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Drug markets during the Katrina disaster

Eloise Dunlap and Andrew Golub

National Development & Research Institutes, Burlington, Vermont, USA

Abstract

Purpose—The purpose of this paper is to examine the experiences of poor drug users and sellers who remained in New Orleans during Hurricane Katrina in 2005 to identify their special needs and the unique challenges they present to disaster management.

Design/methodology/approach—Semi-structured, open-ended interviews were conducted with 119 poor, predominantly African-American, drug users and sellers. Their stories in their own words provide a mosaic of drug-related experiences from the period immediately preceding the storm through evacuation and reveal the motivations behind their behaviors.

Findings—Many drug users placed partying, maintaining their habits, and making money ahead of personal safety and evacuation. Drug use and sales led many not to evacuate before the storm, to use drugs in congregate shelters, to avoid shelters, to roam through flooded debris-strewn streets, to loot stores and homes of drug dealers, and to use violence or the threat of violence to achieve their drug-related aims.

Originality/value—During a disaster, many poor drug users place risks on themselves, their families, their communities and ultimately on rescue workers. The conclusion presents pragmatic and humanitarian guidelines for successfully addressing this additional challenge. The recommendations are consistent with other suggestions concerning the special needs of indigent populations.

Keywords

Natural disasters; Emergency response; Poverty; Drugs; Race; United States of America Paper type Research paper

Introduction

This paper adds another element to the complex story concerning the impact of Hurricane Katrina. An extensive literature has documented the vast physical devastation caused by the storm, the problems with the flood protection and emergency response systems, the lives lost, and the hardships faced by those who were left behind or chose to ride out the storm (Brunsma *et al.*, 2007; Cooper and Block, 2006; Lee, 2006; Levitt and Whitaker, 2009a).

This paper uses first-hand accounts to examine the activities and experiences of poor drug

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Andrew Golub is the corresponding author and can be contacted at: andrew.golub@uvm.edu.

Eloise Dunlap gained her PhD in Sociology in 1988 from the University of California, Berkeley, CA. She is the Director of the Institute for Special Populations Research at National Development and Research Institutes (NDRI). For over 20 years, she has conducted original ethnographic and survey research among poor inner-city African-American families, drug users and drug distributors.

Andrew Golub gained his PhD in Public Policy Analysis in 1992 from Carnegie Mellon University, Pittsburgh, PA. He is a Principal Investigator at National Development and Research Institutes (NDRI). His work involves analyzing social problems with an aim towards improving public policies. He has been one of the leading analysts of the nation's drug use trends. To date, he has published over 50 peer-reviewed articles.

users and sellers that remained behind. The original analysis documents how drug use for many affected their decisions and actions proceeding, during, and immediately after the disaster. The analysis also identifies how drug markets responded in the short-term to the crisis. The remainder of this introduction provides a brief timeline of the major events associated with Hurricane Katrina to serve as a backdrop to the analysis. The discussion presents recommendations for improving disaster planning and management consistent with the findings presented.

Hurricane Katrina

New Orleans is located about 100 miles from the Gulf of Mexico, placing it at risk from the hurricanes common to the region. The city's risk of flooding is increased by the fact that it sits between Lake Pontchartrain and the Mississippi River and that much of the city was built on former marshes and bayous at an elevation below sea level (Hiles, 2007). Officials and residents were well aware of the potential for disaster in New Orleans. The final report from the US House Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina (2006, p. xi, as cited in Bergal, 2007) concluded, "The crisis [Hurricane Katrina] was not only predictable, it was predicted".

New Orleans experienced a major disaster in 1965 when Hurricane Betsy killed 81 people and flooded 80 percent of the Lower Ninth Ward – a predominately African American, low-income area (Bergal, 2007). In the aftermath of Betsy, President Lyndon Johnson signed the Flood Control Act, which called for a massive civil works program to be implemented over time. However, the completion date for that work was pushed back on several occasions. As of 1982, the completion date had changed from 1978 to 2008 (US General Accountability Office, 1982, as cited in Bergal, 2007, p. xi). Later analyses suggested that even more extensive protections would have been necessary (Hiles, 2007). As of 2005, the security of the New Orleans depended on more than 100 miles of flood protection including levees, floodwalls, berms, floodgates and pumping stations (Cooper and Block, 2006).

Tropical Storm Katrina grew large enough to be named by the National Hurricane Center in Miami on Wednesday August 24, 2005 (Cooper and Block, 2006). By Friday, August 26, it was nearing Category 3 intensity (Dyson, 2006). At that time, Governor Kathleen Blanco declared a state of emergency in Louisiana. On Saturday, August 27, Mayor C. Ray Nagin, Jr., called for a voluntary evacuation of New Orleans. The next day, Sunday, August 28, Mayor Nagin declared the first ever mandatory evacuation of the city. He suggested that residents without private transportation should hitch rides or go to the Superdome as a last resort. In a message recorded before the disaster, Mayor Nagin warned anyone who would choose to stay behind in the event of an evacuation that, "You're on your own" (Leo, 2005).

An estimated 1.2 million people evacuated the greater New Orleans area, leaving behind about 200,000 (Cooper and Block, 2006). Cooper and Block (2006, p. xiv) called this nearly 90 percent evacuation rate unprecedented in the annals of disaster response. Many of those who remained thought they would ride out the storm just as they had endured past hurricanes (Haney *et al.*, 2007). Poverty also played a major role in making this decision. Many poor residents did not have a car, lacked the money to pay for the trip, or did not have anywhere to go outside of the city (Bullard *et al.*, 2009; Dyson, 2006; Haney *et al.*, 2007; Hartman and Squires, 2006). These poor residents were predominately African American.

On Sunday, August 28, Hurricane Katrina escalated to Category 5, the highest level, with peak winds of 175 mile-per-hour winds (Miller and Rivera, 2007). On Monday, August 29 the storm made landfall in Louisiana. By the time it reached New Orleans the winds had abated to the Category 3 level (Levitt and Whitaker, 2009b). However, the weakened storm was still strong enough to cause multiple failures in the flood protection system. Analyses

attributed these failures to design flaws, cost cutting, and political infighting (Carlton, 2009; Heerden *et al.*, 2009; McQuaid, 2007). In this sense, the disaster could have likely been prevented.

By Tuesday, August 30, the storm was over, 80 percent of the city was underwater, more than 1,800 lives were lost, and as many as a million people had been displaced (Cooper and Block, 2006; Levitt and Whitaker, 2009b). More than 100,000 people were stranded in New Orleans. Many of the luckier survivors were on an upper floor of their home or inside the Superdome or the Convention Center. Others stood on rooftops or hung from tree branches hopefully waving shirts and towels to attract would be rescuers. Helicopters and boats delivered tens of thousands of stranded persons to higher ground to await their next step. However, the buses to take them elsewhere were unavailable.

Beyond transportation, other basic services were unavailable to those stranded in New Orleans (Bergal *et al.*, 2007; Cooper and Block, 2006). Running water and electricity systems were not operating. Communication systems worked sporadically at best, which confounded rescue operations. Survivors lacked food, water and medical supplies. Temperatures exceeded 90°F leaving people sweltering without air conditioning. The emergency shelters at the Superdome and Convention Center were filthy, uncomfortable and unsafe.

There is an ongoing debate in the disaster literature regarding the extent that disasters lead to lawlessness or that such concern is media constructed (Tierney *et al.*, 2006; Zahran *et al.*, 2009). After Katrina hit, the police were overwhelmed. Many officers had left the city, communications were limited, and numerous vehicles had been destroyed. The abandoned shops and homes and the lack of law enforcement presented considerable opportunity for looting. Early media reports described extensive but unconfirmed violence and looting. Brezina and Kaufman (2008) tried to retrospectively verify these stories. On the one hand, there were the numerous eyewitnesses to violence. Brezina and Kaufman found that persons who spent time in the Superdome or Convention Center were more likely to have been personally threatened by violence. On the other hand, the extent of the violence appears to have been greatly exaggerated. For example, the story of hundreds of murders occurring in the Superdome was patently false. Only four people died there, and only one was the result of violence (Cooper and Block, 2006, pp. 222-223). Constable (2008, p. 522) contended that much of the so-called looting that occurred was understandable because, "People, for the most part, were not stealing items from stores for their own personal gain or profit (such as color televisions) but were taking items, equipment and food essential for their survival". Debunking these types of disaster myths is important because the myths led to negative stereotypes about the poor, predominately African American survivors of the hurricane (Brezina and Kaufman, 2008; Constable, 2008; Gordon, 2009; Tierney *et al.*, 2006). Moreover, the preparations for encountering potential violence slowed and perhaps reduced the effectiveness of rescue efforts.

On Friday, September 2, the fourth day after the storm had cleared, 1,100 buses arrived to relocate survivors. The evacuation lasted into Saturday, September 3, after which about 8,000 people remained in New Orleans. The New Orleans diaspora spread former residents all over the US with the largest number in Houston, Texas (Brunsma *et al.*, 2007). Many of the temporary Superdome residents were transferred to another temporary location in the Houston Astrodome.

Methodology

This paper explores the drug markets in New Orleans right before, during and just after Hurricane Katrina using data collected from a NIDA-Funded project entitled “Disruptions and Reformulation of Illicit Drug Markets among New Orleans Evacuees”. This ethnographic project collected data from predominately low-income drug users and sellers who lived through Hurricane Katrina in New Orleans. The study interviewed Katrina survivors that had returned to New Orleans and others that were still living elsewhere, especially in Houston. Other papers from this study examined routine drug use in New Orleans in the years prior to Hurricane Katrina and at evacuation sites like the Houston Astrodome.

The project developed key informant contacts and then used snowball sampling to obtain a purposive sample (Biernacki and Waldorf, 1981; Henry, 1990). Ethnographers in both New Orleans and Houston located initial contacts through pre-existing professional relationships and by participating in the daily life of communities in locations likely to produce drug users and dealers (e.g. convenience stores and apartment complex commons areas). Prime contacts were selected as persons who were particularly knowledgeable and articulate about illicit drug markets. These prime contacts, which included both dealers and users, were invited to participate in personal interviews. The staff asked the prime contacts if they could help us locate other respondents safely and confidentially. Approximately 25 percent of all potential respondents approached actually participated in the study. All respondents provided their full informed consent and were compensated financially for their participation.

The research methods employed were designed to obtain thick description of the illicit drug markets from active participants at the sites of interest (Geertz, 1973). The project used three major data collection procedures: structured in-depth qualitative interviews, ethnographic observations, and focus groups. Subjects provided detailed in-depth interviews about their experiences and were reinterviewed over the course of the next three years (2006-2008). These open-ended interviews were digitally recorded and transcribed. The ethnographers also carefully observed and recorded everyday, street-level drug market behavior. In addition to interviews and field work, the project carefully assembled focus groups that met for approximately two hours each (see Greenbaum, 1988). The recordings of the interviews and focus groups were transcribed and made available to the ethnographers and other staff who reviewed them for accuracy. Transcripts and field notes were then entered into FileMaker Pro for electronic storage, coding, and data analysis (author reference)

This paper is based mostly on the in-depth interviews completed by 119 drug users that were living in New Orleans when Hurricane Katrina hit. The sample included more males (60 percent) than females (40 percent). Subjects were predominately African American (88 percent); two were Hispanic and two were Native American. Subjects ranged widely in age from 18 to 67 with a mean of 40. Subjects used a variety of different street drugs including marijuana (49 percent), crack (45 percent), heroin (22 percent), powder cocaine (16 percent) and ecstasy (8 percent) among others. Many used more than one drug. Nearly half (45 percent) were involved with drug sales at some level ranging from major street-level dealer down to the more modest activities of runner or lookout. The findings present subjects' experiences in their own words. Names given are pseudonyms chosen by the research subject, but not their street names.

The analysis of the data followed the logic of grounded theory (Charmaz, 2000; Glaser and Strauss, 1967). This inductive procedure provides a method for reading, coding and rereading the extensive collection of transcripts and observations to achieve insight into the

forces and processes that underlie the lived experiences. This rigorous yet flexible approach involves exploring emergent ideas, developing and elaborating on typologies, and creating connections between key themes and personal experiences. The approach is particularly appropriate for use with the type of qualitative data collected for this project through open-ended interviews, focus groups and field notes.

Initial codes were developed to identifying which drugs each subject used, whether they were involved with dealing or distribution, whether they had evacuated before the storm, and where they went. These variables provided indexes for navigating the database. The coding of these basic characteristics involved a straightforward reading of respondents' answers to direct questions. Because of a lack of ambiguity, it was unnecessary to have multiple readers prepare these codes. For this paper, subjects' stories of those that remained in New Orleans were read by the lead author, as well as the field staff. There were strikingly numerous reports about partying and drug use and that these experiences were more central to many subjects than the storm and its potential danger. This observation was discussed at a project staff meeting. The interviewers agreed that this was a typical experience for many of the subjects. This emergent theme was chosen as the focus for this paper. Subjects' stories were reread to discover how their priorities manifest over three time periods: just before the storm, during the storm, and immediately after the storm during the remaining evacuation efforts. General observations of patterns were noted and well-articulated quotes that revealed the lived experience in the subject's own words were selected. The quotations in this paper capture typical experiences for many of the poor drug uses and sellers over the course of the Katrina disaster.

Findings

The following accounts demonstrate the stability of the drug market in New Orleans. Before Hurricane Katrina, there were stable, mature, drug markets (author reference). Older persons tended to head sales organizations obtaining supplies and overseeing sales. Younger distributors and other heavy users were on the front line selling the drugs in an open-air atmosphere. The drug scene was vibrant and violent. As one New Orleaner related, "I'm from lower 9 and I don't mind dyin". As Katrina arrived, many dealers and poor users maintained their drug markets. Purchasing and using drugs were central to their lives. Indeed, many ignored the unfolding events as long as they could. The mosaic of experiences that follows indicates how drug use affected users' and sellers' experiences over the course of the Hurricane and its immediate aftermath. The presentation is primarily chronological, although separate sections describe the experiences of drug use and drug markets. The themes covered include the following: partying while the disaster unfolded; finding last minute refuge; partying during the storm; the emergence of drug markets even after the city had been evacuated; the decline of discipline in those markets; and the looting of stores and absent drug dealers by users to maintain their habits.

Many drug users partied as the disaster unfolded

Many residents did not believe the storm was going to be that bad. Their optimism was consistent with their experiences of prior hurricanes. Indeed, the impact of Katrina would have been limited had the levees and storm control system been better maintained. Baby described how his attention was focused on a funeral celebration for a close friend as opposed to the approaching storm:

I was outside chillin' at a DJ [funeral celebration]. My friend had just got killed ... It's like, you know, people outside playing music, people in the street dancin', you know, just havin' fun. Like they had a little second line [a group of dancers]. We walked around the block. Like that's tradition, like in New Orleans when people

die ... You know, all the other hurricanes, they ain't hit, like Ivan and stuff. They didn't really hit. So, it wasn't really goin' through people's minds that we really was in trouble like that (Baby, 18 year-old, male, marijuana and ecstasy user).

Baby was focused on his grief and enjoying the celebration of his friend's life. Fondren Road and Sam explained how they were not overly concerned about the coming hurricane, had disregarded the official warnings and had gone to parties. The shocking extent of the disaster truly took them and many others by surprise:

[I was at a party] the night before ... It's like back in New Orleans, we're used to havin' a hurricane come. And when you wake up, you just have trees fallen down ... The worst hurricane was Betsy [in 1965], you know, while I was comin' up. But Katrina woke my ass up. I-I've seen dead people. I saw a little boy drown. I saw a family floatin', like the mother holdin' the baby like this, both of 'em dead. And then the daddy come behind 'em ... I often have flashbacks about that (Fondren Road, 57 year-old, female, crack and marijuana user).

We had a smoke-out [a party involving heavy use of marijuana] ... We was drinkin' gin. Some people was drinkin' vodka. Some people was drinkin' Hennessy, Jack, and all that. And we was full of the weed. And we-we ain't even much know the hurricane was coming ... [We partied] 'til three o'clock in the morning ... People in New Orleans, we used to look past storms. Because one [once] they come and go, I mean, we go back to the normal day. But it just so happened, that one wasn't. That one was about business (Sam, 33 year-old, female, marijuana user).

Sam heard about the storm on the television news and knew that her house wasn't safe for her and her nine kids. So, she went to ride out the storm at a friend's second floor apartment with nothing more than the clothes on her back, her children and five-nickel bags of marijuana. She stayed there for three days until she learned that the levee was broken. Only then did she, her friend, and their eleven children drive to Houston.

Not just users, but many dealers were also oblivious to the impending storm. This lack of concern was based in a distrust of official sources and prior experiences. CJ reported that he and a group of dealers were having a wild party before the storm came:

[I was at a] smoke-out. Yeah, it was at my house. That * * * * * was poppin'. We had hos, weed, * * * * *, liquor. It was, it was nice. It was like, man, the * * * * * ' hurricane ain't gonna hit. * * * * * not worryin' about that * * * * *. * * * * * say that every year ... It was like every drug dealer that was around, every smoker, if you smoked and you sold, you was in that house that day (CJ, 18 year-old, male, marijuana and ecstasy user).

In the middle of the storm, James reported that he was casually going about making a drug deal while he coped with torrential flooding and storm-force winds:

I left from work, you know, and went home and went to sleep, that day of the storm, the day the storm hit. And, this girl woke me up. You know, I was stayin' with one of my friends. She had woke me up and asked me to go around there and get some crack from this girl. So I got up, right. And I was goin' around there and the water was like right up here. It was starting to get high. That's when the wind was blowing. And I'm so crazy. I was in the storm tryin' to go get somethin'. You hear me? I knocked on the people door. And the man say, "We ain't got no more". And I said, "Man, you're lyin'". And I said, "I'm gettin' outta here". * * * * *, I went back home and gave the girl her money. And after I gave her the money, shhh, I left. I went and walked over this bridge ... The wind almost blew me over the

bridge. And that's when I made it home ... That's why I say crack saved my life. Yeah. Because if she hadn't woke me up, I'd have been on the floor. Because the house where we were, they had twenty feet of water (James, 42 year-old, male, crack user).

People found refuge in congregate shelters and housing projects

As the storm became more severe, many residents had to find a last minute refuge, like James above. They went to a variety of secure locations including schools, hotels, hospitals, the Superdome, the Convention Center and other structures that people felt would endure a hurricane. People generally arrived with only what they could carry – their essentials and their most important possessions, which often included drugs. Drug use and sales continued even within congregate housing facilities. S.U. and Fatigue talked about their experiences in the Superdome:

I was with my aunt. And she was, she was actually on my back, like, "We need to go to the Dome". So I said, well, to get her, to make her feel comfortable, me and my wife, my wife packed enough things for like three days. And you know, we came Uptown to get my auntie and my uncle and we all went to the Superdome ... It started out calm and collected. Because people, you know, everyone felt like they was safe and, you know, sooner or later, the next couple of days or so we'd be outta there ... Everybody was just like they thought it was like a party, just a big gathering place for everybody just to have a party ... They had security. It was like, you know, once you're in here, you're not goin' anywhere. So if you left, you snuck out ... [As it progressed,] you could see the attitudes [change]. The guys, you could tell who was sick. You know, people would be in the corners and they was just to their self. They wasn't sayin' anything. The only thing that would come out their mouth was, "Do you have a cigarette?" or, "Do you know anybody that's holding?" (S.U., 42 year-old, male, heroin user).

There was a lot of things goin' on in that Superdome. With the drugs, they were smokin' weed all in the Superdome. You could smell it all up in there. They were smokin' crack in the Superdome. Um, um, people who had their drugs at home had it on them. You know. People was tryin' to steal it from them. It was a lot of things goin' on. And then at one point they just started givin' it away, you know, because it was nothin' they could do with it. You know. It was just a whole bunch of people in one big place tryin' to survive. No, they didn't charge for it. Nobody had no money (Fatigue, 36 year-old, female, crack and marijuana users and seller).

Other people stayed in their apartments in the various projects or went to stay with friends who lived in the projects. Past hurricanes had proven that the stolid high-rise project buildings offered protection against the rain and winds and the upper floors offered refuge from any potential flooding. Staying in the projects had the added advantage of easy access to the numerous drug dealers who were always present. Mr X described how the projects provided both drugs and protection from the elements:

I went in the project to find [drug dealers] ... Down there, man, it was another world. People act like they didn't even know the storm was comin' ... I mean, come on, man, the project will withstand anything, damn near almost anything except a earthquake. You know. I mean, the people was in the project during Betsy, you know ... I told my father, "You ain't gonna leave?" He said, "Man, I ain't gonna worry about that. I'm gonna be in the project". You know, ain't nothin' gonna happen. Come on, man, the water can't get that high. The second floor is like almost ... It was almost eight, nine feet off the ground ... I mean, people felt safe

back there (Mr X, 26 year-old, male, marijuana and ecstasy user and small-time dealer).

Drug users continued partying, even though they were surrounded by disaster

In the wake of the storm, houses were destroyed, floods were everywhere, and basic services were unavailable. Despite these limitations, many drug users stayed where they were and continued using drugs and partying instead of evacuating and seeking safety. Goldie and Reaon described their experiences:

In the building, we really didn't, you know, feel too much or nothin'. We heard the wind and saw the lights, all that. We had a back-up generator. So, it wasn't bad that first night. In the morning was when it got bad. The water had done rise. It rose high enough where it got over the generator. We was in the dark. You know. Then that's when runnin' out of food, realize, you know ... So that's when it got bad ... Hmm, they had people who drunk alcohol, people who smoked marijuana, some who smoked lots of cigarettes. They were goin' crazy because they couldn't get cigarettes. [laughs] Some was goin' crazy because they couldn't get marijuana. Some was goin' crazy because they couldn't get alcohol (Goldie, 46 year-old, female, crack user).

During the disaster where we were stayin' at, um, like in an abandoned hotel, they selling, using, a variety of drug: X-pills, smokin' weed. Shoot, it was like the storm wasn't even really wasn't stoppin' nothin'. It's just that we ain't had no electricity or nothin', you know. And a lot of sneaky violence was goin' on. A lot of females were probably gettin' raped and things like that (Reaon, 33 year-old, male, heroin user and seller).

After the storm, drug users partook in looting to support their habits

The extent of looting and violence that occurred in New Orleans during Katrina is a topic of heated discussion. Several of our respondents reported observing widespread lawlessness and violence. Their observations add to the first-hand accounts that identify that these behaviors were real. On the other hand, their experiences suggest that these activities may have been limited to a few domains. This section describes the looting of stores and a subsequent section describes breaking into the homes of drug dealers. Thus, people who avoided stores and drug markets were generally not in personal danger. Nita and Hat described the wild scene they saw:

See, they went in the stores. You know, I saw this firsthand ... They was in the Wal-Mart. They came down Jackson Avenue pushin' grocery carts with big-screen TVs. And we didn't have electricity. Now, I could understand they were getting clothes ... But we didn't have electricity so what would you need with TVs and, you know, stereos?... It was just like a open market for everybody for crime (Nita, 59 year-old, female, cocaine user).

Yes, indeed. There was more lootin', robbin' and killin' and all kind of stuff was goin' on. It was just like the whole world was comin' to an end. For example, um, when they was lootin' in the stores, um, when the police snuck up on 'em, when they come out, the police be beat the hell out of 'em. I mean, just left 'em there to die (HAT, 35 year-old, male, crack user and dealer).

Nita's remembrances indicate that at least some of the burglaries occurring in New Orleans did not meet Constable's (2008, p. 522) criterion for sympathy; the thefts were intended for personal gain and did involve items such as color televisions.

N.O. reported that people were going crazy and that circumstances were dangerous because some people were carrying weapons and intimidating anyone that got in the way:

People was shooting. People was desperate ... People was going crazy. It was like the world was coming to a end. And-and-and-uh, you know, I'm on I-10 bridge, no water, no food. You know, if you had a gallon of water, a person would of give you \$10 for a gallon of water ... I went to a Wagner to get some water. And, they had uh three guys, two of them with AK-47's and one with a sledge hammer and ax working on a ATM machine and told us, "Don't". I said, "Man, I'm just coming to get me some water. I ain't got nothing to do with what y'all doing". They told us like if I would've tried to get in they business or try to fool with ATM machine they was gone put some of them AK bullets in me (N.O., 40 year-old, male, crack and heroin user and dealer).

Many dealers continued selling even after the city had been evacuated

Many dealers kept the market going in spite of the storm. They knew that people would be out looking for drugs and reasoned they would make a lot of money. Nicky described how known street markets persisted, even while people were being evacuated from the city:

About a day after [the storm passed] we opened the door to like kind of see what's going on ... People was passing by walking through the water. They had people pulling people in boats. It [the water] was like chest level. They had people moving through the storm buying drugs, drug users that was usin' drugs. Most of the drug dealers, they was out, anyway. Yeah, out on the streets. You know. So they'd come out to make their money (Nicky, 51 year-old, male, marijuana user).

Homer was one of the drug dealers that benefited from the storm. When Katrina hit, his first interest was to sell his ample supply of drugs:

"I thought I was Scarface back then" I was the only person in the Melpomene Project that had drugs. I already figured out what I was gonna do. I had to stay. I had to make my money. And then I left. But it took me a whole week ... When the hurricane hit, I'm talkin' about all the users, they was findin' money out the air. I'm talkin' about ATMs, stores and that's how I knew I was gonna get off of everything (Homer, 23 year-old, male, marijuana and ecstasy user, and major seller of heroin and other drugs).

Law Street kept focused on finding drugs despite the pandemonium in the streets. He perceived that he could have evacuated at any time but didn't because he was worried about his continued supply of drugs. For him, drugs were clearly a much higher priority than safety:

I would have got away. I know I could have swum or whatever. I wasn't tripping over that. I was worrying about getting myself loaded and getting some money ... I didn't fear nothing!... I just come outside and seen all of the peoples hollering and upset and stuff. I was a little nervous, though, because I mean I wondered where my dope was at ... Where the man that have the dope? (Law Street, 45 year-old, male heroin user and dealer).

Elroy described his keen interest in drugs, despite the human tragedy unfolding around him. In fact, he found a congenial arrangement with lots of drugs and remained there as long as he could:

When the storm hit, I was in the Callio Project. Um, I arrived there about 11 o'clock that morning. And, I stayed there four or five days approximately after the storm was there. And during that time I was there, I helped rescue some people.

But my main purpose was to get my choice of drug, so it could hold me. Because I knew I had to leave sooner or later because they was demandin' that we evacuate ... It was approximately six or seven people there with me. It wasn't so much that they was worried about the flood. We all was panickin' on tryin' to get our drugs before we got out of the city. You know, that's what I was mainly focused on, you know. And then after we got our drugs, then we began to help people, you know. And then one of the dealers stayed there with us who had a large quantity of drugs, which enabled us to stay there longer than that (Elroy, 41 year-old, male, heroin, cocaine and valium user).

The aftermath of the storm broke the prevailing discipline of the drug markets

The storm had changed things. Conditions were ripe for inflation. Looting had provided users with ready cash. There were fewer dealers, and they had limited prospects for replenishment. As a result, dealers were able to raise their price. The remaining users could pay the price or go without. Magnolia described the price gouging that went on:

[Drug dealers were] tryin' to make all the money they can make before everybody leave. Tryin' to sell drugs by bein' they was the only ones had it and they know people wanted it. They'll charge you, like instead of you'll pay a regular price, you'll be payin' 20 dollars for a dime or somethin' like that there (Magnolia, 29 year-old, male, heroin user).

But higher prices were not the least of users' problems. Many users were unable to obtain drugs because of a breakdown in the behavioral norms that guaranteed a safe transaction most of the time by experienced buyers. Fleetwood described how order broke down:

This one project had about a hundred people lookin' to score. At this one house, people was gettin'. [On the other hand,] if you was weak and you happened to be in front of the line and you come out, somebody gonna get you. The women was gettin' taken a lot. They snatch it out the women hands. Women usually carry their drugs in their hand. Men'll throw it in their mouth. The, um, women I seen, it was chaotic. Um, I don't usually have no problem because I get a ugly look too when I was doin' that. I mean, so they didn't never give me no problem. But it was somethin' like people was gettin' gold or somethin'. Everybody was knockin' at the door, jumpin' the line. The people from the project was sayin', "Stand in the line. Stand in line" ... Dealers always had their guns during Katrina out there, in that one projects. Um, they had armed body, um, guards at the door. They show you the guns, let you make sure you stay in line (Fleetwood, 46 year-old, male, crack user and dealer).

Drug users turned to robbing absent dealers' residences

Not all dealers wanted to stay. Many of them left. Blue described the chaos as drug dealers tried to leave with their supplies and money:

You got lootin' goin' on. You got drinkin' goin' on. You got fightin' goin' on. You just got beef. All kind of * * * * goin' on. ... Hell, they had drug dealers didn't want to leave home because they didn't want to leave their money in the house, tryin' to pull safes out the house and * * * * (Blue, 47 year-old, male, powder cocaine and marijuana user).

Many dealers left town and left substantial supplies behind. This created an opportunity. Some drug users targeted the homes of known dealers with the intent of scoring drugs. Reaon, Elroy and Fleetwood described what drove them to this tactic:

It was desperation. People was confused because they ain't know what was goin' on ... A lot of people already had been evacuated. And people that knowin' that the drug dealer had done left and they abandoned their house, knowin' they ain't gonna get on no road with no drugs. So they basically was breakin' in houses, seein' what they could get (Reaon).

There were numerous break-ins in apartments in the Callio Project. I, myself, once, um, went into a drug dealer home, you know, that I knew of that kept drugs in his apartment. And that's how I was able to function from day-to-day (Elroy).

I was in Algiers, mostly looting liquor stores ... (laughter). That is the truth. Yeah, we was doing a lot of looting. We couldn't hardly find drugs but we found them in one projects (Fleetwood).

Illegal drug dealers were not the only target. Diamond described the security procedures that were necessary at the hospital where she worked:

Well I was in the hospital and I was taking care of patients and trying to survive ... It was horrible. We had no food ... Things changed very quickly after the hurricane passed ... We had feelings of impending doom ... We didn't know how we were going to get out ... We had to have the police surround the hospital because people were at the doors with guns trying to get in because they thought the hospital had drugs that they could take (Diamond, 51 year-old, female, Vicodin user).

Discussion

Disaster management procedures generally presume that everyone is focused on the same primary goal, to get out safely. Much literature has decried how this opportunity was less available to the poor who were disproportionately stranded by Katrina. This analysis of poor drug users and sellers during Hurricane Katrina challenges the assumption that everyone places the same priority on evacuation. However, the findings are likely relevant to other areas that are regularly threatened by potential disaster and have an entrenched population of poor drug users. For many poor drug users and sellers, getting their drugs, getting high, partying and making money are what's most important to them. These priorities contributed to decisions by some not to evacuate prior to the storm, not to report to the congregate shelters, to roam through flooded debris-strewn streets, to loot stores and the homes of drug dealers, and to use violence or the threat of violence to achieve their ends. By no means do we condone these unsafe and illegal behaviors by some drug users and sellers. On the other hand, we also do not ascribe to Mayor Nagin's suggestion that these people deserved to be left on their own because they stayed behind.

Ultimately, we would like to see the problems of poverty and illegal drug use reduced. Hurricane Katrina brought to light the dire poverty, inequity, failed schools, poor health care and long-term impact of racism that prevailed in New Orleans (Dyson, 2006; Khan, 2009; Miller and Rivera, 2008; Robillard, 2009). The authors above have called for renewed social initiatives to address these problems and the host of other concerns they breed, such as despair and drug use. These are worthy social goals. Moreover, a stronger society in which everyone has a greater investment in the mainstream institutions of work, family and community would be better prepared to evacuate prior to a hurricane. Everyone would be more likely to have an automobile, somewhere to go outside of the affected area, and the money to make the trip. However, these are longer-term goals.

Disasters require timely actions to deal with the physical and social conditions as they occur. The literature reviewed has made it clear that New Orleans needs an improved flood protection system and a better coordinated disaster response system. The literature also

indicates that vulnerable populations need special attention. Disaster plans need to include free transportation, temporary shelter and food for the indigent. This paper raises the question of the special needs of poor drug users. This analysis of Hurricane Katrina indicates that drug-related priorities led many of them to additional risks. In light of these findings, we offer several recommendations for disaster management aimed to increase compliance by poor drug users and sellers:

1. *Focus outreach efforts near drug markets.* This will maximize the likelihood of reaching poor drugs users, a particularly recalcitrant and poorly informed population. In New Orleans, drug users knew that drug dealers were in the projects and that secondarily these buildings were likely to withstand the storm. Getting the word out in these areas, providing an emergency shelter in the projects and providing evacuation services nearby would conveniently serve this population.
2. *Overlook drug possession.* Drug users and sellers will be more likely to comply with disaster management directives if they know they will be able to maintain their habits.
3. *Provide access to private areas near shelters.* If available, drug users will likely consume their drugs in unmonitored areas near congregate shelters. If privacy is not available, drug users are more likely to avoid shelters or use in public.
4. *Continue rescue efforts.* Many poor drug users delayed evacuation to the last minute. Therefore, it is important to maintain free and convenient evacuation services for as long as they can be safely provided and as soon after a disaster passes as possible.
5. *Provide drug maintenance, detox and counseling services.* Many drug-using evacuees will be dealing with the physical and emotional challenges of possibly going without their drugs. Support services can help relieve their discomforts. Additionally, concerned outreach workers could potentially guide them towards programs that will lead to their recovery from drugs.

Drug market participants expose themselves, their families, the community and ultimately rescuers to additional and unnecessary risks during a disaster. It would seem appropriate for drug users to at least temporarily refrain from using during disaster management activities. However, our findings indicate that not all drug users will be willing or able to do this. Some users experienced panic and showed signs of withdrawal due to difficulties maintaining their habits during Hurricane Katrina. As an alternative, our recommendations essentially call for suspending pursuit of the war on drugs during a disaster. These disaster management accommodations would be unnecessary to the extent that poverty, despair and illegal drug use are brought in check. However, during a disaster when lives are at stake, humanitarian concerns should not be jeopardized by the pursuit of other social policy priorities. To this end, disaster management policies need to consider the ways to reach vulnerable populations like poor drug users, regardless of whether their behaviors are legal.

Case studies of past disasters such as this paper represent an important tool for the advancement of disaster planning and management. Theories and simulations can rarely capture the complexity of the lived experience of a disaster. This paper raises concerns about an often-neglected population that presents special challenges, poor drug users and sellers. However, this paper is based on analysis of a single event, New Orleans experience of Katrina. Clearly, further research is needed to identify the extent that the findings from this paper may be relevant to other situations. To that end, the authors are performing a similar analysis of drug use during Hurricane Ike that devastated Galveston, Texas, in 2008. Beyond replication, programmatic evaluations are needed. We hope that disaster planners will operationalize some of our suggestions regarding how to better reach poor drug users and

sellers during a natural disaster. This would allow future case studies to identify the types of initiatives that better serve poor drug users and sellers and help keep them from otherwise hampering disaster management efforts.

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