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Gang youth, substance use, and drug normalization

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Abstract

Gang membership is an indicator of chronic substance use.¹ Evidence from North America and Europe indicates that gang youth, in comparison to their non-gang peers, are more likely to report alcohol and illicit drug use (Bendixen, Endresen, & Olweus, 2006; Gatti, Tremblay, Vitaro, & McDuff, 2005; Gordon, et al., 2004; Hall, Thornberry, & Lizotte, 2006; Sharp, Aldridge, & Medina, 2006). Qualitative studies focusing specifically on gang members have also noted high frequencies of lifetime rates of use for a variety of illegal substances (De La Rosa, Rugh, & Rice, 2006; Hagedorn, Torres, & Giglio, 1998; Hunt, Jo-Laidler, & Evans, 2002; Mata et al., 2002; Valdez, Kaplan, & Cepeda, 2006). Gang youth, however, have differential attitudes towards the use of various illegal drugs. Marijuana, for instance, has remained a staple within gang culture, but the use of other drugs has been heavily stigmatized, especially heroin, methamphetamine, and crack cocaine (MacKenzie, Hunt, & Joe-Laidler, 2005; Moore, 1978; Taylor, 1990; Waldorf, 1993). Perspectives with good explanatory power should be flexible enough to elucidate these distinctions regarding illicit substance use patterns and preferences.

Major criminological theories, such as disorganization theory, general strain theory, and the general theory of crime (i.e. control theory), have all received support as to why youth use drugs (e.g. Baron, 2004; Lambert, Brown, Phillips, & Ialongo, 2004; Pratt & Cullen, 2000). However, these theories are unhelpful in explaining at least two things about illicit drug use. For one, the theories are less clear on why youth use certain illegal drugs, but refrain from using others. This is important. Evidence suggests that young drug users in the general United States population have polarizing attitudes about various illegal drugs, whereby a hierarchy of acceptable substances has emerged, with marijuana being seen as significantly less harmful and more social than others (e.g. *Monitoring the Future*; Johnston, O'Malley, Bachman, & Schlenberg, 2011). A second concern with applying these major criminological

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theories towards substance use is the non-problematic and utilitarian nature of the use of certain illegal drugs for youth. For many young people, illegal drug use may be a key leisure activity (Hunt, Evans & Fares, 2007; Measham, Parker, & Aldridge, 2001; Measham & Shiner, 2009; Rojek, 2000; Sanders, 2006; Soar, Turner, & Parrott, 2006). In such cases, drug use does not necessarily negatively impair young peoples' functions and roles within society, nor do their peers stigmatize such use. Rather, the use of certain substances may be viewed as routine, common practices. In such cases, difficulty arises in explaining such behaviors in pathological terms (Young, 1971, 1999). Theories with good explanatory power should be flexible enough to elucidate these distinctions regarding illicit substance use patterns and preferences among youth.

One concept that espouses this flexibility is the drug normalization thesis. Originally developed by Howard Parker, Fiona Measham and Judith Aldridge, the normalization thesis rejects explanations of drug use set in the discourse of pathology, and emphasizes instead the value individuals place on the use of illegal drugs, as well as how such drugs are used in the context of pleasure. Drug normalization does not necessarily refer to how the use of drugs among youth has become a day-to-day activity for all young drug users, nor that drug use is a 'normal' activity for all youth in general. Rather, it has focused on how the uses of some drugs, particularly marijuana, have moved from the periphery towards the center of popular youth culture and are a very common feature of the leisure landscape. The normalization thesis has continued to evolve since its inception in the mid-1900s (Parker, Measham, & Aldridge, 1995; Parker, Aldridge, & Measham, 1998; Parker, Williams, & Aldridge, 2002). The most recent version of thesis rests on six characteristics: the availability of the drug; having ever used the drug; current use of the drug; intent to use the drug in the future; cultural attributes supportive of the use of the drug; and being 'drugwise' about the effects and experiences of illegal drugs in general (Measham & Shiner, 2009).

Arguments against the normalization thesis suggest it exaggerates illegal drug use among youth and grossly simplifies the complex reasons why youth use them (Shiner & Newburn, 1997, 1999). Moreover, the thesis somewhat ignores important structural considerations related to substance use, as well as human agency in the decision to use some drugs but not others (see Measham & Shiner, 2009 for a review). Nonetheless, the thesis has been considered one of the most influential in recent developments within the sociology of drug use (Measham & Shiner, 2009). Drug normalization has come to refer to different things among different researchers (Aldridge, Measham, Parker & Williams, 2011). The majority of research on the normalization thesis has been conducted in Europe, Asia or Australia among youth who, outside of their substance use, are non-offenders (Cheung & Cheung, 2006; Duff, 2005; Measham et al., 2001; Pilkington, 2007; Sanders, 2005a; Shildrick, 2002). However, a few drug researchers have examined its applicability to samples of illegal drug users with significant involvement in offending in the United States (e.g. gang members; injection drug users; MacKenzie, Hunt, & Joe-Laidler, 2005; Molloney, Hunt, & Evans, 2008; Sanders, Lankenau, Jackson-Bloom & Hathazi, 2008).

This manuscript has two objectives. The first is to present descriptive epidemiological data on illicit substance use among a sample of gang youth ($n=60$) recruited in various parts of Los Angeles. The first part of the manuscript presents these data, including the initiation,

frequency of use, administrations, and polydrug combinations for a variety of illegal drugs. The point here is to update and expand what is known about drug use patterns among gang members in Los Angeles. The second objective is to contextualize illicit drug use among the sample, with a particular focus on how the normalization thesis fits with the sample's patterns of use and attitudes towards marijuana. The manuscript then offers a discussion on the methodological, practical and theoretical implications of the study's findings.

Research methods

Sixty gang-identified youth aged 16 to 25 years old were enrolled into the study between June 2006 and December 2007 (for more detail see Sanders, Lankenau & Bloom, 2010). The youth belonged to a variety of gangs that have been in existence for generations.² Youth were recruited through the assistance of 14 adults that were affiliated with 11 different community-based organizations (CBOs) and who worked specifically with gang youth. The CBOs were located within three general areas of Los Angeles: East, South and West. All youth enrolled in the study self-identified as gang members, and the adults who helped to recruit them confirmed the youths' age and status as current gang members. The refusal rate was 2%, as two of the youth asked to participate in the study declined.

Data are based on digitally recorded in-depth interviews, conducted by the author with the aide of a laptop computer utilizing interview-managing software (i.e. Questionnaire Design Studio). Closed-ended interview questions captured quantitative socio-demographic data and epidemiological data on illicit substance use, and open-ended questions captured qualitative data on youths' overall attitudes about substance. Qualitative data also probed cultural minutiae among the sample, such as musical preferences, street names and body modifications (i.e. tattoos, piercings).

Interviews typically lasted between 60 and 90 minutes and were carried out face-to-face in privacy at the CBO or a nearby restaurant. All youth were informed of their rights as research participants and signed consent/assent forms, and their rights were further protected by a Federal Certificate of Confidentiality. As an incentive, upon completion of the interview, all youth received \$20 in cash, a package of five condoms containing lubricant and instructions, and an information sheet listing contact details for a variety of local and state service providers. All youth expressed appreciation for such incentives. An Institutional Review Board (IRB) approved all research protocols, questions documents.³ The interviews did not interfere with the services the youths received, and no IRB reportable events occurred.

Sample characteristics

Table 1 presents socio-demographic data on the sample. The sample was predominately male (90.0%) with a mean age of about 18. Many in the sample reported on community, family, and school risk factors consistent in the research literature with those associated with gang membership (Gatti et al., 2005; Gordon et al., 2004; Hall et al., 2006). For instance,

²For confidential purposes, the names of the youths' gangs were not recorded.

³The IRB was the Committee for Clinical Investigations at Childrens Hospital Los Angeles.

African American and Latino youth are at an increased risk of joining gangs, and all youth in the study were African American, Latino, or a combination of these identities. Regarding community risk factors, all youth were recruited from specific areas within Los Angeles with significant histories of gangs, illicit drug sales, and crime. All youth discussed being members of gangs that have been in existence for generations.

In terms of family risk factors, a proportion of the youth reported issues of poverty: 26.7% were homeless at some point in their lives; and 25.0% felt ‘very poor’ or ‘poor’ growing up. Other family risk factors reported were being raised by one parent (45.0%), having family members in the gang (68.3%), having family members who have been arrested (90.0%), and having family members who have been incarcerated (86.7%).

Regarding school risk factors, over one-third (35.0%) have been expelled from school. Many of the youth also reported involvement in criminal justice system. For instance, 83.3% have been arrested, 70.0% have been to jail or juvenile hall, and 28.3% have been to prison, probation operated ‘camps’ or to Division of Juvenile Justice (formerly California Youth Authority) operated youth correctional facilities.

Other physical and mental health questions among the youth were also asked to obtain a fuller profile of their backgrounds. Regarding mental health, 36.7% said they currently feel ‘miserable’ or ‘not very happy’, 53.3% have seen a mental health therapist in their lives, and 28.3% have been prescribed medication for a mental health condition. Regarding physical health, 21.7% described their current health as ‘fair’ or ‘poor’, and 43.3% reported current physical health problems.

Patterns and profiles of illicit substance use

Table 2 provides data on illicit substance use patterns among the sample. As illustrated, the sample used a wide variety of illicit substances, with an emphasis on marijuana. Marijuana was the most commonly used illicit substance (98.3%), the earliest used drug (6 years old), and, on average, the first illicit substance used (12.5 years old) among the sample. While many reported they had used several of the illicit substances queried about ‘more times than they could recall’, for marijuana, this was the most common reply.

Youth reported two general types of marijuana use, which may be referred to as low and high grade. High-grade marijuana is often grown indoors through hydroponics, and is generally more potent than low-grade marijuana, which is often grown outdoors.

High-grade marijuana was referred to as “chronic”, “kush”, “kind”, and “medical”, and low-grade marijuana was referred to as “stress”, “bush”, “regular”, and “dirt weed.” At most recent marijuana use, 95% ($n=56$) of the sample said they used high-grade marijuana, indicating their preference for this type (data not shown).

Rates of use for crystal methamphetamine, ecstasy, prescription opiates (e.g. hydrocodone, codeine) and powder cocaine were between 35.0% and 31.7%. Rates of use for PCP, psilocybin mushrooms, and inhalants (e.g. nitrous oxide, amyl nitrate, “magic marker”, “air freshener”, “spray can”) were between 25.0% and 21.7%. The least reported drugs used

were LSD, prescription stimulants (e.g. methylphenidate, amphetamine and dextroamphetamine), heroin, and prescription benzodiazepines (e.g. clonazepam, alprazolam).

After marijuana, the most frequently used illicit substances, on average, were crystal methamphetamine (14.8 occasions), powder cocaine (10.3 occasions), ecstasy (6.6 occasions), and crack cocaine (6.4 occasions). The least commonly used ones were inhalants (4.4 occasions), PCP (3.5 occasions) and heroin (1.3 occasions). The earliest used substances after marijuana were inhalants (14.5 years old), LSD (14.7 years old), and powder cocaine (15.0 years old). The latest used substances were ecstasy (17.6 years old), heroin (16.5 years old) and psilocybin (15.8 years old).

Regarding administrations, marijuana was commonly smoked, but also eaten when cooked into baked goods (e.g. cookies, brownies). Crystal methamphetamine and powder cocaine were smoked and sniffed, but also swallowed, either directly or when put in a beverage (e.g. coffee, beer). Ecstasy was swallowed in pill form and smoked when crushed and mixed with other substances in a marijuana joint. Crack cocaine was swallowed or smoked directly in a pipe, bong or within a marijuana joint. Prescription opiates, stimulants and benzodiazepines were swallowed in pill form, smoked when crushed and combined with other substances in a marijuana joint, or sniffed directly after being crushed. PCP was smoked in cigarettes or marijuana joints that had been dipped in a liquid version of the drug. Heroin was only smoked and LSD was only swallowed. Psilocybin mushrooms were dried and then swallowed or smoked in a marijuana joint.

For lifetime rates of polydrug use, 75% reported, in total, 21 different simultaneous or sequential combinations. These included 14 different combinations of two substances and four different combinations with three substances, which are listed in Table 3. The most common of these combinations was the sequential use of alcohol and marijuana (66.7%), followed by the simultaneous use of marijuana and crack (11.7%). Outside of these data, one youth reported a sequential combination of four substances (alcohol, crystal methamphetamine, powder cocaine, and ecstasy), another youth reported a sequential combination of five substances (alcohol, marijuana, powder cocaine, ecstasy and psilocybin mushrooms), and another youth reported a simultaneous combination of six substances (marijuana, powder cocaine, crack cocaine, crystal methamphetamine, heroin and PCP). This respondent discussed the six-drug combination, a joint he described as a 'ghost buster':

Respondent. You know what you should put on there?

B. Sanders [BS]: What?

R: Ghost buster.

BS: What is that?

R: It's a [marijuana] joint, with glass [crystal methamphetamine], heroin, coke, some cavi [crack cocaine], roll it up and dipped in sherm, dipped in PCP.

BS: How was that?

R: [Rolling eyes]: Whew, man, ya know?

Regarding drug combinations, ‘p-dogs’ – marijuana joints containing crack cocaine – were common. In this case, ‘p’ stands for ‘piedra’, which in Spanish translates to ‘rock’ – a colloquialism for crack cocaine. However, youth did not always associate smoking a p-dog with using crack, as the below interview excerpt illustrates:

BS: Have you ever used crack?

Respondent: No.

BS: Have you ever smoked a p-dog?

R: No, I smoked sherm [PCP] sticks.

BS: Okay. That is something. That is PCP.

R: Okay. P-dogs. Yeah, I smoked a p-dog.

I: Did you smoke a p-dog?

R: Yeah, I did not mean to. But, ya know?

Other research on drug use among gang members reveals some similar substance use patterns reported on here. For instance, several studies have indicated marijuana is the most commonly used illegal drug, whereby over 90% of the samples reported such use (Hunt et al., 2002; Mata et al., 2002; Valdez et al., 2006). Such high rates of marijuana use were also reported here. Amphetamine use among the sample is also at parallel levels reported in other gang research (Hunt et al., 2002; Robinson, 2001; Valdez et al., 2006), as is crack cocaine usage (Hunt et al., 2002). However, rates of use for powder cocaine, heroin, LSD, PCP, and non-medical prescription drugs were significantly higher in other studies on drug use among gang members (Fagan, 1989; Hagedorn et al., 1998; Hunt et al., 2002; Mata et al., 2002; Valdez et al., 2006; Waldorf, 1993).

The normalized character of marijuana use

Critics of the drug normalization thesis point to the lack of empirical evidence to suggest that *all* drugs are normalized among youth in general (Shiner & Newburn, 1997, 1999) or within a particular population (Pilkington, 2007; Shildrink, 2002). Others, however, have found support for the normalization thesis as it relates to *specific* illicit substances among *certain* populations (Duff, 2005; MacKenzie et al., 2005; Moloney et al., 2008; Sanders, 2005a; Sanders, 2005b; Sanders et al., 2008). Evidence from the present study indicates something similar: Illicit drug use is not normalized among the gang youth in this study; marijuana use, though, appears to be normalized.

Various aspects about the sample's marijuana use suggest its normalized character. For instance, marijuana was the most commonly and frequently used illicit substance, as well as the earliest one used. Marijuana was also included in 14 of the 21 polydrug combinations, more than any other substance. Marijuana was consumed by half ($n=30$; 50.0%) of the sample within the previous 30 days, with a range of 1-30 days (mean=21.3 days), and 10 (16.7%) who reported daily use (data not shown). Marijuana was also perceived by more than half of the sample (56.7%) as their ‘drug of choice’ (data not shown). These qualities suggest at least three characteristics of marijuana normalization: high rates of lifetime use;

high rates of relatively recent use; and, as drug of choice implies, intent to use the drug in the near future.

Another characteristic that supports marijuana normalization among the sample is their availability of the drug. Of the 59 youth in the sample who had used marijuana, 8.5% ($n=5$) said they did *not* know anyone who sold marijuana. The remainder of the sample ($n=54$; 91.5%) knew other or places who sold marijuana in various ways, including a specific person or location ($n=32$; 54.2%), a close friend or family member ($n=10$; 16.9%), sold the drug themselves ($n=9$; 15.3%), a medical marijuana outlet ($n=2$; 3.4%), or through 'taxing' a marijuana seller - taking the drug as a payment for 'allowing' sales within a gang territory ($n=1$; 1.7%) (data not shown).

An additional indicator of marijuana normalization among the sample is their positive attitudes about the drug. Of the 59 youth in the sample who used marijuana, 3.3% ($n=2$) said they did *not* like marijuana, and an additional 6.6% ($n=4$) said 'I don't know' when asked their opinions about the drug. The remainder of the sample 89.8% ($n=53$) voiced positive attitudes towards marijuana use, including:

It makes me feel good.

It's cool....It's healthy.

It really does help me out

Personally, I don't really think weed is a drug. It's just like drinking beer.

I don't think marijuana is a drug

I like the smell, I like the look, I like how you feel.

Honestly, if I did not smoke weed, I would probably be in jail.

I don't think its nothing major.

Marijuana is really not a drug...they are giving [it] away to people now [at] the doctor. [Marijuana] don't do nothing to you.

Like marijuana, its like whatever, its just a plant, you can dry it out.

The acceptability of marijuana was also shared by many of the gang youths' peers and relatives. While 8.3% ($n=5$) of the sample reported having *no* friends or family members that used marijuana, 91.7% ($n=55$) reported between 1 to 35 friends and family members (mean = 7.96) they knew who also used marijuana. Youth thus knew, on average, about eight others within their social networks who held positive attitudes towards marijuana use (data not shown).

While marijuana was clearly available to the sample, so too were other illicit drugs. Many youth had personal experiences with such drugs, whether from their own use or seeing such use in their communities. Through such exposure, the youth were able to formulate largely negative attitudes about illegal drugs other than marijuana. In this sense, they were 'drugwise' beyond their own individual experiences – another characteristic that suggests marijuana normalization. For instance, when asked 'what's your opinion of these drugs',

78.3% ($n=47$) of the sample offered negative opinions on illicit substances other than marijuana, particularly crack cocaine, heroin, PCP and crystal methamphetamine. These negative opinions could be further divided between those in the sample who had used illicit drugs other than marijuana (45%; $n=27$) to youth who have not (i.e. only used marijuana) (33.4%; $n=20$). An additional 21.7% ($n=13$), offered neutral opinions on drugs other than marijuana or said nothing; 13.4% ($n=8$) had used such drugs and 8.3% ($n=5$) had not. Negative opinions about illicit drug use other than marijuana stemmed from direct experiences with using such drugs – either their own use or such use by their immediate family members. These included the following:

I don't like how you look after smoking crack. It's not even cool. I don't like that shit.

Cause that's the drug my mom died over, so it was very personal. I just won't fuck with [heroin]

Wow, well, meth, I mean, will eat the shit out of your body...[it will] make you an ugly person.

I have a lot of older friends that I remember, that immediate family, like my grandparents, brother, sister, mom, my mom's friends – they are all on crack. Honestly, I don't like the way it works. I know what people do for crack. I know what they do. People get addicted to it. I am too scared.

[PCP] that's like embalming fluid, so it's like you're basically killing yourself.

I just don't like the effect...you sweat, and you don't get hungry and you start getting white, you know?...I'd rather eat and sleep good – better than not eating and not sleeping.

Negative opinions also stemmed from indirect experiences, such as knowing or witnessing individuals use drugs other than marijuana or hearing stories about such use in their neighborhoods, including the following:

Cuz I have seen people do [heroin]. People get strung out and end up with big o' lumps on their hands...when you stop doing it, you get sick, start throwing up... why do that?

Well, I heard people smoking sherm [PCP], never come back.

[Meth is] just something I hate...It killed a friend of mine. He had a heart attack. His heart popped...Then his cousin and then his brother...my gang team.

I have seen people dying from overdoses of heroin and like the sickness it gives you. I just don't like it.

I am scared. My homeboy died of [heroin].

I see people do [heroin]. They wake up all crazy...mad, depressed. They look all funny.

I live downtown. I see what they can do...I am not messing with [heroin].

They overdose on [heroin]. Some people die from the first time they take it.

Cause I used to see people that do that [heroin]. They would just be in the streets, laying down and being stupid, you know

Others also felt that the use of hard drugs was not conducive to what it meant to be a gang member:

We have a little code that you can't touch none of that [meth or] you get your ass beat.

The only way I want to die is a bullet on me if I have to, not to no fucking drugs.

I was more into gang life, as in put in work⁴. I wanted to put more work in than be a drug addict. I wanted to prove something to somebody or to everybody that I would be one of the hardest gang members out here and to show that I can put in work and not be afraid without ever having done drugs. Some peoples when they try to go put in work, they usually get...brave when they are high on some type of drug to pump them up to do things.

Waldorf (1993) found something similar to this last point. In his study, gang members reported negative opinions of crack cocaine and viewed their usage as the antithesis of “being down” for others in the gang. Gang members constantly need to display toughness, loyalty and courage – key values among such youth (Sanders, 1994, 1997). The above excerpts suggest that the use of drugs outside of marijuana may compromise gang youth's ability to activate these values. As such, they largely limited their use to marijuana. For these youth, using drugs other than marijuana appears to go against the grain of what it means to them to be a gang member. In a similar way to how Messerschmidt (1993, 1995) conceptualizes certain forms of criminality as ways of ‘doing gender’, perhaps the sample's use of marijuana and rejection of many other illicit drugs is one way they practice ‘doing gang membership’ (see Measham & Shiner, 2009). Marijuana has remained a staple within gang cultures for decades, just as the use of other drugs has been heavily stigmatized, especially heroin, methamphetamine, and crack cocaine (Moore, 1978; Taylor, 1990). Thus, the sample's preference for marijuana and rejection of other illicit drugs reflects a tradition within gang culture about the uses of and attitudes towards various illicit drugs. Through adopting this tradition, many in the sample ‘do gang membership.’

The sample have values that are similar to youth in general regarding illicit substance use. For instance, sentinel data among youth in the United States reveals a sharp distinction between the perceptions of harmfulness associated with marijuana in comparison to the other illicit drugs, particularly crack cocaine and heroin (Johnston et al., 2011). The most recent *Monitoring the Future* study indicated that while about a quarter of high school seniors (24.5%) reported that smoking marijuana occasionally was a ‘great risk’, those rates climbed to about two-thirds (64.3%) for occasional use of crack cocaine and about three-fourths (74.8%) for occasional use of heroin (Johnston et al., 2011). Comparable sentiments

⁴The phrase ‘put in work’ refers to committing criminal activity in the name of the gang (e.g. territorial fighting; drug sales; see Sanders et al. 2010).

were reported by the sample, whereby attitudes towards marijuana use were much different from those regarding the use of other illicit drugs.

Similarly, some researchers have found support for the normalization thesis in relation to young offenders as it pertains to the use of some drugs (Hammersley et al., 2003; Moloney et al., 2008; Sanders, 2005a). The fact that the use of certain drugs are normalized among young offenders may come as no surprise, and, instead, be argued away as yet another aspect of their criminality. In such cases, the theories utilized to help explain why they commit property, violent and other offences (e.g. social disorganization; strain; control) could also be applied to help explain why the use of all or certain substances is so common. However, drug normalization studies on criminal youth, similar to those on non-criminal youth, also indicate that only *some* drugs are normalized, particularly marijuana. As such, the hierarchy of acceptability of illicit substances found among non-criminal youth is also apparent among young offenders, including gang members and other youth involved in relatively serious offences (Anderson, 1990, 1999; Bourgois, 1995; Hammersley, Marsland, & Reid, 2003; Jacobs, 1999; Moloney et al., 2008; Sanders, 2005a).

The similarity of values between the sample, youth in general, and youth from other drug normalization studies further complicate the applicability of major criminological theories towards understanding gang youths' differential patterns of substance use. The contrasting attitudes the sample held towards the use of various illicit substances provides evidence that gang youth do not necessarily possess delinquent/criminal values that are in sharp contrast to those of the general population (Sanders, 1994, 1997). Rather, the evidence suggests that youth, whether or not they are involved in delinquent/criminal behavior, have analogous values in relation to illegal substance use. If this is the case, then it becomes problematic to explain substance use among young offenders as an extension of pathology because the values they have regarding illicit drug use are similar to those held by conventional youth.

A final trait among the sample that indicates that marijuana is normalized are cultural aspects of the lives that support such use. These included their preference for rap music, marijuana-related tattoos and, in a few cases, the nicknames of the youth themselves. For instance, the sample generally listened to rap music. The use of illicit substances is a perennial theme in many types of music, but seems to be more common in rap music. A recent analysis of lyrics containing references to substance use by musical genre confirms this. For instance, the study found that rap music contained the highest percentage of drug-related lyrics - more than twice that the second highest percentage (Primack, Dalton, Carroll, Agarwal & Fine, 2008). Out of all the illicit drugs, marijuana shares a particular relationship with rap music (Sanders, 2005a). For instance, the names of songs ('Hits from the bong', 'Smoking weed in my Cadillac'), albums ('The Chronic', 'How High'), and even the artists themselves ('Cannabis') often convey support for marijuana use. Some 'gangsta' rap artists local to the Los Angeles and Long Beach areas have practically made a living out of singing about marijuana use (e.g. Cypress Hill; Dr. Dre; Snoop Dogg). Overall, rap music well reflected the sample's attitudes towards marijuana use.

Marijuana-related tattoos were also evident in the sample, the most common of which was a character smoking a joint. Other marijuana-related tattoos among the sample included the

leaves of the marijuana plant and the number '420', which is strongly associated with marijuana use (Hanlon, 2007). A final cultural trait supportive of marijuana use was the street names of the youths. In several cases, youth explained how their street names were directly related to their preference for marijuana (e.g. 'Green'; 'Smoker').

A homology or 'sameness' exists between the illicit drug using patterns of the sample and cultural minutiae of their lives (Willis, 1978). Music is a central cultural aspect of this homology. For instance, rap music not only advocates the use of marijuana, it also often frowns upon the use of other illicit drugs, particularly crack cocaine and heroin. Rap music both reflects the sample's illicit substance use patterns and attitudes towards them: marijuana use was widespread and promoted, but the use of other illicit drugs was limited, and in some cases heavily discouraged. Identity is linked to music and other cultural attributes, and, as such, the sample may have constructed their identities regarding illicit drug use based on the lyrics from the songs of their favorite rappers (Bennett, 1999, 2008; Rojek, 2000). Just as conceptualizations of 'being down' excludes using drugs other than marijuana in order to properly behave like a gang member, so would it seem that behaviors regarding illicit substance use conform to general themes found within the rap music that the sample preferred. In terms of illicit substance use, by acting like the gangsta rappers they listen to, the sample further reproduces and identifies with how they believe real life gangsters should behave.

Discussion

Study findings make no claims at generalizability. Many limitations inherent in exploratory qualitative studies on high-risk populations are evident within this research. These include a small, unrepresentative sample size, recall bias regarding events that occurred in the past, and the possibility of socially desirable responses. The sample was also relatively young (i.e. mean age of about 18 years old), and all of the youth were recruited from CBOs. Responses regarding illicit substance use among older gang youth and/or those recruited from more traditional ethnographic methods, such as 'on the street', or interviews with currently incarcerated gang youth, may reveal patterns of and attitudes towards illicit substance use distinct from those reported on here.

Research on gang members often mention high levels of drug use in comparison to non-gang members, but do not detail which substances are being used, nor their frequencies of use (e.g. Gatti et al., 2005; Gordon et al., 2004; Hall et al., 2006). Other studies specifically among gang members do provide these data, but often do not present data on initiation, drug administrations, nor polydrug combinations (e.g. Fagan, 1989; Hunt et al., 2002; Skolnick, 1990; Valdez et al., 2006; Waldorf, 1993). This study is the first known one that has attempted to move *towards* an epidemiology of illicit substance use among gang youth in Los Angeles. However, the study failed to capture important epidemiological data, such as the 30-day use of drugs other than marijuana, profiles of drug use among different age groups and between the sexes, lifetime and 30-day frequencies of polydrug use, and the extent specific negative health outcomes were related to the use of particular illicit substances or their combinations. Future studies on gang youth and illicit substance use should focus on these aspects.

Nonetheless, the epidemiological data have some important implications. As expected, lifetime rates of illicit substance use among the sample were much higher than those reported by youth of similar ages in national sentinel data (e.g. *Monitoring the Future*; Johnston et al., 2011). For instance, high school seniors, whose average age of between 17 and 18 mirrors the mean age the sample, had lifetime rates of marijuana use at 43.8%; the gang youth reported more than twice that lifetime rate (98.3%). Similar, vast differences were also reported in the lifetime rates of other recorded drugs between high school seniors and the sample (e.g. crack cocaine: 2.4% vs. 33.3%; crystal methamphetamine: 1.8% vs. 35.0%; PCP: 1.8% vs. 25.0%; Johnston et al., 2011). The broad polydrug mixtures were less expected. Many in the sample reported unique drug combinations, some of them involving up to six different substances. Given the gang youths' wide-range of illicit substance use and the ever-expanding list of available non-medical prescription drugs and legal substances (e.g. inhalants; over-the-counter medication), potential polydrug combinations appear limitless. These endless mixtures present a challenge in the collection of proper epidemiology data on illicit substance use patterns and profiles among gang youth.

The epidemiology data from the sample corroborate with more recent data on substance use among gang youth indicating that the drug-use repertoires of gang members are broader than reported in previous decades. In this respect, as the types of illicit substances used among youth in general has widened, so too does it appear to have broadened within gang culture. For instance, sentinel data shows that the reported rates of ecstasy, crystal methamphetamine, and non-medical prescription drugs among youth have become more prevalent within the last 15 years (Johnston et al., 2011; Substance Abuse and Mental Health Administration, 2010). Recent studies on substance use among gang youth have also reported the use of these drugs (De La Rosa et al., 2006; Robinson, 2001; Mata et al., 2002; Valdez et al., 2006).

The high frequencies of illicit drug use also have implications for how gang youth are generally perceived. Gang identification is currently associated with stronger community penalties, including higher fines and longer incarceration sentences (Klein & Maxson, 2006). Through the use of civil gang injunctions, gang members in Los Angeles can also be sued for behaviors such as hanging around with one another (Maxson, Hennigan, & Sloane, 2005). Gang membership is thus a master indicator of increased criminality, and responded to as such. The evidence from the current study, much of which is in agreement with previous studies on gang youth, also suggests that gang membership is an indicator of chronic substance use. Given that such youth are significantly exposed to a variety of negative health outcomes in relation to their illicit substance use, interventions geared towards youth currently involved in gangs may be better served by giving priority to attending substance use-related issues within their lives. In doing so, gang membership shifts from being simply an sign of a serious criminal justice concern requiring punishment and isolation to a symptom of a public health concern requiring treatment and care (Sanders & Lankenau, 2006; Sanders, Lankenau, & Bloom, 2009; Sanders, Schneiderman, Loken, Lankenau, & Jackson-Bloom, 2009). If substance use and gang-related issues are interwoven, then perhaps interventions focusing on reducing harm associated with substance use may also have a knock-on effect of reducing harm associated with gang membership.

The youth had first hand experiences with many drugs— either from their own previous use or that of their friends and family— that helped shape their negative opinions of those other than marijuana. Thus, while gang membership may be linked to increasing the exposure of youth to various illicit drugs, such exposure, in turn, appears to be strongly related to reasons related to the sample's negative opinions about certain drugs, particularly crack cocaine, crystal methamphetamine, and heroin. In this regard, the sample is distinct from other, non-high risk youth who likely receive their negative messages about illicit substance use via the media or their education (Hammersley, Ditton, & Main, 1997). One implication for intervention here is that, in order to properly address substance use issues among gang youth, programs that move beyond traditional educational models are much needed. A currently practiced way in Los Angeles to do this could be through outreach work, particularly the type conducted by gang interventionists – individuals who are often former gang members tied to a local CBO. Such individuals somehow meet and befriend current gang members while ‘on the streets’ and attempt to steer them towards more positive lifestyle choices. However, the extent that gang interventionists or others that work directly with gang youth are adequately trained to provide substance use harm reduction messages is unclear. So, too, is the degree to which gang intervention is at all measured and, from there, the potential effects of such an intervention. Few gang intervention organizations across the United States – let alone Los Angeles – can offer any evidence that their programs are effective. More work with gang interventionists in this area is much needed.

Marijuana use was distinct from that of other illicit drugs used by the sample. This drug was used with greater frequency in comparison to other illicit substances, and more than half indicated marijuana was their ‘drug of choice. Most reported that marijuana was easily accessible, and others within the youths’ social networks also reported marijuana use. Many gang youth did not progress onto other drugs after using marijuana, and most of those who did shunned continued use due to direct or indirect negative experiences and returned exclusively to marijuana use. Marijuana use was perceived as less risky and more acceptable from youth sampled across gang cultures in Los Angeles in comparison to other illicit drugs. Not one of the youths discussed other illicit drugs with the same positive overtones as expressed with marijuana. Cultural attributes of the sample, particularly music, also championed marijuana use. These characteristics suggested that marijuana use was normalized among the sample. Other researchers, too, have offered support for the normalized character of marijuana use among gang youth (MacKenzie et al., 2005).

Illicit drug use among the sample can seemingly be divided into two categories: marijuana and everything else. While the normalization thesis fits with the sample's marijuana use, it does not fit with overall patterns of substance use. This is to say that marijuana was normalized among the gang youth, but the use of all illicit drugs was not. The question still remains then how to best understand substance use patterns outside of marijuana among the sample. For instance, between 20% and 35% reported the use of several other substances, some of whom reported such use ‘more times than they could remember.’ Perhaps, as others have indicated, illicit drug use among the gang youth may be “differentially normalized”, whereby evidence for drug normalization exists among *subgroups* within the population studied (Pilkington, 2007; Shildrick, 2002). As such, while marijuana was normalized across

the gang members, perhaps illicit substance use in general may be normalized only among *certain* youth in the sample. If this is the case, then more fine-tuned research questions are needed to determine what, if anything, are related to these differential patterns of use. Just as some gang youth may have experienced more strain, have higher levels of low self control, and reside in worse socially disorganized communities – all characteristics associated with illicit drug use in general – drug normalization research needs to further examine *intra* group differences that may further elucidate differential patterns of illegal drug use. In conducting such research, what is needed are questions that help reveal which combinations of risk factors are related to the use of specific *types* of illicit substances, as well how these combinations are related to specific *frequencies* of use. Perhaps future research will provide further answers.

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Table 1
Sociodemographics [*n*=60]

Male	90.0%	Ever expelled from school	35.0%
Mean age	18.05	Ever arrested	83.3%
Latino	66.7%	Ever in jail/juvenile hall	70.0%
African American	30.0%	Ever in 'camp'/DJJ/prison	28.3%
Ever homeless	26.7%	No health insurance	31.7%
'Poor'/'very poor' growing up	25.0%	'Miserable'/'not very happy'	36.7%
Raised by both parents	45.0%	Ever seen a mental health therapist	53.3%
Family currently in a gang	68.3%	Prescribed mental health meds	28.3%
Family member ever arrested	90.0%	Physical health as 'fair'/'poor'	21.7%
Family member ever in jail	86.7%	Current physical health problems	43.3%

Table 2
Lifetime Patterns of Illicit Substance Use [n=60]

Substance	Ever Used	Frequency [mean]	Age at Initiation [mean]	Administrations
Marijuana	98.3%	*	6-17 [12.5]	smoke, swallow
Crystal	35.0%	1-35* [14.8]	13-23 [15.62]	smoke, sniff, swallow
Ecstasy	35.0%	1-50* [6.6]	14-25 [17.6]	smoke, swallow
Crack Cocaine	33.3%	1-30* [6.4]	13-19 [15.5]	smoke, swallow
RX Opiates	33.3%	NA	NA	smoke, sniff, swallow
Powder Cocaine	31.7%	1-40* [10.3]	12-19 [15.0]	smoke, sniff, swallow
PCP	25.0%	1-10* [3.5]	13-18 [15.1]	smoke
Psilocybin	21.7%	1-30 [5.2]	12-20 [15.8]	smoke, swallow
Inhalants	21.7%	1-15* [4.4]	11-17 [14.5]	----
LSD	10.0%	1-20 [5.3]	13-17 [14.7]	swallow
RX Stimulants	8.3%	NA	NA	smoke, sniff, swallow
Heroin	6.7%	1-2 [1.3]	14-18 [16.5]	sniff, smoke
RX Benzo.	6.7%	NA	NA	smoke, sniff, swallow

* Indicates youth who reported 'too many times to count.' For marijuana, this was the most common reported response. For the other drugs, the number of youth who reported 'too many times to count' is: crystal [n=9]; ecstasy [n=1]; crack [n=5]; powder cocaine [n=3]; PCP [n=3]; inhalants [n=4]. Mean frequencies were calculated without these numbers. RX = non-medically used prescription. Benzo = benzodiazepines

Table 3
Lifetime Use of Polydrug Combinations with Two or Three Substances [n=60]

Ever used combinations with two substances	Ever used combinations with three substances
1. alcohol/marijuana: n =40 [66.7%]	1. marijuana/alcohol/crystal: n=9 [15.9%]
2. marijuana/crack: n =7 [11.7%]	2. marijuana/alcohol/crack: n=3 [5.0%]
3. marijuana/crystal: n =4 [6.7%]	3. marijuana/alcohol/cocaine: n=3 [5.0%]
4. marijuana/PCP: n =4 [6.7%]	4. marijuana/alcohol/PCP: n=2 [3.3%]
5. alcohol/crystal: n =2 [3.3%]	
6. crystal/crack: n =2 [3.3%]	
7. alcohol/RX opiate: n =1 [1.7%]	
8. alcohol/ecstasy: n =1 [1.7%]	
9. alcohol/cocaine: n =1 [1.7%]	
10. alcohol/crack: n =1 [1.7%]	
11. marijuana/LSD: n =1 [1.7%]	
12. marijuana/ecstasy: n =1 [1.7%]	
13. marijuana/psilocybin: n =1 [1.7%]	
14. marijuana/cocaine: n =1 [1.7%]	