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Women, Drugs, and Crime¹

Angela M. Moe²

Throughout feminist criminological scholarship, a concerted effort has been focused on understanding the backgrounds, criminal contexts, and programming needs of criminalized women. It is clear that criminalized women enter the justice system with a host of interconnected experiences and issues, ranging from childhood victimization, sexual assault, and intimate partner abuse, to homelessness, poverty, and illness. While these contribute to the motivations and rationales of women's criminality, they are often aggravated by drug addiction. In a variety of ways, drug use is interlaced with women's efforts to survive on a daily basis. This article examines the role drugs play in criminalized women's lives through the narratives of 30 incarcerated women.

Keywords: Race; women and drugs; motivations and rationales; women's involvement in drug use; dealing with addiction

Framing the Problem

Statistics on the criminalization of women for drug offenses are telling. From 1993 to 2001, the rate of increase in arrests of women for drug abuse violations was 22%, while the rate increase for men was 16% (Federal Bureau of Investigation, 2003). While drug related offenses accounted for one-third of the increase of men in prison between 1986 and 1995, they accounted for one-half of the increase of women in prison (Mauer, Potler, & Wolf, 1999). In fact, drug related crimes, along with the stricter sentencing mandates for drug crimes, account for the largest increase in the burgeoning imprisonment rates for women (Covington, 1998). This has led to the conclusion that the 'war on drugs' has actually become a war on women (Chesney-Lind, 1997).

Race is a predominant factor in the criminalization of women for drugs as well. Women of color, particularly African American women, have been disproportionately incarcerated for drug offenses since the inception of the 'war on drugs' (Bloom & Chesney-Lind, 2000; Bush-Baskette, 2000; Davis, 1998; Rolison, Bates, Poole, & Jacob, 2002). Additionally, similar to the general population of criminalized women, the majority of those incarcerated for drugs are also uneducated, unskilled, poor mothers with high rates of mental and physical illness (Bush-Baskette, 2000; Kaplan & Sasser, 1996).

However, these figures and demographics tell only part of the story. To truly understand the role of drugs in women's criminalization, we must look more closely at the rationales, motivations, and underlying contexts of women's criminality. In many instances, non-drug offenses are still connected to the drug using milieu. Prostitution, for example, is linked to drug activities in a myriad of ways. While it may

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provide the funds necessary to support an addiction, it may also be directly exchanged for drugs (e.g., a woman providing sexual services for a drug dealer in return for a crack rock) (Inciardi, Lockwood, & Pottieger, 1993; Maher, 1997). With a severe enough addiction, women may resort to whatever measures are necessary to secure their next high (Maher, 1997; Maher & Curtis, 1992). In this way, they have been relegated to a gendered role within the informal street economy; a role that is increasingly treacherous as women become more desperate to earn money and take further risks with dangerous and abusive tricks. Physical and sexual assaults are common within this context (Kurtz, Surratt, Inciardi, & Kiley, 2004; Maher, 1997; Maher & Curtis, 1992; Sanchez, 2000).

A tiered hierarchy that mirrors the legitimate labor market in the USA is also observable within the drug dealing market where women also find themselves on the lowest and most exploitable rungs, most often acting as mules and low level dealers (Maher, Dunlap, & Johnson, 2002). While not a desirable status, such roles provide one of the few options available to poor women, beyond sex work, for making money on the streets (Diaz-Cotto, 1996). These scenarios are illustrative of the link between women's offending and the feminization of poverty (Belknap, 2001; Campbell, Muncer, & Bibel, 1998; Casey & Wiatrowski, 1996).

Other property and economically based crimes, such as theft, robbery, fraud, and embezzlement, have been found to be connected to drugs as well (Anglin & Hser, 1987; Miller, 1998; Proband, 1997; Sommers & Baskin, 1993). For example, in a study of burglary, women, as compared to men, were more likely to report that they were addicted to drugs during the time period in which they committed such offenses and that the money garnered through such acts went toward supporting their drug use (Decker, Wright, Redfern, & Smith, 1993). In analyzing the ways in which economic/property crime (e.g., shoplifting, theft, burglary, distributing stolen goods, bank fraud, and credit card fraud), drug dealing, and drug use are connected, Denton and O'Malley (2001) argue that while some women are driven to such crimes in desperate attempts to support drug addictions, others find these endeavors to be complimentary and reinforcing—providing lucrative income, a sense of accomplishment, thrills, and excitement. These types of crimes may be connected to prostitution as well (Daly, 1992; Miller, 1986). An example is 'viccing,' where prostitutes rob clients of money or other goods, preferably before sexual contact (Maher, 1997; Maher & Curtis, 1992).

These situations may be aggravated by women's use of drugs for physical and emotional survival. Using drugs as self-medication and as a means of dealing with depression and stress (Inciardi et. al., 1993; Moe Wan 2001), particularly during the course of prostitution (Maher & Curtis, 1992), is common. This has only worsened in recent years with cutbacks in subsidized health care and increased law enforcement efforts (Ferraro & Moe, 2003). Women may neither afford a visit to the doctor nor trust that their privacy will be respected should they disclose the cause of their injuries. Nowhere has this lesson been learned better than by drug-addicted women who seek medical care during pregnancy and delivery (Humphries, 1999; Logan, 2004; Roberts, 1997).

Reliance on drugs as a coping mechanism has been well documented in the area of child abuse and intimate partner violence as well (Brems, Johnson, Neal, & Freemon, 2004; Bush-Baskette, 2000; Inciardi et al., 1993; Moe, 2004; Richie, 1996; Ross, 1998). Incest, sexual molestation, and severe physical beatings are among the most common reasons delinquent girls report for their initial offenses, the most

common of which include running away, theft, prostitution, and drug use (Arnold, 1990; Chesney-Lind, 1997; Chesney-Lind & Sheldon, 1998; Lake, 1993; Sargent, Marcus-Mendoza, & Yu, 1993). Similar connections have been made between domestic abuse, drugs, and women's criminality (Comack, 2006; Daly, 1992; Gilfus, 1992; Moe, 2004; Pollock, 2002; Richie, 1996).

Upon arrest and incarceration, addicted women face a sudden and unexpected end to consistent drug use, the immediate effects of which often cause sickness, pain, and anxiety. The long-term effects of viewing one's life from a state of sobriety can be equally devastating, as women begin to recognize the toll their addictions have taken on their physical and emotional health, as well as the lives of those around them, particularly their children (Belknap, 2001; Bloom & Chesney-Lind, 2000; Owen, 1998). Within the carceral environment then, women are in dire need of programming that offers emotional and physical support during the recovery process, as well as assistance for future planning and access to long-term treatment (Covington, 1998; Pollock, 2002).

Methods and Sample Demographics

This article focuses on the motivations and rationales for women's drug use in terms of their introduction to drugs, their reasons for continuing use, and their struggles to support, and in some cases end, their addictions. The data were derived from qualitative semi-structured life history interviews, supplemented by field observations, conducted during the spring of 2000 with 30 women in a southwestern detention center. The interviews were conducted as part of a larger project a colleague, Kathleen Ferraro, and I completed on criminalized women's experiences with victimization. However, as we anticipated, the interviews often flowed into other topics—drug use and addiction being among the more salient.

While the sampling method was a matter of convenience (interviews were conducted with as many of the 65 willing participants as possible given funding constraints and scheduling within the facility), the 30 women were fairly representative of the larger population of 200 women incarcerated at the facility. Of the 30 women, 27 (90%) were mothers. Twenty-six (87%) had been battered by at least one intimate partner and 21 (70%) reported being abused or neglected as children. While four (13%) of the women described a middle-class background, the remaining 26 (87%) described their socio-economic status as poor and reported intermittent or non-existent employment. Eleven (37%) had been homeless.

The women were also fairly homogenous in terms of their involvement with drugs. Twenty-five (83%) of the women admitted to using illicit drugs; 20 (67%) reported being addicted to at least one. Of these addictions, crack was mentioned by 14 (47%) of the women, heroin by nine (30%), cocaine by six (20%), and methamphetamine by four (13%). These drug preferences were clearly not exclusive of one another, as nine (30%) women spoke of multiple addictions. Also worth noting is that 14 (47%) women reported using marijuana, however, none admitted being addicted to it, and eight women (27%) spoke of alcoholism. Seven (23%) admitted to selling drugs.

The women were fairly typical in terms of their offense history as well. As one might suspect given their addiction rates, drug related offenses were the most common types of crimes reported by the women, along with property offenses and prostitution. Of the 25 (83%) who had already been convicted and sentenced, the majority were being detained on probation violations. Three (12%) women had been

convicted but were awaiting sentencing. The remaining two (7%) were awaiting trial, facing the most serious of ramifications, as both were charged with murder.

While homogenous in some ways, the women were also fairly diverse in their education, age, and race/ethnicity. The average age of the women was 34; however, they ranged from 21 to 50. Nine (30%) had obtained less than a high school education, while four (13%) had either completed high school or obtained a GED, 16 (53%) had completed some college or obtained a college degree, and one (3%) had attended graduate school. Fifteen (50%) were white, seven (23%) were African American, three (10%) were Latina, two (7%) were American Indian, and three (10%) self-identified as biracial.

In examining the verbatim transcripts produced from these interviews, several themes emerged related to drugs. These are discussed and illustrated below through the use of narrative excerpts. However, the women's identities are masked through the use of pseudonyms, which were either assigned after the interviews or chosen by the women themselves.

Being Introduced to Drugs

When describing their drug use, many of the women discussed the ways in which they learned about drugs and began using them. In general, the women could not specify one instance over others with regard to their introduction to drugs, but rather multiple instances. In most of them, friends and family members were involved:

When I got into drugs I was very naïve. Very naïve. I didn't know anything about drugs...I had to be about 21, 22 when I started doin' drugs [crack] and it was my best girlfriend that helped me in the beginning when I came here. We were both in Omaha, Nebraska and we came here together. It was like, 'Here try this. Maybe that pain will go away,' and stuff like that. And so me believin' it, I tried it. I kept tryin' it because I wasn't really gettin' addicted to it. She kept tellin' me 'because you're not doin' it right. Keep doin' it.' I didn't know that if I kept doin' it, I was goin' to become an addict of it. (Julianna)

I started doing speed [methamphetamine] when I was 15. I was a sophomore in high school I think. A Friend of mine wanted me to spend the night at her house and we went down to Carl Jr.'s to eat a burger and there was this guy that worked behind the counter. He wasn't much older than we were. He said, 'Come on into the back room.' There was stuff in a vial and they did it and I wasn't going to not do it. So I did it. I felt so bad. But then an hour later I was so full of energy, more than I'd ever felt before. From there it was just constant. (Brina)

My father was primarily a cocaine addict but he had been a heroin addict at some point in his life. There was practically nothing that he didn't do. In those times, they used to drink syrup with heroin and cocaine, lots of drinking, marijuana, pills. It was the late 60s or early 70s—that era when people were heavily into drugs. I used drugs for a time when I was in high school. I smoked a lot of marijuana for a number of years and I experimented with different pills and stuff like that. When I divorced my first husband I started hanging around my father a lot and I started doing cocaine. (Angel)

The involvement of family members in exposing the women to drugs when they were children sometimes dovetailed on other forms of child maltreatment. Neglect was particularly salient for Angel:

They used drugs 24/7 in my house and my father was probably passed out in the bedroom somewhere and all of these people were just roaming around the house drunk and on cocaine and whatever else they were using.

Boo, who was abandoned by her mother when she was eight, found ways to cope with her situation early on. While she had managed to not use drugs as an adolescent, she did sell them. She was shown how to do so by her uncles, a phenomenon documented in prior research (Dunlap, Johnson, & Maher, 1997). She did eventually start using them after her mother reentered her life and at the time of the interview, she was a crack and heroin addict, as well as an alcoholic, and had been living on and off the streets:

I have four brothers. Two are dead now and two are in prison. Well one got out but one is still in prison. It's like we all been there, all my uncles and aunts are heroin addicts and ex-prostitutes, my grandma used to sell a little weed back in her day and she still hustles, too, so it's like, how you say it, hereditary? I kind of don't want to believe it but it's some kind of true because I was 17 and I knew how to live by myself. I know how to make something out of nothing.... My mom was a heroin addict too. Instead of putting us in a good situation she just left us in this house and never came back.... When she did come back I was already full grown and on my second baby, living in my own house, and I had my own car, and I was a drug dealer. She found out I was dealing drugs. She showed me to use heroin by using the needle and I got stuck and she got stuck and we were both high all the time. After a while it was like I was hating her cause I was getting sick and I was like, 'How could you do this to me? I don't know why I let you do this to me! I'm stronger than that now.'

Elizabeth also described childhood maltreatment. Being the youngest of 10 children, she felt as if she often received the brunt of abuse from her mother and older siblings:

[If] the chores didn't get done, regardless of whose chores they were, I'd get beat.... My earliest childhood belief was that the reason I was born was for everybody to take their aggressions out on me, because that's what I was used for. They'd come home, they'd be drunk, beat me up....

In recalling her childhood memories of watching family members around drugs, Elizabeth tried to resist the lifestyle, only to marry a man who couldn't:

It's interesting because my brothers and sisters were always drug addicts, dealers, alcoholics, and I always tried to raise myself to not follow their path. I've seen what they've done and I didn't want to do that. A lot of people say you follow the same pattern from your childhood.... We [she and her husband] moved here because my grandmother was dying. First thing my brothers did was introduce him back into drugs, the drug scene. And of course, my mom loves to drink so now she's got a drinking partner. Well then, I'll admit I got pulled into the drugs, crystal meth, because it was just there... I was living like a revolving door in my own house 24/7 because my brother had drawn my husband into it so bad that my husband was doing it. Every time we'd try to get it back together, it was like they would find us and drag him back down. It was like they found his weakness and they knew how to latch on to it.

As Elizabeth's narrative illustrates, the influence of male partners was strong. Similar to prior research (Inciardi et. al., 1993; Richie, 1996), several women spoke of being introduced to drugs by their boyfriends or husbands. Most of these men were abusive as well so drugs were also used as a way of numbing the emotional and physical pain of being battered:

Since I was 18 years old I was a drug addict. I didn't start getting into trouble until I married my first husband. He was the one who introduced me to the drug that I do now. [Q: What drug is that?] Crack. Right away smokin'. [Q: Was he ever abusive?] Oh yes. We fought all the time. He's choked me out so many times to where I just blacked out. It wasn't the ideal marriage, not what I call the ideal marriage.... I didn't want to be me and deal with him. I wanted to be high so that whenever he did hit me, I couldn't feel it. (Peaches)

Heroin...and I never did it. I was trying to get him to stop but I ended up doing it with him. It's like that old saying, 'if you can't beat 'em, join 'em.' We were fighting a lot and I loved him a lot and I wanted to be there for him. I couldn't get him to stop going out, sneaking out on me all the time. I just started going with him.... He said it was a better way of getting high and it made me really drunk and stupid and I ended up tryin' it and likin' it. (India)

Such encouragement, if not outright coercion, by partners also affected women who increased their rate of consumption or means of using. As Sherrie recalled about her cocaine use:

Well I used to snort it and my ex-husband, he goes, 'here' and I was talking and all of a sudden I feel this poke in my arm and boom, he slammed me with some dope, and it's easy to get hooked on it. Very easy, I mean, I just went 'whoa.'

A final theme involved the women's observations about the prevalence of drugs in their communities and the effects this environment had on them:

I've been raised on the streets. I raised myself up a lot. I've lived on the streets. I've seen things people would not believe on these streets. I've seen women have sex with dogs if they can get their crack rock...I've never stooped that low but I've seen it happen. I've seen men blow men so they can get their crack rock. So they could get their drugs. I've seen shit on these streets that people would just die if they ever saw. (Orca)

People are selling everywhere. We knew people on every side of town. Born and raised there for 24 years, you know people. You know people who sell and people who buy. You can get it anywhere. (Brina)

Within this environment, several women recalled starting drug use in combination with prostitution. These events in Boo's life, whose experience with neglect was shared earlier, coincided exactly:

I mean, you go through a lot of stuff on drugs, you sure do. [Q: When did you start using them?] I started using them when I was 22, 23. [Later on in the interview] I was like 22, 23 when I first started working the streets.... But we all have to live, you know, some of us have to live, you know, make it through life.

However, it was not always the case that the women were introduced to drugs in conventionally perceived bad, dangerous, or poverty-stricken neighborhoods:

When I started college, the bartenders would bring out Black Beauties, that's speed, and put them on the cocktail tables at the bar... the owners of the bar would give the young ladies this stuff... That's when I started—in college. (Sherrie)

As these narratives suggest, women's introduction to drugs, whether it be for the very first time, or to a new type of drug or new way of using a drug, was facilitated by various factors. These ranged from

family, childhood abuse, and abandonment, to partners, prostitution, and the general drug milieu. Not surprisingly, several of these factors also impacted their continued involvement in drugs.

Dealing with Addiction

As the women described the evolution of experimental or casual use to full-blown addiction, a number of themes arose. One such theme was the progression of one form of drug to another, depending on availability. As Brina Described:

Where I worked, there was this girl whose boyfriend came in all the time. He sold coke. So I started inquiring. 'Well, can you get me speed?' He couldn't and after a while it was like, 'If that's all you got, I want some.' So, I started using coke and went downhill from there. It was like the speed thing, a little bit, a little bit, and then it's like every weekend, and then every other day, and then everyday day. Before you knew it, I had spent \$5000 to get high.

As women increased their use and developed addictions, they found that their mental and physical health deteriorated:

They [drugs] steal everything from you...everything. I'll probably never get my memory back. I have trouble remembering names.... I've been in such a drug daze for so long that I need time... to learn how to relax my nervous system without using so I can start retaining information.... I'm scarred all over from abscesses being removed ... because I shot up right here [in her neck]. I was trying to find veins cause I never had any veins right here [showing her lower arms]. I was trying to find a vein in my neck. You don't think about anything when you're that high. All you need is coke. You just need it. You just want it. It makes you so ... I don't know. When I first started doing it, the first ten years, it was a good high. After a while it turns bad and there's nothing good about it but I just kept doing it. I would argue with myself, 'Why are you doing this when it makes you feel terrible? Why?' It didn't make any sense. Then you know you're crazy. You're insane ... (Joann)

Yet many admitted that they were unable to stop, even after sobering up while incarcerated:

I used to use a lot of drugs, right, and I used to abuse a needle and I got Hepatitis C.... It's like [gasp], those drugs ... they'll just take your life away. You can always say, 'I'm gonna stop, I'm gonna stop, I'm gonna stop,' but until you're truly ready to stop, until you hit rock bottom ... even sometimes even then it doesn't matter. But you're not going to stop until you really want to stop. You may want to a little bit, but a little bit don't matter. You've got to want to stop. Change your whole new circle of friends, don't talk to anybody you knew ... I guarantee you right now that if I walked out and I met somebody I knew that smoked and they had it with them, I can not say that I wouldn't do it, you know? People look at me but at least I'm honest. I mean, I'm not going to go say I can't ever do it again, cause I can't say that. I'm an addict ... it's hard to say no when you've been doing it twenty years. (Sherrie)

Such vivid descriptions of life as an addict and the continual 'chase' for the next high were common:

It's been this constant chasing. You're always chasing after your drug. You hardly ever sleep. When you're getting your rush you don't need to eat. I weighed 98 pounds at one point in time in my life. You hardly ever shower. You're too busy chasin' that drug. It's a drug that you have to have. It's like 'I have to have it. I have to have it. I have to have it.' I wouldn't recommend it to anybody, not even my worst enemy. For me to actually go out and sell my body to get it, I know that I'm addicted to it. I believe that if I wasn't in here today, I'd be out there usin' right now. I'd be out there chasin', you know, what I needed to chase. Doing

what I needed to do to get it. I can recall the first couple years of my addiction, I stole from my parents and I stole from my mom. I started talkin' to my mom again just so I could take stuff from her. I stole checks from my sister. I did really evil things to people to get what I wanted, to get my drugs. That was because I was, I am addicted.

As women described their struggles with addiction, they also spoke of the ways they supported their drug use. Many of these efforts involved criminality, particularly prostitution:

I had a lot of prostitution charges.... I was on the streets. I'd stay at one drug house, and then the other drug house, or sleep under a tree, or never sleep at all.... I've been doing that for five years in and out. I've had little places for about a month or two weeks and then It's like ... get involved in another situation and just like, you know, it's like hopping around like a rabbit. (Boo)

This was a very dangerous way for women to make money, particularly when they were addicted to drugs and desperate for funds. The women became ensnared in a vicious cycle as they numbed their emotional and physical pain of the work through drugs, which only fueled their addictions and the need for more money:

I got raped once. And actually I wouldn't have cared at that point. I really wouldn't have cared. [Q: Were you using drugs at that time?] Oh yeah, \$500 a day habit. [Q: Of What? Crack? Coke?] Usually ... it was crack. I was down to 80 pounds. I was not eating and just going ... trying to kill myself, actually, you know. I didn't care. I'd been slamming coke too. (Sherrie)

However, a host of other crimes were committed in order to support drug use. Not surprisingly, these were almost exclusively the same crimes for which women are most likely criminalized (Belknap, 2001). Admitting that she was so high that she couldn't remember how long she had worked at the job, Brina seized what seemed like an easy opportunity for some extra money:

People came in with cash for renting an apartment. In the beginning I would go 'You need to go get a money order.' But the more I started using, the more tempted I was and then I had somebody come in with \$2,100. He wanted to pay six months in advance or something. I was just ... I saw all this money and that's what started it. And then from there it was just easy. I would fill out a receipt for them. The owner was wondering where all this money was at and I didn't have an explanation.

Petty theft was also common:

I'd see a purse in the grocery store and somebody's not watchin' that purse, I'd grab that purse, go to the bathroom, take the money out, and take it to a manager and say 'I found this purse outside.' Those were the things that I'd do and then as my addiction went along, I just started goin' into houses, taking valuable stuff, and selling it. I was going into stores, shoplifting for the drug dealers, whatever they wanted me to get for them. (Peaches)

A couple of women engaged in the act of 'viccing' (Maher, 1997; Maher & Curtis, 1992), combining robbery with prostitution:

It's very dangerous to do ... I got in so many vehicles and took their money and left that I didn't know who they were and I'd get back in with them because I was high all the time. So I'd get back in with them and once in a while they'd try to take off with me and then I'd just act crazy and open the door and hold my leg with the door open and start screaming, 'You better let me out,' and try to make a scene and most of the

time they'd pull over. Well every time except for once. And then he took me out somewhere and I had to make up for it. But that was only once after many, many I don't know ... I was doing five to seven a day for like five years solid, the first five years that I learned how to do that. And all because I thought I needed the drugs. (Joann)

Selling drugs also provided lucrative income, at least in the short term. One woman, Shakilla, made quite a bit of money from dealing marijuana from her home. She recalled earning \$500/day and having shoeboxes full of \$20 and \$50 dollar bills. It was very easy for her to obtain large amounts of marijuana and she could quickly sell virtually everything she was able to obtain. She used the money to provide for her young son and support her own crack addiction. Buckwheat also recalled the lucrative nature, as well as the excitement, of being a drug dealer. However, she also felt fortunate for getting out of the methamphetamine scene when she did, seeing firsthand some of the consequences of manufacturing it:

There was this couple. They are friends of mine. They have kids. The 5 year old boy died because of the fumes and all the chemicals that were in the garage from the time they were cookin'. He died of asphyxiation. It was pretty bad so I just got all ... I didn't want to have nothin' to do with them. The money was great too. The runnin' around ... I standed it for a little while. I mean it was fun, because you got all excited and you got all hyped up and shit. It's like 'I gotta go here and I gotta go there ...' And then it's like, 'I got some money on me ... oh God, let me get back to the house and put this money up.' Somebody would call me again, or let me call and see if somebody need somethin' and then it was all over. It was a fascinatin' little thing ...

Convicted twice of possession, she considered herself fortunate for not having been caught for actually making and selling the drug:

They just said I had it on my possession and they tested it and it came out pure. I helped a friend of mine make the recipe. It's easy. So, I told 'em 'Yeah, it's mine, whatever ...' I wasn't using at all. They said, 'How long you been usin' it?' I looked at my lawyer, 'What do you want me to tell 'em?' 'I don't know ... say anything!' [Laughs] I remember that so clearly, boy, because every time the judge was askin' me questions, my lawyer and I would go back and forth. So I had to tell the judge I used it and how long I was usin' it for you know, for him to tell me that I had to be put on probation. Otherwise I would have done 25 years if they would have caught me dealin' it. Especially if they would have waited—I had quite a bit. I had enough for me to be convicted of selling. Methamphetamine, ooh Lord, you can't get worse than that. At the time I didn't know it was a fad I guess everywhere and these people really wanted it and I was makin' quite a bit of money from it.

While lucrative in terms of meeting immediate financial means, none of the women made the amount of money one would expect of a high-end dealer. All who were involved with drug sales operated on a small basis, usually out of their own homes or friends' homes, and for relatively short periods of time. In fact, some were used as pawns, unwittingly becoming involved. As Anne attested:

I didn't even know I was transporting drugs. I mean because like I've never had a history of using drugs. I've never used drugs before—I mean I've smoked pot but that's like the only thing I've done. But a friend of mine asked me to drive us up [city's name] to pick up something. I didn't know what he was going to pick up. People ask me all the time 'When they asked you to go pick up something, didn't that sound kind of funny?' When you're a person that doesn't use drugs, no that doesn't sound funny. He used to live there. Maybe he had to go pick up some clothes or his bike or something ... had to go see his sister or pick up some money or something. That didn't sound weird to me. He said, 'I'll give you gas money and a couple

hundred dollars.' I was goin' to school and he was being a nice guy. I had known this guy forever and it was just something that I know he would do and it didn't sound odd to me. So I drove him up there and he picked up a bag of stuff. It looked like a bag of clothes to me. I opened up the back of the car and he put his stuff in there. We went out to dinner and I was driving home and I took the back way, like down through the forest by the prison down there cause I didn't want to go back around and go back on the highway ... I'd been driving forever so I was trying to take a shortcut to get home and I got pulled over. The cop said that I was weaving in and out of my lane. He asked me if I was drunk. I told him my car was out of alignment and that was why it probably was weaving or shaking or whatever. I wasn't speeding or anything. Anyway, they asked what I was doing and I told them. And they looked through all his stuff and of course found like half pound or something like that. There was like 283 grams of methamphetamines. They had the dogs there and everything. He told them some story that we were just cruising to a friend's apartment and I was the one who came out with this bag of stuff. I didn't know that he was picking up anything but because it was my care, it was in my possession. He got nothing and walked away.

While Anne was set up by a male acquaintance, many other women spoke of being manipulated by male intimate partners who were addicted to drugs. Like Anne, Angel was not using at the time she committed a crime, however, her offense was still related to an addiction. As in the references to partners in the previous section, her husband was also abusive. In the following quote she discusses her struggle to stay away from drugs during a time when she had quit using them:

It never looked or appeared to me that he had been using drugs, and he wasn't using drugs when I first met him, so I just assumed that he didn't use drugs. I didn't want anybody in my life that was abusing drugs or alcohol, and this man, after three years, very gradually and very slowly just kind of slipped back into that lifestyle and before I knew it, he was a raging and out of control crack addict, and I didn't really know what I was involved in. And he was very abusive ... abusive to my son, abusive to me.... He almost pushed me through a window once ... he was using drugs real bad then.

While Angel was successful at resisting drugs during his time and eventually separated from this man, she reconciled with him because they had children together. He continued using crack and she began writing fraudulent checks to cover living expenses. So while not using drugs herself, she was saddled with the burden of providing for their family because he succumbed:

The check writing went off and on for a period, for a number of years. I would have to supplement my income writing the checks, buying the groceries, stealing money from the bank to pay for rent or to pay for a car repair. You know, it was always something. [Q: So mostly your check writing must have covered your living expenses?] Expenses, yeah. [Q: And you didn't even have your own drug problem, it was his?] Yeah, it was his, yeah.

Throughout these narratives, the interconnectiveness of various factors such as partners, friends, abuse, and the drug environment, is again illustrated. Compounding their effects were the physical and emotional tolls of addiction, as well as the role of criminality in support of addiction. Given the culminating effect these factors produced, the women found it very difficult to stop using drugs.

Attempts to Stop

Regardless of how difficult it was to stop using, nearly all of the women had tried to do so at some point in their lives. Unlike the multitude of factors that affected involvement with drugs, their motivations for trying to stop were almost universal and quite specific—concern for their future health and the welfare of

their children. Peaches explained very explicitly how important it was for her to receive treatment after or as part of her sentence:

I'm hoping this is it for me. I'm ready to go to a long-term treatment program because I know my crack addiction has taken a toll on me. I'm too old [she was 32] to be goin' through this again and again and again. I'm ready for it all to end. That's why I made the decision to go to treatment. Do my six months here and then go to long-term treatment. I'm hoping I don't have to go to the street. I'm hoping that I can go straight from here to treatment. I know if I don't, I'll start usin' again.

With regard to children, most of the women recognized the toll their addictions were having on their kids and they wanted to become better mothers (Ferraro & Moe, 2003). For example, Boo was quite clear that above all else, pregnancy would stop her drug use, at least temporarily:

I'm facing a six month sentence now. I'm also pregnant so this is my chance to get off of drugs. With all my other pregnancies, I never did drugs, and this one I'm planning on not doing drugs, not even when I get out.... I don't believe that's right.... I know some people do it.... I've seen a lot of my friends pregnant and smoking crack ... I don't see why they should be doing stuff like that. I mean, that's a baby, you know.... I grew up watching it and I didn't like it so I don't want my kids to see it either. That's the only thing that will stop me is being pregnant.

Several women were influenced in their desire to stop using through the intervention of child protection services (CPS). Marie, who had supported her long-term addiction to crack and heroin through prostitution, remained hopeful that state authorities would return her children to her upon her release. While the state was moving to sever her parental rights, her belief that she might still get them back was a motivation to stay sober:

I know I'll get them back. They have no reason to keep them from me. I'll get them back ... I think getting them back is a real strong drive for me to stay out of drugs. It gives me something to concentrate on. I know if I touch those drugs, the kids are gone. I'll never have a fighting chance. So I know I can't.

Even with such strong beliefs, the women had a very difficult time complying with CPS requirements to stop using drugs. In fact, of the 12 women who had their children removed by CPS because of substance abuse, parental rights had been severed for all but two. Several recounted relapses or progression into more serious addiction upon permanently losing their children. Gillian's story was telling:

I had been going through the courts doing everything they asked me to and they lied to me ... saying that if I did everything they told me to I would get her back.... Finally we went to court and they tried to say I had a drug and alcohol problem ... I did start drugs after I lost her. About two to three months later, I did it. I was like, 'Hell, they said I did it.' I didn't have nothing to lose then. I had already lost her, so that's when I started doing drugs.

Regardless of CPS involvement, the women expressed a great deal of self-blame for their failures to stop using. This was most salient for women who used drugs during pregnancy:

... I remember hitting it and then feeling her move inside of me, like right after I hit the crack, and I still didn't stop, and then the fourth time I hit it, my plug broke and then my water broke.... It threw her complete blood count off. It was real bad ... to see her hooked up to all them things and bruised up from them. She's just a little baby. It's awful, just seeing her ... she's a little angel from God. For me to just

imagine one hit ... what it does to me. Imagine what it did to her little brain ... Looking at her ... thinking every little thing, 'Is that because I did crack?' ... Excuse me [crying hard], I'm like, just like for me to hurt her, just horrible.... CPS got involved. I mean, I don't blame them. The hospital called them ... they treated me like a monster, and I felt like a monster. I knew I was a monster. But the remorse I feel, the hurt. (Tina)

He was a crack baby. He was stillborn. I carried him for the whole nine months. I felt his last kick. That was the hardest thing I had to go through in my life. I don't think none of what I've been through can top that day. I can't forgive myself for that. That's my biggest problem. There's no doubt in my mind that the drugs did it. I was doin' drugs as I was in labor. I was having contractions and everything and I was still doin' my drugs. I went into the hospital and they told me he was dead. (Peaches)

These women bore tremendous guilt for the effects of their drug addictions on their children, perhaps appropriately so, however, such guilt also feeds into hegemonic beliefs about individualism, responsibility, and the lack of empathy for drug addiction and criminal behavior. These women's reflections failed to connect individual struggles with addiction, abuse, poverty, and crime to larger social structures that reinforce, or at least refuse to systematically address, such issues.

Discussion and Conclusion

Indeed, drug use and addiction were lifelong and complicated issues for the women in this study. Their accounts of being introduced to drugs, dealing with addiction, and trying to stop using were layered with influences from several factors that, taken together, illustrate a nuanced and overlapping web of social problems. While appropriately accounting for all of these factors was difficult, some overall themes did emerge.

One such theme was the role of family members and/or a neighborhood that was supportive of drug use. It was very difficult for the women to resist drugs given the extent to which they were surrounded by them throughout their childhood homes, in their neighborhoods, and on the streets. Such direct and consistent exposure to the drug using milieu proved to be a powerful influence not only on the women's decisions to try drugs, but also on their options for supporting their addictions.

Related to childhood, the abuse and neglect the women experienced within their families seemed to provide an early impetus for alternative means of survival. This was also true for some of the women who were in abusive adult relationships. In these situations, drugs provided a necessary numbing of emotions as a way of coping with abuse. Other forms of illegality, such as theft and prostitution, became a means of supporting their drug use, as well as the drug use of others, particularly abusive partners. Hence a cyclical pattern emerged where women turned to drugs, or were forced to deal with the drug use of others because of the relationships they were in, while simultaneously battling with the means to financially support themselves. Due to poor educational attainment, work experiences, previous criminal records, and/or their own addictions, legitimate means of support were unavailable.

In this way, the women's involvement with drugs was highly gendered. Nowhere was this more pronounced than in the narratives about the women's attempts to stop using and the role of motherhood in those attempts. Children served as a source of pride and motivation, as well as guilt and heartbreak. While often not the most ideal parents by social standards, the women in this study clearly internalized their

motherhood status, often seeing the role as one of the most important of their lives regardless of their circumstances.

In general, the effects of drug use, particularly long-term addiction, were devastating for the women physically, emotionally, and economically. Their rehabilitative needs in this regard are likely to be beyond the types of cursory and short-term treatment available in jails and detention centers. However, given increasing enforcement and criminalization of drug offenses, such a carceral environment will continue to have high proportions of inmates with drug problems. Thus, it is at least worth investigation as to what type of programming may begin to address addicted women's needs.

Of central importance in any program aimed at working with women is the recognition of the interconnectedness of their lived experiences. When a drug-addicted woman may also be a survivor of child abuse, a battered woman, a mother, a prostitute, and/or homeless, any effort to address one need must also be inclusive of a possible host of others. While social service and criminal justice practitioners have begun recognizing this under the rubric of 'gender-specific programming,' programs that actually hold potential for addressing all of the possible needs of women are still lagging (Bloom & Covington, 1998; Koons, Burrow, Morash, & Bynum 1997; Zaplin, 1998). A reframing of the problem is also in order, as in many therapeutic programs, reference to multiple issues or problems have been referred as 'co-occurring disorders' when they may not actually be disorders so much as concerns, challenges, or barriers. Use of such medicalized terminology supports an individualist explanation for problems, rather than a broader recognition for the social circumstances that have a hand in producing and reinforcing the forms of abuse and oppression criminalized women experience throughout their lives.

Given a more accurate reframing of the linkages between women's live experiences, drug abuse, and criminalization, short-term carceral facilities such as jails and detention centers may play an important role in the initial stages of women's healing. Medical and social support throughout withdrawal may be accessed in such facilities, along with greater classification efforts and appropriate referrals to holistic and long-term treatment. Of course such treatment needs to be available for women who are unable to pay for it. This would require a reversal of the many cutbacks being suffered by social service agencies. An additional aspect of such programs, should they become available post-confinement, is the inclusion of children. As the narratives here indicated, children can be a powerful motivator for women to stop using drugs, as well as a primary aspect of the rationale for relapse should they be removed from the women's lives. This isn't to suggest that all drug addicted women are capable of being functional and loving parents, but for those who are, whose children are waiting for them either with relatives or within the overly stretched foster care system, the choice should not come down to either children or treatment. There must be an option for both. As the 'war on drugs' continues and women become more deeply ensnared in the criminal justice systems, such programs will be critical.

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