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A TYPOLOGY OF DRUG-RELATED OFFENDING AMONG YOUNG HOMELESS INJECTION DRUG USERS

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Abstract

Research indicates a link between drug use and offending, particularly amongst high-risk individuals, such as homeless youth. The extent to which such youth interpret their offending as being related to their drug use, though, is understudied. This manuscript investigates the interpretations of drug-related offenses offered by 151 primarily white, male, homeless IDUs aged 16–29 years. Youth were asked specific questions about their drug-related offenses during in-depth interviews as part of a larger study investigating health risks surrounding drug injection between 2004 and 2006. The first section of the manuscript outlines offenses youth revealed committing either in pursuit of or after using a variety of substances. The second part of the manuscript examines the overall context (motivation, environment), and provides a seven-tiered typology of drug-related offending based on youth's interpretations, linking certain drugs to specific offenses within particular contexts. From here, some theoretical and practical implications of the findings are discussed.

INTRODUCTION

Homeless youth are a vulnerable population who engage in a variety of risk behaviors, including injection drug use. Injection drug use often indicates a dependence on “hard” drugs, such as heroin, crystal methamphetamine (crystal), and cocaine, and these drugs are linked to serious and violent offenses (Carnwright & Smith, 2002; Maher, Dunlap, & Johnson 2002; McBride, Vanderwaal, & Terry-McElrath, 2003; Pennell, Ellett, Rienick, & Grimes, 1999). Research indicates that homeless youth who are injection drug users (IDUs) have reported high lifetime rates of offending (cf Anderson & Levy, 2003; Baron, 1999; Baron & Hartnagel, 1998; Bennett, 1998; Lankenau & Sanders, 2007; Lankenau et al., 2007). This may suggest that such youth commit many offenses in order to procure their drugs, particularly given their current social and economic status (see, e.g., Unger et al., 1998). However, what these and many other studies on high risk youth (e.g., gang youth, drug users) often indicate is that drugs and offending are co-existing behaviors within these populations, whereby drug use and offending each occurred at some point within youths lives (see, e.g., Bennett & Holloway, 2005; Sanders & Lankenau, 2006). Such data can only offer limited contextual information regarding the interaction between drugs and crime and the direct influence these behaviors may have upon one another. The relationship between drug use and offending from arrestee data (e.g., Arrestee Drug Abuse Monitoring) and drug surveys (e.g., National Survey on Drug Use and Health) has similar limitations, only indicating that drug users have committed offenses or offenders have used drugs.

The relationship between offending and drug use is complex (see Brownstein & Crossland, 2003; McBride et al., 2003; White & Gorman, 2000 for reviews). How these two behaviors interact within populations of high risk youth, though, may be even more complex, particularly given such youths increased participation in both offending and drug use. A heuristic device that has been utilized to help contextualize and elucidate more direct relationships between drugs and offending is the drugs/crime typology. The explanatory power of such typologies is their ability to relate patterns of drug use or involvement with drugs to patterns of offending and/or victimization. For instance, Goldstein's (1985) drug/violence nexus suggests that the relationship between violence and drugs can be explained at three different levels: economic-compulsive (violence to obtain drugs), psychopharmacological (violence in relation to the effects of drugs), and systemic (violence related to the drug trade). Collins, Hubbard and Rachal (1985) examined heroin and cocaine use in relation to the generation of illegal income and indicated two potential models of explanation: the compulsion/demand model, which suggests that the expense of daily heroin or cocaine use leads to income-generating crime, and the life-style model where, "expensive drug use and income crime might be seen as reinforcing each other" (p. 747), whereby saying one behavior "caused" the other is difficult. In the UK, research on the relationship between young crack cocaine users and crime also resulted in a, "crime drugs-drugs crime matrix" (Brain, Parker & Bottomley, 1998, p. 87). This matrix outlined "lifestyle offenders," "whose crime is about sustaining a lifestyle which includes drug use," "strategic offenders" (i.e. drug sellers), offenders who commit "out of character" offenses while intoxicated on drugs, and offenders who became heavy drug users and as a result found themselves committing more offenses in order to economically support their use. Despite their emergence in different countries and among different populations, overlaps exist between these typologies, and this consistency contributes to their generalizability. A limitation, though, is that they relate drugs in general only to a particular offence (e.g., violence) or offending in general only to a particular drug (e.g., crack or heroin).

Phrases such as "heroin users," "ecstasy users," and "marijuana users" are often employed, perhaps best reflecting the drug using patterns of such individuals. However, among young homeless, IDUs, the terms "multiple drug use" (i.e., the use of several drugs over the life course) and/or "polydrug use" (i.e., the use of several drugs sequentially or simultaneously) may better identify the current character of drug use (Lankenau & Clatts, 2005; Sanders, Lankenau, Jackson Bloom, & Hathazi, 2008a). Moreover, homeless youth involved in offending may commit a variety of offenses; as opposed to being limited to only one or two offence types (see Lankenau & Sanders, 2007). Thus, important questions to answer include: How do homeless young IDUs who are also multiple/polydrug users interpret their offending in relation to their drug use? Which offenses do they link to which drugs? This manuscript attempts to answer these questions by analyzing interpretive accounts of drug-related offenses amongst a sample of 151 primarily young white, male homeless IDUs who are also multiple/polydrug users aged 16 to 29 who were interviewed between 2004 and 2006 in New York City (NYC), Los Angeles (LA), and New Orleans (NO). The first section discusses the types of offenses youth said they committed specifically to obtain drugs or after using drugs, as well as some details pertaining to the offenses. The second section examines the various contexts (motivations, environment) of youths drug-related offenses and offers a seven-tiered typology relating specific drugs to particular offenses under certain contexts.

METHODS

The analyses are part of a multi-site investigation aimed at identifying health risks associated with the injection of ketamine among young people.¹ Data were collected in three cities: NYC, LA and NO. Young people who have injected ketamine comprise what might

be considered “hidden populations”—a group whose size and whereabouts are unknown (Adler, 1990; Heckathorn, 1997; Watters & Biernacki, 1989; Wiebel, 1990). Following previous investigations into ketamine injection among high-risk youth (Lankenau & Clatts, 2002, 2004; Lankenau & Sanders, 2007), outreach programs and health care professionals who work with young IDUs within the three cities were contacted to identify young ketamine injectors. Based upon their recommendations, ethnographers were directed to specific areas as possible “hang-outs” for young IDUs. In NYC, these included interconnected areas within Manhattan’s East Village, such as Union Square, Tompkins Square Park, and Astor Place. In LA, these included interconnected spaces along the beach in between the Venice and Santa Monica piers, including the Third Street Promenade, and along Hollywood Boulevard in central Hollywood. In NO, these included areas within the French Quarter, such as Jackson Square.

Fieldwork was conducted between April 2004 and June 2006. Young people were eligible for study enrollment if they were between the ages of 16 and 29, and had injected ketamine at least once within the past two years. These criteria were selected to enroll a sample of young IDUs who could describe recent ketamine injection events. Upon approaching individuals, researchers introduced themselves as being involved in public health research on young people and drug use. A series of screening questions were then asked, focusing on health behaviors, recent drug use, and history of homelessness in order to hide the true enrollment criteria. Since all individuals enrolled into the study received a monetary incentive, ethnographers carefully listened for convincing descriptions of practices and experiences associated with ketamine injection prior to enrollment.

Before beginning an interview, individuals signed informed consent documents approved by Institutional Review Boards from each site. Qualified youth were administered an in-depth interview that lasted from one to two hours. Anonymity was offered and the participants’ rights were further protected by a Federal Certificate of Confidentiality. Interviews were conducted within the immediate area where the researcher approached the respondent, usually somewhere in a park or restaurant that allowed for privacy. Respondents were paid \$20 in cash or gift certificate for their participation, and were offered information pertaining to local health care and social service providers.

MEASURES AND ANALYSIS

Towards the end of the interview, young people were asked a couple of questions about possible drug-related offending, including if they had ever committed any offenses to obtain drugs or after using drugs (including alcohol), what offenses they committed, and what drugs they sought to obtain or what drugs they used prior to the offence.² Those who answered yes to any drug-related offending were then asked additional questions about what offenses they committed and which substances they sought to obtain through the offence and/or which substances they used prior to committing the offence. “Drug-related offence” here thus refers to offenses that youth said they committed in order to obtain a drug or offenses youth said they committed after using a drug. Since the study focused on ketamine, youth were also asked specifically if they had ever sold ketamine or committed an offence in order to obtain ketamine.

¹NIDA funded study (RO1 DA015631) entitled “Ketamine injection and HIV risk among high risk youth” awarded to Stephen E. Lankenau.

²In order to clarify these questions, probes were offered, such as: ‘Have you ever stolen something, pawned it off, and used the money to buy drugs?’; ‘Have you ever sold or traded drugs in order to get drugs?’; ‘Have you ever been in a fight, smashed things or done any graffiti when you were drunk or high?’; ‘Have you ever robbed, burgled or stolen from someone or someplace after drinking and/or using drugs. Motor vehicle offenses (e.g. driving while intoxicated) and certain municipal offenses (e.g. intoxicated in public) were not recorded. Moreover, simply using an illicit substance was not recorded as an offence.

The exercise does not attempt to ascertain if, over the course of youth's lives, drug use "caused" youth to offend, offending "caused" youth to use drugs, or whether both behaviors emerged simultaneously. Instead, the focus is on youths' interpretations of their drug-related offenses. No attempts were made to relate drug-related offending to youths' demographic characteristics (e.g., family history, socioeconomic status), nor were attempts made to determine any statistical significance between these characteristics, drugs consumed and offenses committed. Instead, the focus here is on "foreground" considerations or "the immediate phenomenological context" of drug-related offenses among young IDUs as seen through their eyes (Jacobs & Wright, 1999, p. 150; see also Gibbons, 1971; Groves & Lynch, 1990; Hagan & McCarthy, 1992; Katz, 1988; Sanders, 2005; Shover, 1996).

Rather than inquiring about the exact number of times (frequencies) youth committed a drug-related offense, youth were asked about ever having done so (yes/no). Those who committed drug-related offenses responded in several ways to the questions. Some mentioned a direct relationship, such as "I've shoplifted to get heroin" or "I was drunk and smashed a window." Others discussed their drug-related offenses in broader terms, such as "I've robbed, burgled, and stolen from stores in order to get heroin, crack and cocaine" or "I've been drunk and high on crystal and been destructive and in fights." Specific "accounts" of drug-related offenses were catalogued from these responses. If, for instance, a youth said they had committed robberies and burglaries for heroin, that would constitute one account of robbery for heroin and one account of burglary for heroin. Likewise, if a youth mentioned having been in fights after drinking alcohol and smoking crystal, that would be one account of alcohol and violence, and one account of crystal use and violence.

A sample of 213 young people across the three cities were recruited and enrolled. Of the 213 youth, 36 (17%) did not admit to any drug-related offenses. Such youth expressed sentiments such as "I'm not a thief...I think stealing is wrong," "Stealing is against me," and that committing offenses in order to get drugs was "just not my thing." Several also said something along the lines of drug-related offending being "bad karma." In addition, two youths refused to answer the questions on drug-related offenses. The remaining 175 (82%) of the participants discussed at least one drug-related offense. Twenty four of these respondents, however, were excluded from analysis, as it remained unclear from the interview data exactly what drugs they committed offenses to obtain or after using. Accounts of drug-related offending were clear amongst 151 youth (71% of overall sample) who committed at least one drug-related offense, and are the source of the data reported here.

LIMITATIONS

The findings presented do not claim to be representative, as the sample is relatively small and skewed towards young, white, multiple/polydrug using, heterosexual males who reported histories of homelessness. Given their histories of homelessness, crime and drug use, this sample might be best described as "non-conformist," and drug-related offenses amongst a conventional sample of youth may be distinct. Other biases exist, such as the degree of information regarding their drug-related offenses that respondents were willing to reveal, providing socially desirable responses, and the overall veracity of their responses. Such limitations are also apparent in other investigations on illegal or illicit behaviors among high risk and other youth.

The study was specifically designed to collect epidemiological data on ketamine injection among high risk youth. The investigators, though, were also interested in supplementary aspects of the youths' lives, particularly patterns of other drug use and the extent to which other risk behaviors (e.g., violence, unsafe sex) co-occurred with drug use. The questions on drugs and offending were exploratory, not designed to test any particular theory. Moreover,

the analyses provided are based on self-report data drawn from in-depth interviews, and no efforts were made to triangulate or support youths' self-reports. While self-reports of offending and drug use have been accepted as valid and reliable indicators of such behaviors (see Nurco, Kinlock, & Hanlon, 2004; White & Gorman, 2000), such data have inherent limitations.

SAMPLE CHARACTERISTICS

The sample of 151 youth were aged 17–29 years and from diverse backgrounds, but the majority of young people were white, heterosexual, male, and currently homeless, with a median age of 23 (see Table 1). The sample may be considered high-risk for several reasons. First, most of these youth have been involved with the criminal justice system. Almost everyone in the sample had been arrested, placed in jail, and over one sixth had been to prison. Second, many youth were homeless, and almost all had been homeless at one point in their lives. Over half consider themselves homeless “travelers” who move throughout the country for various reasons (Des Jarlais, Perlis, & Settembrino, 2005; Hyde, 2005; Lankenau et al., 2008; Sanders et al., 2008a). Many of these youth also have histories of mental health care, and less than one third were legitimately employed, which further suggests their high-risk status. Another indicator of these youths' high-risk status is their extensive substance use (see Table 2). In addition to common street drugs, these youth mentioned having used a wide range of prescription drugs (Lankenau et al., 2007; Sanders, Lankenau, Jackson Bloom, & Hathazi, 2005), and some relatively uncommon hallucinogens, such as tryptamines and phenethylamines (see Sanders, 2006; Sanders et al., 2008b). More than half of the sample had received drug treatment. Moreover, all 151 of these youth were IDUs, and some had injected less commonly injected drugs, such as LSD, ecstasy, and crack.

The youth are “multiple drug users” (i.e., use of an extensive variety of drugs over their lifetime) and “polydrug users” (i.e. use of one or more substance either simultaneously or sequentially) (cf. Bennett & Holloway, 2005; Collins et al., 1985; Inciardi, Pottierger, Forney, Chitwood, & McBride, 1991 ; Lankenau & Clatts, 2005; Sanders, Lankenau, Jackson Bloom, & Hathazi, 2008b). Table 2 also indicates the youth's preferred drug, their “drug of choice.” The majority mentioned heroin, followed by alcohol, cannabis, and crystal. Thus, while all youth have injected ketamine, this drug appeared less important in their lives than other, more common drugs. Moreover, as reported elsewhere (Lankenau & Sanders, 2007; Lankenau et al, 2007), ketamine injection was often discussed by youth as sporadic and experimental, and something many of them have only done once or twice. As such, applying the term “ketamine injector” to these youth is slightly misleading.

YOUTH'S ACCOUNTS OF DRUG-RELATED OFFENDING

Overall, 151 youth discussed 602 accounts of drug-related offending: 256 accounts of offenses committed to procure drugs; and 346 accounts of offenses committed after using drugs.

OFFENCES COMMITTED IN ORDER TO PROCURE DRUGS—Table 3 illustrates 256 accounts of offenses youth committed in order to obtain drugs, broken down by drug and offence type. Overall, youth discussed: 90 (35% of 256) accounts of shoplifting; 57 (22%) accounts of drug sales, drug transportation or drug trading; 45 (18%) accounts of robbery; 32 (13%) accounts of residential and commercial burglary; 17 (7%) accounts of theft of or from motor vehicles; 10 (4%) accounts of prostitution; and 5 (2%) accounts of fraud.

Compared to other drugs, youth committed many more offenses to obtain heroin. Exactly half (50% of 256) of all accounts of offenses committed to procure drugs were related to

heroin. Moreover, youth committed the broadest range of offenses and the most serious offenses to get heroin, rather than any other drug. Shoplifting was the most common offence youth committed in order to obtain heroin, and the example below was a common story amongst the sample:

[I shoplifted] specifically to get [heroin]. I knew what I had to go into the store to steal. I went into the store, got this certain specific item, took it to the person who told me what to get, they gave me the cash for it. I walked two blocks away and bought the [heroin]. Literally.³

Cocaine and crystal, at 33 and 32 accounts respectively (each 13%), were the next most common drugs youth committed offenses to obtain. In particular, youth discussed robberies, thefts and involvement in the drug trade as offenses they committed in order to obtain these drugs. Selling cocaine, crystal, and other illicit drugs was largely discussed by the youth as a means of being able to use those drugs “for free” (cf Rhodes, Layne, Johnson, & Hozik, 2000; Rhodes, Scheiman, Pittayathikhun, Collins, & Tsarfaty, 1995; Sanders, 2005; Valdez & Sifaneck, 2004). Other types of drug transactions discussed were direct trades, where youths swapped drugs with acquaintances. As one youth said, “I’d give the kid pot and he’d give me ketamine.” Another context of “drug trade” is when individuals act as “middle men” (i.e., linking up a known buyer with a known seller), and receiving a small portion of a drug for this service. One youth elaborated on this process:

One thing I’ve done many times, not dealing, but instead, of knowing someone, so for every four bag hit [of heroin] I buy, they’ll give me five, so I grab four people...and I’ll get mine out of that.

A final context was the mass transportation of drugs. One youth discussed being a “mule,” carrying around of either heroin or cocaine from suppliers to sellers on two to three dozen separate occasions, receiving \$550–\$1200; each time. She also received free amounts of either drug, and spent the money she earned from these travels on heroin, cocaine, and other things.

Ketamine, with 28 accounts (11%), was the next most common drug youth committed offenses to obtain. The ketamine-related offenses, though, may be inflated in comparison to other substances, as youth were directly asked about selling ketamine (18 accounts) or doing something illegal to get ketamine (10 accounts). Similar focused questioning about other drugs may have revealed higher levels of drug-related offending than were offered. Nonetheless, similar to other drugs, youth talked about using money from stolen goods to purchase ketamine, or selling ketamine, which allowed them to use it for free. Whereas other youth who committed burglaries for drugs generally discussed breaking into homes, selling their stolen goods, and using that money for drugs, the ketamine-related burglaries were different.

Rather than residential burglaries, youth discussed burgling veterinarian offices with the specific aim to obtain ketamine. That these youth acquired ketamine through burgling veterinarian offices or selling ketamine is unsurprising given the fact that no reports have emerged (yet) of ketamine being made in clandestine locations. Ketamine has only been reportedly obtained by youth smuggling the drug in from another country, burgling it from veterinarian offices, or receiving it from someone who had obtained the drug in these ways (see Lankenau, 2006; Lankenau et al. 2007; Lankenau & Sanders, 2007).

³The youth technically describes a burglary. Offences where youth went into shops to steal things, though, were described by them as shoplifting and were recorded as such.

Cannabis, with 12 accounts (5%), and alcohol, with 10 accounts (4%), were the next most common drugs youth committed offenses to obtain. A few youth spent money earned from robberies and burglaries towards cannabis, though selling cannabis or trading other drugs for cannabis were the most common offenses related to obtaining this drug. Youth who sold cannabis did so solely in order to use the drug without paying for it, mentioning something along the lines of “I’ve sold pot to get pot” (see Carpenter, Glassner, Johnson, & Loughlin, 1988; Rhodes et al., 2000; Sanders, 2005). In contrast, no one mentioned selling drugs as a way to get alcohol. Shoplifting was the most common offence associated with obtaining alcohol. Though a couple of youth mentioned selling stolen goods and using some of that money for alcohol, youth primarily mentioned stealing alcohol directly from shops.

Very few accounts of offenses for drugs were mentioned by the youth to obtain crack (eight accounts [3%]), PCP (three accounts [1%]), and LSD (two accounts [1%]). Youth mentioned selling LSD to obtain LSD or selling crack to obtain crack. A couple accounts emerged of robberies and thefts for crack, and one account each of a burglary, robbery and theft in order to obtain PCP.

OFFENCES COMMITTED AFTER USING DRUGS—Table 4 indicates the 346 accounts of offending that youth said they committed after using drugs. Overall, youth discussed: 105 (30% of 346) accounts of vandalism, 78 (23%) accounts of theft, 77 (22%) accounts of fighting, 15 (4%) accounts of drug selling, drug transportation, drug trade, or theft of drug sellers, 14 accounts of trespassing (4%), 13 (4%) accounts of residential and commercial burglary, 10 (3%) accounts of robbery, six (2%) accounts of theft of or from motor vehicles, five (1%) accounts of arson, four (1%) accounts of prostitution, and four (1%) accounts of fraud.

Alcohol, with 113 accounts (33% of 346), was clearly the drug youth most associated with offenses committed while intoxicated. Youth offered more than twice the number of accounts of offending while intoxicated on alcohol than any other recorded substance. In particular, fighting and vandalism were the most common offenses committed when drunk, and youth mentioned more fights and acts of vandalism while drunk in comparison to other substances. One youth best reflected the sentiments of many of the respondents when he said, “I did a lot of stupid shit when I was drunk,” as did another youth:

I’ve broken things and gotten in fights and smashed glass...When you’re drunk, you don’t realize the consequences of things and you make mistakes and accidents.

Heroin was the next most common drug youth had used prior to committing offenses, with 54 (16%) accounts. Shoplifting was a regular offence youth committed after using heroin, and more youths mentioned shoplifting during heroin intoxication than other substances. Rather than making “mistakes and accidents,” however, youth who committed thefts after using heroin were very conscious of these offenses, knowing full-well that if they failed to procure more heroin, they would become “sick.” As one youth mentioned:

I was really high on heroin and I went and burglarized their home while they were in bed. I was high on heroin when I robbed this guy...I was high on heroin and I was trying to get money for heroin because I was getting sick.

Crystal, with 51 accounts (15%), was the next most common drug associated with offenses while intoxicated. Youth talked about committing thefts after using crystal in order to procure more crystal. None of the youth, however, mentioned doing so in order to stave off a withdrawal “sickness,” as they did with heroin. Vandalism and, in particular, fighting were related to the effects of crystal. Specifically, many youth mentioned that the “come-down” from using crystal made them feel petulant. As one youth mentioned:

When I get too high on methamphetamine, and I'm coming down, I get very irritable and I do tend to kinda get feisty.

Cannabis, with 47 accounts (14%), was the next most common substance linked with intoxicated offending. Specifically, youth talked about "doing graffiti," and in particular, "tagging" their name with spray paint somewhere after smoking cannabis. As one youth mentioned, "I used to tag a lot on weed." Shoplifting was the next most common offence youth discussed after smoking cannabis, followed by fighting. Rather than youth relating fighting to their cannabis use, as with the case with alcohol and crystal, however, youth discussed fighting after they smoked cannabis, drank alcohol and/or used other drugs sequentially. None said that smoking cannabis "caused" them to do graffiti, shoplift or fight.

Cocaine, with 36 accounts (10%), ranked high in fighting and theft, and more people either stole motor vehicles or stole from them after using cocaine than any other drug. Like crystal, youth discussed committing thefts both in order to obtain cocaine and after using cocaine, not necessarily because they felt "sick." Moreover, in only a few instances were acts of fighting and vandalism directly related to cocaine alone; most accounts included alcohol or alcohol and other drugs.

PCP, with 15 accounts (4%), and LSD, with 12 (4%), were the next most common drugs linked with offenses. Vandalism was the most common offence for both drugs. One youth, for instance, mentioned how he, "blew up a mailbox...I think we were on acid." Another discussed, "relapsing on acid...running around this small suburban town that I grew up in... [and then] tore up some newspapers." While no one mentioned fighting after using LSD, PCP intoxication was a different story. As one youth said, "The one experience I had on Angel Dust, I got violent on that too, for no reason." Another youth mentioned how PCP "makes" him violent:

Yeah, PCP makes me violent. I love it so much. I get violent when I smoke it. It's weird cause it can make you either really mellow or it can make you like out of control.

The least commonly associated substances were crack (nine accounts (3%)), mushrooms (five accounts (1%)), ecstasy (three accounts (1%)), and ketamine (one account). Crack was related mainly to either vandalism or theft, and ketamine and ecstasy were related only to these offenses. Mushrooms were related to vandalism, fighting, involvement in the drug trade, and trespassing.

In some cases, the youth's drug-related offending linked up with their drug of choice. For instance, heroin was related to 182 out of 602 accounts (30%) of drug-related offending, clearly the most common drug that the sample related to their offending. This parallels their nominated drug of choice, as 42%—the highest percentage by far—indicated that heroin was their preferred drug. After heroin, alcohol, at 16%, was the next highest drug of choice preferred by the sample and was related to 123 out of 602 accounts (20%) of drug-related offending, and also was the second highest percentage of overall drug-related offending. Likewise, 13% indicated crystal was their drug of choice, the fourth most preferred drug. Accordingly, crystal was related to 83 out of 602 accounts (14%) of drug-related offending, the third highest overall. Drugs such as LSD, PCP, crack, mushrooms, ecstasy and ketamine were nominated by relatively few youth as their drugs of choice, and, accordingly, very few youth related their offenses to these drugs.

In other cases, the respondents drug-related offending did not link up with their preferred drugs. For instance, cannabis, at 15%, was the third most preferred drug, yet was only related to 59 out of 602 accounts (10%) of drug-related offending, the majority of instances

which included the use of other drugs. In a similar vein, cocaine was nominated by 4% of the sample, yet accounted for 69 out of 602 accounts (11%) of drug-related offending.

CONTEXTUALIZING DRUG-RELATED OFFENCES

In addition to reporting offenses committed to procure drugs and offenses committed after using drugs, youth also described the context in which these offenses occurred. The variability and lack of precision in youth's responses, however, prevented accurate frequencies of these contexts within the sample to be assigned. By "context" we refer to the rationale and circumstances surrounding youth's drug-related offenses, as interpreted by them. While not mutually exclusive, three contexts emerged regarding offenses committed to obtain drugs, and four contexts emerged regarding offenses committed after using drugs.

CONTEXTUALIZING OFFENCES COMMITTED TO OBTAIN DRUGS

Figure 1 indicates the three general contexts that emerged regarding respondents' interpretations of the offenses they committed in order to obtain drugs. In one context, young people discussed committing money-generating offenses in order to support their overall "livelihood," of which the use of heroin played a prominent role (Bennett & Holloway, 2005; Carpenter et al., 1988; Collins et al., 1985; da Agra, 2002; Leri, Bruneau, & Stewart, 2003; Walters, 1998). Youth who continually sold drugs on a large scale, regularly prostituted themselves "on the street," and/or systematically stole from shops, people and houses, did so not only to purchase heroin, but to support themselves overall. In such cases, heroin was one of many things money from offending went to purchase. The respondents' use of heroin and involvement in criminal activities were closely intertwined with their overall lifestyles. For these young people, "[heroin] use and income crime might be seen as reinforcing each other" (Collins et al., 1985, p. 747), where determining the extent one behavior "caused" the other is difficult.

In the "sporadic" context, youth discussed committing offenses in order to obtain heroin, cocaine, crystal, alcohol and cannabis. The offenses were, in the main, robbery, burglary, or theft, but also certain forms of drug selling and fraud. For this context, youths mentioned their clear intentions to commit these types of offenses and then immediately either trade stolen goods for drugs, sell the goods for cash and then use this cash for drugs, steal drugs, trade drugs amongst friends, or occasionally sell drugs to friends and strangers so as to be able to use the drugs "for free." Youth mentioned committing these offenses in their past and from time to time—not, however, on a regular (e.g., daily, weekly) basis. A few also discussed prostitution as a way to earn money to buy drugs. Contrary to the street-walking prostitutes in the "livelihood" context, however, these youths discussed having a couple of regular "clients," whereby money earned from these clients went directly to drugs, mainly heroin. For these youth, offending appears to support their drug use, not their overall lifestyles.

Another context is "circumstantial." In this context, youth discussed committing offenses in order to obtain drugs on occasion, at times when the right circumstances permitted. The offenses include drug trading and drug theft, robbery, shoplifting, burglary, and theft of and from motor vehicles. The drugs included heroin, cocaine, crystal, ketamine, alcohol, cannabis, LSD and PCP. Whereas the previous two contexts suggest that money from offending is spent on drugs, in this context the offence itself procures the drug, and includes instances when youth steal alcohol from shops, trade mushrooms for cannabis, steal PCP from a drug seller, or burgle a veterinarian office for ketamine. Moreover, the previous two contexts suggest that offending is ongoing. For the circumstantial context, offending for drugs may be isolated events.

CONTEXTUALIZING OFFENCES COMMITTED AFTER USING DRUGS

Figure 2 indicates the four general contexts that emerged regarding respondents' interpretations of the offenses they committed after using drugs. One context was revealed among a few youth who expressed how their intoxication helped ease their offending (see Hoaken & Stewart, 2003; Inciardi, Horowitz, & Pottier, 1993; Zhang, Weite, & Wiczorek, 2002). This "facilitate" context of offending was only related to alcohol. For instance, one youth said, "I just have to get really drunk to shoplift." Another mentioned, "[Shoplifting] seems easier when you have a little bit of like alcohol in ya, ya know?" In such cases, youth are aware of their offending.

In a "co-occurring" context, youth mentioned being at some level of intoxication most of the time, whereby all of their behaviors, not just their offending, would have occurred after using one or several substances (see Carpenter et al., 1988; Sanders, 2005). For instance, many youth discussed smoking cannabis everyday, and some of them also discussed doing graffiti—either "tagging" their name or "graffiti art" after smoking cannabis. In such cases, the drug (cannabis) did not lead the youth to commit an offense (graffiti), but rather smoking cannabis and doing graffiti are interpreted as pleasurable events, both independently and together. Likewise, one youth discussed shoplifting after smoking cannabis, but also how, "It doesn't matter. I shoplift all the time anyway." In a similar vein, youth involved in some level of the drug trade often mentioned being "high" on drugs during drug transactions. The effects of the drugs did not lead these youth to sell, swap or transport them. Rather, these youth were user/sellers, and most of their behaviors, not just their illegal ones, were conducted during some stage of intoxication. In these instances, two co-occurring behaviors (drug use, offending) appear to have little to do with one another in terms of causation. In this context, youth are conscious of their offending.

In a third context—"withdrawal"—youth mentioned the habitual use of heroin, and how they supported themselves through consistent involvement in drug sales, prostitution or systematic theft. These youth committed these offenses after using heroin, and expressed how their fear of dope sickness—the withdrawal or comedown associated with heroin use—served as an impetus for their continued involvement in such offenses (cf. Carnwright & Smith, 2002; Collins et al., 1985; Johnson et al., 1985). Youth discussed committing offenses to obtain more heroin in order to avoid becoming "sick." While youth were in some stages of their heroin high when they committed these offenses, they expressed being aware of what they were doing and why.

A final context is "psychopharmacological" (Goldstein, 1985; see also Hoaken & Stewart, 2003; Pennell et al., 1999; Zhang et al., 2002). In such cases, youth expressed something along the lines of: "I was very intoxicated, and I did some things that I probably wouldn't have done if I was sober." As one youth mentioned, "I've gotten drunk and started fights and I just didn't know what was going on." This context was largely related to alcohol or alcohol in combination with other drugs, but also PCP, LSD, crystal, psilocybin, cocaine, and crack. The offenses associated with this context were vandalism, fighting, trespassing, shoplifting, and arson. As these young people rationalized, such offenses were highly influenced by their intoxicated status and probably would not have occurred had the youth been sober. A few youth talked about going on "shoplifting sprees" after using crystal, and related this behavior directly to the drug's effects. As one young person said:

Speed makes me scandalous. Shoplifting and stuff like that. One day we just planned this whole day to go shoplifting in different stores. It was really weird. I was gone. I was like this brain dead zombie going, "Let's shoplift."

Likewise, youth discussed feeling irritable after prolonged crystal use, and how these feelings were associated with fighting. Unlike the other contexts, these youth may not be aware of their offence due to their intoxication.

DISCUSSION

In terms of offenses committed in order to procure drugs, the sample of primarily white, male, homeless IDUs aged 16–29 years who are also multiple drug/polydrug users, largely committed robberies, burglaries, thefts and/or were involved in the illicit drug trade to obtain heroin, cocaine and/or crystal. In contrast, a limited number in the sample discussed committing offenses to obtain crack, despite the strong connection between this drug and offending (e.g., Inciardi & Pottier, 2004; Maher et al., 2002). Also, youth committed relatively few offenses to obtain cannabis, LSD, PCP, or alcohol. In terms of offenses committed while intoxicated, though, alcohol was the most common drug mentioned. Youth expressed that they committed offenses, primarily fighting, vandalism, and theft, that they mostly likely would not have done if sober. Likewise, youth discussed being “high” on LSD, PCP, cocaine, or crystal when vandalizing, and how these drugs played a role in this offence. The “come-down” associated with crystal was also interpreted as contributing to the instigation of some fights. Also, violence has long been associated with PCP (Brecher, Wang, Wong, & Morgan, 1988; Hoaken & Stewart, 2003; Siegel, 1978; Wish, 1986), but while over half the sample reported lifetime use of PCP, only five accounts emerged of PCP-related violence. As such, the data offer limited support for the notion that PCP “causes” youth to become violent.

The seven-tiered typology of drug-related offending links specific drugs with certain offenses under particular circumstances. Each tier of the typology is not mutually exclusive, and overlaps exist. This model may be especially useful for understanding drug-related offending among young, white, male IDUs with histories of homelessness whose principal drugs of choice are heroin, crystal, alcohol, and cannabis. While the seven-tiered typology is based partially on previous models of drug-related offending (e.g. Brain et al., 1998; Collins et al., 1985; Goldstein, 1985), it advances them in several important ways. For one, it examines drug-related offenses beyond violence. Violent offenses, such as robbery and fighting, together were 22% of all accounts of all drug-related offending. In comparison, non-violent drug-related offenses were far more frequent among the sample. Thus, the character of drug-related offenses among the sample may be described as largely non-violent. Second, the typology examines a wide range of drugs in relation to offending. Crack and heroin dominate drugs/crime typologies. Our typology indicates that heroin played a significant role in drug-related offending among the sample, with close to one-third (30%) of all such offenses being related to heroin. Crack, on the other hand, did not. Our typology also highlights the role of alcohol in drug-related offending. Approximately one-fifth (20%) of all accounts of drug-related offending among the sample involved alcohol, suggesting that one of the most commonly used drugs that was related to their offending is the one most widely available and legal to purchase. Third, the typology is based on the youths own interpretations of their drug-related offending, not the interpretations of the investigators. Self-report data have limitations, but one potential benefit that emerged in our analysis was that it produced more nuanced accounts of drug-related offending. This translated into the contextualization of drug-related offending in seven distinct ways. Fourth, our typology is based on data drawn largely from white youth, a population understudied in the intersection of crime, drug use and high-risk youth. Other drug/crime typologies are mainly based on minority youth, particularly African Americans. Finally, our typology is based on data collected across the U.S. Not only were data collected specifically in three major US cities, but close to two-thirds (62.9%) of the youth were homeless “travelers” who originated from

and traveled throughout various cities. Our typology is thus based on cross-national data, as opposed to data drawn from a single site.

The interpretive approach utilized here also highlights important points regarding the co-existence of drugs and offending among homeless youth. For one, 17% of the original sample (or 36 youth) mentioned no drug-related offending. Thus, suggesting that criminal activity in relation to drug use among homeless youth is directly associated to their social and economic marginalization is simplistic, and ignores the agency of the youth, as well as their differential participation in both offending and drug use. Such assumptions also further criminalize an already vulnerable population, and homeless youth may resort to many non-criminal activities in order to purchase drugs (e.g., day labor, recycling). The interpretive account employed here also avoids some gross inaccuracies within the literature regarding the co-existence of drug-related offending. For instance, data on the drugs-crime relationships derived from national survey data or empirical studies on offending among drug users or drug use among offenders often reveal limited data on the extent to which drug use and offending are associated, and simply suggest such behaviors co-exist. This may have contributed to some erroneous conclusions with our data. For instance, everyone in the sample had injected ketamine and almost everyone had been arrested, yet only a fraction (<5%) of drug-related offending offered by the sample concerned ketamine. A similar story was revealed with psilocybin, LSD, ecstasy, PCP, and crack. Alcohol was the second most common drug of choice and cannabis was the third, and drug-related offending was relatively high in relation to alcohol, but low in relation to cannabis. Thus, amongst our sample of primarily white, male, homeless IDUs who are multiple drug/polydrug users with arrest histories, offending was only related to some drugs and had little to do with others.

An important point to highlight for the purposes of intervention strategies is that youth in this study are at the more extreme end of the homeless continuum;- these youth have considerable histories of involvement in the criminal justice, drug treatment, and mental health systems. Moreover, the subjects are, in the main, adults, and are unable to receive many services offered to homeless juveniles, thereby leaving them to solve such problems on their own. Regarding interventions with homeless youth, one belief is to, “go for the hardest-core you can find,” or to target extreme cases of homelessness. Our sample of homeless youth may be considered “the hardest-core,” in part due to their high rates of co-existence of drug use and offending. Such youth have a high likelihood of being institutionalized, whether in a criminal justice, drug treatment, or mental health facility. Given these histories, perhaps a more effective intervention for such youth would involve greater use of community-based aftercare programs upon leaving such institutions.

Biographies

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FIGURE 2.
Offending on drugs

TABLE 1**Demographic Characteristics (*N* = 151)**

Median Age	23
Male	72.2%
Female	27.8%
Race and Ethnicity	
White/Caucasian	74.8%
Black/African American	0%
Hispanic/Latino	7.3%
Asian or Pacific Islander	0.7%
Native American	0.7%
Multiracial Background	16.6%
Sexual Identity	
Heterosexual	79.5%
Gay/Lesbian	1.3%
Bisexual	17.9%
Other/Undecided	2.7%
High School Graduate or GED	60.2%
Employed Full- or Part -Time	27.8%
Ever Homeless	99.3%
Currently Homeless	77.5%
Homeless Traveler	62.9%
History of Drug Treatment	58.9%
History of Mental Health Care	70.2%
Ever Arrested	95.4%
Ever in Jail	88.7%
Ever in Prison	16.6%
Tested for HIV	93.4%
HIV Positive *	-
Tested for HCV	87.4%
HCV Positive *	24.5%

* Self reported

TABLE 2Substance Use Characteristics (*N* = 151)

	Ever Used	Ever Injected	Drug of Choice **
Alcohol	98.7%	-	15.9%
Cannabis	98.7%	-	14.6%
Inhalants	90.2%	-	-
LSD	93.4%	17.2%	6.0%
Cocaine	96.0%	74.2%	4.0%
Mushrooms	94.4%	6.0%	2.6%
Heroin	88.7%	83.4%	42.4%
Crystal	91.7%	69.5%	13.2%
Ecstasy	83.4%	20.5%	1.3%
PCP	58.3%	4.6%	0.7%
Other Drugs*	63.6%	4.6%	2.0%
Ketamine	100.0%	100.0%	4.0%
Crack	85.4%	41.1%	2.0%
Speedball	72.9%	64.9%	6.0%
GHB	36.4%	1.3%	-
Prescription Opiates†	95.4%	-	0.7%
Prescription Tranquilizers‡	92.1%	-	0.7%
Prescription Stimulants§	56.3%	-	-

** Percents are greater than 100 due to more than one nominated drug of choice.

TABLE 3
Accounts of Offences Committed to Obtain Drugs by Drug and Offence Types (*N*=256)

	Heroin	Cocaine	Crystal	Ketamine	Cannabis	Alcohol	Crack	PCP	LSD	n/%
Shop	47	10	13	5	2	7	5	1	0	90/35
Drug	13	9	5	18	9	0	1	0	2	57/22
Rob	27	7	6	0	0	2	2	1	0	45/18
Burg	18	3	3	5	1	1	0	1	0	32/13
TMV	11	3	3	0	0	0	0	0	0	17/7
Prost	8	0	2	0	0	0	0	0	0	10/4
Fraud	4	1	0	0	0	0	0	0	0	5/2
<i>n</i> /%	128/50	33/13	32/13	28/11	12/5	10/4	8/3	3/1	2/1	

Note. "Shop" is shoplifting. "Drug" is drug sales, transportation or trade. "Rob" is robbery. "Burg" is burglary. "TMV" is theft from motor vehicles. "Prost" is prostitution.

TABLE 4
Accounts of Offences Committed After Using Drugs by Drug and Offence Types (N=346)

	Alcohol	Her	Crys	Cann	Coke	PCP	LSD	Cr	M	E	K	n/%
Van	47	4	12	19	5	6	5	3	2	2	0	105/30
Shop	20	26	10	12	10	3	2	3	0	1	1	88/25
Fight	36	8	13	6	8	5	0	1	1	0	0	78/23
Drug	0	4	4	2	3	0	1	1	1	0	0	16/5
Tres	3	1	1	4	1	1	2	0	1	0	0	14/4
Burg	4	2	4	1	1	0	1	0	0	0	0	13/4
Rob	2	3	3	1	2	0	0	0	0	0	0	11/3
TMV	0	1	2	0	4	0	0	0	0	0	0	7/2
Arson	1	1	0	1	1	0	1	0	0	0	0	5/1
Prost	0	4	1	0	0	0	0	0	0	0	0	5/1
Fraud	0	0	1	1	1	0	0	1	0	0	0	4/1
n/%	113/33	54/16	51/15	47/14	36/10	15/4	12/4	9/3	5/1	3/1	1/*	

Note. "Her" is heroin. "Crys" is crystal methamphetamine. "Cann" is cannabis. "Coke" is cocaine. "Cr" is crack. "M" is mushrooms. "E" is ecstasy. "K" is ketamine. "Van" is vandalism. "Shop" is shoplifting. "Fight" is fighting. "Drug" is drug sales, transportation or trade. "Tres" is trespassing. "Burg" is burglary. "Rob" is robbery. "TMV" is theft from motor vehicles. "Prost" is prostitution.