



Research paper

Navigating the risk environment: Structural vulnerability, sex, and reciprocity among women who use methamphetamine



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ABSTRACT

Background: Drug users' risk sexual practices contribute to their increased risk for contracting HIV and other sexually transmitted infections. Use of methamphetamine has been associated with a number of high-risk sexual practices such as frequent sexual contacts, multiple sex partners, unprotected sex, and exchange sex. The media construct women who use methamphetamine as engaging in exchange sex to support their drug habit. Despite an abundance of data on exchange sex among heroin and crack users that suggest the importance of examining these practices in context, they remain understudied among female methamphetamine users.

Methods: This article draws on ongoing ethnographic research with female methamphetamine users.

Results: The research participants' risk environment(s) contribute to their structural vulnerability and shape behaviour in ways that are sometimes deemed transactional and risky by research, public health, or harm reduction professionals.

Conclusion: Understanding the embeddedness of sexual practices in structural context and networks of reciprocity is essential to understanding implications for policy and harm reduction.

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Introduction

Methamphetamine (meth) is a potent central nervous system stimulant that is used for medical, functional, aesthetic and recreational purposes (Rasmussen, 2008). Meth, and associated injection and sexual practices, is linked to elevated risk for HIV and other sexually transmitted infections (STIs) (Lorvick, Martinez, Gee, & Kral, 2006). Many meth users (especially men) report using meth to enhance sexual performance or pleasure (Brecht, O'Brien, von Mayrhauser, & Anglin, 2004; Sherman et al., 2008) and research suggests that many engage in high-risk sexual practices, including having multiple sex partners, frequent sexual contacts, unprotected sex, and trading sex for drugs or money (exchange sex) (Lorvick et al., 2006; Molitor, Truax, Ruiz, & Sun, 1998; Semple, Grant, & Patterson, 2004).

In recent years, prevention media in the United States have targeted women who use meth using highly gendered claims that the drug causes users to trade sex for money and drugs (Linnemann, Hanson, & Williams, 2013). For example, some ads in The Meth Project's highly visible Not Even Once campaign portray teenage girls offering sex for drugs or money, often at the behest of a male significant other; another shows a teenage meth addict offering

sexual favours from herself and her younger sister in exchange for cash (TheMethProject, 2013). Such incomplete portrayals perpetuate the multiple levels of violence experienced by women who use meth and other drugs, emphasizing their violation of idealised gender roles and disregarding the risk environments in which they live (Linnemann et al., 2013).

Nonetheless, such multi-pronged prevention efforts have clearly stated objectives of influencing drug policy (TheMethProject, 2013) and, due to their authoritative status and visibility, they shape popular opinions and "knowledge" about drug use and its consequences (Irwin & Jordan, 1987; Linnemann et al., 2013). Thus, situating such claims in the contexts faced by users themselves is essential to minimise risk and harm. Ethnography offers a window into the intersection of the multiple levels of violence that characterise many drug users' risk environments and their navigation of the resulting structural vulnerability (Koester, 1994). I draw on ethnographic data to explore the nuanced line between reciprocity in sexual and romantic relationships and the concept of "exchange sex", and the implications for risk, policy, and harm reduction.

Structural vulnerability and the risk environment

The risk environment is a useful framework for elucidating the complex contextual factors influencing individuals' risk for HIV and STIs. The risk environment, defined as the intersection of "types of

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environment (physical, social, economic, policy)” with “levels of environmental influence (micro, macro)”, shapes one’s ability to avoid or minimise the risks associated with long-term and heavy drug use (Rhodes, 2009, p. 193).

Poor and minority women who use drugs often embed themselves in risk environments that are characterised by multiple levels of violence – structural, physical and symbolic (Epele, 2002). Policies criminalizing drug use and poverty have long-term consequences for employment, housing, and benefits eligibility (Boeri, 2013; Bourgois, 2003; Garriott, 2011; Murphy & Rosenbaum, 1997). Laws aimed at limiting children’s exposure to drug use and manufacture target female users, who often fill the role of primary caregiver (Flavin & Paltrow, 2010; Hulsey, 2005; Paltrow, 2000; Siegel, 1997). Media construct the “problem” of female drug use through highly gendered, moralistic discourses emphasizing violations of normative femininity (Humphries, 1999; Linnemann, 2010; Linnemann et al., 2013; Linnemann & Wall, 2013; McKenna, 2011; Mountian, 2005). Female drug users also face greater struggles related to employment, family relationships, mental health, parenting and accessing drug treatment than their male counterparts (Hser et al., 2005; Murphy & Rosenbaum, 1999). These risk environments, in turn, render the women structurally vulnerable (Quesada et al., 2011); while they may retain the agency to negotiate survival and resist some structural oppression, their strategies to do so may place them at risk for increased harms in other ways.

Risk, reciprocity and gender in a moral economy of drug use

To navigate high-risk risk environments, many economically marginalized drug users strategically embed themselves in complex moral economies in which the reciprocal ties that facilitate survival hinder their ability (or desire) to manage their drug use and sexual practices in ways suggested by the harm reduction ethos (Boeri, 2013; Bourgois & Schonberg, 2009; Sterk, 1999). These systems of reciprocity are based on mutually understood expectations for the sharing of resources (including drugs) and the provision of social support and protection.

The structurally-rooted, often gendered power inequities that dominate both mainstream and alternative economies position women as subordinate in their relationships with men, often rendering them at once vulnerable to violence propagated by men and dependent upon them for social, material, and physical support or protection (Epele, 2002; Maher & Daly, 1996; Maher, Dunlap, Johnson, & Hamid, 1996; Sterk, 1999). Women who inject drugs often are dependent on their male partners for assistance with the injection process, giving the men control over timing of use, limiting access to the drug, increasing injection-associated risks (e.g., being injected after their partner), and binding them to return the favor (Bourgois et al., 2004; Epele, 2002). Power disparities also may lead women to engage in “risky” sexual practices: because other viable means of making money may be limited, some women may engage in “exchange sex” (trading sex for drugs or money) (Miller & Neaigus, 2002); and cultural norms, power dynamics and negotiations of trust make condom use uncommon in long-term and romantic relationships (McMahon et al., 2006; Sibthorpe, 1992).

Sexual risk and exchange sex among women who use meth

To date, few researchers have examined female meth users’ sexual risk in the context of their risk environments or from their perspectives (Lopez, Jurik, & Gilliard-Matthews, 2009; Semple et al., 2004; Shannon et al., 2011). The limited data suggest that women who use meth are less likely to trade sex than those who use crack cocaine or heroin (Molitor et al., 1998; Rodriguez & Griffin, 2005) and that, compared to other illicit drugs, people are more likely to

Table 1
Polydrug use.

Polydrug use (last 30 days)	Preferred/primary mode of use		
No polydrug use	10	Snort	1
Cannabis and/or alcohol	10	Smoke	13
Other drugs	5	Inject	10

acquire meth from people they know (Rodriguez & Griffin, 2005). Given these distinctions, it is inappropriate to simply apply what we know about exchange sex among crack and heroin users to meth users; rather, findings among these groups support the need for contextualised and meaning-centered examination of sexual risk in general and exchange sex in particular (Sterk, 1999).

I posit that while sex does in fact fit into systems of reciprocity for many women who use meth, it is typically within the context of moral economies and existing relationships; while sex may earn women favors or represent social capital (Boeri, 2013), users may not view it as a form of currency. As such, the role of sex in the context of generalised reciprocal relationships may be symptomatic of poor, drug-using women’s structural vulnerability and still increases women’s risk for HIV and other STIs (Miller & Neaigus, 2002).

Methods

In the remainder of this article, I examine preliminary findings from an ongoing study of drug acquisition and survival strategies among meth users. Since 2011, I have conducted ethnographic interviews and participant observation with over 30 individuals who identify as meth users, 25 of whom are women. We discussed the concepts of “exchange sex” and “reciprocity” both directly and indirectly: I asked the women to describe their income-generating and drug acquisition strategies, probing specifically for information about trading sex for drugs and money; I stayed up-to-date on women’s daily struggles through participant-observation and informal conversations and group interviews; and, I asked women to discuss the survival and drug acquisition strategies of other women who used meth. Ethnography facilitates understanding individuals’ perspectives and the sociocultural and political-economic factors that shape these perspectives as well as lived experiences and, as such, is an important tool in the elucidation of risk within the context of “real life” (Koester, 1994).

The first year of research was supported by departmental dissertation funding; subsequent and ongoing research are supported by the National Institutes of Health/National Institute on Drug Abuse (5R03DA032861). This study was approved by University of Colorado Denver’s Institutional Review Board. Because this article is based on preliminary findings, and women who use meth have been the target of a disproportionate amount of problematic discourse (as described previously), I limit the present discussion to women’s perspectives and experiences.

Findings

With one exception, all of the women in this study identified as “meth users” or “meth addicts”; on average, they used over a gram of meth per day and 18 days per month. While more than half of the women did use other drugs (see Table 1), the vast majority viewed meth as their “drug of choice”. All of the women lived in economically precarious circumstances, depending on a combination of hustling, short-term licit and illicit employment, reciprocal relationships, and government assistance. Only four had steady work in the past year and most were housing insecure. Many had criminal records resulting from drug use and poverty; the drug possession charges were especially detrimental, affecting women’s eligibility for housing as well as employment. While exchange sex was not

a common survival or drug acquisition strategy for these women, dependence upon the moral economy was.

Michelle was an unemployed 19 year old woman who had been using meth for under three years. She had recently begun injecting when we first met and described her use as “out of control”. Living with her parents, she had few expenses and easy access to a vehicle; as such, she rarely worried about affording her drug(s) of choice. While she denied trading sex for drugs or resources, she complained that men regularly assumed she would. Finding this assumption greatly offensive, she asked me, “My goodness . . . do I look like a crack whore?!”

Michelle’s sentiment reflects most of the participants’ vehement moral opposition to exchange sex. Of the 25 women in this study to date, only two reported ever trading sex for drugs, money or other resources. However, while few of the women engaged in this strict definition of exchange sex, for many, sexuality was still transferred within established networks of reciprocity. In the remainder of this article, I discuss how women’s sexuality was embedded in these broader moral economies, specifically in the context of long-term, often romantic, relationships.

Sex and reciprocity in relationships

Most of the women in this study drew the line at directly trading sex for drugs or money; however, most of them had at some point “dated the dope man” and meth played a central role in many of their romantic and sexual relationships. These contexts blurred the boundaries and definitions of exchange sex; sex was certainly part of reciprocal relationships and expectations but was not exchanged as a direct transaction.

Karen, a long-term user in her 40s, was unemployed and living on a friend’s couch when we met. Her criminal record cost her career and finding new work was challenging. In her on-again/off-again relationship with a heavy meth user who was also unemployed and housing insecure, meth and sex were linked (e.g., both enjoyed having sex while high), but not in ways that seemed to constitute a system of reciprocity; perhaps because both had such limited resources, neither relied upon the other to provide drugs, housing, or money. During breaks in the relationship, however, Karen casually dated older, well-off men. Based on our discussions, these men never paid – in money or in drugs – for sex, but they did provide her with respite from the daily struggles associated with poverty and housing insecurity. Often, their affections toward her seemed greater than hers for them. She would return from a weekend with one of these men feeling refreshed and enthusiastic about getaways to mountain towns and romantic weekends in hot-tubs, but she also returned to her boyfriend. When struggling emotionally or financially, she sometimes reached out to them, knowing she could rely on their support even if she had nothing sexual or romantic to offer at the moment.

Other women dated the “dope man”. These relationships were not necessarily viewed as transactional, but they did reflect gendered expectations about sexuality and reciprocity in relationships. Even these relationships are not simple, however; they take many forms and as such should not be considered out of context.

First, at the level that most closely resembled a transaction, Samantha shared stories of dealers (both male and female) who had multiple “boyfriends” or “girlfriends” whom they supplied with free meth and from whom they received regular access to sex. This phenomenon was common enough that her job at one point was recruiting girls for such relationships. When I asked Samantha how these people defined these relationships and interactions, she explained that most would say they were “dating”; in her opinion, although there were clear expectations on both sides, neither the girlfriends nor the “dope men” would necessarily view the relationship as transactional.

Other women in this study dated and had long-term relationships with dealers and their experiences supported Samantha’s assumptions. Val, at 46, was a “functional user”, although she had not always felt she could control her meth use. When she was younger, she had dated the “dope man”, a relationship that had encouraged her use and contributed to a loss of control over it. Ready access to the drug and regularly using in the company of a very heavy user meant she did not have familiar ways of gauging the quantity of meth she was using or the frequency of her use – e.g., having to pay for the drug. While Val was dating this man for romantic purposes, not in exchange for meth, there was a mutually understood expectation that she would not pay for the drug herself. Now in a relationship with a man who does not use meth at all, she finds it much easier to monitor and regulate her own use.

For years, Meghan was married to a mid-level dealer, with whom she dealt drugs out of their house. During the years that they were successful in this endeavor, Meghan noted that she never had to worry about where her own high was coming from. The income, the access to drugs, and the steady stream of customers ready to smoke a bowl on site meant that Meghan rarely had to pay for drugs. Although her access to meth (and her standard of living) had been dependent on working and on the cultural norm of sharing within marriage rather than on an explicit notion of reciprocity, when they divorced and she found herself on the streets, Meghan’s access to meth changed and she became dependent on new networks and her own ability to hustle.

Some women, like Dorothy, reversed roles and served as the “dope lady” for their boyfriends. Women who had steady access to meth sometimes became the primary connect for their partners just as men did. In the case of Dorothy, the affection and attachment in her relationship with Ronnie seemed lopsided. She provided him with steady access to meth, housing, food and sex; a full-time hustler who occasionally worked odd-jobs, Ronnie bounced from female partner/provider to female partner/provider, frequently leaving Dorothy angry and alone. She often reported feeling used or exploited yet, in the two years I have known her, she has yet to successfully change Ronnie’s behaviour or end the relationship. This contrast of expectations when women versus men dated meth dealers highlights the extent to which the meaning of men’s and women’s expected roles and reciprocal behaviours are embedded in broader social norms and power dynamics. Most women viewed receiving free drugs while dating the “dope man” to be an extension of the standard reciprocity they expected in any romantic relationship; however, the few women who found themselves supporting men often struggled to accept this role without feeling used.

These preliminary findings suggest that the reciprocal nature of sex and meth cannot be considered outside of context. Consistent with prior research (Lopez et al., 2009; Molitor et al., 1998), most women in this study did not engage in direct exchange sex. However, sex(uality) did carry a reciprocal value that reflected and perhaps perpetuated women’s structural vulnerability.

Discussion

Like many women who use drugs, the women in this study inhabit risk environments that constitute a source of structural, physical and symbolic violence, rendering them structurally vulnerable. Moral economies and relationships of reciprocity play an important role in poor and homeless drug users’ navigation of this structural vulnerability, at times at the expense of seemingly distant health concerns such as HIV or other STIs. A strong body of ethnographic research illustrates the complex and encompassing nature of the moral economy and illuminates the often problematic intersection of the realities of poor drug users’ daily lives and a harm reduction ethos premised on individualistic ideologies of

agency and empowerment (Bourgois & Schonberg, 2009; Maher et al., 1996; Sterk, 1999). The criminalization not only of drug use, but of poverty (e.g., camping bans), reduces employability and eligibility for housing as well as federal benefits (Buchanan & Young, 2000; Linnemann & Wall, 2013). Unable to access stable or legal employment due to criminal records, minimal education, or the patterns of their drug use, users may embed themselves in networks of reciprocity that facilitate getting by with less and daily survival needs, from food or shelter to drugs, thus frequently take priority over disease prevention (Boshears, Boeri, & Harbry, 2011; Bourgois & Schonberg, 2009). Female drug users' multiple levels of vulnerability are especially harmful as the very strategies they employ to survive not only place them at increased risk for disease, but also perpetuate their gendered subordination in the context of their economic and personal relationships with men.

This research supports the need for a shifting public health and harm-reduction ethos that extends the conceptualization of "harm" beyond the present consideration of disease risk to include the multiple levels of violence faced by many drug users, especially women. A risk environment approach to harm reduction thus should critically examine and challenge the policies, socioeconomic conditions, and culturally-bound gender relations that contribute to the vulnerability of marginalized groups. *Conflict of interest*: None declared.

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