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WOMEN IN DRUG MARKETS: AN INTERSECTIONALITY APPROACH TO A SOCIOLOGICAL THEORY OF DRUG DEALING

by

Paloma Sales

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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WOMEN IN DRUG MARKETS: AN INTERSECTIONALITY APPROACH TO A SOCIOLOGICAL THEORY OF DRUG DEALING

by Paloma Sales

Abstract

Studies of illicit drug markets have focused predominantly on male dealers. Women’s experiences may differ from those of men, but there are also variations among women who deal drugs. I address gaps in research on women in drug markets by focusing my dissertation research on women dealers of a variety of drugs and of different social locations (street dealers vs. middle-class dealers).

Data were derived from a NIDA-funded study entitled “A Qualitative Study of Women in Drug Markets.” The subsample of 40 interviewees varied by type of drug sold. Half were street dealers and half dealt in private settings. I conducted face-to-face interviews to collect life histories, including women’s experiences dealing drugs. I approach my study of women drug dealers with an eye towards developing a sociological theory of drug dealing. I utilize intersectionality theory as a framework, but I expand the model to include elements beyond gender, race and social class that socially locate women drug dealers and thus provide variations in how they experience gender and manage stigma attached to the drug dealer label. These include economic theories, Social Problems theory, Deviance/Labeling theories, Presentation of Self/Deviant Identity theories, and emphasizing the particularity of localities. These form a comprehensive theoretical framework with which to study drug markets and that framework’s
application in one facet of drug markets: the experiences of women in what remain male-dominated drug markets.

While women capitalized on traditional gender roles to be effective drug dealers, it was their gender that precluded them from rising in the ranks and kept them at the lowest levels of drug market hierarchies. Women’s social location had a profound impact on dealer identity constructions and stigma management. Some engaged in normalizing discourses by discussing their dealing activities in terms of work and business. Alternate labels helped women distance themselves from the drug dealer label. Others managed stigma by highlighting the positive aspects of dealing. Those at the fringe of mainstream society found status and respect in their associations with others at the fringe; yet others experienced a deep sense of social isolation and felt trapped in their drug dealing worlds.
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I.  **INTRODUCTION**

Studies of illicit drug markets have focused predominantly on male sellers or have made only nominal gendered analyses of their drug-selling samples (Agar, 1973; Akhtar and South, 2000; Becker, 1963, Biernacki, 1979; Curtis and Wendel, 2000; Johnson, 1985; Preble and Casey, 1969; Waldorf, 1973; Waldorf et al, 1991). Ethnographic research on women’s roles in the drug economy has been based primarily in New York City’s low-income neighborhoods (Bourgois, 1995; Dunlap, Johnson, and Manwar, 1994; Maher, 1997; Maher and Daly, 1996; Miller and Neaigus, 2002; Sommers, Baskin & Fagan, 1996, 2000) or outside of the United States (Denton, 2001; Denton and O'Malley, 1999).

Some drug research characterized drug markets as highly stratified by gender (Johnson, et al, 1985; Preble and Casey, 1969; Williams, 1989), and assert that the drug economy has traditionally been viewed as ‘a man’s world’ (Adler, 1993), where males dominate the upper level dealing roles (Dunlap, Johnson & Manwar, 1994). Waldorf and colleagues (1991) found that Colombian drug cartels of the 1980s, particularly cocaine cartels, operated under a strict set of rules, one of which was to exclude women from their networks. The emergence of crack cocaine sparked an upsurge in drug market research, which found increased involvement of women in this informal economy (Baskin, Sommers, and Fagan, 1993; Bourgois, 1995; Bourgois and Dunlap, 1993; Dunlap, Johnson & Manwar, 1994; Dunlap & Johnson, 1996; Fagan, 1995, 1994; Mieczkowski, 1994; Wilson, 1993).
Despite women’s increased involvement in drug markets, some research indicates that they remain in the lower levels of drug selling hierarchies, largely assistants to major male dealers (Maher and Daly, 1996; Mieczkowski, 1994; Murphy and Arroyo, 2000) and are still unable to move up to managerial roles (Maher, 1997). It is generally seen as more acceptable for men to sell drugs than women because of traditional gender roles. According to Dunlap and colleagues (1994: 7), “[f]emale dealers are viewed as having somehow overstepped their feminine bounds,” thus gender stereotypes hinder women from gaining status in upper levels of drug selling (Denton, 2001). Women tend to take on low-status roles, such as “steerers” or “touts” who recommend a specific brand of crack to new customers in exchange for small amounts of money (Maher, 1997), or as “drug mules” who swallow balloons filled with heroin or cocaine to cross the border, then defecate their “packages” to complete the delivery (Harper, Harper and Stockdale, 2002). Some women work for male-controlled organizations as “rollers”, or people who sell drugs for others (Johnson, Dunlap and Tourigny, 2000; Mieczkowski, 1994), others operate as “scale boys”, “holders”, “middlemen”, “cooks”, “runners”, “lookouts”, “doormen” at crack houses, and “gofers” (Fagan 1994; Mieczkowski, 1994; Morgan and Joe, 1996; Rosenbaum, 1981; Sommers, Baskin, and Fagan, 2000).

Women have various modes of entry into the underground drug economy. Sommers, Baskin and Fagan (2000) found that many women already involved in deviant social worlds (55 percent of their sample) began selling drugs during their early adolescence. Some women began selling drugs to fund their own personal
use (Murphy and Arroyo, 2000; Sommers, Baskin & Fagan, 2000; Taylor, 1993; Waldorf et al, 1991) or to supplement their income (Morgan and Joe, 1996). Many women began dealing through a domestic or romantic relationship (Denton, 2001; Rosenbaum, 1981; Murphy et al., 1990). Murphy and colleagues (1990) conceptualized this mode of entrée into selling as “apprenticeship” in which women in relationships with men in the drug business gradually become involved as unofficial assistants and sometimes found themselves taking over when their partners’ use of cocaine was becoming detrimental to the business (Murphy et al, 1990). Fagan (1995) disagrees, finding that more women initiated through friends or peers than through boyfriends during the cocaine/crack era.

When women are immersed in drug-selling social worlds, their own drug use often increases which may lead to risky behaviors (Miller and Neaigus, 2002; Sommers, Baskin & Fagan, 1996). Sex work and other risky sexual activities of the most visible women dealers expose them to infectious diseases. They are also exposed to violence, particularly since men, whether they are romantic partners, higher-level players in the drug economy or both, may attempt to physically overpower women (Denton, 2001; Miller and Neaigus, 2002). Maher (1997) found that women dealers felt it was necessary to put on a tough ‘gangsta bitch’ persona as a survival strategy. However, these women were not able to secure reputations as ruthless sellers and thus were unable to rise in the ranks of drug distribution organizations. Women rarely resort to violence as a business strategy (Denton, 2001; Maher, 1997; Johnson, Dunlap and Tourigny, 2000), but there is some evidence of women drug dealers resorting to violence to protect
themselves or their turfs (Bourgois, 1995; Sommers and Baskin, 1997; Sommers, Baskin and Fagan, 2000).

The biggest risk posed by drug dealing is the possibility of being arrested and incarcerated. Researchers have viewed women’s encounters with the criminal justice system in two distinct ways. First is that women criminals, particularly drug dealers, are seen as more deviant for violating gender norms by committing stereotypically male crimes (Fagan, 1994). Thus they are not only deviant for breaking the law but also for being law-breaking women dealers, contributing to the ‘evil women hypothesis’ (Sarri, 1983). The other view derives from chivalry and paternalism theories, suggesting that the criminal justice system treats women with greater leniency because society has taught men to protect “naïve” women in a fatherly manner that also serves to maintain gendered social norms and hierarchies (Kirp, Yudof, and Franks, 1986; Naffine, 1987).

Researchers have found that women dealers employ various methods to avoid arrest such as being less conspicuous in their approach than men, dressing to blend in with the other residents, and “staging performances” where the setting allowed for concealment (Jacobs & Miller, 1998; Murphy & Arroyo, 2000). Other arrest avoidance techniques include stashing, maintaining good relations with neighbors, controlling unruly customers and avoiding the street market (Dunlap, Johnson, and Manwar, 1994; Jacobs and Miller, 1998). Jacobs and Miller (1998) found that the majority of the female crack sellers in their sample were never arrested for dealing. During multiple ride-alongs with drug
police, they observed that the police rarely stopped women on the streets for suspicion of drug dealing. This could be due to the fact that police officers intentionally overlook women as dealers and instead focus on arresting males (Maher and Daly, 1996) which are considered higher status arrests for the police. Ironically, then, the sexism of the police may inadvertently serve to protect women dealers. Another factor is that female suspects can only be searched by female officers. Male officers have to call in female officers to do the searching taking up valuable time and resources.

Police are more likely to suspect women of prostitution than of drug dealing. Taylor (1993) claims that the high incidence of sex workers among drug users led to an overemphasis on this connection causing other types of income generating activity to be overlooked. Studies have shown that women drug users have other sources of income such as drug sales, legal work, property crime, and government assistance (Denton and O’Malley, 2001; Fagan, 1995; Denton, 2001; Morgan and Joe, 1996; Taylor, 1993).

The focus of recent U.S. studies on street-level sales reflects the gap in studies of middle class dealers since the Adler and Waldorf and colleagues studies of the 70s and 80s (Adler, 1985; Murphy, Waldorf and Reinarman, 1990; Waldorf, Reinarman, and Murphy 1991; Waldorf, Murphy and Lauderback, 1994; Waldorf and Murphy, 2006). Movement into the drug economy is not limited to a marginalized underworld. Women drug sellers are part of both “legitimate and illegitimate” social worlds. Some women drug sellers are also professionals, entrepreneurs and academics who keep low profiles (Denton, 2001). Morgan
and Joe (1996) discuss women’s participation in both the “citizen” and “outlaw” lifestyles. Some women functioned within mainstream society and maintained active control of their own drug use while selling drugs. Dunlap, Johnson, and Manwar (1994) cite the unknown side of the crack economy as the older, better-educated, middle-class drug user and seller. There is a gap in research that focuses on women drug dealers generally and more particularly on the less visible professional, middle-class, suburban women dealers.

**Basic Research Questions**

Women’s experiences in drug dealing are potentially very different from those of men, but there are also variations of women who deal drugs. I address gaps in research on women in drug markets by focusing my dissertation research on women drug dealers of a variety of drugs and of different social locations (street dealers vs. middle-class dealers). By interviewing only women, I first bring gender to the fore to better understand the impact of gender on women who deal drugs. Next, I explore how the intersection of various social markers, (e.g. race, class, employment, education, type of drug sold, user status) come to bear in women’s identity constructions and stigma management.

The following research questions will be addressed:

1. What is the role of gender in women’s ability to enter the drug market, their sales practices, progression of sales, risk and risk management?

2. How do women construct and manage their dealer identities and how do they reconcile dealer identities with traditional gender roles?

3. How does social location (e.g. race, class, employment, education, type of drug sold, user status) impact all of the above?
I found differences in how they constructed their drug dealer identities and managed the stigma of being women who deal drugs. I assessed to what degree these differences were predicated on their social location and the level of participation and stake in conventional social worlds.

We cannot fully understand the experiences of women drug dealers without first understanding the broader context in which women deal drugs. Curtis and Wendel (2000), who have conducted ethnographic studies of a variety of drug markets within Manhattan’s Lower East Side, proffer the critique that most of the work on drug sales has been largely descriptive. The primary reason for the “atheoretical and ahistorical” nature of work in this area has been the lack of a theoretical perspective that would allow comparison between markets, understandings of intra-market influences or the ways in which markets are embedded in various social milieus. Thus, I approach my study of women drug dealers with an eye towards developing a working sociological theory of drug dealing.
II. THEORETICAL APPROACH

Most studies of drug dealing focus on the microsocial processes that take place in the situation of drug dealing. But we must also understand how social processes that are at work at all levels of the social structure situate the drug dealer. At the macrosocial level, social arrangements, culture, political economies, societal norms and beliefs set the stage. At the mesosocial level, institutions and formal and informal organizations (including underground markets) reinforce hegemonic cultural norms and beliefs, racial, gender, and class formations, social arrangements and expectations through social processes that create the citizen. I begin with a look at the broader social structures that create drug markets.

A. Economic Theories of Underground Markets

The illicit drug market is one of various underground economies. Wiegand (1992) presents a historical account of economic theories of underground markets, taking into account the social, political, and historical setting in which they were developed. Of particular interest are the theories that emerged as a result of the poverty studies conducted in the 60s and 70s. Political economists viewed poverty as a direct consequence of working at the periphery (low-wage jobs) of the economy. Thus, despite the post WWII economic boom, those at the periphery did not reap trickle-down benefits from the mass accumulation of those at the economic core and according to Wiegand (1992) the poorest segments of society, who remained at the periphery, were located in urban black neighborhoods. Wiegand (1992) tells us that the nature of the capitalist market
maintains the poor at the periphery. It was more cost effective for capitalists to draw labor from the educated middle class than from the uneducated poor who would then have to be trained more extensively. With limited opportunities for employment or a living wage, the poor turned to underground economies. But the more affluent and also predominantly white segments of the population also enter drug markets as both dealers and buyers.

The underground criminal economies, especially drug markets, emerge in response to a demand for goods and services that have been outlawed for social or moral reasons (Bullock, 1973). Criminalization drives the prices of goods as these reflect not the cost of manufacturing the product, but the level of risk attached to its distribution. The illegality of the drug market presents limitations to capitalist growth in underground economies. Big business in the licit economy is at an advantage because the costs of production and distribution are reduced. In the illicit economy, big business is at a disadvantage because of the threat of police intervention and the fact that contracts are unenforceable. It makes it difficult to manage risk when large numbers of people are involved. Most drug dealers are free-lancers. Though large scale distribution cartels do exist, particularly at the import-export level, the majority of drug organizations are small scale and are characterized as close-knit organizations based on kinship or group affinities (Curtis and Wendel, 2000) that promote loyalty (contractual security) and secrecy (protection from police detection).

Economic Sociology and Anthropology provide insights into the broader social context in which illicit drug markets proliferate (Granovetter, 1985;
Granovetter (1985) tells us that all forms of economic interactions are centered in social relations. Sahlins (1973) provides us with a model of reciprocity for social interaction that can be applied to drug markets. Fligstein (2001) adds that market competition makes it necessary for distributors, suppliers, customers, and competitors to form networks allied to create market stability. Social relations and networking become even more relevant in illicit drug markets where the dimensions of market stability go beyond price controls to risk issues such as the threat of arrest and incarceration, or getting ripped off by a supplier, or the potential for violence.

One study stands out as an example of a more complete sociology of drug dealing, demonstrating the importance of placing the act of dealing drugs in its proper socio-historic context: Philippe Bourgois’ (1995) ethnographic study of crack dealers in New York. Bourgois offers a first hand account of the day-to-day lives of crack dealers and their families living in poverty in one of the wealthiest nations in the world. He posits that the crack and heroin epidemics of the 80s and 90s have very little to do with the actual pharmacology of those drugs and more with the culturally constructed meanings of drug use. The proliferation of illicit drug markets is symptomatic of a much broader social problem: growing social structural inequality. Bourgois (1995: 319) tells us:

The problem of substance abuse in the United States is worse in the 1990s than in the recent past because of a polarization of the structural roots that generate self-destructive behavior and criminal activity. The economic base of the traditional working class has eroded throughout the country. Greater proportions of the population are being socially marginalized. The restructuring of the world economy by multinational
corporations, finance capital, and digital electronic technology, as well as the exhaustion of democratic models for public sector intervention on behalf of the poor, have escalated inequalities around class, ethnicity, and gender.

For Bourgois, we cannot fully understand drug dealing without first understanding the broader transnational politico-economic context in which the act of dealing is situated. A proper understanding of the circumstances that lead a person to deal drugs on the streets is essential in order to address drug dealing as a social problem. Dealers may feel compelled to engage in illicit economies because they see no alternative. Bourgois (1995) suggests that in order to eliminate drug dealing, we must both alter the dynamism of the drug economy and the fragility and hostility of the entry-level legal job market. He suggests that the cheapest way to alter the drug economy is to destroy its profitability by decriminalizing drugs. Of course, this alone will not eliminate the problem. He also suggests that the private sector needs to create more appealing and rewarding entry-level job opportunities that offer realistic and viable alternatives to the illicit drug market, so that marginalized people are able to earn a dignified subsistence legal income. Thus a necessary element of a sociological theory of drug dealing is an understanding of the development and structure of illicit drug markets with close consideration of the social, political, and historical contexts in which those markets are situated.

A sociological theory of drug dealing must take into account the socialization of individuals, designations of what is deviant, and the social control methods to produce a citizenry that more or less conforms to and abides by what
is deemed moral in society. Individuals’ experiences within social institutions shape their interactions with others. Some may take on deviant labels and identities and experience stigma, poverty, and limited opportunities, creating a need for the labeled deviant to resort to subcultural norms and resources when kept at the periphery of society at large. Before we can understand drug dealing, we must begin with an understanding of the social, political, and historical origins of the construction of drug use as a social problem.

B. Social Problems Theory

An important element in the ongoing production of cultural values and norms is the inclusion in public discourse of what it is that a society deems immoral or contrary to that society’s cultural norms. In order to understand how cultural values and norms around drug use were created, we must look at the construction of social problems. How does an issue become a social problem? The social constructionist approach to social problems marked a departure from the structural functionalist approach (Mertonian) to social problems where social problems exist independently from individuals’ and collectivities’ interpretations of what constitutes a social problem. Merton (1976: 7) tells us: "a social problem exists when there is a sizeable discrepancy between what is and what people think ought to be." Spector and Kitsuse (1973, 1977), among others, challenged the Mertonian approach because it begs the question: how do people know what is and what ought to be and how do they know if the discrepancy between the two is sizeable? Spector and Kitsuse claimed that social conditions, cultural ideals and the discrepancies between the two are socially constructed (Holstein
and Miller, 1993). The functionalist perspective, by reducing the study of social problems to the study of social conditions, does not offer any explanations for changes in perceptions of what a social problem is or in changes in responses to a social problem over time. Even within the same temporal frame, there are different responses to the same social problem, by different social segments.

For example the responses to crack cocaine use (criminalization) versus powder cocaine use (treatment) is based on the class and race of the users of different forms of the same drug (Reinarman and Levine, 2004).

In the constructivist, interactionist tradition, Blumer (1971) defined a social problem as “products of a collective process of definition” and suggests that “sociologists ought to study the process by which society comes to recognize its social problems” (1971: 300). Spector and Kitsuse (1977: 75) defined social problems as "the activities of groups making assertions of grievances and claims with respect to some putative conditions." They viewed social problems as social constructions. Here social problems are not objective realities that simply exist and that can be corrected; they are products of definitional processes and what Spector and Kitsuse call "claims-making," the processes by which a condition is recognized, identified, and named as a social problem.

The study of social problems then becomes a study of the claims-makers and the social organization and activities that emerge in response to their claims. Spector and Kitsuse (1973: 415) tell us:

The emergence of a social problem, then, is contingent on the organization of group activities with reference to defining some putative condition as a problem, and asserting the need for eradicating, ameliorating, or otherwise changing that condition. The central problem
for a theory of social problems, so defined, is to account for the emergence and maintenance of claim-making and responding activities.

For Spector and Kitsuse, then, the study of social problems goes beyond the construction of a definition of a social problem. It includes a sense of social responsibility and the proposed remedies to rectify the problem.

Gusfield (1989:432) explains this aspect of social responsibility in the social construction of a social problem: “The concept of ‘social problems’ does more than point to deplorable situations. It suggests a social responsibility for resolving the resolvable.” Gusfield tells us that this aspect of the conceptualization of social problems is embedded in the development of the welfare state and that it is inherently political. According to Gusfield (1981:12), there are three elements in the social responsibility for social problems: ownership, causality, and political. I next discuss each of these.

For Gusfield (1981), the causality aspect of social responsibility is the process by which claims-makers trace the sequence of events that lead to the existence of a social problem. Causality is dependent on whose evidence or facts are heard and given credibility at particular moments in time. What needs to be done about a particular social problem becomes politicized and impacts the formulation of policy and institutional actions. Social institutions respond to claims about a social problem and those responses vary according to the moral value judgments attached to the definition of a social problem.

The ownership aspect of social responsibility is marked by the control, exclusiveness, transferability, and potential loss of a social condition as social problem. For example, the medical marijuana movement is attempting to wrestle
marijuana use away from those framing the discourse in terms of marijuana as the reefer madness drug and into the hands of those framing marijuana use as medicine useful in the treatment of various medical conditions (Elias, 2007; Harris, 2006; Strasser, F., Luftner, D., Possinger, K., et al, 2006; Sullivan, 2006).

For Gusfield, this transfer of ownership of a social problem is also political and dependent on a particular group’s power and authority to enter the public arena of discourse in order to have their particular position heard.

For Hilgartner and Bosk (1988: 58-59), in their public arenas model, public attention is a scarce resource, thus potential social problems must compete for attention in the arena of public discourse. They describe the various public arenas where the battle for public attention ensues:

The collective definition of social problems occurs not in some vague location such as society or public opinion but in particular public arenas in which social problems are framed and grow. These arenas include the executive and legislative branches of government, the courts, made for TV movies, the cinema, the news media (television news, magazines, newspapers, and radio), political campaign organizations, social action groups, direct mail solicitations, books dealing with social issues, the research community, religious organizations, professional societies, and private foundations. It is in these institutions that social problems are discussed, selected, defined, framed, dramatized, packaged, and presented to the public.

A social problem, then, is a social problem because through the actions of some group(s), the problem garners enough public attention to enter the arena of discourse.

How does drug dealing enter the arena of social problems discourse? In order to gain a better understanding of illegal drug markets, we must first understand how drug use has been framed as a social problem and the nature of
institutional responses to drug use as a social problem. The proliferation of illegal drug markets is a direct result of the regulation and criminalization of drug use and their specificities are consequential.

How drug use is constructed as a social problem has direct effects on the social organization of illicit drug markets. Varying definitions of social problems by type of drug have serious implications for how society organizes and responds to the specific social problem. We can again look at the crack vs. powder cocaine constructions as an example. As a social problem, crack has been constructed as an evil drug that plagues neighborhoods, leads to violence, and the social deterioration of the family; powder cocaine, however, has been constructed as an addictive drug that may lead to sleep deprivation, crankiness, respiratory ailments, and financial problems (Reinarman and Levine, 1997). These definitions have led to social organizational responses that are equally disparate. Crack cocaine use is criminalized resulting in African-American males crowding our prison system, while powder cocaine use is relegated to the medical and therapeutic arenas with the proliferation of drug treatment services as the destination for predominantly affluent, white users. The crack cocaine dealer takes a much larger risk than the powder cocaine dealer because of stiffer sentencing guidelines and very public sales arenas. Crack cocaine is the only drug that carries a federal mandatory minimum sentence for first time possession, while first time offense for possession of all other drugs in any quantity is a simple misdemeanor. Possession of 5 grams of crack cocaine
carries a 5 year mandatory minimum sentence (U.S. Sentencing Commission, 1995).

Today we are also seeing a replay of the crack phenomenon as Ecstasy is becoming more popular in low income, ethnic neighborhoods. We are seeing new constructions, new definitions around the drug that are far from the feel good, hug drug of the bourgeois dance community. Constructions of Ecstasy are no longer only about the actual drug (MDMA). As a symbolic entity, the drug has taken a life of its own – it has become more of a lifestyle, a way of thinking. We do not know the wide ranging pharmacological make-up of what is being sold as “Ecstasy” but we do know that conversations around ecstasy are marked by regular users’ lifestyles, moral believes, values, practices. Ecstasy became more than a drug – it became a subculture that has less and less to do with MDMA (Sales and Murphy, 2007). In a CBS5 news report, the use of Ecstasy, called “thizzing” among the young, urban, predominantly African American hip hop community, has been associated with murder in Oakland (Vazquez, 2007). Law enforcement officials credit the “stacking,” or taking multiple doses of Ecstasy for murderous rampages resulting in the creation of a new police task to crack down on Ecstasy sales and use. The consequences of having such a task force is that young, urban males of Oakland will be profiled by law enforcement leading to arrest and incarceration of even more young African American males. The way drug use is constructed as a social problem can have real, damaging, long term consequences for certain segments of the population.
C. Emphasizing the Local

The varying ways in which the social problem of drug use is constructed and the equally variable institutional responses to such constructions impact both consumers and purveyors of drugs. Often, social constructions are localized; some constructions are adopted broadly, while others prove to be less durable depending on the specific material and symbolic contexts (Best, 1995) in which claimsmaking activities are embedded in each locality. Bogard’s (2001) comparison of how homelessness as a social problem was defined in two localities, Washington, D.C. and New York, illustrates the importance of emphasizing the local. Bogard utilizes a comparative constructionist method to outline differences in claimsmaking activities and discourses that resulted in two different definitions of homelessness as a social problem. The context in which these activities and discourses that typified homelessness were embedded was central to their success or failure.

In Washington, D.C., the construction of homelessness as a new social problem was rooted in the Community for Creative Non-Violence (CCNV), a local Christian radical activist group focused on promoting peace and social justice. The CCNV constructed homeless people as normal human beings who were victims of economic exploitation and who were entitled to shelter as a basic need and as a matter of social justice. Their approach to the problem of homelessness was the Catholic principles of sharing resources with neighbors in need, a principle of equality that did not resonate with the broader national
population as it lacked both the boundary work and othering processes that create and maintain systemic inequality.

In New York City, the central claimsmakers were city and state government officials who entered the arena because resources were at stake. They advocated a medicalized view of homelessness, portraying homeless people as mentally-ill victims of de-institutionalization. This position shifted the responsibility to the federal government and deflected it from the locality’s efforts to revive the city’s economy through the gentrification of blighted areas which eliminated affordable housing. Homelessness became a problem of deficient individuals who needed intervention and rehabilitation, rather than a problem of poverty and inadequate housing. According to Bogard (2001), this typification resonated with the broader national population because medicalization does the work of boundary maintenance and othering the labeled deviants by rationalizing the need to treat the deviants by isolating them from the general population. And it does so seemingly less punitively than the legal system. Thus, New York’s typification was adopted nationwide.

Most drug dealing is highly local, thus understanding local histories and local practices in relation to criminalization, medicalization, and policing is a significant element of a sociological theory of drug dealing. For example, San Francisco is a diverse, liberal community considered a sanctuary for medical marijuana users, thus it is not surprising that marijuana use is not entirely demonized; the level of risk, sales practices, and experiences of stigma for a marijuana dealer in San Francisco is vastly different from one in Muncie, Indiana,
for example. In order to gain a more complete and historicized understanding of the dealers we study and their consumers, we must understand how they have been socially constructed across time and place. Institutional responses to drug use as a social problem – in the U.S. the criminalization of drug use as policy – played an important role in the development and proliferation of drug markets.

D. Deviance/Labeling Theories

Originally, I was looking at labeling theory separately from theories of deviance, but as I read the literature, I realized these are inextricably connected. Both Becker (1963) and Pfohl (1994) write about deviance and labeling together because individuals are indeed labeled as deviant when they engage in behavior that has been deemed deviant and immoral. Pfohl (1994) tells us that the way we look at deviance shapes our reaction to it, both in terms of personal response and public policy response. Some perspectives on deviance and social control fit better than others within the political, economic, cultural, and social forces of a particular historical moment and that perspective takes hold. According to Pfohl, if we truly want to understand the development and acceptance of a particular perspective, then we must locate it within the socio-historical context in which it emerged. Thus, I include in the substantive literature a historical account of U.S. drug policy.

Howard Becker (1963: 9) situates deviance as a socially constructed label applied differentially: “The deviant is one to whom that label has successfully been applied, deviant behavior is behavior that people so label.” This theory is useful as I look at how societies, law makers, the producers of knowledge, have
constructed the drug dealer as deviant. For Becker (1963), deviance is the creation of social groups defined as normal or deviant. An act is deviant not because of the quality of the behavior itself, but because someone in a position of power, who Becker calls a “moral entrepreneur,” has labeled it as such. These “moral entrepreneurs” define an act as deviant by presenting the act as immoral and at odds with social values. They gather enough public and political support to define the act as deviant. Of course, such labeling has serious consequences for the discredited. The labeled deviant’s opportunities for personal growth and wellbeing are seriously limited. The deviant must then resort to alternative ways of securing their needs, which may include more deviant behavior, like drug dealing. Who are these moral entrepreneurs and how is it that they are able to not only construct an act as deviant, but also to mobilize social institutions to uphold, support, and reinforce such perspectives?

Duster (1970: 247) tells us that certain classes of people are more likely to be labeled deviant than others:

The behavior in which persons indulge is often less important than the social category from which they come… When it is part of the public view that the predominant perpetrators of the act come form the moral center, the act cannot long remain “immoral” or deviant; it can become deviant again only under circumstances where the public conception is that the “morally susceptible” classes are those who are the primary indulgers.

As part of a sociology of drug dealing, we must understand social inequality and the larger social structures that label groups as deviants and limit the “deviants” (drug users, the poor, ethnic minorities) to other deviant activities (drug sales) as a mode of survival. We must also understand how social
institutions operate to support and reproduce inequality by legitimizing claims of deviance.

Schwalbe and colleagues (2000) outline the processes by which inequality in society is reproduced. There are three subprocesses that support the reproduction of inequality: 1) “Oppressive othering,” where the dominant group employs moral, intellectual, or essentialist discourses to justify the assignment of inferior status to members of less powerful groups; 2) “the creation of powerful virtual selves,” where a particular form of impression management reinforces the dominant role of the powerful through supportive facework and the obscuring of backstage action; and 3) “defensive othering among subordinates,” a mechanism of differentiation as a means for those in lower status groups to achieve higher status in a process that disrupts solidarity of the oppressed and reinforces the rationalization for dominance by the powerful group. For example, the poor may blame violence, drugs and drug dealers for the ills of their communities rather than blaming structural inequalities and seeing drug dealing simply as a consequence of such inequalities (Brown, 2007; Ebony, 1989). It is not by coincidence that the drug dealer is constructed as an evil, angry and violent black male; it is a way for those in power to draw attention away from the real reasons why people deal drugs: economic inequality and the increasing gap between the haves and the have-nots as the middle class becomes extinct. When there is an economic downturn, gray and black markets proliferate. As a part of a sociological theory of drug dealing, we must understand how “othering” the drug dealer serves to reinforce and reproduce inequality. By othering drug dealers,
responsibility is placed on the “deviant” individual rather than on the structural inequalities that drive people to drug dealing for subsistence.

Schwalbe and colleagues (2000) tell us that in order to reproduce inequality, those in power must also engage in “boundary maintenance.” This is achieved in various ways. One is the institutional transmission of cultural capital to the non-deviants, while restricting cultural and economic access to those labeled deviants through social learning. Those who live in poor neighborhoods usually do not have the cultural and economic capital to leave their communities. Educational and employment opportunities are minimal. Poverty is reproduced. Drug dealing has historically, and still today presents a viable way out of poverty (Bourgois, 1995; Centers and Weist, 1998). A second form of boundary maintenance is the control of network access. Opportunities are restricted for those with any decision making power, so that even community leaders cannot bring their communities in from the margins. The third element of boundary maintenance is through the threat and use of violence. These are strategies for guarding boundaries that involve the use of force to human bodies or the ability to reasonably present such a threat as an assertion of an identity (enforcing boundaries). For example, there may be drug raids in which suspected drug dealers are beaten, arrested and taken to jail, and their assets are seized, including cash, drugs, vehicles, etc. In essence, even if the rap does not stick, they are left disadvantaged, having to rebuild their business from the ground up ensuring they remain within their social boundaries. Basically, policing and related
institutions maintain these boundaries that reinforce the “otherness” of drug dealers, keeping them as deviant and separate from the dominant group.

Another set of processes that reinforce inequality is what Schwalbe and colleagues (2000) call “emotion management.” This refers to the ways in which the media reinforces “othering” such as the deviant identities of drug dealers, thus justifying inequality perpetrated by the dominant group. Emotion management reinforces constructions of who is deviant in society. This is accomplished through three basic processes. The first is “regulating discourses” or the systematic shaping of language about the phenomenon being othered for an intended emotional effect that justifies inequality and in the process, also discrediting any efforts at contestation. The second is “conditioning emotional subjectivity.” This refers to the development of habits that understand, interpret, and react to one’s emotions in ways that support broader inequality. In my running example, this refers to keeping legitimate mainstream emotions regarding drug dealers negative in order to justify inequality. This process also serves as a way to deflect attention from real problems of structural social inequality.

Schwalbe and colleagues’ (2000) third process is “scripting mass events.” This is the orchestration of activities and environments to enhance solidarity and its accompanying emotions and/or to reinforce social stereotypes. A prime example of emotion management perpetrated by the news media is the social construction of the “welfare queen” as a black, urban, crack-smoking baby-machine living off tax payers (Humphries, 1999; Murphy and Sales, 2001; Sales
and Murphy, 2000). Humphries (1999:30) found that from 1988 to 1990, 55 percent of the drug-using mothers depicted on television were African-American, while the 1998 National Household Survey on Drug Abuse findings indicate almost three times as many white women were using crack as African-Americans. Televised images of drug raids yielding mass quantities of drugs already socially constructed as evils of society, in essence portray dealers as peddlers of corruption, crime and death, reinforcing the discourse, emotional subjectivity and scripting that labels drug dealers as deviants.

In response to the processes by which inequality is reinforced, the oppressed engage in activities that maximize their very limited opportunities in order to survive, which Schwalbe and colleagues (2000) call “subordinate adaptation.” The first element of subordinate adaptation is “trading power for patronage,” where the individual level response to inferior status involves intentionally fulfilling this lesser role in order to reap the benefits. This has the unintended consequence of supporting and justifying inequality at a social level. In my example, drug dealers fulfill the role of the demonized drug dealer, in essence embracing the role in order to reap the economic benefits that allow the dealer to possess all the trappings of a contemporary capitalist pop culture – designer clothes, bling, cars, cash, etc. Next is “forming alternative subcultures.” This is the creation of new and separate hierarchies of status and power dissociated from the dominant hierarchy through pursuits of alternate routes to dominant cultural values, enhancing group solidarity. Unfortunately, such subcultures provide examples or “proof” of deviance which justifies dominant
group ideology. An example of this is the organization of a drug cartel with its own economic support system and hierarchies, its own political agenda, and wielding political clout in the form of payoffs and bribes to political and law enforcement figures, thus reinforcing the dominant cultural values through alternate, albeit “deviant,” pathways. The final element is “hustling or dropping out.” Hustling involves illegal economic activity that perversely reproduces inequality through exploitation of the vulnerable. Dropping out is an intentionally political move that requires dissociation from the oppressive practices of dominant culture. Drug dealers “drop out” of dominant culture by following life trajectories that deviate from normative and culturally prescribed pathways, from education to employment to paying taxes and generally behaving as “good citizens” that support capitalist social structures. They hustle by dealing drugs to the people in their own neighborhoods who may have the same limited opportunities as the drug dealer, but do not have the wherewithal, courage, or resources to deal drugs. They get hooked, depend on the dealer, and are driven further down the ladder of economic oppression. The hierarchies of power and economic exploitation are replicated on a smaller scale within the communities of the oppressed, while simultaneously lying outside normative, conventional social organization. Beyond engaging in alternate, deviant ways of securing a livelihood, the labeled deviants must also work at managing their deviant identities. Of course, some “deviants” are better able to pass as “normals” and thus escape the deviant label.
Not all drug dealers dwell in low-income communities. The Showtime channel’s drama “Weeds” presents an affluent, suburban mother who, after her husband’s death, deals marijuana in order to keep up the lifestyle for herself and her children. More affluent dealers may remain under the radar of law enforcement, the media, and their communities because they have the social capital and economic resources to hide their selling activities. Their ability to maintain their drug dealing under the radar depends on how well they manage information about themselves in day-to-day interactions, which brings us to the theoretical concerns of presentation of self.

E. Presentation of Self/Deviant Identity Theories

Once personal attributes or social groups have been labeled as deviant, individuals must engage in the management of those deviant identities in order to avoid or at least minimize the stigma attached to such deviant identities. This work has been the focus of a number of social theorists, including Mead (1934), Goffman (1959, 1963), and Stryker (1968). Goffman’s (1959) theory asserts that human interaction is like a play. Social actors have roles to play and they play those roles with varying degrees of control over how the roles are performed, which Goffman terms “presentation of self.” At the level of face-to-face interactions, social actors use certain strategies in order to present the self they wish others to see and to keep the interaction flowing smoothly. These strategies, which he called “impression management,” include acts that are defensive (the individual’s intentional work to keep it together) and protective (the supportive work undertaken by the audience in the form of tact). We can apply
these concepts to the interaction between drug dealer and client, drug dealer and law enforcement agent, drug dealer and the source of drugs, or drug dealer and his boss in conventional work, even drug dealer and researcher.

Goffman (1963:3) went on to explore the interactive experiences of those who have been marked with “stigma” – “an attribute that makes [a person] different from others in the category of persons available for him to be.” There are ways in which stigma is recognized by other social actors and there are also ways in which impression management strategies, especially “information control”, can in some circumstances be employed in order to avoid stigma recognition. For example, a drug dealer may give absolutely no information that would reveal his identity as a drug dealer to his boss, while when dealing to a marijuana client, he may provide information that is related only to his marijuana selling activities and not to his heroin related dealing activities as heroin is more stigmatized than marijuana. The ability to pass is further complicated if the drug dealer is also a compulsive user. For example, a heroin addict may not be able to hide scarring left behind by abscesses or needle tracks or a crack user may not be able to disguise the tell-tale circular-shaped tooth decay that the crack pipe causes. A dealer’s ability to pass, or manage impressions in order to pass as “normal” or without stigma varies depending in part on the dealer’s social location (Sales and Murphy, 2007).

The social construction of drug use and dealing, the designation of what is deviant and the assignment of labels, the presentation of self, identity constructions and stigma management, the broader economic structures and
opportunities, and the importance of localities and their unique social structures are all necessary elements of the broader context in which women deal drugs. But we need to look at how all these elements intersect with other social markers to create individual experiences for women drug dealers.

F. Intersectionality Theory

While common ground among women drug dealers can be construed as women living and dealing in oppressive male-dominated societies, there are other factors that complicate gender (Denton, 2001; Maher, 1997). Virginia Olesen (2003:343), discussing standpoint research and new ways of looking at women’s constructed knowledge, explains that “the concept of essentialized, universalized woman disappeared in the lens of standpoint thinking to reappear as a situated woman with experiences and knowledge specific to her in the material division of labor and the racial stratification system.”

Various works on gender and sexuality by Judith Butler (1990, 1993), Patricia Hill Collins (1990), Donna Haraway (1991), bell hooks (1984), Trinh T. Minh-Ha (1989), and Dorothy Smith (1987, 1990) point to the importance of approaching gender, not as a homogenous identity, but as a complex and often contradictory one which is mediated by other variables like race, social class, and sexual orientation that produce multiple variations of women and men. Each woman is uniquely situated in her particular set of circumstances. Patricia Hill Collin’s (1990, 1998, 1999, 2004; 2007) work on intersectionality theory is of particular relevance to the study of women in drug markets. Collins (1999:263) describes intersectionality theory:
The construct of intersectionality theory references two types of relationships: the interconnectedness of ideas and the social structures in which they occur, and the intersecting hierarchies of gender, race, economic class, sexuality, and ethnicity. Viewing gender within the logic of intersectionality redefines it as a constellation of ideas and social practices that are historically situated within and that mutually construct multiple systems of oppression.

Intersectionality theory is a way of conceptually exploring the complex ways in which race, gender, and class constitute power, inequality, and social meanings. The varied experiences of women drug dealers in a male-dominated market can be seen through the lens of intersectionality theory taking into consideration variations in types of women and their experiences of oppression and power (Browne and Misra, 2007; Bryant and Hoon, 2006; Crenshaw, 1991; Dill and Zambrana, 2009; McCall 2007). Women drug dealers bring multiple perspectives to the interview mediated by their social location thus, intersectionality theory is an appropriate lens from which to build a sociological theory of drug dealing providing a better understanding of individual experiences that transcend commonalities based on homogenous traits like gender.

In keeping with the symbolic interactionist tradition, I believe that an effective theoretical perspective must include ways of understanding individual’s motivations, actions, and ways of knowing. A woman drug dealer’s understandings, decision-making processes, her experiences and interactions within a given drug market are in large part determined by her social location and how various elements that socially locate her intersect with her gender, resulting in individualized experiences. But we also need to understand some of the macro and mesosocial processes that locate a woman drug dealer. For example, their
drug use status may add another layer of stigma to their drug dealer status. The
type of drug they sell may also yield different experiences as different drugs carry
different levels of stigma and social and criminal justice consequences. The
hierarchical arrangements of illicit drug markets, which are in part predicated on
the need for secrecy and trust to avoid detection from law enforcement, also
impact women’s experiences in drug markets. Thus, I present my own expanded
version of Intersectionality Theory that moves beyond gender, race and class to
include other elements like economic theories of drug markets, social
constructions of drug use and dealing as social problems, designations of
deviance and labeling, stigma management, and the importance of localities and
their social structures as all these intersect to shape and structure individualized
experiences for women drug dealers.
III. SUBSTANTIVE LITERATURE

A. History of Drug Policy in America

The United States has had the most criminalized and punitive forms of drug prohibition in the Western world (Levine and Reinarman, 2004). How did U.S. drug policies become so punitive? According to Alfred Lindesmith (1956), there was a time in our nation’s history when drug control policies could have taken what later became known as the medicalization path (Zola, 1972). Instead, following prohibitionist constructions, drug control policy was placed in the realm of the criminal justice system. In 19th century America, patent medicines often contained opiates causing serious addictions in large numbers of people. However, neither producers nor consumers were treated as criminals (Lindesmith, 1956). Cocaine was also available in various forms and could be easily purchased from drug stores, saloons, and grocery stores where anyone could sample its effects simply by drinking Coca-Cola (Das, 1993). Drugs were readily available, legal and low cost, so there was no need for users and addicts to resort to criminal activity in order to obtain drugs. Early in the 20th century, drug use was reconstructed as a social problem raising concerns around the unlimited supply of opiates to addicts. This marked a transition in constructions of opiate use from legitimate self-medication to a criminal act (Acker, 2004). Lindesmith (1956: 337) compares the British approach to opiate addiction with that of the United States. After World War II, the British system medicalized addiction, while the American system criminalized it:
The British addict under medical care is included in the doctor’s panel of cases under the National Health Act. Apart from the taxes he pays under this act along with the rest of the population, the addict’s expenses for maintaining his habit consist only in the shilling (14 cents) paid for each prescription. It is therefore unnecessary for him to engage in criminal activities to get his drug. The black market is small, limited primarily to London and a few other large cities, and caters to users who either don’t know that they can place themselves under a doctor’s care or don’t wish to do so. Sometimes an addict will refuse medical care because he is afraid his addiction will become known, or because he does not want to try to cure himself of the habit. All black-market activities are, of course, prohibited by law, and the addict who patronizes peddlers risks arrest and punishment.

If the acquisition of opiates was done in a medical setting, then the black market would be greatly curtailed. It is also much less expensive to prescribe the drug than to pay for the costs of incarceration of opiate addicts.

In Creating the American Junkie, Acker (2002) analyzes the relationships between political policy makers, psychiatrists, pharmacologists, and sociologists, the key players in the arena of drug control as together they constructed the American opiate addict. She examines the effects of these constructions on the opiate user as U.S. policy moved toward strict narcotics control beginning with the passage of the Harrison Act (see below). Key to the social construction of the American opiate addict was how the language of addiction framed the debate.

White (2004) explores the language of addiction and how specific terms to describe alcohol and drug use are employed by different groups motivated by social, political, economic, professional, and personal interests as they struggle to meet needs in all of these zones of activity. White (2004:43) posits that these tensions in the debate make it difficult to reach a consensus. Thus, one group’s
language of addiction tends to dominate, rather than incorporate others, symbolizing their relative power.

Acker (2002:8) situates the origins of U.S. drug control within the Progressive Era Reform Movement where the discourse revolved around the elimination of what were perceived to be social ills of the time. Drug use was added to a list of social ills that included gambling and prostitution and all were blamed for the decay of society. Drug control moved opiate use out of the context of public health, where physicians legally prescribed opiates to their patients, and into the criminal justice system.

There was a moral value attached to the use of opiates as the construction of the American “junkie” was reinforced by medical language originating from two strands: psychology and pharmacology (Acker, 2002). The psychological strand presented the opiate user as having a personality defect or an addict personality characterized by poor impulse control and moral weakness. The pharmacological strand focused on the drug itself with its powerful impact on craving, tolerance, and withdrawal. Of course, both disciplines had much to gain professionally from their engagement with these assessments. Psychologists could treat the opiate user to rectify his personality defect within a specialized field while pharmacologists could embark on research and development of non-addictive analgesics to replace heroin, and in the process, challenge Germany’s domination of the field of pharmacology (Acker, 2002:10). Acker points out that both of these disciplinary strands supported the political program of drug control. She provides an understanding of the construction of the American junkie, the
consequences for opiate users of the time, and the long lasting impact on theories of addiction and on current drug control policy.

In the U.S., given the prohibitionist mindset of the time, those advocating the criminal justice approach to drug use succeeded in setting long-term narcotics policy with the passage of the Harrison Narcotics Tax Act of 1914 (Angarola, 2006), a federal law that regulated and taxed the production, importation, and distribution of opium, coca leaves and all their derivatives. The bill was proposed by Representative Francis Burton Harrison of New York on the heels of the first international drug control treaty, the International Opium Convention of 1912 held in the Hague, with the purpose of solving the problem between Great Britain and China and the regulation of the opium trade. Secretary of State William Jennings Bryan pushed for the passage of the Harrison bill in order to comply with the international treaty. The language in the act did not include any direct mention of the “addict,” nor did it include any provision that would address the problem of addiction (Lindesmith, 1956). However, it prohibited doctors from prescribing opiates outside the scope of medical treatment, since opiate addiction was not considered a disease, but a personality defect (Lindesmith, 1956; Angarola, 2006).

By 1920, as a result of the criminalization of drug use and distribution, an illicit drug economy, primarily involving heroin and cocaine began to flourish (Harrison, Backenheimer, and Inciardi, 1996). The federal government responded with the Jones-Miller-Act of 1922, which provided a fine of up to
$5,000 and prison sentences for anyone who participated in the importation of narcotics. The price of heroin and cocaine increased (Inciardi, 1992).

During the same period, the American Temperance movement had successfully pushed alcohol prohibition on to the national social policy agenda, presenting alcohol as an inheritably addictive substance that inevitably destroyed the moral character and physical and mental health of all who drank it (Levine and Reinarman, 2004). The Temperance movement’s prohibitionists were utopian moralists who believed that making the manufacture and sale of alcohol illegal would cure society of its major social and economic problems (Gusfield, 1968). The Eighteenth Amendment, a constitutional amendment prohibiting the manufacture, sale, transportation, import, or export of alcohol took effect on January 16, 1920 (Levine and Reinarman, 2004). In the years following prohibition, rather than the elimination of alcohol use and the alleged social ills associated with its use, the illicit manufacture and sale of alcohol grew into a highly lucrative underground economy along with a new bureaucracy of prohibitionist agents in charge of arresting and imprisoning people who violated the law (Levine and Reinarman, 2004). In short, consumption of an illegal drug especially, but not only in what might be called “edgy” places of entertainment, became chic.

Only thirteen years elapsed between the enactment of the Eighteenth Amendment and its repeal. No other drug has experienced such a short-lived period of prohibition (Levine, 2004, 2008). According to Levine (2008), there were certain elements in place at a very particular time that came together to
drive the movement for repeal; no such synchronicity has occurred in other drug arenas. During prohibition, the alcohol arena was dominated by the temperance movement. Proponents of a repeal to prohibition lacked political clout or public support to stake a claim in the alcohol arena even though alcohol use continued to be widespread. Then came the Great Depression and everything changed.

Prior to prohibition, a portion of federal revenues came from the liquor tax. As a condition to the 18th Amendment, the income tax was expanded in order to fill the void in revenue that prohibition brought. The economic crisis of the Great Depression caused new stirrings in the alcohol arena and the movement for repeal saw broad support from unlikely bedfellows: wealthy capitalists. There was a very public argument that repeal had several potential economic benefits. The liquor tax would be re-instated providing a source of federal and state revenue. Big capital would see a boom in the alcoholic beverage industry that would create new jobs, not only in the manufacture of alcoholic beverages, but in transportation and distribution, retail, and liquor license fees. Bars and restaurant business would flourish. Repeal was touted as the cure for depression (Asbury, 1950; Levine, 2008; Levine and Reinarman, 2004).

There was also a private argument in favor of repeal. As a consequence of extreme poverty, hunger, and displacement, the Great Depression brought a new era of lawlessness. Trains transporting food and goods were stopped and raided, there was widespread looting and calls for a revolution. The ruling class grew uneasy and privately posed the argument that if workers were given beer, then perhaps it would soothe their discontent. During the Republican convention
of 1932, John D. Rockefeller, Jr., a devout prohibitionist and tee-totaler publicly came out in favor of repeal making front page news (Asbury, 1950; Levine, 2008; Levine and Reinarman, 2004). The early days of the Roosevelt administration saw the repeal of the Eighteenth Amendment, just thirteen years after it was enacted.

In *The Politics of Alcoholism*, Wiener (1981) examines the arena of the social problem of alcohol use based on the premise that social problems are socially defined. Weiner tells us that building an arena entails increasing the visibility of a social problem by animating, legitimizing, and demonstrating the problem. In the alcohol arena, poverty was highly visible as long lines formed at soup kitchens and unemployment offices. The claimsmakers were powerful, influential members of the ruling class legitimizing the cause for repeal. The social problem of poverty and economic crisis trumped the social ills purportedly caused by alcohol resulting in a complete shift in the principal claimsmakers and the claims-making activities of the era.

Roizen (2004) traces the political and social trends in the arena of alcohol use as a social problem since the repeal of Prohibition in 1933. He points to a decline in public interest after the heated debate of repeal followed by other more pressing matters that occupied the public discourse arena, i.e., the Great Depression, fascism in Europe, and World War II. Interest has declined even more in recent years as the War on (other) Drugs has dominated the discourse in more recent years. There was, however, a shift in the way the social problem of alcohol was framed in the post repeal era: alcoholism was reconstructed as a
disease, so that the problem was not alcohol itself, but the disease of alcoholism. Alcoholism was fully medicalized. This new framing was welcomed by the alcoholic beverage industry and it also, to some degree, destigmatized the alcoholic. This effectively split cultural ownership of the alcohol arena between Alcoholics Anonymous (AA), whose discourse centered around the need for reformed alcoholics to rescue fellow alcoholics through spiritual renewal, and the scientific community, which promoted the need for research to address the problem of alcoholism. AA and its twelve-step program has more recently spread to other arenas of excess, like narcotic abuse, sexual addiction, and food addiction (Conrad and Schneider, 1980; Pfohl, 1994).

Prohibition also affected other drug markets. Marijuana markets had flourished in New Orleans and New York after alcohol prohibition was enacted, and recreational use of marijuana gained popularity. In 1933, with the repeal of alcohol prohibition, “the gaze” (Foucault, 1975) of drug control policy shifted to marijuana. Federal Narcotics Commissioner Harry Anslinger¹ began a media campaign against the use of marijuana playing on racial fears by constructing marijuana as a “killer weed” used predominantly by African Americans². Anslinger attributed cases of insane violence to marijuana use (Inciardi, 1992; Reinerman and Levine, 2004). In 1937, the Marijuana Tax Act was signed into law, which made the importation of marijuana illegal, just like heroin and cocaine. Speaker (2004) tells us that the rhetoric of prohibitionists was co-opted by

¹ Prior to his assignment as Federal Narcotics Commissioner, Anslinger was Assistant Commissioner at the Bureau of Prohibition.
² Those interested in the race/drug connection may consider further research on this moment in the history of U.S. drug policy as perhaps the beginning of racialized discourse around drug use.
antinarcotics\textsuperscript{3} forces after the repeal of Prohibition labeling drugs as evil – themes that persist in today’s war on drugs. What is interesting about this durable and persistent rhetoric is that in spite of 30 years of drug research which shows that drug use is a highly individual phenomenon, with varying outcomes depending on the individual’s personality, set, setting and other factors, the anti-drug rhetoric continues to frame drug use as plagues, epidemics, scourges that threaten an entire nation (Speaker, 2004:203).

In the U.S. during the 1950s, two new drug control laws were enacted: the Boggs Bill of 1951 and the Narcotics Control Act of 1956, both providing harsher penalties for violation of drug laws (Harrison, Backenheimer, and Inciardi, 1996). Lindesmith (1957), in an op-ed piece published in \textit{The Nation}, took both laws to task, calling the framers’ conceptions of justice and penology “medieval and sadistic.” The 1956 act called for penalties for illegal possession of drugs ranging from 2 to 10 years in prison for a first offense, and up to 10 to 40 years for 3\textsuperscript{rd} or subsequent offenses. For drug selling, the penalties ranged from 5 to 20 years up to 10 to 40 years. The act had an additional provision specifically for heroin sales to minors: that the death penalty may be applied at the discretion of the jury (Lindesmith, 1957: 228). Lindesmith (1956: 337) posited that as in Great Britain, drug control in the U.S. belonged in the realm of medicine, not the criminal justice system and that the criminalization of drug use had failed to curb drug use:

\begin{quote}
For forty years the United States has tried in vain to control the problem of drug addiction by prohibition and police suppression. The disastrous consequences of turning over to the police what is an essentially medical problem are steadily becoming more apparent as narcotic arrests rise
\end{quote}

\textsuperscript{3} The bulk of anti-narcotic reformers were actually alcohol prohibitionists who took up the cause in the post-Repeal era (please see Levine and Reinarman, 2004).
each year to new records and the habit continues to spread, especially among young persons. Control by prohibition has failed; but the proposed remedies for this failure consist mainly of more of the same measures which have already proved futile.

This article by Lindesmith could be published in the New York Times today and it would be just as relevant as it was in 1956.

In the 1960s, as the counterculture revolution including its intimate relationship with drug use spread across the nation, a new series of laws were enacted. The Manufacturing Act of 1960 tightened restrictions on the legal manufacture of both synthetic and natural drugs, establishing a system of licensing for manufacturers and setting quotas for different classes of drugs (Harrison, Backenheimer, and Inciardi, 1996). The following year, the U.S. along with fifty-three other nations joined in efforts to modernize and coordinate international narcotics control with the Single Convention on Narcotics Drugs which later assumed the status of a U.S. treaty obligation in 1967 (Harrison, Backenheimer, and Inciardi, 1996). The treaty singled out cannabis, opium, and coca bushes. In 1965, the Drug Abuse Control Amendments tightened controls and increased penalties of the Manufacturing Act of 1960. U.S. Drug laws were becoming increasingly stringent, yet drug use was at an all-time high.

As it spread up the social ladder, drug use was deemed a serious social problem. In 1970, Richard Nixon signed the Controlled Substances Act into law, consolidating all the drug laws and amendments of the previous five decades into one comprehensive law (Harrison, Backenheimer, and Inciardi, 1996: 239; U.S. News and World Report, 1970). The Act established a drug classification system
or “schedule” based on potential for abuse and medical utility. However, this scheduling of drugs would later be perceived as arbitrary, based not on the pharmacology and/or medical utility of the drug, but on constructs of the evils of the drug *du jour*.

In the 1980s, drug policy continued on the path of restriction, criminalization, and increased penalties. Four pieces of legislature were enacted. Three were directly aimed at marijuana, the Comprehensive Crime Control Act of 1984, the 1986 Anti-Drug Abuse Act, and the 1988 Anti-Drug Abuse legislation, raising federal penalties for marijuana possession, cultivation, and trafficking and sentencing depending on the quantity of marijuana involved. Conspiracies or attempts to sell would be legally treated as if the acts had been completed. The fourth law, the Crime Control Act of 1990 increased funding for drug law enforcement (Bureau of Justice Statistics, 1992; Harrison, Backenheimer, and Inciardi, 1996).

In the mid 80s, media reports proliferated calling crack the most addicting substance known to man (Levine, 2002; Newsweek, 1986; Reinarman and Levine, 2004). Although crack had been used in the 70s, by middle-class and affluent white users when it was known as “freebasing,” it was not demonized until it became widely used in poor neighborhoods inhabited by predominantly minority populations. This practice of targeting specific populations is not new. Hickman (2004:185) describes how the use of the word *addiction* had a double meaning differentially applied to drug and alcohol users depending on their social class and race. Many turn-of-the-century medical authorities explained addiction
as a susceptibility for narcotics by middle- and upper-middle class Americans in response to the pressures of living in a modern world with its advances and technologies. This stance alleviated individual responsibility and the notion of rational choice from people in middle and upper classes as “juridical addicts because they were addicted by the conditions of a changing world” (2004:187). Those deemed inferior to middle-class America were seen as volitional or self-willed addicts, a defect in character rather than in condition. Hickman (2004:188) tells us that this carving up of the addict population defined some addicts as criminals who were relegated to the penal system, while other addicts were defined as patients relegated to the medical system. Thus, while free-basing was medicalized, crack use was criminalized.

Crack use became racialized and was used as a scapegoat for other social ills, including poverty, disenfranchisement, urban flight, and the resulting predominantly minority blighted urban areas (Murphy and Sales, 2001; Reinarman and Levine, 2004). The Reagan administration, in attempts to racialize drug use reminiscent of Anslinger’s attempts in the 1930s, reinforced the stigmatization of crack users with its characterization of the “Welfare Queen” (the undeserving poor mother) as a black urban female having babies in order to collect welfare and spending her welfare checks on crack (Murphy and Rosenbaum, 1999; Sales and Murphy, 2000). Women drug users were more demonized in the media than men, a practice that can be traced back to the mid-twentieth century discourse on women and alcohol. McClellan (2004) tells us that clinicians’ perceptions of women and men’s drinking were often linked to
gender roles. Drinking went against heterosexist assumptions about women’s ideal social behavior. Thus, women who drank were seen as acting like men, threatening the family and society (McClellan, 2004:290). Similarly, Rotskoff (2004) explores scientific and popular discourses of alcoholism in the 1940s and 1950s that were based on gendered thinking of the time. Organizations like AA centered their discourse around traditional gender roles that attributed alcoholism to males and that wives were supposed to support their alcoholic men through the process of abstaining from drink (Rotskoff, 2004:298-299). This gendered discourse around alcohol use would spillover to drug use where women who use drugs are more stigmatized than men (Dunlap, et al, 1994).

By the late 1980s, there were major increases in funding for police, prisons, and the military presented as efforts to protect America’s children from drugs (Levine, 2002). The result was the tripling of the U.S. prison population (Reinarman and Levine, 2004:182). There is an extensive body of literature arguing that the war on drugs is a backlash against the civil rights movement and that drug use as a social problem has been used as an excuse to continue to oppress non-whites (Bourgois, 2003; Davis, 1997, 1998, 1998a, 1999, 2000, 2003; Gordon, 1999; Pettit and Western, 2004; Wacquant, 2003, 2005).

The most evident example of how drug policy has been targeted toward minority groups is the disparate treatment of cocaine versus crack. In the 1990s, as the crack scare died off, a new drug became the target of sensationalized media reports: Ecstasy. MDMA, commonly known as Ecstasy, was placed on the schedule I list in 1985 when the DEA defined it as having high abuse
potential and no medical value even though it had been used successfully by psychiatrists to treat patients with terminal illness, trauma, phobias, drug addiction, and other disorders (Beck and Rosenbaum, 1994). In the late 1980s and into the 1990s, Ecstasy use became associated with rave culture – all-night dance parties which remained largely underground. As Ecstasy use increased, especially among teenagers, news reports began to emerge about the dangers of this underground drug, including reports of deaths due to Ecstasy use (Newcombe, 1997; Skolnick, 2002). A study of the effects of MDMA on primates published in 2002 claimed that MDMA damaged dopamine neurons and could cause Parkinson’s disease (Ricaurte, et al, 2002). The authors later had to retract their findings and blamed mislabeled containers supposed to contain MDMA, but that actually contained Methamphetamine (Reuters, 2005). Nonetheless, Ecstasy had become the new demon drug and the government responded through legislative measures in 2001 that provided harsher penalties for MDMA, treating it more seriously than cocaine and as seriously as heroin (Drug Policy Alliance, 2007). The next year, Congress passed the RAVE Act of 2002, which made party promoters liable for drug use on premises (Drug Policy Alliance, 2003:1).

Today, U.S. drug control policies face challenges from the international harm reduction movement, international opposition to harsh drug policies, and widespread cannabis use across the world (Levine and Reinarman, 2004). As social constructions of drug use as a social problem change, so does U.S. drug policy. The question is whether or not the governmental policy approaches to the
social problem of drug use will continue along the criminal justice path or turn
toward the medicalization path. If we indeed turn to medicalization, what will
become of the illicit drug market? Will it be obliterated, or, in response to market
demands, will an illicit drug market that undercuts prices continue to exist?

B. How sociologists have framed drug use and dealing

Sociologists entered the drug and addiction arena beginning with Bingham
Dai (1937) and Alfred Lindesmith (1947), presenting sociological perspectives
that challenged the views of policy makers and the general public on the etiology
and treatment of addiction (Acker, 2002). Dai and Lindesmith were the first
sociologists to study opiate addiction as social behavior, and both pursued this
by studying addiction in the social context in which it occurred. For Dai, moral
and legal approaches to opiate addiction alone were ineffective because
addiction was conditioned to the individual’s relation to his or her social
surroundings. Lindesmith (1947) postulated that opiate addiction is not just the
product of one’s exposure to opiates, but rather, a result of a dramatic shift in a
person’s mental and motivational state. The addict has to first make the
connection between the use of the drug and withdrawal symptoms. Howard
Becker (1963) met Lindesmith at the University of Chicago and thought it would
be interesting to compare opiate users to marijuana users using Lindesmith’s
theory of addiction. Becker studied jazz musicians and marijuana use. His study
was groundbreaking in the sense that he was studying a drug-using subculture
as a normally functioning group with its own mores, defining themselves in
opposition to mainstream culture. Becker found that psychoactive effects were learned from the reference group.

These early studies of addiction inspired various ethnographies that followed in the 60s and 70s. For example, Preble and Casey (1969) analyzed the street culture of hustling for heroin of young minority males in New York's poorest neighborhoods. They found that young minority males, at the periphery of mainstream culture, were able to carve out career roles and status hierarchies for themselves through drug buying and dealing. During the 70s, ethnographic studies of drug users proliferated, focusing on specific groups of drug users defined by gender, race, class, neighborhood, and type of drug used.

Research then began to extend beyond use and into drug markets. Extensive research has been conducted on cocaine, heroin and marijuana markets (Adler, 1990; Akhtar & South, 2000; Bourgois, 1989, 1995; Buerger, 1991; Curtis, 1998; Eck & Gersh, 2000; Fagan, 1989; Goldstein et al., 1984; Hamid et al., 1997; Johnson, 1973; Johnson et al., 1992; Johnson et al., 2000; Kleiman, 1988; Knutsson, 2000; Mieczkowski, 1990; Murphy & Arroyo, 2000; Murphy, Waldorf and Reinarman, 1990; Murphy, 1994; Rengert et al., 2000; Ruggiero, 2000; Waldorf, Murphy, Reinarman and Joyce, 1977; Waldorf, et.al, 1991; 1994; Waterston, 1993; Weiss, Kluger and McCoy, 2000; Wendel & Curtis, 2000; Wendel, in press; Williams, 1989). Such research established foundations for future analyses of emerging drug markets.

For example, Curtis and Wendel's (2000) ethnographic studies offer a novel method of comparing distinct drug distribution networks. They found
differences in distribution networks by analyzing three different aspects of
distribution: 1) the social aspects (freelance distributors, socially bonded
businesses, and corporate-style distributors), technical aspect (street-level sales,
indoor sales, and delivery sales) and organizational aspects. The focus of their
study was on heroin, cocaine, crack and marijuana. Curtis and Wendel's
typology of drug markets is extremely useful, though it is limited to those drugs
and to the sociodemographic characteristics of the dealers they studied. Recent
studies of Ecstasy drug markets further reveal the relevance of
sociodemographic characteristics and social bonds to drug sales practices
(Jacinto, et.al 2008, 2008a; Sales and Murphy, 2007).

Hamid (1992) claims that markets are arenas where buyers and sellers
and their relationships should be analyzed, rather than examining the actions of
believe that by focusing on markets as locales where distinctive types of
distributor and consumer relationships are created and maintained, elements of
market dynamism will emerge allowing for the construction of theories of drug
distribution:

By focusing on markets as locales where distinctive types of distributors
and consumers meet to exchange goods, money, and create identities, the unit of analysis was shifted from individuals to relationships and
socially constructed entities that clearly change over time.

In the following sections, I review the literature on drug dealing organized
by drug.
1. **Cocaine**

Cocaine has had a long and turbulent history in the United States. The first cocaine use epidemic occurred in the late 19th century when there were no laws restricting consumption or sales (Das, 1993). By the 1920s, cocaine’s negative effects were a matter of public discourse and it was considered the most dangerous drug of its time. After a period of disinterest, young people rediscovered cocaine in the 1960s becoming a generation known for their drug experimentation. Cocaine’s popularity hit its peak during the disco era of the 1970s. White, middle to upper class users greatly enjoyed this seemingly harmless drug, which came to represent the prosperity of the time (Murphy and Rosenbaum, 1999).

Seminal studies of the cocaine market began in the 1970s. One of the most notable studies was Patricia Adler’s ethnographic study of a community of upper-level cocaine dealers and smugglers in Southern California. In her book *Wheeling and Dealing*, Adler (1985) outlined a five level hierarchy of cocaine sales: smuggler, pound dealer, ounce dealer, “cut-ounce” dealer and gram dealer. Most of the participants in her study did not stay strictly within any particular level of this hierarchy; rather, they were “wheeling and dealing” according to fluctuations in the quantities they sold. They largely participated in two forms of drug dealing: 1) straight dealing, which involved buying one quantity and breaking it up into smaller parts to sell, and 2) middling where the dealer
sells the drugs they obtained intact. Middling was more common for those who were either phasing out or unsuccessful at straight dealing.

Many of Adler’s participants regarded dealing as a full-time occupation. She (1985:147) noted similarities between deviant and legitimate careers: “Dealers’ occupational involvement took the form of a career, with the same entry, socialization, and retirement stages found among all workers.” According to Adler, the dealer career develops in stages: first, early initiation into a drug market; second, a middle period which can be characterized as shifts in sales levels and style of operation; third, an exit phase where they withdraw from the cocaine scene; and last, reintegration into the non-deviant world. Many experienced difficulty when attempting to quit dealing. The appeal of the “fast life” coupled with difficulties maintaining legal jobs pulled dealers back into dealing, thus, Adler characterized the dealer career as a pattern of “shifts and oscillations” in which people moved into and out of drug sales.

In the late 1980s, Dan Waldorf and colleagues interviewed 80 former cocaine sellers from the San Francisco Bay Area (Murphy, Waldorf and Reinarman, 1990; Waldorf, Reinarman, and Murphy 1991; Waldorf, Murphy and Lauderback, 1994; Waldorf and Murphy, 2006). Waldorf and colleagues did not specifically set out to investigate drug-dealing activities. Their study initially focused on initiation and cessation of cocaine use, a kind of cocaine use career. But if in the course of the interview, respondents brought up dealing, the topic was then pursued more in depth.
Study participants reported various motives for their decisions to start selling cocaine, which often did not follow the public discourse’s stereotypical notion of “greedy, consumed-by-addiction schoolyard dealers” (Murphy, Waldorf & Reinarman, 1990). Instead these were mostly users who were initially buying and selling just enough cocaine to fund their own use, known as “dealing for stash” (Waldorf, Reinarman and Murphy: 77). Increase in use led some stash dealers to increase their sales, or to “drift into dealing.” The authors’ use of David Matza’s (1964: 28) concept of “drift” meant that stash dealers were neither compelled nor committed to become for-profit dealers. They simply drifted into dealing a drug with which they were familiar and, in the process, became retailers to other users and low level sellers. Some became wholesalers, selling “weight” or large quantities. Stash dealers drifted into dealing through five basic modes of entree, ranging from starting as a go-between and later realizing profit potential, to product expansion in which a seller had been dealing other drugs and added cocaine to his or her product line. There were a number of prerequisites for becoming a profit-making cocaine dealer: regular availability of supplies, network of user friends (ready-made clientele), some start-up capital, and a connection to a higher level dealer willing to “front,” especially if the new dealer lacked the capital to make the first big buy (Waldorf, Reinarman, and Murphy, 1991: 77). Based on Adler’s (1985) work, Waldorf and colleagues constructed a typology of cocaine dealers by volume of sales: smugglers, pound or kilogram dealer, ounce dealer, part ounce dealer, gram dealer, half and
quarter gram dealer, street crack dealers (Waldorf, Reinarman, and Murphy, 1991:78).

Waldorf and colleagues’ (1995) cocaine dealers were not deeply concerned with arrest, though they did acknowledge that such a possibility was ever present. Most felt their networks of close friends and associates were trustworthy and minimized their risk of exposure to law enforcement. Instead, they were more concerned about losing control of their cocaine use. Many of the participants discussed their identity transformation from user to dealer while still retaining conventional values. Selling cocaine became just another aspect of their busy lives; most of the sample still held legitimate jobs. Waldorf and colleagues hypothesized: “if in the course of selling, cocaine becomes the core preoccupation of both work and leisure, then escalation to abuse is likely, as are business problems; but if cocaine is only one element in a life that is balanced by conventional roles and pursuits, then controlled and competent dealing are likely” (Waldorf, Reinarman, and Murphy, 1991: 102). Cocaine dealers’ stakes in conventional social worlds served as anchors that kept them from spiraling into abuse and/or business failure. Both this study and Adler’s study are unique in that they focused on middle-class dealers, rather than the street-level dealer studies that followed.

Cocaine’s popularity in the 1970s as a status symbol drug began to decline as white, affluent users developed problems with it. Distributors needed new markets for cocaine, and that’s when crack came into play. Crack sellers
realized higher profits from selling in smaller units in impoverished communities. Sales and use became quite visible in these areas and were linked to African-American and other minority neighborhoods (Agar, 1973). Crack was soon perceived as a “ghetto” drug, further stigmatizing it. For the next several years most cocaine-related media attention and research focused specifically on crack (Fagan, 1994; Humphries, 1999; Reinarman & Levine, 1997), leaving a paucity of research on powder cocaine that continues to date.

During the 1980s, as the AIDS epidemic began, the crack market expanded with the street level sex market, which caused crack to become a major national focus (Adler, 1985; Fagan, 1994). The sexual, perinatal and HIV risk problems associated with women and crack use defined the U.S. research agenda in the 1980s (Morgan and Joe 1996). Thus, in the 1990s, the bulk of information available on drug markets was limited to street-level, low-status crack sellers usually also involved in sex work (Bourgois & Dunlap, 1993; Dunlap & Johnson, 1996; Fagan, 1994; Feldman et al., 1993; Jacobs & Miller, 1998; Johnson, Dunlap & Tourigny, 2000; Miller & Neaigus, 2002; Ratner, 1993; Sterk, 1999).

Most of the literature since the Adler and Waldorf and colleagues studies had focused on drug markets in inner cities and ignored middle-class involvement with illicit drugs (Sterk-Elifson, 1996). One more recent study of suburban middle class cocaine sellers revealed a different mode of entrée into dealing (Curcione, 1997). Curcione (1997) interviewed six mid-level cocaine
dealers in southern California who began their cocaine sales through their workplace contacts. While their pathways into dealing were similar to Waldorf and colleagues’ (1990) “go-betweens,” the fact that the majority of their customers came from the sellers’ former legal careers is unique. Moreover, they saw their cocaine sales as an alternative means to more conventional goals and avoided taking on deviant identities.

Social location plays a pivotal role in dealers’ ability to manage deviant identities. For street level dealers, it is much more difficult when they have to deal with the possibility of exposure due to high visibility and eroding ties with conventional social worlds. Bourgois’ (1993, 1995, 2002, 2003) ethnographic studies of street-level crack dealers in Harlem revealed that crack dealing was a viable means of generating income for those whose social location offered very limited opportunities for conventional and legitimate sources of subsistence income.

Crack and powder cocaine are two forms of the same drug; crack is simply a compound of cocaine and baking soda processed into pellets that can be smoked. Powder cocaine is expensive, crack is cheap. Yet they have been handled differently in the media, public discourse, legislation and in the criminal justice system with very real consequences for users. This distinction between the two forms of the drug is racially and class motivated as white, affluent powder cocaine users were sent to drug treatment when their use became problematic, while poor minority crack users were incarcerated (Reinarman and Levine, 1997,
2004). This differentiation between the two drugs has a very real and personal impact on individuals. I believe it is because of disparities like these that it becomes so important for a sociology of drug dealing to include comparisons at all levels of the social structure.

2. **Heroin**


As participation and activities in conventional social worlds became more difficult, addicts turned to illegal pursuits. Women often chose jobs that were
associated with female gender roles: prostitution, forgery and shoplifting (Cuskey, 1972; Suffet and Brottman, 1976; Rosenbaum, 1981; Cuskey and Wathey, 1982; Inciardi, 1982; Rosenbaum, 1982; Reed, 1985), while men were more likely perceived as “jacks of all trades” whose primary commitment was to heroin using careers rather than criminal specialization (Ball, 1981; Carlson, 1976; Fields and Walters, 1985; Hunt, et.al, 1984, 1986; Inciardi, 1979; Johnson, 1985, 1989; Nurco, 1984, 1994; Preble, 1969; Sackman, 1978; Waldorf, 1973). However, very few of these studies focused on heroin dealers. The only notable study that focused on heroin dealing in the decades from the 60s through the 90s is MacSweeney and Parr’s (1970) survey of 22 former and current heroin dealers under medical care for addiction in Great Britain.

Faupel and Klockars’ (1987) study focused on the drug-crime connection, rather than heroin dealers. The authors discuss how an increase in heroin use is tied to increased criminality. They address two dominant theories in the literature that purport to explain the drug-crime connection. The first is that drugs cause crime (Tappan, 1960) and the second is that crime causes drugs (Goldman, 1981). Faupel and Klockars (1987) found that although drugs and crime are intertwined in complex ways, there is no set sequence of causation. Faupel and Klockars’ contribution to the research literature is based on 32 interviewees who were heavily involved in both crime and drugs – a very limited sample. Thus, these theories really only apply to a specific subculture: addicts who are also heavily involved in crime and not necessarily heroin sales.
Lee Hoffer’s (2005) recent ethnographic case study of a heroin dealing network operating in Denver, Colorado, focused on the lives of two main dealers and their associates. In *Junkie Business*, Hoffer (2005) describes how this network’s heroin business developed from a loose knit street-based partnership to a private business characterized by a clear and well organized division of labor. Hoffer points out that even though the heroin market is a bustling, active economy, due to users’ need for daily buys to stave off dope sickness, very little is known about the day-to-day life and activities of heroin dealers. What we do know about heroin dealers comes from criminal justice sources, giving us very limited perspectives on heroin dealers usually congruent with those that the news media and entertainment industry sensationalize. Hoffer’s (2005) research focused on how dealers and their customers manage their interactions without legally sanctioned institutions in place to support their relationships. The analysis centers around the “exchange process.” However, it also addresses the effects of broader social structures and institutions (policymakers and the police) on drug dealing as Hoffer explores the changes and adaptations that his case study experienced as a result of criminal-justice pressures. More recently, Davis and Johnson’s (2007) study of prescription opioid diversion included some heroin dealers who added prescription opioids to their product line, but the focus was on prescription opioid use, misuse, and diversion, rather than on heroin sales.
3. **Methamphetamine**

The bulk of the research on methamphetamine is on use with very little available research on methamphetamine markets. Methamphetamine, a derivative of amphetamine, was widely prescribed in the 1950s and 1960s as a medication for depression and obesity, reaching a peak of 31 million prescriptions in the United States in 1967 (Anglin, Burke, Perrochet, et. al, 2000). Anglin and colleagues (2000) give a historical overview of methamphetamine use citing short- and long-term health effects, including stroke, cardiac arrhythmia, stomach cramps, shaking, anxiety, insomnia, paranoia, hallucinations, and structural changes to the brain. The authors also warn that fetal outcomes of use during pregnancy include growth retardation, premature birth, and developmental disorders in neonates and enduring cognitive deficits in children. Anglin and colleagues call for appropriate treatment programs to address the problem of methamphetamine use. Other researchers have also focused on treatment (Baker and Lee, 2003; Rawson, 2002; Rawson, Huber, Brethen, et al., 2002; Shoptaw, Reback, Peck, et al, 2005; Rawson, Huber, Brethen, et al., 2000), and health consequences, including HIV risk (Dew, Elifson, and Sterk, 2007; Farabee, Prendergast, and Cartier, 2002), and the use of illegal methamphetamine for weight loss (Fiske, 2003).

Recently, methamphetamine has been widely used in the gay community to enhance sexual experiences, sparking a large body of research on gay men and methamphetamine use (Amico and Rizzo, 2005; Guss, 2000; Halkitis,

The scant research on the methamphetamine market focuses on regional market characteristics. For example, the work of Bush and colleagues (2004) centered on the effects of drought on Australia’s drug markets. Glittenberg and Anderson’s (1999) study of methamphetamine use and trafficking in Arizona focused on the increased availability of methamphetamine in the region. Sexton and colleagues (2006) studied the production side of the methamphetamine market in the U.S. southern region and the risks cookers take. Rodriguez and colleagues’ (2005) research addresses the impact of market changes on use. There is a gap in research that focuses specifically on methamphetamine dealers.

4. Ecstasy

Research on Ecstasy sales has been very limited, especially in the U.S. Ward’s (2000) study explored drug dealing within British rave culture, including Ecstasy sales, and found that most of the sellers interviewed had unintentionally drifted into dealing. Many of the participants in Ward’s study did not even regard themselves as dealers; they sold Ecstasy and other drugs exclusively to an
extended network of friends. Parker (2000), who researched young British drug consumers and sellers of marijuana, Ecstasy, amphetamines, and other drugs, notes that it was not always clear who was considered a dealer. Seventy-seven percent of the study participants claimed they had sold drugs to friends, yet they did not perceive themselves as drug dealers. They were typically users who would sometimes “sort out” drugs for friends. The majority of Parker's young adult participants stayed away from “real” dealers, opting instead for the safety of buying from a friend or a friend of a friend. Participants in both Ward's and Parker's studies were not motivated to sell by profit, which may explain why they resisted the dealer label setting themselves apart from “real” dealers.

Parker (2000) developed a model for certain buyer and seller relationships that emphasizes the importance of the identity transformation from being a friend who “sorts out” drug purchases for friends to being a “real” dealer. He outlines how young Britons obtain their drugs and the ways in which young people socially construct drug purchases from friends as safer than coming in contact with a “real” dealer. Parker (2000:76) concludes that dance drugs (primarily Ecstasy along with marijuana and amphetamine in this instance) distributed in friendship networks may in fact provide a safety net against risks of criminal exposure and accusations for young users for two reasons:

These networks also allow conventional young people to acquire illegal drugs with little risk of apprehension, except for the chance discoveries of illegal drugs transactions at home, school or in everyday public space. Not having to meet real dealers or take risks in alien environments is another key function of these drug-wise friendship networks.
Such “safety net” worlds may well operate *vis-à-vis* other drugs in other settings, separating by and large recreational from “serious” drug use and marketing.

Riley and colleagues (2001), in their study of clubs in Edinburgh, reported that the majority of their participants obtained drugs through friends. Morris (1998) found that club doormen, bouncers and nightclub staff in the United Kingdom became involved in club drug sales as the rave scene flourished there.

Murphy and colleagues, who researched Ecstasy dealers in the San Francisco Bay Area found some of the same Ecstasy market patterns in the U.S. as the United Kingdom studies (Jacinto, Duterte, Sales and Murphy, 2008; 2008a; Sales and Murphy, 2007). They found that, as a consequence of the RAVE act, drug dealing at raves or organized dance parties became more difficult unless a dealer was able to enlist the help of bouncers (Sales and Murphy, 2007). Procuring Ecstasy from known sources in private settings became a viable alternative to the riskier public transactions. Echoing earlier eras, San Francisco’s Ecstasy users also felt doses procured from friends rather than “real dealers” were less likely to be adulterated and therefore pharmaceutically safer than if they bought them from dealers (Jacinto, et al, 2008). They also felt they were at low risk for arrest for Ecstasy sales because they only sold to or bought from friends they trusted (Jacinto, et al, 2008a; Sales and Murphy, 2007). Murphy and colleagues also found that Ecstasy dealers provided, not just the drug, but a whole Ecstasy experience (Jacinto, et al, 2008).

Like Parker’s (2000) British participants, Murphy and colleagues’ participants resisted the dealer identity because they themselves had bought into
discursive views of dealers as deviant (Sales and Murphy, 2007; Jacinto, et al, 2008, 2008a). In reaction, many attempted to reframe their dealer identities in more positive terms, like “community care taker” and “folk medicine provider” (Jacinto, et.al, 2008, 2008a).

Again, these studies focus on the microsocial processes of the drug deal, though Sales and Murphy (2007) do address the impact of mesosocial processes on the individual Ecstasy dealers in terms of identity, stigma management, and risk perception. In contrast with the microsocial nature of the findings from these studies, the Drug Enforcement Agency (DEA) (2000b) describes the broader, macrosocial global Ecstasy market. They trace the origins of Ecstasy to Western European-based drug traffickers. Israeli organized crime syndicates have joined Russian organized crime syndicates to dominate major distribution networks in Europe and the U.S. (DEA, 2000b). An estimated 80 percent of Ecstasy is imported from the Netherlands and Belgium, where it is thought to be primarily manufactured (DEA, 2000b:1). This recent evidence, associating organized crime with the Ecstasy market, indicates that traditional transnational drug production and distribution enterprises have begun to view Ecstasy as a valuable profit-making commodity. Selling Ecstasy has become a highly lucrative industry; the manufacturing of a single dose costs less than a dollar, and the street value is twenty to forty dollars a dose (AFP, 2000; The Christian Science Monitor, 2000; Cloud, 2000; DEA, 2007; Krane, 1999; McPhee, 2000; ONDCP, 2001; Wiggins, 2000). The DEA also reports that more than 12 million Ecstasy pills were seized in 1999 as opposed to just 1.2 million during 1998 (DEA,
U.S. Customs officials confiscated 9.3 million Ecstasy pills in fiscal 2000, compared to only 750,000 in 1998 (Abel, 2001: E01).

5. **Marijuana**

Marijuana is the most widely used illicit drug in the United States. In 2006, among the 20.4 million current illicit drug users, approximately 72.8 percent had used marijuana in the past month, of which 52.8 percent used only marijuana and 20.0 percent used marijuana with another illicit drug (SAMHSA, 2007:1). Yet, the bulk of marijuana research is on use, not sales. Most research focuses on adolescents and young adults (Barnes, Barnes, and Patton, 2005; Brook, Kessler and Cohen, 1999; Brook et al., 2001, 2002, 2003; Ellickson, Martino, and Collins, 2004; Lessem et al., 2006; Morojele and Brook, 2001; Nation and Heflinger, 2006; Plancherel et al., 2005; Ramirez et al., 2004; Schensul et al., 1998; Tarter et al., 2006; White et al., 2006; Windle and Wiesner, 2004). There are fewer studies that examine older adults’ marijuana use, though researchers’ projections predict a significant increase in older adults’ substance use as the baby boom generation ages (Booth and Blow, 2002; Colliver et al, 2006; Condon, 2004; Gfroerer, 2004; Gfroerer and Epstein, 1999; Gfroerer et al, 2002; Kerr et al, 2007; Korper and Raskin, 2002; Patterson and Jeste, 1999).

Kandel and Yamaguchi, 1987; Kandel and Raveis, 1989; Leonard and Homish, 2005; Maume, Ousey, and Beaver, 2005; Merline et al., 2004; Reinarman, Cohen & Kaal, 2004; Sampson and Laub, 1993; Shukla, 2005; Warr, 1998; Winick, 1960; 1962). Other research has focused on the health consequences of marijuana use. Many researchers claim that problem marijuana use is uncommon (Earleywine, 2002; Goldstein, 2001; Looby and Earleywine, 2007; Mack & Joy, 2001) and that recreational use is more typical (Becker, 1963; Goode, 1970; Shukla, 2005; Zinberg, 1984). Some researchers report habitual and long-term marijuana use has been associated with serious health complications such as chronic bronchitis and lung damage (Tashkin et al., 2002), while others report there is no definitive link between marijuana and cancer (Mehra, et al., 2006), and that in fact, marijuana may protect against cancer because THC kills older cells which are those most likely to become cancerous (American Thoracic Society, 2006). Some research suggests marijuana use may be responsible for lower levels of happiness and depression (Arendt et al, 2007; Brook et al, 2002; Chabrol et al, 2005), while others found that sustained marijuana use does not increase the risk of depression late in life (Harder, Morral and Arkes, 2006). Some research findings even suggest that marijuana users have decreased levels of depression compared to non-users (Denson and Earleywine, 2006).

Again, these are all use studies with only nominal mentions of sales. For example, MacKenzie, Hunt and Joe-Laidler’s (2005) study of marijuana use among San Francisco gang members mentions marijuana dealing as an integral
part of gang economy, but their study focused on how gang members
constructed marijuana as a “sensible drug” to use while waiting around between
marijuana sales transactions. There is only one ongoing investigation of
marijuana markets. It centers on Harlem and the Lower East Side of New York
City (Sifaneck, et al., 2007), focusing on the marijuana/blunts (marijuana
wrapped in tobacco leaves) subculture and markets. There is thus a research
gap in the area of marijuana markets. Given marijuana’s widespread use and
the many different market arenas in which it exists – street-level sales, suburban
areas, medical marijuana dispensaries, the marijuana drug market is worthy of
in-depth exploration.
IV. RESEARCH DESIGN AND METHODS

A. Methodological Approach

The grounded theory approach is the most suited for this study because very little is known about women in drug markets. Although I may have some initial hunches, I really do not know what I will ultimately find. My research is a process of theory development in which the data guides the direction of the research as salient themes emerge. Symbolic interactionists tell us that to understand any social formation the investigator must examine the social interactions that shape these social relationships and the meanings individual actors give to those interactions. A grounded theory approach with a symbolic interactionist framework is thus suited for my research as I aim to understand the lives of women who sell drugs in their own words and from their own perspectives. In order to understand the range of women’s identities and activities in drug markets, I must first understand the dynamic social contexts in which drug markets are embedded (Curtis & Wendel, 2000; Murphy & Arroyo, 2000). But I too am a social actor in the research process; as such, I actively participate in the construction of meaning (Olesen, 2003). As researchers we choose which leads are important, which leads need to be followed and explored more in depth. Even our ability to see those leads depends so much on our own experiences, knowledges, and meanings. We participate in the construction of meaning through the questions we choose to ask, through the summarizing and interpretive statements we make both during the interview and during the writing of memos, the coding, and through the entire analytical process. Thus my
grounded theory approach will be specifically a constructivist grounded theory (Charmaz, 2001).

B. **Parent Study**

Data for my dissertation research is derived from a NIDA-funded study entitled “A Qualitative Study of Women in Drug Markets” (R01 DA 018159-01A1). The overall aim of this 36-month project was to conduct a qualitative study of women drug sellers in the San Francisco Bay Area. Employing ethnographic sampling techniques, we recruited 160 bay area residents (40 from each drug group: marijuana, club drugs, heroin, and stimulants) who were 18 years of age or older and had sold or exchanged drugs five or more times in the six months prior to the interview. By extending the study to relatively low level sellers of a number of different drugs, we hoped to interview a full range of women dealers, from user/sellers to sellers who do not use, from initiates to long term dealers, from sellers who sell one drug only to those who sell other drugs as well, from small scale go-betweens to wholesalers, and from sellers and buyers who are strangers to those who are friends or relatives.

C. **Data Collection**

1. **Sampling**

   Ethnographers have found that the use of key informants is an essential technique for gaining access to hard-to-reach populations (Spradley, 1979). Building rapport with women sellers is a process that requires time and effort. Key informants are essential to this process as they vouch for the authenticity of the researcher and her commitment to respectful treatment and confidentiality.
Two key informants or community consultants within networks of illicit drug users which also include drug sellers, provided the initial links to the chain of potential study subjects. Interviewees then referred other women sellers, setting in motion snowball or chain referral sampling (Biernacki & Waldorf, 1981; Watters & Biernacki, 1989) until the sample of 160 participants was completed.

As a part of the grounded theory approach, I engaged in theoretical sampling when selecting the subsample for my dissertation research with an aim to develop and refine the emerging theoretical categories. I selected 40 participants whose experiences provided enough variation to do some theoretical comparisons. They varied by type of drug sold, as different drugs carry different levels of stigma and criminal justice risks, e.g. marijuana vs. crack cocaine. Half were primarily street level dealers and half were dealers in private settings. With 40 interviews, there is only so much variation that I can include, yet I feel these are enough for me to engage fully in theoretical sampling and perhaps obtain the full range of properties with which I can construct and refine my emerging theories.

2. The Interview

Data were collected as tape-recorded, qualitative interviews lasting approximately two to three hours. Interview topics included, but were not limited to the following: interviewees’ history of drug use and sales, their knowledge of drug sales practices prior to selling, the nature of their relationships with other users and drug sellers, the circumstances that lead to their drug sales, motivations to sell, risk considerations, and their perceptions of how gender
matters in their experience as drug sellers. The depth interview was conducted with the aid of an interview guide that in no way rigidly structured the interview; it simply served as a basic checklist to ensure all topics had been addressed and that the inquiries were consistent with each interview. This allowed the interviewer the freedom to ask questions in a conversational style keeping the interview focused, but also allowing unanticipated topics to emerge naturally during the interview.

3. **Questionnaire**

A brief structured questionnaire covered basic demographic information, family of origin information, living situation, schooling, and employment. The questionnaire also included questions that had already been asked during the tape-recorded interview including drug sales and drug use histories, current drug acquisition processes, quantities purchased and sold, relationship to other distributor(s), sales practices, customer and dealer demographics, testing/adulteration practices, attempts to discontinue use and/or sales, knowledge of social and health consequences of use and sales and criminal justice involvement, as well as violence and mental health measures.

Interviewees often remember things during the questionnaire portion of the interview that they had not thought of during the in-depth interview. I sometimes turned on the tape-recorder during the questionnaire because a memory had been triggered and I wanted to make sure I had captured any discussions on any topic not addressed during the tape-recorded interview. Repeating questions
also serves as validity and reliability checks since we can analyze discrepancies in answers or differences based upon the way in which the question is posed.

D. Data Analysis

1. Qualitative Interview

I engaged in open coding of each line of data, as this allows the researcher to begin defining actions and events within the data in the process of building ideas inductively without imposing my own theories or beliefs on the data (Charmaz 2000). I wrote theoretical memos to define the emerging codes and to address their relationships to other codes in the process of creating larger categories. I made comparisons among interviews, and also within each interview (Charmaz, 2006). As more interviews are coded, new codes emerge and existing codes are modified as the researcher attempts to capture the action in the data. Diagramming is also used as a way to represent basic social processes.

2. Questionnaire

The questionnaire was coded and entered into the SPSS statistical program, and descriptive statistics were run to describe the sample by age, education, employment, ethnicity, and other demographic variables.

E. Potential Limitations

One problem I need to address is a concern about a feminist approach in research that has arisen in recent years. Classical feminist approaches stress the importance of having women interview women, since one of the central aims of the feminist perspective is to reduce the distance between researcher and
subject (Denton, 2001). Thus, in such projects, the investigator’s identity as a woman is the basis for establishing trust and relative intimacy with her interviewees (Finch, 1984; Stacey, 1988, 1991; Gluck & Patai, 1991). However, critics claim that the notion of “oneness” among women simply is not possible. While there is common ground between researcher and subject as women living in oppressive male-dominated societies, there are other factors like race and social class that certainly yield different world views (Denton, 2001; Maher, 1997).

I cannot claim ‘oneness’ with my research subjects because first of all, I cannot presume to have current understandings of the social worlds of women drug sellers, and second, the women I interviewed were diverse with life experiences and knowledges that are likely very different than mine. I therefore have to view my interviewees as experts constructing their own knowledge about their experiences in drug distribution systems.

F. Protection of Human Subjects
1. Sources of Data

Data was obtained by conducting face-to-face interviews with human subjects that was used specifically for research purposes.

2. Recruitment

Participants for the study were located by project staff by means of Community Consultants and chain referral methods. The project was explained to potential participants in detail before being asked to participate. Subjects were informed that participation was entirely on a volunteer basis and that they had the option to withdraw at any time or to refuse to answer any particular question(s)
and that they had the right to ask questions about the research. The purpose and sponsorship of the research was also explained to prospective subjects. The procedures for protecting their confidentiality was also thoroughly explained, and subjects were assured that their participation in the research would not lead to investigations or interventions by law enforcement or social service agencies. The name and telephone number of the Principal Investigator and the identity of the review board that monitors the project concerning the protection of human subjects were provided to each study participant.

3. **Informed Consent**

At the face-to-face interview, with the tape recorder running, the interviewers had the research subjects read and sign the Informed Consent Form indicating their willingness to be interviewed and participate in the research. The interviewers also offered to read the Informed Consent Form in case a research subject was not able to read and perhaps save the interviewee the potential embarrassment of disclosing illiteracy. A copy of the signed consent form was given to each subject.

4. **Confidentiality**

The confidentiality of the human subjects and data is protected and assured in several ways. First, since research subjects are promised that information about them will remain completely confidential to everyone except the primary researchers, they were told about and shown the “Certificate of Confidentiality” applied for under section 303 (a) of the Public Health Services Act. All research subjects were informed of their right to utilize a pseudonym in
lieu of their actual name. The use of pseudonyms is especially important when subjects are uncomfortable about relating personal aspects of their lives or illegal activities and harbor fears about exposure or unforeseen consequences that might result from their participation in the study. Second, the actual names, addresses, and other identifiers of these individuals were entered in a log book and secured under lock and key at the Institute for Scientific Analysis and accessible only to the Principal Investigator and Project Director. In order to fully protect the subjects, each interview was assigned a number. For purposes of this dissertation, where names were applicable, pseudonyms were used. All names and other identifiers mentioned during taped interviews were omitted during the transcription process. All interview instruments, tape recordings, transcripts, computer files and other research records and materials are kept in secure places at the Institute. Finally, project computers were programmed with password-protected software.
V. GENDER

Women are becoming more involved in drug markets, yet they are still relegated to the lowest levels of the drug market hierarchy. Drug markets continue to be male-dominated, posing some serious challenges and risks for women. Some women have successfully risen in the ranks of the drug market hierarchy, but their numbers remain low. In this chapter I explore in-depth the experiences of women drug dealers, the challenges and risks they face, how they manage their risk, balance their drug dealing activities with other responsibilities, and how some women were able to rise in the ranks while others could not. I assess to what extent the intersection of gender and social location impacts women’s experiences in drug markets. While I expected to find many disadvantages in being a woman in a male-dominated market, I also found that women saw some advantages in their gender.

A. Dealing Under the Radar

Some interviewees explained that being a woman dealer was an advantage because they did not fit the stereotype of a dealer – male – thus they were less likely to be stopped and questioned by police:

006: ‘Cause…the basic thing is the police are more out to stop men than they are women because they don’t feel like the women are selling as much as men are.

In fact, the police were more likely to think a woman in a seedy location was vulnerable to some kind of victimization rather than dealing drugs:

023: … like I said, there’s only male cops, so everybody would pass me all their rocks. I’m the one holding all the shit. So, if the cops pull over, it was like, “Are you okay?” They worried about me being okay, if I’m gonna [sic] be raped or something. So, they’re talking like, “Are you okay? Are
these guys bothering you?” “I’m fine, officer. Everything’s all good.” And I’m like shitting bricks because I’ve got fucking like thousands of rocks on me where I will go to jail for years, years.

INT: Right. Yeah, but they were more worried about your safety?

023: Yeah because they’re male cops. They don’t know when I’m sitting across the street on the stairs holding my rocks. They don’t know. There’s a lot of male cops. So, I think it’s easier for a woman to get away with selling drugs than it is for a man. They don’t think women do it.

A 29-year-old Latina pill dealer explained how she was able to buy large quantities of pills in Mexico and then cross the border with minimal risk. She said that border patrol was spread too thin because of the heavy traffic across the border. Border patrol must then engage in profiling to try and catch drug smugglers, but they are normally looking for men. The respondent used her gender to her advantage by flirting with the guards. She was a very cute, petite woman who said she batted her eyelashes and smiled at the border guards and they gave her no trouble whatsoever. She saw other people being stopped and searched and they were predominantly male, fitting the stereotype of a drug dealer we see portrayed in the media. She believed she simply was not a target for searches. A 41-year-old African American methamphetamine dealer concurred: “I’m the least suspicious person that would be selling. You would never know” (004).

A 31-year-old white methamphetamine dealer felt it really depended on the woman. Some kept low profiles while others called attention to themselves:

010: Um, I don’t know. It depends upon the female. Because I mean, some females can blend in really well. I mean, I can blend into a crowd quicker than shit. I learned how to. But there’s others that just really stand out, and if you stand out, you know, it’s not gonna [sic] help.
The following interviewee explained that it is easier for women to change the way they look than men, making it easier for women to deal under the radar of law enforcement. She described herself as a “chameleon,” able to change her look to blend in:

012: Um, the advantages of being a woman, for me, I can move more easily through a crowd. Most of the guys have got tattoos and all kind of shit. You know? You've got to get into the game and they're labeled. They have tattoos from here to here. And for me, I can- I'm more chameleon. I think being a woman, you're more chameleon because you can make yourself look any way you want to look. From wearing your hair down to wearing your hair up to looking like you belong on the back of a BMX or a limo.

This perception of women dealers as less conspicuous than men extended to customers, who some women felt preferred to deal with them than with men:

023: A lot of my clients like the fact that I'm a woman because it's slick. They don't know, you know, if I'm coming up meeting you around the corner from your job. You won't know. It's just like you're coming to say hi to your friend 'cause I'm a woman. People are more aware of guys, especially guys who wear baggy clothes and stuff like that. They're very-you would never think I sell drugs. I think women have a big advantage against men when it comes to selling drugs because you don't think drugs and women. When you see a woman, you think prostitution. That's what you're thinking. You're not thinking, this little girl is selling drugs. She's selling that, she's selling this. Or you're thinking the guy's doing all that.

Some women worked as runners for male dealers. The following runner felt that male dealers preferred female runners precisely because they were better able to deal under the radar:

030: Exactly, exactly I mean it's not that much of a problem and a lot of, a lot of times like I do I think it's easier to get better hook-ups as a, as a girl especially if it's a girl dealer you know because I think guys who sell a lot of drugs like to have girls sell for them because it's easier, it's easier for us to I guess well we're definitely below the radar for the most part.
Even in the event of an encounter with law enforcement, being a woman was an advantage because of gender-sensitive rules for searches:

021: The advantage is that we can sneak it up inside of us, easy, quick, and the majority of police that’s patrolling the area, they will walk up to you and pat you down, they’re men. They can pat you to a certain extent. They’re really not supposed to pat you, but most of them do. So I can actually just- if I see a police come to turn to me I won’t have to try to run and stick it up inside of me. I can just put it in my breast or under my titties [sic] in my bra or somethin’ ‘cause they can’t pat me down. You know what I’m sayin’? That’s the thing that’s the most advantageous of being a woman.

Women dealers took advantage of dealer stereotypes and were effective in dealing under the radar of law enforcement. They also saw other qualities that made them more effective dealers than men.

B. **Women are Better Dealers than Men**

Interviewees indicated that women are better dealers than men. One reason they gave was that women tend to be more business-like in their approach to dealing. They observed men hustling, wheeling and dealing, calling attention to themselves, while women simply wanted to unload the drugs and get their money as quickly as possible:

023: Men take more risks and they work with people they don’t even know. Me, I only deal with my regular clients. And I’m picky with who I want to sell it. I mean, you need to know me through somebody. Or I’m not selling to you if I don’t know you or just met you. Guys, they don’t care. They think- they just think money. They don’t care if they don’t know you. Guys take more risks. That’s why guys are always getting stabbed or dying. They’re not even aware of the people that they’re dealing with. Like, yeah, he’s my homeboy. Yeah, he’s shady. He only gave me 40 when he’s supposed to give me 45, but it’s all good ‘cause I grew up with him. That’s my homeboy. That’s how guys think. You know? But a girl, it’s like uh uh. You ain’t gonna [sic] do that to me. That’s just how I feel or that’s the way I am. But I feel that women are more that way. We’re more protectors. We’re more aware. We’re more careful. We run through our
emotions, unlike a man. A man- they’re free spirits. They don’t care and they take risks.

The following interviewee explained how trust in women was a part of women’s business-like approach to dealing in contrast to that of men:

021: I think it’s easier for a woman to gain drug user’s trust easier. Users, because I know me personally from being a user, I would rather buy from another woman. Not only that but we’re more generous. They might call it us being soft or suckers, that’s why they think we can’t do it because we soft [sic]. But I just see it as being- you want these people to come back to you. You want to keep ‘em comin’ back. It’s like at a store you want a bunch of customers to come back or a restaurant. So why serve ‘em small? Why serve ‘em some stuff full of baking soda? Give ‘em some clean stuff and a fat quantity of it and they’ll come back. That way I don’t have to keep going outside. I can get a phone call, you know? I wait ‘till I get three or four phone calls say, “Okay, here, I’m comin’.” Do it all on one walk. And I don’t have to be sittin’ outside all day. Men are stupid. They’d rather go stand on the corner all day, be seen in the same spot all day. And you drive these big pretty cars and all this jewelry and all this flashin’ stuff but you have no job, no income. You won’t even go get on GA. You stupid. At least the women, we got enough sense to go on warefare [sic] or something to cover it up. Or we’ll get a part-time job. I personally know plenty of women who have worked and go to school and sell big dope.

Part of women’s strictly business approach was to avoid confrontations that could call attention to themselves. This was a key element in customers’ perceptions of women as more trustworthy than men. If the customers did not feel they would be hustled or harmed, they would be less likely to engage in public confrontations. The general perception among interviewees was that people preferred to buy from women because it was safer. A 23-year-old white dealer explains:

008: Um, like I said, like the whole, you know, it’s less likely for us to try to harm, you know try to rob our supplier or try to rob a person that we’re trying to deal to.
However, the same interviewee acknowledged that women sometimes are not trusted and that perception was detrimental to women dealers:

008: Um, I have a feeling that a lot of guys think that we’re catty and that we’re not going to be as honest for some reason because- that’s kinda why I don’t have a lot of girlfriends is ‘cause you know girls are drama you know and you know we’ll do what we want for ourselves and a lot of us are selfish you know, I try not to be that way. But a lot of guys see women that way I have a feeling or that’s the input that I’ve gotten, so I think that really does hurt, you know, ourselves.

The fact that women were generally more trustworthy than men meant women were more successful at bargaining:

031: I think they’re a lot more lenient with girls on price, bargaining. I get a lot more bargaining.

It also meant more opportunities to increase their clientele:

030: and it’s easier- I think it’s easier for us to kind of talk to people and I think that um, girls can get more customers and better customers because if there’s some guy who is gonna spend a lot of money on drugs he’s not gonna want to go talk to some scary guy you know he’s gonna go talk to the chick who’s like nice you know (laughs) and um, yeah and, and of course I think guys just you know want to think they’re macks (sic) and have lots of girls around them you know.

Other interviewees felt women were more successful at dealing because of their ability to multi-task and network all in the process of dealing:

INT : Why do you think you’re more successful than the men?

022: Maybe we take it more seriously, I don’t know. Maybe we have to make it work. Maybe it’s because we’re women. I don’t know why. I know that women- they have a theory about how men and women are different. Men, if I say, “Man, go mail this letter.” And the man goes, comes back and I’ll say, “Man what have you done?” He’ll go, “I mailed the letter.” And you go, “Woman, go mail this letter.” She goes, comes back. “Woman what have you done?” Well not only did she mail the letter but she stopped at so and so’s house, she stopped and smelled the flowers, talkin’ to the dog, all and she’ll come back and tell you, rattle off all the stuff that she did. And that’s because women’s brains network out
so much different than men. Right? So in that kind of thing it’s a lot of networking, while men are just [making sounds]. You know they become hard headed much easier than we do.

Women made better dealers than men because they could use their gender to their advantage. They could play up their femininity to gain special favors or special pricing, giving them an edge over male dealers.

C. Physical Attraction

Physical attraction played a significant role in the drug market. Interviewees expressed how men’s attraction to female dealers could be an advantage. A 30-year-old Filipina cocaine dealer told us:

001: I’m not gonna [sic] lie. A lot of these guy friends that do these favors for me, they like being around me. Some of them are probably attracted to me, and they don’t have the defense mechanisms up. Same thing as in the business world. Men like to be in control and when a woman is around, they don’t feel the need to kind of be defensive and they’re not gonna [sic] negotiate as hard with you. And you’re gonna [sic] get your way much easier. And they’re going to do more for you than they would the typical customer.

A 23-year-old white marijuana dealer felt being a woman was an opportunity to make more money from customers or to get a better deal from her supplier:

013: Um at times it’s easier for me to make money ‘cause the average customer is male and you know they want to find out what’s up with me, you know what I’m saying? Um [pause] to be perfectly honest, like it works really well for me because my suppliers are fuckin’ probably wantin’ to sleep with me, you know? And like they think someday that it might happen.

The following interviewee also saw her gender as an advantage because she could use her feminine charm to increase her sales:
Well the advantage is you can get away with it. ‘Cause if you’re pretty you can flirt with the customer, you sell more drugs that way. If you flirt with them a little bit and you smile at them and you know make them think like, “Oh okay she’s cool.” Then you know you make a lot of money that way.

Some women felt they could get more than good deals out of men’s physical attraction to them. They felt they could get men to do the dirty work for them, like holding the drugs, thus lowering women’s exposure and risk of arrest. A 41-year-old African-American heroin dealer used a man who liked her to hold the heroin for her down the street. She collected money from customers, then sent them down the street to pick up their heroin. This way, if the police searched her, she would have no drugs in her possession.

Another interviewee described the ease with which she could have men eager to serve:

They do anything. And uh, without any complaints, without anything- you know, they even call you in the middle of the night. “Is there anything I can pick you up at the store?” You know? “No thanks.” So, a lot of people play on that. Like a few of my friends, my competitors, they’ll sit there and, “Oh yeah, it’s Queen Sheba. She thrives on it.” You know?

Although some women acknowledged there were advantages in being a woman dealer, for the most part, they saw their gender as a risk.

D. The Weaker Sex

I heard repeatedly that women were at risk of being robbed or hurt because women were seen as the weaker sex, physically and intellectually. A 24-year-old white multi-drug dealer explained:

And um, people think that they can take advantage of women more easily. And a lot of people think you’re stupid and you don’t know what you’re doing. You couldn’t possibly ever have been at a high level or be at a high level because you’re a woman.
A 23-year-old white marijuana dealer expressed both the positive side and the negative side of being a female dealer:

013: People just think it’s easier. You know like I make like a lot more money and get a lot more customers than most guys do because like I think because like a lot of the customers think they can talk me down in the price or whatever. Or you know like I’ll give ‘em a better deal. It’s kind of a disadvantage, though, because a lot of times people will see that you’re female and think that you’re weak. And um try to like step on your toes. Like you know what I’m sayin’ like um they think that they can just when I’m walkin’ with a customer in the middle of a business deal, they think sometimes can be like, “Hey I got better shit right here.”

While for some women physical attraction was an advantage, for others, it was seen as a disadvantage because their male dealers expected sexual favors in exchange for favorable deals. A 38-year-old white meth dealer told us:

005: Disadvantage definitely because you know a lot of the men…that do have the weight um, try to get at you or they try to- think that you’re gonna sleep with them or I don’t do that you know what I’m sayin. And…they try to get at me, you know.

The following interviewee described the general perception of women in the drug market as “squat mattresses,” another term for whore or slut. The expectation is that they will perform sexual favors for free drugs or for good prices:

010: Most of the time I think it’s just a- a lot of people think they can- like, females, they can just walk on ‘em. That they’ll be able to rip ‘em off easier or they- you know, if they, “Hey, baby, how ya doin?” they’re gonna [sic] get a better deal. And I know a lot of females that, you know what, they’ll be able to. Then again most of the females I know actually are just considered squat mattresses, so it’s all...It’s a new word- it’s a new meaning for slut, slut, slut, whore. (laughs)

Sometimes a woman’s dealer would raise the price at the last minute and would only lower it in exchange for sexual favors. This was particularly difficult
for women who had clients waiting and lacked the time or resources to secure another deal with someone else:

012: Um, guys all think that- I don’t know, man. They- they don’t have as much respect for you. They really don’t. They think they can all get in your pants at some point. That they’ll be able to get pussy for dope. And I’ve actually had people raise the prices on me because I wouldn’t give ‘em any. Yep, it went from 250 to 300. And I was bringing him a couple thousand dollars every other day or everyday. But you know, he had a big fucking sack of dope. And I guess a lot of girls were giving him pussy for it, but not me, though (laughs). I’ll bring you money. My more recent Mexican connection, too. He wanted to know what favors I would do for him. I said, “You’re fucking crazy, dude.” Forgot about the money I gave him. He said, “You didn’t give me that $200.” I said, “Yes, I did. Hello?” But we had a big standoff for a minute. And when my boyfriend went to jail, I had to humble myself and ask him to help me, you know, with a package. And I hated doing it. You know? It was really tough. That’s why I didn’t like doing that. Yeah, so the men- the men don’t have as much respect normally. And they think you can trade, that your pussy is chargeable.

Many women felt disrespected in the drug market in many other ways.

Their gender was itself a reason or excuse for disrespect:

031: Um, I think women are completely looked down on in this society, like, in a lot of ways. Like, even a smart, educated woman is gonna [sic] be considered less than and probably get paid less than- and our religious- most religions in this country, women are lesser status and always. So, people think of women who use drugs, they think of prostitutes. And that is the lowest, dirtiest thing that somebody could do. It’s, like, the most disrespectful thing you could do to yourself as it’s seen. But I’ve seen women who are like, yeah, they have a choice to quit drugs, but when you don’t know anything else, it’s not really an option. It’s the only choice you have. You know?

The following interviewee expressed her frustration, anger and feeling of powerlessness at being disrespected and taken advantage of in the drug market:

012: But being a woman out here does suck. I mean, it does because people don’t have the same respect for you. And there’s been many times where I’ve wished for a 22 revolver. I mean, just something that would let people know, hello? I wouldn’t want to kill them, but that’s the bitch that will shoot you if you’re fucking her over again. Because people will do it to me sometimes. And a lot of women get it done to them and they’re
powerless to do anything. Men don’t want to get involved in fighting your battles for you. And if you can’t hold your own and earn the respect, you know what I mean? It’s fucked up. You know? I’ll shoot a motherfucker. Fuck you guys. Boy, I’m just getting real ghetto. But it’s true. I mean, it’s really frustrating because there isn’t shit that you can do sometimes. I’m gonna [sic] beat up a dude. No.

Another interviewee described the position of women in the drug market and the abuse she and other female family members experienced from the males in the family:

023: Um, people think women are dumb. You’re lower than a man. You’re- men think a woman is better to sell her pussy than to sell drugs. You’re treated like shit. You’re talked down to. You’re hit. You’re treated like a pimp treats a ho. You’re nothing. You’re- it’s a man’s world. For a woman it’s really hard. Like me, it’s ‘cause I have a lot of guy cousins. I was the little sister, the little one who could hang with the boys. But all the other girls, you were just a piece of shit, a ho, a slut. So, for me I didn’t get treated too badly, but my own cousins, yeah, they socked me up, they beat me up. If I talked back to them, they’d slap me on my lip, like if I was their ho because they’re pimps. That’s the way they are with women. They have no respect for women, not even their own mother. That’s why I’m trying to cut my cousins out my life because they don’t even respect my auntie, let alone me.

One of the most prevalent descriptions of how women are viewed in drug markets was that women were seen as the weaker sex:

018: Oh they think women are weak. Um they think they can get more than what they’re supposed to do. They think they can take advantage. ‘Cause some women are weak, some women you know aren’t strong minded, can’t hold their own and think they can. And then that’s a negative effect and that’s when women in the drug game get a bad name.

This perception of weakness made women more vulnerable to physical attacks, robbery, assault, inflated prices when purchasing, and deflated prices when selling. For the following interviewee, the possibility of a physical assault was ever present:
I thank the lord that I’ve never been in this situation, but if there would ever be a confrontation I wouldn’t be physically strong enough to be able to protect myself. And I gots the muscle but you know I don’t know kung fu. [laughs] Or karate or any of that. So I gots some muscles but you know I can throw some punches but that ain’t gon save my ass.

Customers of certain kinds of drugs were difficult to deal with, but it was particularly difficult for women dealers:

Well for one thing like selling crack or speed or heroin, it’s a completely different ballgame because the people that want to buy those kind of drugs are more often than not like they desperately want them. And sometimes they’ll you know do anything and everything to get it, you know? And the fact that I’m a girl puts a sign on my forehead that says, “Rob me.” You know? But like selling hard drugs it’s so totally different because customers are completely different. Like they’re hard core drug addicts and all they want is to get their drug and they never have, they never have enough like what I’m asking for as far as the money goes. They always want you know, they want it for less.

Women dealers were very aware that they ran the risk of being robbed of drugs, money or both:

...customers think it’s easier to rip a girl off you know and so I mean if you’re a female dealer you definitely have to have some friends some guys friends you know definitely because you know otherwise no one’s gonna believe you like no one’s gonna respect no one’s gonna pay you for your shit. And um, yeah the biggest disadvantage I guess would just be you know not being quite as feared I guess but you know if you’re a tough girl that’s not too much of a problem.

As a matter of survival, a woman dealer had to put on a tough persona:

I feel intimidated a lot. So, I have to front like I said. I have to act a lot tougher than I could really back up, which isn’t like shit talking or anything. It’s just being really confident and telling them, like, “what did you just say to me? You can’t treat me like this.” It’s not like, you know, getting ghetto with it. It’s just being like, you have to like really communicate and, like, don’t start talking ghetto or they’ll just fall right into it. It’s so weird.
Women dealers found it difficult to garner respect and to be taken seriously. In a market characterized by high competition, turf wars, gang affiliation, and high criminal justice risks, the command of respect was crucial. Given the low status position of women in drug markets, a major survival strategy was to enlist the services of a male partner for protection. For some, having men around to protect them was key to avoiding being robbed:

004: All the girls that are you know hustlin’ out there like we’re all pretty tight. And people usually don’t rip us off and shit ‘cause you know if they do then the guys there are gonna you know school ‘em.

Usually women dealers had a romantic partner or spouse looking out for them while dealing out on the streets. Those who did not have a romantic partner to protect them, would often hire someone for protection and to hold the drugs for them:

INT: Okay um, what do you do to protect yourself against the possibility of those things?

006: My man, does that (laughs). He takes care of that, yeah he likes to box people a lot.

INT: So can you talk about other women that you know who sell drugs?

006: They all have somebody watching out for them, pretty much.

INT: Really? So like um, who watches out for them?

006: The guys. And they’ll pay someone if they don’t have a guy, they’ll pay someone to watch your back.

While some of the women’s romantic partners played the role of protector, others took on more important roles as business partners as many women sold drugs with their men.
E. **Mom and Pop Stores**

Some women first enter the drug market by helping out a male partner in his drug dealing businesses. Many of them go into business on their own when they take over the drug business from a spouse or partner who has either been sent to prison or died. For some couples, their drug dealing business relationship was completely egalitarian and they shared responsibilities, risks, and profits equally:

INT: Um, now, so I know that you pretty much have a business with your boyfriend, right?

028: Mm hmm (yes).

INT: Do you guys always go out together to sell? Or do you each do your own thing?

028: We take turns.

INT: You take turns, okay. And so, you’re never together when you sell or are you sometimes?

028: Oh, sometimes. It all depends on, you know, whether I feel like going out or he feels like going out. Or if there’s a situation where somebody calls and it sounds kinda [sic] sketchy, we’ll both go together.

INT: Okay. And is it like a completely shared business? Do you share the money equally and all that?

028: Yeah, yeah.

In some instances, couples took on specific roles in the drug dealing business for which they were best suited. For example, the woman may be in charge of the weighing and packaging, while the man is in charge of making the deals. But more often than not, and especially in street level sales, the man is
more likely to take control of all of the finances while the woman does most of the
work, like going out in the streets to sell the drugs:

020: Right well it was his stuff but I was selling for him. But it was my
stuff ’cause we were together in a relationship you know and he made me
feel really bad like you know oh, you don’t do anything you’re not doing
anything. I’m all “dude all you do is just make the bags up man, I go out
there and sell ‘em,” you know?

INT: Who’s taking the biggest risk, here? (Laughs).

020: For real, you know who brings- who brings the money in and stuff
like that you know. And like I could get rid of anything, you know what I
mean?

For some, this arrangement made sense because of women’s perceived
ability to deal under the radar:

028: Um, well, yeah because I’m a girl. Right away I met a male drug
dealer that was my age and I was kind of attracted to him. So, we formed
a relationship, which was what caused me to break up with my boyfriend
from my hometown. And then I started- I didn’t actually sell with him. I
would just hold the products for him, so that he wouldn’t, you know-
because if he- you know how it works with the cops. If they- they have to
get a woman to search a woman. So, otherwise they couldn’t search me.

But in many cases, it was simply a matter of the man controlling the
money, doing none of the work, but using up a lot of the profits:

021: When me and [name of current husband] got together we’d have
sex and we got together, that’s when- and he was already sellin’ drugs.
That’s when the crack sellin’ just was, that’s what it was. I sold my body,
he sold crack, I sold my body to make the crack package bigger and we
both smoked. And this went on three years straight. I mean it was all
bad. It went from worse to worse to worse. [pounding fist on table]

INT: Now did you- the arrangement that you had that you, you know, did
sex work to get the drugs for you guys, like did you split the money?

021: [laughs] No!

INT: Like how was it?
021: No he took my money. So the more money I'm bringin' him the worser [sic] it got because he got to a point to where- and he, oh my god! He smoked up, he could smoke! He'll buy an ounce and smoke it in one night.

One of the unfortunate outcomes for women dealing with a partner, was that some had to take the rap for the man. Male drug dealers often have rap sheets and because of the three strikes law, they cannot afford a third charge. Instead, the women take full responsibility and end up doing the time:

021: He didn't go to jail, I went to jail. Because I was younger than him and because I didn't have no record I took the case. I accepted everything. They didn't really get much because I got to flush most of it down. All they really got was what was on the table downstairs that they was using for recreational gettin' high. But the big block of it, luckilly he had ran upstairs and brought it to me and said, "If you hear, if I say somethin' flush it." I was paranoid. I just started flushin' as soon as he walked out the room. And luckilly I did 'cause by the time he hit the bottom of the stairs I heard the front door kick in. At that time I'm watchin' it go down. So all they seen was the paper bag that was floatin' at the top.

INT: So did you just decide to take the rap?

021: Well we already knew because of the life we lived that if anything like that- like when we was to go and make runs and pick up I would always carry it on me and stuff like that because he had a record and I didn't. And that's basically what I went to prison for.

Life at the fringe offers very little opportunities for women to succeed; many improved their chances by dealing along with a male partner. Unfortunately for some, opportunities did not pan out and instead women were left to shoulder the consequences on their own.
F. Moving Up

When asked how women moved up in the drug market, some felt women had to form sexual relationships with the higher ranking males. A 23-year-old white multi drug dealer explained:

008: Um, yeah I think a lot of it could be um, I know a lot of people sleep with the higher-ups (sic) and they get higher up that way which is something I won’t ever do. I’m totally against it.

INT: Do you know anyone personally?

008: Um, yeah I know of like maybe two girls who have done that but that’s totally not anything I will ever do ever, ever, ever.

The following interviewee also felt a woman had to sleep her way to the top or the other option was to be a stand-up, ethical dealer who commanded respect:

030: Ah, well there are two ways, you either screw everyone - fuckin’ ‘em until, until you get to the top but I don’t think that really lasts because eventually you get to the top and you know once you’re not with them anymore then everybody underneath already hates you, so you know. Or you just be down, you be super down you be straight up, you be tough, you be honest and you, you have people’s backs and you don’t rat on ‘em you know and you be tough and you’ll eventually meet the right people and get their respect and you’ll be on level footing. You’ll be on even footing and that’s really the only way I think you can be like a sustainable force in the drug market (laughs).

Respect was an issue that so many interviewees raised. Some bemoaned a lack of respect for women in drug markets and in mainstream society more generally. Others spoke with pride about the respect they had earned in their social and drug dealing circles. But respect was not easy to come by, particularly for women at the lowest rungs of the drug market hierarchy.
G. Respect and Egalitarianism

While many interviewees felt being a woman in the drug market was a disadvantage, others expressed that being a woman dealer actually gave them some status and respect from men as explained by this 23-year-old white marijuana dealer:

013: Like another advantage I guess is, you know, people know how hard it is to be a girl and be out there and there’s so few of us girls that actually can make it as a dealer that people have mad respect for us and look out for us. You know what I’m sayin’? And like look up to us and shit.

A 24-year-old white multi-drug dealer felt that respect came from her ability to procure her own drugs and take care of herself: “I think that in a way people look up to you because you’re not just mooching off being a girl, like a lot of girls do” (002). Some did not feel they were viewed like most women, but that they were respected and considered “one of the boys.” A 31-year-old white multi drug dealer was a member of a “family” of meth dealers and users. She described her place within the “family”:

010: Well, it’s kinda weird for me ’cause, like, I don’t- most of the people I know don’t look at me as just a- they don’t look at me as female. They look at me as, like, I’m just one of the brothers. I’ve got straight, like, bro status. You know? They don’t look at me as some fragile, little chick they have to worry about. I mean, I’ve heard- they’ve told me some things that, man, they won’t tell any other female. And I wish they didn’t tell me sometimes. I mean, but it’s stuff like that because they don’t look at me as any other chick. You know? They look at me as one of the guys, so it’s like- so, with me it’s really different because I mean, I’ve- people give me a lot more- they have a lot more trust in me and they have a lot more faith in me and everything because of the fact that, you know, I’m not just some chick. You know?

Another woman described what it meant to be part of the male inner circle:
001: Well, once again we're talking about a social circle that I've known in many other different ways. And to be perfectly honest it's just like it ingratiates me to them. I mean the circle that I'm part of, I'm probably one of very few women who are in the circle like the guys. Okay? Where they will allow me to view their drug transactions -- big time drug transactions. Do you know what I mean? Or I know where the money is stashed. I know where the drugs are stashed. So, I think because I'm in it like them, I'm ingratiated. They've accepted me.

Another interviewee who was treated as “one of the guys” also noted that there was a deep gender divide in drug markets. This was particularly true as one rose in the ranks of the drug market hierarchy:

004: I mean I'm sure when I'm meeting these guys I'm the only female there. Shit I'm just like really trippin’ off of that. I really am. You know every now and then they go- but they don’t even let the girls come inside the room. Um it’s like even with my friend that introduced me to her boyfriend, she’s not even in the room with us when we makin’ our deal. None of ’em. The womens [sic] is not there (004).

She continued by describing men’s attitudes regarding women’s participation in drug markets:

004: A lot of ‘em be like, “Go ahead and be with a nigga that got money you wouldn’t have to worry ‘bout none of this.” And then I said, “Nope I don’t want to do that.” I don’t want to be with somebody I gotta worry about goin’ to jail.

Women’s ability to garner respect and to experience egalitarian relationships with male dealers depended on their level of sales. Once a woman was considered a “baller” or large scale dealer, she was seen, not as a woman, but as a bona fide dealer:

INT: And do you think women are treated differently depending where they are?

030: Yeah, oh yeah, oh yeah and I mean I def- you know it’s like the, the higher up you get the more one of the boys you are you know. I mean it’s like when you’re at the bottom you’re just a little bitch who’s probably screwing some guy you know and but yeah definitely.
Given the many challenges that women faced in a male-dominated market, those who were successful dealers earned a certain level of respect. Some interviewees felt a sense of pride in their position in the drug market where they had developed status and commanded respect:

012: Women get a little bit more involved in what’s going on, the energy. And the people that buy from women tend to want to tell you their whole life. I mean, you know? I don’t know why. Just because you’re a woman or whatever. I think it’s- I don’t know why. I guess it’s because it’s more of a position in the mix instead of just being a seller or a buyer or just using shit and having a fucked up boyfriend. At least you command some kind of respect because you are the person who had the bag of dope. And you make money and you can help this person out of the situation. Whatever. You know? I’ve raised bail. I’ve gotten people- you know? Just all kind of stuff. It goes with having that connection, the respect level.

H. Drug Dealers and Mothers

Another way in which gender plays a major role in drug markets is that women are primarily responsible for their children and thus face the additional task of battling to keep Child Protective Services from taking their children. According to the U.S. Census Bureau (2007), 80.6 percent of single parent households are headed by women. For some women, their parental responsibilities were very important and had to take precedence over their drug dealing activities, because the price of getting caught dealing was much too high:

021: If you’re a woman you’re a mother, you know what I’m sayin’? If you get caught you get taken away from your kids, you know you gotta remember that. That’s the most important, the only thing that I can think of as a woman, being a disadvantage selling drugs.

Women had to balance their drug dealing activities with their parental responsibilities, making sure their children were cared for, that they maintained a roof over their heads, and that their drug dealing activities were kept separate.
from their childrearing activities. Among street level dealers, loss of custody of children and CPS involvement was rampant:

021: Cold thing about it is so many women, oh my god. If you went down to the T.L. right now, every woman you see down there has at least three or four kids and they don’t have their kids with them, they’re in the system. It’s like those few years that I was down there, it just amazes me how many so-called girlfriends I had, so many women that was around me that they would just get pregnant like it was nothin’ and instead of going and having an abortion, or going to get in a program or somethin’, they would just smoke smoke smoke smoke until they went to the hospital and they walked out the hospital and they gettin’ high. They knew they wasn’t gonna let them take they babies home but they never went back, even look at the baby. They never went back or went into a program to try to get the baby. It’s like the baby didn’t exist, you know? It’s like when they were in the stomach they didn’t exist ‘cause they didn’t stop nothin’ that they were doin’. I seen [sic] so many prostitutes with stomachs out here, and it amazes me how many guys would buy women pregnant.

Women drug dealers faced numerous challenges in male dominated drug markets. Other than the fact that they were all drug dealers, gender was the social characteristic common to all interviewees. I chose to explore this category first so I could gain a better understanding of women’s experiences operating in a male-dominated market. But in keeping with intersectionality theory, I also explored the differences among women dealers with an understanding that each individual woman dealer is uniquely situated. In the following chapter I explore in-depth one of several themes that emerged from the data: women’s dealer identity constructions and how they managed the stigma attached to the dealer label.
VI. WOMEN DEALERS’ IDENTITY CONSTRUCTIONS AND STIGMA MANAGEMENT

Gender, the common social marker for all the interviewees, structured women’s drug dealing, the choices they made, and the risks they were willing to take. It is also important to assess how women drug dealers differ. Women’s social location impacted all aspects of being a drug dealer. One of the most interesting differences I found was in how women constructed their drug dealing identities and managed the stigma attached to the drug dealer label.

A. Normalizing Discourses: Drug Dealing as Work

Several interviewees talked about their drug dealing as a job. Framing drug dealing, an illicit activity, in the language of work was a way of normalizing the discourse around drug dealing. One interviewee talked about "going to work" when she goes to the Haight to sell marijuana.

INT: Now can you describe in detail where you typically sell, like describe the settings, public, private?

013: Well, yeah, I don’t come to work until like 4:30, 5 o’clock. The night shift as my friends call it. And um basically I get there, I walk from Masonic to Hippie Hill, back and forth. And uh I just uh, people will come up to me, “You got work? You got work?” I’m like, “Yeah what do you need?” They’re like, “Well I got a custie⁴ [sic], I need a quarter, I need an eighth.” And I’m like, “Um alright dude don’t run off with my shit.” Or like somebody that works with me I’ll like you know give it to ‘em. You know I’ll stand there and wait. And um and you know they know that they don’t come up to me and ask me for work if the custie [sic] is within eyesight. ‘Cause I won’t give ‘em work if they’re custie [sic] can see, you know? So they come and we take a little walk and make sure that no cops are gonna run up on us and they’ll hand me my money. And um but some of the kids like I’ll just, I’ll cuff [sic] or I’ll front work to. But um like lately like um like some of the kids have been flaking on me and like not paying me so you know everybody suffers now because I don’t really cuff [sic] work out anymore. Like they have to have a custie [sic].

⁴ customer
Several women referred to their drug dealing activities as a business and described themselves as “business women” and likewise described their relationships with clients as strictly business:

INT: Okay. What kind of relationship do you have with your customers?

023: Strictly business. Just transaction changing and that’s it. I don’t have time to conversate [sic]. I don’t want to know you. It’s business. You’re buying from me. All I want is the money. You want the weed. That’s all it is.

INT: So, do you sell to any of your friends?

023: Some of my clientele are my friends. So, some- yeah, we hang out and we smoke. Yeah. But I’m trying not to have friends as clientele because those are the ones who are, “Can you front me? Come on, just a 10 sack just one time.” And I don’t got time for that. I’m a business woman. I want money. It’s a business for me. So, I like to deal with adults now, older women who have the money who just [snaps fingers] in and out.

Relationships with suppliers were also considered a strictly business relationship:

INT: So, what kind of relationship do you have with your suppliers?

024: Well, since the ones down south are these macho men, I have no-well, I have good rapport with them, but the wives think that I’m having sex with- it’s like I’ve known him for so long, since he was a kid. And I have to explain to her it would be like having sex with my son. You know, I’ve known him for that long. I knew his father. It’s just business and they don’t get that I’m just business and that’s it...We’re friendly enough, but it is business.

For some, drug dealing was not their primary business, but one of their business ventures nonetheless:

INT: Okay. And what happens when your typical routine is disrupted, like you can’t get...
023: It’s stressful. You lose money ‘cause the business is closed down basically. That happened to me recently because I just moved in. I had to shell out 1300 to move and I was out of it because I’m moving. I’m doing other things and things do get backed up. Selling weed is not my priority. I’m a manager. I have a job. That’s my priority and my school is my priority. My school before my job. So my school comes first, then my job, then my extra side things. It’s my 3rd business.

For others, it was their primary business. The following interviewee had found a niche in the drug market, what I call a “Kwik Mart” type of business because she operated after hours when many dealers shut off their phones and stop their transactions:

INT: Tell me and I know that you say your sales fluctuate, but tell me sort of what a day might look like for you of your sales. You sell daily, right?

028: Yeah. Um, okay. We start at about- we’re 24 hours. Which is, you know, that’s how we get our business because other people have hours. So, we usually don’t get calls until about six, seven in the morning. And you know, it’s usually people want a gram or half a gram and then by the end of the day, on a normal day, we’ll make at least three to four hundred dollars.

Women dealers often used “labor” related terms to describe their drug dealing business:

INT: Do you ever give away drugs for free?

028: Okay. This is how it works. Everybody gets one chance, and if you don’t pay us back, then you either get cut off or you don’t get fronted again. And you know, it’s almost as if I’m working, like your job, you know? Or if you worked at a restaurant and your friend comes in and says, “Can I get a burger or whatever ‘cause you know we’re friends? You know, you’re supposed to hook me up. We’re friends.” But I can’t do that because this is my business and, you know, I’m losing our money. And it’s hard. It’s really hard for me because I know how it is to be sick. You know, so, I’m weak with that. I do help out my friends, but other than that, no, I don’t.
When asked about their roles in the drug market, women often used labels that followed a market model:

002:  Um, I don’t know. I’ve had a lot of roles, like I’ve been an independent contractor before (both laugh). And when I was selling out of my house, I guess I was like a home-based business owner. And when I come above and sell [unclear], I would be more like a vendor, I guess. I could have runners if I want to.

Another described her drug dealing as a part time job:

INT:  And how much time do you dedicate to drug sales in your life now?

023:  Too much (laughs).

INT:  (laughs) It’s not everyday anymore, right?

023:  Yeah. I don’t sell anymore because- I’d say the weekend is when I’m, like, really selling. So, maybe it’s like a part time job (laughs).

B. Stigma management

Women drug dealers minimized the stigma attached to the drug dealer label in various ways. One was to highlight the positive aspects of drug dealing.

For some women, dealing drugs was a source of status........

002:  Like, when I was really strung out, I had a really bad reputation because I would get fronts and wouldn’t pay them back. I would get my heroin and I wasn’t [inaudible] anything. So, like, I don’t know. I’m still trying to shake that reputation because of that. I guess in a way it, like, gives you a good reputation. Because when I was young and I was selling ecstasy, I had a lot of friends. And after I went to jail and I stopped selling ecstasy, I had a lot less friends. And I guess at that point that’s when I realized that people really admire a girl that can hustle, but it’s for all the wrong reasons basically.

...and a source of respect:

026:  It was-well you get respected and all that stuff - you know and that’s a good thing because it’s um, I don’t know they just- it’s like a little protection thing, it’s like a little group of protection while- where no one
knows me you know and then I’ll watch out for somebody else that doesn’t know me and walkin’ up to me and why they’re walkin’ up to me type thing. This is just a person selling drugs, and okay let me get to know that person no matter what that person is or who. And then once they got to know me they liked me you know so.

In fact, dealing drugs and having money actually garnered respect (even if the respect was due to ulterior motives):

021: Funny thing about it is, it’s like the more money you got, the bigger things you doin’, the more people so-call respect you. But it’s not real respect it’s just that they want somethin’ from you. But when you doin’ bad, when you don’t have nothin’, they don’t have no respect, they don’t have no time for you. Especially my family and that’s the cold part ‘cause those are the ones that, like they want to see- you know that they told me that in recovery when I was in Walden House and I’d never believed it ‘till I witnessed it. My family wants to see me fail more than anybody else, any stranger I ever met on the street before. Yeah that’s what you call dysfunctional family.

Although women’s drug selling activities located them at the periphery of mainstream society, they reconstructed their dealer identities in a more positive manner. Some women described their drug dealing as ethical because they were honest dealers that would not cheat their customers. There was a sense of pride in having high moral standards when dealing drugs, much like any one else would take pride in their legal jobs when they perform well. The following interviewee took pride in being selective about the quality of the drugs she sold, even if that translated to smaller sales and profits:

024: The quality these days is not that good, so that’s why I keep it pretty much down. But most people that are- they have no idea what they’re getting. And I’ve smelled it and, you know, I’ve used it before. But if it’s not good, I won’t buy it ‘cause I don’t want to sell cacas [sic]. Pardon me. I mean, you know, these people want black, they want white. And they don’t even know what they’re getting. I see people get burned. You know? It’s just ridiculous. But if I can’t have decent quality, I don’t really want it. The percentage might be a little low, but I’d rather have good quality. But that’s my personal thing.
Others took pride in having a reputation for being tough, not someone to be tangled with:

023: People know I’m not the one to fuck with. I’m not the one to play or backstab ‘cause yeah. I’m a Taurus. I’m a bull. I will attack you back. Very crucial. Just like one of my friends stole an eighth from me, so I went to his house and I robbed his house. I stole his ounce, his $300, his DVD player. Don’t get- don’t fuck with me. So, I think drugs has built part of my character. It is me. And it’s not something I’m proud of to say that yeah, I’ve done cocaine. You know? Um, that I’ve sold it. But yeah, it has affected my reputation a lot.

And thus had no problem accepting the dealer label in spite of the negativity attached to the label:

INT: Um, do you see yourself as a drug dealer now?

023: Yeah (laughs). I go home and right next to my laptop I’ve got my scale and Ziploc box of bags (laughs). I’m just like- I told my roommate [name], I go, “Look it.” ‘Cause I have, like, 2 ounces and I was bagging up some of my weed and the scale’s out there. He comes in my room like, “Hey, do you like this shirt?” He’s always bringing me little gifts and stuff. I’m like, “Look it, call the police. There’s a drug dealer here.” (laughs). ‘Cause it looked so bad. It was just so horrible. Like who has that on their desk? (laughs)

Still, many were unable to see anything positive, but nevertheless attempted to minimize the stigma of being a drug dealer. The following interviewee accepted the drug dealer label, but qualified that acceptance by clarifying that her current drug dealer status was a transitory one, not a lifelong role:

INT: Do you see yourself as a drug dealer?

002: Not as a career drug dealer, but I guess so.

INT: At what point did you see yourself as one?
INT: And at what point do you think other people saw you as one, like your friends?

002: Um, around the same time. I think, like, if you start making a couple thousand dollars a month selling drugs, people start to see you as a drug dealer.

INT: Right. How would you characterize or define a drug dealer?

002: Somebody who I see as a drug dealer is somebody who makes a good profit off of what they do, like a substantial amount of profit.

For her, drug dealers were not the small transaction street dealers. They were the ones who were making large profits. This characterization was very common among street level dealers:

INT: Okay do you see yourself as a drug dealer?

004: I say I guess if that’s what you want to call it. But I think a drug dealer is what the big people are sellin’. I’m not big like that at all. I don’t care I really don’t, if that’s what they call it. I just always looked at the drug dealer as the big ones slangin’ it to the hard to quit. Nah. Or the people that I probably get some from. I just you know you’re the dealer ’cause I’m buying it from you.

One of my initial hunches was that social location would make it more difficult for some to adopt the dealer label than others. I found that this was not always true. Affluence and closer ties to conventional social worlds were not exclusive characteristics of those rejecting the drug dealer label. What I found was that there were cases where there was equal resistance to the label from poor, street level dealers as there was from the more affluent dealers. The difference between them was in the reason for that resistance. The affluent dealers saw the drug dealer label negatively while the poorer, street level dealers
did not necessarily qualify the label as negative or positive. The label was related to the level of sales. They did not see themselves as dealers because they were at the lowest levels of the drug dealing hierarchy. They were more likely to see themselves as runners or small potatoes sellers and looked at dealers as the “ballers” or high level dealers. Rejecting the dealer label for the following interviewee was not a matter of stigma management; it was a matter of modesty, not putting on airs because she saw drug dealing as some kind of social status:

INT: Okay. And how do you feel your reputation has been influenced by your drug sales? Do you see yourself as a drug dealer?

028: Unlike other people, I don’t let it get to my head. I don’t think I’m anybody special because I sell drugs or anything, you know? Um, it’s- I don’t know how to explain it.

She thought being a drug dealer carried some sort of status and glamour, in contrast with other women dealers who engaged in the work of distancing themselves from the dealer identity and created alternate labels to present themselves in a more positive light. The following woman saw herself as a dealer but was not happy about it. She saw it as a negative but necessary aspect of her life:

INT: Okay um, let’s see okay so do you, do you see yourself as a drug dealer?

014: Yes, I do.

INT: Okay and other people see you as that?

014: Yes they do.

INT: Alright and how do you feel about that?
014:  I feel bad.

INT:  Do you think drug dealing’s bad? So what do you think, what do you think makes someone a drug dealer? What’s the criteria to consider someone a drug dealer?

014:  It’s, it’s the way that- that they’re livin’ the, if you don’t got no money you, you- what else is you gonna do? So you either sell your body I’m not sellin’ my kids. I’m not good at doin’ hair that’s the only thing I’m good at right now is sellin’ drugs.

The following interviewee shared some of the labels that had been attributed to her, but insisted she was just a normal person trying to make ends meet:

INT:  Like, how would you describe your role in the drug market hierarchy?

023:  Um, a hustler, an entrepreneur. Yeah, I’ve even been called a pimp. So, I guess it all really depends on how people look at me. I consider myself a normal person like anybody else to try and feed my kitty cat and pay my bills.

For others, the drug dealer label carried stigma and they felt the need to reconstruct their dealer identities. Some interviewees presented themselves as dealers with a conscience and moral convictions. For example, some stated they would stop selling to people who had obviously lost control of their use:

INT:  So you’ll stop selling to them?

004:  Yeah because then I know that they got to the point where…to me you know you can do whatever you do but if you do too much of anything. I don’t care if you’re weed, sex this, drunken whatever it’s too much. So if I start seein’ that and they’re pickin’ their skins and all that and I’m starting to think, “Okay you haven’t been uh going to work or whatever so how you gettin’ the money?” And if I think that they’re robbin’ somebody else, so no. I’ll cut it off. If I find out that they even stoled [sic] from somebody else to get something, I cut it off. I don’t believe in that. You do your own bad habit but you do not take from somebody else because of your bad
habit. But people sellin’ it to make money, shit everybody’s doin’ somethin’ to make some kind of money. I just wish that they had some kind of principles. That’s all. You’re going to sell, do whatever you’re going to do; I don’t care what it is. If you see that the person is already far gone, why do you want to keep fuckin’ him up and then you end up killing them anyway knowing that they was strung out in the first place.

Others rejected the drug dealer label altogether because the label was so negative:

INT: Well do you see yourself as a drug dealer?

011: Not really.

INT: And how come?

011: Because I guess a drug dealer um, I get like a vision of a pusher man you know (laughs) some guy on a corner with like an overcoat you know and fuckin’ “hey, little girl.” Something like that um, really people with any kind of ethics or fuckin’ you know uh, who act right in the scene it’s hard to find and people are desperate to find somebody to give them what they need, what they feel they need. You know whether or not they do is a whole ‘nother thing but you know.

The following interviewee did not see herself as a dealer based on the type of drug she sold: marijuana. She considered herself a “pharmacist” because she saw marijuana as medicinal:

INT: Yeah exactly. So um do you see yourself as a drug dealer?

018: You know what? I see myself as a [pause], as a pharmacist. Because I don’t see myself as a dealer because I don’t sell drugs. Weed is not a drug, okay? Weed is a- it’s a medical, it’s for medical use just like they say on the little cannabis thing. It’s for medical use. People use it for all types of things. It’s addictive but it’s not addictive to where like crack or you know what I’m sayin’? You don’t have to wake up and be like, crack you have to wake up, “Oh I wanna hit, oh I wanna hit.” You know what I’m sayin’? Or heron [sic], “Oh I need a fix!” You know what I’m sayin’? With shit like that people just get up, “Oh it would be nice to smoke a joint. Oh but oh well.” You know what I’m sayin’? Go on with the day. You know what I’m sayin’? So it’s like two totally different things.
She used a positively charged label – “pharmacist” – to further distance herself from the drug dealer identity. Finding more positive labels was a common way for women dealers to manage their dealer identities.

C. Labeling

The use of alternative labels was an effective way for women drug dealers to detach themselves from the negatively charged drug dealer label. This was particularly important for women whose social location was already a major source of stigma that kept them at the periphery of mainstream society:

INT: So, you mentioned reputation. Do you think that’s negatively influenced or positively?

015: Well, yeah, in society it is. It’s negative because- well, regardless if you sell, use or whatever, you’re gonna [sic] be a user regardless. Society- if you’re low income, you’re scum. They look at us all the same. We’re drug fiends and everything. You know? But I don’t know. I’m the person that brings it to all these people. Well, you’re the worst. You know? [unclear].

INT: So, do you see yourself as a drug dealer?

015: In a sense, yeah. But I see myself more as a medical provider. (laughs)

INT: Medical provider, okay.

015: There you go. Pharmaceutical provider.

INT: Because you feel like you’re helping?

015: Yeah, some of it does feel like they’re helping. But then like I say, if you can’t control it, don’t use it. Any drug. You know? If you can control it, occasional use or whatever, fine. But if you have to go out and steal, rob or hurt somebody for it, that’s not control.

Women used a broad range of labels, like “deliverer”…

INT: Not the drugs but kind of like your role, do you know what I’m saying?
006:  I guess the um, what do they call it? The deliverer.

…and “helper” or “social worker” or perhaps even a narcotics anonymous sponsor…

INT:  Do you see yourself as a drug dealer?

007:  To be honest, like I said, I see myself more so a helper. Um, ‘cause like I said ‘cause I know I’m nice um, I do sell drugs but I don’t like the term drug dealer, you know. Um, like I said I look at myself as being kinda like a social worker, so to say you know because you know like I said, I will listen to your problems, yeah I’ll sell you some dope but I’m gonna listen you know and try to befriend you and-and still, like I said even the same time, even tell you if you want to stop I’ll take you to a meeting.

…or “service provider”….

013:  Um well at first like when I got like into it at first like I thought that it was cool, you know. Like I was a hustler you know and it made me more cool ‘cause I was a girl. So people looked up to me and they were like, wow you know, they wanted to be around me. But eventually I learned that was because they wanted to be around me because I had drugs. You know? But I make good money. I mean I like the money. Um I like meeting new people and the people that I meet. Like potheads are as a generality really cool people, you know? Um I feel like I’m providing a service. Because a lot of people smoke pot because like I know like I smoke pot and it helps me like if I don’t smoke too much it’ll actually make me feel better. But like people are sick, you know? And pot, in some way or another, pot helps them and I’m providing a service. Like I hear stories from customers all the time about how you know they need pot to be able to get out of bed in the morning ‘cause they’re in so much pain. You know and for me to be able to provide a service that you know helps people feel better, I mean it feels good to me.

Just as some women found more positive ways to label themselves,

others were equally as eager to communicate what they definitely were not. For the following interviewee, it was important that we understood she was not a pusher:

INT:  How would you describe your role in the drug market hierarchy?
015: I’m one of the small potatoes really. I’m not a pusher. I don’t go out there and try to push the item. I wait for them to come looking for me and ask for it. And I think I’m in a good spot to where at least I know what I’m giving ‘em. I’ve tried it myself and it’s not gonna [sic] kill ‘em. It’s not gonna [sic] hurt ‘em. You know?

Another woman made it clear she was not a hustler:

INT: Do you see yourself as a drug dealer?

013: Um I don’t know. Not necessarily a drug dealer or I mean a hustler. No I’m not a hustler. ‘Cause the meaning of a hustler is like your hustling somebody. You’re getting over on somebody.

D. Reconciling Dealer Identities and Motherhood

Interviewees with children made sure we understood their mother identity was more important than their dealer identity. Yes, they sold drugs, but they were mothers first who placed their children’s interests above their dealing activities:

INT: Why don’t you sell it out of your home?

004: I’ve got kids. You know I ain’t tryin’ uh my kids are too important for me. They are not comin’ out of my home and safety. You know safety, you don’t know what they might get into. Especially my son the way he gets into everything I’ve be damned if I got to take him to the hospital for OD’ing on some shit I had in the house.

For so many of them, dealing drugs was just a way to support their children. They did what they could to minimize the danger for their kids and exposure to risks associated with dealing:

004: But I just, I waited for a long time to be able to have a baby. That’s just, I was ready to kind of back it off. But um yeah when I found out that I was going to be a single parent it left me in a financial jam. So that’s why I’m still doin’ what I’m doin’.

INT: What about um worries about CPS, child protective services?
004: But because I don’t do nothin’ at my home, no. Uh uh [no]. I’m not doin’ nothin’ to take my kids from me. There’s some people that don’t care. There’s some people that do it from their home. All that, you know, I’m just not one of those parents. So they can walk up in my house any day, any time anyhow, they will not find shit.

The following interviewee kept her level of sales low to minimize her risk, but asserted her willingness to do anything at all to keep CPS from taking her daughter:

010: That’s why I don’t do much at all because the fact I’ve got my daughter. And if something came to where they were gonna [sic] take my daughter, I’d go to jail for murder. Because at least she would know that, you know, mom may not be with me but mom- yeah, mom’s in jail...’cause mom fought for me. And mom’s sitting doing a murder rap.

Several women had lost their children to CPS, for some, this meant they had also lost their only respectable identity: mother. They experienced a sense of hopelessness and resignation:

018: Well like I said, the lazy bastard that I was with. [laughs] When I did started dating him my family did not approve. So they had got all together and told social services that I was dealing with a person that was selling drugs and I was neglecting my son. Just told a bunch of bullshit basically. And um the white people came and took my son from me. And then when I was pregnant with my daughter, they took her because I was on heron [sic] and I had it still in my system. And once they tested me, they thought I had opium in my system, they took her right from the hospital.

INT: So how was that for you? Like how did it feel to have your family-

018: Ripped from my arms.

INT: Yeah. To have your family tell on you.

018: Emotionally a wreck. I still haven’t forgave [sic] them. I still don’t talk to them. Thank god that I have a good bond with the people that have my kids. ‘Cause if I didn’t have that I would be totally screwed.

INT: How do you feel about your kids being with their father’s family?
018: I feel like shit. I feel like I'm a horrible mother. But it's probably for the best, though. ‘Cause you know I was real young and all into my own shit and I probably wasn’t ready anyway. So it probably was the best thing. I’m not the mother I should be, you know what I’m sayin’? I basically am letting drugs take over, basically. Um I wouldn’t say I’m a really- I’m not a good mother. ‘Cause I could be doing, you know, what I really should be doing. And they actually got tooken [sic] away from me, so now I just go to drugs now. Since now I don’t have my kids like a getaway. “Oh well since I don’t have them I could just go do this and this and this and this.” So.

One interviewee shared her views on the impact of CPS involvement:

022: Um I think a critical thing, probably the most critical thing that I’ve seen in all of this has probably been the part where the women leave their babies to CPS and drugs. I really think that that is doing a major disservice, to not only the family cohesion and all of that, to the children, to the mothers, to the fathers, to everybody involved. It’s a disservice and there really should be something done about the authority, the powers that offices like CPS have in relation to whether they use drugs or not. That’s a crime to me. That’s a shame to see that break down like that. And then the adoptions and it’s, and they have to turn the kids in. And it’s really a scene. You know and when I talk to these moms I’m like, “You know guys why don’t you get together and become one big voice. One big voice.” And yell out. Oprah, whatever it is. Get help. All come together and unite. But because there’s not a sisterhood they don’t do that. They’re all, you know against each other and talkin’ about each other, turnin’ each other in.

E. Searching for Status at the Fringe

While a number of women drug dealers found that keeping their operations small and discreet was a way of keeping their risk low, others who lived and sold at the fringes of mainstream society found strength, power, and status through their associations with other groups at the fringe. They found that moving up, associating with more organized dealer organizations, such as gangs meant security and a better reputation that actually opened doors:

010: It didn’t really- it stopped for a while until I moved out here. And when I moved out here, I was tired. I got tired very quickly. Very quickly of,
like, people coming up to me and going, “Hey, here’s a 20. You want it?” And it would be, like, a quarter of it would be dope and the rest would be cut. And I’m like, oh, hell no. These people are not pulling this shit on me. So, finally I just- I happened to be kind of adopted out here by, um- well, basically, like, the [name of gang]. You know? They adopted me.

INT: Is that a gang?

010: It’s a family. The city years ago used to consider it a gang – one of the biggest known drug- basically, they were trying to call them like a mafia thing almost. But yeah, it’s just a bunch of people that are like family. But they took me in and once they adopted me, like, I knew who I needed to know. You know? I still have people to this day that are like, “How did you get to where you’re at? I mean to this day I’ve got people that’ll give me an ounce of dope, no questions asked. You know? For as cheap as they’re paying for it. You know? And people are like “Why? Because I don’t lie. I don’t steal. If I take your shit, it’s because you deserved it. And I am who I am, you know?” And when I started finally meeting people that, you know, I could get it from, all of a sudden I realized, wait a minute, I can make money off this.

Many of the poor street level dealers were estranged from their own families. It was no surprise then that a number of women dealers reported the establishment of familial ties with other drug dealers and street people:

INT: Who do you usually use drugs with?

011: Um, close friends, randoms, strangers um, there’s isn’t any um, opportunity that is offered to me that I have to take you know I mean I’m very choosey I’m not, I’m not a bag whore, I don’t have to be. You know I hustle just fine for what I need. Um, and even if I did I have, I have so many friends that would you know make sure that I was high you know on a regular basis. It’s- actually the family at, at the level street level is, they take care of each other, you know?

The formation of street families or “adopting” people as family members (e.g. “mom” or “sister”) was a recurring theme. Some people happily took on familial roles:

015: And then I have one female. She’s everybody’s mom more or less. And she’s just totally- she just got busted recently, took a rap for her
husband. But she was just totally needing somebody to mother her. You know? This all happened and she kind of fell apart, and I became her guide. You know? But it kind of shocked me. You know? Here I am schooling her and she’s looking out for all of us. You know? She likes to just let everybody know she’s the big mama. You know?

Sometimes, in a world where they were at the lowest rungs of society, some women found within these familial groups the status and respect they were lacking:

015: Yeah. But they all look to me for help all the time. You know? Like, do you have any of this or do you have any of that? And me, oh yes, get in here. I’ll feed you. You know? Just stuff like that. It really puts me out. (laughs) No, but I like to help people. You know? All of them seem to come from- they’re all the misfits. And their families- like me, like I was a black sheep. Okay? They’re all the ones that have been hurt their whole lives. You know? They’re just kicked to the curb and that’s where they stay. And they’d do anything they can. And if it wasn’t for each other, they wouldn’t exist. They’d die. It’s strange. It’s everybody in the city that’s their age group. You know? We’re all poor. Um, the clients I have- the kids I have, though, they know better because I have so many people who care. You know? If I’m hurt, they’ll all be there for me. Every last one of them would be.

INT: They have your back?

015: Yeah, yeah. And it’s not because they’re loyal friendships because like I said, a lot of them are sneaks. You know? They’ll turn on you in a heartbeat. But I get respect. It’s not that I demand it. It’s just I’ve done enough for each person out there that I think, you know? It’s not because I expect it like that, but it happens. It’s just they respect me and they come to me with their problems. They all come to me for advice and I like that. I do.

F. Social Isolation

Street dealers who often also lived on the streets experienced a level of isolation that is difficult for mainstream society to grasp. One interviewee had great insight into what it is like to be homeless and living on the streets, particularly since she had lived an affluent lifestyle most of her life. She talked
about the impetus to leave her affluent East Coast lifestyle for an adventure in San Francisco:

022: There’s an old saying that uh Aristotle said it actually that if man get’s a chance to slip out of the box he will. And I think me coming to San Francisco I was slipping out the box. I was getting out of that mainstream life and it was every, you know, just the all the dance clubs and everything- the gay the lesbian, everything. It’s not like that where I’m from. You know everything is- and here it’s like ‘choo [making fast sound]. It’s almost like up Sodom and Gomorrah. It’s crazy you know?

Once in San Francisco, she fell in love with a man who unbeknownst to her had a long rap sheet and was a felon. She began using drugs with him and became dependent. When he was sent back to prison, she found herself on the streets with nothing, so she began dealing drugs. She slipped out of her mainstream box, but in the process, became trapped in another box:

022: My feeling here in San Francisco is that um I’m stuck and thinking about what Aristotle said, that little get out of the box thing, I would like to experience a trip that make me, help me get myself out this thing that I’m stuck in. ‘Cause it’s not really what I really want in my life…my world is small. Um I developed this little girl, her name is Homegirl and she’s a stick drawing and a little story and it’s a learning tool for elementary school kids on homelessness. Homegirl’s homeless. And she talks about her world got little when she became homeless and I don’t know if a lot of people think that when you’re dealing drugs or you’re homeless or you’re this that you’re free . You’re not. You’re world gets small. My world is small. I tend to walk to the same streets you know? And you know I have borders that before I traveled all over the world before. You know what I’m sayin”? Now I have this little tight world that I need to break out of and I’m just so stuck. And in my heart, it breaks. I don’t contact home. You know I’m lost as far as they’re concerned. And I’m ashamed. You know I got lost in this drug world. And before you know it you’re like, well like Homegirls says, she says, “And the more homeless you are, the more lost you are, you get ugly.” Why do you get ugly? You have limited health care, you have limited hygiene, you have this, you get ugly nobody wants you, nobody sees you. You know and people say, “Ew”. You know? And I feel like I’m ugly and I use the word ugly loosely. Okay? I don’t mean ugly but yes I do. Unkept, dirty, smelly. “She smells so bad”. You know how could you embrace that? You can’t. Well like Homegirl says, when you’re homeless and when you’re in this drug world, your world gets little.
But the whole world is out there. But when you’re in this world you can’t be a participant of that. You don’t participate anymore in that. That’s not the people that care about you anymore out there. In here, if it’s not here they’re out there. You’re not there anymore.

“Homegirl’s” concept of a shrinking social world was echoed by other interviewees. The following interviewee also talked about her world (“circle”) getting smaller after leaving the protection of a gang and her feeling of isolation and loneliness:

005: Now when you’re selling crack and you’re up in the gangs yeah, they have their turfs but, no I was pretty easy going. Um, I will get ripped and we’ll have to handle it or we’ll get disrespected or something like that and that’s only because people are greedy and they’re liars, you know. And that’s- people I’ve exed (sic), I don’t fuck with no more and you know they’re looking at me sharp because I’m like the only person that will forgive and give to anybody because that’s the way I am. I just don’t fuck with people so I was kinda of circled- made my circle smaller. And I don’t have really a circle even with (spouse) I really- he want to have my money and go, he’s not around, he’s never around, so I’m pretty much to myself.

Another interviewee feared she would end up dead if she did not get out of the life she was living, but felt trapped:

INT: So, what’s going on now that’s making you just want to stop?

033: Just that I’m like- like, the guy that I met and that day in the hospital. You know? I’ve had a lot of friends die and I just- I don’t want that to be me. And I feel like if I keep going with it, then, like, it will be. I don’t know. I can have a chance to actually have a life. And there’s, like, things that I want to do. You know? Like, I’ve been stuck in the city for, like, four years, and I used to always, like, travel and go places and do things. And, like, I haven’t been out of the city. And just it’s like, man, I’m sick of it. You know?

Interviewees’ primary motive for dealing drugs was money, but the purpose of that drug money varied by social location. For those who had a drug habit, it helped fund their use:
INT: Okay so what are your main motives for selling?

006: Just to keep up my own high.

For the more affluent ones, it maintained a certain lifestyle:

INT: What are your main motives for selling then?

024: I’m used to having a certain type of lifestyle, so you know? It’s helping support me at this point while I work on my project. So, this is helping me. It’s a means to an end. And it’s not about drugs (laughs).

For others, it was a matter of making ends meet, like paying rent or keeping the kids fed and clothed:

INT: Okay so where do you see yourself um in the future as far as drug sales and drug use?

021: Um if you would ask me that a year ago at this time, I would say oh no where near it. But right now today I can honestly answer that, especially- I don’t see myself using. And knock on wood [knocks on the table] pray to god that it never happens again. But I learned to never say never also. But I do see me doin’ what I gotta do to take care of me and my family. That’s basically whatever it takes. So if I have to go on the street again to make sure my kids eat, that’s what I’d do.

Women’s social location mattered in that although they had the same motivations for dealing, their needs were very different.

Women drug dealers engaged in various forms of dealer identity construction and stigma management. Some engaged in normalizing discourse by discussing their dealing activities in terms of work and business. Others managed stigma by highlighting the positive aspects of dealing, like garnering respect and achieving some level of social status. The use of alternate labels helped some women distance themselves from the drug dealer label, while
others staked their claims on a higher status label as their master label: motherhood. Those at the fringe of mainstream society found status and respect in their associations with other people at the fringe, in gangs or in familial groups; yet there were others who experienced a deep sense of social isolation and felt trapped in their drug dealing worlds.

The feeling of being trapped in a drug fueled world was not limited to the homeless or the street level dealers. Some of the more affluent dealers also felt trapped in the sense that they felt the need to continue selling drugs in order to keep up a certain lifestyle. For others, keeping up a lifestyle was simply a matter of affording the basic day-to-day necessities. Women drug dealers can be trapped by their dealing activities, regardless of social location. While some were trapped in the cardboard box of poverty and homelessness, others were equally trapped in the gilded cage of affluence. Drug dealing was both a necessity and a trap.
VII. A TALE OF TWO WOMEN DEALERS

Women dealers’ identity constructions varied depending on the intersection of various factors (e.g. socioeconomic status, type of drug sold, user status, level of engagement in conventional social worlds). A very effective way of identifying these differences is through a side-by-side comparison of the women’s identity constructions in their own words. I selected two women with very different social locations, Leilani\(^5\), an affluent powder cocaine dealer and Carla, a poor, street dealer of methamphetamine. In this chapter I present an in-depth analysis of these two women dealers. First I provide a brief account of their life stories, including family background, drug use and drug dealing histories. Next I draw comparisons, in the women’s own words regarding their constructions and management of their drug dealer identities.

A. Leilani

Leilani was a 30-year-old, Filipina woman who primarily sold powder cocaine. She was married with one daughter and lived in an upper middle-class suburban neighborhood. Her daughter was not aware of her drug sales as they were easy to conceal; drug sales took up a very small amount of her time and there were rarely large quantities of drugs in the house. She worked as a business consultant for a Fortune 500 company and hoped to someday own several businesses. She was a social dynamo, very attractive, full of energy and charisma.

Leilani grew up in a Bay Area suburb with a close, yet self-described dysfunctional extended family. She was one of four children, two brothers and a

\(^5\) I use pseudonyms to protect the two women’s identities
sister. Her parents were constantly battling and trying to work on their marriage; for most of Leilani’s childhood she was raised by her grandmother. Her father was a performer (mainly a singer) but also what she called a hustler who sold marijuana fairly regularly when she was growing up. Leilani became aware of her father’s drug sales between the ages of 9 and 11. She found out later in life that he had also sold some cocaine sporadically. School was a refuge from all the parental arguing and Leilani excelled academically and in sports. She left home at 18 to attend a prestigious university.

Her father’s involvement with drug sales was a source of profound shame for her which affected her opinion of drugs. She described herself as straight-laced and against all drug use until the end of her high school years. Leilani was exposed to a different side of drug use by high school friends who smoked marijuana in social settings. She decided to try it and although she did not feel the effects right away, she truly enjoyed it. She continued sporadic marijuana use for a few years eventually becoming a daily smoker in her early 20s when she befriended a group of men who also smoked heavily. At the time of the interview, she smoked a few times daily and characterized her use as medicinal because she felt it kept her “level.” She drank alcohol for the first time at the age of 20. She enjoyed it socially and would drink on occasion to get drunk which continued to be her pattern of use. The first time she tried ecstasy was at a rave when she was 21 years old. She continued to use ecstasy about once a month for a period of several months when she slowed to more sporadic use. At 27 she tried powder cocaine for the first time. Her friends used cocaine and she observed
very little change in their behavior. She realized cocaine was not as big of a deal as she had thought. Cocaine helped her stay alert and social into the wee hours of the night during social events. Leilani used it when it was around but rarely ever sought it out herself. Leilani occasionally went through binges of increased use, but at the time of the interview, her cocaine use remained sporadic.

Leilani’s drug sales began at 22 when she would pick up small amounts of marijuana for friends. Her initial motive for selling was not profit-driven; she was simply doing favors for friends and networking. She continued to “middleman” and help friends obtain marijuana for little to no profit until the age of 28. She also procured ecstasy for her friends occasionally because she knew people with access to the drug. Her drug sales became profitable when she made a connection at her job as a business consultant. A co-worker, who was also a marijuana smoker, needed to connect wealthy friends from the east coast with a reliable drug source. Leilani became that connection for these businessmen. At first they wanted good quality marijuana, ecstasy and cocaine, but eventually they became interested primarily in cocaine and ecstasy. Initially, she did not have a regular supplier, so she pieced together the requested amount from different sources. She settled on a couple of main suppliers who could provide her with the bulk she needed on demand. These wealthy, white businessmen became her regular customers and would come to San Francisco to pick up their drugs. They set up a mail exchange early on sending money first and asking Leilani to send the drugs by a particular deadline (usually within a couple of days). She received the money, picked up the drugs, packaged and sent them
via air courier right away. She prided herself on being prompt, reliable and discreet. Leilani continued to procure ecstasy and cocaine for local friends on occasion, but the bulk of her drug sales were with her east coast customers.

At the time of the interview, Leilani continued to mail cocaine and ecstasy to her customers on the east coast about once a month. She saw it as an easy way to supplement her already comfortable income. She would typically send about 25 to 50 ecstasy pills and two to five ounces of cocaine per package. She was realizing a 100 percent return on her investment. Leilani explained that her customers had sufficient discretionary income to be willing to pay high prices for high quality drugs from a reliable and discreet source. She was happy to provide that service for them and felt her risk of detection and arrest was minimal. She only had the drugs in her possession for the time it took to pick up, package and mail. She gift wrapped the packages before placing them in the box and used a fictitious return name and address so the packages could not be traced back to her.

Leilani did not consider herself a dealer; she considered her role to be novel and difficult to define. She was somewhat of a middleman, but she made more money in these exchanges than her own suppliers. She had one main supplier at the time of the interview who was an African American male in his early 30s. All of the suppliers she knew were African American men who sold more frequently and in smaller amounts. Leilani stated that people did not expect a woman to do what she was able to do and so she was inconspicuous. She also felt she was at less risk than the male dealers for this reason; she described
herself as a “soccer mom” and thought that a young, black man in “the ghetto” was clearly at higher risk for arrest. At the time of the interview, she had never been arrested nor had she any run-ins with the law involving drugs.

Leilani only saw advantages in being a woman who dealt drugs. She felt that people would never suspect a woman like to be dealing drugs. She also felt she could use her gender to get others to do the dirty work for her. She likened it to being a girl on the side of the road with a flat tire. She felt that even though the girl may be perfectly capable of changing the tire, it is much easier to pout and have a male do it for her. She thought that a woman could use gendered expectations to manipulate men into doing what she wanted.

B. Carla

Carla was a 42-year-old white methamphetamine dealer who arrived at the interview after a 3-day methamphetamine run and with only a couple of hours of sleep. She claimed she had not taken anything that morning; however she seemed to at least have some residual effects from the night before. At times it was difficult for her to complete a sentence, yet she shared some interesting information and provides a clear contrast to Leilani as their social locations were so strikingly different.

Carla was born and raised in San Francisco. At age eight she learned her father was not her birth father and became extremely angry with her mother for lying to her; this anger towards her mother increased with time. She described her parents as hippies and said they lived all over the city and often had people staying with them. She had a half-sister who was a few years younger. Her
mother smoked marijuana openly and drank on occasion but there was no hard
drug use in her home. Carla did well in school and was popular; things changed
when she became a teenager. At the age of 12, Carla was raped by a police
officer-in-training which so traumatized her that she was only able to talk about it
openly in recent years. She ran away from home at age 13 for a period of two
years because she felt so much rage towards her mother and did not respect her
enough to live by her rules. Her mother committed her to a mental institution for
six months because she did not know what else to do with her. She was never
diagnosed with anything nor was she medicated. Carla attended four different
high schools as a freshman and dropped out, but eventually completed her GED.
She did take some community college classes, but had not gone back to school
since.

Carla first smoked marijuana in the 5th grade, but she said it was always
around the house before then, so it was never a big deal. She stole roaches to
from her parents and shared them with friends. In sixth grade, Carla began
experimenting with cigarettes and alcohol. As time went on she enjoyed taking a
variety of pills, including Black Beauties, Cross Tops, Valium and Quaaludes. At
16, her friend’s mother introduced her and her friend to powder cocaine which
she liked very much. Cocaine was the first drug she purchased on her own. She
began using it regularly and then progressed to heavier use for several years. At
age 21 she and her husband tried methamphetamine for the first time. At first,
Carla did not like it because it gave her trouble sleeping, but then she began
using it with a friend and had so much fun that she traded her cocaine habit for

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6 leftover marijuana cigarette butts
methamphetamine. At the time of the interview, she had been using methamphetamine for 20 years, except for a period of abstinence that lasted four years after a stint in rehab. For the first seven or eight years of her methamphetamine use, she snorted the drug, but by age 28, she decided to inject to see what all the buzz was about; her friends kept talking about the amazing rush of injecting methamphetamine. She liked the high she experienced from injecting so much she stopped snorting altogether. At the time of the interview she was injecting two to three times a day, but because her veins had deteriorated, sometimes she had to resort to snorting or smoking.

Carla began her drug sales career by selling marijuana with her friends at age 14. They stole marijuana from their parents and sold joints\(^7\) for a dollar to friends and classmates. She liked selling marijuana because it provided easy access to cash to avoid depending financially on her mother. By age 16, she stopped using marijuana and the sales stopped as well. Instead, she began selling cocaine but did not become a regular dealer until the age of 18. Carla was working at a bank at the time and sold to a few co-workers and friends. By the time she was 20, Carla was selling $6,000 worth of cocaine a day and pooling resources with a couple with whom she lived. She sold in “teenagers” (sixteenths) and eighths. Her partners owned several businesses that served as covers for their illicit activities. She sold cocaine until she was 22, when she got married and became pregnant. Carla had seven children and used either cocaine or methamphetamine throughout all of her pregnancies, though she said

\(^7\) marijuana cigarettes
she could not attribute any negative effects to her drug use, except that her first child was fairly small when he was born.

Soon after Carla began using methamphetamine she began selling it. The friend who supplied her would leave it in her mailbox, almost pushing her to use and sell. Carla wondered whether she was being a good friend by giving her drugs and a source of income or if she was simply trying to get her hooked. She sold in fairly small quantities, often $20, $40 or $60 bags. While the quantities she sold varied up and down over the 20 years that she had been selling methamphetamine, she considered herself a low level seller. Carla had anywhere from 10-20 regular customers and sold from 7-12 hours everyday if she could. Her methamphetamine sales were her only source of income as her boyfriend was in jail. She typically sold at a local coffee shop where she had been hanging out for years. Her customers met her there. She never made a direct hand-to-hand exchange; she either left the drug in the bathroom under something or she and her customers slipped the money and drugs into something that would hide the exchange. She occasionally delivered to people’s houses but preferred to meet at the coffee shop. She said that she felt safer there and did not worry that it was a public setting because she was discreet.

Carla had a few main suppliers at the time of the interview. One who was an older African American male who had been her friend for 12 years. She also had two other male suppliers, one white, one Mexican. She had friendly relationships with all of them. Carla was able to get the drugs fronted to her if needed because they had established a trusting relationship and she always paid
her suppliers. She sold primarily to men and refused to sell to minors. Carla said she would not sell to first time users and then said, more importantly, she would never inject someone for the first time. Carla did provide a service to her customers calling herself a “doctor” because she would inject them when they could not do it themselves.

Carla felt that women were more likely to be maternal and nurturing (hence the willingness to “doctor”) than men. She said she often brought something extra for some of her customers, like chicken soup or a toy for their child. Carla also felt that being a woman dealer was both an advantage and a disadvantage. She felt the men she dealt with thought they could have sex with her at will and take advantage of her; yet she also felt a woman could use her sexuality to string men along and to get more out of a deal without any intention of following through with sexual favors. Other women dealers she knew were often part of a couple helping their men sell or hold down the fort while their men were in jail. She said that selling did interfere with her life as a mother, which was difficult. She wanted to make her children a priority, but that was challenged by customers constantly calling her.

Carla was in poor health at the time of the interview. She had three Hepatitis strains, poor circulation from needle use perforating her veins, weak bones, pain in her arms, dental problems (cavities and losing teeth), and was coming down with a cold. She was proud to be HIV-negative as she had been exposed on several occasions via unprotected sex and a boyfriend had died of AIDS. While she still had trouble practicing safe sex, she made sure to always
use new needles and utilized the needle exchange program regularly. She also shared harm reduction information with her customers and learned a lot from a short stint working at a local clinic.

Carla had a long criminal record, including a grand theft auto charge as a juvenile which resulted in three years of probation. She claimed to have been arrested about 50 times as an adult but could not remember most of the charges. She spent a year in county jail for credit card fraud, forgery, and receiving stolen property and received another three years of probation. At the time of the interview she was not on probation but thought she probably had a traffic warrant. She knew that if she were to be arrested for methamphetamine sales it would very likely result in prison time.

Her living situation was unstable, but she had a closet in a friend’s house where she slept and kept her things. Housemates kept rummaging through her belongings when she was gone, so she was not happy with her situation. Carla had 7 children, none of which were in her custody. She only saw two of her teenage children regularly; they lived with their father nearby. Another child was with Carla’s mother, two had been put up for adoption, another was with his father, and one was older and on his own. Carla had her tubes tied in what she described as a moment of clarity after giving up the last two for adoption. She seemed to be a strong force in the local methamphetamine community and knew a lot of people in the area, which gave her some sense of social status.
C. A Side-by-Side Comparison

Carla and Leilani lived in two very different worlds. They also sold different drugs which carry different levels of stigma. One sold in private settings to a select few and in large quantities, while the other sold on the streets in small quantities and to as many people as possible. These marked differences in social location had an impact on how each woman constructed and managed her drug dealer identity. In this section I present the differences between these two women, in their own words.

Leilani, who was a business woman in her conventional social world, described how she took what she knew about the business world and approached drug dealing in the same manner, by finding a niche of her own:

Leilani: Well, it’s funny because I’m a sales person in a very corporate environment, a very high-end consultative sale. So, actually what I did and what I do all the time is I kind of see what’s going on in that environment, say the black Oakland environment or things like that, like say drug sales. But I always- I mean that’s not me. I could never do it that way. So, it’s like, how could I apply or use the people I know and kind of combine it to make it my own? So, I would never sell the way they sell. What I did is I ended up getting a couple of high-end white clients; rich, white guys who don’t ever want to go into that environment or into that world. And I became their middleman. So, I took what I learned from these guys (her suppliers) and they’re still my contacts and they’re my resources. So, they educated me on when I have to go out and actually have to get the supply. But I completely changed up that process for the clients I deal with. And I deal with them much more like the way I bring on a corporate client.

Carla’s drug dealing world stands in sharp contrast to Leilani’s. While Leilani had a select upscale clientele and all her transactions were handled very discreetly, Carla was constantly on the move selling to an ever changing flow of customers, taking higher risks:
Interviewer: So, how did that progress till today? Did it change at all over time?

Carla: Oh yeah. It’s changed a whole bunch over time. The people come and go because they go in and out of prison. Um, there are a huge number of people that are a little bit older than me. When I stepped into the game, I was the baby, basically. They used to call me the baby. And uh, these are the people- some of them are still in the game, but a lot of them are dead. HIV killed an enormous amount of my friends and is still killing them now. I mean, it’s bad. A lot of my friends have had cirrhosis- it’s what killed them- killing them. It’s changed a lot because the people and the faces have changed. And now it’s a new breed.

Interviewer: What about your level of sales? Has that changed a lot?

Carla: It all depends, like, who’s out and who’s pushing what and who’s working with who. I have people that get out of prison and call me up, and I go and transport a lot of dope for them because I can do that for them. They’re on parole and I’m not. There’s other- then when they’re down ‘cause it’s, like, a whole bunch of people that I deal with. They’re all in prison. And I don’t have that luxury of calling- no problems getting shit. It’s very strange. There’s always somewhere to get it, but they’re not the kind of people who are just gonna [sic] throw whatever at me and know that I’ll do the best- do whatever I say I’m gonna [sic] do. They’re more- like I said too, the dope has changed, too. And people aren’t really expecting what they get because it’s not there anymore. It’s just different.

Carla’s drug dealing world was fast-moving, fluid and at times chaotic.

Leilani’s drug dealing world was more structured and organized. Leilani discussed her drug dealing activities in business terms perhaps legitimizing the work aspect of drug dealing:

Interviewer: Okay. So, more recently what would you say your level of sales is?

Leilani: It’s still- I have very few transactions and a very high profit margin. To the point where the guys that I’m getting my quantity or my weight from, they’re starting to sense and they’re starting to get irritated. Meaning they’re making maybe a couple hundred dollars. I’m putting them all at risk, so they’re the ones going to get four or five ounces at a time for me. Literally, I carry the drug for less than an hour. And I make over 100% profit margin. So, I mean I do 6 to 12 transactions a year, but they make
me thousands of dollars at a time. So, I’d say it’s an additional revenue stream of about 15,000 a year, but I’m only touching drugs 6 to 12 times. So, I’m making $1250 to $2500 a pop. And that’s all I do. I don’t sell little weight. I mean if someone calls me and says, “I need an eighth of weed,” I’d put them in direct contact with someone. So, I’m talking about I sell coke and ecstasy. And I sell it 25 to 50 pills at a time and 2 to 5 ounces at a time, and I’m making 100% margin off it. So, which would take a guy on the street actually selling it in gram forms or per pill to make that type of profit. So, I’m literally just transacting. I’m just delivering it. And so, the guys that I’m getting it from are making very little off of it because I’m buying in weight, but I’m making the amount of money that I would if I was selling it in small amounts.

While Leilani made thousands of dollars from a handful of transactions, Carla only made a few dollars from each transaction, which meant she had to complete several transactions a day just to make any significant amount of money:

Interviewer: So, in a typical week, what do your sales look like? How often are you selling?

Carla: Oh, I probably- a quarter to 3 quarters of an ounce daily. And the quantities are usually in teeners, in grams, in $40 bags and stuff. That’s what they do, the $40 bags. But, yeah, I would say anywhere between a quarter and 3 quarters daily. But that’s not really big dope. It’s a lot of little running around.

Interviewer: Right. So, how much does it cost for you to buy it and then, like, how much do you profit?

Carla: Uhm, it all depends on who I get it from, but it’s expensive. Right now I would say probably 3 quarters of an ounce is $750. And yeah, 750 for the- well, it’s a thousand an ounce. Like that, a thousand an ounce and I sell it for...it all depends, man. It’s better to sell, like, $20 bags.

Interviewer: Because you can make more money?

Carla: Yeah, but if I can get 250 a quarter. So, I’m paying 120 an eightball. I usually charge 150 an eightball. Some people pay me 175. I have other people right now that are paying me 150 for a teenager which is half that. So, that’s- it all depends on which people and who has- you know, the clientele that we’re working with on that day. There’s other days where

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8 sixteenth of an ounce
you don’t make a dime. You go in the hole. You’re like, how did that happen? But you’re just like, whoa, how did I do that? That’s why it goes sometimes from a quarter to three quarters. It all depends on what each day is.

While Carla depended on as many small transactions as she could get, Leilani felt small transactions were not worth the risk and she could afford to be more selective. She weighed the risk against the profits and would only deal when she stood to gain substantially:

Interviewer: Okay. So, tell me a little bit more about who you won’t deal with.

Leilani: Low end, small profit, people I don’t know, and anywhere where I’d have to be taken into a situation where I don’t- where I think it puts me at risk. So, meaning I’m not gonna [sic] drive off to drop off a $50 worth- a $50 sack of coke to you on 84th in Oakland. I’d rather call up my friend and say, “Hey, here. Make some money. You do it.” I’ll always try to connect them with someone, though. But more often than not, I pass along the business unless it’s worthwhile for me.

Interviewer: Okay. And so, currently if someone were to ask you, would you sell in person?

Leilani: Yeah, I would. But it would have to be in high quantity. I mean I would have to be making a couple hundred dollars off a transaction. It would have to be someone I know or someone I’m very comfortable with, and I’d be very, very strict about how I do it. I mean, like, put it this way, the way I sell drugs is I want other people handling it. I handle it for a very short time. So, I mean literally if I’m buying 4 ounces off someone, I just say I won’t buy it from them until I’m ready to put it in a FedEx box and walk right up to the FedEx facility. So, sometimes they’re holding onto the drugs for 2 or 3 days. So, I would sell it in person if it was a matter of me picking up and dropping off. So, that’s why it would have to be worthwhile. I will not keep inventory… Once again I think- I still think that there aren’t risks. I mean you’re always at risk for getting caught, but I understand that my chances- number one, because I know how to do it. I’m really good at doing it correctly. I’m not sloppy. Number two, I’m not a black man from Oakland driving a bucket. Do you know what I mean? I mean I look like a soccer mom, so that leads me to believe that I’m at very low risk and that even if I were pulled over, I mean, like, I put it in my shopping bag. I put it with my shoes and stuff like that. I just don’t think I’d ever get caught.
Leilani’s transactions were very private and discreet, while Carla’s transactions were very public:

Interviewer: And um, where do you typically go to sell? Do you sell from your house or do you go to people’s houses?

Carla: Um, I’m in transit. I have an office. I have a [snorts]- I have a coffee shop that I hang out at, and I have for years actually. I’ve been there. That’s my little place. And they all know where it’s at.

Interviewer: Why do you choose to sell in the settings that you do?

Carla: Oh because they’re comfortable and there’s coffee and there’s scratchers [legal lottery tickets]. And it’s conveniently located to the downtown area where most of the people live. Yeah, pretty much it’s centrally located and everyone can get there pretty easily.

Interviewer: How do you make a transaction in a public setting?

Carla: Sometimes I’ll leave it in the bathroom. You know? I’ll go in the bathroom and I’ll leave it in there, like under a garbage can or in the paper towels, however. Or I’ll just- you know, we’ll just do it. I try not to do a money transaction and a passing at the same time. So, you know, if they want some shit, go get yourself a cup of coffee, bring me the change, whatever. You know what I mean? That type of thing. And then they’ll get the- in a little envelope or not even an envelope, just a crumpled piece of paper or something just kind of on top of the table, easy for them to grab it up. Inside of a book. Flip phones. Flip phones are really good (laughs). You can just open the phone and it can fall right into- yeah. But mostly public, yeah. I hate doing shit in the public industry. I do. But I feel comfortable in my little coffee shop.

Even when Leilani was making a purchase from her suppliers, it was very discreet and in a setting where she felt comfortable and at low risk:

Interviewer: Right, okay. So, when in the past when you have sold in person, what kind of settings would you typically sell in?

Leilani: Well, I’ve never really sold, so...when I purchase it, it’s always kind of the depths of [name of area in east bay] and whatnot.

Interviewer: In homes, or?
Leilani: In homes, um, barbershops, places like that. I like it to be places that I know. And it’s usually who I’m buying it from, somewhere they’re comfortable with. But most of the people I buy from are people I’ve known for quite some time, so it’s very comfortable. I mean and typically really it becomes social. I’ll go there to the barbershop, knowing why I’m there, but hang out with the guys, smoke a blunt and talk, and transact at the very end.

It was interesting that Leilani insisted she did not sell because she saw it as middlemanning even though she was in fact selling drugs and turning a profit. Somehow, perhaps because she did not carry an inventory, she did not feel like she was selling; she was just the connection, an identity construction that provided an alternative to a drug dealer identity. Leilani continually worked at distancing herself from the dealer label. Her social location made it possible for her to walk away at any time. She was a legitimately employed business woman, a wife, a mother, a suburban homeowner. Leilani’s drug dealing was a small part of her life. It did not consume her days. She was still able to work, mother her child, and attend PTA meetings. This was another way to distance herself from the drug dealer label which she defined in the next quote:

Leilani: That’s the only thing. But I mean I don’t dislike any of it because it’s not as if this is my daily grind. It’s not as if I live in fear of getting caught. I’m not a drug dealer. Like, I don’t feel like I’ve got to get out of that lifestyle. I don’t even have to live that lifestyle.

Interviewer: Right. Um, okay. So, you say you don’t really see yourself as a drug dealer, right?

Leilani: No.

Interviewer: And you’ve never seen yourself as one. How would you characterize or define a drug dealer?

Leilani: Someone who I’d say more than 50% of their income comes from it, where it’s truly an occupation. I mean it’s kind of like part time or full time work. And if it is part of your daily grind, you are a drug dealer. Like,
for example, I have a friend who is a barber, runs a barbershop and is a loan agent. So, he doesn’t really need the drug dealing to make that much money, but it’s something that is daily. He keeps inventory. He’s known as it. Like, the only people who know that they can get drugs from me are people who are friends with me. He is someone where he has people he interacts with that are just solely clients. So, that’s my definition of a drug dealer.

Leilani further distanced herself from the drug dealer label by assigning a more palatable label for herself:

Interviewer: Right, okay. And how would you describe your role in the drug market hierarchy?

Leilani: I’d say I’ve created a new category. The soccer mom recreation seller category. I mean I definitely don’t fit into the mix. And really if the people involved really knew what I was doing, they’d probably get really irritated with me. It’s like I’m reaping benefits and not- I mean it’s definitely a different way of doing it. And I mean I’m not saying that I’m the only one. There are probably other people who- but I mean it’s definitely not part of the normal scene. It’s not mainstream at all.

Leilani described herself as a soccer mom, which denotes suburbia, PTA meetings, doing all the mom things. She also used the words “recreational seller” which indicates that she does not sell to addicts; it also signifies a part-time or occasional commitment, not the full commitment she described as the characteristic of a real drug dealer. Conversely, Carla was very clear about what a dealer was and did not hesitate to see herself as such:

Interviewer: Do you see yourself as a drug dealer? Do you think other people see you as that?

Carla: Yeah. A lot of people always ask me for dope. They ask me if I have it, what are you doing, here, get my number, let me take your number down.

Interviewer: At what point did you see yourself as a drug dealer?

Carla: As soon as I started selling dope. I mean, forever I guess. I don’t know.
Interviewer: How would you characterize or define a drug dealer?

Carla: Somebody who has dope that gets phone calls from people who want dope. Who takes money in exchange for dope. I used to go and take everybody's money. I would pick $1,000 up from different people and would go to Oakland, pick up the dope and come back, drop it all off. What do you call that? A dealer. 'Cause I was making the connection for them where they couldn't do it. I was giving it to them at really good prices and I would still make money on it.

The labels that women drug dealers utilized to describe themselves revealed a connection to their social location, like Leilani’s description of herself as a “soccer mom recreational seller.” In the following table I present a side-by-side comparison of the labels that Leilani and Carla utilized to describe themselves:
Leilani: Um, I think I’m a **businesswoman**. Well, **I am a businesswoman**. I treat everything like that. And a couple things, whenever you can do someone a favor, you’ve banked a favor in return. It’s a form of networking. And I just think that, you know, I got very involved in the social scene and the music scene, and it just became another resource that you had. And being someone that people went to, that wasn’t the only thing that people came to me for. I became like a **utility infielder**. And it puts you in a position of power in many ways, especially at that age. **You’re connected** to a lot of people. You get in places and you can call on those favors later on.

Interviewer: Do you feel like your reputation has been influenced at all by your access to drugs?

Leilani: Mm hmm (yes). Well, yeah, in that two things. The guys in Oakland who I buy from who know me, it’s kind of another thing that they laugh at. Just like, wow, you make more money doing this than we do actually trying to make money off of it. So, they tease me and stuff. And just like, “Okay, Leilani, typical that you would do all this work and make all this money.” So, it has enhanced my reputation as kind of being like a **mercenary businesswoman** and watch out because she’s always gonna [sic] make money off any transaction she has with you. In that circle it’s more like, we’ve got to keep her around because she could hang out with us, but she also has access to this underworld.

Carla: I’m kind of a **criminal drug addict dealer** or something (laughs). With lots of kids (laughs). I mean, daily. Everyday all kinds of different- it all depends what day. I mean, the 1st was a huge moneymaking day. The 15th was a huge moneymaking day. During the week, smaller things would come. People had regular paydays and they would buy speed. But the speed was a whole different moral thing than cocaine. Cocaine was a whole different game. It was more functional people, more people that had incomes, jobs. **Speeders- tweaking-speed freaks**, most of them are outlaws. They are. There’s no doubt. There’s hundreds and thousands of men and women in prison right now ‘cause we’re just outlaws. We’re rebels. We’re all twisted in some fucking way (laughs). We’ve had really hard times. Most of us have post-traumatic stress just because of some trauma in our life. Even if they didn’t when they started using it, because of years of use and not having stuff under control, a lot of stuff from just that. You know? Just shit, tragic shit. You know? Their kids and all kinds of stuff. Or they didn’t make it back home to see their parents. Just something. You know what I mean? A lot of them and they’re all- there was a lot of outcasts. It’s a lot of outcasts and a lot of misfits and a lot of outlaws.
Leilani continued to utilize the language of business and work (utility infielder, mercenary businesswoman), while Carla described herself in terms that denote membership at the fringes of mainstream society (outlaws, outcasts, misfits tweakers, speed freaks). Leilani’s primary motivation to sell drugs was money:

Interviewer: Right. So, what are your main motives for selling then?

Leilani: Money. It’s easy money.

Carla’s motivation for dealing drugs was certainly money as well, but it was also because it gave her a certain level of social status:

Interviewer: So, what do you like about it? What motivates you to sell?

Carla: I have fun. I mean, it gets me up. It gets me going. I have a lot of fun. I mean, I have fun. I like the high energy of the wheeling and dealing. I enjoy the hell out of it. I like making $10 in 5 minutes. I enjoy that so much. I like when my phone is so busy, it’s ringing so hard that I can’t get all these people happy. You know? And I like “Carla’s got the best shit in town right now.” I love that.

Leilani also found some social status in her role as dealer to the affluent:

Interviewer: Do you feel that there’s a social aspect to it at all?

Leilani: Uh, well, just that because I’m these guys’ resource and these are very affluent guys, very fun guys, connected, you know, 45 and up. I’ve been flown out to Vegas. Do you know what I mean? They give me investment tips. They are kind of enamored, so they’ve opened up doors to me and they’ve become close friends through another friend. They’re friends with my husband and whatnot, but I think that they kind of spoil us. They have a lot of money and whenever they go to parties or trips, they always take my husband and I. And I definitely think that it’s because we’re their drug dealers.
While Leilani’s drug dealing opened doors to a world of luxury and parties, Carla’s world was a place where life circumstances lead to uncontrolled drug use, loss of self, loss of family, loss of hope and loss of humanity:

Interviewer: So, what do you like and dislike about being a drug seller?

Carla: Um, I don’t like the way that it degrades some people sometimes that they are to a point that they’re coming at me with nothing. It makes me sad to see people having to work so hard for really not having anything. It’s about money for a lot of people. And for me it’s about money too and it’s about making sure I have my shit, too. And I don’t like for these people that hardly have anything and come at me with what they barely have. And I don’t like that it does that to people. They’re driven to the point where they don’t care that they don’t have a roof over their head. They become complacent. The complacency that goes with the drug addiction, I don’t like it. I don’t like it because we’re far better. Or not better but we have lived better. We know how to act. Maybe this is a better life for them or not, but I know that I never- I slept outdoors once, okay? Under a freeway, okay? That was one time and I didn’t have to do that. I’ve lived in hotels in the TL⁹ with my kids, and I went to City Hall and raised holy hell when I got there because I could not believe the fucking disgusting- I mean, it was horrible. My babies were on their hands and knees, you know? We’d become homeless because my mother took the house from me. I was so mad at her. My grandma’s house, right? When she died. Anyway, when I went to jail, my mom came and swooped it up. You know? It was wrong. So, I ended up down in the TL hotel living with my kids. And it was fucked up, man. That was the most disgusting. Oh, they treat you so bad. And people become complacent with that. You know? I know I did for a few years. And it’s like, you know, you’ve just got to scrape by. You know? It’s really fucked up that you can’t raise your kids from this age to that age in one hotel room. It’s not gonna [sic] happen. I mean, so then what do you do? You move outdoors and the cops will come take your kids for sure. But it’s the complacency of the people who have had their kids taken and they’re still living outdoors. That’s the kind of shit that upsets me the most about the dope. But it’s the system, too. Most of these people love their kids. They may have used drugs. They never abuse their children. They don’t hurt, hit. They always have food. They’re happy. They got a million fucking tweakers out here that love and adore them. I mean, there’s a lot of lonely people out here, sad people out here in my mix anyway. They have an abundance of love to share with kids. But I mean, that’s the kind of stuff that really hurts my feelings is seeing people separated from their kids and learning to be complacent,

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⁹ The Tenderloin District in San Francisco
living under the freeway down by the ballpark and going to the bathroom in the train station a mile away. Fuck that shit. Come on.

The preceding quote is also an example of the kind of work a woman like Carla engages in to present herself in a better light. She othered people who were in the same situation she was in thereby distancing herself from those undesirable behaviors. Carla was herself homeless and had lost custody of her children, much like the people she spoke of negatively. Yet in the same breath, she humanized them because she was in fact one of them. She emphasized their ability to love and care for others and expressed the pain that comes from losing one’s children.

Carla and Leilani were two women situated very differently in the drug market. They were both drug dealers, but their day-to-day lives were worlds apart. Their constructions and management of their drug dealer identities were equally disparate. They were each exposed to a different level of risk. Leilani engaged in a few large transactions in private, while Carla’s transactions had to be more numerous, because she dealt in smaller quantities and in public settings. Leilani’s socioeconomic status gave her the luxury of being more selective in who she dealt with, how often and in what quantities. She could take less risks than Carla who had to sell to whomever was willing to pay since her drug sales were her sole source of income. Leilani sold powder cocaine, a drug that carries a certain status as it is associated with a more affluent class of users than methamphetamine, which is associated more with working class, bike gangs, “tweakers” and “speed freaks.” They both drew status from their roles as
drug dealers, but in different ways. While Leilani felt it provided her with the social capital that opened doors to upscale living, Carla, who lived and sold drugs at the fringe of mainstream society, found status in being the one who could provide good quality drugs. All of these different social markers impacted these women’s dealer identity constructions clearly stated in the labels each of them used. For Leilani, it was “soccer mom recreational dealer,” “utility infielder,” and “mercenary business woman.” For Carla, it was “criminal drug addict dealer,” “misfits,” “tweak,” “twisted,” and “outcasts.” Social location had a profound impact on their dealer identity constructions and stigma management.
VIII. CONCLUSIONS

In this chapter, I return to the preliminary elements I have outlined for a more complete sociological theory of drug dealing. I discuss how I utilized these elements as a framework from which to study women drug dealers. In essence, I describe how those combined theories provided the theoretical lens through which I analyzed the data. This theoretical lens can be used to study specific drug markets and thus provide a theoretical framework from which comparisons can be made between different drug markets. The differentiation may be by type of drug, or localities, or social location of drug dealers, e.g. street level dealers vs. middle class dealers who deal in more private and protected settings.

A. Substantive Contributions

1. Economics of Drug Markets

A sociological theory of drug dealing must include economic theories that explain how structural problems that created a poor underclass led to the proliferation of underground economies. Social and economic structures designed to keep the poor at the periphery made drug dealing for poor women, many of whom were single mothers, a viable option for generating subsistence income. For some, it was the only means for supporting a drug habit. For the more affluent dealers, drug dealing was a way to finance a certain lifestyle. Women’s social location was an important determinant of the sorts of drug markets they could or were willing to enter and which levels of the drug market hierarchy they could occupy.
Economic theories also provide us with insight into illicit drug markets that replicate licit markets in the ways they adjust to the dynamics of supply and demand. The criminal justice system exerts increasing pressure on the illicit drug market, increasing not only the demand, but also the level of risk for drug dealers. These pressures cause the drug market to be in constant flux as it adjusts to circumvent stricter laws and enforcement that make dealing more difficult. Drug dealers, as small scale capitalists, must constantly find new and creative ways to produce, obtain, package, transport, and distribute their wares to maximize profits while minimizing their risk of arrest.

Women drug dealers tailored their sales practices in order to minimize their risk of detection and arrest, such as the use of an air courier to deliver drugs, while using a fake return name and address and limiting the amount of time they were holding drugs. Some women enlisted the services of males to hold the drugs for them in case they were stopped and searched by police. Others stashed pills in padded bras in order to transport them across the border from Mexico knowing border patrol were profiling males for searches.

Women also found ways to maximize profits by buying in bulk, but selling in small packages, sometimes adulterating their product or fluffing up marijuana buds to create more volume. Some found it prudent to deal in partnership with a male for protection, pooling resources, and for the efficacy of having a division of labor. Yet others combined their licit jobs with their drug dealing, such as a computer tech who delivered cocaine to her clients while making house calls for technical problems.
The criminalization of drug use creates an underground economy whose functioning depends on social relations characterized by tight knit subcultures protective against law enforcement. Women dealers talked about their street “families” whose members provided protection, emotional support, and other resources. Economic theories of drug markets provide the social, political, and historical context of drug markets in which women operated their drug dealing businesses.

2. Drug Use and Drug Dealing as Social Problems

Social problems theories help us understand the ways in which drug use has been socially constructed, based on social arrangements, culture, societal norms and beliefs that set the stage for social policy development and implementation aimed at rectifying the social problem of drug use. The social construction of drug use as a social problem meant society had to do something to remedy the problem. The designation of the criminal justice system as the appropriate social institution charged with remedying the social problem of drug use led to the proliferation of drug markets as part of the underground economy. Some illicit drugs were socially constructed as more dangerous than others resulting in different levels of stigma and social consequences by type of drug.

By focusing my dissertation research on women dealers of a variety of drugs, I was able to gain insight into a variety of drug markets. Variations in social constructions of drug use as a social problem by type of drug, had an impact on those markets. Crack was the most stigmatized of all drugs, which meant it carried the stiffest penalties and thus the highest risk. Women who sold
crack cocaine tended to be the most desperate, often crack users and prostitutes at the lowest rungs of the market hierarchy. They were the ones most likely to take on that market because they had very limited resources or alternatives and stood to lose the least. In contrast, marijuana use was the least stigmatized due in large part to the medical marijuana movement and its social construction of marijuana as a medicinal herb. Many marijuana dealers described their activities with little indication of experiencing any stigma attached to their dealing. Differing social constructions by type of drug had an impact on the market in which particular drugs were bought and sold. They resulted in differing social and hierarchical arrangements in those markets, in the level of risk to which women dealers in those markets were exposed, in the level of stigma the women experienced, and in the social and legal consequences that stemmed from criminal justice and CPS interventions.

3. **Specificity of San Francisco’s Drug Markets**

The women in the study were San Francisco dealers. For this research project, the study’s location is an important consideration as women dealers in other regions of the country likely have very different experiences and perceptions regarding their dealer identities. For example, the overall perception of marijuana sales as less stigmatizing than the sales of other drugs, such as crack was in part due to this region’s lax marijuana drug laws and enforcement and an open social acceptance of not only marijuana use, but drug use more generally. Local institutional responses to marijuana use in San Francisco had an impact on overall perceptions of both marijuana use and sales among the
women in the study. Many perceived their risk of arrest to be low and the consequences of arrest not so severe. These perceptions colored their sales practices as well as their dealer identity constructions and abilities to reject deviant labels.

4. **Acceptance/Rejection of Deviant Dealer Label**

We must consider how broader social processes create “good” citizens and “bad” citizens. The designations of what is deviant, the labeling of individuals as such, and the social control methods used to rectify the deviant seriously impact individuals’ life opportunities. The labeled deviants are left little choice but to seek economic and social alternatives, finding status, roles, and hierarchical arrangements in subcultural groups that lie at the periphery of the broader economic sphere.

Women drug dealers took on the deviant label to varying degrees predicated on their social location. The deviant label is applied differentially to different classes of people, for example the labeling of young African American males who use Ecstasy as murderous led to the creation of a special police task force, and it was reported in the media as fact that heavy Ecstasy use leads to murderous rampages (Vazquez, 2007). This is an example of social institutions legitimizing the deviant label and reinforcing social attitudes through the use of the media. Some of the women attempted to minimize the stigma of labeling by “othering” drug dealers; they actively rejected the dealer label. Others engaged in “defensive othering” by assigning status to the dealer label applying it only to “ballers” or high level dealers.
Identity constructions included the use of alternate labels that were perceived as more positive and more socially acceptable than “drug dealer.” Some of those alternative identity constructions included the labels “mercenary business woman,” “utility infielder,” “entrepreneur,” “pharmacist,” “medical provider,” and “social worker.” Labeling is an act of boundary maintenance that pushes the poor to alternative modes of survival like drug dealing. But then the labeled deviants had to do the work of managing the stigma that comes with the label.

5. Stigma Management

Theories of identity and presentation of self help us understand the type of work drug dealers must engage in to manage their stigmatized identities, control the flow of information, and protect themselves from the risk associated with their deviant activities. Identity constructions varied depending on social location.

The women in the study attempted to distance themselves from the drug dealer label as much as they could. Many discussed their drug dealing activities as a business or discussed “going to work” when they were dealing. Women dealers engaged in lengthy discussions that described how they differed from the stereotypical drug dealer. Many presented themselves as ethical dealers who would not rip off customers or sell to people they knew were having trouble with drug dependence. They contrasted themselves with other unscrupulous dealers who were only interested in profits. Some of the women had children to support, so they justified their drug dealing by presenting it as the only viable mean of putting food on the table. They also managed the tension between their drug
dealer identities and their identities as mothers by making it clear that they kept their mothering activities separate from their dealing activities.

The language women used to describe themselves and their roles as women in drug markets was very interesting. They used words like “help” and “helping out.” This reflects socially scripted roles of women as the “caring” gender. Some talked about being more caring with their customers, maybe bringing food for their children. One woman expressed her concern for her customers and felt free to bring their escalating use to their attention and even went as far as denying them access to her drugs fully knowing she could lose them to another, more unscrupulous dealer. The willingness to discuss these “caring” roles is an attempt to reconstruct their identities as drug dealers in light of the very negative and stigmatized general perceptions of drug dealers. Goffman’s presentation of the self comes to mind here. There was definitely a discussion, or a contrasting between women’s perceptions of what a drug dealer is and how they constructed their own self conceptions as women drug dealers.

6. Social Location

Throughout the analysis of the data, a common thread was the impact of social location on all of the different elements outlined in this dissertation. How women were situated colored all aspects of their drug dealing activities, the decisions they made, their sales practices, and of course, their perceptions of self and identity constructions. For some drug dealers, the work of stigma management is much easier than for others, as social location determines an individual’s ability to pass as “normal.”
Social location and the level of inundation in conventional lives shaped women dealers’ experiences and their ability to manage both their deviant and conventional identities. Those who were educated, employed, with economic, cultural and social resources could be more selective about who they sold to, when, and in which settings. They also sold drugs that were more socially acceptable than for example heroin or crack, but they did not make any comparisons between themselves and street level women dealers. In fact, they did not mention class issues at all. Instead, they focused on other issues.

Affluent women dealers did not feel they were at risk for arrest because they lived in a place were drug use is tolerated, even by the police, where medical marijuana is legal and cannabis clubs proliferate, where the war on drugs is seen as a failure. Most of the people in their social circles used drugs and their customer base was made up for the most part by a close knit group of friends and relatives, further reducing their risk of arrest or their risk of being ripped off or assaulted. In contrast, street level dealers were more likely to accept the dealer label even if they were small time dealers selling on the streets, often making just enough to fund their own use. They were also more likely to deal more stigmatized drugs (e.g. heroin, crack). They took more risks by selling out in the open and to strangers making them more vulnerable to criminal justice interventions, violence, and robbery.

Women saw their gender as both an advantage and a disadvantage in male-dominated drug markets. On the one hand, women were able to capitalize on traditional gender roles to make themselves more effective drug dealers. On
the other hand, it was precisely their gender that precluded them from rising in the ranks and kept them at the lowest levels of drug market hierarchies.

Women’s social location and their social and cultural capital were dimensions of differentiation beyond gender. Money equaled respect and respect opened doors of opportunity to rise in the ranks.

B. Theoretical Contributions

I found that we must take into consideration all of the different social markers beyond gender, race, and class, that intersect in the individual woman drug dealer to shape her experiences. We can cover as many bases as we can accounting for various levels, for example, how social institutions have framed the discourse designating what is deviant and how to deal with that deviance whether it be from a criminal justice standpoint, treatment and medicalization standpoint, CPS, etc. all the way to the individual's characteristics, such as socioeconomic status, race, gender, type of drug sold, user status, etc. But in keeping with the tenets of grounded theory, we also remain open to and in fact, look for other markers we may have overlooked, for example when I found that the drug dealer label may be stigmatizing for some drug dealers, but for others, it actually denotes higher status (“ballers”). This way of thinking and theorizing about drug markets can actually be useful in other arenas. We can even consider drug use and see how some people readily accept the “addict” label while others resist it and are better able to manage their user identities.

Intersectionality theory became a very important element of my theoretical framework for studying the experiences of women in drug markets.
Curtis and Wendel (2000) are correct in their assessment that most of the work on drug markets is primarily descriptive, atheoretical and ahistorical. They call for a theoretical perspective that would allow for comparisons between markets and deeper understandings of the social embeddedness of drug markets. Curtis and Wendel are in essence calling for a sociology of drug dealing as an economic activity. I posit that a key element for understanding drug dealing as an economic activity, is to first understand how the individual actors in any given drug market are socially located. We must take into account how various social markers and social structures intersect to shape the social interactions that are the bases for social arrangements and hierarchies in drug markets. What I have presented in this dissertation are some basic, preliminary elements necessary for a more comprehensive theoretical framework with which to study drug markets and that framework’s application in one facet of drug markets: the experiences of women in what remain male-dominated drug markets. There are vast differences and constant changes in drug markets making it difficult to make theoretically-based cross comparisons. These preliminary elements of a sociology of drug dealing are the initial steps toward a more historical and theoretical study of drug markets and drug dealing.

The centerpiece of this theoretical framework is my expanded version of Intersectionality Theory. All of the other parts I outlined provide some background information and the lenses through which we can understand how different elements fall into place to structure the experiences of women in drug markets. But it is only when all those elements intersect with various social
markers that we can truly gain a deeper understanding of the experiences of an individual woman drug dealer. She will certainly have common experiences and perspectives with other women dealers, but she also has specialized knowledges and insights that are particular to her.

I believe this framework is a nice launching point for a more theoretical and historical approach to the study of drug markets. The beauty of this framework is that it allows for variation and specificities. It does not force what we learn into set, uniform categories to simply facilitate comparisons across markets. Yes, it works when you are looking for commonalities, but it also works when you are looking for exceptions. It certainly has a very microsocial focus, but I believe I also have some footing at both the macro- and mesosocial level of analysis by having, as part of the background information the broader social attitudes and mores and the institutional responses that impact the individual.

I believe we can use this framework in other areas of research as well. The theoretical and social elements I have chosen for this particular research study are relevant to the study of drug markets. They are like pieces of a 3-dimensional puzzle that intersect to provide a more complete picture of what we are studying. When this expanded Intersectionality framework is used in other research, some of the puzzle pieces remain, e.g. gender, race, class, while others can be replaced by elements that are more relevant to that particular field of research.
C. Directions for Future Research

This dissertation research presented an opportunity to test drive a new theoretical framework centered on an expanded intersectionality theory. The next step will be to utilize the framework when studying other drug markets with two purposes or goals: 1) to test the framework’s utility in a different drug market and 2) to test the framework’s ability to facilitate cross-market comparisons. Future research should also move to other areas of illicit drug research, such as research that focuses on drug use instead of sales in order to test the utility of this framework. It would be interesting to see which pieces of the puzzle remain constant and which change depending on the topic of study.


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Jacinto, C., Duterte, M., Sales, P. and Murphy, S. 2008a. “‘I'm not a real dealer’: The identity process of Ecstasy sellers.” *Journal of Drug Issues*, accepted for publication, 2008.


Murphy, S. 1994. Using Qualitative Methods to Evaluate Needle Exchange. Proceedings from the National Research Council Workshop on Needle Exchange and Bleach Distribution Programs, National Research Council, Institute of Medicine, National Academy Press.


approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay bisexual men.” *Drug and Alcohol Dependence*, 78: 125-134.


APPENDIX A. METHODOLOGICAL NOTES ON INTERVIEWING WOMEN DRUG DEALERS

Locating participants from hidden populations is a difficult task; getting them to open up about sensitive topics can be even more difficult. Whenever I discuss the work that I do or when I present at professional meetings, I get asked the same question: how do you get them to talk to you? It all begins with some basic understandings about interviewees: 1) what they know, their attitudes and perceptions about being a drug dealer, including how they perceive others view them, has been socially constructed through their social interactions in the world in which they live; 2) in the context of the interview, they engage in defensive and protective strategies to keep the interaction flowing smoothly; and 3) they use strategies to manage their stigmatized identity as “dealer” through control over the flow of information.

As interviewers, we are also actively implementing strategies in the context of the interview. Thus, we enter a process of negotiation in which we construct meanings. The key to a successful interview is to structure the conversation to begin with their early life histories (family, children, home situations) and leave discussions of their stigmatized identities for when interviewer and interviewee have had a chance to develop rapport. By the time we finish with their life histories, we have negotiated meanings – often understandings around defining life events, choices made in the context of unequal social structures, about political views regarding drug use, handled in a compassionate, non-judgmental manner. We can then enter the realm of drug dealing having established some common ground and understandings. At this
point in the process most interviewees and interviewers have relaxed and settled into a mutual process of social construction narratives about drug dealing. Some interviews progress smoothly; others are more difficult requiring more work and negotiation as both interviewee and interviewer navigate through issues of social isolation, active construction of selves, distance between researcher and subject, presentation of self, and the social construction of narratives and meanings.

A. Social Isolation as Social Context

For symbolic interactionists, identity is constructed (Cooley, 1902/1999; Dewey, 1995; DuBois, 1999; Goffman, 1995; James, 1890/1999; Mead, 1913/1970; McCarthy, 1996; Rose, 1998; Strauss, 1959/1997). Multiple selves are constructed in multiple situations. The individual may be part of different groups where there are influences on identity construction in and by the group. Selves are discreditable which may lead to social isolation. Social isolation is the phenomenon of non-participation (of an individual or group) in a society’s mainstream institutions. Traditional American sociological constructs of the term “social isolation,” rooted in the Chicago school tradition, center on relationships among distinct communities: typically poor or ethnic enclaves and their relationships with mainstream communities, with which they have limited contact (Durkheim, 1897; Gans, 1962; Park, 1916/1969; Sennet, 1994; Simmel, 1903, 1908; Wirth, 1938; Zorbaugh, 1929). Communities, however, need not be geographical. Subcultural groups based on common interests, not geographic location can also experience social isolation (Fischer, 1975, 1976, 1982). Further, social isolation from mainstream culture and institutions may result in
stronger bonds, more cohesion, and functionality within the subcultural groups (Fisher, 1976; 1982; Hannerz, 1980; Matza, 1969).

Social isolation can also refer to an individual’s isolation from peers within their social networks. In the case of women drug dealers, family and friends may not be aware of their illicit activities, thus they may engage in activities (drug dealing) and practices (hiding stash, clandestine meetings, etc.) that isolate them from their social networks. They may also be members of drug using networks where a very limited number of members are aware that they also deal drugs.

Social isolation can have both negative and positive consequences for the interview process. Social isolation impacts the interview negatively because, as a member of a stigmatized group, the subject may not feel comfortable or free to openly discuss her illicit activities with a researcher who is viewed as a member of mainstream society. The positive outcome is when, due to the interviewee’s participation in illegal activities, she is socially isolated from networks of family and friends and the interview presents an opportunity to discuss topics that cannot be discussed freely with the people in the individual’s life. I have experienced both types of contexts while interviewing women drug dealers. For many, the interview is the first opportunity they have to take a step back and reflect on their lives, their roles, and identities as women, mothers, wives, drug dealers. As they share their experiences, they engage in the construction and presentation of selves.
B. Constructing Selves

If the self is social, then in social isolation there can be losses of self. Experience and the interpretation of that experience are central in the construction of selves. Cooley (1902/1999) tells us that we see our selves reflected through others. We develop an image of ourselves based on how we understand the messages we get from others. We 1) imagine how we appear to others, 2) imagine what their judgment of that appearance may be, and 3) we develop some form of self-feeling, be it pride or shame, based on what we imagine they see or feel about us. How others view, regard, treat and judge us is an intrinsic part of the construction of our self or selves.

Mead (1913/1970) tells us that the self as that which can be an object of itself arises in social experience. Mead tells us that multiple personality is ‘normal’ and a situational outcome. There is a high level of reflexivity whereas we talk to ourselves as we would talk to another person in the process of constructing our selves. We become both selves and objects to ourselves because in the process of constructing our selves, we see ourselves as others in our social group see us. Women drug dealers engage in this conversation with themselves as they decide which facets of themselves are sources of pride, which are sources of shame and thus, which they will allow us to see, which ones they will keep to themselves, lest we, the interviewers, think negatively of them.

Different factors like race, gender, social class, and individual lived experiences come into play when an individual constructs selves. Dubois (1903) describes the black man’s experience of “two-ness” and double-consciousness
as both an American and a Negro: “One feels ever his two-ness – an American, a Negro, two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder” (p. 125). This entails, not only seeing oneself as reflected in the in-group, but also seeing oneself through the eyes of the outgroup, forming a double consciousness, an inner conflict where the realities of the white world and the black world are lived in the skin of a black man. DuBois saw race as the primary point of identification, what others have referred to as “master status” (Hughes, 1945; Laws, 1979). An individual’s master status, be it gender, race, drug use status, supersedes all other identifying traits and thus the person is viewed, regarded, and treated according to generalized understandings about that master status.

However, it is erroneous to think that we as interviewers can draw on these master statuses alone to establish rapport with our participants, i.e. we are both women or we are both Latinas. There are various other constellations that define the person, constellations that are shaped by lived experience – a tumultuous early family life, being an only child, early exposure to parental alcohol use, marriage, divorce, motherhood, drug use, drug dealing, mental illness, and so on. That standpoint of a person is then particular to that person’s situation.

Standpoint theory is based on the theoretical assumption that understanding and interpretation are perspectival (Mead, 1913/1970). Standpoint theory per se further asserts that people who are not part of a majority hold a
particular standpoint perspective unique to their structural-interactional situation, with a distinctive line of vision. Postmodern works on gender and sexuality (Butler, 1990, 1993; Collins, 1991; Haraway, 1991; hooks, 1984; Trinh, 1989; Smith, 1987, 1990) take up standpoint theory in multiple versions, all founded on the existence of a multiplicity of selves and multi-perspectives. They take up gender identity in a different way, by giving voice to women of color, lesbian and bisexual women, and women of different social classes. Gender is complex and often contradictory, mediated by other social markers that produce multiple variations of women and men.

My position follows standpoint theory and the belief that each individual is uniquely situated in his or her particular set of circumstances. Women drug dealers bring multiple perspectives to the interview and it is our responsibility as interviewers to acknowledge, respect, and in fact elicit those multiple perspectives. But it is difficult to elicit those multiple perspectives when our interviewees see us as “others” and when their lived experiences seem so distant from ours.

C. Researcher as “the stranger”

Becker (1963) tells us that deviant outsiders might view those rule making or abiding members of society as being the outsiders of their social group. Thus, we can turn the tables and see how the researcher, not the participant, is the stranger among deviants. Simmel (1908) discusses marginality and the concept of “the Other” describing “the stranger,” not as a transient being who comes in one day only to leave the next, but as one who is within a spatial circle. He does
not belong there because he brings into the circle traits that are alien to the rest of the group. The stranger is spatially close, but socially distant: “the distance within this relation indicates that one who is close by is remote, but his strangeness indicates that one who is remote is near” (p. 185). The difference between Simmel’s stranger and a wanderer or someone who is both socially and spatially distant is interaction.

Simmel explains how interaction makes a stranger a part, yet not a part of the group. If the stranger is among the group for a fleeting moment, he is hardly noticed. It is when the stranger remains, that the group becomes more aware of the differences between the group and the stranger – his “otherness.” If the researcher is merely passing through, perhaps making some brief observation of the general activities of the group, then members of the group are unlikely to give the researcher a second thought. However, when the researcher remains involved with the group for a period of time, let’s say through the process of gaining entrée, recruitment, in-depth interviewing, and perhaps beyond, as many of us establish community contacts with each study, then our status as strangers, our lack of organic ties with the group, is brought to sharp relief.

The stranger also acquires a character of objectivity precisely because he has no ties to any particular interest or faction of the group indicating both remoteness and nearness. A product of this perceived objectivity is that a stranger sometimes is privy to confidences about the group precisely because he has no ties to any one of them. I have found that it is often our social distance from our subjects and their group that allows them to speak candidly about their
experiences. Again, we engage in a high level of interaction while remaining outside the group. For Simmel, the stranger’s objectivity is in fact freedom because his thought processes are not restricted by custom, piety or precedent. He actually sees more than the members of the group. Certain matters which have become normal routine to our subjects, and thus escape their awareness, may be quite salient to the researcher.

What members of the group have in common with the stranger are general, universal qualities, for instance, our nationality, or political leanings, nonjudgmental understandings of our subjects’ situations, outrage about inequality, general human nature – they bring the stranger close to the group. What members of the group have in common with each other is precisely what differentiates them from the universal, which in turn establishes distance between them and the interviewer. Simmel states that all personal relationships can be analyzed based on this scheme (p.186).

The researcher as stranger interacts with members of the group throughout the entire interview process, from recruitment, to referral, to the screening, and throughout the actual interview. Yet, researchers retain their “stranger” status. We are not members of the group because we are not drug dealers, so how can we accurately represent women drug dealers’ perspectives? According to Mead (1934) an individual can only enter into the perspectives of others “insofar as he is able to take their attitudes, or occupy their points of view” (p. 346). There is only so much to which we can relate, so that we can never truly take on, and thus properly represent the perspectives of our subjects.
So how do we overcome the tension that comes from our close proximity to the group as strangers? We work through that tension in interaction with our subjects. We each engage in the work of presenting ourselves in a manner we deem appropriate for the situation as we have collectively defined it. There are different constellations (personal characteristics) that an individual brings to the interview. Difference between interviewer and interviewee based on the most obvious characteristics, like race or gender, does not translate to an inability to narrow the gap between them. There are various other constellations, or what I will call *nodes of affinity* that we may have in common with our interviewees. For instance, we may both be mothers, or have both experienced class or race discrimination, or perhaps we were both in foster care as children. We can capitalize on these nodes of affinity in order to make our respondents more at ease and more likely to open up to us. It may sound callous, and perhaps manipulative, as if we were playing on our respondents' emotions to gain their trust, but this is precisely how we operate in our day-to-day lives. We meet someone new, we engage them in conversation, collecting details as we go that we then put together as we form an opinion of the other. At the same time, we volunteer information about ourselves, constructing our own identities in the process and managing the flow of information. During that process, we find not only nodes of affinity, but also *nodes of discord*. We tend to discuss more freely those topics where we find the most affinity, while silencing the more uncomfortable topics of discord. We then make a decision as to whether or not the nodes of affinity outnumber the nodes of discord and we sum it up in one
very simple conclusion: “I like her” or “I don’t like her.” Once we have established nodes of affinity and have reached a general conclusion of “I like her”, then we can move on to the business of constructing and negotiating meaning around their experiences as women drug dealers. Of course, this becomes more challenging when the interviewee is a member of a stigmatized group as she may be less inclined to find nodes of affinity and more likely to highlight nodes of discord. However, all is not lost. The interviewer must then read the situation and work harder to present herself in the best possible light in hopes of peeling away the protective layers the interviewer has carefully constructed.

D. Presentation of Self

Goffman (1959/1995) explains that the individual presents a definition of the situation when she recounts it, projecting a definition of the situation by virtue of her response. This requires consensus or suppression of immediate feelings to the social situation within which the individual is embedded. Goffman believes that the social contract is very thin; the presentation of the self in everyday life is an effort to assure the other that one accepts and conforms to the idealized and thus moral behavior. If the subject does not engage in idealized behavior, then the definition of the situation may present an opportunity for the subject to present herself in a more positive light.

Goffman (1963), in his book Stigma, tells us that the pressure of idealized behavior is most evident in marginalized people, whose deviance forces them into "discredited" or "discreditable" groups (p. 42). For the discredited, those
whose stigma is visibly apparent, successful interaction with others depends on their ability to manage their stigma by relieving the tension their stigma creates. For example, the blind may wear dark glasses to make others more comfortable. The discreditable, those whose stigma is not visibly apparent, must limit other people's access to information about their stigma or risk becoming a discredited individual.

The discredited individual has a limited ability to achieve full acceptance by the general population because of the emphasis on idealized, normative identity and conduct. The discreditable individual, on the other hand, attempts to "pass" and employ "disidentifiers" in an attempt to present him/herself as "normal" (Goffman 1963, p. 44).

Goffman (1963) discusses 3 types of stigma: 1) abominations of the body, 2) blemishes of individual character perceived as weaknesses, and 3) tribal stigma. The stigmatization of women drug dealers may encompass all three types of stigma. For those who are also drug users, abominations of the body are evident in the form of tracks and abscesses at injection sites, facial scarring and scabs from the compulsive face picking typical of methamphetamine users, rotting teeth, and HIV or Hepatitis C status. Blemishes of individual character perceived as a weakness include addiction, prostitution, drug dealing, poor hygiene, loss of custody of children, and mental disorders. Tribal stigma is imputed based on race, gender, and social class.

Urla and Terry (1995) discuss the stigmatized body in their concept of embodied deviance as:
…the historically and culturally specific belief that deviant social behavior (however that is defined) manifests in the materiality of the body, as a cause or an effect, or perhaps as merely a suggestive trace. In short, embodied deviance is the term we give to the scientific and popular postulate that the bodies of subjects classified as deviant are essentially marked in some recognizable fashion (p. 2).

Stigma changes the nature of interactions among individuals within the general population, with consequences for the stigmatized. “The individual’s stigma can come to dominate both ego and alter’s perceptions, and influence in a negative fashion the treatment accorded the ‘deviant’ individual: it becomes a ‘master-status’ or ‘total identity’ and one which is extremely difficult to disavow” (Williams 1987, p. 138). Lemert (1951) tells us that a community’s label of a person as a deviant or criminal is powerful enough to replace their status as a man or woman.

For Becker (1963), deviance is the creation of social groups – and an act is deviant only because someone in a position of power labeled it as such. Labeling individuals as deviants can limit opportunities pushing the discredited to find alternate (albeit deviant) pathways to secure their needs. We thus understand the larger social structures that lead the “deviants” to other deviant activities, but it is also important that we are able to communicate this to our participants, so that they can stop feeling judged or stop fearing a reprimand or an insult to their moral character and we can proceed by emphasizing nodes of affinity.

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10 Here Williams is using Hughes’ (1945) concept of “master status” and Goffman’s (1963) concept of “total identity.”
Moral judgments and their consequences compel women drug dealers to hide, as best they can, the information that reveals their stigma, but secrecy comes with a price. As Williams (1987) explains, "...there are contingencies attached to such passing, as the individual must lead a 'double life' with his or her world divided up into those who know of the 'shameful difference' and those who do not" (p. 143). Living a double life means that women drug dealers live with the stress and fear that those who do not know will find out about their illicit activities. Those who do know are peers within their social network of fellow drug users or drug dealing associates. With the consequences of stigma as the backdrop, we as researchers enter the interview process and begin to define the situation and negotiate meanings with our respondents, carefully peeling away the barriers that stigma has raised. In the case of drug dealers, for whom by the nature of their business secrecy is vital (Sales and Murphy, 2007; Waldorf and Murphy, 1995), it becomes more challenging to break down barriers and persuade them to share their specialized knowledge. However, once trust is established, the researcher's word seems to be all that is needed to reassure the participant of confidentiality.

Women drug dealers generally will not talk openly about their activities if they do not feel safe. A very important element in interviewees' ability to speak freely about their illegal activities was the fact that they were referred to us by someone they knew and trusted – a node of affinity. Recruitment strategy – snow ball sampling or chain referral methods – plays an important role in participants' ability to relax and trust us enough to speak to us freely. They trust
the people who have referred them to us, which in turn, makes it easier for them to trust us.

E. The social construction of narratives and meanings

As active participants in the construction of meaning, we as researchers may attempt to characterize what our interviewees are relating to us. Our characterization may ring true to our interviewees, in which case they agree, or they may disagree and correct us. Sometimes we must go back and forth in the conversation checking and rechecking to make sure we have understood our participants correctly, and that we in fact got it right. It is helpful when we rephrase what we think we heard as a crosscheck. If we are off the mark, our interviewees correct us. We come to an understanding with our interviewees regarding meanings and we can then confidently present those constructions of meaning as truly coming from our interviewees.

The primary objective when conducting interviews is to capture interviewees’ stories as frankly and candidly as possible from the subject’s point of view. The way we achieve this is by closing the distance between researcher and subject as much as possible. Some interviewees are resistant to the interview, unable to overcome suspicion and paranoia despite our best efforts to put them at ease. The nodes of discord sometimes outnumber the nodes of affinity and the interviewee arrives at the conclusion, “I don’t like her.” The interviewer fails to narrow the distance between interviewee and interviewer and the interviewer remains a stranger.
Nonetheless, we continue to actively engage in the construction of meaning to ensure that we are in fact representing our subjects’ perspectives. We do our best to probe for clarifications as we seek to gain better understandings and we include verbatim responses in a further effort to accurately portray our subjects’ perspectives. When we have succeeded in narrowing the distance between interviewee and interviewer, the interviews are rich with data. They provide us with a deeper understanding of their overall experiences.

To answer the question I am posited time after time, “how do you get them to talk to you?” I respond: I get them to talk to me because a) I have capitalized on the nodes of affinity that reduce the distance between interviewer and interviewee; b) they have shared their family histories, sometimes very painful ones, all through a process of mutual constructions of meaning in a nonjudgmental and humane manner engendering a sense of trust and sometimes familiarity; c) by the time we arrive at the questions about their stigmatized “node” – the drug dealer identity, they have made the decision that perhaps we are not so different from one another, that the interviewer has been sympathetic and encouraging, that they will not be forced to talk about what they do not want to talk about (they are in control), and that they will not be judged or further stigmatized. They are the experts; I am their student. I am grateful for their courage and generosity and the brief time they allowed me into their lives.
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