
WOMEN AS JUDICIOUS CONSUMERS OF DRUG MARKETS

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***Abstract:** Drawing on analyses of qualitative data gathered from National Institute on Drug Abuse (NIDA)-funded projects beginning in 1989 to April 1999, we examine the role of women as illegal drug consumers. Specifically, we depict how their attempts to manage finances, drug procurement and use resulted in a dialectic of control. Inherent in many of the women's strategies to manage drug markets, as well as to control their own drug use and life circumstances were the sources of constraints on control. Exerting control in a changing marketplace required being an informed consumer. This, in turn, called for ongoing involvement in drug-using worlds to maintain up-to-date knowledge. Despite a male dominated underground marketplace where force, or potential retaliation, were the basis for settling disputes, women enacted strategies to increase their control. To maintain up-to-date knowledge concerning the people and places where drugs were sold, women had to be inundated in drug-using social worlds. Women who were good negotiators and communicators wielded more control in their dealings with drug sellers. Dealers settled conflicts through the use of threats or actual violence. A woman buyer was at a decided disadvantage due to her unequal ability to retaliate. Nonetheless, women employed tactics and strategies that minimized their risks and increased their control.*

INTRODUCTION

Drawing on selected analyses of qualitative data gathered from three National Institute on Drug Abuse (NIDA)-funded projects beginning in 1989 to April 1999, we examine women's roles in drug markets as drug consumers. Unlike other research that has looked at women's roles in powder-cocaine sales (Waldorf et al., 1991; Murphy et al., 1990) and in crack and heroin markets (Sterk and Elifson, 2000; Jacobs and Miller, 1998; Fagan, 1994; Curtis and Maher, 1993; Bourgois and Dunlap, 1992) we focus primarily on their roles as *buyers* of marijuana, crack/cocaine and heroin. Specifically, we examine the ways in which their attempts to manage finances, drug procurement, use and intoxication resulted in what we conceptualize as a dialectic of control or the interaction of gendered contextual strategies and constraints. Inherent in strategies used by many of those interviewed to manage drug markets, their drug use and other life circumstances were the sources of constraints on their control.

Like buyers in any other marketplace, women attempted to get the best bargain for their money in terms of both pricing and quality. Being a judicious customer in a dynamic marketplace required being an informed consumer. Maintaining up-to-date information called for ongoing and time-absorbing involvement in drug-using social worlds. Women's personal qualities were also important. Especially effective were networking and negotiating skills appropriate to the social contexts of the underground economies in which the women interacted. In this paper we address the following two topics: (1) Women's gendered relationships within drug markets; and (2) Pregnancy as a real liability for women trying to negotiate drug buys.

DESCRIPTION OF DATA SETS AND METHODS

We must begin this section with a caveat. None of the three studies we analyzed for this paper were focused on women's drug buying. Since all three data sets were based on a qualitative theoretical and methodological perspective, specifically, the discovery process known as grounded theory (Glaser and Strauss, 1967), information about women's relationships to drug-markets emerged from the interviews to the extent that the interviewees saw their drug market experiences as important to our understanding of the various study topics described below.

"Women and Cocaine" was conducted from 1988 to 1991 with a sample of 100 women crack users from the San Francisco Bay area.¹

Women's crack experiences were analyzed as a struggle to control potential loss of self. The primary focus of the theoretical framework developed was an explication of the interaction between the emerging self and the political economy. African Americans comprised 67% (n=67) of the sample; 26% were white, 5% Latina (representing Central and South America), and the remaining 2% were Asian. Women ranged in age from 18 to 58 years old with the majority in their early thirties. The mean age was 32.8 years (s.d. = 8.5 years), and the modal age was 32-years.

"An Ethnographic Study of Pregnancy and Drugs," conducted in the San Francisco Bay area between 1991 and 1994, was an ethnographic-type study of drug use during pregnancy.² We employed in-depth-interviewing, fieldwork and closed-ended questions as the primary data-gathering tools. We interviewed a total of 120 pregnant or postpartum adult women who were using heroin, methamphetamine or cocaine singly or in combination and who were not in treatment. The study population used drugs for a minimum of 25 days during the time of interview or most recent pregnancy. Women who were enrolled in drug treatment more than five days within a five-week period were not included in the study. Those women who were in treatment for fewer than five days had to have returned to drug use for five or more days since their last day of treatment. These criteria allowed us to interview women who had brief encounters with drug treatment and had subsequently returned to drug use. Therefore, we were able to explore women's reasons for leaving treatment.

In order to fully explore AIDS risks, attitudes and behaviors, half (20) of the women interviewed in each stage were intravenous drug users (IDUs). IDUs were defined as those women who had injected heroin, cocaine, or methamphetamine at least once a week during the six months prior to discovering their pregnancy. These inclusion criteria permitted us to examine the changes in drug administration before and after the onset of pregnancy. "Noninjection drug users" were defined as any woman who had not injected drugs in the previous two years. Each of our subgroups, consisting of 20 subjects, were IDU and non-IDU in each of the three stages of pregnancy: (1) discovery, (2) five months to delivery and (3) six months postpartum. Our previous research had demonstrated that a minimum of 20 interviews was necessary to discover meaningful patterns and to produce a robust theoretical framework.

In the course of the life history interviews, the interviewer and study participant explored the introduction and initiation to each drug used, social environments of use, pressures to use or not to use, the relation-

ship of pregnancy to patterns of use, and barriers to treatment. The other areas investigated included methods of ingesting drugs, violence, involvement in criminal activities, high-risk AIDS behavior (including needle sharing and sexual practices) and attendance at prenatal care.

This sample comprised primarily African-American (53%, n=64) and white (34%, n=41) women who relied on public assistance (88%) to support themselves and their children. Approximately 40% were homeless at the time of interview and another 20% lived in publicly subsidized housing projects in neighborhoods characterized by high levels of drug sales, drug use and violent crime.

We also used selected findings from "An Ethnography of Victimization Pregnancy and Drug Use," (1996-2001).³ The Pregnancy and Violence Study, as we came to call it, is an exploratory in-depth interview study of pregnant drug users who experienced one or more victimizations (physical, sexual and/or emotional) while pregnant. We began this project by using ethnographic field work methods to locate and recruit women who were pregnant or recently pregnant and had used marijuana, crack/cocaine, heroin/opiates and/or methamphetamine singly or in combination (including alcohol with one or more of the above). We then collected information concerning demographics, family, drug use, relationship and reproductive histories employing a structured questionnaire. This instrument was designed to measure levels of drug use and incidence of victimization. Originally we estimated that we would have to screen approximately 300 women in order to enroll 100 who would qualify for and agree to participate in the second session, a qualitative depth interview focusing on their drug use and victimization histories with an emphasis on victimizations experienced during pregnancy. As it turned out, we only had to screen 126 women. Sadly, 79% of the interviewees experienced physical and emotional abuse while pregnant.

The mean age for this sample was 29. Only 9% were married, 63% were in a relationship and 28% were single. Fifty-two percent were African Americans, 27% white, 15% Latina and 6% Native American or Asian/Pacific Islanders. The type of drug used affected the women's risk of experiencing violence. Of those women in our study reporting physical abuse, 46% were crack users, 26% were marijuana users, 17% were heroin users and 11% used other drugs. More than one third (35.8%) had no permanent home; 23 (18.3%) were homeless and living on the streets or in temporary shelters, 15 (11.9%) were in single occupancy hotels and seven (5.6%) were in treatment centers or group homes. More than two fifths of them (42.9%) reported that they had been homeless for three or more days in the prior six months. All three of these study

samples were made up of drug using women who for the most part lived below the poverty line.

Throughout this paper when we quote directly from interview transcripts we will indicate in which of the three studies the person interviewed participated. With few exceptions, which will be noted where appropriate, women were from communities of color (African Americans, Latinas, Asians, Pacific Islanders), were unemployed and living close to, if not below, the poverty level.

WOMEN'S RELATIONSHIPS WITHIN DRUG MARKETS

Women were at a decided disadvantage when they interacted in drug markets. What Theidon (1995) called "ambient violence," or emotional, verbal and/or physical abuse resulting from exchanges with people in the environment outside the home, i.e., drug dealers, Johns, pimps, etc., was unfortunately a far too common occurrence in the lives of those interviewed. Just like other social worlds in our patriarchal society, women were more likely to occupy these lower rungs of the social world of drug use (Inciardi et al., 1993; Ratner, 1993) in part because they were willing to trade sex for drugs, and also because they were thought to have little access to drug supplies (Williams, 1992). Women were at higher risk of exposure to ambient violence than men, especially when a significant part of their lives involved the acquisition of drugs. The urgency and desperation to obtain drugs cast many of our interviewees along the dangerous paths of dealing drugs or becoming prostitutes. Amaro and Hardy-Fanta (1995) stated that "women who exchange sex for drugs or sex for money are typically subjected to constant violence from customers and generally from men on the street who rob, beat, and rape them" (Amaro and Hardy-Fanta, 1995:333). Sterk's work reveals that as women were pushed out of conventional social circles, their lives became more and more enmeshed in drug users' deviant subcultures. The women she interviewed also reported feeling pressured to resort to illegal work to fund their drug use (Sterk, 1998). In the subculture of addiction, masculine values relegate women to secondary roles, making them dependent on the dominant males (Amaro and Hardy-Fanta, 1995; Millstein, 1993). As both drug users and women, they were vulnerable to physical and emotional abuse. The repeated humiliation, abuse, and rape that women suffered at the hands of their partners, customers, and men on the street were a direct result of women's lower position of power in society (Miller et al., 1989). Women may also see prostitution as less dangerous than drug dealing, although the risks of victimization from customers and pimps are considerable

(Mayer and Curtis, 1993; Williams, 1992; Cohen, 1980; Goldstein, 1979). A 20-year-old interviewed for the Pregnancy and Violence study shared her experiences as a prostitute:

Well, I got raped on the streets about four times. Twice while I was pregnant... I thought being raped, I didn't know whether it was okay. I didn't know whether I was in the wrong. I, I blame myself sometimes, like how could I be stupid? And you know, I could have done something, but I really couldn't've done anything, 'cause I can't overpower a man. I've been tied up. I've been burnt with cigarettes while I was pregnant. I've been, I've been humiliated, talked about...I been through a lot.

Nonetheless, like buyers in any marketplace, women attempted to exert some control over the quality and price of the drugs they were buying and using. Exerting control in a changing marketplace required being an informed consumer. This, in turn, called for ongoing involvement in drug-using worlds to maintain up-to-date knowledge. Involvement in prostitution and removal from other crime partnerships with males often narrowed their social contacts, support systems and linkage to drug sellers/buying knowledge (Fagan, 1994). Personal qualities were also important, specifically, effective negotiating skills in a black market economy.

Women operated under gendered disadvantages when they bought drugs. For example, for the women in the 1989-1991 Women and Cocaine study, buying crack was problematic because dealers sometimes sold "gaffle" or "bunk," i.e., fake crack. Often when women bought bunk or gaffle, they were forced to absorb the loss. Most were not physically strong enough to confront predominately male dealers. Some, however, employed specific strategies to get drugs or money refunded. A few women sold gaffle to other users themselves.

A 30-year-old African-American woman explained the importance of knowing the actors in the scene as protection against buying defective merchandise:

Q: Was it difficult to find it (crack)?

A: No. No, it's all over. But when I was using, I never did deal with any and everybody. There was just certain people that I always dealt with 'cause you never know what you was buying. It could be soap or macadamia nuts. They sell all kinds of stuff.

Another 41-year-old, African-American woman related how she decided whether or not the proffered product was genuine crack, and she also describes the price people paid for not following the dealers' rules:

The feeling, what you feel. The gaffle that they're selling now is wax and flour. It has a smooth edge. Cocaine is rough. Cocaine is hard. You can throw a rock of cocaine against the wall and it will not break. Gaffle will crumble. It's slick. And you can't go by taste any more because they [dealers] don't want [you] to put it in your mouth. No, anything — because they say you're biting their dope and your going to pay for it, gaffle or whatever. That's why so many people are coming up dead or hurt or beat up. People are being forced to buy something they don't want. No matter, really, whatever.

A 32-year-old African-American woman reiterated that "knowing people" helped protect buyers from bad purchases:

Q: What do you do, when somebody burns you?

A: If you got more money, you don't care. You just go on.

Q: Don't you go back and beat the shit out of them though?

A: Well, there ain't nothing you can do, besides — by that time they done split.

Q: Yeah. So how often does that happen? What percentage of the time?

A: It used to happen, 30% — but now, you know, once you get into an area where you know people, you know, like you can go to OC [a group of African-American drug dealers called the Out of Control gang] in Laguna and Turk and you won't get gaffle.

Q: Because you know them?

A: Uh-huh (yes).

Many crack-smoking women let their male friends and partners do the buying. Smokers rationalized that dealers were less likely to sell men fraudulent drugs. Dealers were expected to be less fearful of women's than men's retaliatory capacities. This, however, was not always the case. Some women were better buyers for reasons outlined by a 41-year-old African-American woman included in the Pregnancy and Drug Use Study:

A: I wouldn't allow him to, because, like I say, he come from a totally different background than me. He can't deal with the niggers out there. In this crack thing, okay? He can't deal with them like I can. I was brung [sic] up dealing with these stupid niggers,

okay? So, I'm not going to send him out there to deal with them because...

Q: He just doesn't, what? Talk right? Act right? What?

A: Yeah! [exactly] There's my old man, he go out there, he spend \$20 and they're [dealers] giving him ten, you know. And I end up going back out there, "What we supposed to do with this (small amount of crack)? I have to be stupid behind, he took it. I had enough. That's my man. Don't do him like that.'

The timing of crack purchases was important, as was the seller's perception of the buyer's intoxication level. Women reported that the later in the day, the more likely it was that the crack would be "cut," or adulterated. They claimed the best time to buy was around noon when dealers began sales. Intoxicated buyers risked getting "burned" or sold gaffle. A 35-year-old African-American woman who participated in the *Woman and Cocaine* study illustrated how this happened:

Friends don't burn friends. Just when they know you burned up [high on crack], that's when you get burned...Yeah. If a person is burned out they going to fiend [be desperate] for anything, right? And you [dealer] going to give it to them...Some (other users) brought something and it wasn't melting. I said, "All you do. Well, maybe it's too much cutting [adulterant] in it. Heat up some water and drop it in the water." They heated up some water, dropped it in and it sizzled like Alka Seltzer. "Oh no." I said, "You through. You shot to the curb [lost your money]. They sold you \$20 worth of Alka Seltzer." And I was rolling [laughing]. They were mad as hell. They lost, honey. I was rolling.

Timing was also critical to avoid the street violence often engendered by fraudulent sales. This 30-year-old, African-American woman described a possible outcome of bad timing:

Down there on [Oakland streets]. I really don't have problems with it. It's not really that rough out here, but I know they sell drugs and whatever. I mean, I just don't want to happen to be out there at the wrong time, 'cause they shoot out here. They haven't shot in a while, but almost practically every night. I guess they just shooting up in the air, but you know, those bullets don't have no name, and so I just don't want to be mixed up in nothing like that.

The expression "bullets have no name" was an "in vivo" (participant's words) code for women in all three studies. The taken-for-granted

fatalistic perspectives of never knowing which bullet might in fact "have her name on it" was a theme repeated by many women we interviewed.

Despite a male-dominated, underground marketplace where force, or potential retaliation, was the basis for settling disputes, women enacted strategies to increase their control. A 30-year-old Latina employed ingenious public-relations techniques:

I don't know. Maybe I don't like the way I am when I do it. Because if somebody tries to burn me, I would go off...I go back, "You give me my fucking money, you know, or else." I know like usually I'm really, you know, "Okay, V___ that's cool." You know, I'll go back to that son of a bitch, "That is not real. I want my money back." You know? And if they don't, then I'll start getting really loud, you know, or I'll stay out there and when they try to sell people stuff, I'll say, "It's bunk, ...it's gaffled. It's not real." And people, they won't buy it, you know. They end up getting pissed and giving me something or giving me my money and get out of there.

A few, like the 28-year-old African-American woman quoted below, sold "bunk" and used the profits to buy real crack:

A: Cause I would sell B-12. B-12 melts. It smokes. And I wouldn't sell nothing else that didn't do those things — just like crack cocaine did. But I couldn't sell them little — these little bits of gaffle — I mean I want to buy — six foot five come [angry male customer] that's who you talking about. [Customer will say) "I want my money back or you're going to take..." So I would sell B-12.

Q: So did you have somebody helping you sell so that you were okay and safe?

A: Yeah, just — well, we used to always — the girls we used to get together and gaffle people.

Q: Oh yeah, girls? Goddamn! You are a brave woman.

A: That was drugs — that wasn't brave. That was stupidity. I was just drugged up.

Social constraints refer to the way in which other people, and/or the problematic aspects of relationships with others, activated women's drug cravings and/or use. On those days when a woman received her welfare check, her control could be compromised by pressure from significant others. Difficult relationships with partners and children also induced drug use. Dealers who sold drugs-on-credit weakened women's

resolve, friends who used, and even strangers on the streets who sold and/or used drugs, weakened women's resolve and added to their difficulty in sustaining controlled use or abstinence.

Their male companions played influential roles in starting them using drugs on welfare check days. On the first and the fifteenth of the month, the brothers of a 31-year-old African American woman would "get her good" while her mother tried to help her:

A: I have some [money]. If my brother wants some, I give him about twenty or thirty dollars to get out of my face. They knew how to get me good, once I am high. That's why my mama say, my mama used to say, "Well, you should just cash your check and hand it over to them."

Q: So your mom knows what is going on?

A: Uh-huh. Because she'll tell me, when I get paid, she'll say, she'll send me down to my auntie's house where my brothers aren't around.

A 28-year-old, African-American woman recalled how she and her husband made promises to each other not to "...waste our money no more." But when his pay day came around they both "...know what's gonna happen."

The day before, he [husband] get paid. For no reason, I start snapping, and I say "God, what is it? What's wrong with me? Is it because I want the stuff?" And I've tried to say, "I'm not going to buy it. I'm not gonna buy it." You know, when he get paid, we go do shopping. We pay the rent and everything, and he'll have like a hundred, or two hundred dollars left or maybe even three hundred. And we go "Oh, no!" And we like try to avoid coming home, 'cause we know what's gonna happen. We go out to a movie or we go to dinner sometime. We get home, I rush the kids to go to bed and I'll be saying 'Now slow down. Don't do this, don't do this.' But I can see myself rushing to go to bed when they [children] go to bed and he'll sit there. He'll get up and go out the house, and I'll know what he gonna do and waiting, anxious for him to come back, and he come back and we be up [smoking crack] all night, no matter how we try.

For some women, a constraint on control was emotional pain stemming from problematic relationships with significant others. A 32-year-old African-American woman realized in the course of her interview that

she really only used crack when her husband was around, to help her cope with his verbal abuse:

I basically used it because my husband uses it. And at the time, when I first met my husband in 78, he was like — he was an alcoholic. And he was real abusive with it. I mean, he never jumped on me or beat me, but it was abusive, verbally abusive. You know, he'd come home late at night and throw stuff all over the house. You know, and then in the morning I'd wake up and got to go to work, and I've got this mess to clean up. And it kind of like — like I said, equalizes the high. It made the alcohol less terrorizing.

One 32-year-old, African-American woman talked about her recent relapse caused by the pain of separation from her son and her sister's continued crack use:

And I've had a relapse just this last month because I got so discouraged about this place that they have my son at. And it's so hard for me to get up that hill to go and see him. I have asthma and it's hard for me to walk up the hill. And so I really felt like I've lost the responsibility of being a mother, because they — they make these changes in your child's life and they'll tell you after... It made me angry and so I went to go visit my sister just to have someone to talk to. When I walked in, they were getting high. And I almost turned and walked out the door. But then I said, "What the hell?" I might as well just get one — just get high this one time.'

A 44-year-old, African-American woman's account illustrated more generally the role of women's emotional pain:

It's something that's going to happen, where they've triggered something. Or ticked in their head, or anger. Feeling sorry for yourself or death happened in your family, or something went wrong. And then you find — here comes the devil or a goblin. Or anybody. Here comes anybody. "Ah, come on, let me get you a hit to cheer you up." Or "come on, let's go have a drink."

Sometimes friends or family members who were users offered to buy women their drugs to help them cope with emotional problems. The same woman described this incident:

This happened to me, it must have been Monday. I smoked maybe, took my hit Sunday and didn't smoke it as much. "Come on girl, let's go get us a hit." So I don't have no money to get no

hit. "Well, come on and go with me, I'm going over here to pick up this money. And then we're going to get a hit, and I'm going to turn you on [give her some for free]. I'm going to serve [put rocks on the pipe and light] you half of what I get."...I don't know why she didn't — but mostly people don't want to smoke alone.

Other women had difficulty controlling their drug use because dealers of both heroin and crack either took food stamps, or offered them drugs on credit. A 38-year-old, African-American woman discussed the drugs-on-credit plan:

It wasn't a money problem. The people was around — I mean, you got some dealers that would give you credit, or you'd have food stamps and some would take food stamps. I mean, because that's one, you start giving in, I mean, everything, if you know what I mean?

Detailing the difficulties of tapering off use, a 23-year-old African American woman talked about her heroin-smoking friends' anger because of her decreased usage. She related the way just being around heroin-using people is like "...smelling the scent":

A: You don't want to go. And lately I've been getting a lot of people that get mad at me, because I don't want to go with them no more. And it's kind of —

Q: Oh, so you're trying to stay away from those friends, too?

A: That's what it is. If I can stay, if you can stay away from the people or situations that happen to be convenient, it makes tapering off and getting away from it a whole lot easier. It really does...Because it's like being around those type of people, smelling the scent — it actually like, like of a tree root, going and look out for a bird. It's like the smell is in the air that there's a bird around somewhere. You're going to go looking for it till you get it. And the same with the dope. You know, ...the knowledge that it's somewhere around, that it can be had, you go looking for it. Or if you don't even look, it's going to come looking for you.

Women lived in neighborhoods where drugs were sold and used in public, where they knew "that it's somewhere around." Being around people who used stimulated continued use. So in order to reduce or quit use, women tried to stay away from the people and places where drugs were sold or used. This was problematic since the "places" were often their homes and/or neighborhoods, and the "people" their partners, relatives and friends.

Women's social and economic conditions of poverty placed them in neighborhoods where both environmental and social constraints on controlled drug use predominated. Family, friends, and partners contributed to continued drug use by facilitating use and/or precipitating emotional and physical pain. In these settings, the struggle to control drug use was difficult. The same people and places which pulled them into using initially, often kept them using.

STRATEGIES FOR CONTROL

Family, friends, partners were also supportive of women's strategies to control their drug use. Some relied on relatives and friends to teach them effective techniques. Several of those interviewed asked relatives to manage their money. A 22-year-old African-American crack smoker from the Women and Cocaine sample recollected how her sister, a heroin user, taught her how to budget her money:

Which is all she told me. She said, "I'm going to show you how to do it. You go get your check." She took my check, right. And I said, "What are you doing? You know, give me my money, you know." And she said, "No, uh-uh." She said, "You want this check to come in my name or do you want to still have it, or do you want to have your kids taken away from you and put in somebody else's custody?" So she took my check. She got \$175 money order. She got some big deal, \$60 money order, for the food you know. And I paid my wash bill and everything. And she said "now look." ... And then she said, "and now the babies need this, the babies need that." We went shopping and she told me. And she said, "And now you have a little sum to get you a little piece of rock with." And the next day she come up, she said, "Now look — your kids have diapers. They have milk and food. And you have food. Now you can go in that refrigerator and eat any time you want, and you have clean clothes. Now, you see, she said, now you wouldn't have had all that if you would have spent the rest of that money on cocaine." So ever since then I got accustomed to doing that.

Other women employed similar strategies, but they found themselves cashing the money orders and/or selling the food from their refrigerators after they had spent the "little sum" on drugs.

Another 33-year-old, African-American woman, who felt she was in control, held family meetings and prioritized expenditures:

A: The way I always did it on welfare with my boys is that the rent's paid and then what's ever left over after the rent and the food, we decided on who needs what and what needs to be done. Three times a month we'd have that meeting.

Q: This woman told me, she gets her check, and it's gone. She doesn't pay the rent. She doesn't feed her kids.

A: I would do that, not paying the rent. But not feeding my kids, uh-uh [no]! One good feeling outdoes the other, and I couldn't go through not seeing my kids happy.

A 34-year-old, African-American woman gave her brother power of attorney:

Everything I did had to go through my brother, 'cause he was my power of attorney. He put me on like a \$10 a day expense. So he felt like, "If you have to have some dope, P ___, you're gonna go out and get it any other way."

This strategy had its inherent difficulties, however, as this 33-year-old, African American woman's account demonstrated:

I would have to give my mother my money to hold and beg her "don't give it back to me when I come back and ask you for it. Please don't give it back." I mean that's losing a lot... Yeah, your self respect for not managing your money.

Some women enlisted their significant others help to exert control over their drug expenditures. Sometimes these strategies worked and sometimes they did not. Relinquishing financial control had the unintended consequence of making women feel childish and diminished their self-respect.

Another strategy for control was "not to get with the dope man" in order to avoid increasing their drug use. Living with a drug dealer was an impediment to controlling drug use. In the following passage, a pregnant heroin user, who eventually stopped selling drugs altogether, described why she chose not to leave a retail dealer and "get with" a wholesaler:

I was selling drugs for this other guy and this was when we stopped selling. Me and my old man was selling for this other guy. He was a friend of mine. The man had been in jail for like ten years and he got out and everything was different and he got all this assets and stuff. So, I showed him how to start rolling and

selling drugs. And so, he was giving me quantities of drugs. And my old man was messing them up. [Using the drugs instead of selling them.] And I would have to face this man. This man liked me. I could have got with him and had everything, but that's not what I wanted anymore. I was tired of drugs and all I could do was drugs.

THE DIALECTIC OF CONTROL

Women's attempts to manage finances and drug use resulted in a dialectic of control. Inherent in many of the women's strategies to control were the seeds of potential constraints. Staying home to avoid using drugs only worked if the woman did not live in a dope house or in a hotel inhabited primarily by drug users. For some women, such as the couple who tried to stay away from home on their pay day, or the woman whose brothers encouraged her use, avoiding home was the more appropriate strategy. Moving from one environment in an attempt to control use sometimes put women "out of the frying pan and into the skillet." Home could mean people who would support women's continued crack use, condemn it, or both.

The budgeting strategies of purchasing money orders, food and then using leftover monies for drugs sometimes backfired. For example, crack smokers, after buying small amounts of crack, either on the same day or in the ensuing two weeks sold the money orders and even the food to purchase more crack.

Women tried to maintain food and shelter for their children. As the woman quoted previously said, "...one good feeling outdoes the other." Although crack use feels good, not taking care of children overtook the crack-induced good feelings. However, failure to meet those responsibilities was also a source of emotional pain and a consequent constraint on control.

Successfully implementing control strategies made women feel good about themselves because they were meeting their adult responsibilities. Some of these same strategies, however, made women lose respect, for themselves; and because they were not living as self-actualizing adults, these strategies contributed to already damaged self-images.

BEING PREGNANT AND BUYING DRUGS

In the two studies of pregnant drug users, we found that this dialectic of constraints and controls was operating for pregnant women as

well. Pregnancy, however, increased difficulties and constraints and was detrimental in drug-market negotiations. Drug dealers would not sell to them. If they had partners, the fathers-to-be would bring home drugs and then berate the pregnant woman for harming "their baby." Purchasers of heroin, crack, cocaine and marijuana all made clear that having someone else buy drugs for you increased the costs. The purchaser paid more money if unable to buy directly from the seller, or the go-between would come back with lesser amounts of drugs by "shorting the bag" or by taking some of the drugs for their own use.

In the following interview, a woman from the Pregnancy and Drug Use project described the public humiliation likely felt by visibly pregnant women who tried to buy drugs:

Oh, people are really strong against being pregnant, especially big pregnant, and they see them out there using. A lot of dope dealers will not sell to pregnant women... Yeah, they treat you like shit, too. They tell you off right there. They'll say, "What's the matter with you? Don't be so stupid! You're hurting the baby. We don't care about you. Look at that baby." But yeah, a lot of people are totally against pregnant women getting high, which I don't I don't blame them. I get like that, too. I don't like to see anybody get messed up because I know what can happen. And especially using coke while you're pregnant, too, 'cause I know a few girls that are out there working the streets, using a lot of coke and heroin, but they don't care about even thinking about trying to clean up or thinking about getting on methadone.

Both men and women sellers refused to sell to pregnant users. In the following a woman from the Pregnancy and Drug Use Study who was a primary heroin user and who continued to use while pregnant, reflected on why dealers should not sell coke to pregnant users. She believed her heroin use was much less deleterious to her forming fetus. She knew, since she had injected cocaine a few times while pregnant.

That's why I told them I wouldn't sell it to them, and I'd tell my husband, "Don't sell it to them." And I was pregnant, too, at the time myself, and I used to tell him, "Don't give it to them." Because then they knew not to come to us, too, 'cause we wouldn't give it to them being pregnant... It's hard. It's hard. And there's a lot of people, too, that won't sell to pregnant women, because I remember one time this girl, she was using a lot of coke. And I used to know a few of the guys that used to sell it, and they go, "Here comes that girl. Tell her, "Don't come over here and buy nothing any more," because she's...' Coke is, I think, a hell of a

lot worse than heroin, because I have used coke before being pregnant, but it wasn't a steady thing. But just the feeling of using the coke, you can feel it as soon as you inject it. I mean, the baby will get into like a big ball and cramp up and stuff and then you start feeling the baby moving a lot inside your stomach. So I don't know how they can keep shooting it one right after another all night long. Once I'd feel it I'd go, "Oh, God, how could you do that?" and just stop.

Women in all three samples agreed that having to rely on others to buy drugs usually meant you paid more and got less. The women with abusive and controlling partners suffered physical and emotional abuse as well. A white 43 year old, who was a participant in the Pregnancy and Drug Use study, talked about her struggle with her controlling partner. Not only did he control her money, but tortured her by withholding from her the drugs she had obtained from prostitution:

He would buy the drugs, right? He'd buy the crack. And he would control it. He'd sit there and take his couple a hits. And I'd sit there. And I, I'd have to like patiently wait for mine, right? And then I'd get mad. I'd say, "Goddamn it, gimme a hit!" You know? "Gimme the pipe!" And he'd, he'd like ignore me. And, uh, it was like this big control issue. To where he says [emphatic] when and how much. He would break me off a little piece and...My money paid for it, but it's sitting' out there and he's controlling it...If we were fighting? And I wanted to leave sometimes, he wouldn't let me out a the room. And he would like restrain me on the bed and stuff. And I would just freak out. And I really would make things worse because of my reaction. If I would have, um, been calm and just let him have his little power play...everything would be fine.

Women were at a decided disadvantage when they interacted in drug markets. Ambient violence permeated women's drug market exchanges. If they were pregnant, if they could get someone to sell to drugs to them, they were scorned and humiliated. Women, assigned to a lower rank in drug using social worlds, were at higher risk of exposure to ambient violence than men. The urgency and desperation to obtain heroin, coke or crack cast many of our interviewees along the dangerous paths of dealing drugs or prostituting. Inundation in deviant subcultures was requisite for women in order to get the best deal they could for money earned at great personal risk.

CONCLUSION

As other research shows (Johnson et al, this volume), we also found that if women participated in drug sales they occupied the lowest rungs of distribution networks. Most of those interviewed for these three studies had participated in drug sales at some point in their lives. For all the reasons outlined in this paper — drug use, ambient violence, gender roles and inadequate retaliatory capacities — most women did not sell for very long periods of time. When they did sell, they usually only sold for personal use. Those few women who told us they were regular drug sellers usually had a male partner or associate, to whom they were subordinate, working with them. We make this last statement with a caveat; we did not focus on drug sales or drug sellers in any of the three studies. Other researchers studying drug dealing specifically have found that women's roles in drug distribution were changing (Fagan, 1994).

In this paper we focused on women as consumers, since we could find little in the literature that described that role in detail. In our work we have found that the role of user and seller are often interchangeable and that understanding women's roles as buyers informs our understanding of selling practices as well.

What sorts of policies might effectively intervene in women's lives? Our findings leads us to recommend community-based programs that include basic education, life-skills training, job training and employment opportunities. Low-threshold and gender-specific drug treatment programs would allow interventionists to help women with their specific needs wherever they are in their drug-using careers. Programs need to provide psychological services to help women talk about and deal with past experiences of abuse and violence. On-site child care, particularly in drug treatment programs, would allow women to bring their children with them and thereby increase their chances of staying with the program. We believe these kinds of interventions would go a long way in reducing both problematic drug use and drug sales.



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