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Research paper

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



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ABSTRACT

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

Methods: This article draws on ongoing ethnographic research with female methamphetamine users. *Results:* The research participants' risk environment(s) contribute to their structural vulnerability and shape behaviour in ways that are sometimes deemed transactional and risky by research, public health, or harm reduction professionals.

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

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Introduction

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

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

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

sexual favours from herself and her younger sister in exchange for

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

Structural vulnerability and the risk environment

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

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

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

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

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

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

Sexual risk and exchange sex among women who use meth

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

Table 1 Polydrug use.

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

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

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

Methods

In the remainder of this article, I examine preliminary findings from an ongoing study of drug acquisition and survival strategies among meth users. Since 2011, I have conducted ethnographic interviews and participant observation with over 30 individuals who identify as meth users, 25 of whom are women. We discussed the concepts of "exchange sex" and "reciprocity" both directly and indirectly: I asked the women to describe their income-generating and drug acquisition strategies, probing specifically for information about trading sex for drugs and money: I stayed up-to-date on women's daily struggles through participantobservation 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).

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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

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