, codeine, Doridens, amphetamines, Placidyls, Valiums, and Elavils, as well as alcohol. This subject was quite also active selling pills.

The other respondent reporting current alcohol use only at the time of the LHI was a 41 year old single black male. He reported prior arrests for homicide, manslaughter, rape, aggravated assault, and weapons possession. With the exception of two single instances of cocaine ingestion, which he did not like, he reported prior use of only alcohol and marijuana. During his eight week reporting cycle he worked as a helper on a moving truck and reported only alcohol use. On one occasion he did purchase some marijuana, but only as a present for a woman. He claimed that he did not use any of it.

Table S4 reveals that alcohol, marijuana and heroin had been used for the longest durations. Alcohol had been used for a mean 14 years, marijuana for a mean 13 years, and heroin for a mean 11 years. DRIVE subjects had used cocaine for a mean 7 years. Thus, while cocaine had the highest proportions of subjects "ever using" and "currently using", this use was of relatively more recent vintage.

Subjects were asked to describe their typical patterns of use during the periods in which they were using specific substances. Table S5 indicates that the greatest proportions of DRIVE subjects reported their typical pattern of use to be "regular" with regard to heroin, followed by marijuana and cocaine. Regular use was defined as use on three or more days per week.

Subjects were also asked about the ages at which they first used various drugs. Glue was first used at the youngest age (14.1 years), followed by marijuana (15.4 years) and alcohol (15.5 years). Tranquilizers were first used at the latest age (24.3 years), followed by "street" (i.e., illegally diverted) methadone (23.6 years) and PCP (23.1 years). The mean age of first use for heroin was 16.9; the mean age of first cocaine use was 22.

Table S6, which shows lifetime incidence of use of specific drugs by race, indicates that whites were significantly more likely than blacks or Hispanics to have ever used other opiates, amphetamines, barbiturates, tranquilizers, glue, and psychedelics. Whites were somewhat more likely to have

Table S5

Proportion of Subjects Reporting Typical
Pattern of Use as Regular¹ (N = 152)

<u>DRUG</u>	<u>N</u>	<u>%</u>
Heroin	96	63
Other Opiates	29	19
Street Methadone	15	10
Cocaine	78	51
Amphetamines	40	26
Barbiturates	27	18
Marijuana	88	58
Alcohol	57	38
Tranquilizers	36	24
PCP	3	2
Glue	11	7
Psychedelics	11	7

1) Regular use is defined as use on three or more days per week.

Table S6

Proportion of DRIVE Subjects Who Have Ever Used
Specific Drugs by Race

	<u>White</u>	<u>Black</u>	<u>Hispanic</u>	<u>Significance</u>
Heroin	92%	86%	90%	NS
Other Opiates	85%	42%	43%	.001
Street Methadone	79%	62%	63%	NS
Cocaine	98%	97%	100%	NS
Amphetamines	87%	45%	53%	.001
Barbiturates	79%	42%	60%	.002
Marijuana	98%	99%	97%	NS
Alcohol	87%	95%	93%	NS
Tranquilizers	89%	43%	77%	.001
PCP	29%	42%	37%	NS
Glue	44%	23%	30%	.05
Psychedelics	85%	57%	60%	.002

reported use of illegally diverted methadone, and blacks were more likely to have ever used PCP, although these differences were not statistically significant. Almost all members of each racial group reported use of cocaine, marijuana, heroin and alcohol.

Table S7 presents data on subject's responses to the question of how they typically supported their drug use over the span of their drug using "careers." Some subjects reported a variety of means. However, Table S7 refers only to the primary, or first, means mentioned. Theft and legal work were cited most frequently (each reported by 29 percent of subjects), followed by involvement in drug distribution activities (26%).

Table S8 presents data concerning drug and alcohol treatment experiences for the sample as a whole and by race. A total of 108 subjects (71%) reported having been treated for drug abuse at some point in their lives. Methadone maintenance was most common, reported by 80 persons (53%). Other commonly reported treatment modalities include therapeutic communities (41%) and a variety of outpatient modalities (16%). About 18 percent of the sample reported ever having been treated for alcohol abuse. At the time of the Life History Interview 38 percent were in methadone treatment and 7 percent in alcohol treatment programs.

Overall, whites were significantly more likely than blacks or Hispanics to ever have been treated for drug use ($p = .015$) or to have ever been in a methadone treatment program ($p = .001$), a

Table S7

Primary Means of Supporting Lifetime Drug Use (N = 152)

<u>Means of Supporting Drug Habit</u>	<u>N</u>	<u>%</u>
Theft	44	29
Prostitution/Pimping	7	5
Drug Business	39	26
Family/Spouse/ Public Assistance	9	6
Legal Work	44	29
Other	7	5
Unknown/N.A.	2	1

Table S8

Number and Percent of Subjects by Race and the Sample as a Whole
Receiving Specific Types of Drug Treatment

	<u>White</u>		<u>Black</u>		<u>Hispanic</u>		<u>Total</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Ever treated for drugs	45	87	41	63	20	67	108	71
Ever in MMTP	40	77	25	38	13	43	80	53
Currently MMTP	36	69	10	15	10	33	57	38
Ever in TC	31	60	23	35	7	23	62	41
Ever Outpatient	15	29	4	6	4	13	24	16

therapeutic community ($p = .002$), or outpatient treatment ($p = .003$). Also, whites were significantly more likely than either blacks or Hispanics to be enrolled in a methadone treatment program at the time of the Life History Interview ($p = .001$).

Table S9 presents arrest and incarceration data for the sample as a whole. This table shows that 91 percent of the sample had been arrested at least once; the mean number of arrests per subject was 14. However, the mean is skewed by eight persons who reported 50 or more arrests, three of whom reported 100 or more arrests. The median number of arrests was seven. About 32 percent had been incarcerated in prison. Most subjects who had been incarcerated in prison reported only one incarceration, though the range was from one to eight prison incarcerations. Jail time is omitted from this presentation because it was a source of great confusion for subjects. There were no significant racial differences on the arrest and incarceration variables.

The number of subjects reporting arrests for specific types of criminal activities, are presented in Table S10. With regard to arrests for violent crimes, about 33 percent of the sample had been arrested at least once for robbery, about 18 percent for aggravated assault, and about 11 percent for homicide. Also about 15 percent reported being arrested for weapons violations. There were few significant racial differences with regard to the nature of offenses. Whites were significantly

Table S9

Arrest and Incarceration Histories of DRIVE Sample (N = 152)

	N	%
Ever Arrested	138	91
Ever Incarcerated in Prison	49	32

Table S10

Number of DRIVE Subjects Reporting Arrests for
Specific Types of Criminal Activity (N = 152)

	<u>Total Sample</u>	
	<u>N</u>	<u>%</u>
Homicide	17	11
Rape	1	1
Robbery	50	33
Aggravated Assault	27	18
Burglary	31	20
Larceny	42	27
Motor Vehicle Theft	25	16
Forgery	11	7
Possession of a Dangerous Weapon	23	15
Prostitution	7	5
Disorderly Conduct	37	24
Possession of Stolen Property	10	7
Other Property Offense	16	11
Other Personal Offense	9	6
Other Crime	25	16
Crime Unknown	23	15

more likely to be arrested for forgery, and Hispanics were significantly more likely to be arrested for prostitution, but the number of cases in both categories are quite small.

Table S11 shows the number of DRIVE subjects reporting arrests for specific drug offenses. Respondents were more likely to reports arrests for possession than for sale. They were most likely to report possession arrests for heroin (28%), marijuana (14%) and cocaine (11%). With regard to arrests for sale, heroin was most commonly reported (by about 7 percent of the sample).

It is well known that arrests are a poor indicator of actual criminal activity. Therefore, Table S12 presents data on subjects self-reported lifetime involvement in various types of criminal activities. Drug dealing (80%), shoplifting (72%), burglary (62%), robbery (57%) and other drug distribution activities (57%) were the most commonly reported criminal activities. Drug dealing (68%), shoplifting (39%), and other drug distribution activities (36%) were most often reported to have been done on a regular basis. The most commonly reported drugs dealt were heroin, marijuana, and cocaine. A significant racial difference was noted only for forgery: 64 percent of whites, but only 31 percent of blacks and 30 percent of Hispanics reported involvement in forgery ($p = .001$).

Table S11

Number of DRIVE Subjects Reporting Arrests for
Specific Types of Drug Related Offenses

	<u>Total Sample</u>	
	<u>N</u>	<u>%</u>
Heroin		
Possession	43	28.3
Sale	11	7.2
Other Opiates		
Possession	3	2
Sale	2	1.3
Methadone		
Possession	4	2.6
Sale	5	3.3
Cocaine		
Possession	17	11.2
Sale	3	2
Amphetamines		
Possession	1	.7
Sale	--	--
Barbiturates		
Possession	1	.7
Sale	--	--
Marijuana		
Possession	21	13.8
Sale	4	2.6
Tranquilizers		
Possession	1	.7
Sale	2	1.3
Psychedelics		
Possession	3	2
Sale	2	1.3
Drug Unknown		
Possession	25	16.4
Sale	18	11.8

Table S12

Self-Reported Criminal Activity

	<u>N</u>	<u>%</u>
Shoplifting	110	72
Burglary	94	62
Robbery/Mugging	36	57
Purse Snatching	36	24
Prostitution	25	16
Pimping	25	16
Drug Dealing	122	80
Other Drug Activity	87	57
Con Game	53	35
Rape	2	1
Other Crime*	32	21

*This category includes: fencing, bookmaking and other types of larceny.

Chapter VI - VIOLENT EVENTS

As mentioned above, 152 male drug users and distributors completed the interview process. A completed subject supplied us with a life history and at least eight weeks of data. The violent event analysis to follow focuses on the eight week "slice of life" reporting period.

In fact, however, many of the most vivid violent events were reported during the life history interviews. This was to be expected. When any person sorts through an entire life history, it is likely that the most vivid events will come to mind while the more mundane events remain submerged. For example, one is more likely to remember a child's major illnesses, especially those requiring surgery, than the undoubtedly more numerous cases of sniffles. One probably remembers that there were a substantial number of colds, but any estimate of just how many, or of related variables, e.g., the frequency of cough medicine ingestion or tissue use, are likely to be far less accurate. And, when asked for instances of illness of a child, the many colds may not even be mentioned because they are just too commonplace and taken for granted.

The vivid violent events reported during the life history interviews were viewed as marvelous illustrative material, but not amenable to any sort of quantitative analysis. Life history interviews spanned as many as six decades (for older subjects) and serious problems of recall were to be expected. Respondents' assessments of the frequency with which violent events occurred, and the specific drug relatedness of the events, were viewed as

insufficiently reliable for rigorous analysis. These accounts will be employed in a heuristic fashion in articles and book(s) likely to emerge from the DRIVE project. However, they are omitted from the analysis contained in this chapter.

Of the 152 male drug users and distributors studied, 81 (58%) reported involvement in 193 violent events during the eight week "slice of life" reporting period. This results in an average of 2.4 violent events per violent event participant during the eight weeks, or one violent event about every 23 days. The actual range in the frequency of violent participations during the study period was from one to seventeen. Conversely, about 42% of the sample reported no violent participations at all during the study period.

Most violent events involved only two participants (57%). However, 25% of the episodes involved three persons, and 14% involved four or more persons. In about 4% of the cases, the exact number of participants was unknown.

Subject Status in Violent Episodes

Subjects may have been involved in violent events in a variety of ways. Originally we thought that subjects would be classifiable as either victims or perpetrators. Table VE 1 reveals that, in fact, the modal category for violent event status was "co-disputant." The co-disputant category emerged when it became clear that in many cases it was just impossible to distinguish between a victim and perpetrator in the event.

"Subject status" in this context refers specifically to the violent event and not necessarily to a related crime event. Crime event data were coded separately. In other words, and for example, a DRIVE subject may have perpetrated a con game on

Table VE 1

Violent Event Status (N = 81)

	<u>N</u>	<u>%</u>
Perpetrator	60	31
Victim	53	27
Co-disputant	71	37
Witness	7	4
Undetermined	<u>2</u>	<u>1</u>
TOTAL	193	100

another person. The DRIVE subject is the perpetrator of the crime event (con game) and the other person is the victim. The other person realizing he has been conned, goes after the DRIVE subject with a baseball bat and administers a severe beating. The other person is the perpetrator of the violent event and the DRIVE subject is the victim.

The "co-disputant" category indicates that both parties bore roughly equal responsibility for the violence that took place. Some examples of events involving co-disputants follows below.

I was in McDonalds, waiting for [M]. She comes in with a guy she works with busting scripts. They are having an argument about the fact that she wasn't doing what she was expected to do - I don't know details - I guess he expected more money from her or something. Anyway, he says, "So how come you live with that faggot?", which pissed me off. We go outside - we start swinging - no weapons - I get him a shot in the nose, blood starts streaming out, nose not broken I don't think. He gets me near eye, have slight black eye. Neither is really hurt - after a few punches it ends, [M] got between us.

In Stuyvesant park. Hanging out with other white guys. Got called out by a Puerto Rican named Louie. I was fucked up on alcohol and reefer, also "hits" and methadone. Louie got me good shot in the nose. Then other people broke it up and took me out of the park. Two guys (strangers) took me to a stoop, wiped my face. I fell asleep. When I woke up I didn't even remember the fight. My pills were gone. I had 25 valiums and 38 elavils stolen. No cash was taken. My money was in my sock. Guy was acting cock-strong. Acting like a fucking Puerto Rican. Same guy who had fight with my friend John last month. He thought he was a fucking hero.

We got some tools and we spread them out on the street in front of this store, the owner comes out and told us to move. An argument started and he called in the store for more help. I got hit with a milk crate. My friend got hit with a chair. We lost the tools. We went to the police to lodge a complaint then I went to the E.R. to get my lip stitched [10 stitches].

Usually Kenny's [homosexual] lover supports him, but now there are some problems. He's [Kenny's lover] getting tight with his money. They fought physically (punching, kicking,

scratching, slapping) for three days. Lover thought Kenny wanted the money for drugs, which was not true [according to Kenny]. Kenny got scratches on face.

Hassle with partner over money and drugs he wanted. He wanted more money than his share was worth. He wanted dope, I wanted coke. We started arguing - push each other back and forth - almost turned into a fight but it didn't. We compromised, both walked away happy.

Table VE 1 shows that in 37 percent of the violent events our subject was a co-disputant; in 31 percent of the events our subject was the perpetrator; and in 27 percent of the cases our subject was the victim. In 7 cases (4%) our subject was a witness to the violent event and in two cases subject status was undetermined. One of the witness accounts follows below.

I was asleep in a shooting gallery. Somebody messed up the drugs. They tied up two girls and one guy. A Chinese guy told a black guy to put a gun to the one guy's head and shoot him. "If you don't shoot him I'll shoot you." He shot him, and they cut up the body. The next morning I was sleeping and the cops came and chased me out. Later they picked me up and questioned me about the body they found under all the garbage and junk that was in the gallery. I was supposed to go to the precinct yesterday to look at mug shots. They want to know if any of the pictures were in the gallery at that time. I didn't go to the Precinct. I'm scared. If they did that to the guy for using up the money, what do you think they'll do to me? I had some coke for the first time in a long time because of them. I don't know what happened to the two girls. Maybe they let them go, unless they were just as much to blame as the guy was.

Location of Violent Events

Table VE 2 indicates that violent events most often took place on the street (23%), in other public areas (23%), or in shelters for the homeless (22%). Public areas included the transit system, stores or other commercial sites, parks, and quasi-public areas such as abandoned buildings and occupied building lobbies or hallways. Motor vehicles (5%) included both

Table VE 2

Location of Violent Episodes (n = 193)

<u>Location</u>	<u>N</u>	<u>%</u>
Street	45	23
Public Area	45	23
Shelter	42	22
Residence	15	8
Motor Vehicle	9	5
Other	3	2
Unknown	34	18

private automobiles and buses used to transport homeless persons between shelters. An account of a violent episode which took place on a "shelter bus" follows below.

Had an argument with an associate on a bus (shelter bus). I went crazy, loud, he dragged me off the bus and beat me with a club. I was high on wine, I drank a fifth of wine. Being drunk I pushed it a little more. I don't remember too much except going to the E.R. to get stitches [3 stitches under eye].

Twenty-seven (14%) of the violent event locations were identified by respondents as "drug sites." These included 14 drug sale locations, 12 "shooting gallery" episodes, and one methadone maintenance treatment program.

Relationships Between Violent Event Participants

Table VE 3 depicts the relationship of the other main person in the violent event to the DRIVE subject. There was, obviously, much potential overlap between categories. For example, a drug customer might also be an acquaintance; a shelter co-resident might be either an acquaintance or a stranger. In coding this variable, coders were instructed to use the defining characteristics employed by the interviewee. However, given the nature of the study, it was decided that if a drug relationship existed, e.g., drug customer or dealer, that it would take precedence over vague or weak relationship categories such as "acquaintance" or "shelter co-resident." Primary relationships, such as spouse, would take precedence over a drug relationship.

As indicated in Table VE 3, other persons involved in the violent events were most likely to be friends or acquaintances (23 percent of the cases), strangers (20%), shelter co-residents

Table VE 3

Relationship of Other Person in Violent Event to DRIVE Subject

<u>Relationship</u>	<u>N</u>	<u>n</u>	<u>%</u>
Friend or Acquaintance ¹	44		23
Stranger	39		20
Shelter Co-resident	38		20
Drug Relationship	32		17
Dealer		12	
Purchaser/customer		11	
Other		9	
Spouse/Girlfriend/Lover ²	10		5
Police officer	6		4
Prostitution Relationship	5		3
Trick/customer		3	
Prostitute		1	
Pimp		1	
Other	7		4
Unknown	10		5

1) Includes one relative.

2) Includes homosexual lovers.

(20%) or drug "associates" (17%). The drug relationship, or "associate," category (n = 32) includes drug dealers (n = 12), drug purchasers or customers (n = 11) and other drug relationships (n = 9). Other drug relationships include supervisor in a drug dealing operation, drug business partner, and drug using partner. Because of the small n's, these different sorts of drug relationships were collapsed into a single "drug relationships" category.

A similar situation existed in the prostitution "associate" category. Here the n was even smaller, totaling only five cases. The category included three cases where the other party was a prostitute, one case where the other party was a customer or "trick," and one case where the other party was a pimp. These were collapsed into the single category of "prostitution associate."

Table VE 4 examines the status of the DRIVE subject in the violent episode with regard to the relationship of the other main person to the DRIVE subject. Some interesting relationships appear in those categories that have sufficiently large numbers of cases for discussion.

The categories of "Friend/Acquaintance" and "Shelter co-resident" are similar in that the modal subject status is "co-disputant," with lesser proportions falling, in roughly equal amounts, into the categories of "perpetrator" and "victim." The modal character of the co-disputant category reflects many minor disputes over such issues as what television

Table VE 4

Subject Status in Violent Event
by Relationship of Other Party to Subject*

<u>RELATIONSHIP</u>	<u>Status</u>		
	<u>Perpetrator</u>	<u>Co-disputant</u>	<u>Victim</u>
Spouse/Lover	3 (33)	6 (67)	-- --
Friend/Acquaintance	13 (30)	19 (44)	10 (23)
Stranger	16 (41)	8 (21)	14 (36)
Shelter Co-resident	9 (24)	18 (47)	8 (21)
Drug Associate	14 (44)	9 (28)	7 (22)
Prostitution Associate	1 (20)	3 (60)	1 (20)
Police officer	-- --	1 (17)	5 (83)
Other	1 (14)	2 (29)	4 (57)

* 7 cases where subject status is "witness" and 2 cases where subject status is "unknown" are deleted.

show to watch, petty jealousies, and so on, in which both parties bear responsibilities for escalating a mundane situation into a violent episode.

The situation with regard to violent episodes involving "strangers" is quite different. Here the status of co-disputant contributes a relatively small proportion of the cases. DRIVE subjects are much more likely to be classified as either victims or perpetrators in violent encounters with strangers. It is important to note, however, that violent events involving strangers are similar to those involving friends/acquaintances or shelter co-residents in that the probabilities of being a victim or a perpetrator are roughly equal within each category of relationship.

The category of "drug associate" contains a rather anomalous finding in this regard. Here, "perpetrator" is the modal category. In fact, DRIVE subjects are twice as likely to be perpetrators as victims in violent events with drug associates. We have no satisfactory explanation for this finding. One possible speculation is that subjects were prone to "macho" posturing. They wanted to present an image to interviewers of being slick, successful, aggressive actors in their drug relationships. But subjects did admit roughly equal proportions of perpetrations and victimizations in other categories of relationships. Why should the drug relationships be different? We shall return to this question in later sections.

Circumstances of Violent Events

The "circumstances" of violent events refers to their substantive content. Circumstances do not refer to motivations

or pharmacological status of participants. These latter variables were coded separately and data are presented later in this chapter on these issues.

Table VE 5 shows the circumstances of the 193 violent events reported during the study period. These circumstances were most commonly nondrug related disputes (30%), robberies (20%) and drug related disputes (18%). Nondrug related disputes frequently took place in shelters for the homeless.

At shelter - meal time. Guy tried to jump on line in front of me. I told him to get behind me. He swung at me and grazed my cheek. I grabbed him and threw him to the floor. Before anything could happen security broke it up. Nobody hurt, no weapons.

We were sitting around watching TV, a bunch of us. I asked this guy to be quiet, couldn't hear TV. He [a black guy in shelter] says, "You Puerto Rican so and so!" I asked him to step outside the room. He wobbled his sticks. He had a pair of nunchucks but didn't use them. I jumped on him and threw him on the floor. I won the fight because the guards threw him out of the shelter. No injuries [security stopped it]. Fight around the shower room/TV room. I was high. I don't think he was.

7-C is a regular at church so he's a captain - takes tickets and organizes. A man comes asking if he could go to the church. 7-C explained that if there was room he could go. Guy told him to shut up. 7-C responded by saying, "With that attitude, forget it. You're not going." Guy swatted (not hard) 7-C's nose. 7-C punched him in the face and put a cigarette out on his forehead. Guards gave guy summons and told him to leave.

Other nondrug related disputes involved lovers' quarrels or other "domestic" situation.

I was talking to [my girlfriend] when [her exhusband] came in and butted in. He threatened to kill me. I said, 'let's go.' He picked up a hammer and I hit him, and I hit the door. That's how my hand got hurt. We started to wrestle and I banged his head on the ground. Nobody got hurt bad. No cops got involved. He got knocked out. I left there. I don't think he's after me. I'm not after him. I haven't seen him yet. Nobody went to hospital. (right hand ace bandaged.)

Table VE 5

Circumstances of Violent Events (n = 193)

	N	%
Robbery	39	20
Other Economic Crimes	16	8
Prostitution	4	2
Contract Assault	5	3
Forcible Sex Crime	2	1
Drug Related Dispute	34	18
Nondrug Related Dispute	58	30
Altercation with Police Officer	6	3
Other	18	9
Unknown	11	6

This guy disrespect my girl. I went berserk. I gave him a couple of bruises, then it broke up.

Fight was with a [drag] queen who said he was staring at her too hard. Glove says really this queen just liked him and was trying to get his attention, so she started fighting with him on the bus from Camp LaGuardia. The queen had a cut jaw and bruises.

Me, and my wife and kids were walking across Houston Street. A kid 18 or 19, black, pushes my carriage, pushes it aside, says, "Everybody has a fucking carriage." I hit him in the face. He fell. I was pissed. He was a wise ass kid. It took a couple of minutes before I actually hit him. Scooter cops came, told me to leave. Cop stayed with the kid.

Kelly was drunk. Uncle Meat and his wife were both stoned on placidyls. Kelly and Uncle Meat's wife went walking down the street to get something at the store, but they were taking too long. While they were walking back, Uncle Meat sees Kelly trying to kiss and sort of making out with his [Uncle Meat's] wife. Uncle Meat gets really mad. Uncle Meat yelled at Kelly and then punched him once in the ribs. Then Kelly walked off a little. When Uncle Meat punched Kelly he had a 3 inch iron bar in his fist. Then Uncle Meat slapped his wife, at which time she said, "He grabbed me. Look, it was Kelly being aggressive and out of line. I couldn't do anything. I told him to stop." So then Kelly punched Uncle Meat twice, knocked him down. Uncle Meat said there was nothing he could do. Kelly is much bigger than he. Kelly busted Uncle Meat's lip, busted his nose (broke it), he had to go to hospital. Emergency cleaned him up, didn't need stitches, but had to go back to the E.R. because the lip cut got infected. None of his injuries bothers Uncle Meat now.

Robbery violence was the second most common circumstance reported by the sample. The accounts of robberies committed by or against our subjects contained few surprises.

Me and my friend we watched this dude cop. We waited till he got the stuff and followed him a block. I put the 007 [NOTE: a large knife] to his face, and he said, "OK, OK, take it easy." He just gave it up. We, I, got \$50 and seven \$10 bags of heroin. I didn't give my friend nothing. I took off on him. He beat me once before like this so we're even.

Partner with knife took a dude off. I just watched his back. Partner wanted coke money - he was high on coke, dope and placidyls while he did it. Partner took \$60, I got \$40. I had just been smoking marijuana. We were walking down the street; partner says, "Watch my back." He goes

across the street, puts knife to this guy's throat - the guy was just playing cards with another guy. I watched and helped hold him down while my partner got into his pockets. When we got away he gave me my share, \$40.

Drug related disputes were the third most common circumstance of violence. Some examples follow below.

I see this guy who owed me the \$15 for the barbs. I asked him for the money. He said he didn't have it. We argued. The cops came and told us to get out and argue off his beat. The other guy walked away but I was still mad and followed him and continued to argue. The cop took me to the Precinct and gave me a summons for Disorderly Conduct. He pushed me and I hit him in the face (not cop).

The guy wanted to spend \$18 for the Methadone. I sold it for \$25. He didn't want to give me the \$7 over the \$18. We got into a fight. He picked up a stick and fell. I picked up a brick. We both put them down and fought. He got a little swelling on his face. He gave me the money.

None of the other categories of circumstance contributed substantially to the total. "Contract assaults" were typically "street level" situations. The following is an example.

This black dude was bothering this white girl I know. She paid me \$100 to mess him up. I broke his arm. He'll stay away from her for awhile. If not I'll do a better job on him. I also get some sex from her.

Another contract assault involved a greater amount of money.

We, me and a partner, threatened the guy who owes the guy who hired us \$12,000 from a business deal [he thinks that it was a drug business deal]. My partner hit him in the head with the shotgun he had and also smashed his fingers. We get paid \$1,500 on Friday. When he seen the shotgun he shit in his pants. I think he got the message. He's a big guy about 6'3" so we needed the shotgun.

Both cases of forcible sex crimes were homosexual in nature. The following is one of these cases. It took place in a shelter for homeless males.

I don't want to stay there because one particular person forces me to have sex with him when he feels like it. I'm

getting ready to leave. It's dangerous. Someone you know and think you can trust turns on you, and maybe you do something you did not encourage. I was forced by such a person. We used to be friends. I trusted him as a person. He called me to talk to me, we went into my room and he started accusing me of playing with him. Not true, I'm just avoiding him. He started hitting me in my face, and held me with his arm around my neck. At this point I gave in. He calmed down, but now he feels that whenever he wants it he can get it. I can't talk around him because the slightest little thing will make him go off. He also had me do his laundry. He is older than me, 7 yrs. and bigger.

The number of "altercations with police officers" may have been increased by the coincidental timing of the DRIVE project with Operation Pressure Point in New York City. Operation Pressure Point was, and remains, a major crack-down on street drug activity. It involved saturating neighborhoods (it began on the lower east side but has since spread to other parts of New York City) with uniformed patrolmen, placing "spotters" with binoculars on rooftops, and making many arrests and street "sweeps." The operation was designed to employ "harassment" tactics to force drug users and distributors off the streets and, hence, to "improve the quality of life" of neighborhood residents. The actual number of violent altercations with police officers that were reported (six cases, or 3 percent of the total) does not seem terribly high. A much larger number of confrontations with police did take place, but did not involve the violence necessary for inclusion in Table VE 5. The following is one of the cases that did involve violence.

Police saw me copping. Threw me up against the wall, found my works, but cut me loose. That's unusual! I had no drugs. Only the \$100 I was going to cop with. They left me and my works, but threw the cooker away. They were rough. They kicked me in back of legs and grabbed me by the

collar. The narco said, after he found my works and let me go, "You owe me one." Fuck him I ain't never gonna tell him anything. Let him lock me up.

Table VE 6 examines subjects' statuses in the violent events by particular circumstances. DRIVE respondents were most likely to be victims in altercations with police officers and in forcible sex crimes. However the number of cases in these categories is quite small. In the major categories of circumstances, subjects were most likely to be co-disputants (57%) in nondrug related disputes, equally likely to be victim (44%) or perpetrator (46%) in robberies, and most likely to be perpetrator (44%) or co-disputant (38%) in drug related disputes.

Subjects reported being victimized in only 12% of the violent drug disputes. This echoes the finding reported in Table VE 4. Again there is the suggestion that subjects may have under-reported violent victimizations in the drug world, perhaps due to "macho" posturing. A DRIVE subject who was shown these tables (VE 4 and VE 6) explained them by saying that "anybody can get robbed, but people like to think of themselves as 'bad' when they're in the drug game."

Weapons Used

Table VE 7 shows that most of the reported violent events involved strongarm tactics (62%). Knives or cutting instruments were used in 15 percent of the violent episodes. Blunt instruments were used in 14 percent of the cases. Handguns were used in only 4 percent of the cases. There was some variation in weapons used depending on subject status in the violent episode. DRIVE subjects were most likely to report handguns in

Table VE 6

Subject Status by Circumstance*

<u>Circumstance</u>	<u>Status</u>		
	<u>Perpetrator</u>	<u>Co-disputant</u>	<u>Victim</u>
Robbery	18 (46)	3 (8)	17 (44)
Vice/Prostitution	--- ---	3 (75)	1 (25)
Other Economic Crime	2 (13)	6 (38)	6 (38)
Contract Assault	4 (80)	1 (20)	--- ---
Altercation with Police Officer	--- ---	1 (17)	5 (83)
Forcible Sex Crime	--- ---	--- ---	2 (100)
Nondrug Dispute	15 (26)	33 (57)	9 (16)
Drug Dispute	15 (44)	13 (38)	4 (12)
Other	3 (17)	8 (44)	7 (39)

* Cases where circumstances or subject status are unknown, or subject status is witness, are omitted.

Table VE 7

Weapons Used in Violent Events (n = 193)

	<u>N</u>	<u>%</u>
Strongarm	119	62
Knife/cutting instrument	29	15
Blunt instrument	27	14
Handgun	7	4
Other	7	4
Unknown	4	2

episodes where they were victims; most likely to report knives or blunt instruments in episodes where they were the perpetrators. However, the number of cases in all these categories are rather small. In violent episodes involving strongarm tactics only, 62 percent of the total number of events, DRIVE subjects were most likely to be co-disputants (44 percent of the strongarm cases) and then equally likely to be perpetrators (27%) and victims (28%).

Physical Injury

An important aspect of the quality of violent events is whether physical injury resulted. Table VE 8 presents data on physical injury to both the DRIVE subject and the other party involved in the violent episode.

DRIVE subjects reported suffering some form of physical injury in 29 percent of the violent episodes. The other party involved was alleged to suffer some form of physical injury, including death, in 49 percent of the violent events. It is possible that some "macho" posturing may be coming through on this variable. The fact that respondents are reporting inflicting injuries more often than they are suffering injuries may indicate that they are exaggerating, to an unknown degree, the extent of damage that they inflicted on others in order to appear tough.

However, the actual proportion of cases where the extent of injury was known, i.e., no medical attention, medical attention, hospitalization, show little variation between DRIVE subjects and other persons. The major differences between DRIVE subjects and others occur in the "no injury" and "injury (extent

Table VE 8

Physical Injury in Violent Events (n = 193)

<u>Injury</u>	<u>DRIVE subject</u>		<u>Other</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
None	137	71	98	51
Injury (no medical attention)	41	21	37	19
Injury (medical attention)	12	6	11	6
Injury (hospitalization)	3	2	11	6
Injury (extent unknown)	N.A.		31	16
Death	N.A.		3	2
Death and Injury (i.e., multiple victims)	N.A.		2	1

unknown)" categories. These differences are in opposite directions and roughly balance out. This suggests that if any macho posturing is coming through on this variable, it probably consists of DRIVE subjects reporting that they inflicted some injuries in cases where they really weren't sure and, in such cases, there may not have been any real injuries inflicted. Interestingly, the distribution of cases shown in Table VE 8 is markedly similar to what is typically reported in the National Crime Survey with regard to injuries resulting from assault.

It was possible to observe the injuries suffered by DRIVE subjects. We were able to visually verify cuts and bruises, wounds, broken arms, and so on. In some cases we did receive corroboration from other subjects or neighborhood informants concerning injuries inflicted by the DRIVE subject. These independent accounts generally confirmed what we had been told.

In 41 violent episodes, or 73 percent of the cases involving injury to DRIVE subjects, no medical attention was sought. The 12 cases (21% of those involving injury) where DRIVE subjects did seek medical treatment short of hospitalization usually involved a visit to a hospital emergency room. In three cases, DRIVE subjects reported being hospitalized. An account of one such episode follows below.

People in shelter know that the Sanitation trucks hire people off the street to help pick up garbage. I just got off the truck with the \$15 pay when two guys came up to me and asked me if I knew where to get some pot. A third guy who I didn't know was with them. He hit me in the side of the face. I went down and they started to beat me. They kicked me in my left side. I got up and ran to the men's shelter and called the Security Guards. They called an ambulance for me. I got 6 stitches in my eyebrow, black eye and a lump on my head. They kept me in the hospital for a

week. I was running a fever and the doctor wanted to check my head injury. I seen one guy around before. I'm not going to get revenge. I forgot about it already - I don't stay angry long.

As mentioned in Chapter IV, some of the DRIVE respondents who were lost to contact and never completed their interview cycles may have been victims of serious injuries or homicide. However, this analysis only deals with completed subjects. Data on such persons are not included in this report.

In 49 percent (n = 95) of the violent events, the other party was alleged to have suffered some form of physical injury. In 31 cases (33%) the extent of injury was unknown by the DRIVE respondent. In one such case a subject reported exacting revenge for having been "beat" on a drug purchase by hitting the other party in the head with a baseball bat. He thought he had killed the person and fled to New Jersey to "hide out." Upon receiving reports from friends that his victim had been sighted on the streets of the lower east side, and appeared well, our subject returned to New York and continued his interviews.

Two cases involved multiple victims, where both death and injury occurred in a single violent episode. Three cases involved death. An account of one of these cases follows below. It was written by the subject and presented to us during a regular weekly interview.

The other night I went to Houston & Allen and picked up three nickel bags of supposed cocaine (it was cut very extremely with amphetamine). After I got the coke I went down the way to an abandoned building to use the coke. On my way to do the coke I ran into a person who I know to be a ripoff and takeoff artist. He decided to follow me to the

building that I was going to under the auspices of also doing some drugs, he had copped in the same spot that I had gotten my drugs.

When we got to the building we went to the 3rd floor and he started preparing his drugs and I started preparing mine. I took little notice of what drugs that he was preparing because I was busy preparing my own. He got through before I did and shot his shot and started moving around. I finally got my hit and as soon as I got my shot completely in I knew the shot was cut heavy with amphetamine and I had to sit down because the rush was too much to stand.

Almost as soon as I got through rushing off the coke I started feeling paranoid having this guy around me and my mind started giving me all kinds of strange ideas that went like this:

What if this guy I'm with (who is a known takeoff artist) decides he should take me off?

Why did this guy come with me to get off here when there are many other places to get off?

Does he have other people along with him who are going to help him take me off?

Is the whole thing a set-up because he knows I sell cocaine and I usually have a couple of bundles on me?

With these thoughts in my head I started looking around and listening for noises, and as almost always when I do coke that is heavily cut with speed I started hearing every little noise in the building and also probably imagined some noises that were not there. Also I started looking around for different things (like shadows around the corners that would account for a real or imagined sound that I heard).

Soon I had advanced my paranoia to the point that my mind was putting together a definite plot against me involving this guy that was here with me and both real and imagined noises and shadows that I imagined.

My mind was telling me I was in real danger and that I had better react very swiftly or I would end up taken off by this takeoff artist who by this time had me convinced that he was about to make a move and take me off.

With my mind so thick with this paranoia I turned towards this guy just as he was moving towards me and I attacked him (because I decided he was moving aggressively on me).

I hit him 5 times in the chest right about the heart as hard and as fast as I could (not even telling him why) and blood came out of his mouth and he collapsed on the floor. I ran out of the building and in my mind I felt I had just narrowly escaped being taken off and maybe killed.

Now after I came down from the coke (after I did a bag of dope) I realized maybe I was totally wrong but I'll never know.

I have checked since then and he's still in the building exactly where I left him.

When it was happening I really had it in my mind that he was going to take me off and because of the noises and the shadows (imagined and real) I had it that he had help. It proved to be otherwise (he had no help) but the guy still may have been going to take me off. I don't know.

Drug Relatedness of Violent Events

In the preceding pages the characteristics of violent events studied on the DRIVE project were presented. This included data on the status of DRIVE subjects in the violent episodes, their location, the relationship between participants, the circumstances of the violent episodes, the weapons employed and injuries to participants. However, the primary goal of this research is to "map the terrain" of drug related violence. To this end, a tripartite conceptual framework was developed (see Chapter III for a full elaboration of this perspective).

Interpreting violent episodes from the perspective of the tripartite conceptual framework was a complex process. Some events could be readily classified while others involved a great deal of discussion and inference. While every attempt had been made to ground interviewers in the theoretical framework, it was apparent that some grasped its subtleties better than others. Further, as discussed in Chapter IV, interviewing drug using subjects in the field can be difficult for the best of interviewers. Subjects might be "high" on drugs and perhaps incoherent. Impatience with an interviewer's probing might provoke hostile responses sufficient to motivate the interviewer to move on to the next question before having elicited all the desired information on a current question. Fortunately, the DRIVE project was blessed with highly skilled interviewers and these problems were kept to a minimum.

A two stage coding process was employed for classifying the drug relatedness of violent events. Each violent event was first coded as to whether any of the three posited dimensions of drug relatedness were present. Each substance that might have been associated with each drugs/violence dimension was also coded at this time. Then, based upon subjects' responses, a "main reason," or principal dimension of drug relatedness, was coded.

Table VE 9 presents data from the first coding stage. It shows the number of events manifesting psychopharmacological, economic compulsive and/or systemic dimensions. The predominant dimension was psychopharmacological violence which was present in 33 percent of the reported events, followed by systemic violence which was present in 25 percent of the reported events. Economic compulsive violence was relatively rare and appeared in only 5 percent of the reported events.

An edited (for reasons of clarity and brevity) account of psychopharmacological violence follows. This particular incident did not occur during the eight week "slice-of-life" reporting period. Rather it was alluded to during a Life History Interview and became the substance of one of our special taped "violent event interviews." It is offered both as a vivid illustration of psychopharmacological violence and as an example of the sort of data that will be included in future publications.

The event occurred when The Hat was twenty years old, living with his long time paramour and their three year old daughter.

Table VE 9

Drug Related Dimensions of Violent Events (n = 193)

	N	%
Psychopharmacological	63	33
Economic Compulsive	10	5
Systemic	49	25

He had just gotten out of a reformatory, and was back into using heroin and committing burglaries.

One Saturday night The Hat was out with his friends, drinking "boilermakers," taking amphetamines, and shooting heroin. He returned home early Sunday morning and didn't go to sleep. He stayed with his daughter while his paramour went to work. The Hat dressed her, fed her, and "fooled around in the park for a while" with her, and then returned home. "I wanted to get high some more. I had some uppers, some coke, some dope, a couple of bags, really good stuff."

"I was cooking and doing little household chores and the baby's crying, throwing her bottle, she wet the bed, she just became a nag to me, all of a sudden my whole attitude changed ...I could remember a feeling of 'This fucking kid is getting on my nerves'... I sit her at the table, very rough, 'Listen, please, don't start crying, look, you gotta stop, you're spoiling my high.'"

The baby continued "panting, crying, whining. 'You gotta shut the fuck up, cry baby.' So I smacked her across the face and she fell out of the chair... There was no sympathy or remorse at all. I was totally aggravated, angry. Her head hit the ground."

"I was totally out of it as far as being high was concerned... my aggravation was blowing my high."

"So she got back up on the chair, but she was crying and wailing. I snatched her off the chair, really hard, I had her by the arm, spanking her, on the ass and that open-hand turned into a fist. I started actually punching her in the stomach, I mean with great force, 'You're not gonna shut up, huh?' and it must have been at least ten times or more - and I'd smack her across the face, and I remember it so vividly - putting her to bed, but something wasn't right and she got up and she was staggering, 'Daddy, my stomach hurts'... I found out afterwards I had broken her spleen and ruptured her kidney."

"While high, you don't care, it was not murder in my mind, it was just that she was blowing my high, I was thinking in terms of blowing my high."

"The day progressed, she's in the bed, so I lay down and go to sleep. I remember waking up to a great big loud, very piercing scream - [V] had come home... She kept saying, 'She's dead, she's dead.' She had checked the baby, she went to pick her up and said 'She's so stiff, there's something wrong with her, she's so cold.' I jumped up out of bed, ran into the room, 'What's the matter?' 'There's something wrong with her, she's so stiff, I know she's dead, she's not breathing.' It was rigor mortis setting in."

"I grabbed the baby from her, I laid her down, cupped her head back, to give her mouth to mouth resuscitation and when I blew into her lungs blood came out."

The Hat was convicted of manslaughter and served 6 1/2 years in prison.

An account of systemic violence follows below. This incident did occur during the regular weekly reporting period.

On Suffolk St. Saturday night me and a friend, we were together. I was going to cop heroin for him. We were walking together up the street. Two Puerto Rican guys I know from the streets gave me hand signals that they and I could work together to take off my friend. The signals said to me, "You can join us in taking off this guy." I signaled no with my hand. As we approached them they egged me on, repeated the signals. I said no again by shaking head. One guy just got in my face, he put his chest/body up to me as if he was pushing/shoving me. I hit him in the face, swung at the other guy but missed, so I picked up a garbage can and threw it at him. Me and my friend run up to Houston St. and starting walking. The two Puerto Rican guys got to the corner, they saw a lot of people in the street, which is probably why they didn't chase us. One guy yelled out "We'll get you!" - we just kept walking.

This is why my friend gave me the two bags of heroin, a way to say thanks - I would have copped for him for nothing.

On Monday I saw these guys right here on Second Avenue, I walked right by them and they didn't say a word.

I was a little depressed because the fight happened, it was unnecessary, I felt strange using my hands, it was something I didn't want to do.

It must be noted that Table VE 9 contains overlap between categories of drug relatedness. For example, an event might have both a psychopharmacological and a systemic dimension. In such cases, both dimensions are included in Table VE 9. An example of such a case follows below.

Had a fight with a customer - he buys speed off of me. I was talking with this girl. She asks me over all the time but is never there. This guy got loud - after he asked me for speed, wanted to know how come I was high. I told him I was not giving up my connection. Girl asked guy to go away, that I was not in a good mood. He said I wasn't shit. If I wanted to fight. I was feeling for a fight. I almost killed him. I gave him a bloody lip.

In the episode cited above, the respondent was "high" on amphetamines.

The major finding in Table VE 9 is the low proportion of violent events containing an economic compulsive dimension. This finding will be elaborated upon in subsequent pages focusing on "main reasons."

Table VE 10 presents findings regarding the circumstances of violent events containing each of the three dimensions of drug relatedness. Expected results were obtained in the economic compulsive and systemic categories. Cases of economic compulsive violence were concentrated in the robbery category (90%).

Cases of systemic violence were concentrated in the categories of drug related dispute (51%), robbery (27%) and altercation with police officer (10%). The latter category represents cases where drug purchasers or distributors reported being "roughed up" by police officers, typically in known "copping" areas. Robbery related systemic violence typically involved robberies of drug purchasers in copping areas as well as robberies of drug dealers. One such case is described below.

Set up a drug dealer who had a shipment of eight kilos of coke, twenty-seven bundles of dope and \$17,000 cash. Knew he had this coming in (two days advance planning to pull it off. I knew it was happening and I knew it would be easy, so we did it). He [dealer] went in building on Avenue B that deal was happening. [S] with two other guys stick him up. Four guys with guns (two 38's, one 44, one uzi), just independent not part of gang. One guy got shot. The main dealer didn't want to let his product go and got rough and belligerent so we had to quiet him down. Other guy shot him from [S]'s orders. Shot him two times (once in arm, once in side) did not die. [S] did not know them.

The data in Table VE 10 pertaining to psychopharmacological violence are interesting precisely because there is no clear concentration of circumstances. In 29 percent of the

Table VE 10

Circumstances of Violent Events by Tripartite
Conceptual Framework

<u>Circumstances</u>	<u>Psycho- pharmacological</u>	<u>Economic Compulsive</u>	<u>Systemic</u>
Robbery	16 (25)	9 (90)	13 (27)
Other Economic Crime	7 (11)	---	1 (2)
Contract Assault	---	---	1 (2)
Altercation with Police Officer	1 (1)	---	5 (10)
Nondrug Related Dispute	18 (29)	---	1 (2)
Drug Related Dispute	10 (16)	1 (10)	25 (51)
Other	7 (11)	---	3 (6)
Unknown	4 (6)	---	---
TOTAL	63 (100)	10 (100)	49 (100)

psychopharmacological cases, circumstances were nondrug related disputes. However, robberies (25%) and drug related disputes (19%) were almost equally represented. Clearly, psychopharmacological violence could occur in just about any social context.

Table VE 11 reveals that the 193 reported violent events contain a total of 158 drug specific dimensions of violence. It should be pointed out that Table VE 11 contains overlap, both within and across the dimensions of drug relatedness. For example, an event which contains a psychopharmacological dimension may involve the use of more than one drug in any single event. Additionally, an event might have both a psychopharmacological and economic compulsive dimension and involve the same or different drugs across the separate dimensions. In such cases, both dimensions, and each specific drug related to each dimension, are included in Table VE 11. The total number of drug related dimensions reported in this table exceeds that reported in Table VE 9 because each specific drug is counted separately.

Several important findings emerge in Table VE 11. The centrality of alcohol as a violence promoting factor is clearly limited to the psychopharmacological category. Alcohol accounts for about 39 percent of the known drug specific psychopharmacological dimensions, but only about 23 percent of all dimensions of drug related violence. Total alcohol related dimensions of violence are not very different from total heroin related dimensions (20 percent) or total cocaine related dimensions (18 percent).

Table VE 11

Drug Specific Dimensions of Violent Events (n = 193)

<u>DRUG</u>	<u>Psycho- pharmacological</u>		<u>Economic Compulsive</u>		<u>Systemic</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Heroin	12	6	4	2	15	8
Methadone	4	2	1	.5	2	1
Cocaine	8	4	8	4	13	7
Amphetamines	2	1	-----		1	.5
Marijuana	10	5	1	.5	6	3
Alcohol	35	18	1	.5	-----	
Tranquilizers	5	3	-----		6	3
Other	12	6	-----		2	1
Unknown	<u>5</u>	3	-----		<u>7</u>	4
TOTAL	91		<u>15</u>		<u>52</u>	

This naturally raises the question as to why it is so commonly taken for granted that alcohol greatly exceeds all other substances as a contributor to violence. Do the findings reported herein challenge that assumption? To a certain extent they do, but to a greater extent they don't.

What society "knows" about the drugs/violence nexus has generally been learned by employing one of two methods: direct observation, e.g., by a witness, victim, police officer; or some form of physical analysis, e.g., of blood, urine, or hair. Both of these common methods of "knowing" are likely to produce findings which overstate alcohol's role in violence. This is because both methods of "knowing" are most suitable for documenting psychopharmacological violence, in which alcohol is the major contributor. However, both methods are unsuitable for documenting economic compulsive or systemic violence, in which other substances are major contributors.

Psychopharmacological acting out assumes the prior ingestion of the substance. This ingestion can be routinely documented through such techniques as blood analysis, urinalysis or hair analysis. Further, alcohol inebriation leading to violence may be readily observable by witnesses, perhaps through the smell of breath, slurred speech, and so on.

Economic compulsive or systemic violence does not assume prior ingestion of a substance. The presence of these dimensions can only be documented through knowledge of the motives of participants in the violent episode. Such knowledge can be best obtained by interviewing violent event participants.

This is time consuming and expensive, and interviews undertaken in jails or other institutional settings, perhaps soon after arrest, produce data of problematic reliability and validity because of respondents' fears that admissions may be used against them.

Respondents in the DRIVE study consisted of a sample of drug users and distributors who commonly used a wide variety of substances, primarily alcohol, heroin, cocaine and marijuana. Among these persons, alcohol contributed to the incidence of violence to roughly the same extent as heroin or cocaine, albeit in only one specific manner, i.e., psychopharmacologically. A sample of the general population would include a far greater proportion of alcohol users and far lesser proportions of heroin and cocaine users. Alcohol should therefore contribute disproportionately to violence in the general population because of its far greater frequency of use.

Table VE 12 presents data on "main reasons" for violent events. After coding all existing dimensions of the tripartite framework, a main reason was coded. Main reasons are best inferences by DRIVE staff about the primary causal mechanism for a violent event taking place. Some episodes were classified as basically nondrug related, even though they may have had weak drug related dimensions. An example follows.

Saturday I got ripped off for my clothes by a guy I shared a room with at the Concorde. Clothes and personal items. I caught up to him in the bar. He said he didn't have my garments. We started tumbling. I hit him with a pool stick. He had a knife. I wasn't injured. He got 12 stitches in his head. He was high behind coke/dope earlier in the morning. I wasn't high.

Table VE 12

Main Reason for DRIVE Violent Event (n = 193)

	<u>N</u>	<u>%</u>
Psychopharmacological	36	19
Economic Compulsive	6	3
Systemic	33	17
Multidimensional	9	5
Other Drug Related	8	4
Nondrug Related	86	45
Unknown	15	8

Other events may have been classified as being mainly a specific type of drug relatedness, e.g., systemic, even though another weak dimension, e.g., psychopharmacological, was present. The following is an example.

Was set up to get ripped off. Friend steered me to these people. They took money and ran. I chased them. Caught guy with half my money. He hit me. I hit him back. Threw him against car. He walked behind me. Tried to get people on street to stop me, saying I ripped him off. Then he threw beat bag down my shirt and yelled for cops, but no cops there.

This subject reported having ingested both heroin and cocaine. He reports the latter had gotten him "edgy;" though, in fact, he doubts that it really was cocaine. He thought that it might have been "speed, or something." This event was classified as mainly systemic, though the "cocaine" may have contributed to the respondent's decision to chase the persons who had cheated him on the drug purchase.

Violent events that were clearly drug related, and had more than one drug related dimension, e.g., systemic and psychopharmacological, with roughly equal magnitude, were classified as "multidimensional." An example of multidimensional violence follows below.

Friday in an after hours place at night, some guy came in. Fingers said I'll sell you coke, so the guy said, "yeah." So Fingers took him outside and robbed him with an icepick. Fingers had some alcohol in him, other guy was a little drunk. He got \$525. Fingers did him once (punch to face hard) when the guy pleaded with him to leave him some rent money.

Table VE 12 reveals the following important findings. Of the 193 reported violent events, 86 (45%) were classified as mainly nondrug related. About 8 percent of the events lacked

sufficient information to classify them with any degree of confidence. Thus, about one-half of the reported violent events participated in by our sample of street drug users and distributors were not related to the use or trafficking of drugs.

With regard to drug related violence, the psychopharmacological (19%) and systemic (17%) modes were clearly predominant. Only 3 percent of the reported violent episodes had economic compulsive violence as their primary motivation. Within the totality of the violence that permeates the lives of so many street drug users and distributors, economic compulsive violence contributes a relatively small proportion.

Does this finding negate the image of the street drug user as a violent predator, "ripping and running" to support a drug habit? To a certain extent it does. Violent theft to raise money to support costly drug use was just not terribly common among this sample relative to the totality of violence in which subjects were participants. However, annualized rates of robbery and other forms of violence would have to be computed and projected to a universe of "at large" drug users, in order to estimate a proportion of societally or locally reported violence, e.g., robbery, assault, that is attributable to economic compulsive violence. Such an undertaking is a planned outgrowth of the DRIVE and FEMDRIVE projects.

Chapter VII - SUMMARY

The intent of the DRIVE project was to explore and describe the relationship between drug use and trafficking and violence. A tripartite conceptual framework was developed to elaborate on the relationships and to focus data collection efforts. A research study was designed to generate empirical data that would enable the utility of the tripartite conceptualization to be assessed.

A field site was established on the lower east side of Manhattan. A sample of 152 male drug users and distributors was recruited. All subjects completed a Life History Interview and eight weekly interviews. In addition, many subjects provided special taped interviews on important topics. Senior staff maintained ethnographic field logs of their experiences.

Major findings reported in the preceding chapters include the following:

(1) About 50 percent of the violent participation reported by a sample of male street drug users and distributors appeared unrelated to drug use or trafficking.

(2) In most circumstances of violence, e.g., robbery, subjects were about equally as likely to be victims as perpetrators.

(3) The most common circumstances of violence were nondrug related disputes (30%), robberies (20%), and drug related disputes (18%).

(4) The majority of the violent events did not involve the use of weapons.

(5) Psychopharmacological violence was most common, closely followed by systemic violence. Economic compulsive violence occurred relatively rarely in the universe of violence in which our subjects participated.

(6) Alcohol was the substance most associated with psychopharmacological violence. Heroin and cocaine were the substances most often associated with economic compulsive and systemic violence. All three substances contributed about equally to the totality of violence.

These findings must be viewed as preliminary. Important analyses remain to be completed and any firm conclusions at this point would be premature. Further analyses include a person-based analysis of DRIVE data; a merging of DRIVE and FEMDRIVE data bases; and a rigorous examination of transcripts of taped interviews.

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