DRUG RELATED CRIME ANALYSIS - HOMICIDE

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ABSTRACT

This research was designed to study the drug relatedness of all homicides committed in New York State in 1984. The need for better data and data collection systems to elaborate on the drugs/violence nexus was the main impetus for the project. The data analysis is structured by both a tripartite explanatory framework and a tripartite reporting framework. The explanatory framework suggests that drugs and violence may be related psychopharmacologically (as a result of short or long term ingestion of specific substances, some individuals may become excitable, irrational, and act out in a violent fashion); economic compulsively (some drug users engage in economic oriented violent crime in order to support costly drug use); and systemically (which refers to the traditionally aggressive patterns of interaction within the system of drug distribution and use). The reporting framework suggests that there are three types of knowledge available to police officers that enable them to make a determination as to whether a particular homicide is drug related: evidence of drug consumption by victim or perpetrator; drugs or drug paraphernalia found at the crime scene; and known drug involvements. Congruences between these two frameworks are noted and discussed. About one-quarter of the New York City homicides and two-fifths of the homicides in the rest of the state were classified as drug related; the difference reflects primarily the exclusion of alcohol as a drug from the New York City data base. A major finding is that in 1984, police departments in New York State did not maintain records concerning the drug relatedness of homicides.

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CHAPTER I

PROBLEM STATEMENT

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

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

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

documenting attendant phenomena, such as violence. Specialists in violence who received their training prior to a general recognition of the impact of drugs on violence may continue to ignore drug use and trafficking as relevant variables in their studies.

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

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

Anti-drug crusaders such as Harry Anslinger, U.S. Commissioner of Narcotics for more than 30 years, went far to one extreme in portraying drug

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

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

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

6. Last, and certainly not least, is the fact that important national level data on the drugs/violence nexus are just not being collected. Researchers trained in the most sophisticated techniques of data analysis can hardly make a contribution if the necessary data do not exist. Official

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

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

UCR reporting schedules to which local law enforcement agencies must adhere frequently result in data being submitted to UCR before investigative work has been completed. Hence, large numbers of unknowns often appear in relevant categories. The New York City Police Department (NYPD) has addressed this issue by holding an annual debriefing of detective squad commanders about all homicides that occurred in their precincts during the preceding year. The new data gathered during these debriefings have never been included in UCR because no structure exists for their transmission. This had led to such curious statistical phenomena as New York City reporting more drug-related homicides for a given year than UCR reports for the nation as a whole, including New York City.

A comparison of homicide statistics reported by the NYPD and UCR

statistics (as reported by the New York State Division of Criminal Justice Services [DCJS]) demonstrates this problem. For the year 1981, both reports agree that there were 1,832 homicides in New York City, but they show different levels of drug-relatedness. The NYPD report indicated that 21.5 percent of all homicides were drug-related, the DCJS report showed no drug-related homicides (see Table 1.1, below).

TABLE 1.1

CIRCUMSTANCES OF HOMICIDE CASES
New York City, 1981

CIRCUMSTANCE	NYPD* (N=1832)	DCJS** (N=891)***
Robbery	17.0%	33.4%
Sex Crime	1.7	1.0
Arson	--	--
Burglary	1.6	52.5
Altercation	--	--
Dispute	37.6	--
Drug-Related	21.5	--
Other Felonies	--	--
Other Crime-Act	5.5	5.6
Other	5.5	5.5
Unknown	9.6	--

*New York City Police Department, Crime Analysis Unit, Homicide Analysis, 1981, 1983, Table 8, Page 19.
**Division of Criminal Justice Services, Homicide in New York State: 1981, 1983, Table 3, Page 8.
***Note that the 891 cases for which circumstances are reported represent only 48.6 percent of reported New York City homicides for the year; 51.4 percent are unknown or missing.

The discrepancy in the proportion of drug-related homicides reported reflects the coding categories used, the definitions for the coding categories, and the policies of the agency for which the coders worked. The percentages reported are also a function of the time the data were collected. The data for the DCJS report were collected closer to the time of the event

than were the data for the NYPD report. (This may explain why the NYPD report shows only 9.6 percent of cases to be missing data for this variable, while the DCJS report shows 51.4 percent of cases to be missing data for this variable.) The NYPD uses its debriefing process, sometimes held two years after a homicide has occurred, to collect this data; DCJS uses its Supplementary Homicide Report (SHR), a part of the UCR submission that is supposed to be completed within thirty days of the homicide event, for this report. Clearly, more needs to be known about how the characteristics of homicides, particularly drug relatedness, are reported and how they should be reported to yield the best information.

The major alternative criminological data source to the UCR is the National Crime Survey (NCS). This annual report issued by the Bureau of Justice Statistics (BJS) is based on data obtained from a stratified multistage cluster sample. The basic sampling unit is the household. Respondents within households are asked for all instances of victimization in the past year. Projections are then made to the nation as a whole (e.g., BJS, 1982).

As was the case with UCR, the NCS is not useful for elaborating on the drugs/violence nexus. Street drug users frequently are not part of a household, i.e., they may sleep in abandoned buildings, in subways, on park benches. Thus, a population that is posited to be at especially high risk for drug related violence is likely to be under-represented in this data. Another problem with NCS is that victims may not know the motivation of offenders for committing acts of violence, or be able to judge accurately the pharmacological state of offenders. Finally, because the NCS is a victim

survey, it is obviously unsuitable for a study of homicide.

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

Medical examiner data have limited utility for elaborating on the drugs/violence nexus. Such data only provide information on the status of homicide victims. Evidence of the drug relatedness of homicides frequently is not contained in the victim; for example, when only the perpetrator had ingested drugs. Finally, a NIDA funded study claimed that there were "structural barriers" associated with trying to use medical examiner statistics to depict the relationship between drugs and homicide (Gottschalk et al, 1979).

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

In the study of drug-related violence, one must rely chiefly on local studies for data, since the problem is not specified in the major national data bases. Most local studies support the contention that there is a strong relationship between drugs and violence. Zahn and Bencivengo (1974) reported

that in Philadelphia, in 1972, homicide was the leading cause of death among drug users, higher even than deaths due to adverse effects of drugs, and accounted for approximately 31 percent of the homicides in Philadelphia. Monforte and Spitz (1975), after studying autopsy and police reports in Michigan, suggested that drug use and distribution may be more strongly related to homicide than to property crime. Preble (1980) conducted an ethnographic study of heroin addicts in East Harlem between 1965 and 1967. About fifteen years later, in 1979 and 1980, he followed up the seventy-eight participants and obtained detailed information about what happened to them. He found that 28 had died. Eleven, 40 percent of the deaths, were victims of homicide. Stephens and Ellis (1975) argued that criminal patterns of heroin users were shifting in the direction of greater amounts of violence. McBride (1981) found the same increasing trend of violent behavior among Miami narcotic users. Ball et al (1983), studying heroin addicts in Baltimore, found the number of days containing violent crime perpetrations to be 18 times higher during initial addiction periods as compared to initial days off opiates. Felson and Steadman (1983) studied 159 homicide and assault incidents leading to incarceration in New York State. Homicide victims were significantly more likely than assault victims to have used alcohol or drugs.

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

Even though the relationship between drugs and violence has been so consistently documented in both the popular press and in scientific research, it is only recently that attempts have been made to assess this problem on a national level. One such effort estimated that 10 percent of the homicides and assaults nationwide are the result of drug use. However, the authors include the caveat that their estimate should be viewed as a conservative approximation "in the face of inadequate empirical data to support an estimate derived in a systematic fashion" (Harwood et al, 1984: 22). Another recent report estimated that in the United States, in 1980, over 2,000 homicides were drug related and, assuming an average life span of 65 years, resulted in the loss of about 70,000 years of life. This report further estimated that in 1980 over 460,000 assaults were drug related, and that in about 140,000 of these assaults the victims sustained physical injury leading to about 50,000 days of hospitalization (Goldstein and Hunt, 1984). Gropper, summing up research funded to date by the National Institute of Justice, stated the following:

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

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

lacking.

The DRCA-H project is "driven" by the need to create and test concepts that will illuminate more adequately the drugs/violence nexus in general, and the drugs/homicide nexus in particular. Progress in conceptualization will enable us to better focus on the relevant issues and, as a result, design more useful data collection and monitoring systems. Homicide was chosen as the initial focus for empirical inquiry for two reasons. It occurs relatively rarely in the universe of violent crime and, hence, there is a manageable number of cases for study. Also, homicides have a relatively high clearance rate, indicating that it is an offense about which police are likely to have the most complete information.

The DRCA-H project was a cooperative effort between the New York State Division of Criminal Justice Services (DCJS), New York State Division of Substance Abuse Services (DSAS), and Narcotic and Drug Research, Inc. (NDRI). The research was designed to study the drug relatedness of all homicides committed in New York State in 1984. As such, it involved the participation of every police department in New York State, including the State Police, that reported at least one homicide in 1984. Data analysis is structured by both a tripartite explanatory framework and a tripartite reporting framework.

CHAPTER II

TRIPARTITE EXPLANATORY FRAMEWORK

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

Psychopharmacological Violence

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

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

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

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

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

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

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

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

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

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

Psychopharmacological violence may involve drug use by either offender or victim. In other words, drug use may contribute to a person behaving violently, or it may alter a person's behavior in such a manner as to bring about that person's violent victimization. Previous research indicates relatively high frequencies of alcohol consumption in rape (Amir, 1971; Rada,

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

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

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

In a similar fashion, users may be motivated to ingest the substance because of its reputation. They may wish to engage in a violent act, feel deterred by scruples, and ingest the substance in order to be freed from personal responsibility for the act. This entitles them to claim that "the drug drove me to do it!" This process may also surface as a legal stratagem.

Clever lawyers may capitalize on a drug's reputation for provoking aggressiveness by claiming that their client is not responsible for criminal actions because of antecedent drug use.

Economic Compulsive Violence

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

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

While research does indicate that most of the economic crimes committed by most of the drug users are of the nonviolent variety, e.g., shoplifting, prostitution, drug selling, there are little data that indicate what

proportion of violent economic crimes are committed for drug related reasons. No national criminal justice data bases contain systematically and routinely collected information on the drug-related motivations or drug use patterns of offenders as they relate to specific crimes.

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

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

Voss and Stephens (1973) studied a sample of 990 patients committed to the Federal drug treatment facility in Lexington, Kentucky. They found that only 2 percent reported committing armed robbery prior to beginning drug use. However, 18 percent reported committing armed robberies after having begun using drugs.

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

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

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

Johnson et al (1985) studied the economic behavior of 201 active street opiate users in Harlem. Subjects provided at least 33 consecutive days of data in a storefront ethnographic field station. A total of 183 robberies were reported. During the study period, 72 percent of the respondents committed no robberies; 23 percent committed robberies on an occasional and irregular basis. Ten subjects, 5 percent of the sample, were classified as

high rate robbers. They committed 45 percent of all reported robberies, averaging one robbery every 6.6 days. High-rate robbers were most likely to use heroin, and to use a larger amount per day, than low-rate robbers or non-robbers.

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

Victims of economic compulsive violence, like those of psychopharmacological violence, can be anybody. Previous research (Goldstein and Johnson, 1983; Johnson et al, 1985) indicates that the most common victims of this form of drug related violence are people residing in the same neighborhoods as the offender. Frequently the victims are engaged in illicit activities themselves. Other drug users, strangers coming into the neighborhood to buy drugs, numbers runners, and prostitutes are common targets of economic compulsive violence.

Systemic Violence

In the systemic model, violence is intrinsic to involvement with any

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

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

> In terms of research directions this historical review would suggest that closer attention be paid to the connection between markets for illegal goods and the overall rate of homicide violence. It seems possible, if not likely, that establishing and maintaining a market for illegal goods (booze in the 1920's and early 1930's; heroin and cocaine in the late 1960's and early 1970's) may involve controlling and/or reducing the competition, solving disputes between alternate suppliers or eliminating dissatisfied customers. ... The use of guns in illegal markets may also be triggered by the constant fear of being caught either by a rival or by the police. Such fear may increase the perceived need for protection, i.e., a gun, thus may increase the arming of these populations and a resulting increased likelihood of use. For the overall society this may mean a higher homicide rate (Zahn 1980: 128).

Zahn's analysis is contradicted by that of Klebba. Klebba (1981) argues that while gang wars for control of the illicit liquor market accounts for some of

the rise in homicide rates, that white men, who were most frequently involved in the gang wars, continued to have a much lower rate than men of other races. Further research is needed to clarify this issue.

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

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

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

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

Within the system of distribution, it is possible to differentiate between macrosystem violence and microsystem violence. A good example of

macrosystem violence was reported in a recent Wall Street Journal article on the cocaine business. Discussing Florida's "cocaine wars," the article states that "... the U.S. demand for cocaine and the Miami-area drug-related homicide rate grew at about the same frenzied pace, with Miami's drug murders peaking in 1981 at 101."

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

An example of microsystem distributional violence is provided by a subject from the DRIVE study (NOTE: an ethnographic study of drugs/violence relationships funded by the National Institute on Drug Abuse that operated concurrently with DRCA-H).

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

Microsystem violent events occur within the system of drug use as well as that of drug distribution. The system of drug use refers to the norms and values that have emerged to structure interactions around drugs and drug paraphernalia. Violence associated with disputes over drugs have long been endemic in the drug world. Friends come to blows because one refuses to give

the other a "taste." A husband assaults his wife because she raided his "stash."

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

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

When a street dealer fails to return sufficient money, his superior has several options. If only a small amount of money is involved, and the street dealer has few prior transgressions and a convincing justification for the current shortage, his superior is likely to give him another consignment and allow him to make up the shortage from his share of the new consignment. Other options include firing the street dealer, having him beaten up, or having him killed.

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

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

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

A number of important issues pertaining to systemic violence remain unresolved. There is no doubt that participation in the drug business increases the probability for participation in violent events, both as victim and perpetrator. What is not so clear is the extent to which the drug business itself makes people violent or whether violence-prone individuals may

self-select themselves for violent roles in the drug business. Adler suggest the latter point of view based upon ethnographic research among traffickers in California.

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

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

Victims of systemic violence are very difficult to identify in official records because they frequently lie to the police about the circumstances of their victimization. Few, if any, victims of systemic violence, who are forced to give an account of the victimization to the police, will admit that

he or she had been assaulted because of owing a drug supplier money or selling somebody phony or adulterated drugs. Such victims usually just claim to have been robbed.

CHAPTER III

TRIPARTITE EXPLANATORY FRAMEWORK

The tripartite explanatory framework discussed in Chapter II provides a conceptual basis for assessing drug-related motivations underlying homicide perpetrations. However, in the course of doing DRCA-H research it became apparent that another tripartite framework could be fruitfully employed. This second, and conceptually distinct, framework was dubbed the "tripartite reporting framework."

The tripartite reporting framework refers to the sources and types of knowledge that are available to police officers and/or agencies that enable them to make a determination as to whether a particular homicide was drug related. The three dimensions of the tripartite reporting framework are: evidence of drug consumption by victim and/or perpetrator; drugs or drug paraphernalia found at the scene; and known drug relatedness based upon "historical" police knowledge. Each of these dimensions are elaborated upon below.

Evidence of Drug Consumption

Evidence of drug consumption can take several forms. It can refer to toxicology reports produced by a Medical Examiner after examination of the homicide victim. It can refer to various tests performed on a homicide perpetrator. These tests include urinalysis, hair analysis, blood levels. All of these sources of knowledge are "scientific," quantifiable (to a greater or lesser extent), and able to specify the presence of particular drugs.

Another source of evidence of drug consumption on the part of victims or perpetrators refers to human observation, or "eyeball" evidence. Such observations may be made by police officers or witnesses. Human observation lacks important elements of reliability and validity that are manifested in the scientific sources listed above. For example, different observers may disagree as to whether an individual appears "high." Even when there is agreement that a person was clearly under the influence of something, there may be no way of knowing exactly what substance was actually involved. In some cases, a witness may have observed a victim or perpetrator ingesting, for example, cocaine prior to a homicide. However, because a substantial proportion of the cocaine currently being sold on the streets is really something else, e.g., amphetamines, the witness account may be inaccurate as to the type of drug that was consumed.

It is important to note that evidence of drug consumption by victim or perpetrator does not necessarily indicate that a homicide was drug related in a motivational sense. For example, a man who had recently smoked marijuana, or injected heroin, may be killed by a jealous husband. The marijuana or heroin ingestion was totally unrelated to the slaying. Yet the evidence of consumption, a toxicology report for example, may exist. In such a case it is valid to say that there was evidence of drug consumption by the homicide victim. It would require an extremely elastic definition of drug relatedness to say that the homicide itself was "drug related."

Drugs or Drug Paraphernalia found at the Scene

This dimension of the tripartite reporting system is self explanatory. Drugs or drug paraphernalia, such as needles or syringes, may be found at the

scene of a homicide by police officers. In such cases the substance(s) may be analyzed and its exact nature known.

Police may use the presence of drugs or drug paraphernalia to make an assessment of drug relatedness. As was the case with evidence of consumption, the presence of contraband does not necessarily indicate drug relatedness in a motivational sense. The same jealous husband may have killed the same philanderer referred to above, but this time in the midst of piles of bags of marijuana or heroin. Again it is accurate to say that drugs were present at the scene of the homicide, but invalid to attribute causality to their presence.

Known Drug Involvement

Known drug involvement refers to information held by the police prior to the homicide, or to information gathered during the course of investigation. This information concerns the situational context in which the homicide occurred and, unlike the two categories discussed above, usually provides some explanation as to the motives of homicide event participants. Such information could refer to a variety of factors. Some examples follow below.

1) Victim and perpetrator were members of rival gangs of drug traffickers currently engaged in hostilities;

2) The homicide occurred in a known drug location, such as a shooting gallery;

3) The victim or perpetrator was a known drug dealer;

4) Victim and perpetrator were known to be engaged in drug transactions with one another;

5) The victim had been providing information to the police about drug trafficking activities.

On the basis of the above sorts of information police might reasonably infer that a homicide was drug related.

Discussion

There are some natural congruences between the tripartite explanatory framework and the tripartite reporting framework. For example, evidence of drug consumption is most likely to provide information relating to psychopharmacological motivations. Known drug involvements are most likely to provide information referring to systemic motivations. However, the presence of drugs or drug paraphernalia at the scene of the homicide may be indicative of psychopharmacological or systemic motivations.

The different "means of knowing" that are represented in the tripartite reporting framework may have important implications for our perceptions of the drugs/violence or drugs/homicide nexus as represented by the tripartite explanatory framework. For example, to the extent that reporting agents rely only on evidence of drug consumption in order to make determinations of drug relatedness, they are likely to overstate the role of psychopharmacological violence. This is because psychopharmacological acting out assumes the prior

ingestion of a substance. This ingestion can be routinely documented through the use of various tests mentioned above, e.g., urinalysis.

However, the other forms of drug related violence, economic compulsive and systemic, do not assume the prior ingestion of a substance. An offender commits an act of economic compulsive violence precisely because he/she is trying to obtain the money to purchase drugs. Instances of systemic violence, for example one drug trafficker murdering another, may occur between victims and perpetrators who are both nonusers.

The legitimacy of the above argument is strongly supported by recent research on the drugs/homicide nexus that was conducted in Dade County, Florida (McBride et al, 1986). In this research, homicide was defined as drug related "if drug paraphernalia were found at the scene, the victim was a known drug importer or distributor, or if there was evidence that the homicide occurred as a part of a drug deal or as a result of conflict over importation or distribution." (p. 501) Evidence of drug consumption was not part of the authors' definition of drug relatedness.

Even without including any tests for drug consumption, of the 1,850 homicides reported between 1978-1982, 440 or 23.8 per cent, were classified as drug related according to the above criteria. Analysis of the drug and alcohol content of the victims' bodies revealed that about 73 percent of the drug related homicide victims, and about 89 per cent of the other homicide victims, had no drugs in their bodies at the time of the Medical Examiner's autopsy. Further, the drug related homicide victims were more likely not to have any

alcohol in their bodies, about 63 per cent, than other homicide victims, about 58 percent (p. 505).

Several important findings are apparent in the above research. While no findings are reported pertaining to drug consumption by perpetrators, it appears that a substantial number of drug related homicides would have evaded classification if evidence of drug consumption had been the only criteria employed. Also, about 11 percent of the nondrug related homicide victims had drugs in their bodies at the time of death. It is possible that some of these homicides may have had drug related motivations even though they failed to meet the classification criteria employed by the authors. However, it is also possible that these homicides were, in fact, nondrug related in a motivational sense and use of the evidence of drug consumption standard would have resulted in the homicides being erroneously classified as drug related.

The different means of knowing are also likely to influence our perceptions of which substances are most contributory to homicide violence. For example, one might reasonably hypothesize that alcohol is most likely to be related to psychopharmacological events, heroin and cocaine to economic compulsive and systemic events. To the extent to which we rely on evidence of drug consumption as the principal means of identifying drug related homicides, we are likely to not only overstate the psychopharmacological dimension but also to overstate the role of the substance that is the principal contributor to that dimension, that is, alcohol. Such a situation leads to a concomitant understating of the role of substances that are major contributors to other dimensions, that is, heroin and cocaine.

The importance of the tripartite reporting framework thus is doubly clear. It is important for us to know the basis upon which police agencies may make claims as to the drug relatedness of violent events in order to design the most effective monitoring systems. It is also important for us to realize that the method of knowing is likely to predict the substance of what is known.

CHAPTER 4

THE QUALITY AND AVAILABILITY OF HOMICIDE DATA IN POLICE RECORDS

According to the Uniform Crime Report statistics, there were 1,777 homicides (murder or non-negligent manslaughter) committed in New York State in 1984. The DRCA-H data base includes 1,768 homicides (99.5%); 1,459 are from New York City and 309 are from elsewhere in the State. (The small discrepancy in the total number of homicide [nine cases] appears to be the result of double counting between police agencies whose jurisdictions overlap.) All New York City data were obtained from the New York City Police Department (NYPD), the remaining data were collected from other police agencies reporting homicides in 1984.

The Introductory Visits

During the first stage of DRCA-H, all police agencies in New York reporting at least one homicide in 1984 were contacted by letter from the Commissioner of the New York State Division of Criminal Justice Services. Departments in large metropolitan areas and those reporting a substantial number of homicides were visited by DRCA-H staff. Also visited were the State Police and a group of smaller departments that reported only one or two homicides, the latter to assess the extent to which such departments were different from the larger ones in terms of recordkeeping.

The letters and visits accomplished several things: 1) staff had the opportunity to meet with local police officials and to gain their support for

the project, 2) staff were able to assess the quality and comparability of the records being maintained by different police departments, and 3) police officials throughout the State were given an opportunity to contribute to a data collection form and process that would be used in their offices.

This initial stage of DRCA-H was extremely successful. Local police officials were interested in the project and cooperated with the staff. In one large city, the Chief informed us that his people were prepared to complete our forms and return them to us as soon as they were received. In a large suburban county, we were told that the data would be made available to us with no problems. A Police Captain in a small town offered not only to make our case to his Chief, but to bring our project to the attention of the regional Association of Chiefs of Police. A large metropolitan police department had an officer meet us at the local airport, drive us to a meeting with the Police Commissioner and Senior Staff, and agreed to provide a Homicide Detective and a Narcotics Detective to assist with the data collection. It was not uncommon for a police officer to be assigned as liaison to the project.

The meetings with the local police officials focused on several areas of concern for DRCA-H: the useability of the draft of the data collection instrument, the code categories and definitions of "drug relatedness" and other variables, the extent to which the proposed procedures for data collection were realistic, the quality and availability of the raw case data, and the overall value and utility for police departments of a study of drugs and homicide. In all cases, information gleaned from these meetings was considered by DRCA-H staff and incorporated as appropriate.

DRCA-H staff arrived at each meeting with a draft of the data collection form. Police officials were asked to comment on the instrument. They tended to reply that either a checklist or fill-in format would be acceptable, as long as the form was "brief." There were different opinions about the need for a codebook; the important point was that a codebook be informative but not burdensome. New York City, with approximately 80 percent of the cases, had particular concerns about the form. Since they would have to complete forms for 1,459 cases, the form that would work in offices having from one to 60 cases would not be appropriate. It was decided that the Crime Analysis Unit (CAU) of the NYPD would work with us to develop a form that they could use; they would provide us with as much information as possible, but in some cases we would have to infer responses to one question using responses given to others.

At the initial meetings, much attention was given to the proposed categories for coding the record data. It was suggested that some categories required additional explanation; for example, how is a "high" level drug dealer to be distinguished from a "low" level dealer? One police officer raised a question with regard to the coding of "Victim-Perpetrator Relationship"; as originally stated, it was not possible to determine whether we were asking for the victim's relationship to the perpetrator or the perpetrator's relationship to the victim. Under "Location," almost any place could be identified as a "drug site."

A particularly important coding issue involved the definition of "drug relatedness." This variable is the essence of the DRCA-H study and several questions were raised at the meetings with local police department officials.

DRCA-H staff offered their definition and local officials responded. Must the victim or perpetrator or both have been using drugs at the time of the homicide for the event to be coded as drug related? Can an innocent bystander, such as a youth hit by a stray bullet during a dispute between rival drug dealers, be considered the victim of a drug related homicide? When is a drug overdose really a homicide? (One detective told us, "The 'hot shot' is still a classic way of getting rid of somebody.") And is an "alcohol related" homicide a "drug related" homicide? The discussions of this issue were given special consideration when the final form and codebook were prepared.

In terms of the procedure by which the DRCA-H data would be collected, concerns varied relative to the number of cases in the jurisdiction. Departments with only a few cases agreed that there would be no problem; we could send them the forms and they would have someone fill them out and return them to us. The larger jurisdictions outside of New York City, those with as many as sixty cases, were concerned about the extent to which the DRCA-H data collection could disrupt their normal office routines and activities; that was a primary concern of the DRCA-H staff as well. A number of these departments indicated that it would be best to have a homicide detective and a narcotics detective assigned to participate in the data collection, to help to interpret the information in the files. Others preferred to assign a clerical person to the task of reviewing the records and filling out the forms. All agreed that technical assistance or actual participation by DRCA-H staff would be helpful. With each such department, we agreed to follow a unique procedure that would be least disruptive of their normal activity but would not diminish our ability to compare the data collected from their office with data collected from other offices.

Two jurisdictions presented unique problems for data collection. The State Police maintain both central and local troop files of all cases. We preferred to go to each troop to be closer to the people who actually handled the investigations, but Department officials decided that it would be best for us to collect our data from their central office.

New York City, with 1,459 (82.5%) of the cases, was obviously the other special problem. There would be no way to go through all of the records of all of the cases. For example, we were told that the records of some of the major homicides might fill two or more file cabinets. However, some drug-related questions could be included in the NYPD program (begun in 1980 by its CAU) to debrief the City's homicide squad commanders approximately two years after the case occurred. Two interviewers, usually a CAU staff person and a squad commander not involved in homicide cases, do the debriefing. The Office of the Chief of Detectives calls the homicide squad commanders to the debriefing, so they do tend to cooperate; but each commander is asked about all the cases in their respective precincts (as many as 75) in a very short period of time (about 20 minutes). The sessions never focused on drug relatedness in the past, but CAU staff agreed to ask some of our questions for each case. The New York City data would not be as extensive as or fully comparable to the non-New York City data, but it would be available for the DRCA-H analysis.

The initial meetings were also used to discuss problems that DRCA-H staff might face with access to the files and with the quality of the data. In a few jurisdictions, police officials noted that certain 1984 homicide cases were still under litigation so the police might not be able to release the data for the DRCA-H analysis; that is, we might not have access to those

cases.

Many department officials brought to our attention the problems of timing, intradepartmental cooperation, and investigative need relative to what information we could expect to find in the records. For example, one police official told us that during an investigation in 1984 there could have been some "street scuttlebutt" about drug involvement in a case; but if this was not relevant to the investigation of the case, the information would not have been entered into the file and probably lost to memory by 1986. Similarly, homicide detectives might have arrived at the scene of a homicide after uniformed officers had made an arrest, so they would have had no investigative need to collect the information that might be of interest to us. The problem would be acute in trying to identify particular drugs; one detective told us that unless the police department specifically sought that information at the time of and for purposes of an investigation, it would be neither reported nor recorded. Information about drug sites would likewise not be included in homicide files; narcotics detectives might have this information, but would not necessarily share it with homicide detectives unless it was useful to an ongoing investigation. In general, information is most likely to be recorded only when it is needed for an investigation, information not recorded is likely to be forgotten, and information is likely to be shared only if it is relevant to an ongoing investigation. Such problems exist throughout the State, but are probably greatest in New York City, where there is extensive staff turnover and extremely high caseloads.

Whatever questions there were about the DRCA-H collection instrument, definition and coding of variables, procedures for data collection, and the

quality and availability of the data we were seeking, not one department questioned the value and utility of the study. Generally, there was recognition that information about the nature and extent of drug relatedness in homicide would be useful to making better policy decisions about the allocation of limited resources. Some departments even volunteered indirect benefits that would be derived from having this information. A Captain in a smaller town suggested that our findings could be used to implement his own efforts to educate local youths about the dangers of drug abuse. A detective in a large city saw a public relations value to having this information; citizens could be assured that innocent people are not killed nearly as often as people involved in illicit activities like drug trafficking.

Before the DRCA-H data collection was even underway, police officials throughout the State were making recommendations for future expansion of the study. Several suggested that we extend the study of drug relatedness to other crimes, such as robbery or assault, or burglary or larceny. Others offered that it would be even more useful, given the problems of data collection indicated above, to collect the data on a routine basis at the time of the investigation; several indicated their willingness to participate in such a study.

All suggestions for the implementation of the DRCA-H project made by police officials during the initial introductory visits were reviewed, considered, and incorporated into the data collection form and procedures whenever possible and appropriate. (See Appendices A and B for copies of the data collection instruments.)

The Data Collection

From the initial visits it became clear that a variety of procedures for data collection would be needed. The greatest difference was between New York City and the remainder of the State. As noted above, the NYPD incorporated our request for data into its normal homicide debriefing and did not use the same form that was used by all other departments.

The data collection procedures for the remainder of the State can be viewed along a continuum. At one end were those departments that simply received an introductory letter, a form or two, and returned the completed forms. At the other end were the departments that made available detectives to work with our data collectors. In all cases, departments were informed that we would be willing to provide technical assistance by telephone or to send someone to their office to assist with the data collection; all received the same form and the same codebook with definitions, examples, and instructions. If there are differences in the quality of the data as a result of the different procedures of data collection, it appears that they are in the quantity and degree of detail obtained.

Greatest detail came from a large urban department that provided two detectives to work for two days with our data collector. A homicide detective and a narcotics detective worked overtime, with compensation, to assist in the coding of about 45 cases. The three data collectors/coders went through every one of the files together and discussed each case. When the homicide detective could not recollect some detail, the narcotics detective might, and vice versa. Responses were substantiated with information from related

sources, such as rap sheets. In this way we were able to record as much detail as possible about all the cases.

Another urban department likewise provided a detective to work on site with our data collector. The DRCA-H staff member read the questions from the form and the detective reviewed the appropriate file and gave an answer; our staff did not have direct access to these files. Further, the day our staff member was there for data collection was also the day of a major surveillance operation and an investigation of a child murder in the jurisdiction. We received a great deal of information about the cases, but our staff did not have the opportunity to review the files for hidden details nor to substantiate responses with related material.

A third large, urban department arranged for one of their own staff members to complete the forms and to return them to us. A Crime Victims Counselor was assigned to this job. The forms were completed during her spare time; they were received by our office in bunches of from five to eight cases at a time. The amount of detail varied from time to time, though always reaching at least a minimum level of acceptability.

In one case, a small town with only one homicide in 1984, the DRCA-H data collector spent more than one hour discussing the case with the local Police Chief. Effectively, the form was completed via an intensive interview. The detail obtained about this case was naturally very great.

Departments that simply returned the forms by mail sometimes unnecessarily left items blank. For example, the State offender identification number (NYSID) was often left off the forms. These departments

received telephone calls from our staff, requesting that the missing information be provided; our telephone calls usually got the information for us, but not always.

The cases handled by the State Police required a unique data collection procedure. As per our earlier agreement, we sent the forms to the central office; consequently, the people involved in the actual case investigations could not be involved in completing the forms. The department assigned someone to complete the forms and return them to us; we received about half the number of forms expected (given the number of homicides reported by the State Police to UCR in 1984) and relatively sketchy information. We called and a DRCA-H staff member was invited to personally review the records. With help from clerical staff but not from any investigators, our data collector located the remainder of the cases and some of the missing details of the cases received earlier.

Whatever procedure was used, the data collected was never as complete as we would have liked. After two years, and with police officers having no idea at the time of the investigation that some day someone would request it, information about the drug relatedness of the cases was often lost. Repeatedly, department officials and staff assisting in the data collection process suggested that we would get better information if we would collect the data during the time of active case investigation.

We were disappointed with the fact that the data lacked detail and specificity with regard to drug relatedness. Nonetheless, we did collect data for almost every homicide that occurred in New York State in 1984. And for

every case, we did collect some information about its drug relatedness. The sections that follow report on our findings and conclusions from these data.

CHAPTER 5

HOMICIDE AND DRUGS IN NEW YORK STATE, 1984: EVENTS, VICTIMS, AND PERPETRATORS

The data collected for New York City (NYC) are not directly comparable to the data collected for the remainder of the State (non-NYC). Both were collected using a retrospective model of data collection; data were taken from existing records combined with the recollections or reconstructions of police officers. But two separate data collection instruments and two separate data collection procedures were utilized.

The NYC data were derived by the debriefing procedure described earlier. This gave DRCA-H staff less information and less control over the information that was collected. Information was not collected (we were told it could not be collected) about known or believed drug use by the victim, what type or types of drugs were used at the time of the homicide, the source or sources of information about drugs, buying or selling of drugs by the victim or perpetrator at the time of the event, whether or not anyone was high or sick in need of drugs at the time, and so on.

Each victim is considered to be a separate case (this method of counting cases is comparable to that used for the UCR), so the number of cases or events is equal to the number of victims (1,459). For purposes of analysis, all cases have as many perpetrators as were known to the NYPD, but at least one for each case. In fact, a total of 1,687 perpetrators were reported.

No information about alcohol was available from the NYPD. They considered it ludicrous to imagine that information on alcohol use by more than 3,000 homicide victims and perpetrators could be reconstructed two years after the event when such information was not a focus of inquiry at the time of the homicide. Some members of the NYPD questioned whether alcohol should be considered a drug at all.

Values for each variable are coded as if they are mutually exclusive; e.g., the circumstance of a homicide event cannot be both a robbery and drug-related. Since values were considered to be mutually exclusive, the distinction between drug-related and not drug-related cases could not be made by the circumstance variable alone. So NYPD staff created a new variable that asked whether a case was drug-related or not, independent of whatever else it might be. Using this variable and under these constraints, 347 (23.8%) of the 1,459 cases were identified as drug-related and 916 (62.8%) were identifiable as not drug related. There was not enough case level information to categorize the cases in terms of either the tripartite explanatory framework or the tripartite reporting framework, each of which will be discussed in the next chapter of this report.

DRCA-H staff had more information and more control with the non-NYC data. Values of each variable are treated as separate variables; i.e., under the circumstance variable, "robbery" is coded "Yes," "No," or "Do Not Know," as is the case for all other possible values, including "drug-related transaction." As was the case with New York City, each case is identified by one victim and as many perpetrators as were involved, so the number of events is equal to the number of victims (309). For purposes of analysis, at least one but no more than five perpetrators are counted for each case, so the number of

perpetrators (363) exceeds the number of cases. Alcohol is considered to be a drug and is counted. Cases are distinguished as drug-related or not based on how they were coded by DRCA-H staff with regard to the tripartite explanatory framework. (The process by which staff determined what cases "fit" into what categories is described in the next chapter of this report.) Under these conditions, 129 (41.7%) of the 309 cases were identified as drug-related (includes alcohol) while only 123 (39.8%) were identifiable as not drug related. (Fifty-seven [18.4%] of the 309 cases lacked sufficient information for categorization in terms of drug-relatedness, so were classified as "unknown".)

For New York City and non-New York City, drug-related homicide cases are compared to cases that are not drug related in terms of event, victim, and perpetrator characteristics. A few interesting patterns can be observed.

Cases in New York City

For the New York City cases, the most common circumstance underlying the homicides that were not drug-related was a dispute. Yet only 9.2 percent of the drug-related homicides were identified as being associated with a dispute. (See Table 5.1.) This is explained by the fact that the data from New York City only allowed one response category to be checked for each variable. In fact, when the motive for the offense is considered, and "drug-related" is not a possible response, "dispute" becomes the most common response for drug-related cases. (See Table 5.2.)

A dispute was the most common motive in both drug-related and non-drug-related cases. However, of the 267 pre-meditated disputes, 57.7 percent were drug-related (while 23.8% of all cases were drug-related). (See Table 3.2.) Of 578 spontaneous disputes, only 13.8 percent were drug-related, while 79.2 percent were not. It is important to remember, with regard to spontaneous disputes, that information pertaining to alcohol use was not available in the New York City data.

TABLE 5.1

HOMICIDE EVENTS, NEW YORK CITY (N=1459)
CIRCUMSTANCES

Circumstances	Drug-Related (N=347)	Not Drug-Related (N=916)	Unknown (N=196)
Robbery	11.2%	16.2%	8.7%
Burglary	0.6	1.6	1.5
Sexual Crime	0.0	1.3	0.5
Dispute	9.2	54.5	27.0
Drug-Related	74.4	0.0	0.0
Other Crime-Act	2.0	8.3	3.1
Other	1.4	9.9	8.7
Unknown	1.2	8.2	50.5

TABLE 5.2

HOMICIDE EVENTS, NEW YORK CITY (N=1459)
MOTIVE

	Drug-Related (N=347)	Not Drug-Related (N=916)	Unknown (N=196)
Motive			
Further another crime	16.4%	17.9%	10.7%
Incidental to another crime	6.6	2.6	0.5
Premeditated Dispute	44.4	10.6	8.2
Spontaneous Dispute	23.1	50.0	20.4
Child Abuse	0.0	1.9	1.0
Psychotic-Irrational	0.0	2.9	1.5
Other	4.0	4.3	5.1
Unknown	5.5	9.8	52.6

By far, the most common means used to commit drug-related homicide in New York City in 1984 was a handgun. (See Table 5.3.) Handguns were the most common means in not drug-related cases as well, but not to the same extent. Of all 821 homicides committed with a handgun, 34.0 percent were drug-related and 52.3 percent were not; but only 23.8 percent of all homicides were drug related while 62.8 percent were not.

TABLE 5.3

HOMICIDE EVENTS, NEW YORK CITY (N=1459)
MEANS

	Drug-Related (N=347)	Not Drug-Related (N=916)	Unknown (N=196)
Means			
Shotgun-Rifle	1.7%	2.8%	2.6%
Handgun	80.4	46.8	57.7
Cutting Instrument	11.0	31.9	19.9
Physical Force	6.1	14.3	16.8
Blunt Instrument	0.9	2.7	1.5
Other	0.0	1.4	1.5

The victim and perpetrator of a drug-related homicide in New York City in 1984 were probably friends or acquaintances. (See Table 5.4.) (For purposes of describing the relationship between the victim and the perpetrator, we are using the number of perpetrators as the unit of count, since each perpetrator would have had some relationship to each victim.) This was also true of not drug-related cases, but again not to the same extent.

TABLE 5.4

HOMICIDE EVENTS, NEW YORK CITY (N=1687)
VICTIM/PERPETRATOR RELATIONSHIP

Victim/Perpetrator Relationship	Drug-Related (N=403)	Not Drug-Related (N=1060)	Unknown (N=224)
Spouse	0.2%	3.0%	0.9%
Common Law	0.2	3.0	0.4
Boy-Girl Friend	0.7	4.7	2.2
Other Intra-Family	0.5	8.3	2.2
Friends/Acquaintances	79.4	47.9	25.0
Stranger	5.5	22.5	16.1
Unknown	13.4	10.6	53.1

In terms of location, the patterns were similar for drug-related and not drug-related cases. (See Table 5.5.) Most homicides took place in open areas or in private residences. The difference between the two categories of cases is that for the drug-related cases, most took place in a drug location, which was usually a site for drug sales, while hardly any of the not drug-related cases took place in such locations.

Demographically, most victims of homicides in New York City in 1984 tended to be in their twenties and thirties. (See Table 5.6) The vast majority of victims were male. In terms of race, they tended to be black or hispanic, with hispanic victims being somewhat overrepresented (30.7%) in drug-related cases.

TABLE 5.5

HOMICIDE EVENTS, NEW YORK CITY (N=1459)
LOCATION

	Drug-Related (N=347)	Not Drug-Related (N=916)	Unknown (N=196)
Location			
Vacant Building	2.0%	1.5%	2.0%
Open Area	41.5	38.2	47.4
Vehicle-Transit	4.0	3.1	6.6
Commercial Site	3.7	7.1	2.6
Public Building	8.1	7.1	10.7
Residence	40.6	43.0	30.6
Drug Location			
Yes	66.6	5.7	8.7
Type of Drug Location			
Shooting Gallery	3.5	0.1	1.0
Drug Factory	4.0	0.0	0.0
Drug Sales Location	58.8	5.6	7.7
Drug Growing Location	0.3	0.0	0.0

In terms of drug involvement, the victims in the New York City drug-related cased tended, as would be expected, to be drug involved, while victims of not drug-related cases generally were not. (See Table 5.7.) Worthy of note, 71.8 percent of the victims of drug-related homicides were believed by the police to have been drug traffickers. Of all victims who were believed to have been drug traffickers, 90.2 percent were victims of drug-related homicides.

TABLE 5.6

HOMICIDE VICTIMS, NEW YORK CITY (N=1459)
DEMOGRAPHIC CHARACTERISTICS

	Drug-Related (N=347)	Not Drug-Related (N=916)	Unknown (N=196)
Demographic Characteristics			
Age			
Under 16	2.6%	5.6%	2.0%
16 to 20	11.0	12.2	11.2
21 to 25	26.8	17.0	19.9
26 to 30	21.0	16.3	18.9
31 to 35	12.7	9.5	11.2
36 to 40	11.0	9.3	7.1
Over 40	14.7	21.9	29.6
Sex			
Male	89.6	79.0	84.2
Female	10.4	21.0	14.8
Race/Ethnicity			
Black	42.1	43.6	54.1
White	8.9	18.9	11.7
Hispanic	49.0	35.3	30.6
Other	0.0	2.2	1.5

TABLE 5.7

HOMICIDE VICTIMS, NEW YORK CITY (N=1459)
KNOWN OR BELIEVED DRUG INVOLVEMENT

	Drug-Related (N=347)	Not Drug-Related (N=916)	Unknown (N=196)
Drug Trade Involvement			
Believed to be a Trafficker	71.8%	1.9%	5.1%
High Level	12.4	0.0	1.0
Low Level	59.4	1.9	4.1
No Response	28.2	98.1	94.9
Drug Use			
Believed to be a User	---	---	---
At Time of Event			
Drugs Found On Or Near	23.1	1.1	3.6
Paraphernalia Found On Or Near	21.6	1.0	1.5
High on Drugs or Alcohol	---	---	---
Drug(s) Used	---	---	---

In terms of the perpetrators in the New York City cases, demographically they were not strikingly different from their victims. (See Table 5.8.) They too were mostly male and mostly black or hispanic. With regard to age, perpetrators were concentrated in the age 16 to 35 category. (Note: It should be remembered that for this analysis, at least one perpetrator is counted for each case, even if no perpetrator was identified. Consequently, there are a high number of unknowns and percentages in other value categories tend to be deflated.)

TABLE 5.8

HOMICIDE PERPETRATORS, NEW YORK CITY (N=1687)
DEMOGRAPHIC CHARACTERISTICS

	Drug-Related (N=403)	Not Drug-Related (N=1060)	Unknown (N=224)
Demographic Characteristics			
Age			
Under 16	0.2%	2.0%	0.4%
16 to 20	11.7	18.7	8.0
21 to 25	15.1	17.4	9.8
26 to 30	15.6	14.8	6.3
31 to 35	12.2	9.3	2.2
36 to 40	5.7	6.8	4.0
Over 40	5.0	10.7	5.0
Unknown	34.5	20.4	64.3
Sex			
Male	72.0	74.4	43.8
Female	0.7	7.7	2.7
Race/Ethnicity			
Black	36.5	42.1	29.0
White	6.7	10.3	4.9
Hispanic	29.5	28.8	12.1
Other	0.0	0.9	0.4

In terms of the drug involvement of the New York City perpetrators, they were often believed to have been drug traffickers and drug users. (See Table 5.9, again noting that the percentages reported are probably underestimates.) Of the 219 perpetrators believed to have been traffickers, 92.2 percent were involved in drug-related cases; of the 258 perpetrators believed to have been drug users, 62.8 percent were involved in drug-related cases.

TABLE 5.9

HOMICIDE PERPETRATORS, NEW YORK CITY (N=1687)
KNOWN OR BELIEVED DRUG INVOLVEMENT

	Drug-Related (N=403)	Not Drug-Related (N=1060)	Unknown (N=224)
Drug Trade Involvement			
Believed to be a Trafficker	50.1%	1.0%	2.7%
High Level	12.9	0.0	1.8
Low Level	37.2	1.0	0.9
No Response	49.9	99.0	97.3
Drug Use			
Believed to be a User	40.2	8.3	3.6
At Time of Arrest			
Drugs Found On Or Near	2.0	0.4	0.4
Paraphernalia Found On Or Near	1.5	0.3	0.0
High on Drugs or Alcohol	---	---	---
Drug(s) Used	---	---	---

For New York City cases where a NYSID number (the New York State offender identifier) was available for a perpetrator, data were attached to the DRCA-H file from an analysis file routinely maintained by the State Division of Criminal Justice Services. The analysis file is derived from the Computerized Criminal History (CCH) database maintained by the agency to produce "rap sheets." The CCH database contains information on criminal history, instant event characteristics, and case disposition. For the New York City perpetrators, NYSID numbers were available for only 255 of the 1,687 cases (15.1 percent). Of these 255 perpetrators, 77 (30.2 percent) had at least one prior arrest for a drug offense (considering only the top arrest charge), the others did not. Of the perpetrators with a prior drug arrest, 31.2 percent

were involved in drug-related homicides, while 67.5 percent were involved in not drug-related cases. (Of all 255 cases, 26.7 percent were drug-related.)

Cases in Other Parts of the State

The DRCA-H data collection form used for homicide cases committed in New York State outside of New York City allowed more than one value to be checked for each variable. Consequently, the circumstance of a case could be coded, for example, both as a "dispute" and as a "robbery." This avoided the problem found with the New York City data wherein disputes were not being coded for cases identified primarily as drug-related. (However, this does mean that the total of the percentages under each category in the tables of this section - i.e., drug-related, not drug-related, unknown - will not necessarily equal 100 percent.) For the non-New York City cases, more than half (52.7%) of the drug-related cases were found to involve a dispute. (See Table 5.10.) Further, of 134 homicides that were reported to involve a dispute, 50.7 percent were drug-related (while only 41.7 percent of all cases were identified as drug-related).

TABLE 5.10

HOMICIDE EVENTS, NOT NEW YORK CITY (N=309)
CIRCUMSTANCES

Circumstances	Drug-Related (N=129)	Not Drug-Related (N=123)	Unknown (N=57)
Robbery	11.6%	8.9%	14.0%
Burglary	4.7	8.9	8.8
Arson	3.9	0.0	0.0
Dispute	52.7	33.3	18.7
Drug-Related Transaction	15.5	0.0	0.0
Organized Crime-Related	1.6	2.4	0.0
Forcible Sex Crime	4.7	10.6	8.8
Youth Gang-Related	0.8	0.8	0.0
Vice/Sex-Related	1.6	2.4	3.5

Responses to the question about the motive of the homicide support the conclusion that drug-related homicides are often dispute-related as well. For the drug-related cases, the most common motive reported was a spontaneous dispute (44.2%), followed in frequency by premeditated disputes (14.7%) (See Table 5.11.) In addition, of the 98 homicides motivated by a spontaneous dispute, more than half (58.2%) were drug-related. It is important to note, with regard to spontaneous disputes, that alcohol was included as a drug in the non-New York City data.

TABLE 5.11

HOMICIDE EVENTS, NOT NEW YORK CITY (N=309)
MOTIVE

	Drug-Related (N=129)	Not Drug-Related (N=123)	Unknown (N=57)
Motive			
Further another crime	12.4%	13.8%	15.8%
Incidental to another crime	7.0	4.9	1.8
Premeditated Dispute	14.7	15.4	8.8
Spontaneous Dispute	44.2	19.5	29.8
Child Abuse	3.1	5.7	0.0
Psychotic-Irrational	11.6	17.1	3.5
Undetermined	5.4	16.3	29.8
Other	4.7	12.2	12.3

As was the case in New York City, guns were the means most commonly used to commit drug-related homicides in the remainder of the State. (See Table 5.12.) Together, handguns, shotguns, and rifles accounted for 40.3 percent of the cases (assuming that only one type of gun was used in any given case). Handguns were used disproportionately in drug-related cases; of 59 homicides committed by handgun, 52.5 percent were drug-related, 25.4 percent were not drug-related, and 22.0 percent were unknown. Despite the frequent use of guns, a knife or other cutting instrument was used more frequently than any one type of gun.

TABLE 5.12

HOMICIDE EVENTS, NOT NEW YORK CITY (N=309)
MEANS

	Drug-Related (N=129)	Not Drug-Related (N=123)	Unknown (N=57)
Means			
Rifle	3.9%	8.1%	3.5%
Shotgun	12.4	17.1	5.3
Handgun	24.0	12.2	22.8
Fire	3.9	0.8	1.8
Knife/Cutting Instrument	30.2	23.6	28.1
Physical Force	12.4	13.8	8.8
Blunt Instrument	12.4	16.3	15.8
Undetermined	0.0	0.8	1.8

Again similar to New York City, the victim and perpetrator in the homicides committed outside of the City were most often friends, acquaintances, or neighbors. (See Table 5.13.) (Note that the number of cases used to describe the relationship between the victim and perpetrator is based on the number of perpetrators, since each would have had some relationship to each victim.) This was true for both drug-related and not drug-related cases.

TABLE 5.13

HOMICIDE EVENTS, NOT NEW YORK CITY (N=363)
VICTIM/PERPETRATOR RELATIONSHIP

Victim/Perpetrator Relationship	Drug-Related (N=155)	Not Drug-Related (N=139)	Unknown (N=69)
Spouse or Common Law Spouse	3.9%	8.6%	2.9%
Boy-Girl Friend	6.5	7.2	4.3
Parent	0.6	2.9	2.9
Child	1.9	6.5	0.0
Sibling or Other Relative	3.9	1.4	2.9
Homosexual Friend	2.6	1.4	10.1
Friend, Acquaintance, Neighbor	40.6	28.1	37.7
Drug Business Relation	13.5	0.0	1.4
Police or Peace Officer	0.0	0.7	0.0
Stranger	20.0	18.7	21.7
Undetermined	7.1	15.1	17.4

Most frequently, the non-New York City homicides in 1984 took place in private residences. (See Table 5.14.) This was true for both drug-related cases (49.6%) and not drug-related cases (54.5%). However, for the drug-related cases, 19.4 percent of all cases were committed at drug locations (including 10.9 percent of residences) while only 0.8 percent of not drug-related cases occurred at drug locations (including none of the residences). Of all the cases that occurred at drug locations, 75.0 percent were at drug sales sites.

Demographically, the victims of both the drug-related and the not drug-related homicides outside of New York City tended to be in their twenties or thirties. (See Table 5.15.) However, as was the case in New York City, the youngest and the oldest victims were more likely to be included in the not drug-related category; of 24 victims younger than 16 years of age, 70.8 percent were included in the not drug-related category; of 34 victims older than 60 years of age, 50.0 percent were involved in not drug-related cases. In terms of sex, most victims were male, though 36.6 percent of those in not drug-related cases were female; of all 90 female victims, 50.0 percent were included in not drug-related cases. It is interesting to note that females were about twice as likely to be homicide victims in the non-New York City cases, as compared to the New York City cases. This was true in both the drug-related and not drug-related categories. In terms of race, homicide victims in non-New York City areas tended to be white or black (unlike New York City, where victims tended to be black or hispanic).

TABLE 5.14

HOMICIDE EVENTS, NOT NEW YORK CITY (N=309)
LOCATION

	Drug-Related (N=129)	Not Drug-Related (N=123)	Unknown (N=57)
Location			
Vacant Building	1.6%	0.0%	1.8%
Open Area	14.7	14.6	17.5
Vehicle-Transit	0.0	0.0	1.8
Commercial Site	7.8	8.1	3.5
Public Area	18.6	8.9	17.5
Residence	49.6	54.5	47.4
Other	8.5	6.5	14.0
Type of Drug Location			
Shooting Gallery	0.8	0.0	0.0
Drug Factory/Mill	0.0	0.0	0.0
Drug Sales Location	14.7	0.0	3.5
Drug Smuggling Location	0.0	0.0	0.0

TABLE 5.15

HOMICIDE VICTIMS, NOT NEW YORK CITY (N=309)
DEMOGRAPHIC CHARACTERISTICS

	Drug-Related (N=129)	Not Drug-Related (N=123)	Unknown (N=57)
Demographic Characteristics			
Age			
Under 16	5.4%	13.8%	0.0%
16 to 20	11.6	7.3	12.3
21 to 25	12.4	12.2	17.5
26 to 30	16.3	10.6	10.5
31 to 35	18.6	9.8	12.3
36 to 40	6.2	8.1	10.5
Over 40	27.9	28.5	29.8
Sex			
Male	77.5	57.7	68.4
Female	22.5	36.6	28.1
Race/Ethnicity			
Black	36.4	26.8	33.3
White	49.6	58.5	47.4
Hispanic	8.5	4.1	8.8
Other	0.0	2.4	1.8

As expected, victims of drug-related homicides were more likely than victims of not drug-related homicides to have been otherwise involved with drugs. (See Table 5.16.) Of 45 victims who were believed to be drug traffickers, 86.7 percent were involved in drug-related cases. Further, a substantial number of victims of drug-related cases were believed to be drug or alcohol users, though virtually none were in drug treatment programs.

Finally, of the 141 victims believed to have been using any drug at the time of the homicide, 68.1 percent were victims of drug-related cases.

TABLE 5.16

HOMICIDE VICTIMS, NOT NEW YORK CITY (N=309)
KNOWN OR BELIEVED DRUG INVOLVEMENT

	Drug-Related (N=129)	Not Drug-Related (N=123)	Unknown (N=57)
Drug Trade Involvement			
Believed to be a Trafficker	30.2	1.6%	7.0%
High Level	5.4	0.0	0.0
Low Level	25.6	2.4	8.8
Drug Use			
Believed to be an Alcoholic	27.9	5.7	21.1
an Opiate User	13.2	0.0	5.3
An Other Drug User	32.6	2.4	24.6
Combination Drugs/Alcohol	27.1	1.6	21.1
In Drug Treatment Program	0.0	0.0	1.8
In Alcohol Treatment Prog.	0.8	0.0	1.8
At Time of Event			
Believed to Have Used Any Drug	61.9	7.9	49.3
Drugs Found On Or Near	9.3	0.0	0.0
Paraphernalia Found On Or Near	3.9	1.8	0.8
Sick, in Need of Drugs	0.0	0.0	0.0
High on Drugs	14.0	0.0	1.8
High on Alcohol	44.2	0.0	14.0

As was the case in New York City, the perpetrators in the non-New York City cases were not very different demographically from their victims. (See

Table 5.17.) Among perpetrators in drug-related cases, most were in their twenties (39.3%) or younger (16.1%). Most perpetrators were male; including 77.4 percent of perpetrators in drug-related cases and 70.5 percent of perpetrators in not drug-related cases. Interestingly, females were about twice as likely to be homicide victims rather than perpetrators in drug-related cases, but about four times more likely to be victims than perpetrators in not drug-related cases. Finally, more than half of the perpetrators in non-New York City drug-related cases (51.0%) were white, while only about seven percent of the perpetrators in New York City drug-related cases were white.

Like their victims, many of the non-New York City perpetrators of drug-related crimes were involved with drugs. (See Table 5.18.) Almost one-third (29.7%) of these perpetrators were believed to have been drug traffickers. Of all 52 non-New York City homicide perpetrators in 1984 who were believed to be drug traffickers, 88.5 percent were involved in drug-related cases. Further, of 63 perpetrators believed to have been users, 71.4 percent were involved in drug-related cases and of 153 who were believed to have used any drug at the time of the offense, 72.5 percent were involved in drug-related cases.

TABLE 5.17

HOMICIDE PERPETRATORS, NOT NEW YORK CITY (N=363)
DEMOGRAPHIC CHARACTERISTICS

	Drug-Related (N=155)	Not Drug-Related (N=139)	Unknown (N=69)
Demographic Characteristics			
Age			
Under 16	1.9%	2.2%	4.3%
16 to 20	14.2	15.8	15.9
21 to 25	23.2	18.0	17.4
26 to 30	16.1	12.9	10.1
31 to 35	11.0	5.0	8.7
36 to 40	3.9	7.9	5.8
Over 40	14.2	13.0	10.1
Sex			
Male	77.4	70.5	73.9
Female	10.3	8.6	2.9
Race/Ethnicity			
Black	28.4	28.1	30.4
White	51.0	41.7	34.8
Hispanic	8.4	5.8	8.7
Other	0.6	0.7	1.4

For the non-New York City cases, data from the CCH-related analysis file were attached for 138 perpetrators for whom NYSID numbers were available (38.0 percent of the 363 perpetrators). Of the 138 perpetrators, 25 (18.2 percent) had at least one prior arrest for a drug offense (top charge). Of the 25 with prior drug arrests, 16 (64.0 percent) were involved in drug-related cases, while 69 (50.0 percent) of the total 138 cases were categorized as drug-related.

TABLE 5.18

HOMICIDE PERPETRATORS, NOT NEW YORK CITY (N=363)
KNOWN OR BELIEVED DRUG INVOLVEMENT

	Drug-Related (N=155)	Not Drug-Related (N=139)	Unknown (N=69)
Drug Trade Involvement			
Believed to be a Trafficker	29.7%	0.7%	7.2%
High Level	2.6	0.0	0.0
Low Level	27.7	0.7	2.9
Drug Use			
Believed to be an Alcoholic	29.0	7.9	10.1
an Opiate User	14.2	1.4	8.7
An Other Drug User	40.6	8.6	29.0
Combination Drugs/Alcohol	34.8	2.9	29.0
In Drug Treatment Program	0.6	0.0	0.0
In Alcohol Treatment Prog.	0.0	0.0	0.0
At Time of Event			
Believed to Have Used Any Drug	71.6	7.9	44.9
Drugs Found On Or Near	7.7	0.7	2.9
Paraphernalia Found On Or Near	6.5	1.4	0.0
Sick, in Need of Drugs	1.3	0.0	0.0
High on Drugs	25.2	0.0	2.9
High on Alcohol	54.2	0.0	5.8

Drug Involvement by Type of Drug

A particularly noteworthy observation from the DRCA-H data concerns the overall lack of information about the type of drug or drugs involved in homicide cases. For the New York City cases, no information about the type of

drug involved, if any, was available. For the non-New York City cases, the DRCA-H form requested that the person completing it check from a listing of drugs those that there was "good reason to believe the perpetrator or victim were using" at the time of the homicide. Table 5.19, below, shows that even for drug-related cases, little information was available about the type of drug or drugs used. This is not surprising, given the retrospective approach to data collection and the fact that the person filling out the form was usually not the person who investigated the crime.

TABLE 5.19

HOMICIDE VICTIMS AND PERPETRATORS, NOT NEW YORK CITY
DRUG(S) USED AT TIME OF EVENT

	Drug-Related Cases					
	Perpetrators (N=155)			Victims (N=129)		
	Yes	No	DNK	Yes	No	DNK
Heroin	4.5%	40.0%	55.4%	2.3%	51.2%	46.5%
Cocaine	9.7	34.8	55.4	9.3	48.8	41.9
Barbiturate	2.6	38.7	58.6	1.6	50.4	48.1
Marijuana	22.6	27.7	49.6	14.0	45.7	40.4
PCP	2.6	38.1	59.3	0.8	51.9	47.3
Alcohol	60.6	12.3	27.1	51.2	26.4	22.5
Amphetamine	1.3	37.4	61.2	0.8	50.4	48.9
Methadone	0.6	41.3	58.0	0.8	51.2	48.1
Hallucinogen	1.3	39.4	59.3	0.0	51.2	48.9
Tranquilizer	1.3	38.1	60.6	0.8	51.2	48.1
Other	0.6	37.4	61.9	0.8	48.8	50.4

With the exception of alcohol, the police were unable to specify whether victims or perpetrators had used particular drugs in more than 40 percent of the cases in each drug category. Even in the case of alcohol, police records could not provide information about its use at the time of the event for 22.5 percent of the victims and for 27.1 percent of the perpetrators.

Alcohol appears to have been the predominant drug used at the time of the event for the non-New York City homicide cases in 1984. The predominance of alcohol may be real or it may be an artifact. The presence of alcohol may be more readily detected than other drugs (in 1984), given greater knowledge and awareness of alcohol as a drug and greater recognition of the accouterments of alcohol abuse. Further, economic compulsive or systemic drug involvement may be more difficult to detect from historical police records and these types of drug-related homicide in turn may show greater involvement of drugs other than alcohol. Data collected during an active investigation with attention focused on the identification of drug type and use would provide better information for resolving this question.

Summary: Drug-Related Cases

New York City. Of 1,459 homicides in New York City in 1984, 347 (23.8%) were drug-related; associated with these cases were 347 victims and 403 perpetrators.

Some of the drug-related homicides were related to other crimes (e.g., robbery, 11.2%), but most were disputes (44.4% premeditated, 23.1% spontaneous). Almost all of the cases (80.4%) were committed with a handgun.

The victim was likely to be an acquaintance or friend of the perpetrator (79.4%). The event most often took place in an open area (41.5%) or a residence (40.6), either of which was likely to be a drug location (66.6%). Of all locations at which the events occurred, most were believed by the police to be used for drug sales (58.8%).

New York City victims of drug-related homicides in 1984 tended to be in their twenties (47.8%), male (89.6%), and black (42.1%) or hispanic (49.0%). Most victims were believed by the police to be drug traffickers (71.8%); available police records did not indicate whether or not they were believed to be users, or if they were high or sick in need of drugs at the time, or what, if any, drug(s) they were using. Occasionally, drugs (23.1%) or drug paraphernalia (21.6%) were found at the scene of the homicide.

The perpetrators of the homicides in New York City in 1984 tended to be in their twenties (30.7%) or thirties (27.9%), male (72.0%), and black (36.5%) or hispanic (29.5%). (The race of the perpetrators in the New York City drug-related homicides is not known for 27.3% of the 403 perpetrators. Of the 293 perpetrators for whom race is known, 50.1% were black and 40.6% were hispanic.) About half of the perpetrators (50.1%) were believed to have been drug traffickers, 40.2% were believed to have been drug users. Available police records did not indicate whether or not they were high or sick or using any particular drug or drugs at the time of the event.

Non-New York City. Of the 309 homicide cases that occurred outside of New York City but within the State in 1984, 41.7 percent were identifiable as

drug-related while only 39.8 percent were clearly identifiable as not. Associated with the drug-related homicides were 129 victims and 155 perpetrators.

Non-New York City homicides probably resulted from a dispute (52.7%), though another crime may have been involved (e.g., robbery, 11.6%); 15.5% involved drug transactions. The disputes were more likely spontaneous (44.2%) than premeditated (14.7%). The most common means used was some sort of gun (40.3%), though a knife/cutting instrument was used more often (30.2%) than any one type of gun. Very often the victim was an acquaintance, friend, or neighbor of the perpetrator (40.6%). Almost half (49.6%) took place in a residence. Residences were not nearly as likely as in New York City to have been classified by the police as drug location, but if they were, they were probably used for drug sales (14.7% of total).

Victims tended to be in their twenties (28.7%) or thirties (24.8%), male (77.5%), and more often white (49.6%) than black (36.4%). About one-third (30.2%) of victims were believed to have been drug traffickers. A substantial number were believed to have been alcoholics (27.9%) or non-opiate drug users (32.6%); 13.2 percent were believed to have been opiate users. Drugs or drug paraphernalia were found on or near the victim in only a few cases. Many victims (44.2%) were believed to have been high on alcohol at the time of the homicide, few (14.0%) high on drugs, none sick in need of drugs.

Perpetrators tended to be in their twenties (39.3%) or younger (16.1%), male (77.4%), and to be white (51.0%) rather than black (28.4%) or hispanic (8.4%). Almost one-third (29.7%) were believed to have been

drug traffickers. More than half (54.2%) were were believed to have been high on alcohol at the time of the homicide, and about one quarter (25.2%) were believed to have been high on drugs. Rarely were drugs (7.7%) or paraphernalia (6.5%) reported to be found on them. For the non-New York City cases, the perpetrators and victims who did use drugs used similar substances: alcohol (V=51.2%; P=60.6%); marijuana (14.0%; 22.6%); or cocaine (9.3%; 9.7%). However, information pertaining to the use of most substances by victims and perpetrators was just not available in police files.

CHAPTER 6

THE DRUGS AND HOMICIDE NEXUS

The tripartite explanatory conceptualization of drug relatedness suggests that there are three ways in which drugs and homicide may be related. As noted earlier in this report, the relationship is considered "psychopharmacological" when individual short or long term ingestion of specific substances results in homicide; "economic compulsive" when drug users commit economically-oriented homicide in order to support costly drug use; or "systemic" when homicide is the consequence of violence inherent in the system through which drugs are produced, distributed, and used. The New York City data could not be coded by this framework; for the non-New York City data, coding was accomplished by the DRCA-H staff after the data had been collected.

The classification of DRCA-H cases for this conceptualization occurred in two stages. First, each Co-Principal Investigator independently reviewed the non-NYC cases and subjectively classified each in terms of the conceptual framework. Table 6.1, below, shows the disparity remaining after this first level classification. The patterns of distribution are similar. Where there are differences, PI-1 tends to have made more conservative judgements. For example, PI-1 identified 39 percent of the cases as "Non-drug related" while PI-2 so identified only 29 percent of the cases. The fact that differences occur in this direction supports the subjective adequacy of the interpretations; PI-1 is responsible for developing the tripartite conceptual framework.

TABLE 6.1

CLASSIFICATION OF DRUG-RELATEDNESS OF HOMICIDE CASES BY PRINCIPAL INVESTIGATOR

	PI-1 (N=268)*		PI-2 (N=313)*	
	N	%	N	%
Psychopharmacological	58	(22)	98	(32)
Economic Compulsive	5	(2)	4	(1)
Systemic	25	(9)	22	(7)
Other Drug Related**	5	(2)	16	(5)
Non-drug Related	106	(39)	90	(29)
Multidimensional***	18	(7)	6	(2)
Unknown	51	(19)	77	(24)

*The first PI performed the independent coding before all 313 forms had been received; the second PI performed the coding before duplicate cases (cases reported on by more than one jurisdiction) were removed from the file.

**Includes drug relationships that could not be classified according to the tripartite conceptual framework.

***Includes two or more dimensions of the tripartite conceptualization.

Stage two of the classification of cases had the two Principal Investigators and DRCA-H staff reviewing all of the cases together and reaching agreement on proper classification. More detailed information about the cases, beyond that available from historical police records, would have been especially useful for this process. Given the condition of the data, classification by the tripartite conceptual framework is not as certain as it might have been, but DRCA-H staff is confident the the categorization of cases is the best it can be under the circumstances. Below are samples from the data that exemplify cases classified under each heading of the framework.

Psychopharmacological. Case # 0186: 42 yr b/f killed by 21 year b/m (her boyfriend) with shotgun. Premeditated dispute; P would not pay rent so V (a prostitute) was kicking him out. Killed in an open area. V believed to be an opiate and other drug user and an alcoholic; P believed to be opiate and other drug user. At time, V

believed to be using alcohol; P using marijuana. No buying or selling. V not high at time; P high on drugs and behaving irrationally. V not a dealer; P believed to be a low level dealer.

Economic Compulsive. Case # 0199: 69 yr b/m killed by 21 yr b/m. Neighbors. Incidental to a robbery. P used handgun in residence of V. V not believed to be alcohol or drug user; P believed to be user of opiates and other drugs. At time, P believed to be using marijuana, V nothing. P believed to be sick, in need of drugs. No buying or selling involved, neither believed to be a trafficker.

Systemic. Case # 0179: 27 yr w/f killed by 31 yr w/m and 3 other Ps: 2 w/m and w/f. Killed in auto body shop run by V's boyfriend, who was shot but not killed. Killed by handgun during what police called a "drug rip off". V on cocaine and marijuana at time; 3 Ps on cocaine at time (one a"heavy user"), 4th unknown. Large amount of cocaine found at scene. Boyfriend of V was believed to be a high level dealer with links to organized crime. All Ps and V were believed to be users and low level dealers. One P set up the deal to purchase (so drugs would be there), the 2 other m Ps planned the robbery, the f P provided the stocking mask and was involved in the planning. V was shot and killed during the robbery.

Multidimensional. Case # 0185: 32 yr b/m living with 25 yr b/f. Another b/m, 34 yrs, has argument with the first m. Police think it was over drugs and believed all to be "junkies" (users of opiates and other drugs, alcoholics). 34 yr killed 32 yr by beating him with a hammer. f tried to stop it, was injured. P was believed to be buying drugs from V. At time, V and P were both believed to be using (heroin, cocaine, barbiturates, marijuana, and alcohol -- V also using methadone). Found small amount marijuana, needles, and coke spoons at scene. Both considered to be behaving irrationally at the time. Both believed to be low level traffickers.

Other Drug. Case # 0155, 0321, 0322: 22 yr w/m killed 45 yr f, 56 yr m, and 44 yr f by fire/asphyxiation. P was a known pyromaniac who stated, "I start fires because when I get upset it relieves the tension." P was teased in a bar prior to the incident. P knew that his tormentor bought drugs from some person in a particular house (the house where the 3 Vs eventually died). He set fire as his way of revenge. P did not know any of the Vs, nor the remaining ten residents of the house who escaped the fire. None of the Vs were believed to be drug dealers. P was not believed to have used any drugs or alcohol at the time he set the fire.

Non-Drug. Case #0182: 44 yr w/m killed by 18 yr w/m. Strangers. P said V made homosexual advances, leading to spontaneous dispute. P killed V with knife in V's textile store (not a drug location). Neither believed to be drug or alcohol user. Neither believed to be using drugs or alcohol at time. No buying or selling of drugs involved.

Unknown. Case #0224: 42 yr w/f killed by 59 yr w/m. P was ex-boyfriend of V. Long term harassment by P: on several occasions heard to say, "If I can't have her, no one can." Killed V with handgun in her residence. Police do not know if either was user of drugs or alcoholic. At time, both believed to be using alcohol: toxicologist and police officer's report on V; own statement and police officer's report on P. No buying or selling drugs. Police do not know if they were high at the time. Both believed to be non-traffickers. Following event, P attempted suicide by gunshot to head.

For the 1984 New York State homicide data from police departments outside of New York City (the New York City Police Department could not provide enough information to categorize cases by this framework), most of the drug-related homicides (N = 129) were identified as psychopharmacological (59 percent), followed in number by about 20 percent that were systemic. Of all the homicide cases, about 25 percent were psychopharmacological. (See Table 6.2, below, for the categorization of all non-New York City cases.) Closer examination of the data does suggest, however, that the systemic dimension needs to be further explored. It appears that whether or not a homicide event can be characterized as drug-related, people with prior histories of drug use or trafficking are well represented as participants in homicide cases.

TABLE 6.2

TRIPARTITE CONCEPTUAL FRAMEWORK
Non-New York City Cases (N=309)

Primary Categorization	Number	Percent
Psychopharmacological	76	24.6%
Economic Compulsive	4	1.3
Systemic	27	8.7
Multidimensional	18	5.8
Other Drug	4	1.3
Non-Drug	123	39.8
Unknown	57	18.4

For New York City in 1984, the DRCA-H data show that the police believed that 18.9 percent of all homicide victims in the City were drug traffickers; when only drug-related cases are considered, the percent of victims believed to be traffickers climbs to 71.8. Similarly, 13.0 percent of all perpetrators in those cases were believed to have been traffickers, as were 50.1 percent of those in drug-related cases. These numbers become more striking when it is recognized that: 1) the data for the New York City cases were collected via a debriefing process involving as respondents homicide squad commanders who were almost certainly not directly involved in the original case investigation, 2) the records from which the data were drawn admittedly included no drug-related information unless it was directly relevant to the investigation, and 3) the percent of perpetrators believed to be traffickers was calculated as a percentage of a number that includes all known perpetrators but at least one for each case, even if that means including perpetrators for whom no information is available.

In locations throughout New York State but outside of New York City in 1984, police believed that 14.6 percent of all homicide victims were drug

traffickers; 30.2 percent of victims of drug-related homicides were believed to have been drug traffickers. Similarly, police in these jurisdictions believed that 14.3 percent of all perpetrators were drug traffickers, as were 29.7 percent of those involved in drug-related cases. However, for 22.4 percent of all victims and 43.6 percent of all perpetrators, the police could not say whether the individual was a drug trafficker or not. As with the New York City cases, the percentages of victims and perpetrators identified as traffickers are probably underestimates, given the retrospective method of data collection.

The use of the tripartite reporting framework demonstrates further support for the notion that the systemic dimension is being underrepresented by a straightforward analysis of the DRCA-H data. Viewing cases in terms of criteria that the police might use as a basis for a belief that a homicide is drug-related, the non-New York City cases were coded by the three categories discussed earlier in this report: 1) evidence of drug consumption by the victim or perpetrator, 2) contraband or drugs found at the scene, or 3) known drug involvement by the victim or perpetrator. (Again, there was insufficient data to do the same categorization with the New York City cases.) Table 6.3, below, identifies the variables used to define this tripartite reporting framework. Variables were selected from among those collected with the non-New York City DRCA-H data collection form.

TABLE 6.3

VARIABLES USED TO DEFINE CATEGORIES FOR
BASIS OF DRUG-RELATEDNESS "KNOWLEDGE"

1. Evidence of Drug Consumption by Victim or Perpetrator	
AV126-36	V used particular drug at time
AV137	Medical Examiner identified
AV158-60	V high at time or behaving irrationally
AP-EP186-96	P used particular drug at time
AP-EP197	Medical Examiner identified
AP-EP218-20	P high at time or behaving irrationally
2. Contraband or Drugs Found at Scene	
AV144	Drugs found on or near V
AV145	Paraphernalia found on or near V
AV146-56	Particular drug found on or near V
AP-EP204	Drugs found on or near P
AP-EP205	Paraphernalia found on or near P
AP-EP206-16	Particular drug found on or near P
3. Known Drug Involvement (Independent of 1 or 2)	
R1159-60	V/P relationship was drug-related
E67	Circumstance involved drug-related transaction
E114-17	Location was a drug site
E167-177	Particular drug-related circumstances
AV120-25	V was known to be a user
AV142-43	Believed to involve buying or selling by V
AV161-63	V was known to be a trafficker
AP-EP180-85	P was known to be a user
AP-EP202-03	Believed to involve buying or selling by P
AP-EP221-23	P was known to be a trafficker

When the non-New York City cases were categorized by the tripartite reporting framework, it was found that for the drug-related cases, almost 90 percent included some evidence of drug consumption and over 85 percent some evidence of drug involvement (related to the homicide or not) by victims or perpetrators or both. (See Table 6.4, below.) At least as interesting, though, were the findings for the cases identified as not drug-related.

TABLE 6.4

TRIPARTITE REPORTING FRAMEWORK
Non-New York City

	Drug-Related (N=129)	Not Drug-Related (N=123)	Unknown (N=57)
1. Evidence of Drug Consumption	89.1%	21.1%	73.7%
2. Contraband or Drugs at Scene	38.0	5.7	17.5
3. Known Drug Involvement	87.6	19.5	68.4
4. Both 1 and 2	35.7	3.3	14.0
5. Both 1 and 3	76.7	8.1	52.6
6. Both 2 and 3	34.9	4.9	12.3
7. None of the Above	0.0	66.7	10.5

Police records indicated that for 21.1 percent of those cases identified here as not drug-related, the victim or perpetrator or both appeared to have consumed drugs prior to involvement in the event; for almost 20 percent of the not drug-related cases, the perpetrator or victim or both were known or believed to have some level of drug involvement (whether related to or independent of the homicide event). Further, for those cases where the homicide could not be firmly identified as either drug-related or not, 73.7 percent contained some evidence of drug consumption by the victim or perpetrator and 68.4 percent an indication of drug involvement by one or both of these parties; notably, the distribution of these cases across the categories of the tripartite reporting framework is more similar to that of the drug-related cases than to that of the cases that are not. While the data from police records did not allow us to clearly identify the cases as drug-related by the tripartite explanatory framework, their categorization by the tripartite reporting framework suggests that drug use or trafficking may have been related to many of them.

For all 309 homicide cases, the police reported some evidence of drug consumption by the victim or perpetrator or both in 59.2 percent of the cases, that contraband or drugs were found at the scene of the event in 21.4 percent of the cases, and that the victim or perpetrator or both were involved with drugs in some fashion in 57.0 percent of the cases. With almost 60 percent of the cases displaying some evidence of drug consumption by the victim or perpetrator or both, it is certainly possible that 60 percent of the cases could have had a psychopharmacological dimension; yet only 24.6 percent of all cases were identifiable in this way. With 57 percent of the cases displaying some evidence of drug involvement (during the event or not) by the victim or perpetrator or both, 57 percent of the total cases could possibly have had a systemic dimension; yet only 8.7 percent of all cases were identified as being systemically related to drugs.

Given all that has been said in this report about the quality and availability of data about the involvement of drugs in homicide cases, the conclusions suggested here must be taken as preliminary. However, it is clear that with data collected by the police specifically about the drug-relatedness of homicides during the actual investigation, the combined use of the tripartite explanatory and reporting frameworks should provide us with valuable information about the extent and nature of the relationship between drugs and homicide.

CHAPTER 7

CONCLUSION

The promise of the positivist tradition that dominates criminal justice research is that social control will be enhanced through statistical prediction grounded in official crime and criminal justice data. (cf., Gottfredson, 1967) Whatever the ideological and moral biases of the positivist perspective, the findings and conclusions from predictive research can be useful to policy planners. The problem is that the predictions are often based on inadequate data; the summary statistics used to construct predictive models (e.g., police records, court and corrections records, victim surveys) are not reflective of actual crime, victimization, or criminal case processing patterns. (cf., Singer, 1987; Quinney and Wildeman, 1977; President's Commission on Law Enforcement and Administration of Justice, 1967; Gold, 1966; Wilkins, 1965) The findings of the Drug Related Crime Analysis - Homicide (DRCA-H) study both highlight this problem and demonstrate its consequences for policymakers.

To study the drug-relatedness of homicides using official police data, it was first necessary to determine how police officers and departments defined drug-relatedness and then to contribute to the development of a definition that both would best reflect empirical reality and would be useable by police departments operating in a variety of settings. A major finding of DRCA-H is that police departments, officials, and officers throughout the State of New York in 1984 did not share a single definition of drug-relatedness. Perhaps more important is the finding that in 1984, police departments in the State did not maintain records on the drug-relatedness of homicide cases unless

drugs were identified as directly relevant to the criminal investigation of the case.

A retrospective data collection model was employed by DRCA-H for the purpose of studying how drugs and homicide are related; data were collected from records of homicides that had occurred about two years earlier. Much information on the extent and nature of drug-relatedness was absent. This first became apparent to us through our meetings and discussions with police officials and officers throughout the State. But even when DRCA-H staff could personally examine two-year old police files to locate and record the necessary data, we found that data about drugs and drug-relatedness were often not available. Police officials and staff repeatedly told us that information is recorded only if it is directly related to the investigation; if we wanted drug related information, which might or might not be viewed as relevant to an investigation, we would have to request it during the investigation. In addition, situations that we might define as drug related were not always considered drug related by the police officials and officers to whom we were speaking.

A substantively and empirically adequate definition of drug-relatedness needs to be established so that data on the drug-relatedness of homicide, and other offenses, can be collected in a way that will be meaningful and practical. Until such a definition exists, efforts to use police data to predict future homicide trends given changing patterns of drug use or trafficking, or even to explain how drugs and homicide are related, are at best premature. It is in the area of defining drug-relatedness that DRCA-H makes its most important contribution. Using as a starting point the tripartite explanatory and reporting frameworks for understanding the

relationship between drugs and violence, DRCA-H offers empirical support for a comprehensive definition of the drug-relatedness of homicide that is both logically and empirically sound.

Substantively, DRCA-H shows that the tripartite explanatory and reporting frameworks are useful tools for understanding the nature and extent of the relationship between drugs and violent crime. Their use for the study of this nexus contributes to our ability to adequately define the drug-relatedness of homicides so that it is possible to obtain the information needed to make the most appropriate criminal justice policies.

Of the non-New York City DRCA-H homicide cases, 25 percent were found to have a psychopharmacological basis, with the predominant drug being alcohol. When drug-related violence or violent crime is shown to have a psychopharmacological origin, it will be appropriate to demonstrate what the drugs are that are associated with violent behavior. Enhanced enforcement would appropriately focus on users of those substances. Conversely, for drugs that are demonstrated to be unrelated to violent behavior, enhanced enforcement in cases involving users of those substances would be inefficient use of limited resources.

Less than 2 percent of the non-New York City DRCA-H homicide cases were found to have an economic compulsive basis. In cases where it is demonstrated that violent crime is largely a consequence of economic-compulsive behaviors being acted out by drug users, then policy and practice would appropriately target resources where they would remove or reduce the factors that motivate users to commit violence to obtain money for the purchase of drugs.

Specifically, the recommendation would be to emphasize enforcement in cases involving those drugs that are known to produce dependencies, that "push" users to commit violent acts when their need for the drug is unfulfilled. It would be counterproductive to initiate policies that would drive up the cost of such drugs, since this could inadvertently create a situation in which drug users have a greater need to commit economically motivated violence to obtain the drugs on which they are dependent.

The systemic dimension predominated in 9 percent of the non-New York City DRCA-H homicide cases. If violence were most often found to be the consequence of territorial disputes among drug dealers, retaliation for the robbery of a drug dealer, responses by purchasers of adulterated or phony drugs, and so on, then the recommendation would be for enhanced enforcement against those engaged in the drug trade. Traffickers and users involved in the manufacture, sale, distribution, and use of any substance would be demonstrated to be the most likely perpetrators of violence. To focus resources on other criminal offenders who incidentally use drugs while engaged in non-drug crime would not be the best use of finite resources.

Given limited criminal justice resources, policymakers and practitioners need valid and reliable information to make difficult decisions about the most effective, efficient, and just use of those resources. In the area of drugs and crime, they need to know about the nature and extent of that nexus. DRCA-H clearly demonstrates that use of the tripartite explanatory and reporting frameworks can help us to understand how and to what extent drugs and violent crime are related.

REFERENCES

Adler, F. 1985. Wheeling and Dealing: An Ethnography of an Upper-Level Dealing and Smuggling Community. New York: Columbia University Press.

American Bar Association. 1972. New Perspectives on Urban Crime. Washington, D.C.

Amir, M. 1971. Patterns in Forcible Rape. Chicago: Univeristy of Chicago Press.

Anglin, M.D. 1984. book review. Journal of Studies on Alcohol, 45, p. 469.

Asnis, S. and R. Smith. 1978. "Amphetamine Abuse and Violence," Journal of Psychedelic Drugs, 10, pp. 317-77.

Ball, J.C., J.W. Schaeffer, and D.N. Nurco. 1983. "The Day-to-Day Criminality of Heroin Addicts in Baltimore--A Study in the Continuity of Offense Rates," Drug and Alcohol Dependence, 12, pp. 119-42.

Bureau of Justice Statistics. 1982. Criminal Victimization in the United States, 1980. Washington, DC, United States Department of Justice.

Chaiken, J. and M. Chaiken. 1982. Varieties of Criminal Behavior, Santa Monica: Rand Corporation.

Chambers, Carl D. 1974. "Narcotic Addiction and Crime: An Empirical Overview," Chapter 5 in J.A. Inciardi and C.D. Chambers (eds.) Drugs and the Criminal Justice System. Beverly Hills, California: Sage.

Clayton, R. 1981. "Federal Drugs-Crime Research: Setting the Agenda," pp. 17-38 in J.A. Inciardi (ed.) The Drugs/Crime Connection. Beverly Hills, California: Sage.

Collins, J.J. 1982. "Drugs and Violence: The Relationship of Selected Psychoactive Substance Abuse to Assault and Robbery," paper presented at the annual meeting of the American Society of Criminology.

Cushman, P. 1974. "Relationship Between Narcotic Addiction and Crime," Federal Probation, 38, pp. 38-43.

Dai, B. 1937 (1970). Opium Addiction in Chicago, Montclair, NJ: Patterson Smith.

d'Orban, P.T. 1976. "Barbiturate Abuse," Journal of Medical Ethics, 2, pp. 63-7.

Ellinswood, E. 1971. "Assault and Homicide Associated with Amphetamine Abuse," American Journal of Psychiatry, 127, pp. 1170-75.

Feldman, H., M.H. Agar,, and G.M. Beschner (eds.). 1979.Angel Dust: An Ethnographic Study of PCP Users, Lexington, MA.

Felson, R.B. and H.J. Steadman. 1983. "Situational Factors in Disputes Leading to Criminal Violence," Criminology, 21, pp. 59-74.

Finestone, H. 1967. "Narcotics and Criminality," Law and Contemporary Problems, 22, pp. 60-85.

Fitzpatrick, J. 1974. "Drugs, Alcohol and Violent Crime," Addictive Diseases, 1, 360.

Gandossy, R. P. et al. 1980. Drugs and Crime: A Survey and Analysis of the Literature. Washington, D.C.: U.S. Department of Justice.

Gerson, Lowell W. and Donald A. Preston. 1979. "Alcohol Consumption and the Incidence of Violent Crime," Journal of Studies of Alcohol, 40, no. 3, March, 307-12.

Glaser, D. 1974. "Interlocking Qualities in Drug Use, Drug Control and Crime," in Inciardi, J. Nad Chambers, C., eds., Drugs and the Criminal Justice System, Beverly Hills, CA: Sage Publications, pp. 49-60.

Gold, Martin. 1966. "Undetected Delinquent Behavior," Journal of Research in Crime and Delinquency, vol. 13, January, pp. 27-46.

Goldstein, Paul J. 1986. "Homicide Related to Drug Traffic," Bull. N.Y. Acad. Med., vol. 62, no. 5, June, pp. 509-16.

1982. "Drugs and Violent Behavior," Paper presented at the annual meeting of the Academy of Criminal Justice Science, Louisville, KY, March.

1981. "Getting Over: Economic Alternatives to Predatory Crime Among Street Drug User," in Inciardi, J., ed., The Drugs/Crime Connection, Beverly Hills, CA, Sage Publications.

1979. Prostitution and Drugs. Lexington: Lexington Books.

Goldstein, P. and N. Duchaine. 1980. "Daily Criminal Activities of Street Drug Users," Paper presented at the meetings of the American Society of Criminology, San Francisco.

Goldstein, P.J. and B. Johnson. 1983. "Robbery Among Heroin Users," presented at the annual meeting of the Society for the Study of Social Problems.

Goldstein, P.J. and D. Hunt. 1984. The Impact of Drugs on the Health of the Nation, Final Report to the Carter Center of Emory University.

Goldstein, P.J., D. Lipton, E. Preble, I. Sobel, T. Miller, W. Abbott, W. Paige, and F. Soto. 1984. "The Marketing of Street Heroin in New York City," Journal of Drug Issues, 14, pp. 553-66.

Gottfredson, Don M. 1967. "Assessment and Prediction Methods in Crime and Delinquency," Task Force Report: Juvenile Delinquency, President's Commission on Law Enforcement and Administration of Justice, Washington, D.C., pp. 171-87.

Gottschalk, L.A., F.L. McGuire, J.F. Heiser, E.C. Dinovo, and H. Birch. 1979. Drug Abuse Deaths in Nine Cities. Rockville: National Institute on Drug Abuse.

Gould, L. 1974. "Crime and the Addict: Beyond Common Sense," in Inciardi, J. and C. Chambers, eds., Drugs and the Criminal Justice System, Beverly Hills, CA, Sage Publications, pp. 57-75.

Greenberg, S. and Adler F. 1974. "Crime and Addiction: An Empirical Analysis of the Literature, 1920-1973," Contemporary Drug Problems, 3, pp. 221-70.

Gropper, Bernard A. 1985. Probing the Links Between Drugs and Crime. Research in Brief, National Institute of Justice, U.S. Department of Justice.

1984. "Probing the Links Between Drugs and Crime," NIJ Reports, SNI 188, Washington, D.C.: National Institute of Justice, pp. 4-8.

Harwood, H., D. Napolitano, P. Kristiansen, and J. Collins. 1984. Economic Costs to Society of Alcohol and Drug Abuse, Final Report to the Alcohol, Drug Abuse and Mental Health Administration.

Inciardi, J.A. 1980. "Youth, Drugs, and Street Crime," pp. 175-204 in F. Scarpitti and S.K. Datesman (eds.), Drugs and the Youth Culture, Beverly Hills: Sage.

Inciardi, J. and Chambers, C. 1972. "Unreported Criminal Involvement of Narcotic Addicts," Journal of Drug Issues, 2, pp. 57-64.

Jacoby, J.E. et al. 1973. "Drug Use in a Birth Cohort," pp. 330-343 in National Commission on Marijuana and Drug Abuse, Drug Use in America: Problem in Perspective. Washington, D.C.: Government Printing Office.

Johnson, B., P. Goldstein, E. Preble, J. Schmiedler, D.S. Lipton, B. Spunt, and T. Miller. 1985. Taking Care of Business: The Economics of Crime by Heroin Abusers. Lexington, Massachusetts: Lexington Books.

Johnson, Bruce D. and James Schmiedler. 1981. "Exploring Asymmetries in the Hard Drug-Crime Relationship," paper presented to the Society for the Study of Social Problems, Toronto, Canada, August.

Johnson, S., L. Gibson, and R. Linden. 1976. "Alcohol and Rape in Winnepeg: 1966:1975," Journal of Studies on Alcohol, 39, pp. 1187-94.

Klebba. A.J. 1981. "Comparison of Trends for Suicide and Homicide in the United States, 1900-1976," pp. 127-48 in J.R. Hays, T. Roberts, and K. Solway (eds.), Violence and the Violent Individual, New York: SP Medical.

Kolb, Lawrence. 1925. "Drug Addiction and Its Relation to Crime." Mental Hygiene, 9, 74-89.

Kozel, N., Dupont, R., and Brown, B. 1972. "A Study of Narcotic Involvement in an Offender Population," International Journal of the Addictions, 7, pp. 443-50.

Kramer, J.C. 1976. "From Demon to Ally-How Mythology Has and May Yet Alter National Drug Policy," Journal of Drug Issues, 6, pp. 390-406.

Lewis, R., R. Hartnoll, S. Bryer, E. Daviaud, and M. Mitcheson. 1985. "Scoring Smack: The Illicit Heroin Market in London, 1980-1983," British Journal of Addiction, 80, pp. 281-90.

McBride, D.C. 1981. "Drugs and Violence," in The Drugs-Crime Connection, J.A. Inciardi (ed.), Beverly Hills, CA, Sage Publications, pp. 105-24.

McBride, Duane C., Cindy Burgman-Habermehl, Jeff Alpert, and Dale Chitwood. 1986. "Drugs and Homicide," Bulletin of the New York Academy of Medicine, June, 62, pp. 497-508.

Mednick, S.A., V. Pollock, J. Volavka, and W.F. Gabrielli. 1982. "Biology and Violence," in M.E. Wolfgang and N.A. Weiner (eds.), Criminal Violence, Beverly Hills: Sage.

Monforte, J.R. and W.U. Spitz. 1975. "Narcotic Abuse Among Homicides in Detroit," Journal of Forensic Sciences, 20, pp. 186-90.

New York City Police Department. 1983. Homicide Analysis, New York City Police Department.

New York State Division of Criminal Justice Services. 1983. Homicide in New York State: 1981, Division of Criminal Justice Services.

Pescor, M. J. 1943. "A Statistical Analysis of the Clinical Records of Hospitalized Drug Addicts." Public Health Reports Supplement 143.

Petersilia, J., P. Greenwood, and M. Lavin. 1978. Criminal Careers of Habitual Felons, Washington, D.C.: National Institute of Law Enforcement and Criminal Justice.

Preble, E. 1980."El Barrio Revisited," paper presented at the annual meeting of the Society for Applied Anthropology.

Preble, E. and J. Casey. 1969. "Taking Care of Business. The Heroin Users Life on the Street," International Journal of the Addictions, 4, p. 1-24.

President's Commission on Law Enforcement and Administration of Justice. 1967. Task Force Report: Science and Technology. Washington, D.C., pp. 55-64.

Quinney, Richard and John Wildeman. 1977. The Problem of Crime. New York, Harper and Row.

Rada, R. 1975. "Alcoholism and Forcible Rape," American Journal of Psychiatry, 132, pp. 444-46.

Randazzo, J. and D. Gentile. 1983. "The Killing Ground and the Haven," New York Post, December 26, p. c11.

Ricks, T.E. 1986. "The Cocaine Business," Wall Street Journal, June 30, pp. 1, 16.

Schatzman, M. 1975. "Cocaine and the Drug Problem," Journal of Psychedelic Drugs, 7, pp. 7-18.

Shupe, L.M. 1954. "Alcohol and Crime: A Study of the Urine Alcohol Concentration Found in 882 Persons Arrested During Or Immediately After the Commission of a Felony," Journal of Criminal Law, Criminology, and Police Science, 44, pp. 661-64.

Silver, G. 1979. The Dope Chronicles: 1850-1950. San Francisco: Harper and Row.

Simonds, J.F. and J. Kashani. 1980. "Specific Drug Use and Violence in Delinquent Boys," American Journal of Drug and Alcohol Abuse, 7, pp. 305-22.

Singer, Simon I. 1987. A review of "Prediction in Criminology" by D.P. Farrington and R. Tarling and of "Crime and Victimization Data" by R.M. O'Brien. Contemporary Sociology, vol.16, July, pp. 528-29.

Solursh, L. 1975. "Psychoactive Drugs, Crime and Violence," Psychological Reports, 37.

Sparks, R.F. "Multiple Victimization: Evidence, Theory, and Future Research," Journal of Criminal Law and Criminology, 72, pp. 762-78.

Stephens, R.C. and R.D. Ellis. 1975. "Narcotic Addicts and Crime: Analysis of Recent Trends," Criminology, 12, pp. 474-88.

Swezey, R. 1973. "Estimating Drug-Crime Relationship," International Journal of the Addictions, 8, pp. 701-21.

Tinklenberg, J. 1973. "Drugs and Crime," in National Commission on Marijuana and Drug Abuse, Drug Use in America: Problems in Perspective, Appendix, Vol. 1: Patterns and Consequences of Drug Use, Washington, D.C., 242-67.

Tinklenberg, J., P. Murphy, C. Darley, W. Roth, and B. Kopell. 1974. "Drug Involvement in Criminal Assaults by Adolescents," Archives of General Psychiatry, 30, pp. 685-89.

Tinklenberg, J., W. Roth, B. Kopell, and P. Murphy. 1976. "Cannabis and Alcohol Effects on Assaultiveness in Adolescent Delinquents," Annals of the New York Academy of Sciences," 282, pp. 85-94.

Tinklenberg, J., P. Murphy, P.L. Murphy, and A. Pfefferbaum. 1981. "Drugs and Criminal Assaults by Adolescents: A Replication Study," Journal of Psychoactive Drugs, 13, pp. 277-87.

Virkkunen, M. 1974. "Alcohol as a Factor Precipitating Aggression and Conflict Behavior Leading to Homicide," British Journal of the Addictions, 69, pp. 149-54.

Voss, H.L. and R.C. Stephens. 1973. "Criminal History of Narcotic Addicts," Drug Forum, 2, pp. 191-202.

Wilkins, Leslie T. 1965. "New Thinking in Criminal Statistics," Journal of Criminal Law, Criminology, and Police Science, vol. 56, pp. 277-84.

Wish, E.D., K.A. Klumpp, A.H. Moorer, and E. Brady. 1980. An Analysis of Drugs and Crime Among Arrestees in the District of Columbia. Springfield, VA: National Technical Information Service.

Wolfgang, M. 1958. Patterns in Criminal Homicide. Philadelphia: University of Pennsylvania Press.

Zahn, M.A. 1980. "Homicide in the Twentieth Century United States," in J.A. Inciardi and C.E. Faupel (eds.), History and Crime, Beverly Hills: Sage.

Zahn, M.A. and M. Bencivengo. 1974. "Violent Death: A Comparison Between Drug Users and Nondrug Users," Addictive Diseases, 1, pp. 283-96.

Zorvik, D. 1970. "Do Drugs Lead to Crime," Look Magazine, 34 (7), April.

APPENDICES

APPENDIX A -- Non-New York City Data Collection Instrument

Appendix B -- New York City Data Collection Instrument

APPENDIX A-1

Agency_____ Preparer's Title_____

Preparer's Name _____ (Optional)

DIVISION OF CRIMINAL JUSTICE SERVICES NARCOTIC AND DRUG RESEARCH, INC.

Data Collection Form: DRCA-II Project

Incident No._____ Complaint No._____ Date of Homicide_____

No. of Victims _____ (Use a separate supplementary form for each additional VICTIM.)

No. of Perpetrators _____ (Use a separate supplementary form for each additional PERPETRATOR.)

Victim's Name(1)_____ NYSID No._____ Age____ Sex____ Race____ Ethnicity_____

Perpetrator's Name(1)_____ NYSID No._____ Age____ Sex____ Race____ Ethnicity_____

Perpetrator's Arrest No._____ Arrest Date_____ Exceptional Clearance_____

Directions: Please check or circle all that apply. Based on whatever information is known about this homicide event if alcohol and/or drugs were involved, in any way, please answer the drug-related questions by circling 'Y' for YES, 'N' for NO, or 'DNK' for DO NOT KNOW.

1. Victim Relationship to Perpetrator?

____ Spouse
____ Parent
____ Child
____ Sibling
____ Other Relative
____ Common-Law Spouse
____ Boy/Girl Friend
____ Homosexual Friend
____ Other Friend
____ Long-term Acquaintance
____ Recent/Casual Acquaintance
____ Neighbor
____ Stranger
____ Drug Business Acquaintance
____ Drug Relationship Undetermined
____ Police Officer/Peace Officer
____ Overall Relationship Undetermined

2. Circumstances of Homicide?

3. Were the circumstances drug-related?

____	Execution of Police Officer	Yes	No	Do Not Know
____	Execution of Peace Officer	Yes	No	Do Not Know
____	Drug Related Transaction	Yes	No	Do Not Know
____	Organized Crime Related	Yes	No	Do Not Know
____	Forcible Sex Crime	Yes	No	Do Not Know
____	Robbery	Yes	No	Do Not Know
____	Burglary	Yes	No	Do Not Know
____	Arson	Yes	No	Do Not Know
____	Youth Gang Activity	Yes	No	Do Not Know
____	Dispute	Yes	No	Do Not Know
____	Vice/Sex Related	Yes	No	Do Not Know
____	Other	Yes	No	Do Not Know

(If 'Other', please specify)_____

4. Means Used?

____ Undetermined
____ Handgun
____ Rifle
____ Shotgun
____ Machine Gun
____ Explosive
____ Fire
____ Knife/Cutting Instrument
____ Blunt Instrument
____ Physical Force
____ Motor Vehicle
____ Poison
____ Neglect/Abandonment of Child
____ Other (please specify)

_____

5. Motive?

____ Undetermined
____ The Furtherance of Another Crime (not murder or assault: e.g., overcome resistance to robbery or to facilitate escape from robbery, etc.)
____ Incidental to Another Crime (not murder or assault: e.g., no resistance and no necessity for homicide, spontaneous)
____ Premeditated (underlying cause may be debt, business issue, infidelity, etc.
____ Spontaneous Dispute (e.g., fight in a bar, traffic dispute, insult, etc.)
____ Child Abuse
____ Psychotic-Irrational
____ Other (please specify)_____

_____

6. Location of Homicide?

7. Was this a 'known' drug site?

8. If yes, what type of drug site

____	Vacant/Abandoned Building	Yes	No	Do Not Know	____ Shooting Gallery
____	Open Area	Yes	No	Do Not Know	____ Drug Factory/Mill
____	Transit System	Yes	No	Do Not Know	____ Drug Sales Location
____	Commercial Site	Yes	No	Do Not Know	____ Drug Smuggling Location
____	Public Area	Yes	No	Do Not Know	____ Other (please specify)
____	Residence	Yes	No	Do Not Know	_____
____	Other (please specify)	Yes	No	Do Not Know	_____

_____ _____

Was he/she believed to be

		VICTIM			PERPETRATOR		
9.	an opiate user	Y	N	DNK	Y	N	DNK
10.	another type of drug user	Y	N	DNK	Y	N	DNK
11.	an alcoholic	Y	N	DNK	Y	N	DNK
12.	combination alcohol/drugs user	Y	N	DNK	Y	N	DNK
13.	in a drug treatment program	Y	N	DNK	Y	N	DNK

At the time of the homicide event, was he|she believed to be using	VICTIM			PERPETRATOR		
15. heroin	Y	N	DNK	Y	N	DNK
16. cocaine	Y	N	DNK	Y	N	DNK
17. barbiturate	Y	N	DNK	Y	N	DNK
18. marijuana	Y	N	DNK	Y	N	DNK
19. PCP	Y	N	DNK	Y	N	DNK
20. alcohol	Y	N	DNK	Y	N	DNK
21. amphetamine	Y	N	DNK	Y	N	DNK
22. methadone	Y	N	DNK	Y	N	DNK
23. hallucinogen	Y	N	DNK	Y	N	DNK
24. tranquilizer	Y	N	DNK	Y	N	DNK
25. other	Y	N	DNK	Y	N	DNK

(If 'other', please specify)_____

For drugs listed in items 15-25 was the main source of information the|a	VICTIM			PERPETRATOR		
26. Medical Examiner	Y	N	DNK	Y	N	DNK
27. Witness	Y	N	DNK	Y	N	DNK
28. Police Officer's Report	Y	N	DNK	Y	N	DNK
29. Perpetrator's Account	Y	N	DNK	Y	N	DNK
30. Other	Y	N	DNK	Y	N	DNK

(If 'Other', please specify)_____

Did this homicide event include	VICTIM			PERPETRATOR		
31. drug buying by the	Y	N	DNK	Y	N	DNK
32. drug selling by the	Y	N	DNK	Y	N	DNK
33. drugs found on|near the	Y	N	DNK	Y	N	DNK
34. drug paraphernalia found on|near the	Y	N	DNK	Y	N	DNK

Was the following drug(s) found on|near the	VICTIM			PERPETRATOR		
35. heroin	Y	N	DNK	Y	N	DNK
36. cocaine	Y	N	DNK	Y	N	DNK
37. barbiturate	Y	N	DNK	Y	N	DNK
38. marijuana	Y	N	DNK	Y	N	DNK
39. PCP	Y	N	DNK	Y	N	DNK
40. alcohol	Y	N	DNK	Y	N	DNK
41. amphetamine	Y	N	DNK	Y	N	DNK
42. methadone	Y	N	DNK	Y	N	DNK
43. hallucinogen	Y	N	DNK	Y	N	DNK
44. tranquilizer	Y	N	DNK	Y	N	DNK
45. other	Y	N	DNK	Y	N	DNK

(If 'other', please specify)_____

At the time of the homicide was he|she believed to be	VICTIM			PERPETRATOR		
46. sick, in need of drugs	Y	N	DNK	Y	N	DNK
47. high, on drugs	Y	N	DNK	Y	N	DNK
48. high, on alcohol	Y	N	DNK	Y	N	DNK
49. behaving irrationally due to the ingestion of alcohol|drugs	Y	N	DNK	Y	N	DNK

Was he|she believed to be a	VICTIM			PERPETRATOR		
50. non-trafficker	Y	N	DNK	Y	N	DNK
51. low level drug trafficker	Y	N	DNK	Y	N	DNK
52. high level drug trafficker	Y	N	DNK	Y	N	DNK

Do you believe that the homicide resulted from

53. drug user's committing a crime to obtain money for a drug purchase	Y	N	DNK
54. drug trafficking	Y	N	DNK
55. fight by rival dealers over territory	Y	N	DNK
56. drug dealer killed for selling bad drugs	Y	N	DNK
57. drug buyer killed in fight with dealer for selling bad drugs	Y	N	DNK
58. execution of police informer	Y	N	DNK
59. dispute over works or other drug paraphernalia	Y	N	DNK
60. dispute over theft of drugs	Y	N	DNK
61. assault to collect drug related debt	Y	N	DNK
62. punishment of drug workers by dealer	Y	N	DNK
63. homicide during robbery of drug dealer	Y	N	DNK
64. other drug related circumstance	Y	N	DNK

(If 'other drug related circumstance', please specify)_____

Please use the reverse sides of the survey form to provide any additional information. If you are referring to a

Pct._____ Complaint#_____ Date_____

Victim's Name_____ Age____ Sex___ Race_____

Criminal Record
(NYSID#)_____

Perpetrator's Name_____ Age____ Sex___ Race_____

Arrest#_____ Date_____ Exceptional Clearance_____

Criminal Record
(NYSID#)_____

A. Victim's relationship to perpetrator _____

B. Circumstances _____

Drug related (Yes,No, Unknown) _____

C. Location _____

D. Drug site

yes,no,unknown _____

if yes,enter code _____

E. Motive _____

F. Victim status _____

VICTIM INFORMATION:

1. Drugs found on/near victim? (Yes,No)

2. Paraphernalia found on/near victim?
(Yes, No, Unknown)

3. Victim believed to be trafficker?
(Yes, No, Unknown)

3a. What level trafficker? (High,Low)

PERPETRATOR INFORMATION:

1. Perpetrator believed to be drug user?
(Yes,No,Unknown)

2. Drugs found on/near perpetrator at arrest?
(Yes,No,Unknown)

3. Paraphernalia found at arrest?
(Yes,No,Unknown)

4. Perpetrator believed to be trafficker?
(Yes,No,Unknown)

4a. Level of trafficker?
(High,Low)

APPENDIX B