Published in final edited form as:

Int J Drug Policy. 2014 January ; 25(1): 112–115. doi:10.1016/j.drugpo.2013.09.006.

Navigating the Risk Environment: Structural Vulnerability, Sex, and Reciprocity Among Women Who Use Meth

Stacey A. McKenna^a

^aUniversity of Colorado Denver, Department of Health & Behavioural Sciences, Campus Box 188, PO Box 173364, Denver, CO 80217-3364, USA. stacey.mckenna@ucdenver.edu

Abstract

Drug users' risky sexual practices contribute to their increased risk for contracting HIV and other sexually transmitted infections. Use of methamphetamine has been associated with a number of high-risk sexual practices such as frequent sexual contacts, multiple sex partners, unprotected sex, and exchange sex. The media construct women who use meth as engaging in exchange sex to support their drug habit. Despite an abundance of data on exchange sex among heroin and crack users that suggest the importance of examining these practices in context, they remain understudied among female methamphetamine users. This article draws on preliminary findings from ongoing ethnography with female meth users to highlight the risk environment(s) that contribute to structural vulnerability and shape behaviour. While their sexual practices may be deemed transactional and risky, understanding their embeddedness in structural context and networks of reciprocity is essential to understanding implications for policy and harm reduction.

Keywords

methamphetamine; exchange sex; reciprocity; drug use; risk environment; structural vulnerability

INTRODUCTION

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

In recent years, prevention media in the United States have targeted women who use meth using highly gendered claims that the drug causes users to trade sex for money and drugs (Linnemann, Hanson, & Williams, 2013). For example, some ads in The Meth Project's

© 2013 Elsevier B.V. All rights reserved.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

highly visible *Not Even Once* campaign portray teenage girls offering sex for drugs or money, often at the behest of a male significant other; another shows a teenage meth addict offering sexual favors from herself and her younger sister in exchange for cash (The Meth Project, 2013). Such incomplete portrayals perpetuate the multiple levels of violence experienced by women who use meth and other drugs, emphasizing their violation of idealised gender roles and disregarding the risk environments in which they live (Linnemann, et al., 2013).

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

Structural Vulnerability and the Risk Environment

The risk environment is a useful framework for elucidating the complex contextual factors influencing individuals’ risk for HIV and STIs. The risk environment, defined as the intersection of “*types of environment* (physical, social, economic, policy)” with “*levels of environmental influence* (micro, macro)”, shapes one’s ability to avoid or minimise the risks associated with long-term and heavy drug use (Rhodes, 2009, p. 193).

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

Risk, Reciprocity and Gender in a Moral Economy of Drug Use

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

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

Sexual Risk and Exchange Sex Among Women Who Use Meth

To date, few researchers have examined female meth users’ sexual risk in the context of their risk environments or from their perspectives (Lopez, Jurik, & Gilliard-Matthews, 2009; Semple, et al., 2004; Shannon, et al., 2011). The limited data suggest that women who use meth are less likely to trade sex than those who use crack cocaine or heroin (Molitor, et al., 1998; Rodriguez & Griffin, 2005) and that, compared to other illicit drugs, people are more likely to acquire meth from people they know (Rodriguez & Griffin, 2005). Given these distinctions, it is inappropriate to simply apply what we know about exchange sex among crack and heroin users to meth users; rather, findings among these groups support the need for contextualised and meaning-centered examination of sexual risk in general and exchange sex in particular (Sterk, 1999).

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

METHODS

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

The first year of research was supported by departmental dissertation funding; subsequent and ongoing research are supported by the National Institutes of Health/National Institute on Drug Abuse (5R03DA032861). This study was approved by University of Colorado

Denver's Institutional Review Board. Because this article is based on preliminary findings, and women who use meth have been the target of a disproportionate amount of problematic discourse (as described previously), I limit the present discussion to women's perspectives and experiences.

FINDINGS

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

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

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

Sex and Reciprocity in Relationships

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

Karen, a long-term user in her 40s, was unemployed and living on a friend's couch when we met. Her criminal record cost her her career and finding new work was challenging. In her on-again/off-again relationship with a heavy meth user who was also unemployed and housing insecure, meth and sex were linked (e.g., both enjoyed having sex while high), but not in ways that seemed to constitute a system of reciprocity; perhaps because both had such limited resources, neither relied upon the other to provide drugs, housing, or money. During breaks in the relationship, however, Karen casually dated older, well-off men. Based on our discussions, these men never paid - in money or in drugs - for sex, but they did provide her with respite from the daily struggles associated with poverty and housing insecurity. Often, their affections toward her seemed greater than hers for them. She would return from a weekend with one of these men feeling refreshed and enthusiastic about getaways to

mountain towns and romantic weekends in hot-tubs, but she also returned to her boyfriend. When struggling emotionally or financially, she sometimes reached out to them, knowing she could rely on their support even if she had nothing sexual or romantic to offer at the moment.

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

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

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

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

Some women, like Dorothy, reversed roles and served as the “dope lady” for their boyfriends. Women who had steady access to meth sometimes became the primary connect for their partners just as men did. In the case of Dorothy, the affection and attachment in her relationship with Ronnie seemed lopsided. She provided him with steady access to meth, housing, food and sex; a full-time hustler who occasionally worked odd-jobs, Ronnie bounced from female partner/provider to female partner/provider, frequently leaving Dorothy angry and alone. She often reported feeling used or exploited yet, in the two years I have known her, she has yet to successfully change Ronnie’s behaviour or end the relationship. This contrast of expectations when women versus men dated meth dealers highlights the extent to which the meaning of men’s and women’s expected roles and reciprocal behaviours are embedded in broader social norms and power dynamics. Most women viewed receiving free drugs while dating the “dope man” to be an extension of the standard reciprocity they expected in any romantic relationship; however, the few women

who found themselves supporting men often struggled to accept this role without feeling used.

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

DISCUSSION

Like many women who use drugs, the women in this study inhabit risk environments that constitute a source of structural, physical and symbolic violence, rendering them structurally vulnerable. Moral economies and relationships of reciprocity play an important role in poor and homeless drug users' navigation of this structural vulnerability, at times at the expense of seemingly distant health concerns such as HIV or other STIs. A strong body of ethnographic research illustrates the complex and encompassing nature of the moral economy and illuminates the often problematic intersection of the realities of poor drug users' daily lives and a harm reduction ethos premised on individualistic ideologies of agency and empowerment ((Bourgois & Schonberg, 2009; Maher, et al., 1996; Sterk, 1999). The criminalization not only of drug use, but of poverty (e.g., camping bans), reduce employability and eligibility for housing as well as federal benefits (Buchanan & Young, 2000; Linnemann & Wall, 2013). Unable to access stable or legal employment due to criminal records, minimal education, or the patterns of their drug use, users may embed themselves in networks of reciprocity that facilitate getting by with less and daily survival needs, from food or shelter to drugs, thus frequently take priority over disease prevention (Boshears, Boeri, & Harbry, 2011; Bourgois & Schonberg, 2009). Female drug users' multiple levels of vulnerability are especially harmful as the very strategies they employ to survive not only place them at increased risk for disease, but also perpetuate their gendered subordination in the context of their economic and personal relationships with men.

This research supports the need for a shifting public health and harm-reduction ethos that extends the conceptualization of "harm" beyond the present consideration of disease risk to include the multiple levels of violence faced by many drug users, especially women. A risk environment approach to harm reduction thus should critically examine and challenge the policies, socioeconomic conditions, and culturally-bound gender relations that contribute to the vulnerability of marginalized groups.

REFERENCES

- Boeri, M. *Women on Ice: Methamphetamine Use Among Suburban Women*. New Brunswick, NJ: Rutgers University Press; 2013.
- Boshears P, Boeri M, Harbry L. Addiction and sociality: Perspectives from methamphetamine users in suburban USA. *Addiction Research & Theory*. 2011; 19(4):289–301. [PubMed: 21887124]
- Bourgois, P. *In Search of Respect: Selling Crack in El Barrio*. 2nd ed.. New York: Cambridge University Press; 2003.
- Bourgois P, Prince B, Moss A. The everyday violence of Hepatitis C among young women who inject drugs in San Francisco. *Human Organization*. 2004; 63(3):253–264. [PubMed: 16685288]
- Bourgois, P.; Schonberg, J. *Righteous Dopefiend*. University of California Press; 2009.
- Brecht M-L, O'Brien A, von Mayrhauser C, Anglin MD. Methamphetamine use behaviors and gender differences. *Addictive Behaviors*. 2004; 29:89–106. [PubMed: 14667423]
- Buchanan J, Young L. The War on Drugs - a war on drug users? *Drugs: education, prevention and policy*. 2000; 7(4):409–422.

- Epele ME. Gender, violence and HIV: Women's survival in the streets. *Culture, Medicine, and Psychiatry*. 2002; 26:33–54.
- Flavin J, Paltrow LM. Punishing pregnant drug-using women: Defying law, medicine, and common sense. *Journal of Addictive Diseases*. 2010; 29:231–244. [PubMed: 20407979]
- Garriott, W. *Policing Methamphetamine: Narcopolitics in Rural America*. New York: NYU Press; 2011.
- Hser Y-I, Evans E, Huang Y-C. Treatment outcomes among women and men methamphetamine abusers in California. *Journal of Substance Abuse Treatment*. 2005; 28:77–85. [PubMed: 15723735]
- Hulsey T. Prenatal drug use: The ethics of testing and incarcerating pregnant women. *Newborn and Infant Nursing Reviews*. 2005; 5(2):93–96.
- Humphries, D. *Crack mothers: Pregnancy, drugs, and the media*. Columbus, OH: Ohio State University Press; 1999.
- Irwin S, Jordan B. Knowledge, practice, and power: Court-ordered cesarean sections. *Medical Anthropology Quarterly*. 1987; 1(3):319–334. [PubMed: 11659066]
- Koester S. The context of risk: ethnographic contributions to the study of drug use and HIV. *NIDA Research Monograph*. 1994; 1046–9516(143):202–2016.
- Linnemann T. Mad men, meth moms, moral panic: Gendering meth crimes in the Midwest. *Critical Criminology*. 2010; 18(2):95–110.
- Linnemann T, Hanson L, Williams LS. 'With scenes of blood and pain': Crime control and the punitive imagination of The Meth Project. *British Journal of Criminology*. 2013
- Linnemann T, Wall T. 'This is your face on meth': The punitive spectacle of 'white trash' in the rural war on drugs. *Theoretical Criminology*. 2013:1–20.
- Lopez V, Jurik N, Gilliard-Matthews S. Gender, sexuality, power and drug acquisition strategies among adolescent girls who use meth. *Feminist Criminology*. 2009; 4:226–251.
- Lorvick J, Martinez A, Gee L, Kral AH. Sexual and injection risk among women who inject methamphetamine in San Francisco. *Journal of Urban Health*. 2006; 83(3):497–505. [PubMed: 16739050]
- Maher L, Daly K. Women in the street-level drug economy: Continuity or change? *Criminology*. 1996; 43(4):465–491.
- Maher L, Dunlap E, Johnson BD, Hamid A. Gender, power, and alternative living arrangements in the inner-city crack culture. *Journal of Research in Crime and Delinquency*. 1996; 33:181–205.
- McKenna SA. Maintaining class, producing gender: Enhancement discourses about amphetamine in entertainment media. *International Journal of Drug Policy*. 2011; 22:455–462. [PubMed: 21959088]
- McMahon JM, Tortu S, Pouget ER, Hamid R, Neaigus A. Contextual determinants of condom use among female sex exchangers in East Harlem, NYC: An event analysis. *AIDS Behavior*. 2006; 10:731–741. [PubMed: 16779657]
- Miller M, Neaigus A. An economy of risk: Resource acquisition strategies of inner city women who use drugs. *International Journal of Drug Policy*. 2002; 13:409–418.
- Molitor F, Truax SR, Ruiz JD, Sun RK. Association of methamphetamine use during sex with risky sexual behaviors and HIV infection among non-injection drug users. *Western Journal of Medicine*. 1998; 168:93–97. [PubMed: 9499742]
- Mountian I. Images of women and drugs. *Annual Review of Critical Psychology*. 2005; 4:81–95. (Feminisms and Activisms).
- Murphy, S.; Rosenbaum, M. Two women who used cocaine too much. In: Reinerman, C.; Levine, HG., editors. *Crack in America: Demon Drugs and Social Justice*. Berkeley: University of California Press; 1997. p. 98–112.
- Murphy, S.; Rosenbaum, M. *Pregnant Women on Drugs: Combating Stereotypes and Stigma*. New Brunswick, New Jersey: Rutgers University Press; 1999.
- Paltrow LM. Women and the war on drugs. 2000 Retrieved 11/01/2010, 2010, from <http://www.drugpolicy.org/communities/women/>.

- Quesada J, Hart LK, Bourgois P. Structural vulnerability and health: Latino migrant laborers in the United States. *Medical Anthropology*. 2011; 30(4):339–362. [PubMed: 21777121]
- Rasmussen, N. *On Speed: The Many Lives of Amphetamine*. New York: NYU Press; 2008.
- Rhodes T. Risk environments and drug harms: A social science for harm reduction approach. *International Journal of Drug Policy*. 2009; 20:193–201. [PubMed: 19147339]
- Rodriguez, N.; Griffin, ML. *Gender Differences in Drug Market Activities: A Comparative Assessment of Men and Women's Participation in the Drug Market*. Washington, DC: US Department of Justice; 2005.
- Semple SJ, Grant I, Patterson TL. Female methamphetamine users: Social characteristics and sexual risk behavior. *Women & Health*. 2004; 40(3):35–50. [PubMed: 15829444]
- Shannon K, Strathdee S, Shoveller J, Zhang R, Montaner J, Tydall M. Crystal methamphetamine use among female street-based sex workers: Moving beyond individual interventions. *Drug and Alcohol Dependence*. 2011; 113:76–81. [PubMed: 20810223]
- Sherman SG, Gann D, German D, Sirirojn B, Thompson N, Aramratanna A, et al. A qualitative study of sexual behaviours among methamphetamine users in Chiang Mai, Thailand: A typology of risk. *Drug and Alcohol Review*. 2008; 27(3):263–269. [PubMed: 18368607]
- Sibthorpe B. The social construction of sexual relationships as a determinant of HIV risk perception and condom use among injection drug users. *Medical Anthropology Quarterly*. 1992; 6(3):255–270.
- Siegel, L. The pregnancy police fight the War on Drugs. In: Reinerman, C.; Levine, HG., editors. *Crack in America: Demon Drugs and Social Justice*. Berkeley: University of California Press; 1997. p. 249-259.
- Sterk, CE. *Fast Lives: Women Who Use Crack Cocaine*. Philadelphia: Temple University Press; 1999.
- The Meth Project. About the Meth Project. 2013 2013, from <http://www.methproject.org/about/>.

Table 1

Polydrug use.

Polydrug Use (last 30 days)		Preferred/Primary Mode of Use	
No Polydrug Use	10	Snort	1
Marijuana and/or Alcohol	10	Smoke	13
Other Drugs	5	Inject	10