THE SOCIAL ECONOMY OF BUYING, SELLING, TRADING, AND CONSUMING DRUGS: A COMPARISON OF INDIVIDUAL AND SUB CULTURAL STRATEGIES AMONG METHAMPHETAMINE USERS AND DEALERS IN TWO CITIES

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ABSTRACT

THE SOCIAL ECONOMY OF BUYING, SELLING, TRADING, AND CONSUMING DRUGS: A COMPARISON OF INDIVIDUAL AND SUB CULTURAL STRATEGIES AMONG METHAMPHETAMINE USERS AND DEALERS IN TWO CITIES

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The objective of this ethnographic study was to elucidate the individual and collective meanings and functions of drug taking for research subjects including methamphetamine users and dealers in drug subcultural groups recruited in two major cities. Participant observation was conducted in the two cities among methamphetamine users and dealers. In depth interviews were conducted with N=35 respondents in New York City and N=38 respondents in Los Angeles including injecting (IDUS) and non injecting drug users (NIUS). In this dissertation, I describe how the social identities and economic lives of participants in various sites have influenced the buying, selling, and consumption of drugs.

Comparative analyses of the meanings and practices of research subjects, including mixed income gay, straight and bisexual users in New York City and inner city ethnic and class minorities in Los Angeles, illustrate how the function of drug taking and drug effects can vary depending on the social and economic context and physical setting, the social location of users and the subcultural group that one belongs to.

Variations were found in the structure and organization of methamphetamine distribution. Among New York City respondents, freelance distributors catered to “binge” users that used the drug on weekends while clubbing and during commercial sex encounters and the co-evolution of the local methamphetamine market with the expanding online men who have sex with men (MSM) commercial sex industry and the New York City gay sex and club drug scene provided a collective identity that largely determined subjective drug effects. Sex workers operated as cultural brokers between buyers and sellers in the gay sex scene by facilitating sex parties and the closing and policing of public venues including clubs, bathhouses, and afterhours venues, largely shifted the buying and selling of drugs and sex indoors and in transitory public locations such as hotels.

Whereas buying, selling, trading and consuming methamphetamine were a cultural response to stigmatization as a sexual minority for many New York City respondents, among ethnic and class minorities in the Los Angeles sample, low income and transient dealers and users formed helping networks as a response to social economic marginalization and consumption and distribution were important aspects sustaining them. For these respondents, buying, selling, and consuming drugs were an adaptive response to instability in housing, unemployment, racism, and structural inequality including historical exclusion and discrimination on the basis of immigrant status and class oppression.

This study suggests the importance of a contextual understanding of local drug markets and risk taking which are essential to the formation and development of risk reduction and prevention methods and policy.

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Chapter I

INTRODUCTION

This dissertation was based on research conducted on methamphetamine use and distribution in two major cities, New York City and Los Angeles, among research subjects including methamphetamine users and dealers that were mostly long term users. The central research questions are:

How do sociocultural systems mediate methamphetamine consumption and distribution and how do subcultural meanings interact with market variables to organize activities and structure perceptions and behaviors of illicit drug market participants? What sociological factors influence route of administration and transitions in method of administering drugs? How do individuals variably positioned in the social order appropriate the informal market and what is the symbolic role of the drug as it has been constructed to signify adherence to a social identity among drug takers?

Comparative analyses of drug use and distribution ideologies[1] and practices among the research subjects, including mixed income gay, straight and bisexual users in New York City and inner city ethnic and class minorities in Los Angeles, illustrates how the function of drug taking and drug effects can vary depending on the social and economic context and physical setting, the social location of users and the subcultural group that one belongs to. Researchers have demonstrated the importance of social factors and cultural variables in understanding drug effects and consequences (see Comitas and Rubin 1975 for marijuana).

[1] e.g. the values, beliefs, attitudes, and system of meanings of a particular social group

Among respondents in New York City, methamphetamine was bought, sold and used by men who have sex with men (MSMS), men who have sex with men and women (MSWMS) and straight users (non MSM) to enhance social and sexual performance, for instance, at sex parties at hotels, clubs and in private residences. For this drug subcultural group[2], drug use and distribution was integrated with the expanding MSM commercial sex industry and declining club entertainment sector, which was reflected in cultural norms and values. For instance, it offered a forum for the expression of sexual identities which are rejected by the dominant hegemonic social order and a justification for using methamphetamine among some MSWM users was that the drug ritualized social and sexual encounters and normalized MSM sex; as such, it was a cultural response to stigmatization as sexual minorities. Dealers, recognizing this, adapted the subcultural role of the drug for economic purposes, for instance, through marketing strategies such as the selling of drugs and sex; and competitive pricing characterized the local dealership among free-lance dealers, who formed temporary, ad hoc associations with dealers, in part, as a response to limited availability.

Whereas methamphetamine consumption and distribution among New York City participants was rooted in a cosmopolitan club and sex culture, in Los Angeles among a sample of dealers and users that were inner city ethnic and class minorities, involvement in the drug economy and street culture provided a sense of self-worth and social worth; and

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[2] The terms "drug subcultural group" and "social group" are used interchangeably to "highlight identification with specific social groups and patterns of activity among them….(the term) also addresses the subcultural meaning attached to specific drugs which transcends any particular set of individuals and persists over time" (Anderson 1998).

drug related behaviors were activities that functioned as an alternative forum of status and social identity for those socially, structurally and spatially excluded, for instance, because of immigrant status, racism, and class position in the context of globalizing capitalism and economic restructuring.

Near transient, transient and homeless drug users traversed the inner city and the social functions of drug taking and rituals of procurement and use reflected their immediate situation, and buying, selling and use were part of strategies aimed at reallocating scarce resources among those stricken by inner city poverty and instability in housing. Among Los Angeles users and dealers in the study, cooperative versus competitive drug distribution practices and ideologies prevailed, which reflected the social characteristics of buyers and sellers, their immediate needs, and drug availability.

The subcultural adaptions of dealer and user respondents in the physical and social context of local markets and their economic behavior expose the specificity of drug related behavior and the role of social structural inequality, at the local level, for individuals variably positioned in the social economic order as they rein scribe themselves onto social and public space. According to Page and Singer (2010:88-89), "the conduct of local drug ethnography in a globalizing world, and in complex national and transnational space, requires a shift in the traditional on the ground ethnographic gaze upward and sideward to include diverse social strata and groups and broad structures of (generally unequal) social relationships....data are needed on the connections of local users and dealers to the wider political economy of the drug trade".

Overview of Chapters

The first chapter presents a historical context which includes a review of methamphetamine production and trafficking trends. This is followed by a discussion of clandestine methamphetamine production including shifts in manufacturing as a response to precursor regulation and legislation. In the next chapter, the function of drug panics and the contemporary methamphetamine drug scare aimed at controlling Mexican drug traffickers is analyzed in the context of the North American Free Trade Agreement (NAFTA), border control, and shifts in labor supply and demand. These introductory chapters illustrate how methamphetamine like other commodities has evolved through stages that can be differentiated in terms of the demand for the product. These stages can be differentiated in terms of the "character and identities" (Hamid 1998: 287) and styles of distribution and characteristic ways of buying it. In the next chapter, ethnographic research is presented on the functions and subcultural meanings of drug taking among respondents in New York City that used methamphetamine during clubbing and MSM sex to enhance social and sexual performance. The role of the set and setting in mediating the psychopharmacological action of the drug is illustrated as a collective drug effect. Among New York City respondents, risk taking (including sharing needles and non condom use) was associated with homelessness, insufficient funds, topping (penile insertive) MSM sex, the belief that one was HIV positive, low drug availability, stigma and a "tiered price structure" for sex work.

The next chapter presents research on methamphetamine distribution among New York City participants as distribution has shifted from open air sales at clubs and raves during the 1990s to a closed delivery based market that caters to upper income gay

professionals and clubbers. The motivations of New York City dealers for selling methamphetamine are discussed. Competition between dealers occurred through competitive pricing strategies and partnerships were often formed as a means of providing access to lower prices and a steady drug supply. Price variations were found that were related to differential access to both buyers and sellers and premium prices for methamphetamine and sex.

In the next chapter, ethnographic research conducted in Los Angeles among methamphetamine users and dealers including non injecting drug users (NIUS) and injecting drug users (IDUS) is presented. Variations were found in the structure and organization of drug distribution (e.g. roles and allocation of social labor), which influenced conduct norms and the expectations for behavior among respondents. Drug dealer IDUS operated at the lower levels of drug distribution.

This is followed by a chapter on routes of drug administration which presents the multiple structural and individual level factors that may increase the likelihood of transitioning to injection drug use and enhance risk. The physical and social context where drugs were bought, sold and used also influenced route of administration. Geographical differences between the two cites influenced drug supply and the availability of "black tar" heroin in Los Angles, which was often used in combination with methamphetamine, was associated with injection for both primary and secondary methamphetamine users. Distinct physical and chemical types of heroin exist and the chemical properties of "black tar" heroin have implications for injecting practices and cooking methods; for instance, because of its gooey consistency, black tar heroin cannot be intransally administered and smoking results in lung damage rapidly, therefore ushering in injection a preferred route of administration

for users.

Drug preparation rituals and injection practices and beliefs have diffused among the social network of NIUS and IDUS in the Los Angles sample and a pattern of drug combining was found among younger neophyte, drug injectors (IDUS) and long term drug injectors who combine injected heroin and methamphetamine, called "Goofballs". This increased risk taking among injecting drug users who are already at high risk when the drugs are shared.

The conclusions drawn in this paper provide a corrective to studies which posit an overly determined psychopharmacological understanding of drug related behavior as caused by the drug itself or bioavailability as a consequence of route of use. Drug effects and the accompanying behaviors or drug users and dealers were related to the social and economic contexts. Following Norman Zinberg's (1984) theory of drug, set and setting, the interaction between the molecules of the substance and the cells of the human body, drug effects are shaped by the psychological mind set of the user, including individual expectations, mood, mental health, purposes and personality, and by the social setting of use including the characteristics of the situation of use the social conditions that shape such situations and impinge upon the users, and the historically and culturally specific meanings and motives used to interpret drug effects (Reinarman and Levine 1997) .

Drugs identical in psychopharmacology were found to have very different consequences for users depending on the mind sets and social settings, and the meanings attached to drug taking along with beliefs about drug effects, definitions of appropriate use, and reasons for use, arose through social interaction in diverse temporal, social and

economic contexts. Beliefs about the drug varied based on the identities of the users and methamphetamine perceptions diffused through various settings including raves and MSM sex parties in New York City, and street drug networks in Los Angeles, that included expectations for behavior which influenced patterns of drug use and distribution.

Chapter II

A BRIEF HISTORY OF METHAMPHETAMINE

"Speed" in its various forms has been one of the most frequently consumed and abused stimulants. Historically linked to the expansion of imperial European rule, stimulants were already significant during the initial phase of capitalist development. Commodities, including tea, coffee, cocoa, sugar, tobacco and even opium were prominent as a source of imports and exports during the latter 19th century. These were important products destined for consumption in industrializing areas. These products were so common as imports and exports that they have been labeled the "Big Fix" in the academic literature (Wolf 1982). Other stimulants, on the other hand, which were already in human use such as the West African kola nut and betel nut of South and Southeast Asia, the mate of Argentina, and the coca of the Andes; unlike the "Big Fix", were popular during the industrial revolution era because they provided an efficient, quick source of energy, which was well suited to the demands being placed on the body, including the demands for prolonged performance.

Although the physiological properties of stimulants made them important as a source of energy for prolonged performance demanded during the industrial revolution, Wolf (1982), suggests that it is not the physiological properties that are important as the final explanation, but rather the changes which took place in terms of consumption patterns during the 18th and 19th century due to the decline of small producers and decreases in access to meat and peasant produce that were essential. New patterns of socializing and communication which emerged such as those provided by coffeehouses and teashops also

had an impact. According to Wolf, “new class based norms for where, when and how to eat developed, in turn setting up new standards for subcultural emulation in societies undergoing rapid social and subcultural change”(1982:333). These new patterns led to the diffusion of these products throughout all social classes, and purveying the new products, in its turn, “European enterprise accumulated considerable savings by the provision of low cost foods and substitutes to European working classes” (Wolf 1982:333).

Contemporary methamphetamine use and the world wide diffusion of methamphetamine are similarly associated with the expansion of modern corporate capitalism and the multinational nature of capitalist production and circulation of commodities. Worldwide, methamphetamine production is centered in South East Asia, including Myanmar, China and the Philippines, and in North America. Australia and New Zealand have emerged as significant producers of methamphetamine. It is believed that large scale production will soon surface in areas of Central America and Africa (United Nations World Drug Report 2007).

Illicit Methamphetamine in the Contemporary United States

Methamphetamine is a Schedule II substance. Following heroin and cocaine, methamphetamine is one of the least commonly regularly (monthly) used drugs (King 2006). An estimated 4.7 million Americans (2.1% of the U.S. population) have tried methamphetamine at some time in their lives (Anglin et al. 2000). According to the National Survey on Drug Use and Health, between 2006 and 2010, the number of past month methamphetamine users declined from 731,000 (0.3 percent) to 353,000 (0.1 percent) (SAMHSA 2011).

Methamphetamine, called meth, crystal, ice, speed, crank, Tina, Christine, glass, shards, and wet is a central nervous system stimulant and is part of larger category of stimulant drugs, including amphetamines, cocaine, methylphenidate, ephedrine, and ecstasy. Prolonged use at high levels results in dependence. Methamphetamine is a drug that is part of the amphetamine family which are related to catecholamines like dopamine, epinephrine, and nor epinephrine, which are naturally occurring substances that regulate the cardiovascular functions and the central nervous system (Jenkins 1999: 30). The drugs reproduce the naturally occurring neurochemicals in the brain. First synthesized in 1887, according to Jenkins (1999), the amphetamine drugs were designed to mimic the effects of natural and herbal drugs such as ephedrine.

In comparison to the other stimulant drugs, the duration of the effects of methamphetamine are longer and it is more potent in that smaller doses are needed to generate the same effect (Weisheit and Wells 2010). Drug tolerance thus develops more

quickly amongst methamphetamine users who need to larger doses to achieve the same effect over time. Self-confidence, paranoia, appetite suppression, wakefulness, and accelerated heart rate are some of the physiological effects of methamphetamine (Weisheit and White 2009).

Methamphetamine is similar to amphetamine, which was marketed as Benzedrine in an over-the-counter inhaler to treat nasal congestion during the 1930s. Abuse of amphetamines was widespread during the Great Depression (Narcon November 18, 2004). During the 1950s, amphetamines including dextroamphetamine (Dexedrine) and methamphetamine (Methedrine) were prescribed for depression and obesity, reaching a peak of 31 million prescriptions in the United States in 1967 (Narcon 2004). According to Jenkins (1999), methamphetamine was utilized during the Second World War and was associated with truck drivers and other workers who undertake long tasks.

Benzedrine which was a racemic combination of dextro levo amphetamine was first manufactured in 1887. Dexedrine, which includes only the psychoactive d isomer and not the inert levo type, became popularized during the 1920s. Methamphetamine or d Phenyl isopropyl methylamine hydrochloride was also synthesized at this time under the trademarked names of Methderine and Desoxyn (Jenkins 1999).

Since the 1960s, amphetamines have been at the heart of about six individual drug scares and were a major player as an incentive for the expansion of law-enforcement bureaucracies (Jenkins 1999). The 1962 crackdown on legal sources of amphetamines led to the emergence of illicit labs which were in operation in the San Francisco Bay Area by 1963. “Because of the shortage of speed in other cities on the West Coast, the manufacture and distribution of speed became an extremely profitable enterprise, and opened up new

sources of revenue within the San Francisco drug scene." (Brecher 1972).

Outlaw motorcycle gangs with reported links to satanic cults began to dominate illicit production and sale of methamphetamine during the 1960s (Jenkins 1999). According to Jenkins “speed became the scapegoat for the collapse of the peace-and-love ethos, ‘the drug that snuffed out the summer of love…“most negative images of the speed freak had little to do with conduct as extreme or notorious as that of bombers or devil worshipers but rather arose from the unprovoked violence and exploitative behavior said to characterize the type” (Jenkins 1999: 42).

The 1965 amendments to the federal drug laws, by requiring manufacturers and wholesalers to keep records of all shipments, made it more difficult to divert legal amphetamines to the informal market. “This served to protect the "speed labs" from low price legal competition and enabled them to raise prices” (Brecher 1972).

Illicit use and production of methamphetamine remained strongly regionalized throughout the 1970s and 1980s. Until the late 1980s, illicit use and manufacture of methamphetamine was endemic to California. The increased availability of injectable methamphetamine during the period and related drug abuse problems resulted in the 1970 Controlled Substance Act which severely restricted the legal production of injectable methamphetamine. For instance, whereas prior to the 1973 drug law amendments, possession of two ounces of methamphetamine in New York State was classified as a misdemeanor (Class A), following the 1973 reclassification, this became a class C felony.

Methamphetamine became trendy in the 1980s with the alternative sexual communities, where it was believed to enhance sexual experience and non condom use was normative, especially prior to the advent of HIV/AIDS. The alternative sexual communities,

particularly the gay population, have witnessed an increase in sexually transmitted diseases, HIV/AIDS and hepatitis C across the nation. Awareness and warnings of the emergence of a new epidemic in the gay community, or AIDS, that was spreading through sexual contact in the early to mid 1980s, came too late to prevent ongoing infection and transmission of the virus. Men who have sex with men continue to have high rates of infection with HIV/AIDS, especially those located in metropolitan centers including New York City, Los Angeles, and San Francisco (Osmond 2003).

A trend towards smoking crystal methamphetamine (ice) surfaced in Hawaii during the 1980s, having diffused from the Pacific Rim. From there, ice use spread to San Diego as indicated by an increase in federal drug raids in Southern California during March of 1989 (Jenkins 1999). Ice has been deemed the “drug of the 1990s” (Cho 1990).

In the early 1990s, methamphetamine reappeared on the West Coast and in Hawaii and then spread steadily East. Methamphetamine production, transportation, distribution and use in the United States significantly transformed since the 1990s. Since the 1990s, methamphetamine production, formerly concentrated in the West and the Southwest, diffused into the Midwestern and Southern United States. Some national level trends include: an initial increase in methamphetamine use during the early 1990s; a stabilization in use by 1992; and a dramatic decrease in the domestic production of methamphetamine since 1994 (NDIC 2007). Contradicting this is evidence from the Drug Enforcement Administration, which indicates a steady increase in the number of clandestine methamphetamine labs seizures from 1993 to 1999. In 1993, The Drug Enforcement Administration (DEA) seized a total of 218 methamphetamine labs. This total increased to

263 labs in 1994; 327 labs in 1995; and 879 labs in 1996. In 1997, the DEA was involved in the seizure of 1,451 clandestine labs, 98% of which were methamphetamine labs. In FY 1998, the DEA seized over 1,600 methamphetamine laboratories, and in FY 1999, over 1,200 clandestine methamphetamine labs have been seized (Donnie Marshall, DEA Congressional Testimony 2000).

Mexican drug trafficking groups began to dominate methamphetamine production and distribution with superlabs in California and Mexico in 1994. Mexican groups started taking over production and distribution in 1994 following the arrest of several major outlaw motorcycle gangs (OMGs). Using routes already established for trafficking heroin, cocaine and marijuana, Mexican groups were able "to control all aspects of its manufacture, and soon gained a foothold in the market". This was expanded by their willingness to sell at a loss or even for free, in order to generate demand. One special agent in Iowa calls it "blue collar" because of "their willingness to distribute to anyone and to front people early on in order to capture a part of the market"(AGORA conference 2007). In addition, the passage of the 1996 Comprehensive Methamphetamine Control Act shifted distribution as legislation of precursor chemicals made in more difficult to produce the drugs, which facilitated the involvement of Mexican trafficking groups.

Researchers studying drug epidemic cycles (e.g. Hamid 1998), have argued that over the course of a drug epidemic, users and effects shift and are transformed. Since 2000, methamphetamine production, distribution, and use have undergone significant shifts and changes. These transformations are related to legislation of precursor chemicals, increased law enforcement and public awareness campaigns, new subcultural attitudes and modes of social interaction, shifts in illicit drug supply, new drug trafficking patterns, and the

diffusion of methamphetamine, other "club drugs", heroin, and cocaine to new socio-demographic groups and geographical areas. Other significant changes include: a shift in manufacturing from the Red-Phosperous Method to the Birch Reduction, which utilizes anhydrous ammonia and lithium and new trends in mode of administration.

Similar to the use of other illicit drugs, injected drug use varies by demographic group and geographic area (NSDUH 2007) and according to the National Survey on Drug Use and Health (NSDUH), which is based on self-report data obtained from respondents aged 12 and older about injected drug use, methamphetamine use from 2002 to 2004 was more prevalent in the West than in any other region and combined data from 2002 to 2005 indicates that a smaller percentage of people living in the Northeast have injected methamphetamine in the past year than persons living in other regions (NSDUH 2007).

By the early 2000s, methamphetamine labs were on the rise in the Midwest and in 2005, methamphetamine labs were found in New York City. In 2005, there was over a 2,000 fold increase in the number of arrests for methamphetamine in New York (Maisto, Galizio, and Conners 2008). Whereas in the 1980s methamphetamine was largely used by white blue collar workers and was considered a biker drug, in the 1990s it re-emerged as a club drug and was used by increasing numbers of rave and club goers, young professionals and men who have sex with men (MSMS). Governmental warnings of the possibility of a sustained methamphetamine epidemic reaching New York City never panned out and use remained localized among segments of the city's gay community and club kids.

The decline in methamphetamine production in the U.S. has been slightly countered by rising production in Mexico. The number of labs seized in Mexico rose from 10 in 2002 to 18 in 2004 and 34 in 2005. Methamphetamine availability in the United States is directly

related to methamphetamine production trends in Mexico, which is the main source of methamphetamine consumed in the United States (Drug Enforcement Administration, National Drug Intelligence Center 2010).

According to Caulkins and Reuter (1998), geographic variations can be found in illicit drug price and availability as a consequence of the distance from point of production and importation. Since most methamphetamine is produced in Mexico and California (DEA‘s STRIDE 2010) and then shipped or transported to other more distant cities, including New York City, there are significant differences in price and availability and New York City markets are characterized by low availability and high drug price at all levels of distribution (National Drug Intelligence Center 2010).

Methamphetamine prices are marked up from the border to the street and according to data collected on the price and purity of methamphetamine from 2007 through 2009 by the DEA's STRIDE, the price per pure gram of methamphetamine decreased 13.5% from $147.12 to $127.28, while purity increased 22.1% from 57% to 59% (National Drug Intelligence Center 2010).

In addition to methamphetamine, according to the Drug Enforcement Administration, Mexico is an also a major supplier of marijuana to the United States, and although Mexico is not a significant source of worldwide heroin production, it supplies a large portion of the heroin distributed in the United States. According to the Drug Enforcement Administration, "the capacity of Mexican DTOs to occupy a more significant share of the heroin market in cites historically dominated by South American heroin may be evolving" (National Drug Intelligence Center 2010).

Law enforcement officials report an increased availability of heroin in some areas

as indicated by high wholesale purity, low prices, increased levels of abuse and an increase in the number of overdoses and deaths (National Drug Intelligence Center 2010); for example, according to data obtained by the DEA Heroin Signature Program (HSP), the wholesale purity of Mexican heroin was 40% in 2008, which was the highest average purity for Mexican heroin analyzed since 2005. At the same time, the purity increased, Mexican heroin represented 39% by weight of all heroin analyzed through the HSP, which is the highest percentage reported since 1987. There was a remarkable decrease in South American heroin. According to the report, increased availability of heroin in some markets is partially attributed to increased production in Mexico. Increased heroin availability has resulted in a rise in drug related problems, including overdose and death, and heroin abuse is increasing especially among younger users.

"In addition to Mexican DTOs trafficking and distributing greater quantities of South American heroin, investigative reporting and heroin signature analysis indicate the possibility of white heroin being produced in Mexico using Columbian processing techniques, as well as the distribution of "mixed" heroin containing both South American and Mexican heroin" (National Drug Intelligence Center 2010). The State Department estimates that 90% of cocaine trafficked into the United States transits Mexico (Cook 2007); Mexican drug cartels have become increasingly active in recent years in drug trafficking of cocaine, marijuana, methamphetamine, and heroin. following the demise of the Medellin and Cali cartels in Columbia (Cook 2007) and with the closure of Florida as a central trafficking route for cocaine, the Mexican cartels have gained control of trafficking routes and engage in human and arms trafficking as well as auto theft and kidnapping.

According to the FBI, Mexican drug cartels remain involved solely in wholesale

distribution of illegal drugs and do not engage in retail sales (Cook 2007). According to the report, the cartels reportedly work with multiple street gangs to facilitate the distribution of illegal drugs in the United States at the wholesale and retail level and do not take sides in U.S. gang conflicts. Methamphetamine production declined in Mexico in 2007 and early 2008 due to precursor chemical restrictions which have reduced availability in the United States. The importation of non restricted chemical derivatives and alternative methods of production have been some responses of methamphetamine manufacturers. For instance, Mexican traffickers have developed new source areas and routes for importing ephedrine and pseudoephedrine from China and India and are using indirect smuggling routes that include transit through Central Africa, Europe, and South America (National Drug Intelligence Center 2010). Efforts by Mexican authorities to counter the diversion of pseudo ephedrine and ephedrine (which reduced import by 40% in 2005) are likely to lead to a further reduction of methamphetamine production (INCB 2005).

The 'Mexican Methamphetamine' Panic and the Function of Drug Scares

Increased global migration has periodically redefined life in America, which consequently transformed the relationship to drugs. Historically, drug panics have emerged during periods of socio-demographic, political-economic and cultural-ideological change as a means of constructing 'others', conceived as fundamentally different from, and inferior to, white European, metropolitan selves. In constructing alterity, the dominant center simultaneously constructs and reproduces itself by naturalizing and justifying hierarchies and social structural inequalities along multiple axes of difference (Said 1979). The social construction of a drug panic has the effect of naturalizing social structural inequalities and masking contradictions within the system.

Since the 1800s, stigmatizing a particular drug has been a means of stigmatizing a particular social category on the basis of perceived difference. As with previously fanned moral panics, targeting methamphetamine was part of a broader strategy of social control.

For instance, during the mid 1800s when Chinese immigrants began to be viewed as competition for scarce jobs rather than as a useful, underpaid labor force, a panic was instigated surrounding the smoking of opium. Anti opium laws and those restricting Chinese immigration were passed hand in hand (Musto1973). Likewise, during the Great Depression, as opposition against the influx of Mexican immigrants steadily increased during the 1920s and intensified during the 1930s, patriotic organizations, including the American Legion of Small farmers and Labor Unions, launched a racist campaign against Mexicans through fabricated reports that linked Mexicans to marijuana use and violence (Cohen 1990).

Similar to earlier drug panics, the methamphetamine panic and the policing of methamphetamine, has been spatially organized to place controls on migration and labor. Indeed, each period of change in the way capital organizes production has been accompanied by a shift in the way social labor is organized. Each significant shift has, in turn, produced new discourse of difference. This is because there is an over determination, or fit, between the ways capital organizes production and its labor on the basis of gender, race and ethnicity. The methamphetamine panic discourse constructs difference in such a way that naturalizes structural inequalities and the differential positioning of individuals within the socioeconomic order.

The "Mexican Ice" Scare, NAFTA and Border Control

The panic surrounding methamphetamine production and trafficking by Mexicans and Mexican Americans in the United States coincided with Mexico's entrance in the North American Free Trade Agreement (NAFTA) in 1994. In effect, the criminalization of Mexicans and Mexican Americans rationalized the new militarization of the Mexico-United States border. The "Mexican methamphetamine" panic intensified as Congress authorized the Immigration Naturalization Service (INS) to hire an additional 1,000 officers and 300 support personnel between 1996 and 2001, enabling the forced removal of undocumented immigrants, quickly, without judicial review.

The methamphetamine panic surfaced and continued to resurface in the 1990s and 2000s alongside a series of legal restrictions which have been placed on immigration. The criminalization of Mexicans as methamphetamine traffickers featured as a rallying point for support of the following: Proposition 187, which in 1994 denied undocumented residents

access to nearly all public services in California and the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA), which made it more difficult for undocumented migrants from Mexico to enter or remain in the United States.

"Mexican meth" scare tactics have recently been used as a rationalization for the Secure Fence Act (PL 109-367), which authorizes 700 miles of border fence to be constructed along the Southwest border by 2009. One major proponent in this last campaign is Congressman Ken Calvert, a restaurant and real estate business owner, who represents the 44th congressional distinct of southern California. Calvert's involvement in the Congressional methamphetamine caucus overlaps with his involvement in a range of issues aimed at limiting the flow of undocumented workers, including a pilot program which regulates the hiring of Mexican migrant workers by making it mandatory for employers to verify workers' social security.

The methamphetamine panic discourse involves processes of incorporation and racialization. When applied to Mexicans and Mexican Americans, the process of racialization, as materialized in the implementation of immigration policies, often conflates legal status with generalized racial-ethnic categories. The diversity of people of Mexican descent is minimized through categorizations of a homogenous, criminalized cultural identity in which all Mexicans and Mexican Americans are treated as suspect and "potentially treated as 'illegal' or 'non-deserving''(Naples 2000:11). This enables the regulation of both legal residents and citizens as well as undocumented Mexican workers. The way that the methamphetamine panic has been manipulated to control Mexican laboring populations is apparent in the following quote from the NY Times regarding methamphetamine distribution by migrant workers:

"From bases on the West Coast, officials said, the Mexican traffickers have moved across the Northwest and Midwest, hiding among fruit pickers in Washington, resort workers in Colorado and construction workers in Minnesota" (Tim Golden, NY Times November 16, 2002). In this article, the conflation of Mexican drug traffickers and migrant workers functions to criminalize all Mexican and Mexican American migrant workers, irrespective of their legal status. Furthermore, the idea that drug traffickers are hiding among Mexican laboring populations justifies racial profiling, INS raids, and the forced removal of undocumented workers in accordance with shifts in labor supply and demand.

The criminalization of Mexican workers, through the association of illegal activity with illegal identity, positions Mexican migrant laborers at the bottom of the social hierarchy as non-citizens, no rights. One effect of the discourse is that the exploitation and struggles of Mexican migrant laborers are made invisible. Another effect of the discourse is to make hidden the contradictions inherent in the capitalist system in which Mexican migrants form a core requirement of capitalist production, yet tend to be employed as seasonal and part time low wage workers.

In sum, discourses and images of Mexican methamphetamine manufacturers operating "super labs" bespeak of border crossing by a "dangerous racial/ethnic group" that threaten the economic, social and cultural fabric of the United States (Jenkins 1999). As in previous eras, the methamphetamine panic assisted in the regulation of the flow of Mexican nationals across the border according to the amount of labor needed (Beeghley 1996). Massive layoffs in construction, carpeting and other industries have since occurred. Framed as a "two front war", the methamphetamine panic discourse has largely framed 'Mexican drug traffickers' as constituting a national social problem (Jefferson, Newsweek 2005:47)

and selective policing practices have ensued.

The methamphetamine panic ultimately functioned as a capitalist control strategy by justifying the reallocation of social labor. As an image, the “borderland” is mobilized as a site of struggle over resources and capital. Discourse pertaining to the borderlands is a form of social control by which boundaries between insiders and outsiders are constructed, reproduced and resisted both metaphorically and metonymically.

In contemporary social life, both the formal and informal economy are internationally integrated and respond to global cycles of expansion and contraction (Wallerstein 1974). Economic restructuring has resulted in a shifting international division of labor that is reconstituting the racial-ethnic composition of communities across the United States (Naples 2000).

Restructuring includes transformations in social, economic, and political structures manifested in a variety of ways on a global scale (Soja 1989). It is characterized by: (1) a decrease in manufacturing jobs and the geographical redistribution of manufacturing jobs; (2) union-busting and the dismantling of the welfare state; (3) an increase in high-level professional jobs, finance, and subcontracting work; and (4) an increase in low-wage, de-skilled service sector jobs and an expanding informal economy with an increasingly high concentration of women, ethnic minorities, and immigrants (Sassen 1991). Economic restructuring and downsizing have transformed social hierarchies and dual and split labor markets have created tension and conflicts between Whites and Latinos, centered around competition for scare jobs. As working class White laborers were forced onto the fringes of the United States formal economy, low-paid Mexican immigrant laborers have entered on the fringes.

Clandestine Methamphetamine Manufacturing

The clandestine production of drugs has been defined as the illegal manufacture, compounding or processing of narcotic, stimulant, hallucinogenic and depressant drugs (Soine 1986). Prior to the 1960s, the most predominant manufactured drug produced in clandestine labs was heroin (diacetylmorphine). The illicit manufacturing of hallucinogenic and stimulant drugs increased throughout the 1960s, which prompted the Controlled Substances Act aimed at controlling illicit drug production and distribution. As noted by Soine (1986), despite these controls, an active underground pharmaceutical industry continued to supply novel and controlled substances to illicit manufacturers.

The manufacturing of methamphetamine differs from other drugs in that it can be produced in the United States from ingredients obtained at local retailers and supermarkets. Methamphetamine production therefore has a greater prevalence in the United States than most drugs such as heroin and cocaine which are synthesized from plants. Indeed, with the exception of marijuana, every illicit drug requires the refinement or synthesis of chemicals to produce the final product in its usable form.

Methods of manufacturing methamphetamine are of three types: P2P, Red Phosperous, and Anhydrous. The P2P process is based on the chemical phenyl acetone or phenyl-2-propanone (P2P) and methylamine (a derivative of ammonia). The Red Phosperous (Red P) and Anhydrous (Nazi or Birch method) are both ephedrine/pseudoephedrine reduction methods.

Methamphetamine production has passed through several stages of development. According to the Drug Enforcement Administration, the methods utilized to manufacture

methamphetamine depend on the availability of precursor chemicals and methods of producing methamphetamine have been adapted over time in response to increased control and legislation of specific drug precursors.

During the first epidemic cycle of illicit methamphetamine production and distribution by Bikers on the West Coast, the primary precursor chemical was phenyl-2-propanone or (P2P). The use of Phenyl-2-propone (P2P) as an immediate precursor for both amphetamine and methamphetamine was the primary route of synthesis prior to the emergence of the ephedrine/pseudoephedrine reduction method. As an immediate precursor for the production of both amphetamine and methamphetamine, P2P is controlled under Schedule II of the Controlled Substances Act of 1970 (DEA 1996). According to the Drug Enforcement Administration, clandestine laboratory operators sometimes manufacture their own P2P from phenyl acetic acid (DEA 1996). The P2P process of manufacturing methamphetamine produces a less pure racemic methamphetamine that is a combination of both D and L isomers.

As a reaction to legislation of Phenyl-2-propone (P2P) and other precursor chemicals utilized in the P2P method of producing methamphetamine, a different method of manufacturing methamphetamine emerged in the late 1980s known as the ephedrine/pseudoephedrine reduction method replaced the P2P method . Whereas, the P2P method for manufacturing methamphetamine was utilized in only six percent of clandestine labs seized by the Drug Enforcement Administration (DEA) during 1995, the ephedrine/pseudoephedrine reduction method accounted for 89 percent of all methamphetamine laboratory seizures in 1995 (DEA 1996).

The World Drug Report (UNODC 1997) reports that the most significant trend in

the 1990-1994 period was the rise in ephedrine seizures which coincided with the massive growth in the consumption of methamphetamine. During this period, the seizure of ephedrine increased from 13% of global precursor seizures to 46 %. According to the Drug Enforcement Administration (1996), Mexican traffickers often utilized this method of manufacturing methamphetamine. This route of synthesis became preferred because it was easier and because ephedrine/pseudoephedrine was less strictly controlled than P2P and therefore more readily available to manufacturers. According to Vachon (2008), "during the '80s, the method of cooking meth was changed… This made production easier and cheaper; and led to the introduction of smokeable meth. Today, d-Meth is the most popular type in the U.S. and is the most potent, has far less side effects and does not need to be mainlined".

The ephedrine/pseudoephedrine method does indeed produce a more potent form of methamphetamine. As noted by the Drug Enforcement Administration, "the subsequent use of ephedrine and pseudoephedrine was simpler, more efficient, and yielded a higher concentration of the psychoactive D-isomer (dextro- methamphetamine)"(DEA 1996). In addition to restrictions on P2P in 1980 and methylamine, the Methamphetamine Control Act of 1996 restricted key chemicals used to manufacture this drug, including reporting requirements for large purchases of iodine and red phosphorus. More recently, legislation of over the counter products containing ephedrine and pseudoephedrine which was first initiated in California in January of 2000, have made it more difficult to manufacture methamphetamine. According to the DEA, the most common method at present for manufacturing methamphetamine is from diverted products containing pseudoephedrine. The Red Phosphorus ephedrine/pseudoephedrine reduction method of producing methamphetamine is easier than the Birch process, which utilizes anhydrous ammonia or a

chemical that is typically found in agricultural communities. The Birch method, which is nicknamed "Nazi", reportedly is a production process that "combines anhydrous ammonia with "reactive metal". Anhydrous ammonia tanks are stolen from storage tanks located in farm fields and sometimes may even be towed away from dealerships or farms by manufacturers. There has been a movement to put locks on anhydrous ammonia tanks to prevent theft by methamphetamine producers and tanks are being placed in locked fenced in areas at dealerships. Farmers have been warned not to leave tanks unattended and to monitor them regularly for tamperment (Osborn 2006).

There has also been an increase in the "one pot" or "shake and bake" method of manufacturing methamphetamine due to legislation and regulation of precursor chemicals. This is a method which utilizes precursors such as pseudoephedrine, in much smaller quantities to produce a single batch of methamphetamine. The one pot method of manufacturing methamphetamine is much faster than other processes such as Red P or Nazi and it doesn't require extensive laboratory production equipment (ONDCP 2011).

As such it is an indirect response to law enforcement and legislation, including the availability of precursors, the ease at which the chemicals can be purchased or diverted, and the probability of detection by police. According to the Attorney General in North Carolina, the one pot method of manufacturing methamphetamine utilizes a two-liter soda bottle and has a smaller yield, of only approximately one or two doses, of methamphetamine versus other methods (Hensley March 9th, 2011). Another report indicates a yield of approximately one gram per production episode. In sum, "the one-pot method is cheap, mobile and disposable" (Hensely March 9th, 2011).

According to the DEA, the Combat Methamphetamine Epidemic Act which went

into effect in 2005, requires retailers of non-prescription products containing pseudoephedrine, ephedrine, and phenylpropanolamine (PPA) to maintain these products behind the counter or in a locked cabinet. In addition, consumers must present identification and sign a logbook for each purchase.

In September of 2006, federal legislation went into effect that provided national regulations restricting the availability of precursor drugs for purchase. The requirements and regulations accorded by The Combat Methamphetamine Epidemic Act of 2005, Title VII of Pub. L. No. 109 177, 120, Stat. 192 (2006) for Over the Counter (OTC) products containing Ephedrine, Pseudoephedrine and Phenylpropanolamine are as follows: 1) a retail sales limitation of 3.6 grams of base precursor chemicals per purchaser per day and 7.5 grams of base precursor chemicals per purchaser in a 30 day period if sold by a mobile vendor or mail order; 2) purchase restrictions of 9 grams of base precursor chemical in 30 day period and 7.5 grams of 9 gram limit may be purchased through mail or private or commercial dealer; 3) identification and documentation requirements including a written logbook to be maintained by the seller for two years, which includes records for each sale (except those involving a single package containing 60 mg or less of PSE) and reports the verified name and address of the buyer and the date and time of sale; and 4) enforcement provisions that penalize sellers for falsifying logbook statements and can include a fine and/or 5 years imprisonment (DEA May, 2007)

Initially, increased controls on precursors did not reduce the incidence of methamphetamine manufacturing and in 2005, methamphetamine labs were seized in all 50 states. These tended to be mostly small scale, single batch labs. Super lab seizures declined from 244 in 2001 to 35 in 2005. Most super labs (30 out of 35) were in California (UNDOC

2007). However, from 2005-2007, as the law went into full effect, a dramatic decrease in the incidence of methamphetamine labs occurred; this was followed by an increase in methamphetamine price and decrease in purity, which was the same trend found for cocaine according to DEA's STRIDE.

In 2005, New York imposed legislation which increased penalties for those who take part in the manufacturing of methamphetamine. The legislation allows law enforcement officials to prosecute individuals who run and operate illicit methamphetamine labs even if the individuals are not caught with the final product. In addition, prosecutors can now seek felony level convictions for possession and or theft of anhydrous ammonia, a common agricultural fertilizer and industrial refrigerant and key ingredient in the illicit manufacturing of methamphetamine (OASAS, press release, Farrell 2006).

Following the passage of state methamphetamine laws in New York, out of the 30 labs discovered in 2006, 17 were red P and 13 were Nazi. Most labs were located in the Southern Tier of New York State: Broome County had 11 labs, Tioga had two and Chemung, one in 2007, as indicated by the Upstate New York Regional Intelligence Center. All of the meth labs in New York produced d-Meth, meaning they all used pseudoephedrine as a precursor chemical (Vachon 2008).

According to the Drug Enforcement Administration (DEA), most of the methamphetamine available in New York is produced in Mexico or on the West Coast and then transported to the New York HIDTA region for distribution: "Mexican DTOs are responsible for the influx of higher purity crystal methamphetamine that is being transported to the area" (National Drug Intelligence Center 2007). In March of 2007, the DEA confiscated 75 pounds of methamphetamine in Newark, which was the largest

methamphetamine seizure in the state. The methamphetamine was transported from the Southwest Border area by Mexican drug trafficking organization (DTO) members and was intended for distribution throughout the High Intensity Drug Trafficking Area (HIDTA) and other areas of the Northeast according to testimony by the Drug Enforcement Administration.

Legislation of methamphetamine precursors, such as the Combat Methamphetamine Act, will continue to effect methamphetamine manufacturers who must find a way to circumvent the restrictions. Experimenting with new recipes of methamphetamine manufacture, substitution of chemicals, including precursors and reagents, home production of precursor chemicals and drug analogs are likely responses of manufacturers. In addition, "to circumvent statues enacted to control the use of various dangerous drugs (controlled substances), clandestine laboratory operators will sometimes make minor alteration in the molecular structure of a parent compound" (Cason 1990: 675).

Beliefs about methamphetamine production held by manufacturers, dealers and users are important and were assessed in the present study as folk ways, recipes, knowledge and practices related to the manufacturing of methamphetamine, the obtaining, production and substitution of precursor chemicals and lab equipment designs. The source of these knowledge are also significant for understanding the communication processes involved in the transmission of information about methamphetamine and its manufacture. Two sources are the media and the Internet.

The majority of online recipes for manufacturing methamphetamine are of two types: 1) Reduction with Hydriodic Acid and Red Phosperous; and 2) Lithium Ammonia Reduction of Ephedrine to Methamphetamine. Both of these reactions utilize ephedrine or

pseudoephedrine as a precursor and are suitable to home production.

According to a report by the National Institute of Justice, the methamphetamine production process involves three basic steps:

1) Cooking: Mix the chemicals ephedrine, hydriodic acid and red phosphorous and heat them at various stages for approximately 12 hours and then strain to remove the red pohsphorous, which is not water soluble and fatal in large doses.

2) Extraction: Add sodium hydroxide to convert the acidic mixture into a base and then extract the methamphetamine from the base with Freon.

3) Salting/Drying: Add hydrogen chloride gas to the mixture to convert if from an oil into a crystalline powdered substance (Manning 1999).

Each stage of methamphetamine production involves highly flammable and toxic substances. In general, the presence of impurities in illicit methamphetamine varies depending on the method of synthesis, precursor chemicals, the reaction conditions, and purification procedures (Ko et al. 2007). Methamphetamine lab equipment can include jars, chemical bottles, propane tanks with green fittings (from ammonia reaction with brass fitting), cans of Coleman Fuel, glass cookware, heating plates, coffee filters, and glass or plastic tubing (Peterson 2000).

In the following vignette, a New York City methamphetamine dealer discusses how the complexity of the lab equipment and design can influence the quality of the final product; however, as he notes, the Red P method is more complex, time consuming and dangerous.

> *NYC Dealer:* If you use a pressurized system- that‘s what I always did- because you don‘t want the thing spewing, spilling stuff out all over the place, you cap the reaction in that thing so that you don‘t have- so that there is no way for the pressure

> to escape unless if it‘s through one hose so the thermometer in there can maintain the- if you have a pressurized system then its readily easy to do but some people like to get nervous about it cause it could blow up on them. Pressure really means that you use the reaction vessel and you dumped your reagents into it, use candles whatever, and you don‘t need to add heat, you just cork it, stick a cork in it with a hole drilled into it so that you can run a hose from the reaction vessel into what‘s called a push and pull tank, or it‘s like the same thing as a bong and it purifies things by the pressure that is (created) in the reaction vessel pushes the gas through a push and pull tank which is say a Vienna coke bottle, for instance, you fill it up with water both of them and you run the hose into the first one so that it has to push the air all the way through the first coke bottle and then you cut a hole in the first one out to the bottom and then up through the water in the second coke bottle at the force of escaping the air.

He goes on to describe the push pull design used during manufacturing as follows:

> *NYC Dealer:* You can use anything for this, hard plastic is better to use but basically it‘s a vessel like a coke bottle within a coke bottle and like to get through two of them like why don‘t you just cut the top off one of them and stick one inside the other one and it sort of melts together so the top is somewhat sealed. I mean I can make them for you it takes two minutes. These are actually the best bottles to use, (pointing to Gatorade bottle on the table), because if you take the Gatorade bottle and you put it, you (mold) it on (demonstrates making bottle) and you run the hose for your reaction vessel into this Gatorade bottle like this, you cut holes, like 10 or 5 holes whatever in the bottom of this thing and you stick this inside a bigger bucket of water or something, this way the gases that are pushed through the water in here and back out through the water in the bucket before they can escape instead of bubbling it right into the water, you know- that stuff is not exposed to as much water as possible so that the water doesn‘t get the iodine out of it. So you want- it smells like shit- some people run it into a push pull device like that and out through here and then they capture it again, they have another closure in the hose that runs through the kitty litter soaked in water or something like that just to further clean it out. If the reaction vessel pops up or blows at any point you have to run away because it can kill you. But it is an acidic, but that isn‘t obviously what you should be doing, that happens when you overheat the iodine you know the iodine is heated beyond its normal vapor point and it quickly forms with the red phosperous into phosphine gas which it‘s like just inhaling solid acid.

The Red-P (red phosphorus) process of manufacturing uses the red phosphorus/hydriodic acid/base production method. This method of cooking is extremely flammable and explosive. Nineteen percent of labs across the country were discovered due

to fires and explosions in 2006 (Vachon 2008). Hypophosphorous is a variation of the red phosphorus/hydriodic acid method. The ephedrine reduction methods of manufacturing methamphetamine utilize over the counter cold medicines (e.g. Sudafed).

Studies have noted that manufacturers of methamphetamine will also sometimes substitute a variant chemical for a controlled precursor, solvent or reagent used to produce methamphetamine. Below is a list of chemicals used to manufacture methamphetamine and their low grade equivalents that can before easily purchased at supermarkets, hardware stores or a local Wal-Mart.

- Toluene found in paint thinner
- Methanol found in gas tank anti-freeze "Heet"
- Ethyl Ether found in starting fluid
- Anhydrous ammonia found at farmer‘s co-ops
- Hydrochloric acid found in hardware stores
- Ephedrine found in cold medicine or dietary supplements
- Sodium hydroxide found in "Drano" or Red Devil Lye
- Sulfuric acid found in battery acid or drain cleaners
- Iodine crystals found in iodine crystals or tincture of iodine
- Red phosphorous found in striker plates
- Lithium found in camera batteries

(Peterson 2000).

Sometimes these chemicals are home-produced and thus more dangerous. The quality of the final product depends on the quality of the reagents and contaminants (Derlet and Albertson 2008). This is noted by a New York City methamphetamine user in the

following vignette in which he links a decrease in drug purity to the use of home produced precursor chemicals as follows:

> *NYC User:* Its (crank) (is) dirtier, cause you can get it (Red Phosperous) either in pure form like from a laboratory, or you can scrape it off like with acetone, you cut them all (matchbooks) with scissors, mix this with acetone then the acetone eats the glue, as you stir it up, and then that's all that's left is just paper and phosperous, then you strain it with like a coffee filter, and you take the paper- the phosperous, the glue, within- and that's shits all disgusting, then what you do is that you mix that with muriatic acid, muriatic acid, is used to clean pools. You mix that then boil it, as it burns, it burns all the shit away then what you are left with is pure red phosperous and that is an element, one of the periodic tables of elements, which means it cannot be destroyed ever. It's an element. And because it's an element it sticks forever, therefore the element itself, because it isn't what it is, continues to stay in itself itself, which means it stays whole, it stays stable in itself, since it's there perfect, you can't get rid of it or destroy it, it's an element. I didn't take chemistry ever, but for some reason I know it perfectly.

Home production of Red Phosphous from wooden match heads is of lesser quality than industrial grade Red Phosphorus. Red Phosphorus has also been produced from road flares. Muriatic acid from pool cleaner is used as a substitute for hydrochloric acid during the salting out/drying phase which is a reagent that facilitates the chemical conversion of the oil into a powder.

In order to obtain chemicals needed for manufacturing methamphetamine, drug manufacturers can either divert chemicals by making multiple purchases in units below the various threshold limits set for reporting. This process is called smurfing (Sevick 1993). Identity theft has been linked to smurfing with the use of stolen identification cards used to make multiple purchases of watched chemicals.

Pseudoephedrine (D and L isomers) has largely replaced ephedrine (D isomer) as the most predominant precursor utilized during manufacturing and manufacturers often "smurf" for pseudoephedrine tablets and use multiple buyers to make purchases of the tablets at

pharmacies. Ephedrine, or (-)-alpha-(1-methylaminoethyl)benzyl alcohol, is the active ingredient in Ephedra sinica. According to an online site dedicated to drug chemistry, one isomer (pseudoephedrine) is for sale as a decongestant while the other (ephedrine) is a commonly used stimulant (Young 1998).

In the following vignette, a New York City dealer in the study compares the difficulty level of manufacturing methamphetamine from pure d Ephedrine versus L Pseudoephedrine products. He notes:

> *NYC Dealer:* Ephedrine is used mostly for people who have trouble breathing, particularly a lung condition and stuff and they still give that stuff over the counter you have to sign for it, that‘s what it is ephedrine, with other shit mixed in it to just make it harder to extract it.

According to this informant, regulation of precursor chemicals, including pseudoephedrine, has made it much more difficult to manufacture methamphetamine since the pseudoephedrine tablets have a buffer and this extra coating needs to be removed, which is a tedious process. Specifically, compared to ephedrine, which produces a 1 to 1 yield ratio for methamphetamine (The United States District Court of the Eastern District of Pennsylvania, November 18 2010), pseudoephedrine involves a more difficult process for dissolving the outer coating of the pills so that they can be used to manufacture methamphetamine. He claims:

> *NYC Dealer:* Pseudoephedrine works almost the same as ephedrine; the molecule is almost exactly the same; its just the mirror image but the ephedrine dissolves much less readily in water than pseudoephed which is much more readily dissolved in water and that is somewhat a problem in the reaction, you don‘t want- you want to be able to determine, to separate things, based on their solubility and there has to be a defined solubility level so you can extract solids from liquids and things like this and determine the melting point, the vapor point; and if something dissolves in water at a certain temperature, it‘s nice to note that it‘s going to be dissolved at that temperature at- all the time and that way you can test it to make sure it is what it‘s

> supposed to be- just be dissolving it- and also if you mix something else with it, contaminants, you want the contaminants to be- either be dissolved or dissolve in the water or not and have the other thing dissolve by it, that way you can strain out or filter out the bath when they do it, you know, so because pseudoephedrine dissolves in water so readily, its more difficult to wash the impurities off say like alcohol or water because it dissolves so fast the impurities dissolve with it and it all goes through the filter and then you wind up with not so clean stuff. Ephedrine doesn‘t dissolve as so quickly in water, therefore you can rinse with water and it gets the shit off the outside of it but it stays intact for the most part.

According to this informant, methamphetamine manufactured utilizing ephedrine is of a higher quality than methamphetamine manufactured with pseudoephedrine.

Solvents are volatile chemicals that do no chemically react with precursors or reagents and thus are not in the final product. Solvents are used during the cleaning process and are used to dissolve solid precursors such as pseudoephedrine. Methanol, Coleman Fuel and Acetone are common solvents which are used to dissolve pseudoephedrine or ephedrine from cold tablets in the beginning stages of production. Solvents are also used to separate and purify the methamphetamine base from an aqueous solution and move it into an organic solution. The methamphetamine can then be precipitated from the solvent by adding hydrogen chloride and altering the pH to acidic (Nelson et al. 2010). According to the authors, Coleman Camp Fuel is the most prevalent solvent utilized in methamphetamine production in many areas. This is corroborated by a Los Angeles methamphetamine dealer in the study:

> *LA Deale*r: Kerosene is a cheaper solvent used in manufacturing methamphetamine but it produces some of the worst quality dope (methamphetamine).

Other solvents can also be used based upon the experience of the cook. The expected levels of solvents are usually relatively low (<100 ppm) but heating the solvent in order to

evaporate it faster may result in extremely high airborne levels resulting in a significant explosion hazard. Chlorinated solvents may be of special concern due to liver toxicity (Proctor and Hughes 1978).

In the following vignette a New York City dealer discusses how the use of pseudoephedrine versus ephedrine has altered the solvent cleaning process, which in this case for converting pseudoephedrine to ephedrine, is methanol:

> *NYC Dealer:* So that is the main difference between those two main compounds (pseudoephedrine and ephedrine) and that is why people prefer to use ephedrine and why you end up with a better product in the end because it is easier to work with in term of it doesn‘t break down so quickly in water and the other solvent really as pseudoephedrine. Pseudoephedrine, the pills, they sell you over the counter right now are really kinda is so loaded with shit from this methyl-crystal-cellulose stuff that they put in there that you literally, and this is probably the last time that I tried to do it (manufacture methamphetamine) and it probably was the last time that I ever would, I started out with two ounces of pseudoephedrine not clean, this was just ground up pill matter, you know, and to get the shit out of the pills normally would take me like 3 or 4 days, like this is after Warner-Lambert and all these other fucking companies started to, got together, and decided that they would add this and this and this to their, to their recipe for the pills, and they got harder for people to convert them into illegal drugs or what ever and so they added this stuff called micro crystal and cellulose, I swear it- one of the important solvents that you use is methanol because methanol has a very specific effect on ephedrine or pseudoephedrine, methanol typically will not dissolve ephedrine unless it‘s really hot so you have to bring it to reach a boiling point for the methanol for it to cook very well. Fortunately methanol is what activates micro-crystal cellulose in such a way that you want to instead of cleaning the micro crystal cellulose of the ephedrine by boiling it, you want to- it absorbs all the alcohol instead, and you know, then it forms these big clusters of like concrete around the ephedrine so basically you have to turn- you start out with a mason jar full of raw materials and you wind up with six mason jars later of concrete and this is supposed to be cleaning, during the solvent cleaning process, you start with one knot and you always have less in the end cause you are getting rid of something, that‘s the bad stuff. And now with micro- crystal and cellulose involved, introduced into these pills, you wind up now with more so you are not cleaning out of the stuff, what you are doing is adding shit into it by using it in what typically is a cleaning process and they patented this technology so now it is applied to every single pseudoephedrine medication compound that you can buy so that you cannot clean those pills out like that anymore so that now the pill cleaning process, or the extraction of the pseudoephedrine, becomes like 10 times more difficult now, you have to get it out of there somehow without having

> micro-crystal and cellulose follow it through the reaction because you want to purify the substance, but at the same time it's not pure, you just want to get rid of the shit that's going to fuck up the reaction, and a lot of people fuck it up every time but it's basically you introduce heat and acid and it traps the fucking molecule so that it can't convert so that you wind up with a bunch of unconverted ephedrine soaked in iodine and red phosphorus, whatever or (inaudible: hydromuratic) acid and…they made the pill extraction method of making meth virtually undoable.

Simple acids, bases and salts, may be substituted with other varieties and manufacturers often replace controlled chemicals with other varieties that are not as watched by the DEA. For instance, Hydriodic Acid which is a controlled substance is usually made from iodine. The 1993 regulation of hydriodic acid by the Drug Enforcement Administration drastically reduced the availability of the chemical in the United States. As indicated in the above quote, hydriodic acid can be formed by combining iodine crystals with water and some type of phosphorous, such as red phosphorous, hypophosphorous acid, or phosphorous acid. According to the National Drug Intelligence Center (NDIC), iodine crystals can be utilized in the preparation of hydriodic acid in a separate step or may be directly added into the synthesis of the methamphetamine (NDIC 2002).

In sum, there are hundreds of different variations on how to manufacture methamphetamine for each type of production method (e.g. Birch, Nazi and Red P). A New York City in the study remarks upon the difficulties this poses for finding accurate recipes online and how manufacturing is often a trial by error process:

> *NYC Dealer:* Nobody can rely on anybody's method for doing it because basically it results in very- varies very widely, depending on whatever else shit they dumped in these pills. So even though that one is known, micro-crystal and cellulose, there are others like povidone that are also known, but yet they have totally different methods that you have to use to get that out of the pill as well, povidone is used in iodine as a buffer and they started putting in in cold pills for no other reason other than, it doesn't do anything for you, it's bad in fact, but they put it in so that you can't make meth out of their cold pills.

As a pharmaceutically inert dilutent, or an extrusion aiding excipient, added to pseudoephedrine tablets, microcrystalline cellulose is a nonfibrous form of cellulose obtained by spray-drying washed, acid-treated cellulose. As indicated in this vignette, one implication of the introduction of microcrystalline cellulose (MCC) into pseudoephedrine tablets is that it increases the amount of time required for manufacturing methamphetamine by increasing the amount of time needed to prepare the precursor chemicals. This is beneficial to law enforcement agencies that are seeking to circumvent manufactures since it provides them with a more ample opportunity to discover and locate illicit labs. In addition, the likelihood of successfully manufacturing methamphetamine is reduced and as the respondent indicates above, typically unskilled manufacturers do not produce methamphetamine in the final batch because of problems with the conversion of precursor chemicals.

In any given drug production episode, the typical yield tends to be low. There is a decrease in the yield produced from pseudoephedrine because of problems related to the conversion of pseudoephedrine into ephedrine. Two of the New York City respondents who had direct experience manufacturing methamphetamine reported that a very low yield of the drug typically results from a onetime drug production episode. In the following vignette, a New York City dealer discusses manufacturing methamphetamine based on the pseudoephedrine/ephedrine reduction method and the outcome below:

> The whole process took about one week or more. The hardest thing was getting the red phosperous. Ended up with only about an eight ball or less. It wasn‘t that good, on his first try, very powdery.

Typically about 3.5 grams or one eight-ball is produced at a time and this process

can be very costly and time consuming as well as risky. A New York City methamphetamine dealer in the study who has previously manufactured methamphetamine before noted the implications of this for sentencing practices as follows:

> *NYC Dealer:* They use what's called a maximum yield when they do that they don't take into account that it's pure, impure, they don't take into account if it's made from pseudoephed- the cold pill, they don't take any of that shit into account they weigh it, 86 percent of that becomes meth and that's the number that they use, if the judge or the jury decides if they are guilty or whatever or if they cop a guilty plea, or some sort of guilty plea, they are held liable basically based on the fact, not necessarily the quantity, because the quantity is in terms of the length of sentence, but not in guilt, so you, they don't have to say you're going to jail because you made 500 pounds of meth they just say you go to jail because you made meth and they stay there for 20 years because it was 500 pounds, that's the little line of reasoning that they use. So, when they are trying to figure out like how long to put somebody into jail for, they need something as a guide and they don't take into account has this person ever done this before, do they even know what the fuck they are doing at all, because if you don't the odds are you take a hundred pounds of raw materials, you will wind up with close to nothing in the end, because you are going to fuck it up at some point, so they don't have any experience doing this, and they just happen to have all the raw materials available to them, and they are trying to do it, and that is taken as a much more serious offense than it is you have somebody trying to learn how to do this illegal thing, but any time they are heartless to supply because they can't make the shit in the end, they are just practicing, or trying to get, and they are penalized at whatever the maximum theoretical yield for ephedrine that converts straight to meth and that's the number they go with, this percent of your raw materials then are considered methamphetamine and why people go to jail for 20 years when they are really not capable of even making one ounce of this shit out of what they had because they had no idea what they were doing.

Sentencing for methamphetamine manufacturing is based on a theoretical yield estimation of the amount of methamphetamine that a particular lab could produce. This yield can be determined from the amount of precursor found at the lab site. The precursor can include the number of actual pseudoephedrine pills, empty blister packs and/or the number of boxes found at a particular site. Theoretical yields have also been based on the amount of essential chemicals recovered at the lab site, including the amounts of Iodine or Red Phosphorous, for instance, as measured by the number of empty match books. A major

problem with the use of a theoretical yield in sentencing is that it is based on the conversion of pseudoephedrine or ephedrine to methamphetamine. Although Ephedrine hydrochloride and pseudoephedrine hydrochloride have the same chemical formula and molecular weight as ephedrine hydrochloride, the two precursor chemicals have a different structural configuration (Powell 2011) due to the presence of a Hydroxyl group (OH) attached to one of the precursors. A major problem with lab busts is that sentencing practices are based on estimates by law enforcement of a product yield based on the confiscation of precursor chemicals which assume a 100% conversion rate of pseudoephedrine into ephedrine.

According to government reports, one kilogram of Sudafed contains under 50 grams of ephedrine which has an ideal yield of no more than 50 grams of methamphetamine (United States District for the Eastern District of Pennsylvania November 18, 2010). However, due to the impossibility of converting pseudoephedrine to ephedrine at the 100% level, challenges have been made to the theoretical yield calculations utilized to sentence manufacturers.

There have been few scientific studies that address the topic of methamphetamine yield (Powell 2011). Moreover, there is a failure to distinguish between methamphetamine yields based on the method of manufacture, which vary significantly in terms of theoretical yields, difficulty, and amount of time. More importantly, the differential sentencing guidelines for methamphetamine do not accurately relate to the amount of harm caused by the drug itself in its various forms since most harm is a consequence of legislation of chemicals utilized for manufacturing which increases the likelihood of substitute chemicals being used that produce contaminants and harmful byproducts in the final product.

As methamphetamine users seek faster and cheaper ways to manufacture the drug,

myths and drug folklore are likely to circulate, especially given the advent of the Internet and practices such as blogging. According to the Drug Enforcement Administration (DEA 2005), “the nationwide tweaker subculture allows myths to spread rapidly… It is quite common for law enforcement officers and first responders throughout the United States to report hearing an unusual story about a new methamphetamine production method, a shortcut used in the production process, or an alternative to a common precursor” (DEA 2005). According to the DEA methamphetamine myths often involve methods of obtaining precursors, such as extracting chemicals from common retail items, as well as ways of producing methamphetamine using ordinary products as precursors. Some methamphetamine users may be trying to contend with practical issues, such as faster and cheaper ways to manufacture the drug, when they stumble upon what they believe to be a new method of production or an easier way to obtain a precursor. Methamphetamine, as it is produced through a normal chemical process, contains a number of impurities that can be removed through further chemical processing. The finished product can be cut into larger quantities for resale (Morris 2009). New York City methamphetamine dealers in the study reported diluting methamphetamine and the selling of variable quality/purity methamphetamine was rationalized on the basis of beliefs about shifts in methamphetamine manufacturing.

Chapter III

RESEARCH METHODS

The Research Setting

This multi-site study of methamphetamine use and distribution was conducted in two geographical regions: New York City, New York and Los Angeles, California. New York City is a global city. It is located on the Eastern Coast of the United States adjacent to the Atlantic Ocean. Immigrants have traveled to New York City over the course of history in waves, including immigrants from Europe, Africa, Asia and the Middle East (Stepick and Stepick 2010). The population of New York in 2010 was estimated at 8, 175, 133 inhabitants, which is a 2.1 percent increase from 2000. A resurgence of residential development, following the real estate boom, partially contributed to the population growth. According to Mayor Bloomberg, the city added 170,000 new housing units over the past decade (Caruso and Hill 2011).

Based on analyses of census data, reports indicated that New York City has undergone substantial social change over the past decade. Despite the tribute to residential growth or seeming growth decreed by Mayor Bloomberg, this has not come without deleterious effects for many low-income and working class New Yorkers. New York City has experienced substantial and sustained processes of gentrification, which is defined as the transformation of a working class or vacant area of a city into a middle class residential and /or commercial use area (Slater 2009:294). In addition, as a response to the international division of labor and the rise of offshoring, the 2007-2010 financial crisis cost

New York City (New York State) approximately 36,000 (42,000) jobs in the finance industry (Capelle-Blancard and Tadjeddine 2010).

According to the Bureau of Labor Statistics, the economic recession that began in December 2007 resulted in an overall reduced percentage of job losses in New York City than during the two previous recessions, which were in July 1990 and March 2001, respectively. However, during the most recent recession, the Bureau of Labor Statistics (BLS) reports a much larger increase in the unemployment rate. The 2010 annual number of mass layoffs in New York State was reported at 1, 121 in total which included an estimated 125, 909 workers as measured based on new filings for unemployment insurance benefits during the year (U.S. Bureau of Labor 2011). The majority of layoffs in New York in 2010 were in the transportation and warehousing industries.

Construction workers suffered the second highest number of mass layoffs, however, these workers filed fewer unemployment claims than workers in accommodation and food services, which had fewer layoffs but more claims. The percentage of mass layoffs in accommodation and food service sectors were greater than for manufacturing. Manufacturing workers had the largest decrease in mass layoff related initial claims from 2009 to 2010, after which were the finance and insurance industry workers who suffered the fewest job casualties in the economic recession.

Data obtained from the Bureau Labor of Statistics (U.S. Bureau of Labor 2011) indicates that in 2010, annual unemployment rates (not seasonally adjusted) for New York County were 8.0% and Bronx County had a 12.8% annual unemployment rate. Unemployment rates almost doubled from 2008 to 2010 with an increase of 4.1%. A look at 12 month percent change in annual unemployment rates in New York City is even more

dramatic; specifically, in 2008 annual unemployment increased by 10.2% and then rose by 72.2% in 2009 and increased by 2.2% in 2010.

The recent real estate boom in most neighborhoods of New York City has thus translated into a large global financial sector, high housing costs, extreme inequalities of wealth and income that already support residential gentrification throughout Manhattan and many areas of Brooklyn, and with rising commercial rents, small locally owned stores are replaced by chains ranging from pricey designer labels on Madison Avenue to nearly universal Blockbuster video outlets, Starbucks cafes, H & M clothing stores and branches of Chase Manhattan Bank (Zukin et al. 2009: 49). According to Zukin et al. (2009), low crime rates and high land costs have pushed private developers towards formerly deinvested areas such as low income neighborhoods within upper Manhattan and Williamsburg in northern Brooklyn, which have become central corner pieces of both commercial and residential redevelopment (Zukin et al. 2009: 49).

Residential and economic displacement as an issue has been difficult to access since residents may move from one part of a district to another or may be displaced by higher incomes (e.g. Freeman 2005). Landlords may replace commercial tenants with others paying higher rents at the same time that their business or economic sector declines.

An article in the New York Times blames the 34 % increase in homelessness since the previous year on the economic recession and sought to find new solutions to the imminent problem (Bosman 2010). In New York City there were an estimated additional 783 homeless persons on the street and in subways in 2010 since the previous year, which is a sum total of 3, 111 persons, an increase from the 2, 328 reported homeless last year. This does not include the almost 38,000 people living in shelters which are near the city's high.

The largest increase in homeless persons was in Brooklyn which was more than double the total in 2009. Manhattan had a 47% increase, or 368 homeless persons. In Staten Island there was an increase of 45 % or 54 persons; in Queens, a 14 % increase or 14 persons, and in the Bronx, 6% or 10 people. Additional increases of 11 % of homeless persons were counted in the subway trains and stations. A larger than usual concentration of homeless was found in Pennsylvania Station. And homeless men were tabulated in Greenpoint, Brooklyn, which were day laborers from Poland who were out of work. Approximately 40% of homeless people in New York City are lesbian, gay, bisexual or transgender.

Homelessness is much more extent in Los Angeles than in New York City. There are one out of every 2, 688 homeless people in the general New York population, compared with 1 in 154 in Los Angeles (Bosman 2010). In the Los Angeles metropolitan area, the government super sector experienced the largest loss of employment, down 25,900 from September 2009. Construction had the second largest loss of jobs in the area, down 16,600 from September a year ago, a 9.1-percent decline. Locally, trade, transportation, and utilities employment was down 6,000 from a year ago. In the service supersector, 3,200 jobs were lost in the Los Angeles area, a decline of 1.8 percent.

Shifts in labor supply and demand often manifest as violence, drug dealing and urban decay. For example, the Los Angeles riots in 1992 resulted in part from class tensions as well as from racial inequalities, police brutality and racial profiling, and the arrival of new immigrant groups including Latinos and Asians into underfunded, undermined inner city neighborhoods. Business and civic elites in Los Angeles promoted policies and programs aimed at suburban sprawl and downtown redevelopment, while locking out the

poor and many working people from the benefits of both (United States Congress Senate Committee on Banking, Housing and Urban Affairs 1993).

Methodology

The data reported in the present study were collected during fieldwork in two U.S. cities between 2010 and 2012. The sample included N=35 participants in New York City and N=38 participants in Los Angeles. The study design consisted of six components: 1) unobtrusive observations in sites where methamphetamine users and dealers congregated; 2) unobtrusive observations of drug dealers as they made their sales; 3) unobtrusive observations of methamphetamine users during sex transactions; 4) interviews with methamphetamine users and dealers; and 5) a socio demographic and drug use questionnaire.

Recruitment for in depth interviews was implemented through snowballing via word of mouth and utilizing posted flyers. Participants were initially recruited at nightclubs, raves, and on the street. Individuals were screened based on their knowledge of drug prices at various levels of the market at different points in time (Pearson et al 2001). Unobtrusive observations and informal interviews were conducted in the natural settings where methamphetamine was bought, sold and used. Informal interviews and drug use events were tape recorded in the field when possible after gaining verbal consent.

In order to participate, respondents had to be over 18 years of age and provide informed oral consent. Interviews were tape recorded and transcribed. The study was

approved by the Institutional Review Board/IRB and followed the protocol for protecting respondent rights and confidentiality.

Recruitment

A snowball and chain methodology was used to recruit methamphetamine users and dealers that self-identified with specific drug scenes. Interviews were focused on the experiences of drug market participants and their knowledge of methamphetamine buying, selling, and consumption.

Ethnography seeks to describe an insider's view or way of life of a culture or social group by observing members, recording behaviors and conversations and asking questions. As such ethnography "requires an artist's soul, rather than being the simple application of a technical approach to analyze human behavior" (Feldman and Aldrich 1990). Ethnographic research methods are well suited for topics about which little is known, primarily because ethnography is "by its nature fundamental and exploratory, preparing the way for more rigorous studies that strive for precision and quantification" (Lambert and Wiebel 1990).

The sample of research subjects recruited in New York City and Los Angeles are non-representative of methamphetamine user populations in general in the cities under study and the findings contained herein may or may not apply to non study participants in the specific drug subcultural groups.

Sample and Site Selection

The sample was targeted towards long term users of methamphetamine. A

subcultural comparison of users and dealers in two different markets illustrates how the function of drug taking and drug effects, rather than being determined solely by the psychopharmacology of the drug itself, are influenced by the set and setting. Market characteristics rather than operating as objective phenomenon, operated according to rules and the organization of social labor in the drug economy and ideologies of buying, selling, and consuming, including rituals of procurement and consumption, reflected the struggles of class, sexuality/gender, race/ethnicity, citizenship, and region. In this way, economy and culture intersect. Indeed, the perceptions of both users and dealers were structured by the immediate environment and geographic space and social networks were distinct attributes that had different effects on individuals.

Informal and In Depth Interviews

Informal semi-structured and formal in- depth interviews were conducted with N=35 respondents in New York City and N=38 respondents in Los Angeles. Respondents included mostly long term methamphetamine users and dealers that used or sold the drug on a near daily basis and binge users. Injectors (IDUS) and non injectors (NIUS) are included in the sample.

The study followed informed consent procedures and verbal consent was obtained. Interviews were tape recorded and transcribed. The average length of in-depth formal interviews was 3 hours. Interviews were focused on methamphetamine specific drug use, other drug use and justifications for use or non use of drugs, transitions in use and drug switching, reasons for use over time, drug effects, contexts of use, injecting practices and turning points and experiences regarding route of use, methamphetamine distribution,

beliefs about manufacturing and purity, history selling drugs, dealers' identity, characteristics of the local drug market (pricing, quality control, levels of drug distribution, settings where drugs are sold), buyer seller relationships, drug prices and distribution hierarchies, availability of illicit drugs, and fear of law enforcement and arrest.

Data Coding and Analysis

Field observations and observations were recorded and all tape recordings were transcribed and coded according to a scheme developed over the course of data collection. The software package NVivo was used to manage ethnographic data.

Entry into the Field: Issues of Access

Gaining trust is of upmost importance in working with hidden populations. Trusting relations built with key respondents further an understanding of the indigenous language, norms, values, attitudes and behaviors of the group. Ethnographic studies of hidden and hard to reach populations require that the ethnographer develops rapport with the study population in order to collect highly sensitive information.

Safety of both myself and the research subjects was of upmost concern, since they were partaking in illegal activities including drug use and drug selling. I did not use or sell drugs and was upfront about this in the beginning of the study with research participants. Although this arose suspicion among some participants that I encountered over the course of the study, I had developed trust and rapport with respondents who vouched for me, for instance, by insuring them that I was not a police informant, cop or other law enforcement authority.

Rappaport developed with key informants provided access to private locations where methamphetamine was bought, sold and used. Although New York City respondents were willing to be tape recorded in the natural setting, they displayed an unwillingness to answer specific research questions. These difficulties were not encountered in Los Angeles where I recruited a diverse sample of participants in a social drug network through chain referral.

Chapter IV

THE STUDY IN NEW YORK CITY AND LOS ANGELES

PHASE 1: New York City

Description of the Sample and Recruitment in New York City

In January of 2010, self-identified methamphetamine users and dealers were recruited in New York City utilizing a snowball sample that is opportunistic and a chain referral methodology in which an initial contact intervened at a New York City nightclub introduced me to subsequent informants that introduced me to other informants, and so forth. This is how I met my main informant who was a methamphetamine dealer and user that sold to gay, straight, and bisexual methamphetamine users in New York City. I spent three to four days a week with this informant at his place of residence where methamphetamine was being bought, sold and used. I also attended clubs, hotels, and apartments where drug use and sex work were ongoing. Sites were chosen based on the prevalence of methamphetamine at the site. The sample was developed during preliminary observations and interviews. During recruitment, long term, "heavy" (near daily) users and dealers of methamphetamine were targeted, however, "weekend" users and "occasional" (monthly and near monthly) users that interacted within the drug and MSM sex network, for instance as buyers of methamphetamine and sex, were included as well.

In total, 35 participants were recruited for in-depth and semi structured interviews including methamphetamine users and dealers. In order to participate, respondents had to be

over 18, have used or sold methamphetamine at least twice in the past 30 days, and agree to provide informed consent. Respondents were provided with a written description of the study that included the researcher's phone number and a list of local hot lines and outreach services for drug abuse and mental health. Respondents were screened prior to the interview to ensure their eligibility based on the accuracy of their knowledge about street methamphetamine prices. All participants verbally provided informed consent prior to entering the study. Unstructured interviews formed the basis of data collected during field work at sites where buyers and sellers congregated, which tended to be private dwellings.

Methamphetamine users in the New York City sample that collectively identified with the gay sex club drug scene included the following: 1) drug using men who have sex with men during "partying" , including men who use in the context of sex with partners and men met online in a weekend binge pattern of drugs and sex; 2) near transient, mostly bisexual males that trade sex for money, rent and drugs and are involved in low level drug distribution roles; 3) female strippers and clubbers including bisexual and straight males and females that are involved in the gay sex and club drug scene as buyers and sellers ; 5) AIDS infected men who use methamphetamine and other drugs to self-medicate the effects of HIV ; 6) Primary cocaine users that use methamphetamine on a monthly or near monthly basis.

It should be noted that the ethnographic sample is not a random or representative sample of methamphetamine users in New York City. The sample is also skewed towards dealer users. Since most studies conducted on methamphetamine, especially on the East Coast, have focused on MSM methamphetamine users that use methamphetamine in the context of sex, this study is therefore unique in that it included dealers and users that were gay, straight and bisexual males and females.

The Social Demographics of New York City Methamphetamine User and Dealer Respondents

The social demographic characteristics of the N=35 respondents in the New York City sample are included in the table below (Table 1). This included n=23 methamphetamine dealers and n=10 sex workers.

Table 1: Socio Demographic Characteristics of New York City Respondents (N=35)

	No. of Respondents	% of Respondents
Gender		
Males	29	83%
Females	6	17%
Total	N= 35	
Mean Age	36 years old.	
Race/Ethnicity		
African American	4	11%
Asian	2	6%
Latino/a	15	43%
White	14	40%
Sexuality		
Straight	15	43%
Gay/MSM	4	11%
Bisexual/MSWM	16	46%
Housing/Living Situation		
Owns Apartment	4	11%
Rental	15	43%
Homeless/Transient	3	9%
Lives with Someone	13	37%
Education		
Some High School	3	9%
High School	23	66%
Some College	5	14%
College Graduate	4	11%
Employment		
Employed	9	26%
Unemployed	26	74%

Participants in the New York City sample were predominantly White and Latino males that had a high school level education or less and most were unemployed. Indeed, a significant number of participants were men who have sex with men and women (MSWMS). Most study participants were daily and occasional binge users of methamphetamine that administered methamphetamine by smoking. Out of the 35 respondents, 23 sold methamphetamine and 13 were involved in the sex trade. This is illustrated below in Table 2 and Table 3.

Table 2: Involvement in Drug Distribution as Reported by New York City Respondents (n=23)

Dealer Type	No. of Respondents
Importer/Distributer	2
Retail Distributer	9
Juggler[3]	2
Middleman/Sex Worker	10

Table 3: Involvement in Sex Trade as Reported by New York City Respondents (n=13)

Sex Work Involvement	No. of Respondents
Trades Sex for Drugs/Money	10
Client	3

[3] Juggler- Drug dependent users that initiate selling to defray the cost of their habit (see Furst et al. 2004 on heroin use and juggling)

The Characteristics of Respondents' Drug Use

Most study participants in the New York City sample were daily and multi-daily methamphetamine users. Specifically, 17 out of 35 participants were daily users of methamphetamine. Five were weekly users and 4 were occasional users. The remaining 10 participants were monthly users. On average, daily users consumed one half gram of methamphetamine per day. The majority of methamphetamine users in the study were long term users. The mean number of years of methamphetamine use for respondents in the New York City sample was 11 years. The characteristics of respondents' drug use in the past 6 months is presented in Table 4.

Table 4: Frequency of Drug Use in Past 6 Months Prior to Interview among NYC Respondents (N=35)

Drug	No. of Respondents Daily /Near Daily	No. of Respondents 1-2 times per week	No. of Respondents Monthly/Occasionally
Meth	17	5	14
Marijuana	1	0	0
Cocaine	0		
MDMA, Ecstasy	0	0	4
GHB	1	5	10
Heroin	3	2	1
Crack	1	0	1

PHASE II: Los Angeles

Description of the Sample and Recruitment in Los Angeles

A snowball sample was used with an initial person met on the street who introduced me to subsequent informants. Utilizing a chain referral methodology, a social network of methamphetamine users was identified that included: 1) Homeless IDUS and NIUS living on Skid Row including former crack smokers that switched to daily smoking of methamphetamine which was afforded by recycling cans. For these respondents, drugs were used to ease the psychological, physical and social problems of chronic poverty and living on the street; 2) Homeless heroin injectors that lived on the streets in downtown Los Angeles on Skid Row that injected methamphetamine to moderate the sedative effects of heroin and to ease withdrawal symptoms; 3) Transient, former Skid Row homeless and non homeless methamphetamine only IDUS and NIUS and heroin injectors that were recruited from an inner city Los Angeles neighborhood that is undergoing gentrification. Selling drugs, petty theft, auto theft, pan handling, and recycling cans were sources of income in the informal sector, which were reported by informants.

Methamphetamine was used and sold within friendship networks and smoking methamphetamine was a social activity that was associated with drug use in private settings such as apartments and houses where drug users and dealers lived, frequented, couch surfed and congregated. Drug use was a response to poverty and included buying, selling and using as part of socializing with peers.

Fieldwork was conducted in settings where methamphetamine and other drugs were bought, sold and used and in total N=38 people were recruited for in-depth interviews including methamphetamine users and dealers that were mostly near daily users of methamphetamine. The socio demographic characteristics of the N=38 Los Angeles respondents are included in the table below.

Table 5: Socio Demographic Characteristics of Los Angeles City Respondents (N=38)

	No. of Respondents	% of Respondents
Gender		
Males	26	68%
Females	12	32%
Total	N=38	
Mean Age	37 yold.	
Race/Ethnicity		
African American	4	11%
Asian	4	11%
Latino/a	14	37%
White	16	42%
Sexuality		
Straight	33	87%
Gay/MSM	3	8%
Bisexual/MSWM	2	5%
Housing/Living Situation		
Owns Apartment	1	3%
Rental	8	21%
Homeless/Transient	22	58%
Lives with Someone	7	18%
Education		
Some High School	37	97%
Some College	1	3%
College Graduate	0	0%
Employment		
Employed	5	13%
Unemployed	33	87%

The Social Demographics of Los Angeles Methamphetamine User and Dealer Respondents

The majority of participants in the Los Angeles sample were unemployed and had below a high school level of education and extensive drug and non drug criminal histories. Many were former homeless drug users that had lived on the street on Skid Row and were transient and temporarily staying with friends and relatives ("couch surfing") or at hotels, shelters, or the street. The average length of time spent in jail when arrested for drugs reported by most respondents was 3-5 months and respondents cycled in and out of prison approximately every 4-5 months.

Rather than passively accepting their structural victimization, respondents sought out alternative sources of social and economic support and collective identification with a street culture provided study respondents with an alternative source of social status and meaningful identities were constructed through involvement in the illicit drug economy. The economic motivations for drug dealing were aimed at self-survival and the money made from dealing was negligible and was spent of food and drugs, and sharing drugs with peers, which was normative. Sex work was stigmatized among this network; however, some female IDUS reported occasionally engaging in sex work for money for drugs. Many network members were living with HIV/AIDS. Social structural barriers to employment in the formal sector because of chronic poverty, lack of schooling, linguistic barriers and difficulties reading English and poor health and nutrition exacerbated by blood borne viruses contracted from injecting drugs, repeat arrests and unstable housing were some of the problems faced by respondents.

The Characteristics of Respondents Drug Use

The majority of participants recruited for in-depth interviews were daily/near daily users of methamphetamine and some also injected heroin. Former crack smokers and cocaine injectors that switched to daily/near daily use of methamphetamine were recruited within this network as well. Drug dealing NIUS and IDUS that sold methamphetamine and to a lesser extent heroin purchased for resale downtown from sellers in an open air market located around Skid Row and buyers who purchased methamphetamine on a bi-weekly and monthly basis upon receipt of government checks were observed during fieldwork and recruited for in-depth interviews. Some respondents were former gang members and some reported affiliation with Mexican gangs. The characteristics of respondents drug use are illustrated in Table 6 for the past 6 months.

Table 6: Frequency of Drug Use in Past 6 Months Prior to Interview among Los Angeles Respondents (N=38)

Drug	No. of Respondents Daily /Near Daily	No. of Respondents 1-2 times per week	No. of Respondents Monthly/Occasionally
Meth	28	9	1
Marijuana	2	-	3
Cocaine	-	-	1
MDMA, Ecstasy	0	0	3
GHB	1	0	4
Heroin	9	3	1
Crack	0	1	1

Theoretical Approach

A grounded theory approach that entails simultaneous data collection, analysis and theory construction (Glasser and Strauss 1967) was implemented to uncover patterns and themes, which were used to guide data collection and interviews with informants.

The study also began with the premise that the study of drug markets must begin

with a contextual understanding of the relationships between buyers and sellers (Curtis and Wendel 2000). A central criticism of studies of drug use is theoretical. Theories of drug use often rely on reductionist accounts of drug related behavior, including conduct norms, life ways, meanings, collective ideas and values, that are deemed characteristic of particular subcultures (e.g. MSMs, the poor) without taking into account the macro historical, political economic context. This culturalist perspective ignores the interrelationship between specific behaviors of the social group and structural changes including macro factors and mainstream cultural norms.

Certain drugs mean different things to people depending on their social structural position. As such, drugs are potent symbolic political tools in the global market economy. The social and ideological dimensions of patterns of (e.g. drugs and sex) consumption are illustrated in the present study and emphasis is placed on consumption as a system of socially and culturally constructed meanings. As symbols, drugs can express the relations of domination and subordination between groups and can establish and reaffirm social relations within groups. Certain drugs mean different things to different people depending on their social structural position and comparison of the ideologies related to buying, selling and consuming methamphetamine among different drug subcultural groups illustrates how the ideas (beliefs, values, systems of meanings) of a particular social group reflect and are an adaption to the immediate environment. The terms “drug subcultural group” and “social group” are used interchangeably to “highlight identification with specific social groups and patterns of activity among them….(the term) also addresses the subcultural meaning attached to specific drugs which transcends any particular set of individuals and persists over time” (Anderson 1998).

The physical setting, social and economic context, drug subcultural norms and subcultural meanings, and the social location of the drug taker/dealer have a powerful impact on behavior, including drug use. People who respond to objects do so in terms of the material, social and cultural constraints of their own personal situation. There is no single meaning, use or function that is attributed to drugs in a universal manner (Levinson and Ember 1996). Rather the subcultural, social, and economic aspects of drug taking arise from the set and setting which in turn impacts behavior. The ways in which people respond to objects and use meanings have material, social, and subcultural consequences as well.

Comparative subcultural analysis of variations in drug effects among drug subcultural groups including methamphetamine users and dealers recruited in two different urban illicit drug markets provides a corrective to studies which explain drug related behavior and outcomes as determined by drug psychopharmacology alone.

The importance of subcultural constructions in defining expectations for behavior including drug effect and rituals of procurement and use, illustrates the decisive role of culture as an explanatory mechanisms accounting for variations in patterns of use arising from the specific material context. Subculturally created perceptions, and shared meanings and norms governing drug consumption, are shaped by the immediate environment. The present study found that the material conditions of existence and culture, along with individual and market forces, structured the functions and meanings of behavior, including decisions concerning drug consumption, expenditure, and distribution. According to Sifaneck and Kaplan (1995), Johnson (1973) was among the first to recognize the central importance of involvement in a specific drug subculture as an intervening variable in the progression from soft- to hard-drug use….Others have concluded that a more important intervening variable in the

progression is a policy and market factor: involvement in illegal drug dealing (e.g. Jacobson & Zinberg 1975 in Sifaneck and Kaplan 1995). According to Rutz and Orlove (1989), the consumption of goods functions to create and articulate personal and social identities. The present study found that different groups have different symbolic systems for communicating and symbolizing their world and place in it which have implications for drug taking including the functions of drug use, expectations for behavior and drug effects.

Implications of the Study

This study will be of importance to policy makers, law enforcement, and other governmental agencies which are concerned with designing and implementing effective services for marginalized individuals. For instance, the findings contained in the dissertation can inform understandings of drug use and poverty which are attune to the myriad structural forces which shape behavior. I believe that it will also provide a great resource for harm reduction workers, social service agencies, and drug and alcohol treatment providers with a specific interest in minimizing harmful drug taking behavior and risk taking amongst methamphetamine users.

Chapter V

Methamphetamine Use among Respondents in the New York City Gay Sex Club Drug Scene

Researchers studying methamphetamine use have focused on differences in initiation, motivations for use, patterns of use, drug acquisition, and health and social consequences according to gender and sexual identity (e.g. Parsons et al. 2007; Clatts and Goldsamt 2005; Halkitis and Palamar 2008). The present study sought to identify variations in patterns of methamphetamine use and distribution among social groups of methamphetamine users. Differences in motivations for using methamphetamine were associated with particular drug effects and the drug experience was largely influenced by the set and setting in which drug taking occurred. Sociocultural factors emerged as significant in shaping drug related behaviors and effects as well. Methamphetamine, defined by New York City participants variably as a club and rave drug and a gay sex drug, was ultimately used both in the contexts of clubbing and MSM/MSWM sex during "partying". During "partying", drugs were consumed and social and sexual identities were constructed in ways that allowed new subjectivities to be imagined and performed.

The following central research questions were addressed:

- What are the meanings and functions of methamphetamine use for New York City respondents in a social network of users and dealers that included MSM, MSWM, and non MSM participants that interacted in the buying, selling, and consumption of methamphetamine?

- What subcultural values and attitudes underlie consumption and distribution practices and what purpose do they serve in individual or group identity?
- What social processes influence pricing practices? How is methamphetamine and sex negotiated in commercial sex encounters and drug transactions?

According to respondents in the study, methamphetamine distribution was largely subculturally based and users were mostly “gay professionals and clubbers” who used methamphetamine and other “club drugs” on a daily and near daily basis and in a “weekend warrior” pattern of recreational use in the context of clubbing and MSM sex. In New York City, methamphetamine diffused during the 1990s from all night raves and techno nightclubs where the drug was bought, sold and consumed along with other club drugs namely ecstasy and GHB. The majority of New York City participants had used methamphetamine in the context of clubbing and many first initiated at a club or rave. All participants categorized methamphetamine as a “club drug” associated with raves and techno events that was used primarily to enhance social and sexual performance. Although only some participants that were MSMs used methamphetamine exclusively in the context of sex, all respondents (MSMs, MSWMs, and non MSMs) reported that they experienced sexually stimulating effects from the use of methamphetamine, which was a subcultural drug effect.

Methamphetamine had multiple effects on the drug user, including the ability to improve sexual and social performance by enhancing confidence and increasing concentration, and was described as an “energizer” and a “sex drug” which prolonged ejaculation and increased pleasure during sex.

New York City participants described a collective ethos and subcultural norms

which stemmed from identification with the club and gay sex scene, which defined expectations for behavior as evidenced in subjective drug effect and social roles. Many respondents initiated at clubs where the drug was used to enhance performance, to reduce shyness, and for endurance. For these respondents, attending raves and clubbing was a means of socializing with others in a context that facilitated the transgression of psychological and emotional barriers. For instance, according to a methamphetamine user that attended raves and clubs and used methamphetamine and other club drugs in this context:

> *Non MSM NYC Methamphetamine User:* I went to raves to dance, be myself, and clubbing was a way to express myself and be more social. Actually using drugs and going to raves really changed me.

Similarly a bisexual methamphetamine user states:

> *MSWM NYC Methamphetamine User:* I was shy in high school and going to raves was a way to be social, you didn't have to wait in line, you knew everybody, everybody was your friend, and I was- really- I didn't have high school friends so I became- I had a new social group that did drugs and it was fun.

And according to a methamphetamine user in the study that initiated methamphetamine at a club where it was used in a polydrug combination with ecstasy, the subcultural meanings of drug taking and definitions of specific "club drugs" were related to their symbolic role in the dance drug scene. When used at clubs and raves, synthetic drugs, namely ecstasy, had 'entheogenic'[4] effects and symbolized the ideologies of raving and clubbing which was "PLUR" or "peace, love, unity and respect" expressed through social bonding rituals including hugging and dancing in circles and sharing bottles of water with

[4] Entheogen- the term is used to refer to drugs, including plants, fungi, hallucinogencs, and other substances used during shamanic or religious rituals to induce revelations, spiritual enlightenment or for healing; 'entheogenic' effects-. The term is commonly used by clubbers to characterize the drug experience induced by "club drug" use at raves.

club goers:

> *Non MSM NYC Methamphetamine User:* You know PLUR, it's (drug use) a social thing, I don't do crystal (methamphetamine) and work on it, I use it to be social with people and chill and hang out in the city.

For these participants, methamphetamine enhanced sociability and reduced social shyness in the context of clubbing. For some men who have sex with men (MSMs) and men who have sex with men and women (MSWMs), use of methamphetamine in the context of sex was a means of reducing social stigma through collective drug taking and effects included increased libido, enhanced sexual performance and prolonged ejaculation during sexual marathons. This is discussed by a MSWM methamphetamine user and a non MSWM dealer as follows:

> *MSWM NYC User:* But I don't understand people who want to like skin (sex) for like two days. (NAME MSM user) always tells me about it, you got to hit them (top) like they're fucking golf balls.
>
> *Non MSM NYC Dealer:* Secret. Gets the gay out of the pussy (tops). And you start this shit out, I'm gay, I'm gay, like pop and kids. Its so funny, it gets to the point where like I would do you for rent and your family until you fucking rob them. You want to be gay that was like one of your primary goals.
>
> *MSWM NYC User:* Other than that, I've always been that way too.

And similarly a MSWM methamphetamine user discusses insulation from dual stigmatization as a MSWM drug user a reason for attending sex parties. In this vignette, methamphetamine use during MSM sex in the context of partying are constructed through a symbolic framework which emphasizes the recreational and pleasurable aspects of binge drug use and MSM sex. The construction of the body, sexuality and drug use as sites of resistance for this respondent illustrates how the symbols of drug and sex consumption can intersect with ideas about masculinity to create very particular identities (Manning 2007).

> *Researcher:* Why do you attend sex parties?
>
> *MSWM NYC Methamphetamine User:* Its fun, I mean if your gona be a fiend (drug chaser that smokes methamphetamine) for a night. I- being a fiend, or being all-. It's just, in my mind in my loco (crazy) brain, some crazy ass, whatever, fucking brain, but I don't care, cut my fucking head off, cut me off balls (testes), I really don't care. If your body tells you (to have MSM sex), if your body is a fucking- I just think how it's funny that all these guys are just like (changes tone) "yeah dude I was just fucking this bitch last night, banging this hoe (casual sex with a female who engages in casual sex)".

Respondents were most likely to use methamphetamine at home or in other private locales such as hotels, however, many used the drug at clubs, especially on the weekends, and only a few participants reported using methamphetamine in the street. For many respondents that initiated methamphetamine at a nightclub or rave during the 1990s, a shift in drug setting from pubic to private and from private to semi private use in hotels at sex 'parties' has occurred over time. According to a bisexual methamphetamine IDU in the study:

> *NYC MSWM Methamphetamine User:* I was um, working at the clubs, I was working at night, I was forever on the go, was uh, let's see first time I remember doing it (methamphetamine), I did it, like coke, and I remembered staying up for a couple days, without (methamphetamine), and I was going to work, and I was trying to hold out, and like- and daylight- and my nightlife and I realized, wow, I haven't slept for like 2 or 3 days and I don't feel tired, and I hadn't realized, I had a very uh, sexual, like sexual, I expected it to feel like when it was on coke, you know what I mean, I noticed that I felt, I might have felt sexually naturally at the time, but you don't know if it doesn't affect you that way, um….for a while it doesn't affect you that way, it's mostly- I felt a, a feeling not much of a slow reaction, I just felt, um, I was able to you know (engage in MSM sex).

The interpretation and experiences of methamphetamine among New York City participants was largely subcultural and identity based and related to the micro setting. The policing and closing of techno nightclubs and super clubs in New York City during the early

and mid-2000s, including the Sound Factory, altered the contexts of buying, selling and using club drugs including methamphetamine. Distribution of methamphetamine shifted from an open to a closed market where the drug was bought, sold and consumed among predominantly 'ravers and gay professionals' as noted by a New York City methamphetamine dealer in the study. The meanings and motivations for using methamphetamine and other club drugs, including cocaine, have diffused across social groups and settings. Selling and consuming methamphetamine and maintaining a constant supply were central preoccupations of study participants, and widespread unemployment and transience were reported by some clubbers as indicated in the following vignette in which a bisexual methamphetamine user that trades sex for money discusses economic and psychological distress following the death of a fellow dealer and friend from AIDS:

> User 1 (MSWM) is seeking to buy methamphetamine. He is upset because of the recent death of a friend (MSM living with AIDS, PLWA), which User 2 (MSM) states "was like a reminder to everyone". User 2 displays a flyer for the party which his friend living with AIDS that died was supposed to fund; it was a boat party rave. They have been talking about the party for a while. A list of DJS is on the flyer. The DJS are house and techno music DJS and according to User 1 this party "is an exclusive upscale event". Tickets were to be sold for the party at a cost of $150 per ticket. The cruise is around Manhattan. According to User 2, the money made from ticket sales for the party "was his way out". He states that he "went from living on (street NAME in Manhattan neighborhood) in a penthouse to being homeless" after losing his job in the fashion industry. He claims that his friend that died "put up 50, 0000 for the party" which was "going to be (his) way to get back on (his) feet". However, since the death, they had to cancel the event. User 1 was at his apartment when he died with some other people that used methamphetamine. He tried to give him mouth to mouth but couldn't revive him. While they waited for 911, they robbed him. The next day, User 1 contemplated committing suicide. User 1 has since become involved in sex work and posts online. He sells sex for money and uses the money for drugs. He is transient and temporarily staying with friends.

The development of a specific style of drug use, or "partying" occurred within the context of contemporary local attitudes about drugs and specific types of drugs.

Methamphetamine called “Tina” by respondents symbolized the social identities of users and similar to club and drug use, use during sex “partying” was a leisure experience.

MSMs that “partied” with methamphetamine and sex typically engaged in a pattern of weekend binge use in which approximately one gram was consumed before and during sex marathons, which may last for hours and include multiple partners. Both MSM and non MSM study participants reported “partying” at hotels and other locations typically on the weekend following the closing of club venues as a means of prolonging drug use. For instance, a non MSM male[5] that uses methamphetamine and crack cocaine in the context of sex during “partying” with females at hotels discusses his reasons for soliciting escorts which he claims is more convenient than meeting females to have sex with at clubs:

> *NYC Non MSM User:* Because every time that I do drugs I just like to be intimate, like with a girl.
>
> *Researcher:* Why do drugs at home?
>
> *NYC Non MSM User:* I think it’s more fun. It’s more fun. Because if you’re going to a rave and get high and then you want to meet someone then you got to home anyways. I used to go to Twilo and afterhours. It’s just more fun if you met someone and you like them and then went back to their place and just embrace each other for hours and were sweaty and kissing and hugging.

According to Howard Becker (1967), drug experiences reflect and are related to social contexts, therefore an understanding of the specific drug use settings and the effects of drug use in those settings illustrates how subcultural meanings and the social and political economic environment shapes drug use and misuse. For many respondents that paid for sex, including MSM and non MSMs, online escort services were used to locate sex partners, and ultimately a shift in the setting from raves and clubs to private residences and semi private

[5] In the buying and selling of methamphetamine, research subjects interacted in a social network that included MSMs, MSWMs, and non MSMs.

hotels was accompanied by new expectations including the expectation for sex, which largely determined drug effects.

For instance, according to a bisexual male methamphetamine user that promoted at New York City clubs during the 1990s, continued use of methamphetamine provided a rationalization for engaging in sex with men. He claims:

> *NYC MSWM Methamphetamine User:* (I started using methamphetamine) going to clubs, and partying all the time, I was using E (ecstasy), selling E, and got busted, and then went to jail and my best friend went to stay with my (relative) to take care of her cause she was so worried and now I am on probation, so I don't use as much, and party, well you know what that means… I go online a lot and use chat lines and basically (using) just provides an excuse for all of that, for my not working, being unemployed, and doing what I do.

"Partying" (PNP) was also seen by participants without sufficient income for drugs or basic living necessities such as housing as a way to make a living and engage in anonymous MSM sex for money in commercial transactions.

In sum, having diffused from raves and clubs during the 1990s, where methamphetamine was used alongside ecstasy, GHB and other "club drugs" to prolong strenuous dancing to techno music and to facilitate an ad hoc 'imagined community' of consumers with similar tastes in music, drugs, and fashion that reduced differences of gender, sexuality, class, race/ethnicity and nation to similarities in consumption, for New York City respondents, methamphetamine was defined as a sex and club drug and was used to enhance social and sexual performance during clubbing and MSM and MSWM sex.

The informal sector has been appropriated by sexual minorities that challenge gender/sexuality hierarchies through drug taking and sex and the use of the Internet for online dating and sex work. Electronic music clubs and events (e.g. raves), and the rise of

the Internet and social networking sites and blogging, have provided for the diffusion of new subjectivities that are a form of resistance to hegemonic constructions of gender and sexuality. The subcultural meanings attached to drug taking have diffused from these settings and were applied to new physical and social settings. For these users, the objectification of the drug and its users, symbolized the struggle of users, as sexual minorities and the commercialization of MSM sex with the expansion of online communities has created new subjectivities and changing notions of the body that have naturalized MSM sex.

Methamphetamine, Sex and 'Partying'

MSM and MSWM participants were more likely to report using methamphetamine as a precursor to sex and during sex to enhance confidence and performance, to prolong ejaculation, to increase pleasure derived from sex and increase energy, and to facilitate sexual interactions between MSMs. The sexual stimulation reported by methamphetamine users in the study was similar to that reported for cocaine smokers by Maher (1996) who argues that the specific drug effects resulted from a confluence of the evolving commodity markets for cocaine and sex rather than the psychopharmacological properties of the drug itself. For instance, according to a methamphetamine dealer in the study:

> *NYC Methamphetamine Dealer*: The whole business is around the pipe….I call it (methamphetamine) trick, uh, trick or tweak (slang for methamphetamine). Cause its either trick or tweak. That's why I say trick or tweak. You got hookers, there's tricks, and you've got tweaks. Its trick or tweak.

This vignette refers to the practice of selling and trading sex acts for drugs and money typically reported by male MSWMs[6] in the study, which was normalized and glamorized by respondent that identified with the New York City gay sex club drug scene and drug taking activities included both actual sex with partners met online and through chat lines, and imagined sex with men viewed in pornos and online, including the new commercial Internet sex "stars".

The booming online MSM sex industry which sells everything from lube to soda and sexual enhancement pills and formulas that are reported to increase penis size (Killian 2010) have reached their target among MSM and MSWM methamphetamine users and clubbers that "partied" with drugs and sex and 'performed masculinity' through consumption. Some participants enhanced their appearance through the use of steroids, tanning, and working out at the gym which were part of the new subjectivities.

A bisexual male methamphetamine dealer in the study discuses a shift in the politics of MSM identity:

> *NYC MSWM Dealer:* All the white boys are Chelsea (Manhattan) bottoms now. Some guys are getting married and having kids. The whole dog thing (the trend among MSMs in Chelsea, NY of walking small dogs in public) is out (not popular) now.

In the new market for sex, competition for "sugar daddies" and status as a sex worker was based on physical appearance and the size of one's penis. "Having a big dick" was a plus and preferred by "power bottoms[7]" that used the World Wide Web and Internet

[6] MSM, MSWM, and straight females also reported selling sex and trading sex for methamphetamine

[7] 'Power Bottoms': a term that is frequently used by gay porn fans, typically to refer to men who have sex with men that bottom yet demonstrate the characteristics of a top,

cellular technology to view and pick and choose among sex workers and rate their performance which was visible to others.

Previous research has found an association between sex work and crack use, injection drug use, childhood sexual abuse, and non gay self-identification and homelessness (Newman et al. 2004). According to Weber et al. (2001), regular and heavier users of alcohol and drugs, bisexuals, the unemployed, and persons with a history of residence in a psychiatric ward are factors that have been independently correlated with trading sex for money, drugs, housing, or other goods. Differences in HIV risk taking behaviors have been related to the transaction location and studies have found lower risk taking associated with sex with clients met online (Brennan et al. 2007).

In the present study, the majority of participants in the New York sample that were involved in the sex trade had sex with men met online or through "party lines" which were transactions set up over the phone. Participants also met clients at gay bars, clubs, afterhours, in popular cruising spots (e.g. Christopher Street) and through friends, including drug dealers and users involved in the gay sex and drug scene. Payment for sexual services varied according to how the transaction was initiated between the parties.

Indeed, the closing of venues and sites where men seeking sex with men "cruised" for sexual encounters, such as bathhouses, and the increasing popularity of the Internet for seeking sex with sites such as Craig's List[8], which is a listserv that allows people to post online for free that was frequently used by MSMS and MSWMS seeking and selling sex in

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including domination and the desire to take control, rather than the submission that is typical of "traditional" bottoms during sex (Villa 2010).

[8] Craig's List is a listserv that allows people to post online for free. Apartment rentals, "rants and raves", classified ads and adult entertainment are some of the services provided on Craig's List. In late 2010, however, the adult entertainment section was removed from Craig's List due to a law suit following a murder of a female masseur in New York City.

New York City, as well as changes in gender and sexuality have altered the commercial sex scene and sex work has largely moved indoors. This is discussed by a bisexual methamphetamine dealer in the study who used methamphetamine to trade for sex with men:

> *NYC MSWM Dealer:* And this is different from crack in the (19)80s.
>
> *Researcher:* How is it different?
>
> *NYC MSWM Dealer:* Cause then you had females who would (perform sex acts) for crack and the guys, black guys were selling and they don't suck dick or fuck with gay guys. Like you know how to be in (they) have to suck everyone's dick.
>
> *Researcher:* Are you referring to trading sex for methamphetamine?
>
> *NYC MSWM Dealer:* Yes. Like after clubs (sex parties) and (when using methamphetamine MSMs and MSWMS will watch) porn...gay porn.

Respondents didn't identify as 'sex workers' per se, they utilized sex work as an alternative source of income to supplement unemployment and underemployment in the economic sector. Neutralizing the stigma of sex work and MSM (men who have sex with men) sex was important to several respondents who discussed the shame and isolation they experienced or feared lest a family member found out.

Another significant finding which illustrates how the drug and sex markets intersect to increase risk among New York City respondents was the belief that HIV could not be transmitted to Latinos who were believed to be immune to the virus. This provided a rationalization for their engagement in sex work and naturalized price hierarchies.

A tiered price structure was found in the study for sex work. Those at the higher end of the price tier included: "Tops" (penile insertive); those with large penises; younger, attractive, masculine males; and Latinos. Latinos, especially light skinned Latinos, most

whom were bisexual, were in higher demand for sex work and buyers made decisions based on appearance, ethnicity, age, statute, and the size of one's penis.

Scholars have addressed similar questions regarding the relation between the sexes and prestige orders in feminist theory (see Ortner and Whitehead 1981), including the extent to which sexual resources or rankings are tied to or exchangeable for resources or rankings in other spheres such as the economic.

Respondents who sold sex in the study tended to be bisexual and Latino, and discussed sex transactions with buyers in terms of a gift exchange; that is, the buyer was expected to confer a monetary "donation" for the sex act(s) which was a means of thwarting arrest.

A New York City methamphetamine dealer and a methamphetamine user who trades sex for drugs further discuss the commercialized MSM sex industry as follows:

NYC Methamphetamine Dealer: I mean it's funny; tops get more money than people so basically-

NYC MSWM User: There is competition, only in reverse.

NYC Dealer: His brother is a line back (sex position).

NYC MSWM User: Make them bust (ejaculate) on themselves.

Beliefs about the transmission of HIV from sexual practices among MSMS and MSWMS were related to sexual positioning and whether or not sex was anal insertive or receptive. Anal insertive sex (topping) was believed to be less risky for contracting HIV and other blood borne viruses than anal receptive sex (bottoming).

Participants likened the transmission of HIV/AIDS for tops as similar to the risk of

contracting HIV from a female during vaginal intercourse. According to the San Francisco City Clinic, insertive anal intercourse, or “topping”, is about 10 times less risky than receptive anal intercourse, or “bottoming”. “An HIV-negative bottom has about a 1 in 50 chance of getting HIV infected after one act of intercourse with an infected partner. As a top, that chance is about 1 in 500” (San Francisco City Clinic 2009). Condom use greatly reduces the risk of transmission of HIV/AIDS and other STDS. Having an STD such as gonorrhea, Chlamydia, syphilis and herpes can also increase the risk of transmitting HIV to either partner.

Other research studies have found that some MSMS will switch to “bottoming” as a way to compensate for erectile dysfunction which can be caused by drug use (Hurley and Prestage 2007).

Respondents utilized appearance as a way of differentiating people living with AIDS. That is, some participants believed that one could tell who had the virus simply by looking at someone and knowing their age. Heavy methamphetamine users, especially injectors, were also assumed to be more likely HIV infected. Methamphetamine users took steps to maintain a healthy appearance, for instance, through the use of steroids and growth hormone. These drugs were purchased online from websites in the United Kingdom. A methamphetamine dealer discusses this below:

> *NYC Methamphetamine Dealer:* I’ve been doing Tina (methamphetamine) for 6, 7 years maybe 7 years, yeah 7 wow, thank god for fucking steroids and growth hormone. Because I swear I would be the fucking skinniest, tweakiest, Ethiopian fucking looking terrorist, sick (HIV/AIDS) whatever…Thank god I have fucking steroids and growth hormone, cause I’d look, I’d look like (NAME of aging sex worker).

According to study participants, aging methamphetamine users had fewer opportunities for

making money in the sex industry than their younger counterparts who were in their 20s and 30s.

Stigma and Risk Taking

Risk taking, including the sharing of needles and non condom use, was mediated by both the social and physical setting. In addition, individual risk taking practices were influenced by the wider conduct norms of the social group and risk was exacerbated for some participants, especially those who were on the margins, which included participants who sexual identified as bisexual and were homeless. Social and economic marginalization therefore increased risk taking behaviors for some.

The stigma associated with injecting drug use in general, and the double stigma of being a gay or bisexual methamphetamine user, also impacted risk taking behavior for some. Although condom use or non-use was not specifically addressed in the research study, non-condom use was often implied and was related to either lack of finances to purchase condoms or to a particular belief about a sex position (e.g. topping). In the following vignette, a bisexual methamphetamine user in the study rationalizes non-condom use in terms of peer pressure, heavy drug use, and social cultural norms which value personal freedom, and the belief that condoms inhibit the pleasure derived from sex.

> *NYC MSWM User:* But still (non condom use) for freedom. Ok, so then for women. So I'm just refusing, I'm just being anything. It is what it is in my eyes. It's not all good. It's all gona be okay if the rewards are better than- and you're doing it (methamphetamine) everyday, no one's wearing a condom. And that's the only way I'll do it, it's just meditation, it takes the stress out.

Risk taking, including non condom use and sharing needles, was also rationalized by

some New York City respondents based on the belief that one was HIV positive. For instance, according to a methamphetamine dealer:

> *NYC Dealer:* Since everyone has it (HIV) already, I must (have it), since I had sex with that one guy now who cares. I shoot up, I share needles, I don't know how long it will last.

And similarly a New York City methamphetamine user claims:

> *NYC User:* Someone said I had HIV, I didn't. I know I didn't. But people started acting differently towards me and when someone finally told me why I couldn't believe it. After that I became isolated and then started slamming and sharing needles.

The double stigma associated with being a MSM and having HIV/AIDS led some participants to self-medicate with methamphetamine as a way of coping with the psychological distress caused by the disease. A methamphetamine dealer discusses this in the vignette below:

> *NYC MSWM Dealer:* (NAME MSWM USER) visited (NAME MSM Person Living with AIDS (PLWA), who died, every day to care for him. He was always in and out of the hospital with complications (from AIDS). He would help him with his wasting. He used to get drugs from me and then cut that shit up. He was really rich. He didn't even have to sell. (NAME MSWM User) told me he only bought for his personal use that he didn't want to sell to anyone so this seems like a contradiction. (NAME MSWM User 2) says he doesn't like to go out, meet anyone or like women. This was according to someone else that had gotten a bag (purchased methamphetamine) from him the day before he died.

HIV positive methamphetamine users may not be able to take proper care of their health, such as getting enough sleep and eating well. In addition, methamphetamine can impact the health of people living with AIDS in less direct ways. For instance, when users are high, they may neglect to take their HIV medications or lose their motivation to stay on their treatment schedule. This can cause drug resistance (anti-HIV drugs fail to work

properly) (Ellis et al. 2003). This is discussed in the vignette below by a New York City methamphetamine dealer:

> *NYC Dealer:* And I have three friends (customers) that died of AIDS this past year. Right now, this guy (MSM PLWA) he's staying on my couch. He watches (TV) all day and waits for me to give him free drugs (methamphetamine). And he refuses to take his medicine. He has sores (sarcoma). Since he lost his home, he's been depressed and has gotten worse. I said if he doesn't take his medicine and gets worse he'll have to leave. I'm giving him two months.

Psychological factors play an additional role in the progression of HIV/AIDS. Psychological distress has been shown to increase the severity of the disease (Greeson et al. 2008). People who are homeless experience a great deal of stress on a daily basis, which exacerbates the progression of HIV/AIDS. Additionally, stress, depression, and other psychosocial factors that are common in homeless people influence behaviors, which in turn affect the progression of HIV/AIDS. For example, depression decreases a person's likelihood to adhere to medication, which is necessary to treat HIV/AIDS (Gore-Felton and Koopman 2008).

It is very difficult for homeless PLWHA to adequately treat their disease. For example, homelessness makes it more difficult to obtain and use antiretroviral treatments (ARTs), the medication for HIV/AIDS medications. ARTs have complex regimens, and adherence is very difficult for people who don't have access to stable housing, clean water, bathrooms, refrigeration, and food (National Alliance to End Homelessness 2006). Many homeless people also do not have health insurance and cannot pay for the medications and health services that are necessary to treat HIV/AIDS.

Methamphetamine is not known to have an effect on HIV medicines. However,

some protease inhibitors (a type of anti-HIV medication) increase the rate at which methamphetamine is absorbed, which may result in severe reactions or possible overdose (NY State Department of Health Aids Institute 2006). According to the New York Department of Health AIDS Institute, users would then have fewer treatment options and possibly develop AIDS more rapidly (NY State Department of Health Aids Institute 2006).

Social economic problems and homelessness complicated risk taking. This is demonstrated by a homeless MSWM methamphetamine user in the study as follows:

> *Researcher:* Have you ever shot up (injected methamphetamine)?
>
> *NYC MSWM User:* Yeah, since I got (homeless) in the city, in the past few months. Like the other day I was down at the (coffee/deli) shop in Chelsea (Manhattan) and I was shooting up with my friend in the bathroom and it wouldn't work, it wouldn't come through the needle, I was like dude, what are you doing? It wouldn't come through the needle.
>
> *Researcher:* Did you share needles with him?
>
> *NYC MSWM User:* No, he gave me a brand new one.
>
> *Researcher:* Did he share drugs with you?
>
> *NYC MSWM User:* Yeah, but it wouldn't work, it wouldn't do it, I drew it up into the syringe and it- would not, it would not, come out.
>
> *Researcher:* Did you draw the T (Tina/Methamphetamine) out of the same cup of water he used?
>
> *NYC MSWM User:* Yeah. He slammed and then when I did it was clogged. And I was like dude, I don't know what happened, and he was like I don't understand, and then I brought a whole new needle and I was staying (outside) and I, I bought food and stuff like that.
>
> *Researcher:* Was it his needle that clogged?
>
> *NYC MSWM User:* Yes, it was his needle. Well, I could've just showed him; well it was either make money or this. It wasn't real. I hooked up with him in the bathroom.
>
> *Researcher:* Top or bottom?

> *NYC MSWM User:* Uh, I didn't really do it, not like gay but like I did (top). I didn't have a place to go and it is like snowing out.

The physical setting and social context of use, including use during sex in a public bathroom, homelessness, not having money for drugs, and social stigmatization of men having sex with men, increased drug and sex risk for some. Hird and Jackson (2001) point out the complex contradictions around active and passive roles and how this poses a major challenge for negotiation in sexual relationships. In addition, dominant norms and discourses that promote the idea that heterosexual relationships and heterosexual sex are natural, relinquished the need for negotiation (Hird and Jackson 2001).

Indeed, the conditions of homelessness may increase the risk of contracting HIV. A disproportionately large number of homeless people suffer from substance abuse disorders. Many homeless people inject drugs intravenously, and may share or reuse needles. This practice is responsible for 13% of HIV/AIDS diagnoses in the United States. An additional 50% of cases are a result of male-to-male sexual contact, and 33% are due to heterosexual sex (National Coalition for the Homeless 2009). Unfortunately, the conditions of homelessness may also lead to sexual behaviors that increase the risk of contracting HIV. Homeless persons are more desperate for housing during the colder months and are more forcefully seeking housing with friends and family when it is cold (Hoback and Anderson 2007).

According to the Community Epidemiology Work Group (CEWG), men having sex with men (MSMS) and injecting drug users constitute the two primary risk groups for the transmission of HIV. The majority of new diagnoses of HIV in New York City were

amongst males and over 80% of those recently diagnosed with HIV/AIDS in 2008 were African Americans and Latinos. People living with HIV/AIDS (PLWAs) were also aging and out of the 105,633 people living with HIV in New York City as of December 31, 2008, 37% were age 50 and older versus 25 % in 2008 (NIDA, CEWG 2010).

HIV/AIDS surveillance reports in the United States indicate that although the incidence of HIV infection has slowed, new infections among men who have sex with men (MSM) continued to increase by 11% from 2000 to 2003. In New York City, for example, 42% of the 2772 new HIV cases reported among men in 2003 were associated with MSM transmission risk, while for 38% of reported new cases, the risk was unknown or under investigation. If the unknown cases are excluded, MSM HIV transmission accounted for 68% of new HIV infections among men in New York City in 2003. These data are consistent with the available behavioral data, which also signal the high rates of sexual risk among MSMs, including HIV positive MSMs.

Risk taking, including non- condom use and the sharing of needles, drug injection equipment, and/or drug solution, among some research subjects including MSM and MSWM sex workers and respondents cruising online for sex was associated with poverty, homelessness, not having money for drugs, and outcalls. Direct observations and interviews revealed that economic problems, stigmatization as a sexual minority, and beliefs about particular sexual roles and sexual positioning were significant factors relating to risk taking behavior including non condom use, especially among MSWM study participants.

‘Slamming’ Methamphetamine

Injecting methamphetamine called “slamming” was also reported by some (n=6) MSM, MSWM, and non MSM methamphetamine users in the study as a precursor to sex and was deemed “sexy”. In the context of sex and ‘partying’, methamphetamine was injected to prolong ejaculation, and drug injection fostered “intimacy” between users, which further illustrates the importance of learned subcultural expectations and the set and setting in mediating the psychopharmacological action of the drug. According to a MSM methamphetamine injector:

> *NYC MSM IDU:* I love slamming guys. If I’m on a date and the guy uses T (Tina/Methamphetamine) then I will share some with him. And I love when it’s their first time. One time, this guy he was used to shooting coke and I slammed him and he bugged out. He was all paranoid looking out the windows all night long and I had to try to calm him down to get him to relax.
>
> *Researcher:* How often do you use (inject methamphetamine)?
>
> *NYC MSM IDU:* On the weekends when I go out on dates, Craig’s List, you know. And during the week in the mornings before I go to work. Usually I buy about 2 grams per week and use most on the weekends.

Although stigmatized among the social group, injection drug use was preferred by several methamphetamine users that reported recent injection of another drug, namely heroin, cocaine and steroids. However, for the majority of New York City respondents, smoking as a route of administrating methamphetamine was preferred and was normalized among methamphetamine users in the study.

In general, IDUS were long term near daily methamphetamine users that injected methamphetamine as a means of defraying the cost by reducing the frequency and dosage of individual drug consumption. For instance, according to a methamphetamine IDU in the study:

NYC IDU: I use less when I inject. And it lasts longer, all day long.

And a methamphetamine injector that sells methamphetamine claims that he uses less frequently when injecting compared to smoking:

> *NYC Dealer:* Because you become stuck to the pipe when you smoke, smoke all day long, smoke it all up.

And a methamphetamine user that prefers injecting states:

NYC IDU: I just shoot up and go.

Similarly a methamphetamine IDU in the study claims:

Researcher: What's the difference between smoking and injecting?

NYC IDU: When you inject, it's much faster. You're just, you're there.

Injecting was thus believed to be a more efficient way of administering methamphetamine. This is consistent with findings by other researchers for heroin (Reid 2009). Implicit in this practice, however, were risks associated with the transmission of HIV/AIDS. According to a MSWM methamphetamine user in the study that is homeless:

NYC MSWM IDU: I don't take any kinds of precautions; I just shoot up and go.

Injecting the drug into the bloodstream increases the risk of contracting HIV, hepatitis B, hepatitis C, and other blood borne viruses if syringes and other injection equipment are shared. Users can lower their risk by not sharing drug injection equipment ("works") (The NY State Department of Health AIDS Institute 2006). Injection equipment that is sometimes shared includes syringes, water, bottle caps (used to mix drugs), cotton (used to filter the mixture), all of which put the user at risk of infection (Durham and

Lashley 2000).

Risk taking (e.g. sharing needles, sharing drug solution) in micro networks of sex partners that injected methamphetamine was reported by some respondents and often depended on the power and economic relationship between partners such as who bought the drugs and paid for sex. Time of month also influenced risk taking activities among some sex workers that injected methamphetamine. For instance, drug and sex transactions were more likely to occur near the first of the month. Having to pay rent and pay bills and receipt of government checks (e.g. Social security, welfare) fostered drug and sex transactions that that may include risk taking (e.g. non condom use, sharing needles) by those who received ‘payment’ for their services in both drugs and cash.

The physical setting of drug and sex transactions and whether or not these were in calls or outcalls also influenced risk taking behavior for some respondents. Having had a relationship previously with the person also mediated risk taking for some participants that reported that they were more likely to take a risk (not use condom, share equipment or solution) with someone that they had previously met/had a relationship with, which were described as “friends with benefits”.

Not having a place to transact sex increased risk for some participants; for instance, male respondents that cruised on-line to transact outcalls in public venues such as hotels in New York City reported an increased likelihood of risk taking behavior.

The stigmatization of drug use, being gay, and having HIV/AIDS facilitated risk taking among some participants especially MSWMS and sex worker dealers that were unemployed. The role of a price tier for MSM commercial sex work and the illegality of selling sex for money may also facilitate risk taking, including non condom use, for some.

Since these findings are based on a non representative sample, further research is needed to address this issue especially since MSWMs users can provide bridges for the spread of blood borne viruses including HIV/AIDS.

In sum, drug use is learned through social interaction with others who teach the user what to expect. Having diffused from clubs and raves in New York City during the 1990s, methamphetamine was defined by the context of use as a “club drug” and “sex drug” that functioned to enhance social and sexual performance. Motivations for using methamphetamine, including “sexual pleasure seeking”, fostered risk taking among some participants that collectively identified with the gay sex club drug culture in New York City.

Chapter VI

Drug Selling among NYC Respondents in the MSM Sex and Club Drug Scene

Data obtained from treatment admissions, DAWN reports, Emergency Department (ED) mentions, and the New York Police Department laboratory data files for the five boroughs of New York City (NFLIS) reported very low incidence rates of methamphetamine use in New York City in 2010. Although methamphetamine was one of the least mentioned drugs in emergency department episode reports, there was an increase in the number of methamphetamine mentions in New York City (including the five surrounding boroughs) from 2004 to 2009. For instance, whereas in 2004, there were 247 mentions, in 2009, there were 314. Data were not available for 2010. Indicator reports obtained from the Drug Abuse Warning Network (DAWN) on the number of methamphetamine related emergency department (ED) episodes, are reported annually. Although DAWN does not provide information on the prevalence of illicit drug use, ED mentions are useful for assessing trends in the consequences of recent drug use.

Reports from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Street Studies Unit (SSU), also found methamphetamine availability and distribution to be at very low levels. Cocaine indicators were mixed with a slight decrease reported, whereas heroin use remained problematic in New York City and dramatically increased in surrounding suburban areas (Community Epidemiology Work Group, January

2010).

Overall, the sample of 35 respondents included 23 methamphetamine dealers. The mean age of methamphetamine dealers in New York City was (36) years old. All dealers were methamphetamine dependent and sold drugs for money and to afford their habits. Out of these 23 dealers, 10 were middle man and sex worker dealers. Middlemen/ sex worker dealers included runners, some of which worked for dealers and were paid in drugs, cash, and/or a living space. Of these ten, three were/became homeless.

The majority of dealers in the study were male and Latino, but also included Whites and African Americans. Dealers tended to be from working class families; lived alone or with friends, significant others, or family members; were recently unemployed; and were residing in boroughs in the surrounding Manhattan area. Whereas in the past, the majority of these dealers had a job besides selling drugs, because of the economic recession, drug selling had become their only source of income. The most often cited reasons for drug dealing provided by these respondents were for money, to pay rent/for housing, for drugs, to get friends/sex partners, and for extra cash.

Among New York City respondents, the most prevalent drug distribution role was middling. Middle man roles overlapped with runners and sex worker drug distribution roles. Following this, were delivery/service dealers, and" weight dealers"/importer. Importers, called weight dealers were ounce level dealers that smuggled quantities (usually several ounces at a time) into New York City from California or the Mid-West. They engaged in mostly delivery sales and often utilized layover spots that were located in Manhattan (e.g. public and private locales). These dealers did not "front" drugs and sexual identity may/may not be an important as a basis of trust and membership. Door to door delivery service

dealers sold methamphetamine for retail by delivery or pick up to other dealers or users in quantities varying from 1/2 ounce to “points” (0.01 gram). Sex worker dealers were mostly MSWMS that trade sex for drugs and money. Sex worker dealers in the study operated as cultural brokers between straight dealers and MSM buyers in the selling of methamphetamine to clients purchasing MSM sex that included new initiates.

The present study found that methamphetamine distribution occurred both outdoors and indoors, at clubs, and through door to door deliveries by dealers that communicated via cellular phones. Door to door and delivery based sales to gay professionals and clubbers, however, have largely replaced the open air markets characteristic of the 1990s in which methamphetamine was sold along with other drugs at clubs and raves. One feature of the club and drug market was that dealers competed with one another for sales without an established customer base, for instance, with the branding of ecstasy allowing sellers to draw on the way the drug appeared (i.e. the color, shape, pressed pill label) to distinguish their product.

Whereas distribution at clubs was regulated by the temporal and spatial dimensions of the club, including the physical layout, operating hours, and the level and type of security operations including bouncers and cameras, distribution of the drug by door to door sales persons was regulated, for instance, by perceived beliefs about police practices, including beliefs about times of the day that were more or less risky to sell. For instance, according to a methamphetamine dealer in the study:

> *NYC Dealer:* It is more risky to sell after 8pm and around 3am to 5am are not good selling times. The best times are when the streets are busy during rush hours.

And according to another New York City methamphetamine dealer, the most risky times to

sell are during the times when police are believed to change shifts:

> *NYC Dealer:* (The worst times are) when police are on the streets around mid-afternoon and around 7pm. It's better to begin travelling when they are changing shifts which is right around 5 or 6 pm.

As a risk reduction strategy to thwart detection by law enforcement, operating during "rush hour" times when the trains and streets were crowded with persons going to and leaving work were the best time for making distribution rounds since dealers were less likely to be identified, searched and stopped by police. Following the 911 Twin Towers tragedy in New York City and the deployment of law enforcement and army personnel in the subways and on the trains who were granted the rights to stop and search passengers, drug dealers have adapted their style of dress to minimize detection by wearing clothing that is similar to professionals including business suits and ties.

Although not based on a representative sample, methamphetamine distribution among New York City respondents was characterized by predominantly free-lance sellers. According to this 'ideal type' model of distribution, drug sellers at all levels cooperate voluntarily to distribute a particular amount and type of drug (Johnson et al. 1992). According to the authors, in this model, "all parties develop terms of agreement (how much money or drugs) for particular transactions. If transactions occur successfully, they may negotiate similar arrangements on a more regular basis". There are no expectations for continued cooperation and over the course of several months an individual may have several different partners. Freelance distribution also entails endless variations in the amounts of drugs provided, prices charged, specific arrangements and duration of partnerships (Johnson et al. 1992).

Although all dealers in the study were methamphetamine users, many reported minimizing both individual drug consumption and the sharing of drugs with others (e.g. buyers, boy/girlfriends) as a means of increasing profits and reducing the costs of selling. Defraying the costs of selling methamphetamine through non use or minimal use of the drug were strategies discussed by some dealers seeking upward mobility in the illicit drug market. For these sellers, business relationships took precedence over social ones and non use of the drug was often an initial strategy reported by dealers seeking to enter the market; established dealers often reported minimizing their drug intake as a means of establishing credibility with buyers and sellers.

Dealers in the study typically operated on a cash only basis with other dealers and rarely on a credit basis. Competition between dealers occurred through competitive pricing strategies and partnerships were often formed as a means of providing access to lower prices and a steady drug supply.

For methamphetamine dealers in the study, drug pricing practices reflected expectations for behavior and conduct norms arising from the particularistic mode of freelance distribution found among New York City respondents in the context of low availability. For instance, according to a freelance half ounce methamphetamine dealer in the study:

> *NYC Dealer*: I charge clients as much as I can. From now on, no more Mr. nice guy. It's all about survival. I'm ruthless. Except when it comes to certain people, who I give breaks to, since I have become friends with them, everyone will pay top dollar. It's all business relationships. Even (NAME User1) wanted to start getting deals and I saw (NAME juggler) who wanted to start dealing –asked me to give him a deal and a few clients. But everyone else, fuck them. They want prices and me to smoke them out, with a bowl (of methamphetamine)?! Why do you think I do this? For my health? Of course it's about the money. And it was (Name User1) who got me into it in the first place. We used to go to clubs. I would drive him and his records to the

> club where he'd DJ. And he always promised he would give me a cut (percentage of his money earned from DJing), but never did. And it was him who first got me to try in and look now I'm selling it. And he forgets that. He doesn't call me now unless he wants something.

Some lower level 8-ball dealers reported difficulties forming partnerships with other free-lancers that refused to offer substantial quantity discounts for purchases of methamphetamine intended for redistribution (e.g. 8-ball, half ounce, ounce), which for those that consumed the drug they were selling, prevented movement to higher levels of distribution because of no profits or not enough money to repurchase drugs for resale. These dealers had difficulties maintaining a constant drug supply and a steady customer base and actively sought to avoid a negative reputation as an unreliable seller and competed for access to buyers and lower prices, for instance, by admonishing so-called profit driven dealers. This is discussed in the following vignette by an 8-ball lower level New York City methamphetamine dealer and a MSWM methamphetamine user as competition with a profit driven half ounce New York City dealer:

> *MSWM User*: So, anyways, my personal trip was where I started to break myself down (experience psychological distress)
>
> *NYC Dealer*: Yo, I really am myself down. In the end, I'm gona take a trip to Vegas or Cali to get some T (methamphetamine) real cheap.
>
> *MSWM User*: It's like $800 (dollars) for an ounce (of methamphetamine in Las Vegas or California).
>
> *NYC Dealer*: Imagine what we would do with that? We'll smoke it all up (laughs).
>
> *MSWM User:* Yeah. Ya think?
>
> *NYC Dealer:* Why, what would you do with it? Fuck that; you would sell it stupid! Like all these herbs that are fucking selling it, fucking (NAMES HALF OUNCE DEALER), they're fucking pricing it motherfucker! You have to be like yo, I'm sorry I have someone that's got it, (NAMES HALF OUNCE DEALER), you come

> you deal, you see him stop running the bridges, right, and yo (NAMES HALF OUNCE DEALER), I got someone (NAMES SELF, 8-BALL DEALER), whatever. You never saw me. Every time I saw him, I don't want his money, I don't want his numbers, I don't want his nothing. I want his- I just want his business for a quarter (1/4 gram of methamphetamine), whatever.

Dealers competed with other dealers for better prices and/or access to sellers with larger quantities for resale and lower prices. Since low availability is a characteristic feature of the New York City illicit methamphetamine market, free-lance dealers formed arrangements with each other so as to maintain a steady supply. Fieldwork indicated that competition between dealers for buyers occurred during lapses in drug supply at which time buyers would search for alternative sources of methamphetamine. Dealers attempting to enter or advance their position in the drug market took advantage of these gaps and cultivated associations with several drug suppliers. Forming multiple partnerships with dealers provided them with an opportunity to middle man sales and purchase larger quantities for resale during lapses in drug supply which may impact several dealers at a time. This is indicated by a methamphetamine dealer as follows, which reflects the dominant ethos among freelance distributers in the context of low availability:

> *NYC MSWM Drug Dealer:* I'm a businessman. It's like people fuck up cause they put all their eggs in one basket. So you walk down the street carrying your basket and all of sudden you trip and there goes all your eggs. The whole basket. It's gone. So what I do is I put one egg here and one egg there and another one there and then this one grows and I come back to it and look now I have something even greater and then if there's a problem with one, it's okay because I have something to fall back on. That's the problem, everyone wants to blame everything but themselves and that way you get nowhere. It's all about survival. Survival of the fittest.

In a drug market characterized by low availability, buyer dependence on drug dealers to sell their product promoted expectations for behavior which influenced attitudes,

values and conduct norms, as evidenced in the motives of methamphetamine dealers in the study for selling the drug, which were primarily economic and profit driven. These factors, in turn, fostered a subcultural identity among methamphetamine dealers which derived meaning from the act of distribution.

Dealers vied with other sellers for a market position by controlling access to drugs, drug supply and buyers so that low availability, which was a significant characteristic of the market, appeared as a characteristic of drug buying, selling and consumption itself. This thwarted buyers from shopping around among dealers since an increase in search cost was predicated on the notion that there was a limited supply out there already, a belief which influenced purchasing patterns and mediated relations between dealers that controlled access to buyers and suppliers which was established through face to face interactions, sex, and associations that were formed between sellers for these reasons.

According to New York City respondents, drug price operated as a barrier to entrance into the market and constrained upward mobility in drug distribution as well. Dealers actively sought to charge high prices that thwarted the movement of low level dealers and most dealers have been selling for a number of years and are established within the trade. According to research subjects, competitive pricing is a defining characteristic of methamphetamine distribution. Indeed, because of the distance from the point of production, New York City dealers face large lateral transaction costs at the point of importation.

Price Setting, Competitive Pricing and Variations in Illicit Drug Prices for Methamphetamine Reported by New York City Respondents

Fieldwork and interviews with New York City respondents indicated that methamphetamine prices[9] were as follows: $140.00, $150, $160, $180, $200, $240 and $350 per one gram. The difference between the highest and lowest price for one gram recorded during the study was $210.00. Observations of numerous drug sales indicated that the majority of one gram sales retailed at $160. Price markup was related to a variety of factors, including the relationship between the buyer and seller, the time and location of the sale, and knowledge about drug availability. Other factors that influenced price mark ups were the dealers' position in the market, including the number of customers, sales volume, amount of drug purchased for resale, dealer drug dependency, and overhead costs (e.g. travelling costs and risk), costs of living, having dependents (e.g. family members, boy/girlfriend, children), employing persons in drug distribution roles (e.g. sex worker/runners). With respect to the relationship between buyer and seller, price mark ups were related to factors including whether the customer was a "stranger", "friend", "business associate", and the risk of selling to an unknown buyer generally led to an increase in price. In addition, price markups depended on how long the dealer knew the buyer, the utility of

[9] Prices for methamphetamine sold at the retail level by respondents in the Los Angeles sample were as follows: $50 per gram, $ 80 per 1/16th ounce, $150 per 3.5 grams/per 8-ball. According to Los Angeles informants, although these were standardized prices, runners that were fronted drugs reported higher prices as follows: $160-180 for an eight-ball (3.5 grams) and $400 for a half ounce. $10 per point (0.1 grams).

the buyer to generate more clientele, the sexual identity of the buyer, buyer personal attributes, and economic factors such as the time of the day or month (e.g. when rent or other bills were due), and engagement or potential for engagement in sex acts.

Charging a Premium Price

The majority of New York City methamphetamine dealers in the study sought to charge premium prices for their drugs and utilized a series of strategies to exact high end prices from buyers. The majority of dealers sold methamphetamine at variable prices and few had stable prices for set quantities of methamphetamine for purchase which is typically associated with freelance distribution (Johnson et al. 1992). According to Anthony and Fries (2004), "variation in price per gram unadjusted for purity is only weakly correlated with variation in purity….however, price disparities tend to vary within a more narrow and consistent range than does purity disparity. "The dispersion of prices is also very high across time, place and purchase quantity. (142). What this means is that drug dealers, especially those in competition, have incentives for defrauding customers, for instance, through the dissemination of information (Anthony and Fries 2004) (e.g. about illicit drug prices, quality, or availability). According to the authors, specific tactics must be undertaken to overcome these difficulties.

Price Variations for Methamphetamine and the Buying and Selling of Diluted or Cut Drugs

Methamphetamine purity is highly dependent upon the skills and abilities of the manufacturer as well as other factors, including resources available, the manufacturing

environment, distribution infrastructure and varied market and enforcement factors (Cole et al. 2010). Among New York City respondents, price variations were often justified on the basis of variable quality/purity. The practice of diluting methamphetamine was reportedly widespread and according to participants, diluted methamphetamine was sold at lower prices than non diluted methamphetamine. Diluents are inert substances that are added to illicit drugs so as to increase the quantity by decreasing the amount of active ingredient (Cole et al. 2010).

This is discussed by a methamphetamine dealer in the New York City sample as follows:

> *NYC Dealer:* The cops keep on going after the manufacturing chemicals making it impossible to get the precursors needed to make the drugs, so that the quality keeps on going down. The crystal that comes from San Diego is being made a new way. They use these horse tranquilizers- not tranquilizers but something like that (MSM) and what they do is boil it down and add it while they are making it so that the crystal (methamphetamine) forms around it- the cut really resembles the crystal so the final product looks like crystal and actually each shard contains some of the crystal. But the only drawback is that it makes you tired, so you have to watch out for that.

Similarly, according to several Los Angeles methamphetamine dealers, drug quality has declined due to similar cutting practices. For instance, a Los Angeles methamphetamine dealer discusses a decrease in drug quality and purity as arising from heightened competition:

> *Researcher:* Can you describe the market and how its changed over time?
>
> *LA Dealer:* The market, well there’s a lot of competition in the market. I’ll tell you that. And there a lot of bad dope (methamphetamine) going around that people are passing off as good, they’ve become very good at making bad dope.
>
> *Researcher:* What do you mean? People are actually cutting it?

LA Dealer: No. It's coming that way already.

Researcher: So it's manufactured that way, or is it rerocked?

LA Dealer: Well, yeah I guess you could like re rock it like with alcohol and alcohol and acetone but it usually comes that way so it's already cut, so when you're buying like a pound it already has cut in it; it comes that way.

Researcher: What is it cut with?

LA Dealer: I have no idea. It comes with all kinds of chemicals that crystallize for one when they are dry and don't have any kind of taste hopefully and effect on your body. Like MSM is the biggest one.

According to the Drug Enforcement Administration, Methyl Sulfone (MSM also known as DMS Dimelthyl Sulfone or DMSO2) is being used as a cutting agent for methamphetamine. As a cutting agent for methamphetamine, MSM offers many advantages. Pure MSM is an odorless, white, crystalline powder that is highly soluble and mixes readily with most substances without leaving a residue. MSM usually is added to methamphetamine during the final stages of production. Methamphetamine cut with MSM often appears to be uncut because after the chemicals are combined and the mixture cools, the MSM recrystallizes, resembling pure methamphetamine.

Methyl Sulfone (MSM) is an animal feed supplement and store owners have been made aware of its use by illicit manufacturers of methamphetamine. It is unlawful to knowingly distribute MSM for illicit purposes according to the Drug Enforcement Administration (DEA 2002). Sellers of MSM claim that it is beneficial as a pain reliever and for animal and human connective tissue regeneration. Other supposed benefits for both animals and humans include the reduction of inhalant allergen reactions; relief from the symptoms of lung dysfunction; relief of leg and back cramps, muscle spasms, and general

soreness; improved overall health; and elevated mood (DEA 2002).

New York City respondents in the study sometimes "purified" methamphetamine believed to be diluted with MSM. The steps for removing the cut are detailed by a NYC methamphetamine dealer in a series of steps as follows:

> Steps to Remove MSM in Diluted or Cut Methamphetamine
>
> Step 1: Put methamphetamine that is to be "purified" on a piece of paper that is already folded in the shape of a triangle. Make sure the ends are closed (folded into each other) so that the methamphetamine sits on top of the paper without falling through or off of it.
>
> Step 2: Take a cup and put the paper with the meth on top of it on top of the cup. Bend the paper so it fits into the cup on the top.
>
> Step 3: Pour pure acetone (for nail polish remover) on top of the meth and let it sit for about 15 minutes.
>
> Step 4: The acetone and the cut will seep out and dissolve into the cup; what you are left with on the paper will be your meth. It will recrystallize without the cut and once dry this is good to smoke.

Acetone, which is a solvent found in chemical and pharmaceutical industries has been used in conjunction with cocaine, heroin, lysergic acid diethylamide (LSD), methcathinone, and ring-substituted derivatives of amphetamines and methamphetamines (SAPS 2011). The filtering out of the MSM cut is a street pharmacological practice that may have been adopted based on the methods used to prepare raw cocaine. According to several informants, including four dealers in New York City, "washing" the methamphetamine with acetone removes the MSM cut and some 'product' (methamphetamine) is lost (approximately ¼ gram per one gram "washed") depending on how long it is saturated for. The acetone also recrystallizes the methamphetamine so that it "more smokeable".

According to an online resource, MSM can also be removed from methamphetamine by placing the mixture on a glass plate and sublimating the dimethylsulfone over a steam bath (Bommarito 2000).

Concerns about purity and the increased practice of 'cutting' or 'diluting' of the drug were voiced through discourses pertaining to how methamphetamine can be 'tested' to determine the quality (relative purity). According to the majority of respondents, the best way to test the purity of methamphetamine was to smoke it and to observe the melting point of the substance(s) and the way that it recrystallizes in the pipe. The drug experience as part of social learning was learned through interaction with others who taught the user the proper ways to use it so as to minimize the risks by controlling their intake and regulating the drug high. Users learned and taught each other what to expect from the drug and how to use it so as to achieve the desired effects; for instance, users learned how to melt the drug in the pipe by controlling the intensity of the flame and the duration of heat application so as to achieve a 'proper hit".

For instance, a New York City methamphetamine user claims:

> *NYC NIU*: You can test the purity of the crystal to see if there is any adulterants in it- crystal and the cut won't have the same boiling point if it's not a homogeneous mixture…(you can also) heat it to see the consistency, how it runs (how it melts in the pipe). But with the boiling point test, if it is cut you can see it because the boiling point of one will be higher or lower so part of it will liquefy first and sizzle or all of it will liquefy and you will have leftovers. I don't smoke hydrochloride crystal because it is a waste; you can't turn it into vapor, you need a specific temperature. You need to heat it a lot but it's hard to control at this point and you are destroying the compound and paralyzing it; you get a lot of vapor but you destroy half the product.

Dimethylsulfone (MSM) is much more volatile than methamphetamine, sublimating at 90-100°F (35-38°C). Sulfur oxides and other poisonous gases are produced by burning

dimethyl sulfone (DMSO2) (Furguson 2004). Indeed, a large percentage of drug users as well as dealers do not have access to information about the purity of illicit substances that they are buying, selling and consuming. Often, when making a purchase, the buyer will utilize the dealer as a point of reference about the product. Or, if the product is branded or has been marketed by other drug users, a buyer may make a purchase based on this belief.

Respondents distinguished between different types of methamphetamine and had their own argot for describing methamphetamine believed to be of a relative purity or quality. In addition to beliefs about purity and quality, different 'types' of methamphetamine were also distinguished on the basis of: appearance, color, beliefs about manufacturing processes, methods of administration, water solubility, melting point, density, and how it is distributed.

New York City respondents related the observable characteristics/form of the drug with beliefs about its authenticity and proper ways to use it. Beliefs about the characteristics/ form of the drug which were associated with different methods of administration were based on beliefs about the particular type of manufacturing process. In the following vignette, a methamphetamine user in the New York City sample distinguishes between "crank" and "crystal" based on beliefs about the manufacturing process, including precursor chemicals, and expectations about how the drug should be administered.

> *NYC Non Injecting Drug User (NIU):* I first did crank which is what they made in a bathtub which is basically the same chemicals, which basically is the same as crystal meth, but crank is red phosperous, ephedra, not pseudoephedrine, which is made with mini thins; this is basically how it originally started so you take the three base chemicals, which is red phosphorous mixed with iodine crystals, and ephedra or pseudoephedrine, depending on what your gona use it for, you take those three, cook them, you create a rainbow, the reaction creates a rainbow *just like everyone can cook in their pipe* (author's own emphasis) it creates a rainbow, like when you make it cause the smoking billows, it creates a spectrum of red, and it's a rainbow.

Therefore, crank is like the dirtiest version of it.

The usage of the term “crank” for methamphetamine became popularized following the 1965 amendments to drug laws regulating amphetamines due to misuse of the drug by injectors, which drove production underground. Motorcycle gangs in the San Francisco Bay area began producing illicit methamphetamine in labs and dominated distribution on the West Coast. The term “crank” is derived from the way that biker gangs reportedly stored the drug during transportation and distribution, which was in the crank cases of their motorcycles (Meredith et al. 2005).

According to the above informant, “crank” is of a lower quality than “crystal”, which he defines as:

> *NYC NIU:* Crystal meth is the purified hydrochloride of the three base chemicals which is red phosphorous, iodine, which is a tincture mixed with hydrogen peroxide, put in the freezer mixed together. Then you get ice.

During the 1980s, the shift in manufacturing methamphetamine from P2P which produces a lower quality mixture of Levo and Dextro methamphetamine to the ephedrine reduction method which produces higher purity Dextro Methamphetamine, labeled “ice” was accompanied by a trend towards smoking. In the research literature and in governmental reports, smoked methamphetamine is often referred to as "ice" or "crystal methamphetamine” (DASIS 2005). Indeed, there has been much confusion over the term “ice”. United States drug law classifies “Ice” as “a mixture or substance containing d-methamphetamine hydrochloride of at least 80 percent purity” (Morris 2009).

The term "ice" originated in the Far East as the result of synthesizing large crystals of methamphetamine through the ephedrine-reduction method (Corwin, Los Angeles Times

October 8, 1989). "Once the methamphetamine HCl is produced, making ice involves 'a process analogous to making rock candy out of sugar. The methamphetamine HCl is slowly added to water, heated to 80°C to 100°C until a supersaturated solution is obtained, and the slurry is then cooled. The pure HCl salt of methamphetamine, also known as ice, precipitates from this'. Isopropanol has been used as a solvent in place of water. The many variations of this process result in an unreliable removal of impurities. Unlike cocaine HCl, methamphetamine HCl is volatile and can be smoked, whereas cocaine must first be converted to pure cocaine alkaloid, commonly called crack (Cho 1990).

"Ice" is regarded as "a smokeable form of methamphetamine" which is a large, usually clear crystal of high purity that is smoked in a glass pipe like crack cocaine (Narconon 2007). The smoke is ordorless (ice) and when heated in a glass pipe and cooled, it "recrystallizes" producing a residue that can be resmoked. The effects of high purity "ice" reportedly last for 12 hours or more (Narconon 2007). According to testimony by the Drug Enforcement Administration (DEA), the addition of the slang term "ice" to label crystallized methamphetamine hydrochloride, has promoted smoking as another mode of administration; "Just as "crack" is smokable cocaine, "ice" is smokable methamphetamine"(DEA 2011).

New York City respondents neutralized the stigma of smoking methamphetamine through classifications of drugs and specific drugs, including methamphetamine, which reflected beliefs about drug use, specific drugs, and acceptable forms of drug behavior learned through interaction with drug subcultural groups and experienced methamphetamine users. Drugs were classified in a taste hierarchy which was a moral discourse that distinguished between "hard" versus "soft" drugs and differentiated methamphetamine from

crack which was stigmatized as a drug associated with the lower classes. The subcultural classification of methamphetamine as a "club drug" evoked the values of the drug subcultural group and the meanings and symbolic role of the drug in communicating social mobility, class position and group identity were derived in part from the cost of the drug compared to other drugs in the illicit market (e.g. cocaine). The availability of methamphetamine and its scarcity situated the drug in a hierarchical classification of drugs and types of users, which defined the pursuit of methamphetamine consumption through opposition between "the tastes for luxury (or freedom) and the tastes for necessity" (Carrier and Heyman 1997).

Drug use is embedded in cultural practices that lend meaning to the drug experience. As the novice interacts with more experienced users, shifts in identity occur as users develop motives and rationalizations for their behavior learnt through interaction with the drug using group (Becker 1973). As noted by Manning (2007:17), "it is the language, symbolism and culture within which drug consumption is embedded that is of prime importance to the researcher".

Respondents questioned the dominant hegemony of the moral regulation of deviancy and neutralized their own sensitivity to adverse stereotypes through a discourse which shifted the power and authority to define and classify drugs from the society to the user. For instance, a New York City methamphetamine neutralizes the stigma of smoking methamphetamine through a discourse of taste and hierarchy of drugs as follows:

> *NYC User:* Methamphetamine Hydrochloride is usually for smoking because its hydrochloride, not like crack, it- it is in rock form and you can smoke it. You can smoke other types too but it's not as good. Shards are the best. That's what's called glass or gliss. It's like ice.

A list of slang terms for purported “smokeable forms” of methamphetamine in the literature is provided by Kayode (2008) and includes the following: crank, crypto, crystal, crystal meth, meth, quill, speed, tweak, white cross, and yellow bam. As noted by Johnson et al. (1992) for crack, argot (street language) of crack selling is complex, imprecise in meaning, constantly changing, and varies by city, or even within areas of a city. Participants in both the New York City and Los Angles samples had their own argot, and utilized different terms to describe/label methamphetamine. I have included a list of terms commonly used by respondents to refer to methamphetamine. Geographical differences in the usage of these terms were found. Terms for methamphetamine utilized by New York City respondents included: Tina, T, Crystal, Crystal Meth, Meth, Shot, C, Crissy, Christine, Glass, Glizzy, Gliss, Shards, Rock, Stuff, Blue Stuff, Lithium, Pink Champagne, Black Ice, L.A. Glass, Pure, Crank, Rocket Fuel, Girl, Bitch, Tweak, Twack, Trick or Tweak, Crankster, Crankenstein, Sketch, Shades, Shadow People, Speed Freak, Freak, Clear, Pure, Cloud, Amber, Fire, Wet, Crink, and Work.

Terms were also used by New York City respondents, including dealers, to refer to unspecified quantities of methamphetamine and small amounts of methamphetamine were sold by low level sellers to buyers without sufficient funds to purchase specified weights (e.g. of quantities such as ¼ gram, one gram), and/or were given for free for various services (e.g. sex work, middle man, runner), and/or sold at public locations such as clubs and afterhours where buyers were unlikely to weigh the drug and consume on the spot. The following terms for unspecified quantities were noted during research: $20 bag, Point, Shot, Rock(s). A $20 bag usually contained one small rock or approximately 0.1 to 0.15 grams of methamphetamine. A “point” was equivalent to 0.1 grams of methamphetamine which

typically sold for $20 dollars. A “shot” referred to a ‘hit’ of methamphetamine from a syringe which contained approximately 0.1 to 0.15 grams of substance (methamphetamine) diluted in water for injection. Rock(s) varied depending on the size, density, and number being bought or sold; for instance, three rocks weighing 0.4 grams sold for approximately $100 dollars, which was the average price for 0.5 grams of methamphetamine. Rocks were usually sold to smokers who preferred this form. Since it is an illegal drug, methamphetamine is not subject to taxation by the government who cannot regulate its retail price. Instead, the government must rely on strategies such as arrests of producers, dealers and users and control of precursor chemicals to influence drug prices (PIRE 2008). According to the authors, the underlying assumptions are that increased enforcement will raise costs to drug suppliers and dealers and that these additional costs will lead them to reduce the quantity of drugs offered for sale in markets and thereby drive up prices.

According to the majority of New York City methamphetamine dealers in the study, low drug supply and a dwindling customer base necessitated selling in smaller increments in order to sustain business. Indeed, 89% of New York City participants (N=35) reported a decrease in availably of methamphetamine since 2009. Selling in increments such as in four 1/4gram amounts (approximately $60 each ‘bag’) to equal one gram (***a single sale*** of one gram sold individually as four separate units in bags containing ¼ gram each) sold retail to buyers without offering quantity discounts was one strategy reported by New York City dealers in the study seeking to increase their profits. For instance, a New York City dealer claims:

> *NYC Dealer*: An ounce is $1800 a pound is $3600 (at point of import). People will resell it here and get $l800 for a half (ounce). Like one rich gay guy, he paid me that for a half (ounce), that’s like over $600 a ball (eightball

or 3.5 grams). He paid in four installments.

According to the above mentioned dealer, he frequently sold methamphetamine to buyers seeking to purchase larger quantities (e.g. 3.5 grams/ eight-ball) at inflated costs by dividing up the quantity for resale into smaller, separate units and refusing to offer quantity discounts for 'pre-packaged' amounts. Indeed, in illicit drug markets characterized by both low drug supply and low demand, the costs are often passed on to the users.

Methamphetamine which is produced in clandestine labs can come in different forms, sizes, colors and shapes (DCPC 2004). According to the authors, powdered forms of methamphetamine vary from pure white to brown and even orange or purple. New York City respondents utilized a variety of terms when referring to methamphetamine. These names included terms describing its consistency, effect, and color and were related to different methods of use.

It is often very difficult for dealers to differentiate their commodity in illicit drug markets. Dealers rationalized differential pricing and the selling of differential quality/purity methamphetamine on the basis of beliefs about methamphetamine manufacturing and branding was a marketing strategy used by some sellers to establish the quality of their product. Research subjects reported minimal quantity discounting and the selling of variable priced diluted and branded methamphetamine by methamphetamine dealers was also reported.

According to Cole et al. (2010), several studies documenting patterns of 'cutting' and adulteration have shown that changes in cutting or adulteration of illicit drugs may be due to customer preferences (e.g. de la Fuente et al. 1996; Furst 2000). Other studies have

noted that specific cuts or adulterants may be added to drugs specifically to facilitate smoking, and that administration of these drugs via another route (e.g. through injection) may cause adverse health effects (Eskes & Brown, 1975; Furst, 2000; Risser et al., 2007). Cole et al. (2010) argue that documentation of the 'cutting' of illicit drugs and associated drug use practices and beliefs are essential and should be disseminated to treatment service providers, emergency services and other relevant organizations who can be of use in spreading health messages about the potential health consequences when these substances become available amongst injecting drug users (Cole et al. 2010).

For instance, another way that respondents distinguished among varieties of methamphetamine and determined the relative quality (perceived purity) was based on descriptive differences in the appearance of the drug when smoked.

Blue methamphetamine and Black methamphetamine were two brands of high quality methamphetamine discussed by respondents. Unlike other types of branded methamphetamine (e.g. "Pink Champagne" and "Strawberry Quick")[10], these two brands of methamphetamine did not appear a different color until heated in a glass pipe. When asked if this was a marketing ploy, a New York City methamphetamine user in the study responded:

> *NYC User:* It's not sold that way, it only turns it once you smoke it so what that means is that it must be reacting in the pipe so they must've messed up along the way somewhere. I think its excess lithium.
>
> *Researcher:* Why do you think that?
>
> *NYC User:* Because one time my dealer came over and he always gets that type and put water in his pipe after putting the Tina (methamphetamine) in and I was like

---

[10] "Pink Champagne" and "Strawberry Quick" are examples of branded methamphetamine. These brands of methamphetamine appear pink and Strawberry Quick has a sweet versus bitter taste (see Lineback 2007).

> what the fuck are you doing and he said look, the meth was floating in the pipe. I couldn't believe it because meth is water soluble. I know lithium is a heavy metal so it's probably because of excess lithium. This is the blue (methamphetamine).

According to alt.drugs, which is an online newsgroup dedicated to blogging about illicit drugs, "blue methamphetamine" is evidence of contaminants produced during manufacturing. This is indicated in the following posts:

> Posted by: mmeetthhhheeaadd
>
> "Hey all. Can someone tell me what's "wrong" with crystal that turns blue when it's melted & smoked?! Thanks in advance".
>
> Postedby:Shaggy Jan.2002
>
> "My theory has always been that any blue is leftover elemental iodine that wasn't properly removed from the meth after it was made. Pure liquid elemental iodine is deep blue, and many people currently use iodine crystals, aka hydroiodic acid in making meth. If one didn't know the exact amount of HI to use and/or one didn't recrystalyze the final product, one might end up with some iodine 'cus the H would be used in the reaction, leaving I (iodine), as I understand it. Just a theory. Dunno what smoking iodine to or for you".
>
> Posted by: CNK89 Jan. 27, 2002
>
> "All in all, I have seen it too... In California. My friend brought it over and was telling me how cool it looked... He was all Jazzed... let me tell ya. But anyway, I guess it was because it wasnt cooked correctly, and that fool (my friend) was laughing at me, but later found out I was right... but it still got you high, believe me... just aint as good".
>
> (posted January 26, 2002, retrieved October 1st 2008):

Research has indicated that methamphetamine will often vary in color (when smoked) based on the presence of various by-products (Society for Public Health Education 2007). According to a methamphetamine dealer in the New York City sample:

> Dealer: With Blue methamphetamine, the blue color is due to an excess of lithium produced as a by-product of the Birch Reduction.

Several New York City dealers marketed “blue methamphetamine” as high quality methamphetamine and it was sold at a higher cost, for instance, at $180 per gram versus $150 per gram by a reported seller. This is a price mark up of 20%.

Other ‘types’ of methamphetamine distinguished in this way by New York City respondents were “clear” and “amber”. The term “clear” was derived from the way the methamphetamine appeared in the pipe when smoked; once lit the methamphetamine would recrystallize to produce a “clear” white mass or “puddle” of the drug that was again resmoked. “Amber” methamphetamine produced a brown “puddle” in the pipe when smoked. To the naked eye, both “clear” and “amber” methamphetamine appeared similar to study participants and users could not distinguish between ‘clear’ and ‘amber’ until the drug is smoked in a pipe. “Clear” methamphetamine is believed by respondents to be of a higher quality (perceived purity) than “amber” methamphetamine. This is consistent with the findings of other ethnographic researchers for methamphetamine (Strathdee et al. 2008).

According to New York City respondents, the local methamphetamine market was a bifurcated market with low purity methamphetamine purchased by some dealer users for resale at clubs and to injectors and MSMS that use the drug for sex that are likely to perceive drug quality from the set and setting, and high purity/quality methamphetamine purchased by other methamphetamine dealer users for resale to smokers which was sold at variable prices. For instance, New York City dealers marketed different brands of methamphetamine, including “clear” and “amber” to customers based on their preferred method of administration.

"Clear" methamphetamine was marketed towards smokers under the guise that this brand of methamphetamine was "good for smoking" and according to a New York City methamphetamine dealer in the study, "smokers like this type". Methamphetamine users believed that "clear" methamphetamine was of a higher quality and "purer" than "amber" methamphetamine. "Amber" methamphetamine was marketed by dealers towards injectors using the same marketing ploy mentioned above for smokers. They told customers that this was "good for slamming" and that that "injectors like it". Research has indicated that colored methamphetamine contains more contaminants than "clear" methamphetamine which are harmful to injectors (e.g. Strathdee et al. 2008).

According to several dealers, "amber" methamphetamine was indication of methamphetamine that was cut with MSM (Dimethylsulfone). The marketing of two different brands of methamphetamine based on differences in purported quality and beliefs about how it should be administered was a marketing strategy used by dealers in the study in what can be considered a "two tier market" based on differences in price and quality.

Overall, the majority of New York City respondents (N=35) when asked about methamphetamine quality, reported that methamphetamine quality/perceived purity was high (63%) and variable (37%). Variations in quality were reported over time, with an increase in quality reported since 2009. Variations in quality were also reported depending on the specific dealer, the characteristics of methamphetamine (e.g. "blue" and "black" methamphetamine were "high quality" and "clear" was believed to be of a higher quality than "amber", and form, with methamphetamine in rock form perceived as being of higher

quality than powdered form).[11]

The subcultural transmission of ideas about drug quality/purity were communicated by respondents in a discourse about specific types (e.g. rock versus powdered form) and brands (e.g. "Blue methamphetamine, black methamphetamine, and Pink Champagne) of methamphetamine, which along with beliefs about manufacturing discussed in Chapter Three, were strategies and tactics for establishing authenticity as a buyer and seller during drug transactions. On the one hand, these tactics were marketing strategies that were wielded by dealers competing for steady clients which allowed them to charge premium prices. Rather than cultivating a buyer base through tactics such as providing drugs for free on credit to buyers, reducing the cost or increasing the quantity at a loss to the dealer, these strategies did not increase the costs of distribution.

Notwithstanding the importance of precursor regulation on the manufacturing of methamphetamine which may influence purity (see Dobkin and Nicosia 2008 for a discussion of the effects of methamphetamine related legislation on drug supply, including price and purity[12]), beliefs about quality and perceived purity were significant for New York City methamphetamine users in that it provided a rationalization for variable pricing. Buyers based their decisions on brand names and referenced dealers and other buyers about the quality of the drug and effects, which were communicated by word of mouth and in online forums dedicated to the consumption of illicit "club drugs". The documentation of

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[11] The majority of Los Angeles respondents reported fluctuations in quality and average quality. A decrease in quality was reported over time.

[12] According to Dobkin and Nicosia (2008), the government's effort to reduce methamphetamine supply by regulating precursor chemicals utilized in drug manufacturing successfully limited drug supply. Utilizing data sets on price and purity for California, the authors found that prices returned to the pre intervention level within four months, and purity, hospital and treatment admissions, and arrests were at their original levels within 18 months (Dobkin and Nicosia 2008).

the buying, selling, and consumption of diluted and/or branded methamphetamine are essential to health care workers, emergency department personnel, and drug counselors seeking to reduce the individual risks for methamphetamine users.

Other Sources of Price Variation: Middleman Sales, Club Sales and Out of Town Buyers

Variations were found in price and, in general, middle men charged premium prices. Buyers located outside of the city often used middlemen as did club goers. Typically buyers located outside the city were clubbers that sought to purchase methamphetamine on the weekend before attending a club or while "cruising" for sex. Methamphetamine users located outside of New York City faced numerous difficulties as they endeavored to purchase methamphetamine. Price variations and the consequences of seeking out heroin in New York City for heroin abusers in small metropolitan areas (SMAs) and non-metropolitan areas have been documented in the research literature (Furst et al. 2004).

Some of the behavioral and geographic consequences for methamphetamine users located outside of New York City are difficulties revolving around vehicular travel, length of time, finding a reliable dealer, and negotiating the drug transaction. Low drug availability and being geographically distant from New York City where methamphetamine is sold allowed dealers to charge these buyers a premium for methamphetamine. A methamphetamine user from out of town discusses the difficulties related to vehicular travel

below:

> *MSWM User 1*: And that's why I said when we were driving (Manhattan neighborhood)-town I'm thinking I'm just getting fucked over, going to (Manhattan street), I don't give a fuck. Whatever their agenda is, I don't want to be involved in it.
>
> *MSWM User 2*: Where were you guys going?
>
> *MSWM User 1:* I don't know, to a friend, a friend. A dealer, a fucking (inaudible) cause I didn't start thinking no yet. I thought it was just to go running around, just to do them a favor like I had did once which was the biggest mistake ever. It was fucking raining and I had to drive all the way to (Manhattan street address) and was like are you kidding me. And he gave me 5 dollars, 10 dollars after he destroyed my car, jumped in, anyway that was this situation. The passenger was moving things around; the passenger was talking about irrelevant subjects. Was going through my belongings. Was rearranging my glove compartment and my center back, my centerpiece, which really bothered me. And after that stops, then he starts- I figured he ran out of things to say, that's where the whole mindset starts because and I go cuckoo like this for, because I'm thinking that I'm crazy, because he starts saying things that are silly, that aren't silly, like that, this is to get me to think, to not think, while he, while (MSM methamphetamine user-middleman) was on the right. He's on the right. He's down behind the seat he's (mumbles as if to imitate him talking) well, that's the last time I go on this freaking, I feel like I'm hijacked in my own fucking car, this big black man, (lowers voice to imitate middleman) He's like (Name middleman) "you're taking me there, I'm sorry" and what if I don't, what your dicks going in me, what is it over?

A significant amount of time was spent by out of towers seeking out methamphetamine and as indicated in the above vignette, difficulties locating and purchasing methamphetamine fostered uncertainty among some buyers seeking to engage in MSM sex, which reveals how the context of buying and selling can structure the mind-sets of individuals engaging in drug and sex transactions; for instance, power and status in drug and sex transactions depended on who provided the drugs and paid for the services.

Buyers from outside of NYC located in Staten Island or New Jersey would pay a premium for methamphetamine and often utilized middle-men to make purchases if they did

not have a ‘connection’ or if the dealer was not around at a specific time, such as after work or on the weekend when they travelled to the city for drugs and sex.

These buyers would pay $240 to $350 per gram and $60 to $80 per quarter gram. The middle man would receive a taste or one quarter gram for every gram sold or $20 dollars and $10 or a point (0.1 gram) from every quarter gram sale and 0.25 grams for the sale of every one-half gram. These were the amounts typically purchased by out of towners.

Living outside of New York City made it more difficult for buyers to locate dealers which required time and effort in searching for better buys. In the words of a MSM out of town buyer in the study:

> *MSM User:* I don’t mind paying more as long as I receive the specified amount and don’t have to rely on someone else to set it (the deal) up.

And according to a methamphetamine user,

> *User:* My role in New York City is as a bottom feeder, I am very happy to be a bottom feeder and pay top dollar for my drugs. I don’t give a shit about making money.

Another out of town buyer states:

> *User:* I’d rather pay more ($240) than ride around with (middleman) looking for someone with methamphetamine and then get there and he doesn’t have it and then this person is trying to get me to drive all the way across town to meet another dealer who may or may not have stuff on him. I spent over 3 hours one day driving around with (middleman) trying to make a purchase only to wind up with nothing 6 hours later. And all he’s trying to do is to get a hit.

Middle men were deemed unreliable and they often “skimmed off” the tops of bags before selling it to the buyer. According to a MSM methamphetamine user in the study from out of town:

> *User:* If I'm paying these prices ($240 per gram) then I am going to get what I paid for. I'll bring my scale with me and have him add more in if it's not correct. I make sure because they try to, think I won't notice.

In addition to paying a premium price for methamphetamine, which compared to observed transactions was approximately over $80 dollars more than the standard price for a single gram (at $160 per one gram of methamphetamine), indicating a mark-up of 50% or more, those seeking to buy illegal drugs must "accomplish a set of role performances disguised to conceal the illegal transaction from police and other non-users" (Johnson and Golub 2007: S20). According to Johnson and Golub (2007), this may involve the correct use of local argot, or the utilization of "go-betweens" or lower level dealers who are responsible for the money and drugs but not both. The use of "go betweens", which often included MSWM sex worker dealers, makes it so that the buyer and seller never directly meet. However, as noted by the authors and as indicated during research, a great deal of time may be spent by a potential buyer searching or subsequently waiting before the transaction is complete. In sum, "completing an illegal drug transaction can be potentially time consuming and difficult- in addition to being expensive, especially for the novice" (Golub and Johnson 2007).

For most New York City respondents, interactions with the police were minimized through insulation within geographically advantaged commercial and housing markets (centered around Chelsea, Manhattan) and participants sought to maintain low visibility. For example, New York City respondents reported that they tended to buy methamphetamine from the same person rather than from different sources.

Indeed, methamphetamine users, as do most drug users, want consistency. Dealers

that sell their drugs at a standardized price for a standardized quality will have the advantage in the market unless there is a disruption in either price or purity.

According to a methamphetamine user in the study that has been involved in the New York City methamphetamine market for 15 years and has injected methamphetamine for 9 years:

> *NYC IDU:* The market has changed; there is always a state of flux where (the availability of methamphetamine shifts), some people use the same dealer. I was actually finding a real drought a while ago.

Finding a reliable drug connection was key for New York City respondents and methamphetamine users tended to utilize the same dealer if that person was consistent without seeking out other sources. A methamphetamine smoker discusses drug availability as follows:

> *NYC User:* I've had a regular one or two people (dealers) for a while….I keep to what I know and I don't look for other people. Or care about other people's business and it's a pain in the ass because drug dealers are always late…And, it's on *their* time, and it's usually not on time and it's a pain in the ass to count on people to whatever, but it's available. Like waiting for the fucker to get off the couch, or like waiting for them to wake up, it's not that it's not there, it's not here, it's just that, yeah usually if you want something that day you can get it, usually there asleep and when they go to sleep, they're asleep for like two days so whatever.

And a methamphetamine injector discusses how law enforcement was able to disrupt market supply by arresting only one dealer. He notes:

> *NYC IDU:* Well it depends on the person, like if you know a certain dealer…I ran into an old friend of mine that was just released from jail not too long ago… That I used to buy from and I thought he was a great person- was very reliable and very consistent. And once I ran into him again, I don't have any type of shortage. I don't have any problem getting any drugs, any crystal (methamphetamine).

Market size influences drug prices and in drug markets with low availability and/or high demand, drug prices tend to be high. Drug prices are thus lower in larger markets. Price “mark-up” or “the percentage difference between the selling and buying price” are greatest at different points along the supply chain which is the path that a drug takes from being produced to being consumed (Wilson and Stevens 2008). Methamphetamine is typically manufactured on the West Coast or Mexico and then shipped to New York City for resale, and New York City participants reported experiencing significant difficulties associated with lapses in drug supply. As previously noted, fieldwork indicated that New York City methamphetamine dealers formed alliances with each other so as to facilitate access to a steady drug supply. A methamphetamine dealer in the study discusses shifts in drug price as related to changes in drug supply.

> *NYC Dealer:* I think the markets changed. It seemed like there were a lot of people, like, but no more, not a lot of weight dealers, cause there really is no weight dealer. But, like everyone was, like getting eight balls, (inaudible) now prices for eight balls increased, everyone wants eight balls, for a price for eight balls and everything. People were charging a crazy price for a gram.

And a methamphetamine dealer balks at the death of another dealer living with AIDS which illustrates how perceptions of market dynamics, including drug availability and price, organize the activities of dealers and structure collective sentiments and values. Buyer-seller interactions and rituals of exchange reflected the economic value of drugs and dealers maintained business relations rather than social ties with clients.

> A half ounce MSWM methamphetamine dealer announces that he has some bad news about someone in the network (an older dealer) who passed away from AIDS. He heard from User 1 who used to go to his apartment to purchase drugs. The dealer that died, according to the half ounce dealer was getting ounces from him and he states that he hadn’t talked to him recently; that they had a fight. Last time he saw him, he sold him one gram of methamphetamine and was wondering why he hadn’t

> heard from him and this was what they were supposedly fighting about). The dealer claims that they had a good rapport and was wondering why he went elsewhere when he was giving him a good price. He told him (the dealer that died) that he expects that one should hold him up on a pedestal (since he has formed an alliance with him and is supplying him with a quantity of methamphetamine at a discounted price).

Unlike that found among most Los Angeles dealer respondents in the study that operated on a credit basis, New York City respondents claimed that "fronting" was rare. Dealers typically did not provide methamphetamine on consignment ("fronting") although fronting was reported in previous years according to several New York City respondents with extensive careers selling methamphetamine. This is discussed by a low level 8-ball New York City methamphetamine dealer in the following vignette:

> *NYC Dealer:* The whole business is around the pipe. I ain't trying to do evil because I could, you'll be tossing to (fronting to) niggas the whole thing got fucked. Everyone trying to (sell methamphetamine), you know, people learn to be their own mind; (once) you got everyone's (inaudible) take the first step.

For New York City dealers in the study, the main activities of methamphetamine distribution included making profits and accumulating capital and drug sellers in the study were motivated by competitive and instrumental goals. For the above mentioned dealer and others, non use of methamphetamine and non sharing with others (e.g. buyers, loved ones) was a means of defraying the costs of selling, for instance, in the context of low drug supply.

Dealers often noted difficulties associated with selling methamphetamine as related to low volume sales and it was not uncommon for methamphetamine dealers in the study to report having purchased a quantity (e.g. half ounce) of methamphetamine that they were unable to sell, which typically resulted in the incurring of debt and the consumption of

profits through personal use. This is discussed by a lower level New York City 8-ball methamphetamine dealer and a methamphetamine user in the following vignette:

> *NYC User*: And those guys with mad (a lot of) money, who is buying mad shit ('weight'/ large quantities of methamphetamine).
>
> *NYC Dealer*: Before (in previous years).
>
> *NYC User:* What does it take money to control their drug use?
>
> *NYC Dealer*: But they can't handle (resell) the weight (quantity of methamphetamine) anyways. Here try that (hands User a drink that he bought from the store).

Drug price, and having money for drugs, were found to be important determinants of social control regulating methamphetamine consumption and distribution.

Instability in drug supply operates as an important control over regular use, and is an indirect consequence of legal sanctions (Becker 1953). This occurs as through a disruption in access to supply. According to Wilson and Stevens (2008), established drug markets are capable of recovering quickly following the responses of law enforcement. Although based on a non representative sample, research subjects in the New York City sample noted significant disruptions following external shocks; for instance, according to an above mentioned informant, following the arrest of his source, it took him six months to find another one. Whereas no Los Angeles respondents reported having any difficulty obtaining methamphetamine, New York City respondents indicated that they often experienced difficulties obtaining methamphetamine and sometimes had to wait days or even weeks to obtain it.

Illicit drug price affects the quantity consumed, user characteristics and methods of

use. Increases in price have been shown to reduce consumption among current and neophyte users as well as deterring initiation. According to some New York City respondents, low availability, high drug price, and lack of money, reduced the incentives for participation in drug distribution and selling sex for money was an alternative source of income reported by some dealers. This is discussed in the following vignette in which a methamphetamine dealer that retails at the 8 ball level and a methamphetamine user that sells sex online discuss their economic situation and possibilities for survival and mobility within the drug trade:

> *NYC Dealer*: (referring to difficulties remaining in the market) Why you gona make me, make people-
>
> *NYC User:* Stay down (unable to enter the market/sell methamphetamine).
>
> *NYC Dealer*: Stay there.
>
> *NYC User*: I'm staying right here bro.
>
> *NYC Dealer*: You got people dying right there dog.
>
> *NYC User:* I mean you got to be fucking kidding me.
>
> *NYC Dealer*: Better wrap me tight boy cause I'm dying for what it's worth (about sex work).
>
> *NYC User:* You guys were so crazy like I was the only straight guy there.
>
> *NYC Dealer*: That's straight?
>
> *NYC User:* That niggas lying.
>
> *NYC Dealer:* Desperate. Just fuck the money out of the bed.
>
> *NYC User*: I'll be like (Sexy voice) uuuuh, yeah, I'm horny from Craig's (Listserv used by sex workers).
>
> *NYC Dealer:* Yeah, call me. I thought I saw three other missed calls, yeah. Yeah, I

heard he has a small dick, dog; he's been fucking calling me since I had (inaudible) business. Then he fucked me that night, he didn't know what to do. Same guy, great poser. Shoot 'em in, our liberty.

NYC User: I learned to just let go of my life, and screwed up, everybody wanted to gain the world, stay impoverished. And then you just let go and everybody's like he's turning (tricks). When it's one on one everyone knows what happens. The only one that I felt is trusting me and who do I trust, oh yeah!

NYC Dealer: Tell them to rise up.

NYC User: Thing is I like up, then I fuck the game (commercial sex/drug scene), make one crane cry (Craigs List outcall) and make fucking 40 dollars. I stand up and….It's like, if I could go crazy.

In a drug market characterized by dwindling sales volume and heightened competition, sex work was an alternative source of income for already marginalized New York City respondents including methamphetamine dealers and users. Selling fellatio for $40 online was one way of making money for men who have sex with men (MSMs) and men who have sex with men and women (MSWMS) such as discussed by the methamphetamine user above. "Crane Cry" was a nickname for Craig's List and in this vingette, the respondent is referencing making money online from selling fellatio for cash. This was recorded prior to the policing of the Craig's List website although other similar websites exist.

Indeed, economic difficulties were especially profound for dealers living outside of Manhattan who had to travel to communities such as Chelsea where buyers were located. These dealers were easily replaced by locally based sellers, which included users living in buyer communities that would make purchases for personal consumption and sell their drugs on the side for extra cash. These middle men dealers were characterized by dealers in

the study as aging affluent MSMs, some that were living with HIV/AIDS who sometimes were “sugar daddies” to less wealthy, often younger males. Dealers seeking to maximize their profits utilized strategies, including non quantity discounting and competitive pricing, as informal social control mechanisms aimed at reducing buyer based selling.

Premium Prices and the Selling of Methamphetamine by New York City Sex Worker Dealers

Buyers paid a premium price for methamphetamine and sex. Inflated drug prices were also paid by buyers seeking to hide their anonymity. Dealers would charge these buyers a premium for methamphetamine which was $240 per gram and even as much as $350 dollars per gram. The characteristics of buyers who pay premium prices are discussed by a dealer as follows:

> *NYC Dealer:* (Its) $350 a gram for some customers; mostly rich gay men. This one guy who I know is a (upper income job) and straight rich people too, financials and bankers, some who were once married, then got divorced when they came out and live with their boyfriend, drive a porche, and live that lifestyle. One guy, some guys have kids and they say they love their kids but hate their wife. And some who live with their wife and have a boyfriend, they just want to buy the Tina (methamphetamine) with no questions asked and don’t want me to tell their wife or anyone they’re gay.

In the context of low availability and low volume sales, dealers sought for new ways to exploit buyers. Dealers used strategies to compete for buyers including the marketing of drugs and sex and some dealers promoted themselves, for instance, by sending clients pictures of themselves naked prior to negotiating a sale which enabled them to charge a premium. Another strategy utilized by dealers who sought to charge a premium price for

methamphetamine was to perform sexually during drug transactions. Some methamphetamine dealers reported providing sexual services (e.g. foot jobs, nude massage, nude modeling, fisting) during drug transactions for money.

For instance, some MSWM and straight identified dealers in the study adopted the cultural meaning and symbolic role of methamphetamine for MSMs who used the drug during sex for their own instrumental, economic purposes in the context of few licit and illicit opportunities for making a living in New York City by utilizing their appearance and the fantasy of sex to sell their product. Dealers reported sending pictures of themselves naked to customers or sent them pictures of their penis prior to making a sale. This enabled them to charge a premium. This is discussed in the following excerpt taken from field notes by a New York City methamphetamine dealer:

> *NYC Dealer:* I have customers that will pay $240 a gram, the rich gay guys. I've got customers, the gay guys that will pay me to jerk off in front of them. My girlfriend was stripping but now it's harder for her to find work. I stay in good shape, take Roids (steroids) and growth hormone and tan. I want to get out of drug dealing and work as a bartender but need to get a license first, which costs money and with bills it's hard to save up for bartending school. I don't want her to go back to stripping again. It's kinda funny, the other day this gay dude he paid me to paddle his balls. Ha! $350. I met him at this kids place and he gave me his info. Sent him pics and met up with him, now got to re-up so I blew most the money already.

The need to sell methamphetamine, and at a particular cost, lack of money, and stigma associated with MSM sex, led some users and dealers to engage in sex for cash transactions, which was viewed as a legitimate source of income in a bad economy. New York City methamphetamine dealers had a variety of strategies for charging premium prices, including selling sexual services, selling the fantasy of sex and the use of sex workers in a variety of drug distribution roles. The marketing of methamphetamine and the

fantasy of sex and the marketing of drugs as a personal ad, were also strategies used by dealers to avoid detection by police.

An alternative strategy for exacting high prices was to "pitch" buyers by calling them prior to meeting up with them and offering them a discounted price for "being late" and then arriving there with an already inflated price beyond the market standard. Such instances of "tricking" buyers were necessary strategies of survival in the 'drought'. Dealers also competed with each other by utilizing touts who were would steer potential buyers away from dealers to other dealers for a taste by offering them sex.

Rationales for Selling Drugs Reported by New York City Methamphetamine Dealer Respondents

Indeed, the economic despair marred by rising levels of job loss and high levels of unemployment that characterized the formal economic sector in New York City influenced participation in the drug market. For dealers in the New York City sample, reasons for selling methamphetamine included regular use of methamphetamine, unemployment and sex seeking. As previously mentioned, the majority of dealers in the study were Latino males and most dealers tended to be male and from working class families; lived alone or with friends, significant others; were recently unemployed; and were residing in boroughs in the surrounding Manhattan area.

Sandberg (2008) illuminates some motivations for dealing drugs including: support of a drug habit, financial gain (as an alternative to low paying jobs), escapism, and a desire

for status and power. In the present study, economic gain took precedence as the most popular motivation for selling methamphetamine. For instance, half ounce methamphetamine dealers in the study reported a monthly income from drug sales of approximately $3,000 per month.

Whereas in the past, the majority of methamphetamine dealers in the study had a job besides selling drugs, because of the economic recession, drug selling had become their only source of income. For these methamphetamine dealers that had previously worked in the formal sector, alternative models of success were available (Fagan 1992), and like that found by Williams (1989), many viewed drug selling as a temporary occupation and reported intentions to return to licit work after obtaining some monetary goal. For instance, according to a methamphetamine dealer in the study:

> *NYC Dealer:* I sell to pay bills and help my girl out with rent. I don't really use the T (methamphetamine) that much at home, only when hanging out. Can't afford to. That's why I take G (GHB) instead that I make myself. The other day I passed out on the train, I G'd out (overdosed on GHB) and ended up in the hospital. They didn't know it was G though. But now I've got a big hospital bill that I can't pay. Got some clothes for (NAME methamphetamine user), he's been staying with friends. And got him a winter jacket. My girl doesn't like me doing drugs, she's (years old). Our place is getting really cramped. She's paying rent, bartending, and I've been trying to save up to enroll in the course. That's why I've been selling. I've got halves (0.5 grams of methamphetamine) for $100, sometimes I sell them for $120 or $130 or more. I want to get out of drug dealing and work as a bartender but need to get a license first, which costs money and with bills it's hard to save up for bartending school.

For the above mentioned dealer, who similar to other dealers in the study, was temporarily unemployed, selling methamphetamine was a means of supplementing income previously generated through licit work in industries such as construction, electrical work, service

sector work and other jobs that either disappeared or were substituted by cheaper laborers in the current financial crisis and residential boom. Respondents who had kin or household members to care for such as children or grandparents were especially vulnerable to the economic crisis in New York City which hit the working class people the hardest. Given the daily realities of joblessness and out of sheer economic necessity, those respondents from social and economically distressed neighborhoods were intent on utilizing their earnings from methamphetamine sales for basic living necessitates, including food and household goods, and for emergency care, instead of using the drugs for personal consumption.

In New York City, manufacturing jobs have declined steadily in urban areas for over 25 years and more recently the public sector and jobs funded by public spending such as social services which had provided inner city residents, especially African Americans and Latinos, with access to job networks and resources for entering the labor market have since become incidental due to municipal and state fiscal crises.

Researchers studying drug use and poverty have drawn attention to the differential rates of joblessness and social and economic dislocation which has periodically accompanied shifts in labor supply and demand. Kasarda (1992) argues that there has been a drastic decline in the demand for labor in jobs that do not require access to higher education and in neighborhoods of concentrated poverty; residents are systematically dislocated from those institutions which provide the skills and resources for entry into the vastly segmented labor market.

The declining entertainment sector in New York City and the gentrification of New York City nightclubs has further dislocated aspiring DJs, Rappers, Promoters, Producers, artists and other laborers that worked at and frequented raves and club events in New York

City during the 1990s and 2000s. As an adaption to living without basic necessities such as housing, involvement in the drug market provided an alternative means of garnering social status and economic income where other opportunities have diminished. For instance, economic uncertainty and strain are indicated in the following vignette by a methamphetamine dealer as follows:

> *NYC Dealer:* I am now working on setting up a recording studio so I can do more creative work at home. I just went shopping, (opening up the bags to display items purchased for himself and for his brother). And I just went to see my psychic (who) says I will be coming into a lot of money. I'm not sure what it will be from. I wonder if from drugs or the studio I'm setting up.

Barriers to exiting drug dealing were noted by methamphetamine dealers. Barriers to exit were related to poverty, drug dependence, homelessness, limited schooling, and above all having been arrested. In addition, as previously noted, methamphetamine dealers in New York City noted significant barriers to entry into methamphetamine distribution. For instance, a methamphetamine dealer in New York City claims:

> *NYC Dealer:* I used to run for this guy way back when and would make money that way, and had people who would front me cash for purchases, and I'd have enough to get a ball (eightball/ 3.5 grams) and didn't use, and just kept going like that until I could get a half (ounce of methamphetamine) and then full (one) ounce. But after being arrested, I came back in and didn't have any loot (money) and no one was fronting so I had to hustle (sell) other shit, stolen shit, computers and I would trade that for the drugs. It took me much longer to get on (start up selling methamphetamine) that way than before.

And a methamphetamine dealer in New York City from a low income neighborhood describes how he entered the methamphetamine market and began dealing:

> *NYC Dealer*: I started dealing by using my unemployment check to buy T (methamphetamine) and then went from there. I got robbed at first which set me back but I kept going, kept getting new clientele and building up relationships with different people.

And according to a methamphetamine dealer in New York City, getting arrested for dealing methamphetamine was a barrier to exiting drug dealing, which was noted by other dealers in the study as well:

> *NYC Dealer:* I started dealing by using money that I had saved up from work and then bought weight and started dealing from there. I got arrested twice, after the first time I lost my chance to work again legitimately and so that was that.

A former dealer in New York City cites his occupation as a truck driver and subsequent unemployment as a reason for entering methamphetamine distribution:

> *Dealer*: I was driving, you know, had that job in the trucking industry and was using crystal, they'd call it high speed chicken feed, and then I lost the job and after unemployment ran out, I had no money and was addicted so I began selling just to afford my habit. (Dealer has since passed away).

And a former methamphetamine dealer who began selling at raves and electronic music clubs discusses how she exited drug selling and has since had a baby:

> I was selling crystal for a long time, but when I got pregnant I stopped. I don't want to be one of those moms that you see on TV.

For the above mentioned dealer, who lives with relatives and has a steady income, exiting distribution was facilitated by her social structural position, internalization of mainstream cultural values, and social and economic support that other respondents, especially those in the Los Angeles sample, lacked.

Ultimately, the function and subcultural meanings attached to drug taking and related behavior were structured by beliefs developed as a response to social, economic, subcultural, and sexual marginalization in the urban scape. Globalization has increased the flows of both people and ideas across national and subcultural boundaries; by examining the

ideologies of buying, selling and consuming methamphetamine, one sees how drugs are selectively appropriated to create and articulate personal and social identities. The material conditions of existence and culture, along with historical and market forces, structure behavior, including decisions concerning drug consumption, expenditure, and distribution. As discussed in the next chapter, embedded in a different organizational and normative order, the behavioral manifestations of drug effects among Los Angeles respondents differed from that found among New York City respondents, and among Los Angeles methamphetamine users and dealers, subcultural attitudes and values, functions and meanings of drug taking, were contextually determined and reflected the material realities of social life and the immediate environment.

Chapter VII

The Social and Economic Context of Methamphetamine Use and Distribution among Los Angeles Respondents in the Street Drug Scene

Whereas in New York City, the local illicit methamphetamine market was characterized by both low supply and low demand, in Los Angeles, methamphetamine remained one of the most prevalent drugs of abuse. The Los Angeles' Community Epidemiology Work Group reported an overall decline in the number of new admissions to treatment from 2008 to 2009. Methamphetamine was one of the four major substances which along with marijuana (23%), alcohol (22%), and heroin (18%), constituted 19% of all treatment of admissions. Treatment admissions in 2009 remained stable at 2008 levels which was the same trend for alcohol. Latinos (56%) and females (45%) continued to constitute a larger proportion of methamphetamine admissions than they did for other drugs. Data on treatment admissions from Treatment Episode Data Set (TEDS), which is an annual collection of data on drug abuse and the demographic characteristics of substance abusers admitted to treatment, were not available for 2010 in California.

According that reported by the United States Department of Justice, National Drug Intelligence Center, in the Los Angeles High Intensity Drug Trafficking Area, retail distribution is primarily controlled by Latino street gangs affiliated with Latino prison gangs who sell powder and crack cocaine, Mexican black tar heroin, marijuana, ice methamphetamine, and PCP in the Los Angeles HIDTA region. According to the HIDTA report, African American and White criminal groups and independent dealers, prison gangs, OMGs (outlaw motorcycle gangs), and various other criminal groups and independent

dealers also distribute illicit drugs at the retail level in the region, although on a smaller scale (HIDTA 2010).

The seven main Mexican DTOs are the Arellano Felix Organization (AFO), Beltran Leyva Organization (BLO), Gulf cartel, La Familia Michoacán (LFM), Los Zetas, Sinaloa cartel, and Vicente Carrillo Fuentes Organization (VCFO). The DTOs maintain control over specific geographical regions in Mexico, which typically correspond to lucrative narcotics shipping routes. Most of these groups have been successful in establishing and maintaining criminal operations in California and across the United States. Mexican drug cartels also manufacture methamphetamine and marijuana in the United States and have expanded their operation beyond California to the Pacific northwest and eastern United States (Cook 2007).

Southeast Asian street gangs now represent the third largest group of active gang members in California. Gang members are between the ages of 8 to 30 and a few of the gangs accept females. The major Southeast Asian street gangs in California today include the Tiny Rascal Gang (TRG), Asian Boyz (ABZ), Menace of Destruction, Asian Crips, Loc Town Crips, and Vietnamese Boys. Other gangs such as the Wah Ching, Hop Sing Tong, and Crazy Town Crips are operating in northern California. Although smaller in size, these gangs are similarly violent. The TRG and ABZ are the two largest and most operational Southeast Asian street gangs in California. While these gangs are based in northern California, they are also criminally involved in southern California. Southeast Asian street gangs' main source of income is illicit drug trafficking. Some gangs are known for manufacturing, transporting, and distributing methamphetamine, ecstasy, and marijuana (Harris et al. 2010).

According to Los Angeles High Intensity Drug Trafficking Area (HIDTA), Mexican

ice methamphetamine availability in the region has increased due to rising production in Mexico in 2009. Increased methamphetamine availability in the Los Angeles HIDTA region resulted in lower wholesale prices and a decline in local methamphetamine production. Methamphetamine availability in the HIDTA region is expected to further increase if Mexican manufacturers can continue to circumvent restrictions on precursor chemicals required for methamphetamine production by smuggling ephedrine and pseudoephedrine into Mexico from Asian and South American countries (National Drug Intelligence Center 2010).

In the Los Angeles HIDTA region, there has been a significant increase in the availability of wholesale cocaine following the 2007 and 2008 trafficking shortages. According to the report, this increase in availability is likely to produce a reduction in wholesale cocaine price. Specifically, wholesale prices for cocaine decreased from $22,000 to $26,000 per kilogram in December 2008 to $19,500 to $21,000 per kilogram in December 2009. Despite reported increases in cocaine availability, data retrieved by Los Angeles HIDTA report a 62 percent decrease in cocaine seizures in 2009 (2,317 kg) when compared with 2008 (6,042 kg), which according to local law enforcement officials is because of the smaller amounts being transported by traffickers into the region (HIDTA 2010).

Since 2008, heroin trafficking has been increasing in the Los Angeles HIDTA region (HIDTA 2010). Increased heroin availability and decreases in wholesale prices for heroin have been reported. For instance, there was a 137 % increase in heroin seizures from December 2008 (63 kg) to December 2009 (149 kg). Mexican black tar heroin remains the most available type of heroin in the Los Angeles region, although South American heroin

and Mexican brown powder heroin can also be found. According to the report, increased availability of heroin in the region may be attributed to the high demand for Oxy Contin and there has been a rise in the number of heroin overdoses and deaths and treatment admissions are expected to rise in the near future.

The Los Angeles sample (N=38) included 23 methamphetamine dealers. Dealers were mostly Latino, White, and Pilipino and males (n=21) outnumbered females (n=2). Four sold ('juggled') heroin as well as methamphetamine. Methamphetamine dealers in the study reported selling to friends and known acquaintances and typically did not sell to strangers. Drugs were sold at the buyers' residence, from dealer apartments/houses and hotels. All dealers were daily methamphetamine users and many were injecting drug users.

According to drug researchers, drug prices vary both temporally and spatially. Prices may vary by geographic location and may even vary within the same neighborhood. According to Manski, Pepper and Petrie (2001), the way that drug prices in illicit retail markets operate is elusive. Variation in drug prices occurs in a variety of ways, which may differ over time. Retail drug prices may vary by individual transaction and drugs may be obtained for free from buyers and/or sellers. Drugs may also be obtained for free in exchange for a wide variety of services or goods or drugs may be shared amongst a group of people. Quantity discounting is another factor accounting for variations in drug price. Illicit drug price may also depend on where the drugs were bought/sold, for instance, if sales were conducted indoors in a private dwelling, outdoors in the street, or at a club or at a rave. Price fluctuations can also be related to the relationship between buyer and seller with differences in price for sales conducted between anonymous persons encountered in a public venue such as a store front, street corner, or club, or whether or not the sale occurred

through a social network of known associates. For instance, in the following vignette, the perceptions of a White methamphetamine ounce dealer in the Los Angeles sample that works on his own reflects his social location and the key ideological role of ethnicity in defining membership in street 'open' market exchanges:

> *LA Dealer*: Demand is outsourcing supply. Now the Mexicans are making it, they make bad meth, they lack the chemicals (needed for production), this is why the price is changing.

And a White heroin and methamphetamine user encountered at the above mentioned distributors residence discusses the risks and difficulties associated with buying heroin on the streets downtown and indicates that illicit drug prices fluctuate depending on the ethnicities of the buyer and seller:

> *LA User*: If you talk Spanish so you get to know the people, so that they don't cheat you, (then it's less risky to purchase heroin). I always talk polite to them and there's spots but it's bad and it's all run by Mexicans, they have their (selling spot), some get certain quality of heroin or (if you go to certain dealers you) get hustled more but (since most people) don't want to do that, they don't want to buy in the street, it's harder in the street because you would get eaten alive, you have to be polite.

Respondents in the study purchased heroin in open air markets on the street (e.g. Skid Row, downtown Los Angeles) and through networks of users. Street sales of methamphetamine and heroin in an open air market were observed, in downtown Los Angeles (Skid Row) where dealers sold to strangers. Some heroin dependent transient IDUS in the study reported sleeping on the streets at the Mission (Skid Row) while undergoing withdrawal symptoms as a means of procuring heroin from fellow homeless users. A formerly Skid Row homeless methamphetamine and heroin dealer that injected drugs was observed selling heroin purchased downtown for resale to buyers that did not want to travel

or couldn’t travel to the downtown area to buy heroin or were afraid of getting robbed. Reselling heroin purchased downtown for an inflated price was a means of affording personal use.

Illicit drug prices may also vary depending on the status of the buyer and the market position of the dealer with lower level dealers or dealers working for other sellers setting higher prices for the same quantity of a drug. Time of month and economic problems such as needing money to pay for rent, bills, or childcare or overhead drug costs, for instance, resulting from personal use or sharing drugs, and the cost and difficulty for the dealer to ‘re up’, may also impact drug price. In addition, there are overhead costs associated with drug distribution that vary, for example, depending on geography and such factors such as ease of transportation between buyers and sellers, purchase of baggies, scales, cell phones, and batteries and other materials needed for distribution, and incurred risks of incarceration.

Pricing practices were strategies that arose from the social and economic context. Whereas ethnicity was important in defining trust and membership in street sales between ‘anonymous’ buyers and sellers, among polyethnic drug dealing groups in the study, membership was solidified through rites of solidarity centered around the sharing of scarce resources, including food stamps, clothing, and drugs.

Variations were found in the structure and organization of distribution which were associated with differential pricing strategies. Specifically, unlike that reported by New York City methamphetamine dealers in the study that typically did not “front” drugs, dealers in the Los Angeles sample discussed operating on a “credit basis” as a normative drug distribution practice. This was found among dealers at all levels of distribution. That is, it was not uncommon for ‘weight’ dealers (“connects”) that sold methamphetamine for

retail at the pound level to supply the drug on a credit basis to lower level retailers (e.g. ounce/half ounce dealers) and lower level sellers similarly reported supplying methamphetamine to sellers at an even lower level (e.g. runners selling in increments that included mostly dollar amounts and sales of small amounts such as 0.1 grams and for instance $1 dollar bags). In these last instances, selling in small amounts (e.g. $1 dollar bags) were a means of supplying access to much needed social relations in the context of poverty and the money obtained from selling which may, for instance, contribute to bus fair needed to visit someone, not only were significant in economic terms, but more importantly, were significant because the act of buying, selling, and consuming as social acts, secured a series of obligations and facilitated networks of social and economic support. Recognizing the social location of drug sellers in the context of poverty, dealers at all levels in the study sought to minimize the adverse consequences of drug buying, selling, and consuming by enforcing 'leveling' or 'standardizing' pricing strategies, which not only minimized the risks incurred from selling in the context of high availability, but moreover reinforced a collective ethos which valued cooperativeness over competitiveness as evidenced in drug subcultural rituals and the subcultural meanings attached to the substance, which in turn reduced the potentiality for violence.

Cooperative pricing strategies were discussed by respondents, including dealers at various levels of distribution as follows:

Dealers that operated on credit basis and those did not similarly noted:

> Standardized prices for methamphetamine sold at the retail level reported by methamphetamine distributors were as follows: $50 per gram, $ 80 per 1/16th ounce, $150 per 3.5 grams/per 8-ball.

According to these respondents, charging a 'going rate' for methamphetamine was a means of defraying the costs incurred from selling arising from potential competition. For instance, a methamphetamine dealer that does not operate on credit basis and did not front drugs claims:

> *LA Dealer*: Dealers charge a standard price. If I were to charge less then I would be stepping on someone's toes. So I don't. Also If I met someone that I wanted to buy from, a connect, I would make sure to approach him through whoever he was with first.

And a methamphetamine dealer that sometimes operated on a credit basis similarly states:

> *LA Dealer:* They have runners here. But for the most part, myself, I just go to the drug dealers' house and when he's on his way to somewhere else or he would have a person drop it off.
>
> *Researcher*: Is there competition over sales?
>
> *LA Dealer:* No never.

And according to a methamphetamine dealer that always operated on a credit basis, he does not increase the price of the drug for resale but rather charges a 'going rate' for retail sales of methamphetamine and injects methamphetamine and occasionally smokes heroin to defray the costs of selling although heroin use was stigmatized by the dealer providing methamphetamine up front resulting in practices aimed at concealing drug use, and the use of specific drugs in particular.

The contradiction between not operating on a credit basis and cooperative pricing practices does not influence the drug dealing practices of a dealer that reported never operating on a credit basis as reflected in the following ideological statement:

> *LA Dealer:* Los Angeles its very dog eats dog, very dog eats dog world. There's not

> many people helping each other out in L.A. Everyone fends for themselves, you know what I mean.

And furthermore as indicated in the above mentioned dealers selling practices:

> *Researcher:* What are some of the difficulties you encounter when selling?
>
> *LA Dealer*: When I get shorted by fucking people you hear me, it leaves me with short bags. Its lame, but I keep going.

For this dealer, even upon purchasing methamphetamine for resale from a dealer that "shorted" him, or sold him a lesser amount of methamphetamine for the price charged, he does not adjust the price or quantity resold to buyers, and seeks to maintain consistency in price and quantity when selling methamphetamine by incurring a personal loss. "Do not attempt to rob or deceive customers" was a subcultural rule governing the behaviors of drug dealers in the study as reflected in the subcultural ideologies and practices of drug sellers at various levels of distribution, including those that always, sometimes and never operated on a credit basis.

As part of a range of adaptive strategies to living in the context of poverty, near transient, formerly homeless and homeless users and drug sellers that sold methamphetamine and to a lesser extent heroin at the very low levels of distribution reported redistributive practices and their ideologies of buying, selling, and consuming drugs reflected the dominant subcultural ethos of sharing that characterized these 'helping' networks. This was evidenced in the social allocation of labor among drug sellers and in drug sharing practices as follows:

> Dealers that operated on a credit basis and employed lower level runners also operating on a credit basis reported higher prices (e.g. $600 for an ounce of methamphetamine).

These which sellers operated out of a dealer house sold the drug at an increased price (double the cost for the same amount of the drug sold by the house dealer) and typically sold in smaller quantities ("points", dollar amounts) to buyers (e.g. located in the neighborhood). Low level sellers that were employed by the house dealer or owner sold methamphetamine in small amounts, including 'nickels' ($4-5 bag of methamphetamine) and 'dimes' ($10 bag of methamphetamine), which were defined by the dollar amount and were variable in quantity. They did not seek to maintain consistency in price and quantity when selling methamphetamine, however, and increased their profits by varying the amount sold (quantity) or dollar amount (price) depending on the characteristics of the buyer and how much the buyer was willing to pay.

Field work conducted at a dealer house where methamphetamine and heroin were sold and homeless and near transient IDUS and NIUS lived and frequented indicated the following:

Points (.01 grams of methamphetamine) are sold by runners who are near transient and reside in the house; the money is used to contribute to the rent. A house dealer that purchases ounces for resale supplies runners and shares smoked methamphetamine. He is unable to afford rent and trades drugs for rent with the owner who acts as a manager. The house dealer typically sells $10 bags and quarters (1/4 grams of methamphetamine) for $20, however he has a few buyers that are dealers who purchase eight balls (3.5 grams) and 'Teeners' (1/16th of an ounce) for resale. Most people at the house don't have money to spend and are homeless. Buyers will make purchases and use drugs at the house. They will share smoked methamphetamine with others and socialize with friends while using. For

instance, a buyer who lives at a homeless shelter that frequents the location on a near daily basis recycles cans for money to purchase methamphetamine, which is consumed on the spot by smoking in a glass pipe. Runners sold in dollar increments including $10, $20, and $40 bags of fronted methamphetamine. Fronting of drugs was commonplace among these respondents who reported entering the market this way.

Similarly, a transient dealer claims that the house dealer and/or owner employed lookouts and runners who sold methamphetamine in smaller increments at inflated costs:

> *LA Dealer:* Its $160-180 for an eight-ball (3.5 grams) and $400 for a half ounce. $10 per point (0.1 grams).

And according to a Los Angeles dealer in the study that sells methamphetamine at the drug house where he resides:

> *Los Angeles Dealer*: I sell to make rent. Right now I've been on a 6 month run; this is the longest I've been out. I used to sell crack and was addicted to it, then switched to meth. I provide for my girlfriend with drugs and rent and provide the house with food and free drugs. But it's hard to come up with $450 each month (for rent) so I limit my use.

Fieldwork indicated that this dealer often failed to pay rent and traded methamphetamine with the owner of the house that enabled him and his girlfriend to stay there for free. During the course of the study, the dealer reported numerous encounters with the police and eventually was incarcerated for six months for drug possession. These dealers were more isolated from the formal sector than New York City respondents and reported more non drug criminal involvement, including auto theft, larceny and panhandling as a way to supplement income made from selling drugs and to afford their drug habits.

The social and economic location of Los Angeles methamphetamine users and

dealers in the study, whose lives were characterized by economic uncertainty and in-access to basic resources, including housing, food, and health care as a consequence of institutionalized racism, immigrant status and historic, socio economic exclusion, fostered an understanding of the world, and their position within in it, in which no real economic opportunities were perceived. Unlike methamphetamine dealers in the New York City sample that sought upward mobility in the competitive illicit drug market, for these dealers, cooperative selling practices prevailed and rites of solidarity (Harris and Johnson 2000) were an important means of securing trust and reaffirming the power of the group, which transcended individuals. The buying, selling and consumption of drugs in this social and economic context sustained networks of social support and provided access to resources necessary for daily survival and the money made from selling drugs was valued in so far as it contributed to the reproduction of the household.

Buying, selling and consuming methamphetamine were central to the ‘life style’ of active participants in the drug market and conduct norms, values and attitudes relating to buying, selling and using drugs reflected a street socialization and adaptations to living in poverty characterized by transience and economic uncertainty. The activities and relations of drug market participants, their motivations for selling and using, and subjective drug effects, reflected their unique social and economic circumstances in the context of neighborhood gentrification, unemployment, the housing crisis, and inner city poverty. Selling drugs, sharing methamphetamine with friends, anticipated beneficial effects and fear of detection, as well as the sense of community facilitated by the collective use of drugs and engagement in the illicit drug market, structured drug taking ideologies and perceptions in a variety of ways as evidenced in patterns of buying, selling, and consuming. For instance,

structural constraints on use were provided by the ethos of sharing methamphetamine among friends. This is described by a methamphetamine dealer as follows:

> *Researcher:* How much you make per day?
>
> *LA Dealer*: It depends.
>
> *Researcher*: On a good and bad day?
>
> *LA Dealer*: It depends anywhere from like $300 per day roughly and that's a steady pace.
>
> *Researcher:* How do you think you can make that much per day?
>
> *LA Dealer*: Yes. Yep if you do it right, well you can.
>
> *Researcher:* And then how much of that do you use?
>
> *LA Dealer:* Well it depends, that's the thing you can't make $300 dollars per day if you use, well you can.
>
> *Researcher*: How much do you use out of what you make?
>
> *LA Dealer:* I don't even know, some days I don't even use. Some days I just let my homies use.
>
> *Researcher:* So what you're saying is that you afford everyone else's use, is that what you are saying?
>
> *LA Dealer*: Yeah.
>
> *Researcher*: What's that like?
>
> *LA Dealer:* Fucked.

A methamphetamine IDU in the Los Angeles sample that middlemans drugs through association with dealers to afford use further discusses the subcultural meanings and functions of drug taking for the social group in the following vignette. According to this respondent, socializing with friends is a primary motivation for using methamphetamine and

drugs are often obtained for free though friendship networks, which can exacerbate risk if needles are shared:

> *LA IDU:* I guess the more I did it (methamphetamine), the more the craving became a part of me, and uh, fucking 15 years later, I'm still doing it.
>
> *Researcher:* What has that been like?
>
> *LA IDU:* Well, fuck, I don't have a car, I'm on the couch at my parents, no girlfriend, two teeth missing, I'm sure I have plenty of brain damage, but a whole lot of fun.
>
> *Researcher:* And why do you keep using?
>
> *LA IDU*: It's what I know, its not- it's honestly, I don't spend a lot of money on it- actually I'm pretty tight with it. It's always in my face, and if it's around and I don't have to spend money on it, why not.
>
> *Researcher:* How do you afford to use every day?
>
> *LA IDU:* Well because of the people I hang around.

Criminological studies have historically analyzed criminal behavior in biological and psychological terms, and an individualistic perspective of crime that 'blames the victim' still predominates in the literature today. Sociological understandings of crime have been developed within the field of criminology that explain criminal behaviors in terms of the social structure of particular subcultures in which an individual is situated (Hopkins 1975).

Furthermore, academics have questioned definitions of crime and the discrepancies resulting from engagement in a criminal behavior between two people for the same illegal behavior (Hopkins 1975). Indeed, many metropolitan areas of the United States today contain certain segments of populations engaged in "underground", "illicit", unreported or unreportable work. Conventional explanations for this phenomenon have not been very enlightening. For example, the "urbanism" school, principally associated with the work of

Wirth (1938), suggests that urbanization per se leads to the destruction of traditional norms and values, creating a climate for illegal or delinquent activities. Conventional explanations usually also include some version of the "culture of poverty" hypothesis, first proposed by Lewis (1966) which suggests that poverty, and activities people undertake to overcome it, results from subcultural values, passed on from one generation to the next. Various "deviance" and "psychosocial" explanations locate the impetus for participation in illegal activities in the individual's or group's anti-social, thrill seeking or destructive impulses. All of these explanations fail to provide a rational, socioeconomic explanation for why some people do and *must* engage in "illegal" activities. In an ethnographic study conducted by Sharff (1987), empirical data collected over three years for 36 households and their kin concluded that: 1) economically, the conditions of chronic underemployment among the neighborhood's residents compels them to seek public assistance. The fact that the assistance levels are grossly inadequate even for sheer subsistence requires the residents to seek additional sources of income in unreported or unreportable activities; 2) the systemic forces of monopoly capitalism which impose the conditions of chronic poverty in the first place also provide the parameters within which indigenous social responses develop.

Since the late 1970s, the "hollowing out of the economic and social infrastructures", from tourism to apparel, by the increasing role of foreign trade and offshore investment has undermined the economic opportunities of Los Angeles residents resulting in the "pauperization of a generation of inner city youth" (Davis 1992:308-309).

Los Angeles has been at the epicenter of processes of global economic restructuring, including the exodus of good paying jobs and middle class families from central cities which increased the economic gap between cities and suburbs exacerbating the fiscal crisis

of urban centers and increasing the divide between the rich and poor. Los Angeles has been the most affected by these trends in global economic restructuring as reflected in the spending pattern by the federal government on suburbanization, highways, auto dependency and military. In California, social demographic and economic change has been wrought by budget deficits and problems stemming from the housing market. Unemployment has skyrocketed at the same time that the housing market collapsed (PEW 2009).

Contrary to the "culture of poverty" thesis that locates the seat of culture within the individual whose beliefs, perceptions, practices, and ideas (e.g. out of wedlock births, focus on the present) are deemed causative of the perpetuation of poverty, culture and class interacted with the immediate material circumstances to structure behaviors and ideologies including that related to drugs. For these users, a paramount task of the social group was to provide relief from hunger, temporary shelter and resources, including social support.

Unlike Los Angeles respondents, New York City respondents adamantly rejected a 'street' drug dealer identity and image. New York City methamphetamine dealer respondents discussed in the previous chapter, whose notion of drug selling as a temporary substitute for licit work implied class based perceptions and assumptions of opportunity and definitions of success. The collective landscape in which drugs were bought and sold among New York City respondents shaped the attitudes and perceptions of dealers and largely reflected the world view of upper income Manhattan drug buyers. New York City dealers in the study did not self-identify as drug addicts and an addict identity was negatively perceived and associated with stigmatized social roles and images such as that of 'pipe chasers', which were mostly homeless, poor drug users, some that traded sex for drugs and money and/or middlemaned methamphetamine for tastes. For these respondents, the

stigmatization of tastes and styles associated with poverty and street drug use operated as a mechanism of social control that prevented the use of specific drugs and modes of use.

On the other hand, Los Angeles respondents collectively adhered to a street culture and cultural perceptions of life chances significantly influenced dealer responses. For instance, poverty and not having money for drugs influenced the subcultural meanings attached to drug consumption and distribution as noted by a Los Angeles methamphetamine dealer that is near transient in the following vignette. He claims:

> I know people that use (methamphetamine) it on a fucking daily basis. And coke, (when I was using coke) I started fucking wilding out man, fucking fighting, doing stupid shit, coke makes me feel like I don't give a fuck. I can go to the bank and just shoot up right away. Crystal makes me a just feel like uh, super smart. (With crack it's) like uh, I'll feel that right away, you get to the uh, all the hundred dollar bills out the fucking bank. That's why I'm fucking addicted.

For the above mentioned respondent who is an injecting drug user and other low income dealer respondents in inner city Los Angeles, staving off of hunger was a motivation for using and selling methamphetamine, which was a consequence of living in poverty. He notes:

> *Researcher:* How much do you use per day and how often?
>
> *LA Dealer:* Sometimes I use fucking all day, sometimes I fucking don't move till I'm hungry.

The respondent goes on to characterize the effects of methamphetamine as follows:

> *Researcher*: what are the effects?
>
> *LA Dealer:* What if I hit (administer methamphetamine)
>
> *Researcher*: Yeah, what are the effects?

> *LA Dealer*: It just makes me more aware, more on point, and more fucking down on everything, fucking be safe if you sell you know.

Unlike New York City methamphetamine dealers in the study, dealers in the Los Angeles sample reported limited involvement in the formal sector and most had below a high school level of education. Poverty, lack of schooling and access to resources, homelessness, immigrant status, and drug addiction fostered social economic exclusion and drug use and drug dealing were an adaption to structural barriers to opportunity. A methamphetamine dealer in the study discussed his motivations for distribution as arising from the social and economic context of poverty and homelessness exacerbated through involvement with the criminal justice system. He claims:

> *Near Transient Drug Dealer IDU:* Now, (my reasons for selling methamphetamine are that) I don't have a place to stay and I don't have any money.

The aspirations and goals of participants were shaped by their positions in the class order and their consumption and distribution strategies and practices reflected subcultural aspirations of the drug using social group that were a response to material circumstances. The structured symbolism of methamphetamine and displays of style in consumption and distribution reflect the widening of income inequality as an outgrowth of capitalist development and global economic restructuring. Selling methamphetamine provided a sense of self-worth and self-sufficiency that were an important aspect of social identity. For some dealers, the selling and use of methamphetamine provided cash for basic living necessities such as food, although the money made from dealing was often not enough to cover basic living costs. This is discussed as follows:

Researcher: Do you have contact with parents?

LA Dealer: Yeah I do.

Researcher: Do you stay with them?

LA Dealer: No. I stay on the streets.

Researcher: How come, why don't you stay with them?

LA Dealer: Cause I'm a product of the streets.

Researcher: What does that mean?

LA Dealer: I want to make money, that's all I want to do.

Some dealers in the Los Angeles sample reported "drifting" into drug use as a consequence of involvement in drug sales. Others reported entering into drug selling as a means of affording use which exacerbated use. Injection drug use was associated with both types of initiation into selling.

Economic motivations for continued use of methamphetamine were frequently cited by dealers in the Los Angeles sample. For these respondents, selling methamphetamine was a means of survival in the context of poverty. Methamphetamine was bought, sold and used by near transient and non homeless users and dealers within friendship networks and dealers reported "partying" with friends as a central preoccupation. Talking, socializing, watching TV, and using drugs were some of the central activities during "partying". For instance, a methamphetamine dealer claims:

Researcher: What do you guys do? What's a typical day for you like?

LA Dealer: Walking around the neighborhood, like selling drugs, sitting at my friend's house watching TV, selling fucking drugs.

Selling and using methamphetamine established and defined social relations within the

group and conferred status. For instance, a methamphetamine dealer claims:

> *Los Angeles Dealer:* Smoking (methamphetamine) is very social and in (trendy). very in right now….(there are a lot of users), females, they party.
>
> *Researcher:* What do you mean by party?
>
> *Dealer:* They will get a bag and smoke with friends in a group at someone's place and just chill, socialize.

And a transient methamphetamine dealer in the Los Angeles sample discusses the availability of methamphetamine and other drugs as consequence of the social environment and affiliation with dealers in the context of poverty. He states:

> *LA IDU*: It's never been hard for me to get, fucking any drug, that's how I've always been with any drug, that's how I've always been. Cause once you put yourself in that business, you know, Tom introduces you to Harry and Harry introduces you Dick and Dick to and Harry and to James and you know, everybody's got that specialty, one is fucking, shit is fucking gold to the ghetto, or you want to sell fucking only sell E (ecstasy) to the ghetto, or only sell weed, you know. And then when that fucking ecstasy once in a while, you need some fucking weak (tweak, local argot for methamphetamine) for that you know, shit happens and you just deal with the E (ecstasy), you know, for fucking like pass out and you know relax, and then, the one that I smoke, sometimes, once in a while, you know, what I'm saying, I'll hook up a blunt and fucking spike it up (shoot up) when that call get up (drug sale).

Overall, high availability of methamphetamine was reported by Los Angeles respondents in the study. According to informants, methamphetamine could be easily obtained and readily obtained either at a dealers' house or by making one phone call. For dealers in the Los Angles sample, structural constraints, including homelessness, the money needed for purchasing methamphetamine, and subcultural norms regarding the sharing of methamphetamine constrained individual choice. Injecting drugs was one way that dealers minimized personal consumption. For instance, a methamphetamine dealer states that

transitioning from smoking to injecting methamphetamine was motivated by a need to reduce personal consumption so as not to consume all of his profits in order to share smoked methamphetamine with others.

> *LA Dealer:* And so (I) usually provide for them (friends). And started injecting as a way to be able to share more with friends.

Association with drug injectors normalized injection as a route of drug use and fostered the transition to injecting drug use for some. This is noted by a Los Angeles methamphetamine dealer IDU as follows:

> *Researcher*: How come you did it (injecting) again? Why did you continue injecting?
>
> *LA Dealer*: I don't know. Cause it's there.
>
> *Researcher:* What do you mean cause it's there?
>
> *LA Dealer:* I mean it was there, cause it was there, the need was there, I don't know.
>
> *Researcher:* Do you mean that is was available?
>
> *LA Dealer*: Yep, and other people were injecting.

The stigmatized image of the "junkie" provided a barrier to injecting for some respondents, including mostly current and former gang members. For instance, according to a Los Angeles methamphetamine dealer that is transient and performs low level distribution roles at the dealer house where IDUS and NIUS reside and frequent, injecting drug use was defined as opposing cultural values of male toughness in the ghetto and was stigmatized.

> *Los Angeles NIU*: I never shot because I'm not a needle user; it's too hardcore, its sissy.

For some low income respondents, drug dealing gangs/groups have functioned to socially integrate individuals, including new immigrants, into increasingly economically and socially diverse neighborhoods undergoing rapid social and demographic change by providing social controls for behavior that were no longer provided by social networks in local neighborhoods undergoing gentrification. A methamphetamine dealer and former gang member in Los Angeles claims:

> *LA Dealer*: I can talk to a gang members fucking someone affiliated and get along with them and get on their level, and fucking collaborate with them, and get myself out of trouble with other products on the street….when most would, you know, fucking something would end up fucking happening to things, and, where they get fucking robbed and get- for the streets is my life, and it just- fucking you know, they ain't rich, there are really so many tactics that plays into being a product of the street, you know what I mean, meaning that I worked the street my whole life, the streets is my life, and it's just the streets that I choose to be at right now (names location, neighborhood and street) (inaudible) is the way I'll be making money, it's just like a job, at the same time it's a lifestyle.

In this vignette, methamphetamine becomes a metaphor for the self; both are products of the street", the dealer and the drug. The reduction of subject to object signifies the function of using and selling methamphetamine as it is a response to global economic restructuring and limited opportunities for meaningful employment in the formal sector. Sociodemographic shifts and widespread unemployment have devastated working class families and in Los Angeles, multi ethnic drug distribution groups have formed as a means of economic survival. Through drug taking and ritualized sharing of drugs and drug related activities (e.g. talking, watching TV, playing cards), these drug groups have redefined the boundaries of belonging.

Poverty, and social and economic marginalization in the formal sector, constituted

the context in which Los Angeles methamphetamine dealers in the study sold drugs and collective identification with a street culture and the function of drug taking in the context of inner city poverty largely determined subjective drug effects. For Los Angeles research subjects, inner city street culture and gang ideology have provided a collective ethos that constructs belonging through discourse and practices that function to minimize competition through ritualized activities, conduct norms and values which create bonds of solidarity among drug dealers. Sharing smoked methamphetamine was one way that social bonds were created and maintained. Individual expectations conformed to that of the group and were structured by the immediate social and economic context. It is important to acknowledge the structural processes that lie behind disadvantage and risk in explaining the struggles and outcomes of individuals differentially situated in the social economic order.

Chapter VIII

Factors Impinging on Patterns of Methamphetamine Use

"D-Meth can be orally ingested, applied to mucous membranes, snorted, mainlined (injected) or smoked" (Vanchon 2008). Methamphetamine use is geographically diverse with different types of the drug, different routes of administration and different types of users found across the United States. (Anglin et al. 2000).

Participants in New York City, New York and Los Angeles, California utilized a variety of methods of administering methamphetamine, including oral ingestion, smoking, sniffing, injecting (skin popping) and mainlining, "hot railing" (inhalation of smoke through the nostrils often with a broken glass pipe), and rectal insertion ("booty bumps"). Among Los Angeles respondents, a total of 20 out of 38 (53%) participants reported smoking as their preferred method of using methamphetamine, 2 out of 38 (5%) reported sniffing, and 16 out of 38 (42%) injecting. And among New York City respondents, a total of 27 out of 35 participants (77%) reported smoking as their preferred method of administrating methamphetamine. 2 out of 35 (6%) New York City respondents in the study reported sniffing and 6 participants (17%) reported injecting. This study is based on a non representative sample.

The present study found that the economic context, social and physical setting, as well as drug market characteristics, subcultural rankings of specific drugs and modes of ingestion, motivations for use and the functions and subcultural meanings of drug taking for the social group, and set and setting, operated as factors mediating individual decisions concerning route of drug administration. At the individual level, transitions to injecting

methamphetamine were influenced by prior drug use, including both the types of drugs previously used and modes of ingestion as well as, for some, the frequency and length of time using methamphetamine. Experiences with and acceptance of different routes of drug administration impacted decisions concerning route of drug administration and variations were found in subcultural attitudes towards specific types of drugs and ways of administering them.

For study participants, the route of use and related rituals were tied to the set and setting. Rituals include the stylized, prescribed behaviors surrounding the use of a drug. This includes methods of acquiring and administering the drug, selection of physical and social space for drug consumption, activities engaged in after the drug has been administered, and methods of preventing untoward effects and consequences of drug use (Maloff et al. 1980).

The perceptions of individuals towards drugs and routes of administrations are social constructions and ideological justifications for the use and non use of specific drugs and routes of administration illustrate how the meanings attached to the practice arise through social interaction. All respondents in the study were initiated into methamphetamine use in a group setting. For instance, according to a near transient Los Angeles respondent that is a female daily methamphetamine user that prefers smoking and has used methamphetamine for 10 years:

> *Los Angeles NIU*: I started (initiated methamphetamine) when I was 16 (years old). I am 26 (years old) now. It was around November or December of 2000. And I had tried it in Junior High for the first time….First time I tried it was from this girl, I idolized her in junior high, thought she was cool at school. It was like fucking like having Courtney Love at your junior high. So I was like down, that's fucking cool! She offered me some shit one time and I didn't know what it was but I did it, you know, and um, I didn't even understand what the high was. I didn't even see the

> difference or anything but my friends told me how I had been acting weird that day but they didn't know that I had did anything so it was kinda like the thing where it did something but I just didn't notice it. Never tried it again until like years later, actually what I'm saying, it was a year later, but um, shit (methamphetamine) was like made time flew like it's been a long time when it really hasn't, um, high school, 10th grade, was when I really started.

As with other respondents, initiation into a particular route of use occurred through association with friends, sexual partners, and family members that introduced the user to the drug and taught them how to administer it so as to achieve and perceive the desired effects. For instance, the respondent mentioned above goes on to discuss initiation into methamphetamine and particular routes of use as facilitated in part by favorable constructions of the drug which symbolized "celebrity cool". Constructing methamphetamine this way, as a specific type of drug which was different from other types of drugs, neutralized the stigma associated with its use and smoking as a route of administration which had been derived through the symbolic association with crack. The stigmatization of crack and cultural constructions of "crackheads" as embodying personal moral and social failure has provided a barrier to crack use among marijuana subcultures (see Furst et al. 1999). For some methamphetamine users, reisignification of the drug through a comparison with crack normalized its use and social involvement with drug users that preferred particular routes of use insulated users from stigmatization arising from the particular route of use. A methamphetamine user in the Los Angeles sample claims:

> *Researcher*: How did you start using it?
>
> *Los Angeles NIU:* Oh, I started sniffing it (methamphetamine). I thought that people that did it (smoked) were like crack headish and I thought it was ghetto and ugly and I thought sniffing was good, it was like glamorous for some fucking strange reason

> (laughs). And I mean it was like, you know, like fucking- the shit was like fucking rock star fucking status, it was looking like shit was the shit; it was at the highest of the you know (high status drug). And…back then it was like bugged. I remember a dub ($10-20 dollar bag of methamphetamine containing approximately 0.1-0.3) would last me a week and that's only because I was doing lines, I wasn't doing lines I was doing rails like caterpillar rails to be honest and I used to hook up my friends too, smoke them out and that sack would last me through the week. That shit was Bombay (high quality methamphetamine).
>
> *Researcher:* How did you start smoking?
>
> *Los Angeles NIU:* I started kicking it with different group in the Valley. This was like L.A., Los Angeles versus the Valley, like San Fernando Valley, you know, there were other different scenes where people were um smoking shit and I mean people were smoking out here too, I'm sure, you know, I just wasn't kicking it with them….It was probably like a couple of months after I started doing it on a more regular basis, started smoking it, and I did notice shortly thereafter how when you smoke it, you kinda want to, you know, smoke it a little bit more, you know, it's kinda like a session; you know, when you smoke a bowl, it becomes a session as opposed to like sniffing a rail and being out the door doing your thing, you know, going to the club, going to the party, you know, it's like a fucking backyard rave. I'm talking about 2000, 2001, 2002.

Non injectors (NIUS) of methamphetamine in the Los Angeles drug using network of NIUS and IDUS used for a fewer number of years and many also cited fear of needles as a reason for not injecting. For instance, a transient Los Angeles methamphetamine smoker that frequents the dealer house where IDUS and NIUS live and visit to purchase methamphetamine, discusses why he would not inject methamphetamine as related to early childhood experience that resulted in a fear of needles:

> *Transient Los Angeles NIU*: I am afraid of injection since childhood; needles scare me; when I was little with fever…I got shots and they would hold me to inject it, so since then I don't like needles.

Among Los Angeles respondents, as discussed by Zinberg (1977), the subculture in

which the drug use occurs may contain members and participants some of whom use drugs and other do not, and between whom there is a mutual understanding and tolerance. Although users that reside and converge at the house may inject drugs, including methamphetamine and heroin, alone or in combination, smoking methamphetamine in the group setting is a ritual binding mechanism that reaffirms subcultural values and confirms membership through the creation of mutual obligations and a meaningful social identity. In the vignette above, the respondent discusses his reasons for not injecting as arising from a childhood fear, which is a response that illustrates personal agency and the importance of the set and setting in mediating route of administration, including subcultural meanings and the function of drug taking in the immediate context at the dealer house, where buying, selling and consuming methamphetamine were central activities which created social ties among peers and the drug was used to facilitate talking and social bonding, and to alleviate psychological and physical suffering caused by poverty and social economic inequality.

For the above mentioned respondent that is an immigrant minority that lives at a shelter and has no living relatives or permanent residence and reported suffering from extreme psychological distress associated with homelessness, stigmatization, and social economic marginalization, the functions of drug taking are less rooted in the actual ingestion of the substance itself, but rather arise through meaningful participation at the drug house. He visits the house often to socialize, purchase methamphetamine with money obtained from recycling cans, watch TV and play cards, engage in projects (e.g. fixing the radio). For this respondent, the kinship ideology governing social relations among respondents was a central aspect of social identity and self-worth. Sharing smoked

methamphetamine is an informal mechanism of control regulating consumption and, for this respondent, the set and setting, or buying and consuming methamphetamine at the dealer house, minimizes the risk of transitioning to injection. Fear of needles also prevented injection drug use according to some New York City respondents; for instance, a New York City respondent cites fear of needles as a reason for not injecting, which in this case, resulted from having witnessed peers inject heroin and beliefs about particular methods of use as "hard" versus "soft" that stigmatize injection as harmful:

> *NYC NIU:* I've sniffed dope (heroin) but I'm afraid of needles so I would never stick a needle in my arm. I mean I did heroin before but when I was dropping pills (ecstasy) every day. I did that once. But, uh shooting (injecting), people were shooting heroin but I was at a young age, I was like what the fuck are you guys doing. I was in my early 20s, 19, I was like what the fuck are you doing? (It was) Just a friend of a friend. I don't even know, and oh god it's disgusting and one of my friends was like yo, I'll sniff that and I was like you sniff that ? Yeah you can sniff that. So I bought like a 20 ($20 bag of heroin), cut that up, fucking sniffed it, like a little line, nothing heavy, two minutes later I was like oh shit, my head was spinning, my eyes were just rolled back in my head I was like oh god, I need to puke, I yakked. I yakked.

The subcultural perceptions of drug taking among the social group of mostly transient NIUS and IDUS in the Los Angeles sample reflected their socialization to street drug use. Unlike the discourse of fear and stigma surrounding injection drug use and the use of socially constructed 'hard drugs' such as heroin reported by respondents in the subcultural group of club drug users in the New York City sample, for this social group, risk taking and drug use as a consequence of social economic marginalization and life on the streets, subcultural identification with a street addict identity, and normalization of deviancy as an outcome of social involvement with drug injectors at the neighborhood level and in

the drug using group reproduced subcultural assumptions of the practice as an ever present 'normal' characteristic of society.

Preferred routes of administration vary from place to place, over periods of time and in different physical and social settings. According to fieldwork and interviews conducted among Los Angeles respondents, smoking was considered a benign alternative to injecting and when used in a group setting, for instance, at dealer residences, smoking was the normative route of use since it allowed users to dose and pace use according to activities such as talking and playing cards.

According to a transient female methamphetamine near daily user in the Los Angeles sample that prefers smoking methamphetamine, ritualized group drug use is a social bonding mechanism that reaffirms the social identity of the drug dealing group and egalitarian norms and values:

> *Los Angeles NIU:* (Smoking methamphetamine) was like a session, kinda like when you smoke pot, like a session, like in a circle, and everybody passes around whatever, you pack a bowl, whatever it is.
>
> *Researcher:* What kind of things do people generally do?
>
> *Los Angeles NIU:* Usually talk, usually just talk, usually ideally, I like to be in a social environment, you know, you talk, you do things, you know, I used to be the one with the place where you came to get high and there was something for everybody to do- like you wanted to play music, we had the fucking bass over there and a microphone and drum set in the living room, if you wanted to fucking sew, we had a fucking sewing machine and shit. I mean, I've always been kinda like a jack of all trades, master of menu, but I definitely like to be very proactive and productive and create and do something when I'm on it, that's how I got more and more into it, that – I was being artistic and I just thought I needed to be more artistic like I guess it brought, um, I guess, it just brought my-my energy level to, it just brought my, my energy to a whole 'nother level where I was, you know, multitasking and taking my art like somewhere that I never imagined and that's where I was kinda like wow, I mean it's not that it made me want to do it more cause I already liked it, regardless (inaudible; to like party) and other shit, but I- just made it more a part of my life, *a part of me* (authors own emphasis), cause here, you know, it's a great way to

> socialize….and I learned how to cope, that was how to cope and you just handle it….I mean I'm from a Mexican family and mean I grew up around my grandmother who was a heroin addict. She stared doing heroin when she was 13 and the way she started doing heroin was very similar to the way a lot of people started doing it. You know, like the younger kids nowadays, and it was bad. She told me she was introduced to it by a group of people who she believed, um, came for the purpose of bringing that epidemic to that um, you know, environment which was at that time demographically speaking predominantly Hispanic, middle class.

Smoking as a route of administration was preferred in group settings since the passing of the pipe functioned to facilitate social interaction, create mutual obligations and mediate the flow of social relations (see Dietler 1990 for alcohol). Smoking methamphetamine in this context strengthened social bonds and talking and socializing were observed during the ritual act of smoking. Buyers would sometimes avoid sharing with others but still interacted socially with the group and typically shared smoked methamphetamine in a pipe that they brought with them to dealer houses.

Drug sharing, which was a means of establishing "social credit" created mutual obligations and was one of the primary ways that users in the Los Angeles sample maintained control over their use. For instance, a function of smoking methamphetamine in the context of sex was that it served to create mutual social and economic obligations, for instance, through the buying of 'rounds'. According to fieldwork conducted at the residence of a formerly homeless transsexual methamphetamine user in Los Angeles:

> I am at the apartment of a GBTT (gay, bisexual, transgender, transsexual) male methamphetamine user who is partying with a boyfriend that has supplied methamphetamine. According to the buyer, he spent his disability check on methamphetamine which was consumed during the course of the evening by smoking it in a glass stem typically used to smoke crack. They are also drinking alcohol from a shared bottle that he has provided and are watching porn on TV. They are seeking out more methamphetamine to "keep the party going".
>
> *Buyer:* She smoked it all up, took like 16 hits and bogarted it all night long, I only

got one or two hits.

GBTT: Next time I'm going to pay for all of it so I can have control over it.

When asked about the effects of methamphetamine in the context of partying, the above mentioned informants noted the following: to stay awake, to socialize, and for recreation. The drug was not used to prolong ejaculation and respondents denied experiencing sexually stimulating effects which further illustrates the importance of subcultural meanings and definitions of specific drug use arising through interaction with others (e.g. drug using subcultures) that teach the user what to expect.

For these respondents, buying, selling, and using methamphetamine was a means of social integration (Mandelbaum 1965) that provided access to informal networks of social and economic support and much need social relations in the context of inner city poverty and lack of resources. Among Los Angeles respondents, "going in on a bag" was associated with smoking as a route of methamphetamine administration. For instance, a formerly homeless Los Angeles methamphetamine user describes a purchasing and use pattern aimed at minimizing negative consequences of use as follows:

> *Los Angeles NIU*: I use when someone else is usually getting it and then I'll pitch in. I don't like to feel like I'm going out on a mission getting stressed out trying to get it; I'll feel like an addict. Doing that. But back in the days, you'd maybe catch me a decade or so ago, I used to go out and search for it but now these days it easily comes my way, and I will pitch in, I don't want to go out on a mission trying to get this thing. So, Um, I, definitely, when I get it, I try to split it where I'm ingesting no more than like 10 bucks worth, that way I'm not over doing it. That's why I tend to go through friends and stuff, I try to get them to go, I try to get them to go, cause I don't want, I want I want a whole 20 sack ($20 dollars worth of methamphetamine) for myself.

As an informal social control, sharing smokeable methamphetamine and consuming at the site of purchase in a group setting, were techniques aimed at minimizing 'drug

dependency'. According to respondents, the intensity of the drug effect could also be monitored and regulated by smoking, for instance, by pacing oneself.

Whereas smoking methamphetamine as a route of drug use was described by Los Angeles respondents in terms of the social aspects of drug taking and drug sharing, injecting was described by some as isolating users from the social group. For instance, a methamphetamine NIU dealer in the Los Angeles sample constructs injecting as a route of use that is associated with compulsive, erratic patterns of consumption and anti-social behavior. He claims:

> *Los Angeles NIU:* Most people smoke. Some inject, some people can handle it but you can usually tell who the injectors are cause they are all bugged out, moving around a lot and can't keep still. I wouldn't ever inject, I hate needles.

For this respondent, who has smoked methamphetamine on a near daily basis for 10 years, a desire to avoid dependency and untoward drug effects such as paranoia and erratic behavior are based on observations of methamphetamine injectors, and when constructed this way, the stigmatization of injecting drug users reduces individual risk of transitioning from smoking to injecting by promoting the social aspects of drug taking in a group setting.

Participants that were long term IDUS, including both long term heroin IDUS and long term cocaine IDUS typically initiated directly into injecting of methamphetamine. A Los Angeles methamphetamine dealer in the study discusses a shift in preferred route of methamphetamine administration from injecting to smoking which illustrates how individual drug use is structured by subcultural meanings and perceptions, including drug specific norms and values, and the physical and social context:

> And I didn't really catch onto the smoking thing until; well everybody that I was hanging out at that time in the beginning was smoking it. Me and a couple of my friends, we were injecting it. Meth is a social drug….. Just cause it doesn't – you can

> just socialize and party and have fun, smoking tweak (methamphetamine) with other people. You can't really do that with any other drug, like heroin, is not a social drug. Well, it is if you snort it but smoking it, you know, you get really freaked out and become quiet and stuff……..It's (methamphetamine) more social (than cocaine and crack) actually. I never knew you could smoke it -well I've been smoking it for ten years, but at the time when I first started snorting it, it was considered a biker drug and was considered like the poor man's coke. It wasn't really anything special and nobody really wanted it and it was secondary other than (secondary to) coke and heroin. Now it's the in thing to do.

Since it was already in smoke able form, methamphetamine did not require extensive preparation unlike cocaine. According to Johnson et al. (1992), on the West Coast, a method for "freebasing" cocaine hydrochloride was developed to remove adulterants and convert it into a more potent smoking form. This is indicated in the following vignette in which a methamphetamine dealer in the Los Angeles sample that initiated methamphetamine in the late 1980s discusses selling cocaine and crack cocaine:

> *Los Angeles Dealer:* Yeah. It (methamphetamine) became my drug of choice. It actually got me off of smoking rock (crack). Cause I was smoking rock before I was doing the thing with the speed (methamphetamine), I was delivering- I was dealing coke, so I was delivering rock to different hotels and to people that I knew and stuff like that. So I was, I constantly had cocaine all of the time. Plus I had a big dealer up in (Los Angeles suburb) and he was notorious and he got busted with like 20 pounds in his trunk. Yeah, so I was dependent on him so when he got busted finally I started going down to (NAME of park in the city of Los Angeles) Park on (NAME of Los Angeles city street) street and that's where all that shit started, you know. With smoking rock and all the people on the Freeze (crack cocaine) and going to Hollywood and driving back to (NAME Los Angeles city park) park and going back to Hollywood and doing this delivery thing you know, that's how that all started. Crack was around then, was big back then. We would freebase; I was hanging out with the guy who got busted. I was cooking my own, I was freebasing my own. But then when I went to XXX Park it was already cooked, it came that way….And meth wasn't really prevalent then here. Certain people did it but the people that I hung out with didn't have it. And I was getting tired of that scene (crack) and I was introduced to some people and they were from (Hollywood area neighborhood) and they were over (crack); and were doing- they were smoking speed (methamphetamine) and snorting it….And smoking, smoking really just hit the market and became popular in the last 5 years. Its more and more popular now, it's

the in thing to do.

In addition, unlike crack, methamphetamine could be readily injected and thus was preferred by IDUS. Methamphetamine primary near daily/daily users that included four participants with self reported drug histories that included past near daily/daily cocaine injection simply transferred their cocaine injection to methamphetamine. Cocaine injectors typically initiated into methamphetamine via injection without first sniffing or smoking the drug and cited tolerance to stimulant drugs as a reason for preferring injecting methamphetamine. This is noted by former daily/near daily cocaine IDU in Los Angeles as follows:

> *Los Angeles Dealer:* Well, I didn't really like smoking in the beginning. It tasted terrible, it didn't get me high, and I just thought it was a waste; yeah, I injected it still back then.

Homeless users preferred methamphetamine because, like crack, it was in smokeable form. The diffusion of methamphetamine in Los Angeles occurred during the 1980s when it was hailed as "better than crack cocaine" and cocaine injectors and crack smokers that were daily/near daily users in the study reported switching to methamphetamine and constructed their drug use through a cultural discourse which defined methamphetamine in comparison to crack cocaine.

According to Rassmussen (2008) during the 1980s, new chemical forms of amphetamine that can be smoked were introduced, including methamphetamine in base form and also methyl methamphetamine, which is weaker than methamphetamine or amphetamine but initially was legal when first introduced. According to Rassmusssen,

"inhaling 'ice' or 'glass' , as the smokeable form of amphetamines are often called, gives much the same immediate rush that used to be available only from injection and being able to smoke the drug is a key feature for users switching from smoking freebase cocaine or for the needle shy"(224).

According to a Los Angeles methamphetamine NIU in the study:

> *Los Angeles NIU*: I also used to smoke crack, I did that first and then I switched (to methamphetamine). I switched because it was cost effective, you know, so- I did that (smoked crack) for not too long, long enough to keep me on the curb and homeless and all that, so I realized you don't want to eat your whole check you know. I used to be a Hollywood stunt man, and I got injured, so I get my little fixed income, so I don't want to get into a realm where I'm spending my whole stupid check on that, so that's a bit more cost effective.
>
> *Researcher*: How do most people use it?
>
> *NIU:* I believe the homeless population they smoke it because it has the most immediate effects. Maybe they might assume that- it, you get your, because it extends the time you have it, because when you (inaudible, smoke crack) it, it's just gone.

Former crack cocaine users that were homeless (n= 4) and lived on the street in downtown Los Angeles on Skid Row, which was referred to as the Mission reported smoking methamphetamine daily as a way to cope with structural inequality, social exclusion, and poverty. Methamphetamine was obtained by recycling (e.g. cans and bottles) and by bartering. No homeless participants living on the street reported dealing methamphetamine and usually purchased in small amounts such as nickel bags ($5 dollars' worth).

According to these respondents, methamphetamine was preferable to crack cocaine because of the longer half-life of the drug. For instance, a homeless methamphetamine user in the study discusses drug switching as follows:

> *Homeless Los Angeles NIU*: The difference is that your chasing when you smoke crack, with meth you aint got to take a lot of meth to stay up all night, you know what I'm saying you just take a little; once you do meth you don't worry about crack because I do meth and meth is good; I like meth.
>
> *Researcher*: What do most people sell on the streets now, around here at the Mission, crack or meth?
>
> *Homeless Los Angeles NIU:* Meth.

In comparison with crack, methamphetamine use on the streets was believed to be less risky since users were less likely to be detected by police when smoking the drug, since they smoked less often, purchased the drug less frequently, and were less likely to carry the drug with them; all of which decreased the probability of getting arrested for drug possession by law enforcement.

Smoking was also preferred to injection by these respondents and was considered less risky, for instance for the contraction of HIV/AIDS or other blood borne viruses. The residue of smoke able methamphetamine could also be saved and re-smoked. Although methamphetamine and heroin were sold downtown in what can be considered an "open air market", this is not like the crack markets of the 1980s. Methamphetamine is obtained through networks of homeless users who seek to maintain invisibility from law enforcement, minimize public disorder, and tend to barter rather than pay for drugs. Older users that were in their 40 and 50s spoke of the cycle of poverty, homelessness and addiction stemming from systemic exclusion from social institutions such as schools and overrepresentation in jails. Many respondents became homeless following the death of family members who were providing housing. Spending time in prison also contributed to the cycle of homelessness and upon returning from jail, social networks had often dissolved,

and the lack of housing forced them onto the streets. Researchers, including Adler and Newman (2002) argue that the consequences of poverty are poor health; and poverty can be psychologically damaging. According to a homeless methamphetamine user living on the street in Los Angeles:

> *Los Angeles User*: It started when my mom died. I started doing meth to cope. I've been down here (The Mission/Skid Row) ever since. Been to prison 4 times, yeah, you wind up down here you got to survive….Hell, there putting up all the luxury sites (condos) down here they can't go nowhere thanks to Reagan. It starts when they put you in prison; it's a vicious cycle, a viscous cycle.

And a homeless methamphetamine user claims:

> *Researche*r: Why do you use methamphetamine?
>
> *Los Angeles NIU:* I'm just trying to stay sane…..It makes me a little bit at ease you know what I'm saying, it makes the time pass.

According to IDUS, injection was a route of administration that was typically associated with use in the street setting in the context of homelessness, whereas smoking and the sharing of smoked methamphetamine, was typically associated with group drug use in a private residence. According to a transient methamphetamine IDU that frequents the dealer house:

> *Transient LA NIU:* People started shooting to get a total effect.
>
> *Researcher*: What do you mean total effect?
>
> *Transient LA NIU:* Total effect, uh, injectors they go on missions, to get more, to shoot up.

And a methamphetamine injector in the Los Angeles sample constructs drug quality/ purity as having changed over the course of his drug career. This vignette illustrates how the effects and mode of administration can vary depending on the physical and social context of

use. For this near transient methamphetamine injector, whereas methamphetamine may be smoked when used at a private residence with friends, when used in the street setting, the drug was typically injected. Use in the street setting in the context of homelessness was associated with different drug effects, which reflect its functionality in the specific micro setting. He claims:

> *Los Angeles Near Transient IDU:* It used to be the fucking tweak (high quality methamphetamine). I mean I can still get ephedrine, you know, the rushing- That shit had me up for like fucking months one time, I slept for like 31 fucking days up on it. 31 days without waking up. I'd leave alone and my fucking shadow was following me, fucking walking….

He goes on to discuss note:

> *Los Angeles Near Transient IDU:* (When used on the street) You shoot. When you smoke, it's more fucking smoother (less intense drug effect) now than it used to be. But that's just because you know you tried all kind of shit (illegal drugs).

As illustrated in the above vignette, the representations of specific drugs and particular routes of administration, and drug effects, reflect the individual and collective meanings and functions attached to drug taking in specific contexts, which for some inner city ethnic and class minorities in the study that experienced transience exacerbated through involvement with the criminal justice system, fostered injection in the street setting. The meanings attributed to injecting were embedded in personal, social and situational contexts (Neagius et al. 1998).

Injection of methamphetamine was reported within micro networks of sexual partners. For some respondents, having sex with a drug injector increased the likelihood of injecting among some NIUS and IDUS. For instance, according to a Los Angeles respondent that injects heroin and methamphetamine:

> *Los Angeles IDU*: I always had boyfriends that did downers, back then it would bother me when my boyfriend always nodded out. To be in the same place, because I was using crack, I didn't modify my crack use, I used crack with Xanax (pharmaceutical downer), my boyfriend did crack with heroin, buy only smoked. My last boyfriend smoked heroin, but then started shooting up every day, now and again (mixed heroin with injected methamphetamine) with speed (methamphetamine) so I started injecting heroin and meth.

It was not uncommon for IDUS to report sharing needles with sex partners. For instance, according to a Los Angeles respondent that injects methamphetamine and heroin, he shares needles with his girlfriend regularly without cleaning them. He notes:

> *Researcher*: Do you share needles?
>
> *Los Angeles IDU*: We (male IDU and female IDU) share needles, we are boyfriend and girlfriend, of course I would wash out the needle with bleach, but we had unprotected sex so (I don't).

Injecting drug users (IDUS) are the largest risk group for HCV infection (Esposito and Rossi 2004) and they play a critical role in the transmission of HIV to non injection drug consumers due to their sex risk behaviors including unprotected sex (Saxon and Watkins 1991) exchanging sex for drugs or money (Kim and Astemborski 1993) and multiple sex partners (Wiebel et al 1988). IDUS are also at increased risk for HIV infection through sexual intercourse with other IDUS (e.g. Booth et al. 1993). A large proportion of new HIV 1 cases in the United States are IDUS and HIV 1 seroconversions of IDUS is mainly associated with injection related risk factors. However, since 1992, few seroconversion studies have been conducted and in only two of these studies was an association found between sexual risk factors and seroconversion. This is because researchers tended to focus only on injection related risk factors and ignore sexual risk (Kral et al 2001).

Primary heroin injectors in the Los Angeles sample used methamphetamine in a

polydrug combination called “goofballs” to combat symptoms of withdrawal from heroin and as a way to mitigate the sedative effects of the drug and to increase awareness, wakefulness, and to facilitate socialization which reveals the importance of the set and setting, including social goals and expectations in mediating drug use. Alternatively, methamphetamine injectors used heroin to “come down” after a binge or to ease the side effects of anxiety and paranoia that were reported among some methamphetamine users, especially drug dealing IDUS. The term “goofballs” is derived from the 1940s when it referred to abuse of pharmaceutical barbiturate, which was correlated with crime, juvenile delinquency, and non-white countercultures (Rasmussen 2008).

The use of methamphetamine in combination with heroin reported by Los Angeles respondents is similar to the pattern of cocaine use by heroin injectors (e.g. Kinlock et al. 1998). During the 1970s and 1980s, the rising population of cocaine among heroin users had a profound impact on patterns of drug use (Kinlock et al. 1998). Cocaine use became widespread in the general population during this time and among heroin addicts. Typical patterns of heroin and cocaine use among many heroin addicts was to heat heroin and cocaine together and inject the mixture intravenously as a “speedball” (Johnson et al. 1998). Methamphetamine has largely replaced cocaine as a drug of choice among heroin injectors for Los Angeles respondents.

Respondents in the study purchased heroin in open air markets on the street (e.g. Skid Row, downtown Los Angeles) and through networks of users. Dealers selling heroin in the open air market in downtown Los Angeles packaged heroin in balloons, which was a

tactic to avoid arrest. When packaged this way, the heroin could be easily swallowed. According to a heroin and methamphetamine user in the study:

> (Heroin) Dealers downtown package their heroin in different colored balloons. That's how they differentiate themselves from other dealers, is by the colored balloons. There are different colored balloons for different types of heroin and each group has its own mark. I like powder heroin, but it's impossible to get.

Heroin dependent users sold heroin purchased downtown for resale alongside methamphetamine as a means of defraying the costs of drug use. These respondents were all daily users and sold drugs as a means of providing access to resources including housing and networks of social support and as a way to afford drug use.

According to respondents, heroin prices increased during the past several years, which rationalized 'juggling' heroin. A heroin and methamphetamine user claims:

> *LA Heroin User:* Lately (prices for heroin) went up, over the past six years (prices increased). Heroin prices now are $500 per quarter ounce.

And a methamphetamine and heroin dealer in the study that injects heroin also reports an increase in price:

> *LA IDU*: Bags (of heroin, containing approximately ¼ grams) went from $5 to $10 dollars; one brick of tar (black tar heroin) costs $15 dollars.

An increase in heroin purity in the region has been noted by law enforcement and government officials. According to a report entitled: "DEA: Potent Mexican heroin can kill almost instantly" (Salter and Caldwell May 25, 2010), there has been a sharp increase in the purity of "black tar" heroin trafficked into the country from Mexico, which is being sold in Los Angeles. This is responsible for a recent spike in overdose deaths: "Mexican drug smugglers are increasingly peddling a form of ultra-potent heroin that sells for as little as

$10 a bag and is so pure it can kill unsuspecting users instantly, sometimes before they even remove the syringe from their veins". According to the report, a new generation of users is being attracted to this high purity black tar heroin.

The majority of primary heroin IDUS in the study reported initiating into intranasal use of methamphetamine which was immediately followed by the transition to injection. Smoking was not preferred as a route of administering methamphetamine amongst long term, primary heroin IDUs. For instance, according to a primary heroin IDU in the Los Angeles sample:

> *Los Angeles IDU*: It's a waste to smoke meth. I will only inject, I don't smoke meth at all even when it's offered to me, but I will put some in my needle.

Amongst primary heroin injectors, injecting methamphetamine was preferred over smoking because injection produced the 'most intense' high and methamphetamine was often used to moderate the sedative effects of heroin. For instance, a Los Angeles respondent that is a daily/near daily heroin user, discusses why he prefers injecting methamphetamine as follows:

> *IDU:* I don't really smoke it. I just learnt how to smoke it in a pipe. I have sniffed it also but I injected before I tried smoking it, sniffed it first, but prefer injecting.
>
> *Researcher:* Why do you prefer injecting?
>
> *User*: It's a better high (injecting methamphetamine).
>
> *Researcher*: What do you mean a better high?
>
> *User:* It's the rush.

He goes on to neutralize the opprobrium of injection drug use by stigmatizing methamphetamine users that smoke the drug as follows:

> *Researcher*: What do you do after injecting methamphetamine?
>
> *User*: I keep busy when I'm on it, around the house. I'm not like most people there that smoke it, who sit around and get stuck, have to pay them with five dollars' worth of shit (methamphetamine) just to get up and help out, they just take advantage, don't pay rent, rob people, sit around and wait for a hit.

Almost all of the primary heroin users in the study were injecting drug users. Among Los Angeles respondents, injection as a method of administering heroin was preferred because of the type of heroin that was available, namely black tar heroin or "black", which was produced in Mexico and was gooey in consistency and not readily sniffed. Smoking was also not preferred according to participants since smoking black tar heroin resulted in a loss of the product and damaged lungs. Overall, as a method of administrating "black tar" heroin, smoking was inefficient. A heroin user in the Los Angeles sample that injected heroin and methamphetamine claimed that the heroin could be transformed into a powder, however, it is unclear what he meant by this. According to respondents in Los Angeles, powder heroin was not available. Black Tar heroin, on the other hand, was. Methamphetamine was also used by heroin IDUS in the study to reduce withdrawal symptoms from heroin use.

Poly drug combinations of methamphetamine and heroin were most likely administered by respondents either by injection of one drug after another or combined in a single injection episode. Primary daily users of heroin that also used methamphetamine and injected reported a practice in which the needle is filled with blood and injected partially, usually into the side of the neck, and then removed and re injected, which if needles are shared increased risk.

Heroin injectors reported more difficulties with injection, including vein damage and had difficulties locating veins for injection. According to several long term heroin IDUS seeking to reduce their use of injected heroin due to vein collapse, since methamphetamine could be smoked in a glass pipe, IDUS smoked the drug which they reported eased heroin "sickness" and lowered cravings for heroin. According to a long term heroin IDU in Los Angeles:

> *Los Angeles Heroin IDU:* When I use (methamphetamine) I don't use tar (heroin) or want it like if I didn't smoke dope (methamphetamine). But my drug of choice is heroin, not meth. I use meth socially and when it's offered to me.

Los Angeles methamphetamine use and distribution networks were composed of NIUS and IDUS including primary heroin injectors that were long term injectors who smoked and injected methamphetamine to mediate the sedative effects of heroin and neophyte methamphetamine injectors that may or may not inject heroin and reported long term smoking of methamphetamine. This facilitated the transmission of subcultural meanings, motivations, and the functions of use; beliefs about drug taking, specific drugs and techniques of administration; anticipated beneficial effects; harm reduction and risk reduction practices among heroin and methamphetamine users which were illustrated in collective drug effects and drug preparation and administration rituals.

Heroin and methamphetamine were used in varying combinations with each other. IDUS in the Los Angeles sample reported administering a combination of methamphetamine and heroin in a polydrug use pattern that typically involved administering the drugs simultaneously by injection or one drug after another by injection or a combination of methods of use. A heroin and methamphetamine IDU in the Los Angeles

sample describes drug preparation and administration practices as follows:

> *Los Angeles IDU:* The thing is speed (methamphetamine) is going to lessen the effects of the heroin in the sense that it's less- that's why the shot they give you if you overdose on heroin that's a shot of speed. One of the first things they do is give you a shot of speed. Causeit lessens the effects of the heroin. So if you mix the two together you don't get the full shot of the heroin and sometimes, the speedball, sometimes the speed will be stronger than the heroin, other times the heroin is stronger than the speed so you have to put your own analogy to that. If you really want the full effect of the two chemicals then you shoot it separately.

He goes on to describe rituals for preparing Black Tar heroin and methamphetamine for injection:

> *Los Angeles IDU:* Meth don't mix in a metal container like coke in a cooker or heroin tar because it lessens potency. With tar you strain it through a cigarette filter when you draw into syringe so the cut might stay past the filter on the other side of the filter that way. Heroin, they don't step on (cut) to some degree, but heroin I get don't have much cut and the same way with the crystal, but with the crystal you want to mix it first in a plastic bottle top, then draw it up in the syringe to- do the speed ball right, but some people do dump it right in the cooker and mix it right in with their heroin in the cooker, but it's like it cannot be really be a speedball because heroin is a downer and speed is a upper and it's just cutting the strength of the heroin. And in the cooker, you mix with water and don't boil it off in there so that it can be injected, so, so stir it up til it becomes liquid. It correctly liquefies. There is not steaming involved, so (I am) usually smoking (methamphetamine) a lot of the times too, cause you're adding water to it for one, and putting the crystal in the water weakens the strength, by diluting it with water, and then on top of that the metal has an effect as well. So it's a lot weaker speed. (Most people) have different tolerances and use their own judgment of amounts they are mixing. One person might like put essentially um, a point 0. 5 (grams) amount of meth in and mix with point one (0.1) grams of black, heroin. And another may do half and half in even amounts and another may want the heroin to and speed to be /like a 20, 20 of each. Or another might do the tar (black tar heroin), the tar first, and the speed separately right behind. Most people I've seen that mix, and want to mix speed with black do it, mix it right together, (mix in the cooker, draw into syringe, and inject it), draw with a filter or a cotton and cook in together. Myself, would prefer for speedball, might not call that speed balling, but would do like the heroin first and then following that

> up with a second shot of purely speed. (when administered one after another) Its stronger, both products would be stronger. Even though its still diluted.

According to a Los Angeles respondent that sold and injected methamphetamine, injection preparation and drug sharing practices were learned through social interaction with IDUs. He states:

> *Los Angeles IDU*: When I (first) tried it (methamphetamine), I never even felt it and I was living at a hotel and my next door neighbor, they were hooked on (addicted to) meth and they were getting it every day and they just go, well just because you didn't get any good shit ('good' quality methamphetamine). And finally when they got a big bag one day and they came over they put some in a spoon for me and he goes now do that right. And cause he knew I was injecting (other drugs). And so he goes, well here, and he put some in a spoon- and goes well try this. And I put some water on it and I injected it. And so, he put some methamphetamine on the spoon for me without any water and I melted it in water and yeah, usually you put 20 units of water on it and it will double to 40. If it doubles, it probably good. And about a couple 10s ($10 dollar bags), a quarter gram (of methamphetamine).

And according to a methamphetamine and heroin IDU in the Los Angeles sample:

> *Los Angeles IDU:* You can mix the speed (methamphetamine) with a little water and put it into the needle on a plastic cap or in the needle and then you draw the heroin up or you can mix it in your cooker if you're going to mix the shot. And you use cotton to draw heroin into the needle. You use a metal cap for the cooker, if you do say 40 milligrams of black (black tar heroin) and want to cut it down a bit so it doesn't like- to do a dime ($10 dollars worth) or so of speed and mix it in the cooker together with a little bit of water and then mix it up with the lighter and heat it up and it sits for a little bit but- and use cotton to strain the cut off You don't burn it; you have (added) water in it to. It's all liquid then. But if you are going to do the speed by itself than you mix it directly in the needle with water. You can put the water in the needle cap.

Researchers have found high rates of HIV infection among heroin users that inject cocaine. Injecting drugs is associated with the transmission of HIV/AIDS and blood borne viruses, such as Hepatitis C, which results from the sharing of equipment including

syringes, cottons, cookers, spoons, and water. Documentation of injection practices is essential for harm reduction workers and health care practitioners since transmission of HIV/AIDS tends to occur within the first few years of injecting (Van Beek et al. 1998).

Indeed, differences in the social characteristics of users, the set and setting, availability, beliefs about drugs, and motivations for use influenced the types of drugs that were used in combination with methamphetamine. Researchers have argued that illicit drug users are cognizant of the effects of mixing those drugs and their polydrug use reflect their desire for specific altered states of consciousness in specific physical settings and/or social environments" (Gorman et al. 2004). GHB and heroin were used to modify the stimulant effects of methamphetamine. GHB was also used in combination with methamphetamine by some New York City participants a precursor to sex.

New York City respondents reported using the so called “club drug” GHB to modify overstimulation from methamphetamine use. GHB was used both as a precursor to sex and during the “come down” phase of methamphetamine use to induce sleep. GHB is a central nervous system (CNS) depressant that was approved by the Food and Drug Administration for use in the treatment of narcolepsy. GHB was a relatively cheaper alternative for methamphetamine and was sold by the ounce for $20-45 dollars. A typical dose was 1-3 caps which is equivalent to approximately two tablespoons or one ounce. GHB was also used as a polydrug combination with methamphetamine to induce sleep and reduce anxiety and restlessness caused by methamphetamine.

GHB is produced illegally in both domestic and foreign clandestine laboratories. The major source of GHB on the street is through clandestine synthesis by local operators. At bars or "rave" parties, GHB is typically sold in liquid form by the capful or "swig" for $5 to

$25 per cap. GHB has been encountered in nearly every region of the country. The GHB analogues GBL and BD are available legally as industrial solvents used to produce polyurethane, pesticides, elastic fibers, pharmaceuticals, coatings on metal, plastic, and similar products. These analogs also are sold illicitly as supplements for bodybuilding, fat loss, reversal of baldness, improved eyesight, and to combat aging, depression, drug addiction, and insomnia. GBL and BD are sold as "fish tank cleaner," "ink stain remover," "ink cartridge cleaner" and "nail enamel remover" for approximately $100 per bottle--much more expensive than comparable products. Law enforcement's efforts to identify the abuse of GHB analogs are hampered by the fact that routine toxicological screens do not detect the presence of these analogues (DEA 2002).

Whereas GHB was reportedly widely available according to New York City respondents and was sold alongside methamphetamine by dealers who purchased the drug online or manufactured it, GHB was not available according to most Los Angeles respondents that indicated it was “very difficult to locate and obtain”.

Collective identification with the rave and club electronic music and scene among New York City participants acted as a barrier to heroin use and drug injection for most participants including MSMS, MSWMS, and non MSMS. This is noted by a New York City respondent as follows:

> *Researcher*: What about meth? Do you know people that shoot meth?
>
> *NYC non MSM NIU:* Uh, no, I haven’t heard of anyone doing that around here, maybe coke, people inject coke, heroin, meth I don’t know, not in the club scene.

In sum, characteristics of the drug market including availability and price, the social characteristics of users, and the set and setting influenced the types of drug used and sold, ways of administering them, and perceptions of drug taking, including expectations for behavior and the meanings of drug taking which were situationally and subculturally defined and the functions of drug taking, including beliefs about drug use and specific drugs as social constructions, were imbued with symbolic and material significance.

Drug Dealer IDUS in the Los Angeles Sample

Situated subcultural norms have been shown to be particularly significant in shaping local and context- specific drug use risk practices, including routes of use and "rituals" of use such as drug procurement, exchange, and sharing (Dietze et al. 2006). Research indicated that the functions and subcultural meanings of drug taking were derived in part from the social identities of users and the economic context. For Los Angeles respondents, a central function of drug taking was to maintain structures of kinship and drug consumption and distribution rituals facilitated social bonding within friendship networks, for instance, through drug sharing and collective drug taking at a dealer house. In this context, methamphetamine was smoked and the passing of a glass pipe containing methamphetamine communicated a social relationship and conferred status. Dealers were expected to share methamphetamine with peers and the function of drug taking, buying and selling within friendship networks and collective identification with a street culture shaped attitudes, meanings, and effects.

Drug dealing IDUS, which included methamphetamine only and methamphetamine

primary and heroin secondary IDUS reported that the transition to injection of methamphetamine was motivated by cost and the need to limit their intake. Compared to smoking, injecting was preferred as a way to control the cost, frequency and quantity consumed. The meanings attached to drug taking and the social relationships between buyers and sellers were important aspects that influenced individual decisions about method of administration. For some dealers, the meanings attributed to their use were derived from their status in the drug trade which was dependent on their ability to generate enough income from sales so as to share with peers.

For instance, a Los Angeles drug dealer IDU that is transient has transitioned from smoking to injecting so as to limit personal intake. In the vignette below, he discusses initiation into methamphetamine use as coinciding with entrance into drug distribution.

> *Los Angeles Dealer IDU:* I started smoking when this dealer was around in my neighborhood, he smoked, when I was around him, I smoked because that's what he's doing. I didn't have to sell, I just had people around so, I started selling to afford it, and at the time, the dealer said he was done with snorting it, that to boost the effect, get a direct effect, to try smoking it with snorting it. I first smoked it on a cigarette with tobacco. And to get a direct effect, my nostrils burned, both of them, I switched nostrils, used a different nose.

Similar to other dealers in the study, drug selling was associated with an escalation in use, which subsequently led to a shift in route of administration. He goes on to compare smoking and injecting methamphetamine as follows:

> *Transient Los Angeles Dealer IDU*: It's a different effect (when you smoke), it's more mellow, it's much slower (compared to injecting). When you melt away the shit, the effects are slower and doesn't last as long. That's why you need larger amounts, only if you have larger amounts, if not its dysfunctional, nothing constructive, is bad. If you can't get more it's a catastrophe, can't finish what you

> took apart, put together, you get burned out, that's why I started buying from him (dealer) a dime ($10 amount of methamphetamine) a day and was, I should be making it (money) so I started selling when I started really using it.

Injecting was one way that Los Angeles respondents in the study that sold methamphetamine minimized expenditure by controlling their intake.

Economic motivations were reported as a primary reason underlying transitions in route of methamphetamine administration, especially among daily users that transitioned from smoking to injecting. Daily and near daily users of methamphetamine reported consuming greater amounts of the drug per drug use occasion and more frequent episodes per drug use day when smoking than with other routes of administration.

For instance, according to a daily user in the Los Angeles sample that switched from smoking to injecting:

> *Los Angeles Drug Dealer IDU*: (I) use less when injecting than when (I) smoked, and spend less.

All methamphetamine dealers in the Los Angeles sample were daily or near daily users. Maintaining a drug habit and sharing smoked methamphetamine with peers and sexual partners were primary reasons for selling methamphetamine among Los Angeles dealer respondents.

According to some methamphetamine dealers, the transition from smoking to injecting was a means of controlling one's drug use by limiting personal intake and expenditure. For instance, according to a drug dealing IDU in the Los Angles sample:

> *Los Angeles Dealer*: I inject so that I don't overuse the drug when hustling (selling drugs).

According to these respondents, compared to smoking, injection was associated with less frequent use and lower quantities of use per drug use day. This was both cost effective and enabled dealers to maintain a steady drug supply. This is noted by Los Angeles drug dealing IDU in the study as follows:

Los Angeles Dealer: (I inject) so all the profits are not consumed.

Fieldwork indicated that a Los Angeles methamphetamine dealer, upon purchasing an 8 ball (3.5 grams) of methamphetamine for resale sought to minimize personal drug intake:

> (The dealer) would remove .3 grams to .5 grams of methamphetamine for himself for personal use or approximately 3 rocks which he preferred over powder for injection.

And according to a drug dealing IDU in the study:

> *Los Angeles Dealer IDU:* (I inject because) I have to make sure I have enough money to give to the person who fronted me.

Operating on a credit basis, in which a dealer is fronted drugs and then returns with cash for more drugs, requires that dealers constantly remain in control of their drug sales and drug use. Injection can be more readily dosed and paced as compared to smoking since the specific amount can be accurately measured according to the CC (cubic centimeters) on the needle. For most dealers in the study, smoking was associated with "messing up the money".

Some Los Angeles drug dealing IDUS in the study reported alternating between smoking and injecting and injection was considered a more efficient route of use for those without a permanent residence. Injecting was more cost effective than smoking and minimized the risk of being detected by law enforcement or others (e.g. hotel personnel)

that may smell smoke, identify it as methamphetamine, and subsequently contact the police. According to a transient methamphetamine drug dealer IDU in the Los Angeles sample:

> *Transient Los Angeles Dealer IDU*: When I was staying in motels, had like a pound of crystal (methamphetamine) with me, fucking coming in and out like at in and out burger (fast food restaurant where sales were transacted), I was shooting up (injecting drugs), had a lot of calls (drug sales), running around (selling drugs).

Although many dealers in the Los Angeles sample reported intranasal use of methamphetamine at the beginning of their drug selling career, increased involvement in drug distribution exacerbated use and as use increased, they subsequently shifted route of administration to smoking and injecting.

Drug dealing IDUS in the study typically did not report prior injection of a drug as an antecedent to initiation of injection of methamphetamine. For most of these respondents that sold methamphetamine in Los Angeles, the average length of time between first use of methamphetamine and near daily/daily, heavy 'drug dependent' use was 6 months. For Los Angeles drug dealing IDUS in the study, the average length of time between first use and injection was 6 years and a mean total of 9 years use.

Drug dealer NIUs and IDUs did not have as extensive drug use histories as other respondents in the drug subcultural group and most reported limited use of alcohol and marijuana and to a lesser extent heroin. For Los Angeles respondents in the study, methamphetamine distribution and use were not separate spheres of activity and drug procurement was a social activity that included buying, using and sharing with peers at the point of sale. In this context, distribution was part of a larger social formation that influenced how consumption was organized. When used in a group setting at private residences (e.g. dealer houses) to socialize with peers, methamphetamine was smoked in a

glass pipe and drug dealers were expected to share their drugs.

The individual and collective consumption strategies of study participants and the behavioral consequences of drug taking arose not from the psychopharmacological properties of the drugs itself, but rather were shaped by the social contexts of inner city poverty, racism, chronic homelessness, transience, and social economic exclusion exacerbated by incarceration in the juvenile and adult criminal justice system.

Drug sharing norms and the social aspects of methamphetamine use in defining social relations facilitated injection among some drug dealers as an economical means of limiting intake so as to share in group settings. As a rule, at the dealer house, injection was concealed by administering the drug in a bathroom, usually alone, unlike smoking, which was not.

Very close social relationships and intimate and frequent contact characterized drug distribution among Los Angles respondents. For these research subjects, the structure and organization of drug distribution and subcultural norms regulating drug consumption such as drug sharing, low economic returns from drug sales, and the desire to avoid arrest by minimizing visibility to law enforcement when using the drug in semipublic locations such as hotels were some of the factors which were associated injection. Transience was a significant factor that influenced route of use and injection was more often reported in semi public settings such as hotels and on the street because of the comparative visibility of injection compared to smoking and risk of arrest[13]. Homelessness and the costs and risks incurred from selling were also mitigating factors that facilitated injection for some.

[13] Some respondents also cited fear of arrest associated with the carrying of needles and drug injection equipment in public spaces, which is discussed in the next section.

Since the inner city poor have limited opportunities for work in the formal sector, they rely upon the informal sector and the individuals within it for various forms of support, which involves the building and cultivation of relationships through social drug use and selling which is a source of status and identity.

Physical Setting, Route of Administering Methamphetamine, and Risk Taking among IDUS

Individual risk taking drug behaviors were mediated by structural and situational determinants, including housing and homelessness, and the physical and social setting. For Los Angeles dealers in the study that did not have housing and lived night to night at hotels, a significant portion of their daily earnings from drug sales was spent on hotels. Hotel rooms that were usually rented late at night and extended until the next day cost approximately $80-120 dollars (per night), which in addition to personal consumption of drugs, sharing drugs with friends, and additional expenses such as food and alcohol, significantly increased the costs of drug dealing on a daily basis.

According to some transient drug dealer IDUS in the study that lived at hotels, not having a place to live and staying at hotels also increased risk because of reduced access to needles arising, for example, because of fear of arrest. Fieldwork conducted in Los Angeles indicated that some dealers that injected methamphetamine that lived at hotels had friends deliver needles to them which had been cleaned with bleach and injectors believed that the needles had been sterilized based on what had been told to them by their friends. These respondents had no way of verifying what had been told to them by word of mouth.

Methamphetamine withdrawal was also indicated at the time by respondents who reported "fiending" for a "shot" of injected methamphetamine. In addition to drug dependence, reduced access to needles because of needle selling laws and the ease of transportation, were factors that increased the likelihood of sharing needles, drug solution, or injection equipment. IDUS typically did not carry bleach with them when travelling. For instance, a Los Angeles respondent that is a transient methamphetamine IDU claims:

> *Researcher:* What would be the circumstances when you would share needles?
>
> *Los Angeles IDU:* If a new one was not available.
>
> *Researcher:* And how come it's not available?
>
> *Los Angeles IDU:* Because I haven't gone to the store to buy them. There are some 24 hour pharmacies (that sell needles) but that's just a hassle, you know, to go down there if I don't have one.

The majority of IDUS in the Los Angeles sample reported difficulties obtaining new needles and believed that needles were not sold and pharmacies. Indeed, some stores including CVS require a prescription. Fear of arrest for carrying needles was also reported. This is noted in the following vignette which is based on observations and informal interviews conducted at a hotel in Los Angeles with a drug dealing IDU that was a primary methamphetamine and secondary heroin user. Harm reduction practices are noted as follows:

> A transient female drug dealer IDU reports not sharing needles with anyone, but will have a friend deliver the needles to her while staying at a hotel. While waiting, she reports experiencing withdrawal symptoms, which is referred to as 'fiending' for a shot of injected methamphetamine. When administering it, she administers it in private in a bathroom. She does not carry needles with her or large quantities of drugs when dealing to avoid risk of arrest and leaves it with a friend. Cops are known to frequent the area and patrol the hotels where she spends the night. They have arrested methamphetamine dealers coming in and out of the hotel and this is a

> way to avoid risk of arrest; she minimizes the traffic of people in and out the door to avoid suspicion.

The physical setting, or use at hotels, exacerbated risk for drug dealing IDUS because of police practices and fear of arrest that prevented IDUS from traveling in and out to obtain "works". These respondents were thus more likely to report accidental or secondary sharing of drug injection equipment. For instance, a lack of available containers for dissolving methamphetamine in water for injection was observed during a drug injection episode among a group of methamphetamine IDUS at a hotel in Los Angeles. Drug preparation practices included utilizing plastic cups and tin ashtrays to prepare their drug solution. Participants did not share needles or containers; however during this injection event, IDUS injected only one time each and complained about the lack of containers for re-injection. Risk is minimized by the specific injected drug and methamphetamine is typically injected less frequently than other illicit substances. The use of another injected drug such as heroin may increase the likelihood of sharing needles or injection equipment because of heroin withdrawal symptoms or the sharing of drug solution. These respondents did not report injecting cocaine which is typically injected at a greater frequency than methamphetamine.

Methamphetamine users reported harm reduction strategies such as cleaning needles with bleach as a way to reduce the risk of incurring blood borne infections such as HIV and Hepatitis C. Non access to new needles was a factor that facilitated drug injection sharing practices among Los Angeles respondents. A methamphetamine IDU discusses risk reduction strategies as follows:

> *Researcher:* And do you ever share needles?
>
> *Los Angeles IDU*: I have before, but I bleach them, I bleach them really good and I

think bleach pretty much kills everything.

Researcher: Is it hard to get needles?

Los Angeles IDU: No, if I don't have one it's not really a big deal, it's not like I need one at all, um.

*Researche*r: What would be the circumstances when you share needles?

Los Angeles IDU: You know, like a night where I got a case of the fuck its and I'm at a buddy's house or at a house where they have something and you know and um, my buddy is going to hook me up and if it's fairly new I'll just bleach it, no big deal, you know, and that's pretty much really if I just wanted to get really fucked up, but you know other than that I really don't need it, I don't need drugs at all. But it's around so why not.

Respondents reported the following needle cleaning techniques:

The majority of IDUS in the Los Angeles sample reported use of cold water to clean needles and syringes, and a few reported using boiling water and some used bleach, when available.

Needles were sold at house addresses for $1 that had been obtained from needle exchanges; for instance, according to a heroin and methamphetamine dealer that injects drugs:

IDU: The police confiscated my container (containing needles). Now I have to go back to the needle exchange to get more and it's hard to get there.

Factors including not being able to obtain needles from the needle exchange due to the hours of operation and location of the needle exchange sites, and lack of transportation at particular hours to obtain needles meant that needles often had to be cleaned at home and reused or saved for personal use. In Los Angeles, needle exchange sites operated on selective days during the week and not on weekends. Since using drugs was dependent on

having money for drugs or having access to drugs, use tended to occur sporadically making it more difficult to plan ahead to obtain needles from needle exchanges for drug injection. For instance, a methamphetamine injector may run into someone who wants to buy some methamphetamine and subsequently receive some for free from the sale, which would then be injected.

Since injectors that engaged in low level sales did not have a regular customer base, they were dependent upon chance meetings on the street or running drugs as a favor for a dealer. Low level homeless/transient runners that injected drugs thus constituted one of the highest risk categories for contraction of HIV and other blood borne viruses. This has been found by researchers for heroin, who argue that “drug dealing among IDUs was predicted by several markers of higher intensity addiction, and drug-dealing IDUs tended to occupy the most dangerous positions in the drug-dealing hierarchy” (Small et al 2005). According to the researchers, "balanced" drug policies may undermine each other and indicate the need for alternative interventions. Indeed, homelessness and poverty were some of the structural variables that increased risk taking among IDUS. The social and economic context as well as the physical setting impacted route of administration and injection of methamphetamine in certain settings such as hotels was associated with increased risk of sharing needles, especially among transient drug dealing IDUS due to fear of arrest for carrying needles and police pressure targeting dealers living at hotels. Researchers for heroin injection (see Neaigus et al. 1998) have discussed the importance of socio demographic differences in transitions to injection. According to Neaigus et al. (1998), the ability to control drug use may be related to a lack of resources, including money for drugs, and may reflect the degree of integration or marginalization, for instance, from social institutions or subcultural norms

governing needle use. Although not based on a representative sample, for respondents in the study, the sharing of injection equipment, including needles, cottons, water and cookers was related to homelessness, not having money for drugs, low drug availability, peer norms, and injection of heroin in combination with methamphetamine.

Chapter IX

Conclusion

Social and subcultural factors have been recognized by social scientists as influencing the interaction of drugs and human behavior in many important ways (Davies and Walsh 1983). Differences in the social and economic circumstances of study participants in New York City and Los Angeles provided a point of departure for comparative analysis of their lived experiences. Indeed, methamphetamine was used by persons at all economic levels. By holding the drug as a constant, variations in the behavioral consequences of methamphetamine use were found depending on the "mind sets and social settings" (Reinarman et al. 1997). The attitudes, beliefs, meanings and functions of drug taking including the structures of social relations and forms of social organization as defined by the drug subculture were subcultural adaptions to distinct material and social problems arising from objective structures of domination and subordination in the political economy. Variations were found in the structure and organization of drug dealing groups in local methamphetamine markets that influenced the behavior of drug users and dealers in the present study.

For Los Angeles respondents, including ethnic/race and class minorities in a neighborhood undergoing gentrification, the maintenance of non commoditized social relations through redistributive consumption of drugs and various forms of reciprocity, were instrumental in limiting differentiation and hence competition for drug sales in the context of poverty, marginalization, and limited opportunities for licit work. The organizational basis of the social group was a response to the material circumstances and structures of

exclusion which characterized the social lives of respondents and drug selling was a response to the immediate environment.

For these respondents who were socially and economically marginalized, drug use and distribution met expressive and instrumental needs and this was reflected in ideologies and practices, including drug acquisition, drug selling, and perceptions and function of drug taking which influenced drug effect. According to Waldinger and Bozorgmehr (1996), Los Angeles has experienced immigration differently from almost all other major cities in the United States. The social arrangements of drug dealing groups in the Los Angeles sample which included White, Mexican, and Pilipino transient and near transient drug users with limited schooling and extensive criminal careers, reflected changes in the opportunity structure in the region and across the U.S. border and their values and norms were an adaption to living in poverty as a consequence of social structural inequality.

The availability of housing, real estate values, and a demographic shift have marginalized inner city residents in working class Los Angeles neighborhoods and these social structural conditions prompted entrance into the drug trade. In the context of poverty and chronic unemployment, Los Angeles drug dealers in the study cultivated a street identity and sought the “respect” of their peer group through criminal involvement in drug and non drug crimes. Barriers to exit for drug dealers in the Los Angeles sample were exacerbated by immigrant status, class, and homelessness. Incarceration and drug abuse contributed to reproduce a permanent underclass for these inner city residents.

Geographic differences at the neighborhood level structured perceptions which were indicated in the motivations of users and dealers and subcultural expectations for behavior, and the set and setting largely determined subjective drug effects. The function and

meanings of drug taking among Los Angeles respondents in the context of inner city poverty differed from that found among New York City methamphetamine users and dealers in the study that bought, sold, used and traded drugs in a social network composed of individuals involved in clubbing and commercial MSM sex work.

In New York City, urban development has translated into the leisure and entertainment industry, in which processes of corporatism and gentrification have been ongoing (Chatterton and Hollands 2002). The expanding online commercial MSM sex industry and the glamorization of it, has influenced conduct norms, attitudes and behaviors as reflected in the discourse and practices of methamphetamine users and dealers including MSM, MSWM, and non MSM methamphetamine and other "club drug" users.

Subcultural and social norms shaped the behavior and attitudes of individuals and groups towards specific drugs and routes of use. For New York City respondents, club drugs, namely methamphetamine, ecstasy, and GHB, were acceptable whereas the so called street drugs, namely heroin and injection drug use, were not. The stigmatization of heroin was related to subcultural definitions of appropriate drug use arising from the function of drug taking for this social group, which was as a precursor to sex and to enhance social and sexual performance. Although heavily stigmatized, when it occurred, injection of methamphetamine which was constructed as "sexy" reflected subcultural meanings and expectations for behavior in the context of MSM sex parties. A combination of subcultural, situational and economic factors was found to influence method of administration.

In sum, the physical and social context, drug subcultural norms and subcultural meanings, and the social location of the drug taker/dealer have a powerful impact on behavior, including drug use. Patterns of methamphetamine use and the behavior of drug

users, distributers and producers must be understood within the historical context of political decisions and economic processes which continue to shape neighborhoods and define their position within the global economy (Hamid 1990). The "myth of choice" in relation to homelessness maintains that "homeless people are homeless only because they make bad choices, and it is a myth that lies behind many flawed policies…these policies lead to an institutional failure that causes further social stigmatization and criminalization of the homeless population—all of which create the whirlpool pull that is poverty's cycle" (Allison 2007:254).

Global economic restructuring and deindustrialization have contributed to the growing prison industrial complex. Researchers on urban poverty have argued that the use of illegal drugs is both a part and parcel of oppressive social and economic circumstances which results in a worsening of these conditions. Limited economic opportunity on both sides of the border has increased participation in the informal sector and the growth of the methamphetamine trade can be viewed as merely one example of the wider phenomenon of globalization.

Limitations

This study is an exploratory study. The comparison of local illicit market participants in the two geographic regions is not based on a representative or controlled comparative sample which limits generalizability. In addition, the factors which relate to drugs described herein among respondents are not independently correlated with patterns of use and distribution.

Notwithstanding these limitations, one of the advantages of exploratory qualitative research is that the data collected can be used to design a quantitative survey. Although not feasible given a lack of financial resources and time limitations, a mixed method approach would provide a more comprehensive understanding of the myriad factors influencing users' decisions concerning route of administration and possibly expose discrepancies which can then be used to refine the instruments. Indeed, one merit of the present study is in the elucidation of the subjective meanings of drug taking among the social groups and exploring some of the characteristics and processes associated with drug related behaviors including route of administration. Although comparative researchers can only make limited generalizations, a major strength of the comparative approach is that the research raises new questions and stimulates theory building (Neuman and Wiegand 2000). Neuman and Wiegand (2000:378) cite Ragin's (1994: 107) who claims: "Comparative researchers examine patterns of similarities and differences across cases and try to come to terms with their diversity".

One drawback of studying specific drug using communities is losing site of the whole. This was overcome by focusing on the social relationships surrounding drug use and distribution, including the pattern of use in relation to self-identification with a social group. By observing participants in multiple settings during a range of hours during the day and night, I sought to develop a more complete understanding of the social world of methamphetamine users and dealers. By comparatively analyzing the functions of drug taking across social groups, the importance of meanings attached to social action and the social context in which it appears, becomes apparent since the same events or behaviors were found to have very different meanings in different subcultural groups. This study sought to demonstrate how the structure and function of drug related activities arise from the meanings produced through everyday practice of people differentially constituted by and situated in the social order as they interact within the physical setting and social economic context in drug subcultural groups with blurred boundaries.

Indeed, had I utilized a treatment sample, I probably would have gathered very different data and had a much different sample. Institutional settings are often used by drug researchers due to the methodological difficulties associated with accessing ‘hidden populations’ of drug users. However, the advantage of obtaining a sample of users and dealers in the natural environment is that one develops a more holistic understanding of the phenomenon and the emergence of new trends which may be crucial to developing harm reduction and prevention programs.

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Appendix A

Glossary

Acetone- Simplest example of the ketones, a solvent and active ingredient in nail polish remover

Adulterant- refers to pharmacologically active ingredients added by drug dealers to illicit drugs to give either synergistic or antagonistic effects. Adulterants (e.g. caffeine, or paracetamol) are psychoactive substances that are often much cheaper than the illicit drug, have a similar or complimentary effect when mixed with it, and thus mask the fact that the substance has been diluted.

Afterhours Venues- Often illegal clubs/private residences in NYC which open following the closure of legal nightclubs at 4am and may feature alcohol for sale and music

Anabolic (androgenic) Steroids- Androgens are often used to enhance athletic performance and most are now regulated by the Controlled Substances Act; Testosterone is one of the most frequently used androgen. Steroids increase muscle mass in both males and females of all ages and significantly increase muscle mass and strength in sexually mature males. Long term androgen use can result in withdrawal symptoms similar to that produced by alcohol, cocaine and opioids (Hogan et al. 2008).

Amber- A term used by methamphetamine users to refer to methamphetamine believed to be cut with MSM and of a lower quality/perceived purity than “clear”; produces a brown residue when smoked in a glass pipe.

Ball- 3.5 grams (of methamphetamine); also called an eight ball

Base (Cocaine ‘Freebase’) - Cocaine can be smoked by converting it into ‘freebase” by extracting it into a volatile organic solvent, such as ether. The freebase can be heated and the vapors inhaled

Base (Methamphetamine) Base is a form of methamphetamine that resembles an oily, gooey or waxy powder of paste, often of a yellow or brownish color (DCPC 2004)

Bathhouses-Although bathhouses vary from venue to venue, gay men’s bathhouses typically offer the following amenities: a labyrinth of hallways lined with small rooms containing beds. The rooms are available for rental (e.g. by the hour). Bathhouses often features a steam room, open shower room, large hot tub and lounge areas featuring gay pornography. Bathhouses are public places for men to have sex and engage in foreplay and voyeurism (Cavalieri, The Metro Times, July 18, 2003). Although historic phenomena, bathhouses have often been at the center of controversy because of the association with unprotected

MSM sex and the potential for the transmission of HIV/AIDS and other sexually transmitted diseases.

“Binge” User- Uses drugs on weekends while clubbing and during commercial sex encounters

Birch/Nazi- Methamphetamine recipe utilizing Anhydrous Ammonia combined with reactive metal

“Black Tar”- is another form of heroin that derives its name from its gooey consistency and its resemblance to roofing tar. Its color varies from very dark brown to black and often produced in Mexico. According to the United Nations Office of Drugs and Crime (2012), black tar is often sold on the street in its tar-like state at purities ranging from twenty to eighty percent. Black tar heroin is most frequently dissolved, diluted and injected.

Blunt- Marijuana that has been rolled in a cigar leaf

Bombay- Term used by respondents in Los Angeles to refer to high quality methamphetamine, Slang term equivalent to ‘the Bomb’ which means ‘the best’

Bong- Smoking device often used to smoke marijuana and methamphetamine

‘Boost the effect’- To increase the drug effect

Booty Bumps- Rectal insertion.

Botched synthesis- A error during clandestine drug manufacturing

Bottoming- Anal receptive MSM sex

Bowl- Term used by respondents to refer to the act of smoking methamphetamine in a glass pipe (or “bowl”)

Brick of tar heroin- This refer to a specific quantity of heroin, the term derives from the appearance of the heroin when bundled together it looks like a brick (as opposed to smaller sales which are sold in separate glassine bags or balloons)

Bugged out-Term used to refer to bizarre, irrational behavior often induced by the use of drugs

Chasing- To compulsively use an illicit drug

Chat Lines (see Party Lines)

Chelsea- Manhattan neighborhood (from approximately 15th street to 34th street (midtown) between 6th Ave and the Hudson River) that features many luxury condos and nightclubs, restaurants, and shops catering to upper income MSMS

Chilling- Term used by respondents to refer to ‘hanging out’ often with a social group of fellow drug users

Christopher Street- Street located in Greenwich Village, Manhattan that was the site of NYC’s Gay Rights Movement during the 1960s and 1970s which features many gay bars and shops dedicated to MSMs

Clan Lab- Term used by the DEA to refer to small scale methamphetamine labs

Cleaning Needles- To add water to used needles for injection in the absence of illicit drugs

Clear – A term used by methamphetamine users to refer to methamphetamine that produces a clear residue when smoked in a glass pipe; believed by respondents to be of a higher quality than (e.g. Amber) methamphetamine cut with MSM

Clubs-Nightclub venues

Club Entertainment Sector- The closing of NYC ‘super clubs’ (Tunnel, USA, Club Speed) and nightclubs where techno music was featured during the 1990s and 2000s was in part an effort by police and legislature to reduce drug consumption and targeted all night raves

Clubbing- Attending electronic club venues

Club Drugs- Club drugs tend to be used by youth at bars, nightclubs, raves, and parties. Club drugs include GHB, Ecstasy, ketamine, LSD, Methamphetamine, and MDMA (Ecstasy),

Cocaine- Cocaine is extracted from the coca plant and is a fine, white odorless powder

Competitive Pricing (of Drugs) - Dealers do not seek to maintain a standardized price and actively compete though pricing strategies with one another

Contaminants- refers to by-products of the manufacturing process

Cooperative Pricing (of Drugs) - Dealers aim to keep the price of drugs standardized and actively avoid competition through noncompetitive pricing strategies

Connect- Drug supplier

Couch Surfing- Staying for free with friends at their places of residence

Cracking it out- Smoking illicit drugs

Craig's List- A listserv that allows people to post online for free. Apartment rentals, "rants and raves", classified ads and adult entertainment are some of the services provided on Craig's List. In late 2010, however, the adult entertainment section was removed from Craig's List due to a law suit following a murder of a female masseur in New York City.

Crank- A form of methamphetamine that consists of tiny granular crystals that have the appearance of powder (Perkins 1999)

Cruising/ Cruising Spots- Searching for sex (e.g. at clubs, in the street), which is often a term used by MSMS

Diluent- Diluents are inert substances that are added to illicit drugs so as to increase the quantity by decreasing the amount of active ingredient (Cole et al. 2010).

Dimes- $10 bag of meth; defined by transaction size

D-Meth, L-Meth- There are two major types of methamphetamine: Dextrorotatory methamphetamine ("d-meth") and levorotatory methamphetamine ("l-meth"). The two meth molecules are essentially mirror images of each other; however, the d-meth type is a strong central nervous system stimulant with powerful addictive properties, whereas l-meth is not. L-meth is a topical nasal decongestant used as the active ingredient in Vicks Vapor Rub, which is sold over-the-counter.

DL Meth- In addition to D-Meth and L-Meth, there is also a third kind of methamphetamine, racemic meth ("dlmeth"), which is a mixture of both d-meth and l-meth. Because it is a mixture (e.g. 50-50) of both d and l meth, dl-meth is a much less potent stimulant. Dlmeth was typically manufactured and sold in the U.S. during the 1960s and 1970s (Bovett 2006).

Dope (NYC)- Term used by NYC respondents to refer to heroin

Dope (LA)- Term used by LA respondents to refer to methamphetamine

Downers- Depressant or sedative drugs

Dropping Pills- Term used by a NYC respondent to refer to the act of ingesting Ecstasy pills

Drought- Term used to refer to low drug availability

Drug Dealing IDU- Injecting drug user that sells drugs

Drug Injection Episode- This is defined by the time period during which observations of drug injection were recorded during fieldwork

Drug Solution-illicit drugs in liquid form for injection

DTO-Drug Trafficking Organization

Ecstasy (MDMA)- Ecstasy (E, XTC) is a synthetic drug with stimulant and psychoactive properties. It is typically sold as a capsule or tablet often with an imprinted logo which distinguishes the specific brand. Ecstasy has been associated with all night raves and ravers refer to it as the "love drug" or "hug drug"

Entheogen- the term is used to refer to drugs, including plants, fungi, hallucinogens, and other substances used during shamanic or religious rituals to induce revelations, spiritual enlightenment or for healing. The term is commonly used by rave goers to refer to psychedelics or hallucinogenic drugs.

Ephedrine- A crystalline sympathomimetic alkaloid C10H15NO extracted from Chinese ephedras or synthesized and generally used in the form of a salt especially as a bronchodilator and decongestant (Merriam Webster Online Dictionary 2012); also used in methamphetamine manufacturing

'Fiending'- Drug withdrawal

Free-Lance Distribution- An ideal type system of drug distribution that is common in urban drug markets which is characterized by individualistic, 'every man for himself' orientation (Jacobs 1999)

Fronting- The dealer practice of providing drugs to sellers at no cost for later payment, typically in cash; this practice was common in LA and was associated with gang membership

Front loading and back loading- Dividing the drug solution in its liquid form (for injection) by using one syringe to fill others is a means of more accurately dividing the drugs to be shared; front or back loading depends on which end of the syringe is removed. This practice is associated with the transmission of blood borne viruses such as HIV (Metzger et al. 1998)

'(the) Fuck its'- Term used by LA respondent to refer to a 'whatever' attitude regarding responsible drug use

Full Ounce-One ounce (e.g. of methamphetamine)

Gay Sex and Club Drug Scene- This refers to MSM club drug users that 'party' with sex and drugs and often partake in 'clubbing' at electronic music venues

GBL, BD- GHB Analogs

GBLT-Gay, Bisexual, Lesbian and Transgender Persons

GBTT- Gay, Bisexual, Transgender, and Transsexual Persons

"G-d Out" – Term used by NYC respondent to refer to overdosing on GHB

GHB- Initially marketed as a dietary supplement and sold in health food stores, hydroxybutyrate (GHB) became popularized during the early 1990s as a party "club drug" and has since manifested changing use patterns marked by different at risk populations, forms of administration (including substitution of chemical congener precursors and analogs) and types of associated adverse effects. GHB was initially touted as safe for use by bodybuilders and was lamented for treating a variety of medical disorders, including insomnia, obesity, depression, alcohol addiction and sexual dysfunction. GHB use has diffused in the general population as it became known as a party drug. It also gaining a reputation as a date rape drug and has been implicated in a number of sexual assault cases (Anderson et al. 2006)

Ghetto- Term used by respondents to refer to 'low income'/ 'lower class' 'style', behavior and attitudes

Going on a Mission- To compulsively use and search for a drug

Going in on a bag/Pooling- Sharing resources (e.g. money) to obtain illicit drugs which are then shared

Goofballs- Black tar Heroin and methamphetamine used in combination, often by injection, which was found among LA respondents

Growth Hormone- Stimulates growth and metabolism of all body cells; Medications affecting the pituitary gland (Hogan et al. 2008)

H- Hydrogen Atom

"Hard Drugs"- This term is used in its common sense to refer to drugs such as heroin, cocaine and crack that when compared to alcohol or marijuana carry larger criminal penalties for sales and possession, are more likely to be associated with drug related problems and typically are considered more hazardous….As such, the term is a social construction and does not represent a pharmacological hierarchy (Golub et al. 2004)

Herbs-Derogatory term used to refer to unpopular persons

Heroin- is a narcotic derivative of the opium poppy plant that in its pure processed state is a white bitter tasting powder

HI- Hydrogen Iodide

Hooked on- Term used by respondents to refer to drug addiction
/being addicted to an illicit drug

Hook up-To obtain/provide drugs for someone

"hook (someone) up'- To obtain illicit drugs for someone

Hot Railing- Inhalation of smoke (methamphetamine) through the nostrils often with a broken glass pipe

Homeless- A person living on the street only without a temporary place to live

Homies- Friends

Homo Thug- A MSM that is from a low income neighborhood

Hookers- Sells sex or trades sex for money, drugs, etc.

House Addresses-Residences where drugs are sold

House Dealer- A dealer that sells drugs at a private residence to users and dealers

Hungry- Term used by dealers to describe a state of being without money/resources

"Hustle"- To sell drugs, term used by dealers in the study

Hydriodic Acid- As a result of the regulatory controls placed on the listed chemical hydriodic acid, drug traffickers began using iodine as a substitute chemical in the illicit production of methamphetamine and amphetamine, both schedule II controlled /substances. Hydriodic acid became a regulated chemical upon enactment of the Chemical Diversion and Trafficking Act of 1988 (Pub. L. 100-690). Hydriodic acid, like iodine, was initially regulated as a List II chemical. Hydriodic acid was reclassified as a List I chemical by enactment of the Crime Control Act of 1990 (Pub. L. 101-647). (DEA 2007). Hydriodic acid can be produced by combining iodine crystals with water and some form of phosphorus, including red phosphorus, hypophosphorous acid, or phosphorous acid. In the methamphetamine production process, iodine crystals may be used to prepare hydriodic acid in a separate step or may be introduced directly into the synthesis of the methamphetamine.(NDIC 2009)

Ice- A form of methamphetamine that consists of large crystals that have the appearance of rock candy.

IDUs- Injecting Drug Users

Iodine (I)- Methamphetamine producers use iodine crystals to produce hydriodic acid, the preferred reagent in the ephedrine/pseudoephedrine reduction method of d-methamphetamine production. The regulation of hydriodic acid by the Drug Enforcement Administration (DEA) in 1993 rendered the chemical virtually unavailable in the United States (NDIC 2009). Faced with the growing threat of methamphetamine abuse in the United States and the ease with which methamphetamine is clandestinely produced using iodine, the DEA increased the regulatory controls on iodine in an effort to prevent the diversion of iodine to clandestine drug laboratories. This rulemaking, which became effective on August 1st, 2007, established regulatory controls that apply to iodine crystals and iodine chemical mixtures that contain greater than 2.2 percent iodine. Iodine is commonly used with the List I chemicals phosphorus or hypophosphorous acid and ephedrine or pseudoephedrine to manufacture methamphetamine, which is now the most prevalent method used by traffickers. The List I chemicals phenylpropanolamine or norpseudoephedrine can be made into amphetamine by the same method. Import and export transactions of iodine are not regulated, regardless of the quantity distributed. Additionally, because iodine is a List II chemical, handlers of iodine are not required to register with DEA. These loopholes have been exploited by drug traffickers and the businesses that supply them.

“Impurities” refer to substances contained in illicit drugs that are a result of the particular manufacturing processes.

Juggler- Drug dependent users that initiate selling to defray the cost of their habit (see Furst et al. 2004 on heroin use and juggling)

Ketamine (Special K, K)- First developed in the United States in 1962 and later patented by Parker Davis, Ketamine is an arylcycloalkylamine, a powerful anesthetic used in humans (mainly in surgery) and animals. When taken recreationally it creates feelings of euphoria, dissociative psychedelic effects and at high doses can cause hallucinations. It is available as a tablet, powder or liquid. It is usually swallowed, snorted or injected. Ketamine itself does not present a great overdose risk, but the risk is much greater when mixed with other substances (including alcohol) (Wood et al., 2008). Ketamine is typically diverted from legal sources (e.g. veterinary clinics).

Kicking it- Spending time with/hanging out with/ socializing with (someone/social group)

Layover Spot-A public or private location utilized by a drug dealer while conducting drug distribution ‘rounds’; may include a private residence of a drug user or a Starbucks Café, where the dealer waits between drug transactions, arranges drug sales, stores his/her personal belongings, weighs out drugs and counts money; dealers in the New York City sample that lived in surrounding boroughs outside of Manhattan where most transactions occurred, often utilized layover spots in the city to facilitate drug sales and were able to increased the number of transactions per day this way; these dealers often reimbursed

providers of layover spots located in the private residence of a drug user with free drugs

(A) “Line Back”- Term used by a NYC respondent to refer to MSM sexual positioning, for instance, at sex parties

Lithium- A metal extracted from batteries used in methamphetamine manufacturing

Loose Confederations- An ideal type system of drug distribution which is more hierarchically organized as freelance distributors form ‘loose confederations’ as a means of survival (Jacobs 1999). Jacobs utilizes this term to describe the shift in social organization in crack distribution as demand became more established and competition became increasingly violent

Low Level Dealer Users- This term is used to refer to drug users that sell drugs in small amounts, often to afford personal use, and don’t invest in larger quantities for resale

Low Level Jugglers- A dealer user that does not purchase in quantities for resale

Mainlining- To take by or as by injecting into a principal vein (Merriam-Webster Online Dictionary 2012)

Manager- A person that oversees the residence where the house dealer operates; may trade rent for drugs with house dealer and sometimes may engage in drug sales

Marathon Sex- Term used often by MSMs/MSWMS to refer to sex and methamphetamine use which may last for hours and include multiple partners.

Methamphetamine -called meth, crystal, ice, speed, crank, Tina, Christine, glass, shards, and wet is a central nervous system stimulant and is part of larger category of stimulant drugs, including amphetamines, cocaine, methylphenidate, ephedrine, and ecstasy. Prolonged use at high levels results in dependence. Methamphetamine is a drug that is part of the amphetamine family which are related to catecholamines like dopamine, epinephrine, and nor epinephrine, which are naturally occurring substances that regulate the cardiovascular functions and the central nervous system (Jenkins 1999: 30).

Molecular Formula of Methamphetamine: $C_{10}H_{15}N$ Molecular Weight: 149.2328 (National Center for Biotechnology Information (NCBI) MESH, Pub Chem Compound, Pub Med, Available Online.)

Methamphetamine Only User- Only uses methamphetamine

Methyl Sulfone (MSM)- Methyl Sulfone (MSM also known as DMS Dimelthyl Sulfone or $DMSO_2$) is being used as a cutting agent for methamphetamine. As a cutting agent for methamphetamine, MSM offers many advantages. Pure MSM is an odorless, white, crystalline powder that is highly soluble and mixes readily with most substances without

leaving a residue. MSM usually is added to methamphetamine during the final stages of production. Methamphetamine cut with MSM often appears to be uncut because after the chemicals are combined and the mixture cools, the MSM recrystallizes, resembling pure methamphetamine. Methyl Sulfone (MSM) is an animal feed supplement and store owners have been made aware of its use by illicit manufacturers of methamphetamine. It is unlawful to knowingly distribute MSM for illicit purposes according to the Drug Enforcement Administration. Sellers of MSM claim that it is beneficial as a pain reliever and for animal and human connective tissue regeneration. Other supposed benefits for both animals and humans include the reduction of inhalant allergen reactions; relief from the symptoms of lung dysfunction; relief of leg and back cramps, muscle spasms, and general soreness; improved overall health; and elevated mood (DEA 2002).

Micro-crystal cellulose- As a pharmaceutically inert dilutent, or an extrusion aiding excipient, added to pseudoephedrine tablets, microcrystalline cellulose is a nonfibrous form of cellulose obtained by spray-drying washed, acid-treated cellulose

Middling- (See middleman)

Middle Man- A go between that facilitates drug sales and use between the parties who typically do not meet

Mini-Thins- Dietary supplement containing ephedrine

(The) Mission- The Los Angeles Mission is a nonprofit organization aiding the homeless living on the streets of downtown's Hope Central (known as Skid Row). According to the organization's website, "today the Los Angeles Mission serves a diverse population. On any given day, a drive through this area would reflect a population of 55% African-Americans, 28% Hispanic Americans, 14% Caucasians, 3% Asian Americans/others" (Los Angeles Mission, Available Online at: losangelesmission.org)

MSMs- men who have sex with men

MSWMs-men who have sex with men and women

NAFTA- The North American Free Trade Agreement between the United States, Canada, and Mexico (NAFTA) entered on January 1, 1994

Near Transient- A person without a permanent residence that resides temporarily with friends, lovers, neighbors, at shelters, at hotels and actively tries to avoid spending the night on the street

Nickels- $4-5 bag of meth; defined by transaction size

NIUs- Non Injecting Drug Users

Nodded Out-Term used to describe a state of heroin intoxication which includes effects such as drug induced sleep

Non Club Drugs- A term used by respondents in NYC and in the popular press to refer to non-synthetic drugs such as heroin and crack that are not typically associated with raves or electronic music events

Non Drug Dealer IDU- An injecting drug user that does not sell drugs

“One-pot”- method of methamphetamine production enables methamphetamine manufacturers to combine anhydrous ammonia, pseudoephedrine or ephedrine tablets, and the reactive metal (i.e., lithium) into a single container from the beginning of the process. The method reduces the amount of time needed for the process. The one-pot method is capable of producing a minimal amount of methamphetamine (usually gram quantities or less) (ONDCP 2011).

Online MSM Commercial Sex Industry- Internet websites and communications dedicated to MSM sex, including social networking sites, blogs, and porn

On Point- to be accurate/aware

Partying- Term used to refer to group drug use; NYC respondents also used this term to refer to sex parties

Party Lines- Chat and dating services (Internet, Cellular) that allow persons to meet for sex and have sex based conversations

Phosphine Gas - Phosphine is a colorless, flammable, and toxic gas with an odor of garlic or rotting fish, which can ignite spontaneously on contact with air (Agency for Toxic Substances and Disease Registry 2011)

PLUR- An acronym for “Peace, Love, Unity, and Respect” which is a popular term used by rave goers and sometimes featured on rave advertisements (flyers). As an ideology, PLUR refers to the belief that people should be treated equally and diversity should be celebrated. According to the PLUR attitude, “bad vibes” (e.g. violence, robbery, intimidation) are not tolerated and instead hugging, meeting new people and enjoying friendly conversations and electronic music, and sharing tokens such as candy, stuff animals, and (sometimes drugs) are behaviors often associated with PLUR. Some rave goers that adhere to the PLUR ideology have sought to deemphasize the association of raves and electronic music with illicit drug use and don’t promote substance abuse and instead display indifferent attitudes towards it.

PLWA-Persons Living with AIDS

PNP- “Party and Play”: A term often used by MSM and MSWM respondents in NYC to

refer to MSM sex partying which typically includes the use of illicit drugs and sex with anonymous partners often met online.

Point-0.1 grams of methamphetamine; also refers to needles

Povidone- DEA is also aware of other materials that contain iodine. Examples include iodophor complexes such as poloxamer- iodine and povidone-iodine and organically bound iodine complexes such as iopamidol, iohexol, and amiodarone. These materials are not of concern to the DEA as a source of iodine for clandestine laboratories (DEA 2007).

Power Bottoms- a term that is frequently used by gay porn fans, typically to refer to men who have sex with men that bottom yet demonstrate the characteristics of a top, including domination and the desire to take control, rather than the submission that is typical of "traditional" bottoms during sex (Villa 2010).

Precursor Chemicals- Substances frequently used to manufacture illicit drugs such as ecstasy or methamphetamine which often have legitimate use; ingredients used in the process of manufacturing a raw drug ingredient into an illicit substance.

Pseudoephedrine- an isomer of ephedrine utilized in the form of its hydrochloride or sulfate especially to relieve nasal congestion (Merriam Webster Online Dictionary 2012); also used in methamphetamine manufacturing

Pure- (see Clear)

Rail- Term used by respondents to refer to a 'line' of methamphetamine that is administered intranasally

Raves- All night dance parties featuring electronic music where club drug consumption is widespread

Reagent- A reagent is a chemical used in reactions to convert a precursor into a finished product. The reagent does not become part of the finished product.

Recreational Users- Non daily users that use drugs while engaging in activities such as clubbing or sex

Red P- The Red-P (red phosphorus) process of manufacturing methamphetamine uses the red phosphorus/hydriodic acid/base production method

Rent Boy- Male escort

Rerocked- The act of cutting a drug (e.g. cutting methamphetamine with MSM by 'boiling it down with water')

Rock(s) - Small sized chunks of ice methamphetamine

Runner- A dealer that sells drugs for another person and may or may not be responsible for both drugs and cash

Running the Bridges- Term used by dealers that are located outside of Manhattan (e.g. in Queens) to refer to travelling to Manhattan to transact illicit drug sales

Rushing-Term used to describe the stimulant effects of methamphetamine

Shard- A ‘rock’ of ‘ice’ methamphetamine

(To get) ‘shorted’- To receive less than the specified amount of a drug, term used by a LA dealer

Shot- Term used by respondents to refer to the act of injecting or to a ‘hit’ from a needle

Session- Term used by respondents in LA to refer to the act of sharing smoked methamphetamine in a group

Sex Party- A gathering for the purposes of sex which may or may not include payment and typically includes drug use

Sex ‘Partying’-(See sex parties)

Sex Worker Dealer User- A methamphetamine user that sells sex and drugs and may also trades sex for drugs

Skid Row- The “Skid Row” of Los Angeles is a portion of the area in downtown Los Angeles east of the Financial District and the Historic Downtown Center, partially overlapping the core of the downtown Industrial District. It is typically referred to by the City as part of the “Central City East” area, a fifty-block sector of downtown bounded by Main Street (west), Third Street (north), Alameda Street (east) and Seventh Street (south), although Skid Row’s boundaries are actually somewhat fluid. According to the report, gentrification has displaced Skid Row housing (Los Angeles Area Chamber of Congress 2008)

Skin Popping- To inject a drug subcutaneously instead of into a vein

Slammed-Injected

Smooth- Term used by LA respondents to describe the intensity of the effect (less intense) of methamphetamine when smoked

Smurfing- In order to obtain chemicals needed for manufacturing methamphetamine, drug

manufacturers can either divert chemicals by making multiple purchases in units below the various threshold limits set for reporting. This process is called smurfing (Sevick 1993).

Solvent- Solvents are volatile chemicals that do no chemically react with precursors or reagents and thus are not in the final product. Solvents are used during the cleaning process and are used to dissolve solid precursors such as pseudoephedrine.

Speedball- Term used by respondents to refer to a polydrug combination of methamphetamine and heroin; also used to refer to a polydrug combination of cocaine and heroin

Spike (it up)- Inject an illicit drug

Steering-Advertising, promoting or directing users to a dealer

Straight/non MSM- heterosexual persons

Strawberry Quick- Methamphetamine that is pink and is ‘cut’ with Strawberry Quick drink mix (see Lineback 2007)

(The) ‘street’- A term often used by gangs and hip hop artists to refer to low income neighborhoods (also called the ‘hood’ or ‘ghetto’)

(To get) ‘stuck’- Term used by respondents to refer to a specific methamphetamine drug effect characterized by behavior including non-mobility

Sudafed- Prescription medication containing pseudoephedrine used in methamphetamine manufacturing and used to treat nasal and sinus congestion

“Sugar Daddies”- Term used by NYC respondents to refer to MSMs that provide cash, drugs, rent and other luxuries, in exchange for sex

Superlab- Large scale clandestine methamphetamine lab

“Teeners”- Term used to refer to 1/16th ounce quantities of Methamphetamine often used by LA respondents

(To be) ‘tight’ with something- To not have a problem with, to maintain oneself, term used by LA respondent

To get ‘fucked up’-To use illicit drugs in large amounts

Tina, T- term used to refer to methamphetamine often used by NYC respondents that is associated with the MSM sex and club drug scene

Topping- Penile insertive MSM sex

Tossing- (see ‘fronting’)

Transient- A person without a permanent residence that resides temporarily with friends, lovers, neighbors, (etc.), at shelters, at hotels and on the street

Tricks (See Hookers)

“Trick or Tweak” The practice of trading sex for methamphetamine referred to by a NYC dealer

The Tweak (Ephedrine)- Term used by LA respondent to refer to high quality methamphetamine

Tweak- Term used to refer to methamphetamine and behaviors of methamphetamine users that are repetitive

Tweaker- Methamphetamine user

Twilo- NYC nightclub catering to electronic music

Uppers- Stimulant drugs

(The) Valley- San Fernando Valley, California

Warner-Lambert- Pharmaceutical Company

Weak- Term used by LA respondent to refer to methamphetamine (also called ‘Tweak’)

“Weight" (see weight dealer)

Weight Dealer- A dealer that purchases ounces/pounds for resale to lower level dealers

Wilding Out- To act irrationally, violently; to engage in a variety of illegal activities usually under the influence of drugs

Works-Drug injection equipment

Xanax (alprazolam) is a benzodiazepine used to treat anxiety and panic disorder

Appendix B

Supplemental Socio demographic and Drug Use Questionnaire

Please take a moment to fill out the questionnaire. Please check all the responses that apply to you. Thank You!

In addition to meth, I also use the following drugs (please check)

Prescription pills (downers)
Prescription pills (uppers)
Methadone
Alcohol
Tobacco
Marijuana
Ecstasy
LSD/Hallucinogenics
Heroin
Cocaine
Crack
GHB
Ketamine

Have you ever been arrested for meth?

Yes
No

About You

Age
Race/Ethnicity
Gender
Relationship status?
Sexual Preference (e.g. gay,
straight, DL, bisexual, transgender)

Employed

□ Yes

- □ No
- □ Receive Unemployment
- □ Sell drugs
- □ Prostitute
- □ Temporary Work
- □ Trade stolen goods/Fence
- □ On disability
- □ Receive Social Security
- □ In school
- □ Housework/homemaker

Housing/Living Situation

- □ Own apartment
- □ Rent
- □ Homeless
- □ Temporary Homeless/travelling homeless
- □ Shelter
- □ Trade sex for housing
- □ Stay with friend
- □ Live with family member
- □ Live in car

I have problems affording the following

- □ Housing
- □ Food
- □ Drugs
- □ Family Care (elder, children)
- □ Transportation
- □ Condoms
- □ No, I can afford the basic essentials
- □ Medical Treatment

Education

- □ Some high school
- □ High school grad/GED Equivalent
- □ College/Post Secondary Training
- □ Job Training/On job Training

Thank you for your participation!