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“Coming ‘Down Here’:

Young People’s Reflections on Becoming Entrenched in a Local Drug Scene”

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Abstract

Recent research has highlighted the ways in which social structural processes and physical environments operate to push young drug users *towards* risk. We undertook this study in order to explore how young people who were currently street-entrenched characterized and understood their initiation into the local drug scene in downtown Vancouver, Canada. Semi-structured qualitative interviews were conducted with 38 individuals recruited from a cohort of young drug users known as the At-Risk Youth Study (ARYS). Participant narratives reflected an understanding among young people that they are simultaneously *pulled* and *pushed towards* the local scene. Push factors were understood as circumstances that propelled young people towards this setting, in some cases because of proximity to it from a very early age, and in other cases because of adverse situations experienced elsewhere and the need to find a new place to live that was both affordable and safe. Interwoven with accounts of how youth were pushed towards the local scene were stories that emphasized a high degree of autonomy and the factors that initially *attracted* them to this scene, including a desire for excitement, independence and belonging. Once young people were more permanently based in downtown Vancouver, participants identified several factors that

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accelerated their entrenchment in this locale, including increasingly ‘problematic’ drug use, an intensified need to generate income, experiences of chronic homelessness, and unstable social relationships. Our findings stress the need for early intervention with youth, before they are initiated into the social networks and processes that rapidly propel young people towards risk within these contexts. Once initiation has occurred, the boundary between safety and risk quickly becomes difficult to navigate, and young people become highly vulnerable to numerous harms.

Keywords

Canada; drug scenes; risk environment; youth; risk trajectories; social structural interventions; transitions

Introduction

The drugs took over when I got out here. I didn’t realize that there was a drug scene like this out here. Nobody explained it to me. They told me it was a wild place, that it was gonna be fun. But, it was also a crazy place. They never told me the craziness of the place. Nobody ever takes that extra time to say, ‘No, this is what you’re getting into.’ - Luke, age 23

Illicit drug use often results in severe harms among drug-using populations. The extent of drug-related harm varies considerably across individuals and populations, often in accordance with the types of drugs used, how they are administered, and the unique social and structural context of drug use in any given locale (Rhodes 2002). However, various health and social harms among select populations of young drug users have been documented in several urban settings, including elevated rates of homelessness (Gleghorn, Marx, Vittinghoff, & Katz, 1998; Rachlis, Wood, Zhang, Montaner, & Kerr, 2008), violence (Bourgois, Prince, & Moss, 2004; Surratt, Inciardi, Kurtz, & Kiley, 2004), and HIV and Hepatitis C infection (DeMatteo et al., 1999; Miller et al., 2005; Roy et al., 2007; Roy et al., 2003). Perhaps most alarming are reports revealing elevated mortality rates among these youth (Cheung & Hwang, 2004; Roy et al., 2004; Shaw & Dorling, 1998), with one of the leading causes of death being drug-related overdose.

This body of research has led to calls for an updating of the risk prevention hierarchy, so that prevention of initiation into the most harmful forms of drug use among young drug users is given greater attention (Vlahov, Fuller, Ompad, Galea, & Des Jarlais, 2004). In particular, an increasing number of studies have focused on initiation into *injection drug use* among youth (Becker Buxton et al., 2004; Fuller et al., 2003; Harocopos, Goldsamt, Kobrak, Jost, & Clatts, 2008; Roy, Nonn, & Haley, 2008). However, particularly in North America, an emphasis on the circumstances surrounding injecting has meant that there have been relatively few studies that focus on the broader *risk trajectories* (Elder, 1985; Hser, Longshore, & Anglin, 2007) experienced by young drug users, which include but are not limited to experiences with injection drug use. A risk trajectories perspective emphasizes the sequences of transitions experienced by young people in relation to drug use and risk; furthermore, it recognizes that transitions are oftentimes shaped by ‘critical moments’ or life events that can greatly influence long-term patterns of risk and harm. Interestingly,

ethnographic work which has focused on how young people ‘script’ risk over time has found that initiation into injection drug use often represents a decision point that was preceded by numerous ‘critical moments’ in a young person’s risk trajectory where possibilities for the self-regulation or minimization of risk were greater (MacDonald & Marsh, 2002; Mayock, 2005). Research has shown that, among young people, the stigma of injecting can quickly be replaced by curiosity as a result of frequent exposure to injection drug use within drug-using milieus; the decision to inject is often made under non-exceptional or normalized circumstances, in which *acceptable* risk is constructed to include injection drug use (Harocopos et al., 2008; Mayock, 2005).

In general, growing awareness of the limitations of interventions that target individual risk behaviors has led to the development of ecological approaches, which emphasize the influence of *place* on health (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005; Strathdee et al., 1997). An increasing focus on place (where place is understood to encompass both physical *and* social structural spaces) has generated interest in the role played by *drug scenes* in shaping ‘risk’ among drug using populations (Curtis et al., 1995; Kerr, Kimber, & Rhodes, 2007; May, Harocopos, Turnbull, & Hough, 2000). More specifically, ethnographic and epidemiological evidence has begun to highlight the ways in which the structures, social processes and physical environments of drug scenes operate to rapidly isolate and *push* youth towards harm, until it becomes difficult or impossible for them to avoid ‘risking risk’ (Bourgois et al., 2004; Small, Kerr, Charette, Schechter, & Spittal, 2006). Drug scenes have been described as distinctive inner-city areas characterized by high concentrations of drug users and drug dealing within a specific geographical area (Hough & Natarajan, 2000). These locales vary considerably according to a number of factors, including the types of drugs available, who controls the sale of illicit substances, the specific venues in which drugs are sold and used, as well as the history of particular drug-use settings (Bourgois, 1996; Maher, 1997). In addition to drug use and drug procurement activities, these geographical areas anchor elaborate social and spatial networks, practices associated with the day-to-day realities of securing basic necessities, and wider patterns of income generation activities.

Despite growing interest in drug scenes, and the ways in which drug-using milieus shape the risk trajectories of young drug users, there are few studies that focus exclusively on how young people are first initiated into these settings. The present study sought to explore how youth who were currently entrenched in a local drug scene in downtown Vancouver, Canada, characterized and understood their initiation into this setting. In Vancouver, the local street-based drug scene (referred to by many youth as simply ‘down here’) includes two distinctive neighborhoods known as the Downtown Eastside and the Downtown South, respectively. Although these areas are geographically adjacent (and within easy walking distance of each other), they are consistently differentiated according to their history and a number of aspects of place. Among the general public, the boundary that exists between them is primarily one of differential affluence; while the Downtown Eastside is widely recognized as North America’s poorest urban drug- and crime-ridden postal code (Strathdee et al., 1997; Wood et al., 2002), the Downtown South is a residential and entertainment district characterized by both high- and (limited) low-income housing and numerous thriving businesses. The drug-using populations in these two neighborhoods are also distinctive (although overlap exists);

while the Downtown South is characterized by high rates of crystal methamphetamine sales and use primarily among youth (Wood, Stoltz, Montaner, & Kerr, 2006), the Downtown Eastside is characterized by a trade in crack cocaine, cocaine and heroin bought and sold primarily by adult drug users, including many who inject drugs (Wood & Kerr, 2006). While the Downtown Eastside is a long-standing and well-established drug market that has been in operation for decades, the Downtown South drug market is a relatively recent development. Although the Downtown Eastside can accurately be characterized as a more 'open' drug scene (i.e. drug procurement and use is highly visible and few barriers to access exist) in comparison to that of the Downtown South, in reality a wide range of illicit substances are easily available on the streets of both locales. Furthermore, both neighborhoods are characterized by thriving 'shadow economies' largely propelled by sex work activities, drug dealing and the exchange of stolen goods. The Downtown Eastside in particular has been subjected to intensive enforcement initiatives in recent years (Small et al., 2006), although police activities are also ongoing in the Downtown South. Importantly, our ongoing ethnographic research in both neighborhoods indicates that a large number of young people move *between* them, and that the conceptual and geographical boundaries that separate the Downtown Eastside from the Downtown South are in fact highly permeable. Thus, both of these neighborhoods - and the interaction between them - were central to our investigation.

Methods

Interviewees were recruited from the existing At-Risk Youth Study (ARYS) cohort, a prospective cohort of drug-using and street-involved youth that has been described in detail elsewhere (Wood et al., 2006). Eligibility criteria for this study include being between the ages of 14 and 26 years and self-reported use of illicit drugs other than or in addition to marijuana in the past thirty days. Epidemiological research among this population indicates that they are vulnerable to intensive drug use - including the use of crystal methamphetamine, heroin, cocaine and crack (Lloyd-Smith, Kerr, Zhang, Montaner, & Wood, 2008; Werb, Kerr, Lai, Montaner, & Wood, 2008; Wood et al., 2008) - homelessness (Rachlis et al., 2008), and alarming rates of HIV and hepatitis C infection (Miller et al., 2005).

A subgroup of the cohort was selected to complete qualitative interviews. A first wave of interviews was conducted during April and May of 2008, followed up by a second wave of interviews conducted during September and October of that year. Sampling was largely opportunistic, but aimed to attain variation in gender, ethnicity, age, and length of time having lived within the downtown Vancouver drug scene. Interviews were undertaken by three trained interviewers (one male and two female) and facilitated through the use of a topic guide encouraging broad discussion of how participants came to be involved in the local drug scene and how various aspects of drug scene involvement (e.g., drug use practices, income generation activities, social relationships) evolved over time. Interviews lasted between 30 and 120 minutes, were tape-recorded, transcribed verbatim and checked for accuracy. All participants provided informed consent, and the study was undertaken with ethical approval granted by the Providence Healthcare/University of British Columbia Research Ethics Board. Participants received a twenty-dollar honorarium. There were no

refusals of the invitation to participate in the interview, and no dropouts occurred during the interview process.

Data collection and analyses occurred concurrently and via ongoing engagement with participants, in order to continually re-evaluate the validity of research findings. While remaining cognizant of confidentiality issues (many of the participants of this study knew each other and it was therefore important to emphasize that what one person said in an interview would under no circumstances be repeated to another participant), evolving interpretations of the data were discussed with participants, both informally with those who had already been interviewed, and more formally in subsequent interviews. This process was used to inform the focus and direction of subsequent interviews (for example, through the addition of new questions and probes). In addition, the research team discussed the content of the interviews throughout the data collection and analysis processes, informing the development and refinement of a coding scheme for partitioning the data categorically. Interview data were initially coded based on key themes; substantive codes were then applied to categories/themes based on the initial codes. ATLAS.TI software was used to manage the coded data. All names in the paper have been changed.

Results

Participants ranged from 16 to 26 years of age and included 18 women, 18 men and 2 transgender individuals. Sixty-seven percent of study participants were Caucasian, 28 percent self-identified as being of Aboriginal descent, and 5 percent were African Canadian. Half of interview participants reported being homeless at the time of the study, and the majority had experienced homelessness at some time over the course of their involvement with the local scene. The majority of participants reported that they had at one time engaged in or were currently engaging in drug use that *they defined* as problematic - including intensive (i.e. multiple times per day) crack cocaine, crystal methamphetamine and/or intravenous heroin use. Furthermore, approximately half of young people said they had been involved in these forms of intensive drug use within the local scene for more than 3 years. Participants were involved in numerous income generation activities (oftentimes simultaneously) including street-level drug dealing, sex work, theft and the exchange of stolen goods. To a lesser extent, some youth also engaged in recycling activities (referred to as 'binning'), panhandling, and street performing (referred to as 'busking'). In sum, the majority of the young people with whom we spoke were significantly 'entrenched' in the downtown drug scene - in other words, they were largely consumed by the daily project of survival 'on the streets' in the context of homelessness, chronic poverty, involvement in harmful forms of drug use and/or dangerous income generation activities.

'Coming down here': Entering the local scene

Stories about 'coming down here' reflected an understanding among young people that they were simultaneously *pulled* and *pushed towards* this drug-using milieu at the time of their entry into the scene. Interwoven with narratives that emphasized their limited autonomy in becoming involved with this setting were recollections of what initially *drew* them to the

streets of downtown Vancouver. These recollections emphasized a high degree of autonomy in *choosing* to become involved in the downtown drug scene.

It is important to note that several participants described growing up ‘on the streets’ - a phrase that encompasses numerous indoor and outdoor locations that include but are not limited to stretches of sidewalk. Kaley and Jessica had both been involved in Vancouver’s Downtown Eastside neighborhood for ‘as long as they could remember.’ Their accounts of when and how they were initiated into the social-spatial networks, income generation strategies and problematic drug use that characterize this neighborhood indicated that they were immersed in the local scene from an extremely early age:

Well, my parents grew up down here . . . and they’re drug addicts so therefore I watched my parents do it all my life, and I started doing drugs when I was like 10 years old . . . Whatever. I’ve always been involved in the Downtown Eastside.
(Kaley, age 20)

My mom decided to be a very big heroin user, she didn’t pay attention to me anyway. My dad, he was an alcoholic . . . I ended up being pimped out [in the Downtown Eastside] . . . *I was eleven years old when I moved over to* [the Downtown South]. (Jessica, age 16)

In recalling their initial experiences within this setting, participants who had grown up ‘on the streets’ emphasized their limited autonomy, and understood their involvement in the drug scene to be the *inevitable* outcome of early childhood experiences. While their stories indicated that it was possible to exit or avoid some of the most destructive aspects of the drug scene (for example, involvement in sex work), or to carve out relatively ‘safe’ geographical niches within it (for example, by moving from the Downtown Eastside to the Downtown South), the notion of choice was notably absent from these narratives.

The majority of participants, however, did not grow up in Vancouver at all; their narratives emphasized several key themes. Firstly, a number of participants indicated that they moved to downtown Vancouver to escape negative situations with law enforcement in other Canadian cities. These participants were all heavily involved with drug scenes elsewhere and fled those locales in order to escape arrest or harassment by police. Interestingly, these participants all had prior knowledge of the Vancouver drug scene before arriving.

Luke - who was quoted at the beginning of this paper - arrived in Vancouver at 18 years old after hitchhiking across Canada from Kingston, Ontario. Before arriving, Luke had been told by other street-entrenched youth that downtown Vancouver was ‘a wild place’ and that ‘it was going to be fun.’ Similar to participants who had grown up within the downtown Vancouver drug scene, Luke had been heavily involved in heroin and crack cocaine use as well as drug dealing and crime from an extremely early age, reflecting that ‘everyone in his family was a junkie’ and ‘everyone in his family sold drugs.’ He ultimately fled to Vancouver in order to avoid arrest in Ontario:

I had warrants for my arrest from when I was thirteen. So that’s why I was running. That’s what drove me out here, because I had twenty-one outstanding warrants.
(Luke, age 23)

Similarly, Laura had been living on the streets in Toronto with her long-time boyfriend for a number of years and was engaged in intensive crack cocaine use and various crime activities when the pressure from police finally motivated the pair to move to Vancouver:

My boyfriend was, like, starting to lose it and we were being watched by the cops a lot [in Toronto] . . . So we left. And we came all the way out here - we just kind of just bought bus tickets. (Laura, age 25)

However, Laura also noted that she was also motivated by a strong desire to ‘go West’ and experience the excitement offered by the somewhat notorious Vancouver drug scene - a reputation Luke also alluded to. Indeed, many participants described the excitement and fun they experienced when they first arrived in downtown Vancouver from other cities. Almost always, this initial enjoyment was closely connected with heavy drug use. As Laura reflected:

The first time I came here I was like I was high on acid for a really long time . . . I can remember almost every second of my trip . . . [Vancouver] *was, like, so alive, you know?* (Laura, age 25)

Those participants who had previous experience with heavy drug use before becoming immersed in the downtown scene also articulated the immediate sense of *belonging* that they felt when they were first exposed to the open drug scene of the Downtown Eastside neighborhood in particular. Natasha - a Russian-born immigrant who became homeless in downtown Vancouver when she was 16 years old - described an abusive relationship with her stepfather that coincided with her initiation into intensive crystal methamphetamine and heroin use. It was this situation that led her to begin frequenting the Downtown Eastside in order to obtain drugs. However, she noted that the sense of belonging she experienced in Vancouver’s Downtown Eastside neighborhood was an equally powerful motivator to relocate permanently to this area:

Me and my friend, we used to come downtown to like pick up [buy drugs]. And we’d just like walk around . . . I liked it downtown better just ‘cause I just felt more at home kinda. You could walk around saying out loud, ‘Fuck, you know? I need some heroin!’ and no one is gonna’ look at you weird . . . Eventually I just never ended up going back to my mom’s place. (Natasha, age 19)

Many participants emphasized that they *chose* involvement in drug scenes - whether in Vancouver or elsewhere - in order to assert their independence and escape harmful, repressive or essentially non-existent care situations. Several participants commented that they had been ‘on their own’ without the support of family from an extremely early age, and that drug scene involvement afforded them this same degree of independence. Alternatively, a number of participants explained that they chose involvement in a drug scene over conforming to regulation-heavy foster care arrangements or group home living situations. Danny, who arrived on the streets of downtown Vancouver when he was 13 years old, recalled the foster care circumstances and his desire for independence that shaped his decision to move to Vancouver:

With my adopted parents, they had my Mom before me, so they kind of thought, ‘Like mother like son.’ They restricted me a whole lot more than they restricted

anybody else [in my family] . . . Well, I kinda got sick and tired of that . . . So me and a buddy decided we were going to go to downtown Vancouver one day. (Danny, age 26)

While some participants commented on the inadequacy of their former living arrangements, a number of youth identified a *lack* of housing as the primary reason they were forced to relocate from elsewhere in greater Vancouver to the downtown core, where youth shelters and low-income housing are concentrated. Anna was 20 years old when she and her boyfriend became heavily involved in crystal methamphetamine use; as a result of falling behind in rent payments, the pair lost their place in Surrey (an outlying city that comprises part of the greater Vancouver area). Anna explained that she and her boyfriend decided to seek housing in the Downtown Eastside because of they ‘thought that it was cheaper down there.’

Indeed, upon arriving in downtown Vancouver, many participants were initially able to secure beds in shelters or low-income housing in single room occupancy hotels (SROs). However, difficulties in securing *stable* accommodation usually continued once youth had relocated downtown, resulting in eventual homelessness. Anna described how, upon arrival, she and her boyfriend initially secured a room in an SRO located in the heart of the Downtown Eastside’s open drug market. The pair quickly transitioned from crystal methamphetamine to crack cocaine use, because the latter ‘was easy to get and it was everywhere’ in the Downtown Eastside. Again, Anna and her boyfriend fell behind in rent, this time resulting in homelessness.

In sum, stories about ‘coming down here’ speak both to the ways in which young people exercised agency in *choosing* to becoming involved in the local drug scene (and in shaping the nature of that involvement), and to the ways in which their choices were powerfully constrained at the time of their entry into this drug-using milieu. The majority of participants envisioned themselves as becoming independent from undesirable, harmful or non-existent care situations, or other drug scenes in which heavy policing had resulted in a significant risk of arrest. They sought a sense of belonging and excitement in the ‘opportunity structures’ of the Vancouver drug scene - including, most notably, the escapism and pleasure facilitated by ubiquitous open drug use and procurement. However, the belonging and independence afforded by the local drug scene ultimately reinforced young people’s *exclusion* from more mainstream opportunity structures such as stable housing, educational and recreational programs, and legal employment - a reality that was not lost on young people themselves in hindsight.

From ‘weekend warriors’ to addicts

Interestingly, a significant number of participants indicated that they had connections to people and places within the downtown drug scene before they relocated to this area (particularly if they were originally from somewhere else in the greater Vancouver area). Prior to having any direct exposure to the drug scene themselves, a number of participants indicated that they ‘knew people’ who spent periods of time ‘hanging out’, using drugs and/or accessing services in downtown Vancouver. Moreover, many participants initially

arrived on the scene with friends or older siblings who were already connected and able to provide introductions. Danny - whose earlier account highlighted his desire for independence in the context of a repressive foster care living arrangement - described the suddenness of his transition to the streets of the Downtown Eastside, which was facilitated by a friend with prior connections to this neighborhood:

[My friend had] been downtown a couple times before I had, he was more known. I just went on a whim . . . Next thing I know I'm living down there. (Danny, age 26)

Furthermore, a number of participants indicated that they *themselves* initially moved between 'hanging out' within the downtown Vancouver drug scene and living arrangements elsewhere before relocating more permanently to the downtown core. Consistent with other settings (Karabanow, 2006; Williams Boeri, 2004), young people who frequent the drug scene but do not permanently reside within it are often disparagingly labeled 'weekend warriors' or 'twinkies' by more experienced and street-entrenched youth - including many of the participants of this study. However, while they were eager to distance themselves from 'weekend warriors' at this later stage in their street careers, participants did reflect on their own naiveté upon first arriving 'on the streets', and recalled the sense of intimidation they felt when interacting with more experienced youth and older drug users at that time. It seems that many youth who originate in other parts of greater Vancouver go through a period of involvement with the drug scene during which they could be characterized as 'weekend warriors' or 'twinkies.' Only those participants who transitioned from drug scenes in other Canadian cities to the Vancouver scene described going from no exposure to immediate intensive involvement.

Regardless of whether youth had connections to people or places before relocating downtown, participants emphasized how quickly they were integrated into the social networks and processes of the local scene via acquaintances met through service locations or 'on the streets.' This event constitutes a 'critical moment' in young people's risk trajectories that can greatly influence long term patterns of risk and harm. A number of participants recalled how, upon arriving in the downtown core, they were quickly approached and introduced to the people and places that, in turn, connected them with drugs and opportunities to generate income - primarily through illegal activity. Drew arrived in Vancouver at age 18 from Alberta, where he had been living in what he described as a 'lock-up facility for high-risk youth.' In moving to downtown Vancouver, Drew recalled in hindsight that he was 'totally clueless' as to what he was 'getting himself into.' He vividly described his first day in town:

I got introduced to a crowd that was a gong-show [wild, out of control] . . . I was looking for a hostel or whatever, and someone said, 'Look, I can take you downtown' . . . So he shows me where this hostel is . . . And he ends up taking me to his place, Nelson Park [in the Downtown South], and that's when I got introduced to crystal meth. And that's when I got hooked on crystal meth. (Drew, age 23)

Danny's story regarding his initiation into drug dealing - three days after he came downtown with his friend 'on a whim' - was also particularly striking, but not unlike scenarios described by other participants:

I was sitting on Hastings [in the Downtown Eastside], and some of the crack dealers go, 'oh, we see you a lot, what do you do?' 'Oh I pan [panhandle].' 'Well here, take this [cocaine], go make better money.' And I did! . . . That was three days after I got into town. By the end of the week I was selling anywhere from an eight ball of coke to a quarter pound of coke a day. (Danny, age 26)

Young people's accounts of their initial experiences with drug use and availability in the Downtown South and the Downtown Eastside areas support the characterization of the Downtown Eastside as a highly open drug scene, in contrast to the more 'closed' drug scene of the Downtown South (although Drew's rapid initiation into crystal methamphetamine use in the Downtown South indicates that, given the appropriate and easily-cultivated 'connections', drugs are also easily available in that locale). Anna's story from previous section - in which she rapidly transitioned into crack cocaine use upon taking up residence in the Downtown Eastside because crack was 'easy to get and it was everywhere' - is reflective of the many participants' early experiences in this neighborhood. Young people consistently identified the ubiquity of drug use in the Downtown Eastside *in particular* as an important factor in the re-defining of previously established 'risk boundaries' (Mayock, 2005), and motivating newcomer youth to engage in self-identified problematic forms of drug use that were previously 'off-limits':

On Hastings [in the Downtown Eastside] . . . There's a lot of active drug use, out in the open. And young girls see that, and think that it's glamorous, or they think it's cool, and they'll start to get into it. (Tanya, 23 years old)

Not surprisingly, the majority of participants reported that as problematic drug use accelerates, the need to pursue various income generating activities also intensifies. However, it was interesting that several participants described the reverse of this relationship - recall Danny's initiation into drug dealing three days after arriving in the Downtown Eastside. A number of participants reflected that upon arriving in downtown Vancouver, they were first introduced to prohibited income generation strategies - most notably drug dealing - which quickly led to accelerating problematic drug use. For example, Danny had not used any drugs besides marijuana before he began dealing drugs in the Downtown Eastside. However, once he began dealing he quickly started 'doing his own product' and transitioned into heavy crack cocaine use.

Regardless of which came first (the drug use or the drug dealing), accelerating addictions meant that available income was increasingly allotted for drug procurement, making it difficult to pay rent even if housing was initially secured. Participants connected their early experiences of homelessness - and particularly sleeping outside - with further problematic drug use as a way of dealing with emotional stress. Heavy drug use then became both a *reaction to* and a *cause of* diminished opportunities to secure housing and legitimate employment. As such, 'becoming homeless' likely represents another critical moment that can affect longer-term patterns of risk. Kim began sleeping on the streets in the Downtown South in her early twenties, and recalled how her use of crystal methamphetamine, cocaine, crack cocaine and ecstasy escalated at that time:

It became like this isolation of drug use. It started happening daily, and like, I remember wanting to get a job and wanting my own place . . . I lost a lot of opportunities. (Kim, age 25)

As problematic drug use, the need to generate income via increasingly lucrative (i.e. illegal) means and homelessness all became more prominent, young people found themselves increasingly entrenched within the local scene. Furthermore, within this context, illegal income generation strategies result in frequent arrests and periods of incarceration, particularly among young men. As a result, social networks are constantly being destabilized, resulting in significant risk and emotional stress both within and outside of correctional facilities. Oftentimes, the arrest of young men contributes to the further entrenchment of those young women who are left behind ‘on the streets’ to ‘fend for themselves’ in the absence of a male partner. Natasha (whose earlier account emphasized the sense of belonging she experienced in the Downtown Eastside) described how she quickly transitioned from a situation of relative safety on the streets to one of significant danger when her partner was incarcerated:

[When I first came down here] I was with this guy that became my boyfriend, but then he went to jail. And when he went to jail, I really had no one to like, you know, show me the spots where you can sleep, and all that, right? . . . Not long after that these two guys ended up taking me and pimping me out on Kingsway [in greater Vancouver]. (Natasha, age 19)

Natasha’s story - which began with her recalling how she made the decision to leave home because she ‘liked it better downtown’, and ended with her reflections on ‘being taken and pimped out’ - is an appropriate (although deeply troubling) narrative to end on. Her story powerfully reflects the *interaction* between early childhood experiences, accelerating drug use, homelessness, destabilized social networks and involvement in illicit income generating activities in entrenching youth within a highly dangerous setting. Furthermore, it illustrates how quickly young people move from being willing players in the context of the local drug scene to circumstances where autonomy is severely limited - a theme that emerged (albeit in different forms) in each participant’s story.

Interpretation

In the present study, participant narratives reflected an understanding among young people that they are simultaneously *pulled* and *pushed towards* the local drug scene. In employing a ‘push/pull’ framework however, we do not want to imply a dichotomy between these terms. Indeed, our data illustrates that push and pull factors need to be understood *in relation* to one another. Young people’s attraction to this drug-using milieu must be contextualized according to the myriad of circumstances that propelled them towards this setting *in particular*. Most often, participants made the decision to enter the downtown Vancouver drug scene as a viable alternative to unsafe and un-supported living situations experienced elsewhere. Social structural factors such as childhood experiences of addiction, prior criminal involvement, chronic poverty and social exclusion all powerfully shaped how young people were able to *envision and act upon* opportunities for belonging, independence and excitement. As many of their stories about ‘coming down here’ make clear, *all* of the

youth who participated in this study had experienced social exclusion and alienation from more mainstream opportunity structures (such as schools, families or recreational programs) over the course of their childhoods and early adolescence, limiting the extent to which they could envision *or access* alternative sources of excitement, freedom and belonging during the period of time in which they became initiated into the Vancouver drug scene (MacDonald & Marsh, 2001; Macdonald & Marsh, 2004). Furthermore, our results emphasize that many youth who spoke of the excitement, independence and sense of belonging they felt upon first arriving in the city already had extensive exposure to drug use and drug-using contexts prior to entering the local drug scene. As such, drug scenes may represent a more normalized environment for these youth, who are already familiar with the 'opportunity structures' - including street-based social networks of other drug users, various prohibited income generating strategies, and drug-related escapism - these scenes have to offer (MacDonald & Marsh, 2002; Shildrick, 2002).

At the same time, we have chosen to highlight *both* push and pull factors as a way of acknowledging that - initially at least - young people view themselves as willing players in defining and shaping their place within drug scenes (Karabanow, 2006). Consistent with previous work, participants claimed a high degree of autonomy and largely rejected social determinants as explanations for their initiation into the local drug scene (Mayock, 2005). Furthermore, young people's wider narratives emphasized the ways in which they continued to exercise agency in defining their actions and decisions over the course of their involvement within this setting. Even those participants who 'grew up on the streets' indicated that it was possible to exit or avoid some of the most destructive aspects of the drug scene (e.g., involvement in sex work), or to carve out relatively 'safe' geographical niches within it (e.g., by moving from the Downtown Eastside to the Downtown South). Moreover, although we found that the majority of our participants engaged in prohibited and dangerous income generation activities such as drug dealing, sex work and/or the exchange of stolen goods soon after arriving in the downtown core, a small number consistently avoided these activities, opting to engage in panhandling, 'squeegeeing' [car window washing], or recycling activities that represent much safer - although less financially lucrative - alternatives. Given the role played by income generation activities such as drug dealing, sex work and other crime activities in accelerating drug scene entrenchment in our setting, further research should investigate the relationship between income generation and the construction of risk among young people at various points in their street 'careers.'

While we want to acknowledge young people's assertions of autonomy - and follow others in recognizing that agency is intimately associated with risk (Mayock, 2005) - our findings corroborate other ethnographic evidence indicating that once young people are integrated into the socio-spatial processes of the drug scene, the boundary between safe and destructive action becomes increasingly difficult to navigate, and many young people find themselves suddenly and unexpectedly entrenched within a drug scene of which they want no part (Mayock, 2005). Indeed, in hindsight the participants of this study expressed a *desensationalized* view of the downtown drug scene; they emphasized that, although street life does offer opportunities for excitement and income generation, these benefits are greatly outweighed by the accelerating negative consequences of 'life on the streets', including

exposure to violence and blood-borne infections such as HIV and Hepatitis C, and immense emotional suffering.

Our findings stress the need for early intervention with youth who experience significant vulnerability, long before these young people relocate to the streets of an urban drug scene. Interventions - such as school-based programs that include enhanced access to counseling services and after-school activities that facilitate time away from harmful home environments - should be aimed at youth with extensive childhood and early adolescent exposure to addiction, as it would seem that the normalization of drug use and drug-using environments can accelerate immersion in drug scenes later in life.

Furthermore, consistent with previous work (Bourgois et al., 2004), our findings illustrate that although 'weekend warriors' are viewed disparagingly by more experienced and street-entrenched youth, there are clearly social actors within drug scenes (including peers, drug dealers, and pimps) who are willing to introduce newcomer youth to the people and places through which they can access drugs and opportunities for illicit income generation. The period of time during which young people are becoming immersed in the social-spatial processes of the drug scene - including patterns of drug use and drug procurement, income generation and residence - represents a particularly 'critical moment' (or cluster of 'critical moments') that can greatly influence long term patterns of risk. Given the speed with which various social actors approach newcomer youth and readily supply connections to the people and places through which youth quickly become integrated members of the scene, it is essential that newcomer youth be targeted for specific interventions that aim to facilitate alternative opportunities to what 'the street' has to offer - including low-threshold access to safe and affordable housing (combined with addiction treatment facilities), and educational, vocational and recreational programs.

It is important to note that our findings are based upon interviews with local youth participating in the current study. While an effort was made to ensure that the study sample reflects the demographics of the local youth population, it is clear that our sample is more representative of the *highest* risk youth in downtown Vancouver. Not all youth who are initiated into this drug-using context make the rapid transition from 'weekend warriors' to 'addicts' described above; more research is needed to determine why some youth are able to exit the scene in spite of childhood and early adolescent experiences of social exclusion and marginalization.

Nevertheless, this study represents a contribution towards understanding how various individual and social structural factors interact to shape young people's initiation into the street-based drug scene in Vancouver, and foster subsequent entrenchment in this particular drug-using milieu. Our results emphasize the need for early intervention with youth who are likely to seek out involvement in drug scenes, and unlikely to identify 'risk' except in hindsight, once personal and structural circumstances have made it difficult to avoid 'risking risk' in such a setting. Lastly, given the many severe harms described herein, it is clear that additional interventions, including those that offset the harms of active drug use, are urgently needed for those youth already immersed in the local drug scene.

References

- Becker Buxton M, Vlahov D, Strathdee SA, Des Jarlais DC, Morse EV, Ouellet L, et al. Association between injection practices and duration of injection among recently initiated injection drug users. *Drug Alcohol Depend.* 2004; 75(2):177–183. [PubMed: 15276223]
- Bourgois, P. *Search of Respect: Selling Crack in El Barrio*. Cambridge University Press; Cambridge: 1996.
- Bourgois P, Prince B, Moss A. The Everyday Violence of Hepatitis C Among Young Women Who Inject Drugs in San Francisco. *Hum Organ.* 2004; 63(3):253–264. [PubMed: 16685288]
- Cheung AM, Hwang SW. Risk of death among homeless women: a cohort study and review of the literature. *CMAJ: Canadian Medical Association Journal = Journal De L'association Medicale Canadienne.* 2004; 170(8):1243–1247.
- Curtis R, Friedman SR, Neaigus A, Jose B, Goldstein M, Ildefonso G. Street level drug markets: Network structure and HIV risk. *Social Networks.* 1995; 17:219–228.
- DeMatteo D, Major C, Block B, Coates R, Fearon M, Goldberg E, et al. Toronto street youth and HIV/AIDS : Prevalence, demographics, and risks. *Journal of Adolescent Health.* 1999; 25:358–366. [PubMed: 10551667]
- Elder, GH. Perspectives on the life course. In: Elder, GH., editor. *Life course dynamics*. Cornell University Press; Ithaca, New York: 1985. p. 23–49.
- Fuller CM, Vlahov D, Latkin CA, Ompad DC, Celentano DD, Strathdee SA. Social circumstances of initiation of injection drug use and early shooting gallery attendance: implications for HIV intervention among adolescent and young adult injection drug users. *J Acquir Immune Defic Syndr.* 2003; 32(1):86–93. [PubMed: 12514419]
- Gleghorn AA, Marx R, Vittinghoff E, Katz MH. Association between drug use patterns and HIV risks among homeless, runaway, and street youth in northern California. *Drug Alcohol Depend.* 1998; 51(3):219–227. [PubMed: 9787995]
- Harocopos A, Goldsamt LA, Kobrak P, Jost JJ, Clatts MC. New injectors and the social context of injection initiation. *International Journal of Drug Policy.* 2008 In Press, Corrected Proof.
- Hough, M., Natarajan, M. Introduction: Illegal drug markets, research and policy. In: Hough, M., Natarajan, M., editors. *Illegal drug markets: from research to policy*. Criminal Justice Press; Monsey, NJ: 2000. p. 1–18.
- Hser Y-I, Longshore D, Anglin MD. The Life Course Perspective on Drug Use: A Conceptual Framework for Understanding Drug Use Trajectories. *Eval Rev.* 2007; 31(6):515–547. [PubMed: 17986706]
- Karabanow J. Becoming a Street Kid: Exploring the Stages of Street Life. *Journal of Human Behavior in the Social Environment.* 2006; 13(2):49–72.
- Kerr T, Kimber J, Rhodes T. Drug use settings: an emerging focus for research and intervention. *Int J Drug Policy.* 2007; 18(1):1–4. [PubMed: 17689337]
- Lloyd-Smith E, Kerr T, Zhang R, Montaner JSG, Wood E. High prevalence of syringe sharing among street involved youth. *Addiction Research & Theory.* 2008; 16(4):353–358.
- MacDonald R, Marsh J. Disconnected Youth? *Journal of Youth Studies.* 2001; 4(4):373–391.
- MacDonald R, Marsh J. Crossing the Rubicon: youth transitions, poverty, drugs and social exclusion. *International Journal of Drug Policy.* 2002; 13(1):27–38.
- Macdonald R, Marsh J. Missing School: Educational Engagement, Youth Transitions, and Social Exclusion. *Youth Society.* 2004; 36(2):143–162.
- Maher, L. *Sexed work: Gender, race and resistance in a Brooklyn drug market*. Oxford University Press; New York: 1997.
- May, A., Harocopos, P., Turnbull, J., Hough, M. *Serving Up: The impact of low-level police enforcement on drug markets*. Home Office; London: 2000.
- Mayock P. Scripting risk: Young people and the construction of drug journeys. *Drugs: education, prevention and policy.* 2005; 12(5):349–368.

- Miller CL, Spittal PM, Frankish JC, Li K, Schechter MT, E W. HIV and Hepatitis C Outbreaks Among High-risk Youth in Vancouver Demands a Public Health Response. *Canadian Journal of Public Health*. 2005; 96(2):107–108. [PubMed: 15850028]
- Rachlis BS, Wood E, Zhang R, Montaner JS, Kerr T. High rates of homelessness among a cohort of street-involved youth. *Health & Place*. 2008
- Rhodes T, Singer M, Bourgois P, Friedman SR, Strathdee S. The social structural production of HIV risk among injecting drug users. *Social Science & Medicine*. 2005; 61:1026–1044. [PubMed: 15955404]
- Roy É, Alary A, Morissette C, Leclerc P, Boudreau J-F, Parent R, et al. High hepatitis C virus prevalence and incidence among Canadian intravenous drug users. *International Journal of STD & AIDS*. 2007; 18:23–27. [PubMed: 17326858]
- Roy É, Haley N, Leclerc P, Cedras L, Weber A, Claessens C, et al. HIV incidence among street youth in Montreal, Canada. *AIDS*. 2003; 17(7):1071–1075. [PubMed: 12700458]
- Roy É, Haley N, Leclerc P, Sochanski B, Boudreau J-F, Boivin J-F. Mortality in a cohort of street youth in Montreal. *Journal of the American Medical Association*. 2004; 292(5):569–574. [PubMed: 15292082]
- Roy É, Nonn E, Haley N. Transition to injection drug use among street youth-a qualitative analysis. *Drug and Alcohol Review*. 2008; 94:19–29.
- Shaw M, Dorling D. Mortality among street youth in the UK. *Lancet*. 1998; 352(9129):743–743.
- Shildrick T. Young People, Illicit Drug Use and the Question of Normalization. *Journal of Youth Studies*. 2002; 5(1):35–48.
- Small W, Kerr T, Charette J, Schechter M, Spittal P. Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy*. 2006; 17:85–95.
- Strathdee SA, Patrick DM, Currie SL, Cornelisse PG, Rekart ML, Montaner JS, et al. Needle exchange is not enough: lessons from the Vancouver injecting drug use study. *Aids*. 1997; 11(8):F59–65. [PubMed: 9223727]
- Surratt HL, Inciardi JA, Kurtz SP, Kiley MC. Sex Work and Drug Use in a Subculture of Violence. *Crime Delinquency*. 2004; 50(1):43–59.
- Vlahov D, Fuller C, Ompad D, Galea S, Des Jarlais D. Updating the infection risk reduction hierarchy: Preventing transition into injection. *Journal of Urban Health*. 2004; 81(1):14–19. [PubMed: 15047779]
- Werb D, Kerr T, Lai C, Montaner J, Wood E. Nonfatal Overdose Among a Cohort of Street-Involved Youth. *Journal of Adolescent Health*. 2008; 42(3):303–306. [PubMed: 18295139]
- Williams Boeri M. “Hell, I’m An Addict, But I Ain’t No Junkie”: An Ethnographic Analysis of Aging Heroin Users. *Human Organization*. 2004; 63(2):236.
- Wood E, Kerr T. What do you do when you hit rock bottom? Responding to drugs in the City of Vancouver. *International Journal of Drug Policy*. 2006; 17(2):55–60.
- Wood E, Stoltz JA, Montaner JS, Kerr T. Evaluating methamphetamine use and risks of injection initiation among street youth: the ARYS study. *Harm Reduct J*. 2006; 3:18. [PubMed: 16723029]
- Wood E, Stoltz JA, Zhang R, Strathdee SA, Montaner JS, Kerr T. Circumstances of first crystal methamphetamine use and initiation of injection drug use among high-risk youth. *Drug Alcohol Rev*. 2008; 27(3):270–276. [PubMed: 18368608]
- Wood E, Tyndall MW, Spittal PM, Li K, Hogg RS, Montaner JS, et al. Factors associated with persistent high-risk syringe sharing in the presence of an established needle exchange programme. *Aids*. 2002; 16(6):941–943. [PubMed: 11919503]