“Got a Pipe?”
The Social Dimensions and Functions of Crack Pipe Sharing Among Crack Users in Victoria, BC

by

Andrew Kristofer Ivsins
BA, Trent University, 2000

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

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The prevalence of crack use among illicit drug users has dramatically increased in Canada over the past decade. The sharing of crack pipes and other crack use paraphernalia is common among users of crack cocaine and is associated with unique negative health harms and costs (Haydon & Fischer, 2005). This thesis explores the phenomenon of crack pipe sharing among crack users in Victoria, British Columbia. The study uses data from in-depth interviews with thirteen self-reported crack users who regularly share crack pipes. Interviews explored the experiences of participants around crack pipe sharing, focusing on contextual, social and environmental factors that influenced the sharing of pipes. Crack pipe sharing is presented as a largely social act around which shared meanings have emerged. The findings illustrate the social context of crack pipe sharing, which is mediated by informal rules and etiquette, as well as distinct sanctions and consequences for deviating from the generally accepted norms around sharing pipes. Further, three distinct dimensions of crack pipe sharing are proposed - mutual, distributive and receptive sharing - each associated with various costs and benefits, and framed by relations of status and power. The results of this study also demonstrate that crack pipe sharing serves a number of real and distinct purposes in crack users’ lives, providing economic, control and social functions. My findings illustrate that, despite the various health and social harms related to crack pipe sharing, sharing pipes makes sense in the reality and lived experience of the participants.
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To the participants of this study, without whom this research would not have been possible. I extend my deepest gratitude for sharing your stories and knowledge, and for opening up and letting me share with you, if only briefly, your happiness, anger, grief and joy.
Dedication

This thesis is dedicated to the memory of Bobby Boehner (1976-2004). In life Bobby inspired me to get into the drug research field. In death he continues to remind me why I have dedicated myself to this.
Chapter 1: Introduction

I begin this thesis with a simple question: why do people who smoke crack share crack pipes? A simple answer to this question does in fact exist: there are not enough crack pipes being distributed to those who need and use them.

While the practicality of this answer in undeniable, to leave it at that would ignore the complex social system in which crack pipe sharing is played out. It is common knowledge among researchers, social and health service providers, and drug users that sharing drug injection equipment is a risky practice and is associated with numerous social and health costs for injection drug users (Fischer, Rehm, Brissette, Brochu, Bruneau, et al., 2006; Kaye & Darke, 2000). Yet needle sharing still happens. It is also known (though less commonly so) that crack smoking and crack pipe sharing is associated with disease transmission and other social and health costs, yet it as well still happens (Haydon & Fischer, 2005). The answer to the question then - why do people who smoke crack share crack pipes? - must instead be rather multifarious. The answer involves complex relations and interactions within a unique subcultural social system. My thesis attempts, through a sociological lens, to uncover the complexity involved in crack pipe sharing in Victoria, British Columbia, and endeavors to answer that simple question.

1.1 Researcher Background

My interest in substance use stems from reckless early teenage years, a time when my greatest responsibilities involved trying to get away with skipping class, planning elaborate schemes to get my hands on cigarettes and beer, and listening in awe to the
older kids share folk-tales of getting stoned on marijuana, and tell tall tales both fascinating and frightening of outrageous LSD trips. My decision to pursue a career in substance use research has its roots in far less pleasant and amusing memories, and involves cheerless stories of struggle, frustration, pain, and the final heartbreaking loss of a dear friend to methamphetamine and opiate addiction.

My close involvement in the rave subculture, a subculture steeped in frequent and excessive drug use, gave me first-hand experience with the potential overwhelming power of illicit substances. While most of the drug use within this subculture is individually controlled and recreational, over the years I watched countless friends and acquaintances struggle and lose control over their drug use. It was here that I first witnessed the potential devastation of problematic cocaine, crack and opiate use. It was also here, while completely absorbed within a contradictory subculture of drug use, and watching friends struggle unsuccessfully with addiction, that I decided to try and figure out why this happens, what can be done to prevent this from happening, and most importantly, how we can help those that find themselves in these situations.

My thesis is an extension of these events, by putting into practice what I set out to achieve at the end of my rave days. My personal experience with substance use, involvement in sociology, and my fascination with crack cocaine influence this work. My desire to change the way we treat people struggling with substance use issues drives me to tirelessly pursue this research in order to inform drug use policy, treatment and interventions.
1.2 Situating the Problem

The sharing of oral crack use implements (pipes and mouthpieces) is common among users of crack cocaine and is associated with unique negative health harms and costs (Haydon & Fischer, 2005). The association between crack smoking and hepatitis C infection, transmitted through the sharing of crack pipes, is increasingly documented in the literature (McMahon & Tortu, 2003; Tortu, Neaigus, McMahon & Hagen, 2001; Roy, Haley, Leclerc, Boivin, Cedras & Vincelette, 2001; Macias, Palacios, Claro, Vargas, Vergara, Mira, Merchante, Corzo & Pineda, 2008), yet very little research focuses on the phenomenon of crack pipe sharing. My thesis attempts to fill this gap, while also contributing to the small but growing body of drug use literature in sociology on this issue. In order to adequately target and implement treatment and intervention options for crack users, a clearer understanding of the phenomenon of crack pipe sharing is necessary. This thesis examines the experiences of crack smokers who share crack pipes, and explores social, contextual and environmental factors that mediate and influence crack pipe sharing among illicit substance users in Victoria, BC.

The specific research questions I address are:

1) Why do users of crack cocaine share crack pipes?

2) What is the range of settings where crack pipe sharing takes place?

2) What are the social-cultural factors linked to crack pipe sharing?

I use the narratives of thirteen marginalized illicit drug users in Victoria to help understand the complex subcultural system in which crack pipe sharing frequently happens. Their narratives are used to further build on existing knowledge of crack pipe
sharing, and to uncover the complicated relations and interactions that influence crack pipe sharing.

1.3 Situating Myself

My role in this study, at the pragmatic level of fulfilling the requirements of my Master’s degree, was to plan and develop this research project, conduct and analyse the interviews, and interpret the findings. Pragmatically, my task is to answer the research questions posed above.

Beyond this, I seek to present the inner-side of substance use, as seen from the point of view of the substance user. Much of our academic/scientific literature on substance use presents drug use and drug users from an outside perspective looking in, or rather, down upon. The vast epidemiological literature on substance use and health and disease has done well to highlight risk behaviour, but has provided little in explaining this behaviour. The point of view of the drug user is rarely heard; their lives framed and shaped by variables, and given substance through restrictive close-ended surveys. Adequately understanding crack pipe sharing necessitates an explanation of the behaviour from the perspective of the very people who share crack pipes.

In this thesis I attempt to give voice to the participants. I give them a place to tell their stories, share their knowledge as they chose to share it, and offer them a place to be heard. The participants in this study entrusted me with both wonderful and devastating stories. They shared struggles, tears, fear, pain and anger, and I found it impossible not to be personally and deeply affected by what they trusted me with. As such, it is my duty to tell their stories as accurately as possible. Historically, the perspectives of people who use
drugs, and who are directly impacted by drug research and policy, are excluded from the discussions that impact and shape their lives (Canadian HIV/AIDS Legal Network, 2005). Thus I choose often to let the narratives speak for themselves, and offer the bulk of my personal interpretation at the end. Through this study I seek to affirm the belief that the lives of people who use crack (and drugs in general) are important, their voices need to be heard, and their lived experiences valued. It is important to recognize that research participants are sources of knowledge and their insights and contributions valuable (Boyd, Johnson & Moffat, 2008). Their stories, voices and lived experiences are invaluable to our pursuit of knowledge through research, and to our struggle for social justice. I try to ensure that their words, and myself being a collector of words, are represented fairly and justly.

I acknowledge myself within this study and my place as researcher, and view the interview setting as a place of interaction and sharing. I recognize that my role as researcher and the role of the participants influence and shape the interaction, setting, and stories told. But I attempt to portray a neutral stance, somewhere in the middle-ground; not too far entrenched in the mainstream, nor too close to any margin. The role of neutral observer is impossible, but fair listener and interested recipient of their knowledge is how I place myself within this context. I view the interview in an interactional context in which social worlds become better understood, and acknowledge that the participants, through the mutual process of the interview, construct social worlds. In this thesis the social world of the participants is given privilege, a privilege not normally provided to them (Stein & Mankowski, 2004).
1.4 Thesis Overview

In this thesis I explore and conceptualize the phenomenon of crack pipe sharing among marginalized, street-involved crack users in Victoria, British Columbia, Canada. Chapter 2 situates my thesis within the current state of knowledge on substance use in general, and crack use in particular. I explore the substantial literature on crack use, and comment on the scant literature available on crack pipe sharing. I also draw on the rich literature around needle and syringe sharing, and use it as a reference point from which to begin my exploration of crack pipe sharing. Various approaches to the study of substance use are then examined, highlighting both the usefulness and limitation of diverse perspectives. This is followed by a discussion of the contribution of sociology to the study of substance use and addiction. I end the chapter with an overview of symbolic interactionism, and discuss it’s relevance to my examination of crack pipe sharing.

Chapter 3 explains the methodology used for this study. First, I describe my research design, which is based in symbolic interactionism and influenced by grounded theory. I then outline my sampling strategy, characteristics of the sample, data collection methods, and techniques used to analyze the data. I move on to briefly discuss validity. The chapter ends with a summary of the ethical process I undertook, some pertinent ethical considerations, and the limitations of my study.

My research findings and analysis of crack pipe sharing are presented in Chapter 4. I outline the main concepts that emerged from my data, and propose a general conceptualization of crack pipe sharing. I begin by discussing the social context of crack pipe sharing, and discuss the sharing of pipes as a social act. This is followed by an outline of the informal rules and etiquette of crack pipe sharing. I then present the three
dimensions of crack pipe sharing that emerged from my analysis: mutual sharing, distributive sharing, and receptive sharing. I discuss the three dimensions of crack pipe sharing in terms of costs and benefits to the individuals involved in the sharing interaction, and highlight the relations of power, status and inequality that play out among those involved. I illustrate how lending a crack pipe is associated with economic benefit, power and control, and how having to borrow a crack pipe is associated with various consequences, including economic loss, lower status and stigma. The final section of this chapter focuses on the negative impact of crack pipe sharing on the participants’ social relationships, and suggests sharing crack pipes has led strained social relations. The atmosphere of mistrust related to sharing pipes is described, as well as the negative impact of crack pipe sharing on intimate relations. I then detail a recurrent theme revealed through the experiences of the participants and which emerged from my data, specifically in terms of their varied social interactions. Participants frequently described their interaction with others in their environment as a transaction. This theme is explored in relation to crack pipe sharing.

Chapter 5 involves a discussion of my findings with regards to the literature reviewed in the second chapter. I also present a deeper analysis of the phenomenon of crack pipe sharing in light of the research findings. I use this chapter to further engage with the narratives of participants, and intertwine the narratives shared in Chapters 4 with the theoretical approach of symbolic interactionism. The chapter concludes with a discussion of policy implications.
Chapter 6 concludes the study. A review of the thesis and a summary of the research findings are presented. Limitations of the study are then discussed. I end the chapter with suggestions for future research.
Chapter 2: Literature Review

This chapter outlines the literature and theoretical framework most relevant to this study of crack pipe sharing. The chapter begins with an examination of the literature on crack use, focusing on the prevalence, risks and harms associated with the use of crack cocaine. While not as extensive as the state of knowledge on heroin use, and in particular opiate injection, crack use has been receiving considerably more attention in the literature in the past decade. I next review the literature on crack pipe sharing which, compared to the literature on needle and syringe sharing, is considerably lacking. Given the paucity of research on the phenomenon of crack pipe sharing, the literature on needle/syringe sharing is presented as a reference point from which to launch my investigation into other drug use paraphernalia sharing. This is followed by a discussion of reciprocity.

The second section of Chapter 2 outlines the various approaches to the study of substance use and addiction. Epidemiology, criminology, and new public health literatures are reviewed. Both the usefulness and limitations of other perspectives to the study of crack pipe sharing and substance use in general are considered, and the strengths of the approach adopted for this study are discussed. I then explore the contribution of sociology to the study of substance use and addiction, beginning with its association with structural functionalism and deviance, exploring the shift in thought on drug addiction brought about by Alfred Lindesmith’s (1947) seminal work on opiate addiction, and moving through to contemporary sociological perspectives on substance use. The final section of Chapter 2 discusses symbolic interactionism, the theoretical perspective used to frame this study of crack pipe sharing. Both the contribution of symbolic
interactionism to the study of substance use and addiction, and its usefulness in examining the social interaction involved in the sharing of crack pipes, are examined.

2.1 Crack Use: Prevalence, Risks and Harms

Evidence suggests the prevalence of crack use among illicit drug users across Canada has dramatically increased over the past decade, with Victoria reporting similar or higher rates compared to other cities (DeBeck, Kerr, Li, Fischer, Buxton, Montaner & Wood, 2009; Fischer, Rehm, Patra, Kalousek, Haydon, Tyndall & El-Guebaly, 2006; Health Canada, 2004; Health Canada, 2006). In a recent study of injection drug users in five cities across Canada, approximately half of the sample had used crack in the previous 30 days, with Vancouver reporting the highest rates (86.2%) (Fischer et al., 2006). Similarly, a study of Vancouver’s Downtown Eastside found crack cocaine to be the most commonly used drug (CHASE Project Team, 2005). A study among injection drug users in Ottawa found that 91% of the sample reported smoking crack in the previous 6 months (Leonard, DeRubeis, Pelude, Medd, Birkett & Seto, 2008). Preliminary data from the BC Alcohol and Other Drug Monitoring Project also indicate high prevalence of oral crack use among injection drug users in Victoria (Duff, Michelow, Chow, Ivsins & Stockwell, 2007).

Oral crack use has been shown to have unique and severe health consequences. Crack users have an elevated risk for HIV, hepatitis C (HCV) infection, and other blood-borne and sexually transmitted infections (DeBeck et al., 2009; Fischer et al., 2006; Wallace, Porter, Weiner & Steinberg, 1997). Crack use has been associated with mental and emotional health issues such as depression (Schonnesson, Williams, Atkinson &
Timpson, 2009). Crack use has also been widely associated with high-risk sexual behaviour, such as multiple sex partners, exchange of sex for drugs, infrequent use of condoms, and involvement in sex work, which is further associated with HIV infection and other sexually transmitted infections (Atkinson, Williams, Timpson & Schonnesson, 2010; Booth, Watters & Chitwood, 1993; Harzke, Williams & Bowen, 2009; Inciardi, 1995; Schonnesson et al., 2008). Female crack users tend to experience greater negative health consequences than users of other drugs, such as economic deprivation, inequities accessing health care services, and violence (Bungay, Johnson, Varcoe & Boyd, 2010; Butters & Erickson, 2003; Metsch, McCoy, McCoy, Miles, Edlin & Pereyra, 1999). Studies have also reported crack users to be severely marginalized, both within their close networks and larger society (Fischer & Coghlan, 2007; Cross, Johnson, Davis & Liberty, 2001). Marginalized groups are frequently “isolated, left out, looked down upon, alienated, pushed aside and ignored by the mainstream socio-cultural and political processes” (Narayan, Chambers, Shah & Petesch, 2000, p. 133). Marginalization results in a lack of access to resources, information and power, and prevents groups from participating in the social, economic, cultural and political life of society (Narayan, Patel, Schafft, Rademacher & Koch-Schulte, 2000). Marginalization has also been associated with serious health consequences related to poverty, homelessness, and barriers to health care services (Harwick & Kershaw, 2003; Ven Der Poel & Van De Mheen, 2006).

2.2 Drug Paraphernalia Sharing

In this next section I explore the literature around two distinct, yet similar, practices: sharing of crack pipes and sharing of needles/syringes. The literature on needle
sharing is substantial, and is used to complement the dearth of literature on crack pipe sharing.

2.2.1 Crack Pipe Sharing

Common among people who smoke crack is the practice of sharing crack smoking implements such as pipes and mouthpieces. While very little research exists with a primary focus on crack pipe sharing (CPS), studies indicate that CPS is common among illicit substance using populations (Collins, Kerr, Kuyper, Li, Tyndall, Marsh, Montaner & Wood, 2005; Haydon & Fischer, 2005; Porter, Bonilla & Drucker, 1997; Shannon, Ishida, Morgan, Bear, Oleson, Kerr & Tyndall, 2006; Shannon, Kerr, Bright, Gibson & Tyndall, 2008; Tortu, McMahon, Pouget & Hamid, 2004). Those studies that focused on CPS report high rates of the practice among crack smokers. In a study evaluating the impact of a safe crack-use kit distribution program in Ottawa, 72% of the participants reported sharing a pipe to smoke crack at least once in the previous six months, while 90% reported sharing a pipe in the previous month (Leonard et al., 2008). Among crack smokers participating in a study in Vancouver, 80% reported sharing pipes or mouthpieces (Malchy, Bungay & Johnson, 2008).

Crack pipes tend to be made from a variety of makeshift items, including metal or glass pipes/tubes, aluminum cans, plastic medicinal inhalers, and glass ginseng bottles, all of which cause chronic cuts, sores, burns and blisters in and around the mouth. Cuts are frequently sustained from broken glass pipes or sharp metal pipes, and burns are the result of sustained contact with excessively heated pipes (Faruque, Edlin, McCoy, Word,
Sharing of such makeshift crack pipes is associated with unique health harms, in particular the spread of hepatitis C (HCV) infection. The association between crack smoking and HCV infection, transmitted through the sharing of crack pipes, is increasingly documented in the literature (McMahon & Tortu, 2003; Tortu et al., 2001; Roy et al., 2001; Macias et al., 2008). In a study of drug users with no history of drug injection, Tortu et al. (2004) found sharing of non-injection drug use implements to be a risk factor for HCV infection, suggesting that the transmission of HCV may occur through non-injection routes. In a recent exploratory study examining the presence of HCV on crack pipes, it was suggested that the transmission of HCV via crack pipe sharing may be possible, as HCV was detected on a recently used crack pipe (Fischer, Powis, Firestone-Cruz, Rudzinski & Rehm, 2008). This is of particular concern, given that HCV is almost 30 times more infective than HIV via blood contact (O’Byrne & Holmes, 2008).

Given the prevalence of, and possible harms related to CPS, it is of vital importance to understand the reasons, contexts and settings of CPS. A number of more recent harm reduction-related studies have touched on the context of CPS, though still largely focused on harms associated with crack smoking (Boyd, Johnson & Moffat, 2008; Bungay, Johnson, Boyd, Malchy, Buxton & Loudfoot, 2009). In a recent study of crack use in mid-sized communities in BC, almost 80% of the participants reported sharing crack use paraphernalia in the past 30 days (Fischer, Rudzinski, Ivsins, Galupe, Patra & Krajden, 2010). The qualitative data on crack pipe sharing from this study were used as
the starting point for this thesis. Participants gave a number of reasons for sharing crack pipes, including: economic functions (i.e., pooling crack, collecting resin), not carrying their own pipe due to fear of arrest, immediate need of a pipe when no paraphernalia was available, and as a form of social ritual. In discussion with one of my supervisors (and PI of the Crack in BC study, Benedikt Fischer), the decision was made to pursue this research further in order to gain a fuller understanding of crack pipe sharing.

A uniquely sociological perspective will further our understanding of the socio-cultural contexts of CPS, and will add to the small but growing body of literature on illicit substance use within the discipline of sociology. While the increasing use of crack and negative health consequences of crack use are well documented in the literature, substantially less is known about why people engage in various drug use patterns and activities such as CPS. This is a gap in the literature that needs to be addressed to successfully develop and implement treatment and other targeted interventions for crack users.

2.2.2 Syringe Sharing

The rich literature on syringe sharing among injection drug users offers a starting point from which to begin exploring CPS. Much of the literature revolves around themes of peer influence, social networks, peer/social norms, and risk behaviour.

Lakon, Ennett and Norton (2006) suggest that syringe sharing may be an act of social bonding or conforming to peer expectations and norms. The authors found that social regulation among drug user networks encourages rather than discourages risky health behaviour. In a review of published studies on syringe sharing and social
networks, a number of common factors of social networks associated with syringe sharing were identified, such as structural factors (network size and density), compositional factors (characteristics of network members, and relations with other members), and behavioral factors (injecting norms, patterns of drug use, severity of addiction) (De, Cox, Boivin, Platt & Jolly, 2007). Syringe sharing has also been associated with peer influence and norms condoning sharing, and low perceived risk of HIV infection from sharing syringes (Andia, Deren, Robles, Kang & Colon, 2008; Bailey, Ouellet, Macksey-Amiti, Golub, Hagan, Hudson, Latka, Gao & Garfein, 2007; Golub, Strathdee, Bailey, Hagan, Latka, Hudson & Garfein, 2007; Smythe & Roche, 2007).

While syringe and crack pipe sharing are two distinct activities, based around the use of two very different illicit substances, and used in diverse ways and contexts, the subcultural dynamics of one may help us understand the subcultural dynamics of the other. Thus CPS may be explored within the context of economy, criminalization, social and peer norms, networks and influence, and associated risk behaviors.

### 2.3 Reciprocity

The concept of reciprocity is useful in understanding systems of exchange among individuals and social groups, and is valuable in furthering our knowledge of drug use paraphernalia sharing. Any examination of sharing must necessarily involve a discussion of reciprocity. While a straightforward and largely agreed upon definition of reciprocity is somewhat evasive, one broad definition applicable to this study is the notion of owing obligations to others through systems of exchange (Gouldner, 1960; Sahlins, 1972).
The importance of reciprocity in sociology was highlighted Gouldner (1960), who implicated reciprocity in maintaining stable social systems. He states that reciprocity is “a key intervening variable through which shared social rules are enabled to yield social stability” (p. 161). Stability of relations are undermined when either party is not fully satisfied with the exchange. Thus, social system stability is dependent on the “mutually contingent exchange of gratifications” (Gouldner, 1960, p. 168). Gouldner does, however, recognize that lack of reciprocity is not socially impossible, and that relationships do occur in which one party coerces the other for one-sided benefit. In fact, Goulder suggests that exchange is rarely equal, and one party generally gives more or less than what is received in return.

Conversely, Sahlins (1972), in a classic conceptualization of reciprocity, suggests three distinct forms of reciprocal exchange. The first is generalized reciprocity in which transactions are regarded as altruistic. Return is not necessary, or necessarily expected. In this form of reciprocity there is no counter-obligation, and the failure to counter-reciprocate does not incur any sort of sanction or consequence. The second, balanced reciprocity, refers to forms of direct exchange whereby there is an expected customary reciprocation of exchange, both in terms of goods and time. Returns are of “commensurate worth or utility”, and are more of an economic exchange than generalized reciprocity (p. 194). The third, negative reciprocity, refers to forms of exchange in which one party attempts to get something for nothing in return, or imbalanced return. Participants look to maximize their gain at another’s expense. According to Sahlins (1972), “negative reciprocity ranges through various degrees of cunning, guile, stealth, and violence…” (p. 195).
It should be noted that in Sahlins’ conceptualization true altruism does not exist. He states that generalized reciprocity “refers to transactions that are *putatively* altruistic” (1972, p. 193, emphasis added). And while the obligation to reciprocate in return is not always stipulated, expectation of reciprocity is not ruled out (though may be indefinite). Trivers’ (1971) concept of “reciprocal altruism” parallels Sahlins’ generalized reciprocity in that the altruist incurs a cost and the recipient a benefit. Where Trivers deviates is by suggesting that the recipient is obligated to repay the altruist, though there is generally a considerable delay between exchanges (Piliavin & Charng, 1990). Conversely, Piliavin and Charng (1990), suggest that true altruism does in fact exist, citing such things as blood and organ donation and private philanthropy. The concept of reciprocity is further discussed in relation to crack pipe sharing later in this study.

2.4 Various Approaches to the Study of Substance Use

This next section takes a look at some of the dominant approaches to the study of substance use. Epidemiology, criminology and new public health literatures are reviewed and discussed in terms of their contributions to the field of substance use research, and their usefulness in exploring crack use and crack pipe sharing. These three perspectives combined, amount to an enormous body of literature which, given time and space constraints, can only briefly be touched on here. As such, the contribution of other approaches or academic disciplines (psychology, for example) to our understanding of drug use and addiction, while not being discussed, are by no means being discounted here.
2.4.1 The Epidemiology of Drug Use

Epidemiology has been defined as “the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control of health problems” (Compton, Thomas, Conway & Colliver, 2005). Epidemiology generally seeks to identify risk factors at the individual, family, neighborhood and societal levels. Epidemiological research has contributed to our understanding of drug use by examining prevalence, settings and harms of drug use according to place, time and population (Compton et al., 2005). The epidemiology of drug use and abuse has monitored the emergence of new drugs, new patterns of drug consumption, and populations at risk for drug use (Slobada, 2005). Its contribution to our understanding of crack use (prevalence, risks and harms) was discussed above. In this section I discuss a broad range of epidemiological research on drug use in order to highlight the extent of its contribution to our understanding of substance use and misuse.

A number of large-scale national alcohol and drug use monitoring surveys are conducted in Canada. Most recently, the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) was carried out across Canada to find out how many Canadians use alcohol and other drugs, as well as how many are directly or indirectly affected by their use. Interviews were conducted by telephone with respondents 15 years and older across 10 provinces. Results are based on 13,909 interviews in 2004, 16,672 interviews in 2008, and 13,082 in 2009. While much too extensive to give a detailed summary here, some key findings as an example include:

• Past-year cannabis use in 2009 was significantly higher among youth aged 15-24 (26.3%) than adults (7.6%).
• In 2009, cocaine/crack (1.2%) was the most commonly used substance after cannabis, followed by ecstasy (0.9%), hallucinogens (0.7%), and speed (0.4%). These rates are comparable to 2004 and 2008.

• Opioid pain relievers were the most commonly reported used pharmaceutical in 2009. One in five respondents reported using opioids in the past 12 months, 2.3% of which reported using them to get high. (Health Canada, 2009)

A similar national monitoring survey is conducted with youth (ages 15-24) as part of the Canadian Addictions Survey (CAS). Again, a detailed summary is not possible here, though some key finding from the report include:

• Alcohol was the most commonly used substance, with 90.8% reporting lifetime use, and 82.9% past 12 month use. One third reported consuming alcohol at least once a week.

• 61.4% reported lifetime cannabis use, and 37% reported past 12 month use.

• Following cannabis, hallucinogens (16.4%), cocaine (12.5%), ecstasy (11.9%) and speed (9.8%) were the most widely reported for lifetime use.

• Most youth who use cannabis also use alcohol (98.7%), and most who use other illicit drugs also use cannabis (91.3%). (Health Canada, 2007)

Epidemiology has clearly sketched the relationship between substance use and disease and death. It has been suggested there are at least 90 causes of disease or death attributable to drug, alcohol and tobacco use (Single, Rehm, Robson & Truong, 2000). In a study estimating alcohol- drug- and tobacco-attributed mortality and morbidity, Single et al. (2000) estimated that in 1995 in Canada, the misuse of these substances accounted for 20% of deaths, 22.2% of years of potential life lost, and 9.4% of hospital admissions (p. 1669).

In a cost study of alcohol, drug and tobacco use in Canada in 2002, data suggested that alcohol and drug use related harms had increased in the 10 years since the previous
cost study had been conducted in 1992 (Rehm et al., 2006). The study also revealed that alcohol and tobacco accounted for 79.3% of the total cost of substance abuse, and illegal substance use accounted for 20.7% of this cost (Rehm et al., 2006, p. 9).

A great deal of the epidemiological research on drug use has focused on HIV in relation to drug use, and in particular injection drug use (IDU), due to the rapid and enormous increase in HIV among IDU in the 1990s. As Des Jarlais, Friedman and Ward (1993) noted, “Once HIV has entered a local population of IDUs, extremely rapid spread of the virus is possible, with up to half the group becoming infected within several years” (p. 423). Recent estimates of HIV in Canada suggested that at the end of 2008 there were approximately 65,000 people living with HIV. Men who have sex with me (MSM) still comprised the largest group of HIV-positive individuals (48%). This was followed by IDU (17%), heterosexual/non-endemic (17%), heterosexual/endemic (14%), MSM-IDU (3%), and other (1%). (Health Canada, 2008). Similarly, a study conducted in Vancouver, BC showed that MSM and IDU accounted for the greatest proportion of HIV infections (McInnes, et al., 2009). The authors also found the overall prevalence of HIV in Vancouver was 1.21%, six times higher than Canada’s national prevalence (p. 3).

Hepatitis C (HCV) has also been identified as a major health problem in Canada, particularly among IDU. It has been estimated that 20% of Canadians infected with HIV are also infected with HCV, while 50-90% of IDU are co-infected with HIV and HCV (Buxton et al., 2010).

Epidemiology has significantly contributed to our understanding of drug use and related problems among specific populations. Degenhardt, Coffey, Moran, Carlin & Patton (2007) found early-onset amphetamine use among youth in Australia increased
their risk for a variety of mental health, psychosocial and substance use problems in young adulthood. In a study of young IDU, Miller et al. (2002) found 46% to be HCV positive, and outlined a number of risk factors for HCV infection including Aboriginal ethnicity, recent incarceration, sex work involvement, and frequent injection of heroin, cocaine and speedballs. A study of homeless individuals in Toronto, Ontario found 40% of the sample reported drug problems in the previous 30 days, and that past 30 day drug problems were associated with becoming homeless at a younger age and poor mental health (Grinman et al., 2010).

Epidemiological research focusing on the HIV-IDU nexus has also shown: female IDU in Vancouver, BC to have a 40% higher incident rate than male IDU (Spittal et al., 2002); HIV infection rates are higher among Aboriginal people in Vancouver, BC than non-Aboriginal people (Wood et al., 2008); HIV-positive African-American crack smokers engage in high risk drug use and sexual behaviours such as unprotected sex, sex with multiple partners, and trading sex for drugs (Schonnesson et al., 2008).

Clearly, epidemiological surveys have provided important information about drug use prevalence and trends, associated risk factors for drug use, and links between drug use and disease, morbidity and mortality. However they provide little information about the mechanisms (whether social, structural or environmental) that underlie and influence drug use behaviour. While the epidemiology of drug use has identified and highlighted the existence and prevalence of drug use and related risk behaviours, it has been unable to explain this behaviour. For this, a deeper understanding of drug use is required.

The epidemiology of drug use thus provides us with a crucial and solid foundation from which to carry out detailed exploratory studies to better understand various drug
use behaviours, and examine the relationships between risk behaviour and social, structural and environmental factors. Epidemiology has identified and monitored the emergence and now widespread use of crack. It has also clearly highlighted various risk factors for, and harms of, crack use. It has not, however, been able to explain crack use and related risk behaviours such as crack pipe sharing. This is a role to be played by criminology and general sociology.

2.4.2 Drug Use and Criminology

Criminologists have been interested generally in the empirical relationship between drugs and crime, drugs and violence, drugs and youthful delinquency, the impact of drug laws and enforcement, and drug offenders and users in the criminal justice system. There is an indisputable connection between drug use and crime (Bennett, Holloway & Farrington, 2008). A very high proportion of offenders in prison report some sort of substance use problem (Brochu et al., 2001). However, the precise nature of the specific relationships involved still brings forth debate. Two main hypotheses have been the focus of much of this debate: drugs cause crime vs. crimes cause drugs (Faupel & Klockars, 1987).

The first hypothesis maintains criminal behaviour is a consequence of drug addiction, such that the drug users are driven to criminal involvement in order to pay for their costly addictions. As drug use increases, there is a corresponding increase in criminal activity. The second hypothesis maintains that drug use is the result of being involved in a criminal subculture, such that criminal association leads to the introduction
of drug use, which then necessitates a continued association with a criminal subculture (Faupel & Klockars, 1987).

More recently, the connection between drug use and crime has been summarized in three theoretical positions. The first theory suggests, as above, a direct causal connection in either direction. The second suggest indirect connections, such that other variables (psychological, social or environmental factors) cause both drug use and crime. The third theory suggests the association between drug use and crime is not causal, but rather is the result of a variety of problematic behaviours. An example of this is the lifestyle explanation, which maintains that drug use and crime are part of a broad deviant lifestyle (Bennet et al., 2008).

Regardless of theoretical stance, the connection between drug use and crime is supported by an vast amount of literature. It has been found that while criminal involvement generally precedes drug use, criminal activity increases in line with increased drug use (Anglin & Speckart, 1988). Conversely, as drug use decreases (for example, during drug treatment), levels of criminal activity are also reduced (Anglin & Speckart, 1988). A literature review of the drug-crime connection found that almost all drug users surveyed reported criminal involvement, and a higher frequency of crime was associated with a higher frequency of drug use (Nurco, Hanlon & Kinlock, 1991). A study of prison inmates in Canada found 21% reported using alcohol use and 16% reported drug use on the day of the crime (Brochu et al., 2001, p. 22). Further, violent crimes were the most common offence by those who used alcohol on the day of the crime. Drug use on the day of the crime was reported by individuals (ranging from 15% - 30%) incarcerated for theft, robbery and breaking and entering (Brochu, 2001).
Studies of delinquent behavior among youth have found positive correlations between drug use and delinquency (Ellickson & McGuigan, 2000). A study of youth in a juvenile detention centre found that youth reporting higher delinquent behaviour reported higher lifetime drug use (Dembo, Wareham & Schmeidler, 2007). In a study of drug related violence and youth, Harrison, Erickson, Adlaf & Freeman (2001) found that youth who used marijuana and cocaine, or who engaged in binge drinking, were likely to engage in violent behaviour.

Criminal behaviour has also been associated with specific drugs or drug using groups. A recent study on crack users in BC found almost half of the sample in two of the sites (Campbell River and Prince George) had been arrested in the past year (Fischer et al., 2010). Further, property and drug-related offences were the most common reason for arrest, and most participants reported income generation from criminal activities (Fischer et al., in press). It has also been found that crack users are 6 times more likely than non-crack users to engage in criminal activity (Bennet et al., 2008). Odds of offending have been found to be 3 times higher among heroin users, 2.5 times higher among cocaine users, and only 1.5 times higher among marijuana users (Bennett et al., 2008, p. 117).

Given the high rates of criminal involvement among drug users and government policies focusing on drug law enforcement, frequent involvement with/in the penal institutional complex is common among drug users. As DeBeck et al. (2009) state, “[a] central strategy of illicit drug law enforcement is to incarcerate drug users for drug possession and other drug-related offences with the aim of deterring drug use and lowering the supply and demand for drugs” (p. 69). The result is a legal and prison system overburdened by drug-related offences. Between 1980 and 1992, the prison
population in the United States increased by 167%, with drug law violations contributing to the greatest percentage increase (Chambliss, 1994). Twenty percent of inmates in state prisons, and 55% in federal prisons in the US are incarcerated for drug offences. In Canada, 30% of female prisoners and 14% of male prisoners are incarcerated for drug-related offences (DeBeck et al., 2009, p. 69).

The penal institutional complex has been referred to as a revolving door, whereby a significant proportion of people, upon leaving prison, return to their former drug use and criminally-involved lifestyle, thereby perpetuating a cycle of criminal activity and incarceration (Harrison, 2001). The criminal justice system, and prison in particular, should be ideal places for drug treatment. Due to various bureaucratic and organizational barriers however, availability of harm reduction and treatment programs in prisons are greatly lacking (Kerr et al., 2004). DeBeck (2009) found incarceration did not reduce drug use among IDU after a period of incarceration. A number of other studies were unable to make a positive association between time spent in prison and drug cessation (Bruneau, Brogly, Tyndall, Lamothe & Franco, 2004; Sherman, Hua & Latkin, 2004).

Criminology has played a crucial role in critically examining the impact of law enforcement activities on the health of drug users. Maher and Dixon (1999) rightly suggest there are “tensions in drug policing between commitments to law enforcement and harm minimization, and[…] harmful consequences to public health of the domination in policing practice of law enforcement” (p. 488). Increased police presence and enforcement has increased drug related risk behaviours such as reluctance to carry clean IDU equipment (thus increasing use of used needles), rushed public injecting (thus
minimizing care to avoid related health risks), and the displacement of drug use to more hidden, and potentially more harmful, locations (Maher & Dixon, 1999).

Similar studies have more recently been conducted in Canada. Kerr, Small and Wood (2005) suggest “drug market enforcement approaches interact with and transform various practices and social dynamics in the broader risk environment of IDU, and thereby constitute a potent source of harm within drug markets” (p. 216). Studies on the impact of drug market enforcement have highlighted a number of public health and social impacts, namely, an increase in injection and risk behaviours (rushed injecting, needle sharing), physical displacement (thereby limiting access to health services, including needle exchanges), physical confrontation between drug users and police, and increased violence among drug users and dealers (Kerr et al., 2005; Werb et al., 2008; Small, Kerr, Charette, Schechter & Spittal, 2006).

Drug related violence is another area of concern for criminology. Recently several Canadian cities have seen a rise in drug related violence, particularly among gangs involved in the production and distribution of drugs. A recent review of all scientific evidence (only English language published literature was used) examining the impact of drug law enforcement on drug market violence found that 87% of studies reported an adverse effect of law enforcement on drug related violence. Specifically, an increase in enforcement led to an increase in drug market violence (Urban Health Research Initiative, 2010). Thus, it is unlikely that increasing law enforcement efforts to disrupt drug markets reduces drug related gang violence. Rather, drug prohibition and intensive drug law enforcement likely contribute to drug related violence.
Criminology plays an important role in our understanding of the drugs-crime nexus. It has also, crucially, provided a critical perspective on prohibition and drug law enforcement, showing that drug laws and their enforcement have been applied unevenly (e.g., discriminatory against certain groups based on race or class) and have resulted in a number of harms. As with epidemiology however, criminology, while making important links between drug use and crime, is unable to adequately explain drug use and related risk behaviour. The new public health literature, which includes harm reduction and social dimensions of health, has integrated and clarified the connections between social factors (including crime) and the health and health risk behaviours of drug users.

### 2.4.3 The New Public Health

The new public health (NPH) is a health movement that shifts our focus to the social causes of health problems, and towards a social model of health and illness (Nettleton, 2006). Ashton and Seymour (1988) suggest that NPH “…goes beyond an understanding of human biology and recognizes the importance of those social aspects of health problems which are caused by lifestyles” (p. 21). In this section I discuss three areas of NPH with direct relevance to an understanding of drug use: social determinants of health, health promotion, and harm reduction.

#### Social determinants of health

In line with the NPH paradigm, it is important to recognize the impact of social factors on health and illness, otherwise known as the social determinants of health. Navarro (2009) states, “…the evidence that health and quality of life are socially
determined in undeniable and overwhelming” (p. 5). Interest in global health inequities has led to an understanding that the health of populations is largely influenced by social environment. The World Health Organization (WHO, 2003), in a report on the social determinants of health, identified the following as influencing the health of individuals and populations: stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport.

The focus on health inequities has starkly illuminated class and socio-economic status (SES) disparities among the health of populations, such that the poor and marginalized in all countries have poorer health than the rest of the population. It is suggested by the WHO (2008) that “[t]he poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services…” (p. 1).

The role of social determinants of health is particularly relevant to drug users, who tend to be marginalized and of low SES. It was found, for example, that unstably housed IDU were at increased risk for HIV seroconversion (Patrick, Strathdee & Archibald, 1997). Similarly, a history of sexual abuse was found to be a predictor of needle sharing among IDU in Vancouver (Strathdee et al., 1997). As outlined in section 2.1 above, crack use is associated with a variety of health risk factors such as those linked with the transmission of blood-borne infections.

It is suggested that not only do drug use patterns shape the health of drug users, but that social factors, such as homelessness and SES, are determinants of the health disparities faced by many users of illicit drugs (Galea & Vlahov, 2002). Addressing the health inequities faced by drug users is particularly important because, although drug use
prevalence is small in the general population, “…disparities in health among drug users contribute to larger population-health disparities” (p. S136).

Health promotion

NPH sees many health problems as social rather than strictly individual, and focuses on health promotion in everyday life (Nettleton, 2006). Health promotion can be seen as a combination of organizational, educational and environmental supports. Such programs are meant to provide people with the tools (both physical and cognitive) to lead healthier lives. The goal is to provide information, skills and resources, such that individual gain the knowledge to put health-related resources to proper and practical use (i.e., education and tools for safe drug injecting or smoking practices) (Green & Raeburn, 1990).

Health promotion is conceptualized by Ashton and Seymour (1988) as “a process of enabling people to increase control over and improve their health” (p. 25). However, and importantly, as Bunton and Macdonald (1992) point out, health promotion must not be complicated by material circumstances, and definitions of ‘healthy’ and ‘normal’ not be fixed. These points are crucial when dealing in particular with marginalized populations.

As part of NPH, health promotion is often carried out by community agencies interested in issues beyond conventional health care (i.e., the distribution of condoms to sex-industry workers, housing for the unstably housed, clean needles for IDU) in order to collectively meet the diverse needs of specific communities. Nettleton (2006) suggests these movements might be characterized as oppositional, given that “health is placed
firmly in the political arena, and the prevailing power structures are challenged” (p. 242). Alternative means of health promotion are sought which challenge conventional forms of health care. The harm reduction movement is an example of this, focusing not necessarily on drug treatment or cessation, but rather on the immediate concern with reducing drug-related harm.

**Harm reduction**

Harm reduction is a public health approach to dealing with harms related to drug use, with an emphasis on reducing adverse harms and consequences of using drugs, rather than on drug use cessation and abstinence. Harm reduction emerged in the 1980s as a response to the rapidly growing HIV/AIDS problem among IDU, as both social activists and public health authorities sought alternatives to legal measures of drug law enforcement (Roe, 2005). Erickson (1999) suggests that the groundwork of harm reduction philosophy was laid in the 1960s with the emergence and awareness of alcohol and tobacco use health risks. The formerly individual choice to use alcohol or tobacco was reframed as a public health problem with larger social costs. It was also during this period that methadone maintenance therapy (MMT) became accepted as an alternative means of dealing with opiate addiction (Erickson, 1999).

Initially used by activist groups as a platform to call for sweeping ideological and structural change, harm reduction in more recent years has been adopted by those interested in promoting health and mitigating harm. While social and political groups, and social health care movements sought to minimize the harms associated with social, economic, racial and political inequality, the more mainstream public health advocates
advanced medical arguments for harm reduction and emphasized health benefits (Roe, 2005). What Cheung (2000, p. 1699) calls a “mature and coherent paradigm” of harm reduction was adopted by a broader audience, with the current popular notion of harm reduction focusing on individual health consequences and social costs. The current and widely accepted definition of harm reduction accepts that drug use is not preventable, and thus concentrates on reducing the harms associated with psychoactive drug use (Roe, 2005).

While the exact definition of harm reduction is still the focus of much debate, a summary of the goals of harm reduction help in understanding the concept. Hilton, Thompson, Moore-Dempsey & Janzen (2001) state that harm reduction “seeks to ameliorate conditions surrounding drug use responsible for the spread of HIV in the IDU community: unequal access to health services; sharing of infected needles; racial and social discrimination; poverty; exposure to street violence; inadequate housing; lack of employment; poor general or mental health and other demographic and social determinants” (p. 357). Boyd (2008) defines harm reduction from a service provision standpoint, suggesting it provides “practical, non-judgmental services that seek to minimize drug-related harm to both the individual and society” (p. 2). Cheung (2000) suggests that harm reduction is value-neutral (both of drug use and drug users), focuses on problems experienced by drug users rather than on drug use specifically, does not insist on nor reject abstinence, and, importantly, acknowledges the role of the drug user in harm reduction programs (p. 1699). In the following I examine the contribution of harm reduction literature to the study of drug use, keeping in mind the above stated goals/definitions of the approach.
Harm reduction literature has addressed a wide variety risk behaviours including alcohol use (Room, 2004), tobacco smoking (Heavner, Rosenberg & Philips; Baer & Murch, 1998), youth gambling (Lia Nower & Blaszczynski, 2004), Internet gambling (Broda, LaPlante, Nelson, LaBrie, Bossworth & Schaffer, 2008), sexual deviance (Ward, Laws & Hudson, 2003), and drug use in prisons (Kerr, Wood, Betteridge, Lines & Jurgens, 2004).

Since the 1990s, during what Erickson (1990) terms the second phase of harm reduction, a great majority of harm reduction literature, programming and policy has focused on drug use, and in particular the HIV-IDU connection. Public health began to take precedence over legal measures in dealing with drug users, as prevention of the spread of HIV became the primary focus of harm reduction programs, and remains largely so today. The HIV epidemic among IDU “has created an adverse consequence that is qualitatively different from the previously experienced problems associated with the injection of psychoactive drugs” (Des Jarlais et al., 1993).

Harm reduction recognizes the importance of the knowledge and involvement of drug users themselves in influencing harm reduction programs and policies. Thus, governments in a number of countries have funded drug user organizations to increase their involvement in the planning and implementation of harm reduction practices and strategies (Woodak & McLeod, 2008). The Vancouver Area Network of Drug Users (VANDU) is funded by the Vancouver Coastal Health Authority, and PEERS and the Society of Living Intravenous Drug Users (SOLID) in Victoria receives some government funding to assist in their operation of various harm reduction strategies such as peer-to-peer education and support.
Today across the globe there exists a wide variety of harm reduction programs and strategies. Some are widely accepted and part of public health programs (MMT), others controversial and the source of constant debate (safe injection sites), while still others are entirely prevented from being established (safe smoking facilities, substitution programs for amphetamine users). In a study of 5 cities (Glasgow, Lund, Sydney, Tacoma and Toronto) in which HIV was introduced to the IDU population but seroprevalence remained low, a common factor was early initiation of prevention efforts and the provision of sterile IDU equipment on a large scale (Des Jarlais et al, 1995). Another common feature found in all 5 cities was extensive community outreach to disseminate HIV information and harm reduction supplies, provide treatment and counseling services, and generally build trust between health care workers and IDU (Des Jarlais et al., 1995).

Woodak and McLeod (2008) state, “It has been known since at least the early 1990s that HIV among IDU can easily be controlled by the early and vigorous implementation of a comprehensive harm reduction package” (p. S83). A “coordinated package” has the advantage of providing drug users with a variety of entry points from which to access health and social services. The harm reduction literature has identified a variety of strategies used successfully in dealing with drug use and related harms, including MMT, drug substitution/prescription programs, needle exchanges, HIV testing, vein maintenance, wound care, drug treatment and counseling, and peer-to-peer education programs (Hilton et al., 2001; Riley et al., 1999; Woodak & McLeod, 2008; Boyd et al., 2008). I now move on to explore more substantively the efficacy of various harm reduction measures in addressing drug use and related harms.
A significant amount of attention and resources have focused on the use of needle exchanges as a fundamental part of harm reduction. First established in the mid 1980s, needle exchanges now operate around the world, and are “the epitome of the harm reduction approach” (Riley et al., 1999, p. 12). Needle exchanges not only provide a simple and inexpensive way of reducing the spread of HIV and other blood-borne diseases, they are also a crucial point of contact between drug users and outreach workers (Riley et al., 1999). Canada’s first needle exchange opened in Vancouver in 1989. There are now over 100 operating in Canada (Hilton et al., 2001).

While the majority of harm reduction literature on HIV prevention among IDU focuses on needle exchanges, evidence also supports the role of other harm reduction equipment in limiting the negative harms and consequences of drug use. Catflisch, Wang and Zbinden (1999), highlight the importance of proper filters in reducing bacterial infection from injecting drugs\(^1\). Their study showed that improper filters (such as those found on cigarettes) do not filter out small organisms, such as bacteria, and are thus inadequate in reducing bacterial infection from drug injection. They, therefore, recommend harm reduction programs include proper filters in the distribution of their supplies.

Distributive sharing of injection equipment other than needles (such as cookers, water, and filters) is common among IDU, and has been associated with various health risks such as HCV infection (Gaskin, Brazil & Pickering, 2000; Hagan et al., 2001; Thorpe et al., 2002). Among a group of IDU in Toronto, the sharing of cookers was

\(^1\) It is common practice among IDU to draw the dissolved liquid drug solution - whether heroin, cocaine, or any other drug - through a filter into the syringe. This is done to prevent large particles from entering the syringe.
found to be more common than used needles (45% and 36% respectively). Participants also reported sharing water (36%), filters (29%), and swabs (8%) (Strike et al., 2010, p. 3). Despite the need for the distribution of a “comprehensive package” of harm reduction supplies, the availability and distribution of supplies is highly variable and unequal across BC health authority jurisdictions (Buxton et al., 2008). For example, some sites only distributed sex-related products, others distributed sterile needles but not water (thus forcing IDU to use dirty water to dissolve their drugs), while others distributed a full range of harm reduction supplies (needles, water, cookers, filters, and even crack smoking paraphernalia) (Buxton et al., 2008). This demonstrates the importance of paying adequate attention to not just needle sharing, but the sharing of other drug use equipment.

The harm reduction literature has also documented both the need for and effectiveness of safe consumption facilities where drug users can safely, out of the street, and under medical supervision, use previously acquired drugs. The connection between drug use environments and drug use risk practices, in particular the interplay between public injecting and elevated risk of HIV and HCV transmission has been highlighted. Rhodes et al. (2006) state, “that place matters in the reduction of drug-related harm; that harm reduction needs to shift from an overwhelming focus on individual action in safer injecting technique toward the connections between risk practices and environments” (p. 1390).

Most recently, scientific evidence has overwhelmingly supported the effectiveness of Insite, the first government sanctioned and legally operated supervised injecting facility in North America. The various and extensive evaluations have shown
that Insite has reduced drug use risk behaviours that increase the risk of blood-borne
disease transmission, reduced drug overdose deaths, reduced public injecting, and
increased the use of treatment services among IDU who access Insite (Small, Van Borek,
Fairbairn, Wood & Kerr, 2009; Milloy, Kerr, Tyndall, Montaner & Wood, 2008; Wood,
Tyndall, Montaner & Kerr, 2006).

As discussed above, crack use has dramatically increased over the past decade.
The harm reduction literature on crack use, while scant, is slowly growing. Recently,
Buxton et al. (2008) found crack was the most commonly used drug in many parts of BC,
and that clients of harm reduction programs increasingly requested crack smoking
paraphernalia which generally were not available.

It has also been pointed out there is a gap in the harm reduction services offered in
Vancouver’s Downtown East Side, with the majority of resources aimed at harms related
to IDU (Bungay, Johnson, Varcoe & Boyd, 2010). DeBeck et al. (2009) point to the lack
of harm reduction programs aimed at crack users, despite the significant rise in crack use
within the city. The lack of available crack use supplies not only has potential negative
health consequences, but has also produced an unregulated economy of crack use
paraphernalia, with crack smokers often forced to pay substantial sums of money for
often previously used pipes (Bungay et al., 2010). Bungay et al. (2010) also found that
female crack smokers were often forced to share their crack pipes with men or risk
violence.

The harm reduction literature on crack use has largely focused on safer crack use,
and in particular avoiding disease transmission through crack pipe sharing. The literature
reviewed above supports the need for harm reduction programs directed specifically at
crack use, such as peer-based education and the distribution of safer crack use kits (Malchy et al., 2008; Leonard et al., 2008; O’Byrne & Holmes, 2008; Boyd et al., 2008; Bungay et al., 2009). The establishment of safe smoking facilities has also been recommended as a strategy to reduce crack use related harms (Shannon et al., 2006; Collins et al., 2005).

Both the distribution of crack pipe kits and the establishment of safe smoking facilities remain controversial, and subsequently the establishment of such programs meet resistance and often are difficult (if not impossible) to put in place (O’Byrne & Holmes, 2008; Collins et al., 2005). Continued research in this area, and specifically on the need for, and effectiveness of, such harm reduction programs is crucial in gaining wide support from various levels of government, municipalities and health authorities.

2.5 The Sociology of Drug Use and Addiction

Sociologists have a long standing interest in the study of drug use, as both a social phenomenon and social problem, played out at individual, community/group and institutional levels. Studying drug use thus ranges from a need to focus on individual behaviour to examining larger social contexts in which drug use occurs and is played out.

Sociological research on drug use has a long standing tradition intertwined with the study of deviance. Early structural functionalism explained drug use as having a distinct social function. As considered by Horton (studying drinking in the 1940s), problem drinking was seen as a way for people to cope with anomic circumstances in their lives during periods of rapid social change (Adrian, 2003). Similarly, problematic drinking among Canada’s Aboriginal communities can be seen as a response to failed
acculturation programs as well as colonialization and exploitation. The high rates of alcoholism among Aboriginal communities has been attributed to the inability to cope with the extensive issues faced by this population both within their traditional communities and mainstream Canadian society (Adrian, Layne & Williams, 1990-91).

The inability to conform was used in early explanations of drug use, such that individuals who are unable to achieve the goals of middle-class status retreat from the mainstream and develop alternative value systems based around deviant behaviour such as drug and alcohol use (cf Merton, 1968; Adrian, 2003). While useful in understanding some forms of deviance, this explanation of drug use does not account for drug users who conform and achieve middle- or upper-class status, nor does it distinguish between recreational/casual/occasional and habitual or problematic drug use. This model of drug use inadvertently positions drug users as deviant, lower class, and criminals, thereby supporting prohibition/enforcement policies. As pointed out by Becker (1967), “[d]rug users thus come to the sociological attention as lawbreakers, and the problems typically investigated have to do with explaining their lawbreaking” (164).

The work of Alfred Lindesmith (1938) on opiate addiction changed sociological thinking about drug use, shifting the focus away from deviant characteristics of drug users to the broader social context of, and social influence on, drug use and addiction. Lindesmith was particularly interested in understanding why not all people who took opiates became addicted. He found that opiate users only became addicts after experiencing withdrawal symptoms, recognizing them as withdrawal symptoms from opiates (as opposed to attributing them to a cold or flu), and deciding to use more opiates to relieve the symptoms. Lindesmith (1938) concluded that “Addiction begins when the
person suffering from withdrawal symptoms realizes that a dose of the drug will dissipate his discomfort and misery” (599). Individuals who are not aware of the connection between withdrawal symptoms and the ingestion of opiates do not then become addicted.

In this conceptualization of drug use and addiction, it is neither the pharmacological properties of the drug, nor their physiological effect on the body that lead to addiction, but rather a recognition and definition of withdrawal as associated with a deprivation of the drug and the conscious use of the drug to alleviate further withdrawal symptoms. Meaning is given to withdrawal symptoms through interaction with other drug users, such that one becomes aware of their addicted state, and that they are ‘hooked’ (Lindesmith, 1938, p. 600). Addiction is also then attributed to notions or definitions of the self. As individuals come to understand their dependence on the drug, they readjust conceptions of themselves and apply to their own conduct the symbols and behaviour of the addict role. Individuals who anticipate withdrawal symptoms and seek out drugs to alleviate these symptoms subsequently redefine themselves as addicts (ibid. p. 606).

To Lindesmith, meaning is a crucial component of addiction and the addiction process. In addition to the physiological effects of opiates on the body, Lindesmith showed that “…drugs, and the experiences their ingestion produce, are meaningful to people in ways that cannot be reduced to the interactions of a chemical agent with a human physiological system” (Weinberg, 1997, p. 150). Lindesmith highlighted both language and interaction, emphasizing the process involved in becoming addicted to opiates, which involved communication among opiate users around the symbolic meaning of opiates and their effects. More recently, Zinberg (1984), articulated the important interactions of drug (the pharmacological properties of the drug), set (the
mindset of the drug user), and setting (the social context/setting of drug use) in influencing and shaping individual drug experiences.

Becker’s (1953) research on marijuana takes a further turn away from the structuralist-deviant conceptualization of drug use, suggesting that deviant behaviour, such as marijuana smoking, “is the result of a sequence of social experiences during which the person acquires a conception of the meaning of the behavior, and perceptions and judgments of objects and situations, all of which make the activity possible and desirable” (p. 235). This notion of learned behaviour, and similar to the learned behaviour of Lindesmith, is in sharp contrast to the work on deviance suggesting such behaviour is the result of anomie, retreating, or being pushed to the margins of society. According to Becker (1953), deviant behaviour is not caused or motivated by any sort of situation (i.e., poverty) or activity, but instead is learned, and is accepted and becomes desirable by way of a change in individual perception of the behaviour. This change in attitude is used by Becker (1953; 1967) to explain the use of marijuana and LSD for personal pleasure.

This concept - drug use and drug experience as learned and given meaning through social interaction - is central to this thesis, and thus the steps in this process, as outlined by Becker (1953), are worth mentioning. First, learning the proper techniques of using the drug, in order to get its desired effects, occurs when individuals participate in drug-using groups. Only once proper ingestion techniques are learned can the drug be conceptualized as an object to be used for pleasure. Second, through interaction with other drug users, individuals learn to connect a feeling of drug effects with ingestion of the drug. The ability to subjectively perceive and experience the effects of marijuana is required by individuals to continue using marijuana for pleasure. Third, in order to
continue use, individuals need to enjoy the drug effects they are experiencing. The
definition of a drug experience as pleasurable (rather than frightening) occurs through
interaction with other drug users. Becker (1967) states, “…how a person experiences the
effects of a drug depends greatly on the way others define those effects for him” (p. 165).

Acknowledging drug use as pleasurable, and focusing on the learning of drug use
and drug experiences, challenged popular notions of drug use as necessarily problematic,
and greatly influenced future research on drug use. Becker’s study of marijuana use
provides us with an understanding of the way meaning is shaped by interaction. In the
case of drug use, the drug and its effects become pleasurable through interaction with
other users. Behaviour, expectations, and experiences are learned. This conceptualization
of drug use accomplishes a number of important things. It positions drug use in line with
individual agency, such that drug use occurs not as a form of retreatism, or a reaction to
negative structural pressures, but rather as individual behaviour influenced by social
factors. Further, drug use becomes ‘normalized’ and is seen to occur not only among
marginalized, low socioeconomic groups; drug is often also a pleasurable activity. It thus
extends the continuum of drug use and related behaviour beyond the criminal-deviant
perspective.

The significant social influence on drug use was also emphasized in Dan
Waldorf’s (1970) study of abstention from heroin. Waldorf found voluntary heroin
abstention to be strongly predicted by length of heroin use, such that participants who had
used heroin for five or more years were more likely to have had long periods of non-use
than were participants who had use heroin for less than five years. He suggests that
heroin users reach as saturation point where their drug use and life of addiction become
too much for them (i.e., they’ve hit ‘rock bottom’), and they make an effort to stay off opiates (p. 232). Waldorf further found that the social life and environment of heroin users influenced length of abstention. Participants who had abstained for longer periods had jobs, did not drink or use other drugs excessively, reported positive relationships with family, did not associate with other addicts, and were happy with their social life. Having a “stake in conventional life” has been found elsewhere to greatly influence control over, or cessation of, drug use (Waldorf, Reinerman & Murphy, 1991).

Self-concept, or notions and definitions of the self, has also played an essential role in sociological thought on drug use. As discussed above, Lindesmith (1938) noted that opiate users, once aware of withdrawal symptoms and their use of more opiates to alleviate these symptoms, readjusted their self-concept and applied to themselves the addict role. Sense of identity also plays a major role in Marsh Ray’s (1961) explanation for heroin abstinence and relapse. Ray pays particular attention to the ways heroin users make their experiences and the objects they encounter meaningful, as well as how social situations during periods of relapse and abstinence are defined. Ray pays particular attention to heroin users’ sense of identity during interaction with others (or conversely, social isolation), giving significant weight to definitions of the self which are internalized via the image and identity of the addict. The acceptance of this identity thus becomes the basis for the individual’s actions. Of these internalized identities of the self as addict Ray (1961) states, “They assume importance because they are the medium of exchange in social transactions with the addict and non-addict world in which the addict identifies himself as a object and judges himself in relation to addict and non-addict values” (p. 134).
Ray suggests abstinence is the result of a questioning and subsequent rejection of
the addict identity, and the values associated with that identity. According to Ray,
abstinence is successful through a redefinition of the self as well as one’s social identity.
Further, the meaning of experience, and the objects of that experience, are
reconceptualized by way of the non-addict identity; old symbols through which
experience and identity was ordered are changed or lost. Relapse thus occurs when an
individual redefines himself as an addict. Non-addict experiences and identities are re-
examined, and old symbols, values and meanings of experience are again adopted (p.
137). Both in abstention and relapse, Ray emphasized social relationships and their
influence on the drug user’s experience, meaning of their social worlds and the objects
inherent in them, and the formulation of self identities. This precedes the acceptance and
application of the symbolic meanings of the addict or non-addict world, depending of
course to which definition of self the individual identifies.

The importance of role and identity has also been illuminate by Richard Stephens
(1991) and his study of heroin user subculture. Stephens draws our attention to the
subcultural aspects of addiction, rather than individual aspects as focused on by
Lindesmith, Becker, Ray, etc. Much of what Stephens focuses on is the acquiring of the
identity of the heroin addict role, which involves a vast set of skills, values, motives and
knowledge. Stephens suggests addiction is “…basically role-playing and it is as much a
commitment to a life style as it is dependency on a drug” (p. xii). In this
conceptualization of drug addiction, it is suggested that individuals become socialized
into the role of the ‘street addict’, which is both internalized as one’s sense of self, and
viewed externally by others. This is closely related to Mead’s concept of the generalized other (discussed below).

While much of Stephen’s work is largely moralistic and paints a generally negative view of drug users (i.e., they favor an antisocial attitude, they put a high premium of conning others, his reference to heroin addicts as junkies), his focus on the subcultural functioning of drug user groups draws attention to the need to understand drug users not only individually as deviants living outside of mainstream society, but of belonging to a distinct subculture or community with its own norms, values, sets of rules, modes of functioning, and hierarchies. Stephens thus suggests that heroin use is not an escape, nor is it retreatist; rather, it is a measure of involvement. This idea has also been proposed by Preble and Casey (1969), who argued that rather than escaping from reality, heroin users actively engage in reality through regular involvement in meaningful and social activities and relationships.

Stephens’ focus on role and identity as instrumental in guiding behaviour sheds light on the social influence of groups on drug users. However, Stephens believes “we can predict the behaviours of groups of individuals over time given a knowledge of their roles” (p. 24). While useful in understanding drug use, Stephens’ epistemological stance is overly positivist (he speaks of “regularly predictable behaviour”), and his structuralist positioning is at odds with his declaration of employing a symbolic interactionist framework in his studies.

Recently Weinberg (1997, 2002), has challenged popular sociological thought on drug use and addiction (and Lindesmith’s conceptualization in particular), arguing against the mind-body dualism inherent in so many of our theories. In Lindesmith’s
account, the cognitively and physically experienced drug events are two separately experienced events, one symbolically/socially mediated, the other solely a sensation caused by physical stimuli. Weinberg (1997) argues this conceptualization “inhibits […] our understanding of the visceral, or prereflective and nonsymbolic, features of drug use and drug-induced experience” (p. 150).

The mind-body dualism, while able to account for cravings for drugs that produce physiological withdrawal symptoms, is unable to explain cravings for drugs like cocaine/crack that do not produce physical, but rather more psychological, withdrawal symptoms. Other addictions, such as those to food, sex and gambling, are also examples of substances or activities that produce psychological withdrawal symptoms (Weinberg, 2002). Thus Weinberg proposes that drug use is often a coping technique employed in specific settings, as opposed to, as argued by Lindesmith, as activity that becomes generalized to an individuals whole life. Viewed in this way, drug cravings are triggered by the “prereflective lived experience of former drug using settings and associates…” (Weinberg, 1997, p. 159). The urge to use drugs then is not a deliberate decision but a visceral compulsion.

Weinberg proposes a praxiological approach to drug use, based on the premise that much of the world we inhabit is comprised of our practical involvement in that world. We can then understand the meanings inherent in drug use and the drug experience as non-symbolic, prereflective, and embodied (as opposed to symbolic, interpretive and disembodied), such that cravings to use drugs are experienced as deriving from beyond the self. The meanings of drugs and their effects derive from the ways they are used in social contexts; drug use serves practical purposes. Drugs and drug
experiences do not have any intrinsic meaning, nor are their meanings necessarily interpreted, but rather are uncalculated and involuntary (Weinberg, 2002).

While this approach to the study of drug use may be useful in propelling drug use research in sociology beyond the interactionist perspective, symbolic interactionism (as discussed below) remains particularly useful in this study of crack pipe sharing which seeks to understand meaning of action and experience. The focus on drug experience (how drugs are experienced, reasons for the choice to use drugs) is crucial in building upon Lindesmith’s take - and current popular sociological thought - on addiction. However, an understanding of drug use culture, or a specific aspect of drug use culture such as crack pipe sharing, necessitates an investigation into not only action but interaction and meaning.

Since Lindesmith (1938), the sociological perspective on drug use has largely focused on social, cultural and environmental factors that shape or influence drug users’ motives, experiences and behaviour. Becker’s conceptualization of drug use and subjective experience, which involves giving meaning to drugs and drug use, and defining drug use and the drug experience as pleasurable, has its roots in Mead’s theory of objects and their relation to the self. According to Mead (1956), and symbolic interaction theorists in general, objects are given meaning through our interaction with them, and through social interaction around a given object. The meaning of marijuana and LSD as substances used for pleasurable effect is, according to Becker (1953, 1967), largely shaped by interaction with others around the drugs.

The importance here lies with the influence of drug-using cultures on individuals who experiment with and use drugs. Drug use becomes, rather than individual events
affected by structural pressures, social events largely influenced by social interaction. While much of sociological research on drug use focuses on the influence of social interaction on the subjective drug experience, the influence of social interaction on other aspects of drug use culture is similarly predictable, as is shown in this thesis in reference to the phenomenon of crack pipe sharing.

2.6 Symbolic Interactionism

I use the theoretical approach of symbolic interactionism as the framework of my study of crack pipe sharing (Blumer, 1969). It is a fitting approach given that crack pipe sharing necessarily involves an object, and an interaction of two or more people around that object. With its focus on social interaction and the symbolic meaning of objects, symbolic interaction is useful in understanding the meaning crack pipes, and the activity of sharing crack pipes, have for people who smoke crack. The focus of this thesis is on how crack smokers make meaningful an object of their lived experience (the crack pipe), and how interaction around that object has become meaningful itself.

Based on the work of George Mead and Herbert Blumer, symbolic interactionism is concerned with “developing an understanding of the ways in which human group life is accomplished from the viewpoint of those engaged in its production” (Prus, 1996, p. xviii). Symbolic interactionism is based on three fundamental premises: i) humans act toward things based on the meaning the things have for them, ii) the meaning of things

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2 In the history books of symbolic interactionism, Mead is generally considered one of founders of symbolic interactionist thought, along with works of William James, Charles Cooley and John Dewey. Blumer is credited with further developing the theory, and giving the theoretical approach its name. Denzin (1992) provides a thorough interpretation of the interactionist heritage.
Symbolic interactionism has often been criticized for its frequent focus on, and siding with, the mistreated, marginalized, deviant and otherwise powerless individuals and groups in our society. Denzin (1992) rightly notes, “[i]nteractionists study the marked, deviant, stigmatized, lonely, unhappy, alienated, powerful, and power-less people in everyday life” (p. 25). Criticism or not (I see it as a rather positive matter), symbolic interactionism has made significant contributions to the field of substance use and addiction, including shedding light on the various social contexts of substance use and uncovering the social worlds of people who use drugs. Understanding drug use necessitates an understanding of drug users and the worlds they inhabit. Insight into the lived experiences of drug users has both broadened and deepened our understanding of substance use and misuse, and helped shape how we view, approach, and tackle the problem of drug use and addiction in our society. Symbolic interactionism has been applied to studies of opiate addiction (Lindesmith, 1947; Stephens, 1991), drug use relapse (Ray, 1976; Waldorf, 1970), alcohol and alcoholism (Denzin, 1987), drinking and driving (Gusfield, 1981), marijuana use (Becker, 1953), and drug dealing (Adler, 1992). These are but a handful of examples of the interactionist influence on the study of substance use and addiction.

Symbolic interactionism centralizes meaning in the formation and performance of action. Meanings become social products, created and formed by and through people as they interact. Meaning involves a process of interpretation, not simply an application of meaning. It is “a formative process in which meanings are used and revised as
instruments for the guidance and formation of action” (Blumer, 1969, p 5). It is important to recognize the role meaning plays in action, such that the meaning of a crack pipe, as a shared object, guides how people act both towards the pipe, and towards each other.

Symbolic interaction is often referred to as an empirical theory, concerned not with grand abstraction, but with the direct study of the empirical world (Plummer, 2000). According to Joseph Gusfield (2003), symbolic interactionism is not a theory in the sense of providing substantive predictions or explanations, but rather a “way of seeing things” (p.121).

This way of seeing things emphasizes action as the focal point in understanding behaviour. By approaching the social world from an interactionist perspective, I recognize that human society consists of acting units, and the social world consists of their actions. The human actor takes centre stage in this approach to social life. Blumer (1969) proposes two important conditions of action: 1) action takes place in situations, and is formed in consideration of the situations in which it takes place, and 2) action is formed by our interpretation of situations. Actors identify and assess all the things they must take into account that influence the type of action to take (p. 85). People develop common understandings of how to act in particular situations through previous interactions, and it is these common understandings of behaviour and meaning that enable people to act alike (p. 86). Crack pipe sharing from this perspective can thus be seen as a useful tool in understanding the interactional behaviour of those engaged in the interaction, and uncovering the common meanings they share.

Any attempt to understand crack pipe sharing necessarily requires a direct focus on the object around which all interaction takes place. Prus (1997) contends, “when
groups of people establish consensus among themselves on the existence and meanings of particular objects, they tend to envision these definitions of situations as ‘real’ or ‘objective’” (p. 12). It is precisely through interaction that objects, and the meanings of objects gain meaning. The world is not made up of pre-existing objects, but of objects constructed through a continual process of action and interaction. Objects are designated by individuals, judged for their suitability, and then acted upon based on that judgment. For example, as illustrated later, interaction around a crack pipe is based on symbolic meaning adopted over time through various ways it is used. The meaning of a crack pipe, in fact, depends largely on the specific social situation, and changes depending on the relationship of those involved in the interaction. As Plummer (2000) succinctly states, “social objects assume their meaning according to how they are handled in joint actions” (p. 195). To understand meaning, it is necessary to first understand the social situation(s) in which it is carried out.

The notion of the “presentation of gestures”, a concept developed by Mead, is important here as well (Blumer, 1969, p. 9). Gestures take on meaning through social interaction, and much of our interaction with others is based on our interpretations of the meaning of gestures. Mead’s concept of ‘taking the role of the other’ is crucial to an understanding of gestures. According to Mead, individuals “import into their conduct a behavioural disposition to respond in a similar way to other individuals responding to a given type of stimulus” (da Silva, 2007, p. 4). This allows people to see the world from the perspective of the other, and for the emergence of the “consciousness” of meaning. In ‘taking the role of the other’ we relate to others by taking the attitude of the other toward ourselves. We place ourselves in the role of the other.
In this role-taking, the self sees itself by way of the other. The self adopts the standpoint of the other, in and through communication, and responds to things as the other would. In its own conduct the self adopts the attitude of the other. An important feature of ‘taking the role of the other’ is related to gestures, and our interpretations of gestures (da Silva, 2007; Mead, 1956). The socially constructed meaning of the gesture becomes important in our daily interactions with others in our environment, and in our ability to imagine or anticipate how others will respond to our gesture (Berger and Luckman, 1966). This anticipated response then shapes our actions. I return to the discussion of gestures and ‘taking the role of the other’ in Chapter 5, and illustrate their importance within the context of crack pipe sharing.

Adopting a symbolic interactionist approach to this study of crack pipe sharing, with its focus on social interaction and the meaning of objects, will help address the question of why people who smoke crack share crack pipes, something that other perspectives have, as discussed above, thus far inadequately tackled. Crucial to this study is symbolic interactionism’s approach to understanding social behaviour, which centers the actor and the actor’s interpretation of situations and objects.

2.7 Summary

This chapter began with an examination of the literature on crack cocaine, outlining the prevalence, risks and harms associated with crack use. The literature clearly demonstrates that crack smoking is currently widespread across North America. Studies indicate that crack smoking is associated with severe social and health consequences, and
clearly deserves the same amount of attention that injection drug use receives within the substance use-related literature.

The second body of literature reviewed focused on the sharing of drug use paraphernalia. While very little research exists focusing specifically on crack pipe sharing, the literature on crack/substance use does indicate it is common practice among illicit substance users. Further, and most importantly, oral or non-injection crack use has been shown to be associated with infectious disease transmission. A review of the rich literature on syringe sharing among injection drug users shows it can serve as a foundation for an examination of the social dynamics of crack pipe sharing. This is followed by a discussion of reciprocity.

The chapter then reviewed the various approaches to the study of substance use and addiction, outlining both the usefulness and limitations of these perspectives to the study of crack pipe sharing and substance use in general. This was followed by an exploration of the contribution of sociology to the study of substance use and addiction, beginning with early connections with structural functionalism, moving on to the impact of Alfred Lindesmith’s (1947) seminal work on opiate addiction, and concluding with contemporary sociological perspectives on substance use.

The final body of literature on symbolic interactionism centers my gaze on interaction and meaning. I draw upon this theoretical approach because of its focus on the complex interactions of people who engage in interactions among symbolic objects. Through their interaction, symbolic meanings of the crack pipe and the act of crack pipe sharing are produced and reproduced. It is by way of symbolic interactionism that I come to my understanding of crack pipe sharing.
The next chapter presents my research design and methodology. I also outline and discuss the analytic techniques used to analyse my data, drawn from grounded theory. Validity, ethical considerations and limitations are also discussed.
Chapter 3: Research Design and Methodology

This chapter presents the study design, methods used, ethical considerations, and limitations of my analysis. It begins with a discussion of the rationale for using qualitative research methods. A description of the research design follows. I then outline my sampling strategy, characteristics of the sample, my data collection methods, and techniques used to analyze the data. I next briefly discuss validity. The chapter concludes with a summary of the ethical process, and some pertinent ethical considerations.

3.1 Qualitative Research Methods

“We have suggested that narratives which emerge in interview contexts are situated in social worlds, they come out of worlds that exist outside of the interview itself. We argue not only for the existence of these worlds, but also for our ability as researchers to capture elements of these worlds in our scholarship”

(Miller & Glassner, 1997, p. 105)

My decision to use qualitative methods to explore the issue of crack pipe sharing was both one of personal preference and practical reasoning. Qualitative methods are most appropriate when exploring the meaning of social phenomena, as experienced by individuals in their natural settings. Qualitative research, and specifically in-depth interviewing, allows researchers to gain insights into the lives of research participants, and helps them understand the lived experience of study participants. Given the basic purpose of this study, seeking to understand why people who smoke crack share crack pipes, the intention is to understand not only a social phenomenon, but an interactional, necessarily human, behaviour as well. Crack pipe sharing can be seen as experienced by
the user as a relationship with their environment. It thus necessitates being studied “interactionally and interpretively as a structure of experience that is produced and reproduced” in the lived experience of the user (Denzin, 1987, p. 18). As Gusfield (2003, p. 122) succinctly states, to understand human behaviour and lived experience, the researcher must “…try to see, as much as possible, from the other’s perspective.” This perspective can only truly be obtained by in-depth engagement with participants. My aim is to present the inner side of crack pipe sharing, that is, crack pipe sharing as seen and experienced from the perspective of those engaged in it. This thesis is guided by the question: how do the participants understand crack pipe sharing within the context of their own lives?

In order to fully understand crack pipe sharing, as experienced from the point of view of the crack user, qualitative methods are the most suitable and direct route, and will allow for a deeper and richer understanding of the phenomena. As illustrated in the previous chapter, the extant literature on crack use and crack pipe sharing has given us a clear picture of the demographics and characteristics of crack users, as well as the numerous health consequences of crack use and crack pipe sharing. What is lacking, and what can be achieved through a qualitative exploration of crack pipe sharing, is an understanding of the motivations guiding this behaviour.

3.2 Research Design

At the outset of this project I intended for it to be a grounded theory study, as developed by Glasser and Strauss (1967). While in the end I do not present my thesis as a
grounded theory study, many of the underlying, fundamental principles of grounded theory remain influential in this work, and guided in particular my data analysis.

Of particular importance, and drawn from symbolic interactionism, is the position of actors, who are seen as having the capacity to control their destinies by responding to the conditions they find themselves in (Corbin & Strauss, 1990). Grounded theory further emphasizes the importance of processes of interaction and the role individuals and groups play in constructing the social environment in which they live (MacDonald, 2001). My thesis is thus based around semi-structured, in-depth interviews, which allowed me to ask a specific set of predetermined questions, but be sufficiently flexible and open to allow participants to interact with me and the interview process, and play a role in the construction of the interview.

3.3 Participant Recruitment

I recruited participants based on purposive sampling techniques, which deliberately identifies a sample group that best reflects the phenomenon being studied (Ritchie, Lewis & Elam, 2003). This method was used instead of random sampling since ‘hard-to-reach’ of ‘hidden’ populations such as the homeless and drug users do not have comprehensive sampling frames (Benoit, Jansson, Millar & Phillips, 2005). For the purposes of this study, participants were required to be at least 19 years old (as considered adults by the University of Victoria Human Research Ethics Board), and had to have shared a crack pipe at least every other day, or 15 days in the past 30. I used this criterion, of “regular” sharing of crack pipes to ensure participants were sharing crack pipes (almost) daily. I felt in order to fully understand the phenomenon of crack pipe
sharing, speaking with people for whom CPS was part of their daily lived experience would produce the most fruitful results.

Since 2006 I have been involved as a research assistant at the Centre for Addictions Research of BC (CARBC), a provincial research centre located at the University of Victoria. My work there requires me to be in regular contact with social service and health agencies in downtown Victoria that service the homeless and street-involved drug using populations. Further, prior to its closure I volunteered at Victoria’s only fixed-site needle exchange, which put me in frequent contact with both social service providers and street-involved drug uses. Through my volunteer work, and work at CARBC, I have fostered close ties with service providers at all levels (from street nurses and outreach workers to directors of organizations), and as such had no trouble gaining access to my study population.

My initial plan was to spread participant recruitment across three locations in downtown Victoria: two daytime drop-in centres (Our Place and Streetlink) and through AIDS Vancouver Island’s (AVI) ‘Street Outreach Services’ program. A plan had originally been developed that would allow interviews to be conducted immediately at the time and location of recruitment, so that interview appointments would not be necessary. Unfortunately, at the time when recruitment began, another research group was already using the only available space in Streetlink, so I was unable to conduct interviews there.

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3 Victoria is an ideal location in which to conduct a study of this nature. It is a small urban centre with a large and visible drug problem. Despite being known for its gardens and retirement homes, Victoria deals with drug problems similar to those found in larger metropolitan Canadian centers such as Vancouver, Toronto and Montreal.
Recruitment through Street Outreach Services (SOS) at first seemed promising, but turned out to be flawed. SOS is the group that coordinates and carries out the mobile needle exchange service program in Victoria. It consists of two dedicated individuals who walk the streets of downtown Victoria handing out needles, other harm reduction supplies, and, when available, even crack pipes and mouthpieces. It was thought that, with their frequent interaction with people who fit my eligibility criteria, they would be a good source of recruitment. Interviews were to be arranged with participants I met on the street, and would be conducted later that day in a room in the AVI offices.

After joining two of the outreach shifts I realized this was not an ideal way to recruit participants. Many of the people I spoke with on the street were apprehensive about my study, despite being introduced by the outreach workers. Others, in the process of getting harm reduction supplies in full public view, were eager to quickly get their supplies and move on, and were not interested in speaking with me. The few who did indicate interest in the study replied they did not have time that day to do an interview, but maybe “some other time.” Engaging with clients on the street was often a rushed procedure even with the outreach team, as clients were always on the lookout for police, being caught in the middle of conversation with someone, having some activity interrupted, or simply in transit. Based on the difficulty I had in actually speaking with clients of SOS on the street, I decided not to pursue this avenue of recruitment further.

In the end, all participants were recruited and interviewed at Our Place. Our Place is a social service agency in downtown Victoria that provides a number of services to the homeless and marginalized population. The agency acts as a day-time drop-in centre with a library and computer area, a dining hall that provides 3 meals a day, and a hygiene area
offering free showers, foot care and clothing. The agency also offers counseling services, detox referrals and housing assistance. Our Place also runs a transitional housing program with 45 private rooms. The transitional housing program works with clients to overcome the various barriers facing long-term independent living.

Participants were recruited with the help of staff at Our Place. A staff member would approach potential participants whom they knew were regular crack smokers. They would not explain the study to them, but simply ask if they would be interested in speaking with someone conducting a study. If the participant was interested, we were introduced by the staff member, I explained the study, invited them to participate, and if interested in participating, screened them for eligibility. Participants were asked how often they smoke crack, when they last shared a crack pipe, how often they had shared a crack pipe in the past week, and then asked on how many days they had shared crack pipes in the past month. If they answered appropriately, the interviews were conducted immediately after the screening process.

3.4 Data Collection

Thirteen semi-structured, in-depth interviews were conducted between April and June 2009, based on an interview guide (see Appendix I) developed from my original research questions:

1) Why do users of crack cocaine share crack pipes?

2) What is the range of settings where crack pipe sharing takes place?

3) What are the social-cultural factors linked to crack pipe sharing?
Interviews lasted on average one hour, the shortest being only 30 minutes long, and the longest 1 hour and 30 minutes. All interviews were recorded with a digital recorder, to allow me to focus on conversation rather than extensive note-taking. Given my interest in the narratives of the participants, adequately recording their words, rather than paraphrasing their stories, was of utmost importance to me.

After explaining the study to participants, the consent process was described, the main points of the consent form were clarified, and they were given a consent form (see Appendix II) to then read and sign. Participants were asked if they had any objections to, or concerns about, tape-recording the interviews. None objected, though one participant was concerned about confidentiality and asked to receive a copy of the interview, which I later copied onto a CD and gave to him.

The interviews were conducted in the dining hall at Our Place between the afternoon and evening meals when the room was empty. During this time no clients are allowed in the dining hall, and the closest staff were those in the kitchen preparing the next meal. To ensure confidentiality, we always sat at the tables farthest from the kitchen, which made it impossible for the kitchen staff to hear our conversation. On the odd occasion when cleaning staff were still in the dining hall, we would wait until the staff were gone to begin the interview. Participants were given a $15 honorarium at the end of the interview, in appreciation of the time spent and stories they shared with me.

The initial interview guide consisted of four main topic areas: i) Opening Questions, in which I asked participants how long they had been in Victoria and what brought them to the city (if they were not from Victoria), where they spent most of their nights, and about the last time they smoked crack; ii) Crack Use, which covered their
initiation into crack use, changes in crack use over time, how much crack they use per day, economic questions (how much they spend on crack per day, where they get their money to buy crack, and if they pool money with other to purchase crack), positive and negative things about crack, other drug use, and what they typically used to smoke crack (i.e. what their pipes were made from); iii) Crack Pipe Sharing, in which participants were asked to talk about the last time they had shared a crack pipe, how often and with whom they normally shared pipes, why they shared crack pipes, why they felt it was alright to share pipes with certain people, situations in which they refused to share pipes, problems related to crack pipe sharing, and possible benefits of a crack pipe distribution program in Victoria; iv) Social and Health Issues, which covered questions around physical and mental health issues, and their use of social and health services in Victoria. The interview guide went through two subsequent revisions at different times in the data collection period.

After conducting the first three interviews, I transcribed them and conducted a cursory analysis, looking primarily for ways to improve the interview, both in terms of the data being collected and my interview technique. The data were also examined for issues/topics brought up by the participants that were not covered in my interview guide which warranted further exploring. In the Opening Questions section probes were added to encourage participants to speak more about the circumstances that led them to being homeless, and their experiences of homelessness. Questions about drug use were removed from this section. A section titled General Drug Use was added, which included circumstances of their first drug use experience (i.e. how old, where, with whom), first drugs used, why they thought they started using drugs, and their progression of drug use
from first experience to the present. Participants were eager to discuss their personal histories, and these first two sections generated some very rich, unexpected and interesting data.

The Crack Pipe Sharing section underwent the most revisions, primarily by the addition of probes. I also recognized that the wording of many of my questions did not encourage participants to speak broadly on specific topics. Many of the questions were subsequently rephrased and left open-ended. For example, rather than asking if they ever refused to share crack pipes, participants were encouraged to tell me about a time when they did so, which opened up and broadened our ability to explore a topic through mutual dialogue. Probes were added to explore the impact of crack pipe sharing on relationships with family, friends and intimate partners (i.e., boyfriends/girlfriends, spouses); other probes were added to explore crack pipe sharing rules, and specific contexts of crack pipe sharing.

After conducting four more interviews a few final revisions were made, particularly to capture the differences between lending and borrowing crack pipes. I decided also to end the interview by asking participants, broadly, what they would need, or what could be done for them, to quit crack/drug use entirely. Rather than end the interview abruptly after talking about physical and mental health issues, I saw this as a way to wind the interview down and end on a more positive note by looking to the future.

While my interview guide contained a great number of questions and probes, throughout the interview participants were encouraged and given liberty to freely reflect on and discuss their experiences. The detailed interview guide helped bring the interview back on track if it got too far off topic, and was used to ensure that specific topics I
wanted to cover were adequately discussed. While the interview guide was used to direct
the conversation to specific topics, participants were given the freedom to let me know
what was important to them, and what they believed to be important to the topic. This
also allowed for issues I had not anticipated to naturally emerge from the interviews, and
subsequently become incorporated into revisions made to the interview guide.

3.5 Data Analysis

The interviews were transcribed by myself. It was a lengthy and arduous process,
but the benefits of being deeply engaged with my data greatly outweigh the irritable days,
nights, and weeks of what seemed to be endless transcription.

Data analysis was conducted once all of the interviews had been transcribed. The
analysis was guided by techniques employed in grounded theory\textsuperscript{4}, and in particular those
proposed by Strauss and Corbin (1998). At the heart of grounded theory is constant
comparison, which involves making comparisons among the data, emerging concepts,
new data and abstract theorizing (Milliken and Schreiber, 2001). This practice of constant
comparison was used to frequently engage with my data alongside and beyond the coding
processes. It became particularly useful in making sense of vast amounts of text, and
tying what at times felt like a jumble of disconnected ideas into a coherent story. A useful
strategy I often used to keep myself on track was to ask myself questions such as “What
is really going on here?” “What is the main problem?” “What is happening in this
situation?” and “What is this an example of?”

\textsuperscript{4} In grounded theory, analysis is conducted simultaneously with data collection, which
allows for theoretical sampling (allowing data to guide subsequent interviews). I used
neither of these techniques, but am referring to the types and levels of coding I used in
my analyses which are commonly used in grounded theory.
The first step involved open coding, in which “data are broken down into discrete parts, closely examined, and compared for similarities and differences” (Strauss & Corbin, 1998, p. 102). I analyzed the transcripts line-by-line, labeling all things (events, actions, incidents, interactions) thought to be relevant in any way, or that appeared to contain single ‘units of meaning.’ At first this generated an enormous amount of codes. However, after a handful of interviews had been analyzed I was able to begin grouping together similar events/incidents/interactions, and concepts began to emerge. By the time the final few interviews were being analyzed, a number of relevant concepts had become apparent, which were grouped to form early categories. This was a complicated process that involved reducing hundreds of codes into a handful of concepts. Codes were compared with codes, codes with concepts, and finally concepts with other concepts in order to find similarities and begin meshing out categories. Concepts I had identified, for example, based on participants’ discussions of “getting free hoots”, “stealing pushes”, “accumulating resin,” I then grouped together into the category *Economy of Crack Pipe Sharing*.

The second stage of coding was similar to the axial coding of Strauss and Corbin which is “the process of linking categories to their subcategories…linking categories at the level of properties and dimensions” (1998, p.123). One of the main purposes of axial coding is to generate a set of categories and their properties. Once a category is identified, the data are examined to determine conditions that give rise to the phenomenon, the context in which it occurs, and the consequences (Corbin & Strauss, 1990, p. 13). It was in this stage, for example, that the category of *Control* took shape and I was able to identify dimensions and subcategories of control (i.e., control over self, the
drug, one’s addiction, the drug effect, other people). While axial coding is a move from specific incidents to broader abstractions, it is the start of the process of putting back together the data that were fractured during open-coding, and forming explanations about the phenomenon.

Once this stage of coding was finished I had identified the major themes of the study, and had in place the story I wanted to tell. At this point I felt comfortable with not having to go through a third stage of coding, such as Strauss and Corbin’s (1998) ‘selective’ coding. It was not my objective to identify a ‘core’ category, which is achieved through the third stage of selective coding. Charmaz (2003) suggests that experience does not always fit with the linear mode suggested by grounded theory, which culminates in an explanation of phenomena based on single process, or ‘core’ category. Rather than suggesting an encompassing substantive theory of crack pipe sharing by way of a ‘core’ category, it is my intention instead to propose a conceptualization of crack pipe sharing by weaving together the main categories identified through my data analysis.

3.6 Ensuring Validity

There are a number of different ways of ensuring validity and the trustworthiness of findings in qualitative research. The process of breaking apart the data, and the use of constant questioning and comparison in open coding help protect analysis from bias. Corbin and Strauss (1990) suggest that “[f]racturing the data forces preconceived notions and ideas to be examined against the data themselves” (p. 13). I constantly compared abstract ideas with the data to ensure fit. If ‘fit’ between an idea and my data could not be
found, the idea would be discarded. This way I made certain my theoretical explanations were grounded in the data.

After transcribing and coding the first 3 interviews I presented my supervisory committee with a rough and preliminary coding scheme. Being the primary coder of the data, I wanted to ensure that my initial coding scheme fit with the data, and asked the members of my committee for feedback on the initial steps of my analyses. Based on their input and suggestions, I ensured my coding scheme did in fact ‘fit’ with my data, and further ensured the validity of my analyses.

At the outset of this study I had intended to attempt member checking, or respondent validation, to ensure validity. This method of validation involves taking the research findings back to the participants to see if my interpretation of the phenomenon is, from their point of view, correct (Lewis & Ritchie, 2003; Cresswell, 2003). After completing each interview participants were asked if they would agree to tentatively meet with me at a later point, once my analysis had been conducted, to discuss my findings and determine whether my interpretation was accurate. I stressed that their input was important, given that I was basing my findings on their own words and narratives. All participants agreed during their interview, but follow up proved difficult given the transitory nature of the participants. I returned frequently to Our Place in the hopes of finding some of the participants. Twice I ran into a participant in the street, and attempted to set a time to meet, to no avail. Their response was to the effect of: “I don’t have time now, try and find me later.” At the time of writing I have not been able to contact any of the participants. One potential disadvantage of not carrying out respondent validation is a possible misinterpretation or misrepresentation of participants’ narratives. Further, the
opportunity to incorporate participants’ reactions to my analyses into my findings, or even discover new data was potentially lost.

3.7 Ethical Considerations

An ethics application was submitted to the University of Victoria Human Research Ethics Board, and after minor revisions and clarifications the application was approved (Protocol Number 09-118). Before beginning each interview I took the time to describe the consent process to participants, summarized the consent form, and then gave them the consent form to read and sign. Participants were given a copy of the consent form to take with them.

Given the sensitive nature of many topics in my interview guide, participants were reminded they did not have to answer anything they did not want to, if anything made them upset to let me know and we would move on to something else, and that if they got upset they could take a break or end the interview entirely. A number of participants got very emotionally upset during the interview. Breaks were taken, and those that seemed particularly distressed were encouraged to end the interview; however all were very insistent that they wanted to continue and finish the interview.

It was also important to ensure confidentiality, given the frank discussion around illegal activities. As described above, all attempts were made to ensure sure no one at any point could hear the discussion I was having with participants. In the event that I felt confidentiality would be compromised (i.e., staff were milling about, or cleaning nearby), the interview was paused until we were alone.
Full anonymity could not be ensured. The staff member that helped with recruitment was obviously aware of what was being discussed with participants. As well, most staff were aware of who I was and what I was doing, such that anonymity was further compromised whenever staff members saw participants speaking with me. A disadvantage of not being able to ensure full anonymity is the possibility of a Hawthorne effect, whereby participants alter their behaviour when they are aware of being observed/studied (Murray, Swan, Kirylik, & Clarke, 1988). Despite this, all necessary measure were taken to make certain that interviews could not be linked to specific participants. All recordings, notes and transcripts were given an anonymous study code. While some demographic information was collected, nothing that could identify participants was recorded in any form. This issue was important to participants and raised often before the interviews began, and frequently brought up again during the interviews. I was always very clear that what they told me could not be traced back to them, and they could not get into trouble by speaking with me.

As is customary with sensitive research, all transcripts and other electronic data, including memos and field notes are stored in my personal laptop, protected with a password known only to me. Any handwritten or printed notes are identified only by the anonymous study code, and kept locked in my house, protected by a dog and small child. All hard copies will be shredded, and electronic data erased, after a period of 5 years, as indicated in my research ethics application.
3.8 Summary

This chapter outlined the study design and methods used. The sampling procedure, data collection methods, techniques used in my analysis were described, and issues of validity discussed. Finally, ethical considerations were described.

Chapter 4 presents my findings and analysis of crack pipe sharing. It outlines the main categories that emerged from my data, and proposes a conceptualization of crack pipe sharing.
Chapter 4 - Research Findings

This chapter presents my findings on crack pipe sharing. The chapter begins with an overview of characteristics of the sample before moving on to a discussion of the social context of crack pipe sharing, locating the phenomenon within a subcultural context. Attention is given to the socially mediated reasons for sharing crack pipes, crack pipe sharing as a social act, and the rules and etiquette of crack pipe sharing. This is followed by an analysis of three dimensions of crack pipe sharing: mutual sharing, distributive sharing, and receptive sharing. The final section of the chapter provides evidence of how crack pipe sharing has caused strains on the social relations of participants.

4.1 Characteristics of the Sample

I conducted 13 interviews with self-reported regular crack smokers who regularly shared crack pipes. Participant demographic information is found in Table 1 (below). Participants ranged in age from 29 to 49 (average = 39 years); six were female and seven were male. Eight of the thirteen participants were Caucasian; one was First Nations, one Caucasian/Aboriginal, one Metis, one Celtic, and one was ‘mixed’ (Asian-European). All participants reported receiving social assistance. Other sources of income included drug dealing, drug ‘middling’\(^5\), drug exchanges, bottle and can collecting, part time dealing, drug ‘middling’\(^5\), drug exchanges, bottle and can collecting, part time

\(^5\) Drug middling is a common source of income and/or drugs among street-involved drug users. The ‘middler’ acts as the middle person between a drug dealer and someone looking to buy drugs on the street. The middler takes the money from the buyer and him/herself contacts and purchases the drugs from the drug dealer. In exchange for this, the middler normally receives a small amount of money or, more commonly, a small
employment, panhandling and sex work. Only one female participant was not involved in
sex work, while no male participants reported being involved in sex work. Six of the
participants were exclusive crack users (four of those are on methadone); seven
participants were poly-substance users, meaning regular users of multiple substances.
Most (10) slept on the street, while 2 had a room at Our Place and one participant had her
own apartment.

Table 1: Participant demographic information

<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Education</th>
<th>Sleeps</th>
<th>*Income</th>
<th>$ on crack</th>
<th>Other drug use</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS01</td>
<td>F</td>
<td>35</td>
<td>Caucasian</td>
<td>Some HS</td>
<td>Own apt.</td>
<td>DD, SW DE, SA</td>
<td>$300-400 per day</td>
<td>Methadone, Benzos, Alcohol</td>
</tr>
<tr>
<td>CPS02</td>
<td>M</td>
<td>47</td>
<td>Caucasian</td>
<td>Some HS</td>
<td>Our Place</td>
<td>DD, SA, B&amp;C</td>
<td>$20-50 per day</td>
<td>Seroquel to sleep</td>
</tr>
<tr>
<td>CPS03</td>
<td>F</td>
<td>33</td>
<td>Caucasian</td>
<td>Some college</td>
<td>Street</td>
<td>SW, SA, MID</td>
<td>$100 per day</td>
<td>Methadone, Pot, Alcohol, Opiates,</td>
</tr>
<tr>
<td>CPS04</td>
<td>F</td>
<td>29</td>
<td>Caucasian</td>
<td>Some HS</td>
<td>Street</td>
<td>SA, B&amp;C</td>
<td>NA</td>
<td>Methadone</td>
</tr>
<tr>
<td>CPS05</td>
<td>M</td>
<td>49</td>
<td>1st Nations</td>
<td>Some HS</td>
<td>Street</td>
<td>SA, B&amp;C</td>
<td>1 or 2 g per day</td>
<td>Methadone</td>
</tr>
<tr>
<td>CPS06</td>
<td>M</td>
<td>40</td>
<td>Caucasian</td>
<td>Some HS</td>
<td>Street</td>
<td>SA, MID, PAN</td>
<td>$50-300 per wknd.</td>
<td>Pot, Alcohol</td>
</tr>
<tr>
<td>CPS07</td>
<td>M</td>
<td>41</td>
<td>Celtic</td>
<td>Some HS</td>
<td>Street</td>
<td>SA</td>
<td>$40 per day</td>
<td>Crystal, Opiates</td>
</tr>
<tr>
<td>CPS08</td>
<td>F</td>
<td>45</td>
<td>Caucasian</td>
<td>Some HS</td>
<td>Street</td>
<td>SA, SW PAN</td>
<td>$200 per day</td>
<td>Methadone</td>
</tr>
</tbody>
</table>

amount of drugs from the buyer. Middlers also often steal a small amount of the drug
before returning to the buyer. This is a common and accepted practice.
4.2 The Social Context of Crack Pipe Sharing

The act of sharing a crack pipe is essentially a social one, necessarily involving the interaction of two or more people around a specific object: the crack pipe. A borrower of a crack pipe needs a lender, and a lender of a crack pipe obviously needs someone to lend it to. This act, which centres around the use of an illegal substance, is carried out by a specific subcultural group who exist within a social dimension intertwined with criminal activity, prohibition and the subject of regular persecution, and who are forced to the periphery of mainstream society. The users of illicit substances who participate in this activity “share a strong commitment (based in desire or need) to the use of drugs” (Grund, Friedman, Stern, Jose, Neaigus et al., 1996). This commitment to drug use forces drug users into the margins, and at obvious odds with mainstream society.

As suggested by Grund et al. (1996), drug prohibition has resulted in an adaptive response to the hostility faced by illicit drug users (i.e. stigma, criminal prosecution). The
result is a tightly woven subculture which mediates pressure from conventional society, and evolves its own rules, rituals, common stocks of knowledge, and means of functioning (including, most importantly, obtaining and using prohibited substances). The social world of illicit substance users “contains a loose system of organizational and cultural elements, including a special language and argot, certain artifacts, a commodity market and pricing system, a system of stratification, and ethical codes” (Ray, 1976, p. 388). It is through interaction, interpretation and reinterpretation that the social world of drug users, and in this case specifically people who smoke crack, is produced and continually reproduced.

4.2.1 Crack pipe sharing as a social act

The degree of social interaction among crack smokers who share pipes is largely dependant on the frequency with which pipe sharing occurs. While participation in this study required sharing crack pipes at least every other day, participants often reported much more frequent engagement in CPS. Typical responses to frequency of CPS included:

- Almost every time I use. (CPS01, F/35, L82)
- Three to four times a night. (CPS02, M/47, L556)
- At least on a daily basis. (CPS03, F/33, L523)
- Pretty much every time I smoke crack I am borrowing somebody’s pipe because I never really have my own pipe. (CPS07, M/41, L981-982)
- Everyday. Every time I smoke anyways, for sure. (CPS10, F/40, L961)

Given the frequency of CPS among the participants, it is no surprise that discussions of CPS revolved around varied social functions. Crack pipe sharing was often
seen as a part of socializing, and referred to in such a way particularly when speaking about sharing pipes with friends:

> It can be, yes I shall say. It’s like a close thing. Makes people…yeah it is. It’s like sharing a bottle of wine with somebody. It’s a social thing […] Well like I said if you’re, if you end up in a room with a couple people that are fun to smoke with, that’s when it’s good. When you socialize. (CPS10, F/40, L1070-1109)

> Well if it’s someone I know, and we’ve hung out and done crack together, that’s different. Sure you can use my pipe. (CPS13, F/42, L696-697)

Similar to the first quote above, another participant compared sharing his “house pipe” to sitting around drinking beer with friends:

> Yeah I actually had like a house pipe…[b]uilt out of a couple pop bottles that I made. Everybody used it ‘cause it was so cool…It’d be like sitting around drinking beer, except we’re smoking crack. (CPS02, M/47, L656-687)

In addition to sharing pipes as part of socializing, the act of lending a pipe to someone was sometimes thought of in a reciprocal nature. Similar to Sahlins’ (1972) conceptualization of balanced reciprocity, lending their pipe to someone was seen as a way of paying people back, or being nice to someone who had helped them in the past:

> Well, if I have a girlfriend, like we’re not close but we talk and I’ve hung out with her, and we’ve helped each other out, smoked together, definitely. I’ll lend it to her. (CPS13, F/42, L737-739)

> Participant: I bought a half-ball one day, a half a ball of, half an 8-ball. Ok, I gave everybody a hoot that I needed to give a hoot to. And gave a few other people some, who I figured would get me back.

> Me: What do you mean by that?

> Participant: Well, you bum a hoot here and there, you have to pay back. It’s just like borrowing money. You give them a hoot next time. Next time when you have a lot. If you don’t have a lot, then fuck no, sorry. (CPS06, M/40, L1097-1122)

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6 A “ball” or an “8-ball” refers to 3.5 grams of cocaine, or an eighth of an ounce.
Similarly, participants occasionally lent their pipe to other people as an act of kindness, simply to help them out. As discussed in Chapter 2, this type of sharing mirrors conceptions of altruism, in which the exchange is not carried out with any sort of expectation of immediate return:

Just to help the person out. Let them do their toke and that’s about it. (CPS12, M/32, L535-536)

Um…someone is down and out, and they got nothing, and someone might have just given them a hoot, so they (inaudible) or maybe someone just got busted, jacked up right and the cops crushed their pipe…Or leaving the cop shop, someone needs a pipe. (CPS03, F/33, L529-540)

The environment of the participants is frequently hostile, aggressive and largely negative. Despite this, or perhaps because of this, participants often spoke of the important social role CPS played in their lives.

4.2.2 The rules and etiquette of crack pipe sharing

Engagement in the act of crack pipe sharing is largely regulated by informal rules and expectations of behaviour. These rules are generally widely accepted and followed, and shape how people interact around the borrowing and lending of pipes. It is by following these rules and forms of etiquette that the ritual of crack pipe sharing emerges within this subcultural context. Rules and etiquette dictate how long you can smoke from a borrowed pipe, how much crack you are expected to share, and even how you light and handle the pipe.
A significant and oft discussed rule was that of offering the lender of a crack pipe either a small quantity of crack, or a “hoot”\(^7\) from their crack rock in exchange for borrowing their pipe:

…generally the etiquette is, if you let someone borrow your pipe you get a hoot for it. You know that’s kind of like the street etiquette…

(CPS03, F/33, L616-629)

I don’t mind them having a toke. You know what I just don’t like it if they borrow my pipe and keep smoking and not ah, ask me if I want a toke. That’s rude. Ok? If you’re gonna use someone’s pipe there, unless you only have one toke for yourself, you should always offer them a toke. That’s crack etiquette. (CPS10, F/40, L855-859)

Not following proper CPS etiquette was frowned upon, and thought of as an act of rudeness on the part of the borrower of the pipe. One participant described a particularly frustrating encounter with another crack smoker:

Like this one dealer downtown, he…he was using my pipe, over and over and over again. And he smoked 20 or 30 dollars worth of rock in my pipe. And he offered me nothing. And then people started coming up and buying dope off him! “You’re a dealer too?!” I was like, whoa, that’s not cool man. And you don’t even give me nothing? That’s a lot of dope to smoke in someone’s pipe, right in front of them. I couldn’t believe he could do that. And then, I had 4 bucks, and he didn’t even, he should have said, “Here, keep your 4 bucks.” Or “Here’s a 10 rock for letting me use your pipe.” Nothing. He wouldn’t even let me buy a 5 dollar hoot cause I was short a dollar. That’s fucking low. Excuse my language. But oh my god I was mad. (CPS13, F/42, L782-794)

This participant illustrates a common response to not following etiquette. When lending or borrowing a pipe there is an expectation that one will either receive something in

\(^7\) A “hoot” is a commonly used expression among crack smokers, and refers to inhaling an amount of crack from a crack pipe (similar to the expression of taking a “drag” of a cigarette or joint). A hoot is also used to refer to an amount of crack. Participants in this study referred frequently to taking hoots, giving hoots, expecting hoots in exchange for something, and buying hoots (i.e., a 5 dollar hoot).
exchange for lending their pipe, or will offer something in exchange for borrowing a pipe (similar to the reciprocal function of CPS as discussed above).

Other CPS rules and etiquette revolve around the handling and use of the pipe, and are often referred to in terms of respecting the personal property of the lender of the pipe. The symbolic and value laden nature of the crack pipe dictates a certain respect for it, as witnessed in the following account:

The respect is that you don’t get it too hot, you don’t fry that Brillo\(^8\) out, its respect you know if you are going to use it right? Hey, it sounds funny now that I am just talking about it…but its true. Ownership, one more time. Its not yours. You are borrowing it… (CPS09, M/42, L617-621)

Over-heating Brillo was a common concern, especially for participants lending their pipes to others, as burnt Brillo not only tastes bad, but it is habitually used to collect resin (the obsession with resin is discussed below). Similar rules concerning the use of the pipe were expressed by other participants:

Etiquette. Just don’t break their pipe. That’s it. You just don’t break somebody’s pipe. And don’t burn their Brillo. That’s, that’s pretty much it. Don’t burn the Brillo and don’t break the pipe. (CPS04, F/29, L826-829)

You um…you only burn it once. Yeah. And you don’t push their pipes, you don’t burn it too fast. Ah…and what else…Okay…see, you are not allowed to push the pipe, you are only allowed to burn it once, you can’t burn it twice. (CPS08, F/45, L944-947)

Don’t burn my Brillo. Ah…don’t fuckin get, don’t burn my Brillo, don’t tip my pipe, fuckin don’t slober my pipe, don’t drop my pipe. Ah, give me my pipe back (laughs). Don’t fuckin sketch my pipe, don’t push my pipe. Yeah, definitely. Most of those things are like, given… (CPS07, M/41, L1221-1225)

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\(^8\) Brillo is used as a filter in a crack pipe. A small amount of Brillo is balled-up and stuffed into one end of the pipe. Crack rocks are then placed on the Brillo and heated so that the crack rock sticks to the Brillo. A crack rock can then be lit and smoked a number of times without having to remove it from the pipe each time.
Along with the crack pipe, resin was a highly valued commodity among the participants. As crack is smoked, resin collects on the inside of the pipe and on the Brillo. Once enough resin has accumulated, the Brillo is pushed to the other end of the pipe, thus collecting all the resin on the Brillo. The Brillo is then heated in order to smoke the resin. This is referred to as “pushing” or doing a “push.” The high from the resin is said to be cleaner and more intense than the high from a crack rock, and is therefore cherished (collecting resin is discussed in more detail in part 4.2 below). Stringent rules exist about not smoking someone else’s resin:

Don’t push it. Don’t burn the Brillo so it’s non existent. And never push a guys pipe. That means, you know it’s a tube, and you take something and stick it in and you push the, all the resin’s back here and you push it all out, by pushing the Brillo to the other end. You never do that with somebody else’s pipe. (CPS05, M/49, L1194-1198)

Another participant described how a borrowed crack pipe should be properly held and used in order to avoid smoking the resin:

_Participant_: You don’t push it. You don’t push it, you don’t tip it down. You keep it straight-leveled.

_Me_: Why don’t you tip it down?

_Participant_: Cause you’ll get all the resin that runs, all the resin that’s around the Brillo and that, that’s around the crack pipe, you don’t tip it down. Like that. You don’t do that. You gotta keep it straight man. You gotta smoke it like this. You gotta fuckin take your crack pipe, and fuckin go like that (imitates holding a crack pipe straight/horizontal while lighting it). You can’t tip it down, cause if you tip it down, all the resin will go to the Brillo and you’ll get fuckin punched out. You always keep it up man. Up or straight level. You never tip it down. (CPS06, M/40 L1275-1288)
4.2.3 Consequences of breaking the rules

Similar to breaking the rules enforced by mainstream society, there are definite and often severe consequences of not following the expected etiquette of CPS. Given the subcultural context of crack smoking, the consequences of breaking the rules of CPS vary greatly, and are dependant on the relationship between those involved, and the immediate interactional context. There are no formal punitive consequences, though participants were clear about the various informal consequences of not following proper etiquette when sharing a crack pipe.

Speaking of what happens when someone ruins a borrowed pipe, one participant stated, “[w]ell, they owe a new pipe. They have to get them a new crack pipe. Sometimes you gotta go buy them in a store. Or they do something retarded and charge you 20 dollars” (CPS04, F/29, L837-839). Some form of repayment was frequently sought by participants when their pipe was broken or somehow ruined by another user. Repayment could take many forms, including cash payments, and amount of crack or other drugs, having to seek out a new pipe, or acquiring a debt to the lender of the pipe.

Another consequence of breaking the CPS rules, as discussed by a number of participants, was social ostracization. The level of social ostracization ranged from simply not being allowed to use a pipe from the person again, to becoming known in the community as someone to whom pipes should not be lent:

Well, they will just take the pipe right away, so then you don’t get to finish your toke. Or um, you know, like you will just never be allowed to use their pipe again, you know, stuff like that. Like there is usually a consequence. (CPS08, F/45, L952-955)

Well, for me, personally, they never use my pipe again. I never help them out again… (CPS11, M/39, L856-857)
Well, there can be like some sort of like social, like ostracizing...there’s this one guy, I know because people call him The Welder. Because they don’t know how he can get this fucking Brillo so hot and stuck to the glass, and so burnt up from like just a couple of hoots right (laughs). And nobody will lend this guy a fucking pipe or Brillo at all. It’s like, “Hey you got a pipe?” “Fuck off man!” Oh that’s the welder guy right. (CPS07, M/41, L1234-1246)

Violence was also a common reaction when proper sharing etiquette was not followed. This behaviour is in line with the general violent and aggressive atmosphere of the participants’ environment. Consider the following examples:

Anything from someone getting a little upset with you to, literally, probably stabbing you. Killing you, beating you up. (CPS10, F/40, L888-889)

You’d probably get punched out! Seriously. Oh yeah. (CPS06, M/40, L1292)

Oh yeah I’ve seen people get punched out for not using someone’s pipe you know, appropriately. Yeah or lighting for too long. Or tilting it down. Whatever. Like if you drool on someone’s pipe you’re fuckin shot, also. (CPS03, F/33, L702-708)

Another participant tersely described his reaction when people do not follow proper sharing etiquette:

Participant: Kick their ass.

Me: Does that happen often?

Participant: Once in a while, yeah. (CPS12, M/32, L396-400)

The above narratives, describing the various social functions of CPS, the rules and etiquette of CPS, and the consequences of breaking those rules, help contextualize crack smoking and crack pipe sharing within a subcultural context.
4.3 Dimensions of Crack Pipe Sharing

The analysis of crack pipe sharing above identified a number distinct forms of “sharing” that emerged from the participants’ narratives. There are at least three dimensions of crack pipe sharing, each dependant on one’s place within the interaction, and each with it’s own distinct benefits and costs (again, depending on where one is in the interaction). These dimensions are: mutual sharing, distributive sharing, and receptive sharing. Distributive and receptive sharing has been touched on in the syringe sharing literature (Golub et al., 2007; Smythe & Roche, 2007; Todd, Abed, Scott, Botros, Safi, et al., 2008), though overlooked in studies on other drug use paraphernalia. An understanding of the way these three dimensions are thought of, discussed and engaged in by the participants in this study is crucial in conceptualizing the phenomenon of crack pipe sharing.

4.3.1 Mutual crack pipe sharing

Mutual sharing was the least common form of CPS the participants engaged in. Mutual sharing involves an equal relationship between the people sharing the crack pipe. No person necessarily benefits more than the other from the interaction, and in most cases each person involved in the interaction contributes equally. Sahlins (1972) describes this type of exchange as balanced reciprocity, in which returns are of equal and commensurate value. A recent occasion of mutual sharing was described by one participant, in which both people involved were equally dependant on each other in order to smoke crack:

A few nights back, yeah I was, I had one pipe, I had money, my buddy had the crack connection, he had the crack pipe, he had the lighter, he had the
Brillo, he had the whole thing, so I was as dependant on him as he was on me. I brought the dope, he brought everything else. So we just hung out and passed the pipe back and forth until it was gone. (CPS07, M/41, L964-969)

Mutual sharing was generally referred to by participants as a positive social interaction, and their re-telling of such experiences often involved notions of friendship, bonding and intimacy:

Somebody bought three hundred dollars worth, so I ended up sharing it with him. He looked like he was cool. He didn’t look like a natural drug user. Not a natural crack user...he’s a working man. He only comes and sees me, every couple months. Like I’ll share it with him. I know he works, fuck he’s got a wife, he’s got kids...We just walked around. We talked. We sat and smoked here and there. We talked some more. We sat here and smoked there. Here and there. (CPS06, M/40, L913-981)

I guess so, because you know, like, its not that they intentionally didn’t have a pipe, its just that you know, they sometimes do it so maybe its just that you know, we are gonna have some fun, and get it on type of thing, right? (CPS08, F/45, L927-930)

Sharing crack pipes was common practice between participants involved in an intimate relationship. Sharing among intimate and sexual partners is well documented in the syringe sharing literature (Sherman, Latkin & Gielen, 2001; Lum, Sears & Guydish, 2005), and has been associated with lower levels of perceived risk (Bailey at al., 2007). Participants in this study shared similar sentiments regarding sharing pipes with intimate partners:

I don’t like to share my pipe, but if it’s with my ex or something, yeah, I know she’s clean, I have no problems with that. (CPS06, M/40, L896-898)

Like for instance, when I was using with my girl, why not? (CPS09, M/42, L628-629)

One participant pleasantly recalled a recent time she and her husband had enjoyed some time alone together sharing a pipe while smoking crack:
I was with [husband], we were in our tent, and we just sat in our tent for about an hour smoking crack. We had about a hundred dollars worth of dope, and ah, we just used it back and forth. He would have a hoot, pass it to me, I would have a hoot, pass it back to him. (CPS04, F/29, L614-617)

When I asked her why she felt it was ok to share a pipe with him she replied:

*Participant*: Cause he’s my husband.

*Me*: Ok, and why do you feel it’s ok to share a pipe with him?

*Participant*: Cause, we, I don’t know, we do everything else together, why not sharing a pipe. Cause I’m like married to him, we’re like married. A married couple I mean. I don’t have to feel bad sharing my pipe with him. (CPS04, F/29, L660-678)

In the above narratives, “sharing” crack pipes implies a mutuality of experience, in which two people share a social experience in a selfless manner. Sharing in this manner further implies an equality in their interaction, in which neither individual benefits more than the other through the sharing of a crack pipe. Rather, participants expressed mutual benefits of social interaction, bonding, or simply having a good time. Unfortunately this form of crack pipe sharing is an exception rather than the rule. As is discussed in the next two sections, crack pipe sharing tends to be a selfish act with distinct benefits and costs, which are dependant on the status and place of the individuals within the interaction.

**4.3.2 Distributive crack pipe sharing**

Distributive sharing was the most frequently discussed dimension of crack pipe sharing by the participants. The act of crack pipe sharing necessarily involves at least two people, and only occasionally is engaged in as a form of mutual sharing as discussed above. Other forms of crack pipe sharing involve relations of power and inequality,
translating into benefits and costs for either party involved. The benefits are greater for those in the position of lender (though this is not always the case, as is discussed below), while the borrower of a crack pipe tends to incur greater costs through the interaction. Although the borrower of a crack pipe benefits by getting to smoke his/her crack, the interaction is more likely to be a positive experience for the lender of the pipe, and potentially negative for the borrower. Two prominent themes emerged from my analysis of the data, which I position as the main functions of distributive crack pipe sharing as experienced by the participants in this study: economic functions, and power and control.

*The economy of crack pipe sharing*

The socio-economic status of the participants in this study - specifically poor, homeless (or unstably housed), street involved and marginalized - coupled with their frequent and problematic drug use, placed them in a challenging situation mediated by two competing factors: a strong desire to use crack, and a lack of income to adequately support this desire. Participants acquired money in a variety of ways (see Table 1 for a list of specific sources of income) to support their drug use, though often spoke of never having enough money, and spending all their money on drugs. While crack pipe sharing was never discussed as a source of income (though crack pipes are occasionally sold on the street for as much as twenty dollars), lending pipes was commonly referred to in terms of economic benefit, and served three particular economic functions: to acquire free crack, to facilitate drug dealing, and to collect resin.

*Piecing off and getting hoots*
Lending pipes to other crack smokers was regularly used as means of getting free crack. In exchange for using someone’s pipe, the borrower would offer either a small amount of their crack (referred to as “piecing off”), or a hoot from the crack rock they were about to smoke. When asked why she lent her pipe to other people, one participant replied simply, “Because they give me a hoot for it” (CPS04, F/29, L590). Another participant replied to the same question, “Well because they ask for one, and they’ll give me something if I do. They’ll give me a piece of rock” (CPS08, F/45, L779-780).

This practice of exchange has become so customary it has in fact been incorporated into the generally accepted CPS rules and etiquette:

Or, I don’t need to because I have enough dope that I don’t need to you know, kinda try and get someone else’s you know cause, lots of times too whenever you don’t have any dope, having a pipe is a gateway to getting some…generally the etiquette is, if you let someone borrow your pipe you get a hoot for it. You know that’s kind of like the street etiquette. (CPS03, F/33, L609-618)

While discussion around this custom of exchange was often framed by participants as an opportunistic action in which they had the upper hand, one participant was quite frank about lending pipes out of necessity:

When somebody has crack in their hand, or they have money, and they want, need a pipe, and I don’t have money and I don’t have crack, and I’m jonesing…it’s not difficult. It’s not difficult to share. You know, and a lot of times, you don’t want to share. You know the days when I had no problem with dope and money, I wouldn’t share my pipe. (CPS09, M/42, L493-498)

Sharing and dealing

Though not as common as lending pipes to get free crack, some participants spoke about crack pipe sharing in drug dealing situations, used to keep customers happy or to
keep them moving. One participant shared a recent experience in which he lent a
customer his pipe to ensure a steady flow of customers:

Well last night, when I was middling crack, this girl didn’t have a crack pipe, so I loaned her mine, so she could get her hit. Cause she only had a ten dollar rock, she wanted to just smoke it, and then kinda go kinda thing, so I just loaned her my pipe so she could have a hoot, and that is all it was, so it was just one hoot and then she gave it back […] Just so that she could smoke her rock and then leave. It was just more expedient for me to just give her my pipe to use and then get her gone cause I only got more customers coming. Keep the flow going kinda thing….keep the money going. (CPS02, M/47, L448-477)

Another participant described the practice of drug dealers lending pipes to customers as a
means of keeping customers happy:

You know it’s like, maybe it’s like, somebody’s buying 30, 40 dollars worth and needs a pipe, and somebody looks over and sees you’ve got your pipe, and you’ve got your little 5 rock, “What are you gonna use that pipe for? Let me use it.” Something like that could happen, where you can coerce someone to giving up their pipe, you know for a promise of more dope later. So you can keep the clientele with more money over here happy. So this crack dealer will go out of their way to do anything for them to keep them happy, go get them Brillo, get them a pipe, even if they have to take it off this person over here. Shit like that. Like any sales job. You know, you remember the personal touches from your salesman right, if they’re gonna do that for you…You’re buying my dope, that’s fine you can use my pipe. (CPS07, M/41, L1154-1175)

Collecting resin

Collecting resin in their crack pipes was a common practice among the
participants. As described above (section 4.1.2) resin accumulates on the inside of the
pipe as crack is smoked. Once a sufficient amount of resin has accumulated, the Brillo (or
other metal filter) is pushed from one end of the pipe to the other, collecting the resin
(this is referred to as doing a “push”). The resin is then smoked off the Brillo. One
participant explained why the resin is so cherished:
…the whole bonus is letting it build right? That’s the caviar, in my old neighborhoods, that’s what they call it, caviar…Yeah. For a dope fiend. It takes the crap out that you don’t have. The crap in it like some stuff has cut in it. And it’s pure, and it’s five time just better. The taste, the high. Its fresher, clearer. (CPS09, M/42, L706-718)

Another participant similarly described why “pushes” are so good:

And pushes are fucking good. They’re 10 times better than a toke [of crack rock], if it’s a good push. (CPS10, F/40, L871-875)

Participants frequently spoke about lending their pipes in order to collect resin. In fact, collecting resin was the most commonly discussed reason for sharing pipes, and resin is so highly valued that explicit CPS rules exist in order to protect resin. As described above (section 4.1.2) it is essentially forbidden for the borrowers of pipes to “push” someone else’s pipe. Participants frequently spoke about lending their pipe as an opportunity to accumulate resin:

…and cause like I say, I’m gettin the extra resin in my pipe that I can scrape right. Like today, later on, if her and I go halfers on something, I always got my pipe and it’s got resin in it that I can go scrape it for another hoot so. That’s why I don’t mind people using my pipe cause then I know there’s extra resin in there that I can get another hoot of, when I need it, or want it or, it’s there type thing. (CPS02, M/47, L591-597)

I mean, I have had to share my pipe with like four people, and then I had so much resin, that it was just wonderful. (CPS08, F/45, L997-999)
It puts resin in my pipe. I’m honest, right. You know, that’s why I do it, right. Resin the shit out of it. “Here do two hoots out of it! Put a lot of resin in there.” That’s what I do. (CPS05, M/49, L1035-1037)

Another participant described always having an extra pipe with him which he would freely lend to people in order to collect resin:

So I always used to have an extra one too. Or an older one. A short one or something. And then, when you get a hold of some change, or loot, money, you would get, buy a new one right. And then the other one you’d share it. You’d let people use your other one, and you build up resin. (Laughs) A real dope-fiend move right. Crazy. (CPS09, M/42, L504-510)
One female participant, who was involved in sex work, spoke enthusiastically about sharing her crack pipes with dates because they generally had a lot of crack, which translated into a lot resin accumulated by the end of the night:

Participant: Lots of times in a date situation, a guy will buy the dope right and want a date, but he won’t have a pipe because he is just a weekend warrior.

Me: How do you feel in those situations?

Participant: Oh, its great in those situations, cause they usually have a lot. So I get all the resin…Yeah. But at the end of the night, you know the pipe is caked, and lots of times I’ll put a couple of new Brillos in, and I’ll take out the caked Brillos and save them so I’ll have a least a half an hour of dope smoking that I can do… (CPS03, F/33, L430-448)

The above narratives illustrate the quite real economic functions of distributive crack pipe sharing. The benefits to those willing to lend their pipes are substantial, particularly when considering the economic position of the participants. As one participants admitted above, free crack is hard to turn down.

Power and control

A significant function of distributive crack pipe sharing that emerged from my analysis of the participants’ narratives was power and control over others and their environment. This function was not obvious to participants, but was revealed through the manner in which they spoke of the people who borrowed their pipes, the rules of CPS, and their reasons for lending pipes. Being the lender of a crack pipe in a CPS interaction was associated with higher status and control. One participant, in describing a negative experience of lending his pipe, illustrated the status position of pipe owners in his reference to respect:
The very last time I did that, it’s a guy that I don’t even really...I kinda, he...I don’t care for, I shouldn’t say I dislike, but I...we have nothing in common, nothing. And, he spit in it, by accident because I heard it go ‘tssssss’. And it really choked me. Because I have been hearing stories, whether they are true or false or whatever right? And it really irked me, it really turned me off to that where I didn’t even want to do the push or nothing right? But guess what I did? But yeah, I was real choked...It made me feel like I wanted to ring his neck. I felt really disrespected. (CPS09, M/42, L587-604)

Another participant similarly described being respectful of a borrowed pipe:

Like, if somebody lets you use their pipe, you should be respectful enough to not burn the hell out of it, or fuckin tip it, or smoke their resin or push their pipe, or shit like that right. (CPS12, M/32, L719-721)

Participants were able to exert some control over their environment and immediate situation by deciding who to lend their pipes to, and who to turn away. A common practice of deciding whether or not to lend their pipe to someone was to examine and make a judgment on the physical characteristics of the people asking to borrow their pipe:

If a person comes up to me and they’re all fuckin (contorts his face into an ugly expression) it’s like, “No, no. I haven’t got a pipe, no.” I don’t care how much resin or how big a toke they’re gonna put in there. (CPS10, M/39, L713-717)

People that I think are really quite sick, and they have an infection in their mouth. Or something like that. I’ll look, and if I see that, you know if they’re carrying some sort of illness or something, then I will not. I will not lend it. I’ll just outright say no. (CPS08, F/45, L830-834)

Another participant described a recent incident in which he refused to share a pipe with someone based on looking at their mouth:

I just looked at this lady’s mouth and, sorry, no, no I can’t not a fuckin chance and, I don’t want to be rude about it, but you got some shit going on in there that I am not getting anywhere near, I am sorry man, maybe I could break off a chunk of the pipe, get some tubing. I was just at Mustard Seed, and like, “Got a pipe? Got a pipe? I’ll give you a hoot!” I said no. I really wanted a hoot too, but it’s not fuckin happening man.
Similarly, the following participant admitted she would not share her pipe with people she did not like, or who she knew were sick:

I don’t share pipes with people that I dislike, or I think are pieces of blank blank blank. Ah…people who um…that I know are sick out there.

(CPS09, F/42, L650-652)

Control over others was achieved by participants through the act of sharing their pipe with other crack smokers. Participants chose how long to let someone use their pipe, how much crack they could smoke with it, how many times they could light the pipe, and would decide whether or not to let a borrower of their pipe do a push. Much of this is controlled by the informal rules of CPS, such as only lighting a borrowed pipe once and never pushing someone’s pipe (unless of course allowed to do so by the owner of the pipe). Some participants even spoke about taking their pipes back from people before they had even finished smoking the crack in the pipe, essentially robbing them of their crack. One participant described controlling how many “pushes” a borrower of his pipe could do:

**Participant:** As in like, if you’re gonna push it, just push it to the end. Just push it once, boom.

**Me:** Are you talking about someone pushing a pipe they borrowed from you?

**Participant:** If I let them, you know. Cause sometimes they’ll do a big toke, and they’ll say, “I want my resin.” So I’ll say, push it to the end once. That’s it. And don’t ‘whoosh whoosh’ (imitates pushing the Brillo though the pipe twice), you know what I mean?

(CPS11, M/39, L839-852)

Another participant described the rules she enforces when lending her pipe to someone.

Her rule accomplished two things: it prevented others from smoking her crack, and at the
same time allowed her to take some other the borrowers crack by allowing them only one hoot from her pipe (thereby getting the leftovers if they are unable to smoke the whole piece of crack in one drag):

*Participant:* Well, my rule is, they’re not allowed to push it obviously. I wouldn’t give it to them if it had a bunch of dope in it anyways. Cause you know that it’s all just gonna melt down and they’re gonna get your dope too.

*Me:* Are there any other rules?

*Participant:* Well I definitely let them use it first. Because I’m not gonna do my hoot, and then give them the pipe and they get some of mine. So you’d rather let them do theirs so you get whatever is left over.

Power was further, and frequently, exercised over the borrowers of crack pipes through violence. One participant described his reaction to someone he felt was using his pipe incorrectly:

*Participant:* I smacked him in the face.

*Me:* Why?

*Participant:* Because he was fuckin tipping the pipe, and just fuckin lighting the shit out of it, like the guy’s like (imitates someone lighting and sucking extremely hard on a pipe), fuckin tipping it down and it was resin’d right up. And I told him keep the pipe level cause I find when you tip it down, when it has resin in it, it just gets toxic…it pissed me off like I fuckin snapped quite a few times cause of that shit.

Another participant described similar consequences to using someone’s pipe incorrectly:

Oh yeah I’ve seen people get punched out for not using someone’s pipe you know, appropriately. Yeah or lighting for too long. Or tilting it down. Whatever. Like if you drool on someone’s pipe you’re fuckin shot, also. (CPS03, F/33, L402-407)

The unequal power relations within the interaction of crack pipe sharing are clear when crack pipe sharing is approached via inequality. Distributive crack pipe sharing has clear economic functions which greatly benefit those who own and are willing to lend
their pipes to others. Distributive crack pipe sharing is also associated with power and control of the lender over the borrower of a crack pipe. In the next section I describe receptive crack pipe sharing, which is associated primarily with costs rather than benefits.

### 4.3.3 Receptive crack pipe sharing

Receptive crack pipe sharing was generally discussed by the participants in a negative way. While there is an immediate benefit to borrowing a pipe, that being getting to smoke the crack one has acquired, having to borrow a pipe often comes with particular costs. As discussed above, within the crack pipe sharing interaction people who need to borrow pipes are of a lower status than the owners of pipes, and are thus subject to a variety of consequences. Despite this, borrowing crack pipes is a common occurrence. Speaking of why he often has to borrow pipes, one participant replied simply, “…like you know there’s a lot of times I don’t have a pipe. It breaks. Whatever, right. So I, I’ll, yeah I mean I got a rock I got no pipe I’m sharing someone’s pipe. So, that happens…Like I don’t have a pipe right now. I’ll go and borrow someone’s pipe if I have to.” (CPS05, M33, L920-941). Other participants referred to borrowing pipes as a matter of desperation:

If you don’t have a pipe its not even a thought to ask somebody else to use a pipe. If you have got dope, you don’t care, you just want to get it into you. If you don’t have a pipe you will just ask anybody. Doesn’t matter who it is. I think that is general, and if somebody says they won’t do that, he is a liar. (CPS01, F/35, L331-336)

Because when you want your toke you want your toke. Now. You’re not gonna wait…I want to smoke my dope when I get my dope. (CPS10, F/40, L825-831)
The immediacy of desire translates into a variety of costs when people do not have their own crack pipes, and are forced out of desperation to borrow pipes. A serious and problematic consequence of this desperation is that people will often borrow pipes from anyone, with little consideration of disease transmission (as opposed to lenders of pipes, who often referred to not lending their pipes to people who looked sick).

Participants who borrowed pipes often spoke of not caring who they were borrowing from, as long as they got to smoke their crack.

Those who borrow crack pipes are subject to economic loss by both having to offer the owner of a borrowed pipe an amount of crack or a hoot from the pipe, and not being able to collect the resin from their own crack. Participants who borrowed pipes often spoke about not getting to smoke the whole amount of crack they had put in the pipe:

I totally hate it. I was broke one time and I really wanted a hoot, and I had a brand new pyrex, the cost six, seven bucks right. They’re good pipes. Way better than a glass pipe. And I’m like, “Anybody need a pyrex?” And a dealer gave me a 10 dollar rock for this thing. So now I have no pipe. And I need to use a pipe to have my hoot, and I basically had to give away half my hoot, (laughs) to use a pipe. So it basically defeated the purpose. But no, I don’t like borrowing pipes. Same thing, like you could be part way through your hoot and they’ll grab it. No, I hate using other people’s pipes. (CPS13, F/42, L846-853)

Another participant also spoke about the common practice among lenders of crack pipes of taking the pipe back before the borrower of the pipe had finished smoking their crack:

…that’s another thing, when you use someone’s pipe they’ll fuckin grab it half way through your toke. Because they want the rest of it. Even if they say, “Don’t worry, you can do your own toke. No I’m not gonna take it away from you.” Fuck as soon as your toke’s half way through “You’re burning my Brillo, you’re burning my Brillo!!” And they yank it away from you. (CPS10, F/40, L832-838)
While all participants admitted to at some point having to borrow a pipe, and most acknowledged often borrowing other people’s pipes, receptive sharing was generally frowned upon and those had to borrow pipes stigmatized. One participant described with particular vividness (and no doubt exaggeration) the typical crack pipe borrower:

…the guy who’s like fuckin got snot running down his nose, shit hanging out of his fucking ass, pissy pants, fuckin hoovin that crack hoot. You know you don’t want that dude anywhere near your pipes right. (CPS07, M/41, L1385-1388)

Violence was frequently brought up in discussions of crack pipe sharing, particularly as directed at borrowers of crack pipes. As was discussed above, the consequences for breaking the rules of CPS can be severe, and often physically violent. One participant, when asked what his reaction was to people who used his pipe incorrectly replied, “They get smacked the fuck out, or smacked. Or grab the fucking pipe back and tell them to fuckin’ beat it” (CPS12, M/32, L740-741). Other participants shared similar experiences when discussing receptive sharing:

Oh yeah I’ve seen people get punched out for not using someone’s pipe you know, appropriately. Yeah or lighting for too long. Or tilting it down. Whatever. Like if you drool on someone’s pipe you’re fuckin shot, also. (CPS03, F/33, L702-708)

The following participant described being afraid to borrow a crack pipe, for fear of the potential violent repercussions of doing something wrong to the pipe:

*Participant:*….it’s scary too. I don’t want something to happen like it to crack or something. Cause then I’m responsible. Then I, you know I don’t know if their gonna fuckin beat me up or something. So I don’t want to go through that. I’d just rather carry my own.

*Me:* Would you get beat up over breaking a crack pipe?

*Participant:* Probably yeah. (CPS08, F/45, L763-770)
Despite the various negative consequences and unique costs associated with receptive crack pipe sharing, borrowing a pipe was frequently seen and used as an opportunity for greater benefit in the form of ripping off (or attempting to) the owner of the pipe. This was carried out in a variety of ways including taking off with the pipe, smoking their resin, or stealing the Brillo. One participant recalled a recent experience of being ripped off by someone she lent her pipe to:

Well, I was in the bathroom with a drug associate and she didn’t have a pipe, so she needed to use my pipe. And because it is windy outside we went inside to the bathroom. And she used it, and didn’t want to give it back to me, and didn’t want to give it back to me, and didn’t want to give it back to me, until she finally took the Brillo out of it and kept the Brillo, and gave me back my pipe. (CPS03, F/33, L402-407)

Another participant described why she was hesitant to lend her pipe to other people:

When they want to borrow yours, I don’t like it. Because um, they say, “Oh I’ll save you the resin, at least you’ll have resin in the pipe.” And stuff like that. Sometimes it doesn’t happen, they suck it so dry…some people have stolen my crack pipe. Changed my Brillo. Like you know if I’ve got really good Brillo and I’ve got resin on it they’ll try to change it and stuff. (CPS08, F/45, L700-706)

Similarly, another participant described having his crack pipe stolen:

But then um, you get some girls, because I used to have it caked [with resin], “Hey can I borrow your pipe?” “Ahhhh…yeah ok.” And then they hold it like this, looking at my pipe, and all of a sudden BOOM! They’re gone. Ah what the fuck! And so, you take your chances, know what I mean? (CPS11, M/39, L668-673)

Another participant revealed his thought process when borrowing a pipe:

It’s like while I am doing it, I am thinking, maybe I shouldn’t be doing this, maybe I should get my own pipe, or try to shove the Brillo down the other end when they are not looking, but again, just have the hoot because the hoot is there. You know you are thinking, ‘Come on, I gotta go.’ Take the hoot while you get it right? That’s a drug addict, not very smart but…that’s what we do. (CPS07, M/41, L940-946)
The participants’ narratives above, on what I suggest are three dimensions of crack pipe sharing, illustrate the complexity of interactions around the sharing of crack pipes, and help tie together a general conceptualization of crack pipe sharing. In the next section I describe the ways in which crack pipe sharing has impacted social relations among those who share crack pipes.

4.4 Strained Social Relations

At the outset of this project I had anticipated hearing about the many negative impacts crack had on the lives of my participants. My involvement in various research projects (past and present), numerous conversations with crack smokers and front-line service providers, community involvement, and general interest (fascination might be a more appropriate word) in crack use had prepared me to hear troubling stories from participants about loss, struggle, and physical and emotional suffering. I was not expecting to discover, both from narratives and through my interpretation of the narratives, that crack pipe sharing specifically had impacted various social relationships of the participants. The phenomenon of crack pipe sharing has, I suggest, caused strain on the social relations of the participants in this study.

4.4.1 Mistrust, stealing, and general malaise

Social relations among the participants, and the environment in which they function, are characterized often by opportunism, mistrust, aggression and violence. Participants habitually spoke about taking advantage of, or being taken advantage of. Stories of getting robbed, ripped off, and hurt were common. While not all of the
problems participants confronted were related to crack pipe sharing, a general mistrust of those around them was frequently referred to in reference to sharing crack pipes. The crack pipe was often a source of this mistrust. Consider the following.

…you know one thing you gotta be careful of is people push your pipe. So like if you’ve got a lot of resin and then they’ll turn around and they’ll, they’ll take it…one time I lent my pipe out and I got it back and it wasn’t mine. They actually took mine and gave me theirs. And that just pissed me off. Because you know, so it is like yeah, I gotta be careful. And they always try to like turn around, and they don’t want to do it in front of you, so its like, I think that they are trying to…you know they are screwing me over somehow. (CPS08, F/45, L860-885)

The crack pipe has become such a highly valued commodity - the ownership of which is associated with numerous benefits - in an environment characterized by extreme loss and poverty, it is no surprise so much tension exists around the small glass tube. Much of the daily routine of participants involved thinking about, speaking about, and trying to acquire crack. Much of the tension in their lives stemmed from crack, and often from crack pipe sharing. The same participant, as quoted directly above, spoke with me about the people she interacts with on a daily basis:

They are just fuckin…they are just jerks. They are not listening, and they will try to like…you know, when people try to sort of like, cover, and hover with their, with someone’s pipe, you know that they are up to no good. You know that they are trying to screw around or something. (CPS08, F/45, L968-972)

Another participant spoke about how crack use, and in particular people’s obsession with collecting resin, had affected the sharing of drug paraphernalia:

You know people say, ‘No, no, you are not sharing my pipe.’ ‘What, what do you mean I am not using your pipe? What is wrong with you?’ Its not that they are afraid of any communicable diseases, they are afraid of tipping, so you know, you get the pipe away and you lean it forward and all their resin drips down and you get a bigger and better hoot. And so nobody gets to use their pipe. (CPS07, M/41, L991-997)
This participant was also a regular crystal-meth user, and throughout our interview compared crack use culture, which he often described as volatile, violent, mistrustful, and anti-social, with crystal-meth use culture, which was described as more social, friendly, and commonly involved mutual sharing of pipes (mutual sharing as operationalized above).

### 4.4.2 Negative impact on intimate relationships

Sharing crack pipes was common practice among participants involved in intimate relationships. Often it was described as a positive experience of mutual sharing, associated with intimacy and bonding. Despite this, participants admitted that sharing crack pipes with their intimate partners was frequently a source of tension, and that they did not in fact enjoy sharing their pipes with them:

*Participant:* I hate sharing a crack pipe with my boyfriend…Oh, its brutal, we argue about that all the time…because he is always on me, he doesn’t let me fucking use it properly.

*Me:* Like he holds onto it and won’t let you use it?

*Participant:* No, but sometimes he will, he has even sometimes grabbed it out of my mouth. (CPS03, F/33, L471-486)

Another participant, who had previously related a positive experience of sharing her pipe with her boyfriend in their tent together, later disclosed she did not actually like sharing her pipe with him:

I don’t like sharing my pipe anyhow. But still I, you can’t, cause he’ll, he’ll, if you say something he’ll get offended. He’ll be like ‘Oh whoa!’ ….so whatever, I just share my pipe…He’ll get offended and start bitching to me about it. I don’t want to hear it, so I’ll just let him take it. (CPS04, F/29, L682-689)
One participant described the negative impact crack pipe sharing had on her relationship with her boyfriend, not in terms of sharing pipes with each other, but as a result of having to share pipes with other people whenever they did not have their own (which was often):

If we don’t have our own pipes it will affect our relationship sometimes because we can’t sit down and do it by ourselves. We have to smoke it with someone else and then it kind of ruins our buzz together. Cause you gotta go, smoke it with them, then you gotta move. And you want to get away from them, you don’t wanna sit there, especially once your dope is gone. Where as, if you got your own pipe, sometimes it feels like sense of security. (CPS10, F/40, L990-996)

Similarly, another participant spoke of the negative impact of crack pipe sharing on his relationship stemming from his girlfriend’s habit of borrowing other people’s pipes rather than using their mutual pipe to smoke her crack:

…like I’d have a pipe in my pocket, and she’d want to do a toke, and she’d borrow someone else’s pipe. I have a really hard time with ah, ‘Like why can’t you wait? Like I’m sitting here waiting for you, you know I’m sitting here waiting for you…and you can’t wait those couple of minutes to come use our pipe?’ You know what I mean? This way we get our resin. You get to push the pipe all you want. I just…I just have a hard time. (CPS11, M/39, L602-610)

Intimacy and security were referred to by participants as important functions of their relationship with an intimate partner, though often proved difficult in their circumstances of living on the street. Crack pipe sharing, while occasionally a source of bonding and intimacy between two people, was also a source of strain on intimate relationships.
4.4.3 Interaction as transaction

My data analysis revealed an interesting concept that illustrates a typical form of social interaction engaged in by the participants of this study. Interaction among participants, when carried out in the context of crack smoking, and in particular in relation to the crack pipe, involved some form of reciprocity. Quite often participants referred to their interaction with other crack smokers in terms of a transaction. Most social relationships involved some sort of transaction, and participants were often concerned with how various interactions with others in their environment would be of benefit to them. Similar to typical business transactions, the interactions which participants engaged in were evaluated according to costs and benefits, and were held accountable to various expectations.

The above discussion on the dimensions of crack pipe sharing illustrates the transactional nature of interaction around the crack pipe, whereby a borrower and a lender of a crack pipe barter for a fair exchange of product that benefits both individuals. This exchange, however, was rarely fair in the sense of equal benefit, and often involved relations of power, status and control. While reciprocity is a common form of exchange within informal economies (Gaughan & Ferman, 1987), such as the black market illegal drug economy in which the participants play a crucial role, transaction was a surprisingly influential and frequent aspect of regular social interactions. As one participant stated:

Well the thing is it seems like everything I have to do involves crack. Like it, you know, I have to pay them something to borrow a piece of Brillo, to borrow whatever I need. Like um, you know people are always asking me if I’ve got this, if I’ve got Brillo, if I’ve got, you know…something. And after a while I get kinda tired of always having to lift my bag to get something. (CPS08, F/45, L676-682)
So much of the daily routine of participants was devoted to finding drugs, or finding money to buy drugs, that social interactions were often seen as possible avenues of obtaining drugs. One participant described his interactions with other crack users as “a way to get something” (CPS09, M/42, L504), and spoke of his decision to share his pipe with others based on the size of the crack rock they wanted to smoke:

There have been times where I have been stupid enough to let somebody use it, and when you...especially when you have resin built up in it, and I’ll go, ‘Let me see the size of the hoot that you want to put in it.’ Cause if they only got a little bit, go away. But if they have a big amount of it, okay, and I’ll say, hey, tilt it up, the rule is that you tilt. You keep it up, you don’t point it down. Especially when you have resin on it. (L776-782)

Similarly, another participant recalled a recent experience of crack pipe sharing which evolved into a transactional interaction:

But now I’m at the point where everybody’s like, “Can I use your pipe? Can I use your pipe? Can I use your pipe?” Like 4 times in a row people were bugging me. I said, “How come you’re asking me now? No one here will let you? There’s other people here, and nobody’s gonna let you use their pipe. Am I right?”
“Yeah no one will let me use it.”
I said, “Well why is that? It’s cause you’re not offering them anything…You’re the fourth person that’s asked and three other people have used it and nobody’s given me a crumb, so no. Why should I?” And I said no. (CPS12, F/42, L698-709)

Dependence on others was a common theme in my data, and has been touched on in the literature. Grund et al. (1996) suggest that drug users “…must develop trusting relationships in which they cooperate in struggling against the scarcity of drug and other resources” (p. 697). While mistrust and victimizations were frequently discussed by many participants, positive relationships were often needed for practical reasons, and were often more beneficial than those carried out in order to take advantage of others. Speaking of mutually beneficial relationships, one participant described a recent
experience in which both people involved in the interaction were mutually dependent on each other:

A few nights back, yeah I was, I had one pipe, I had money, my buddy had the crack connection, he had the crack pipe, he had the lighter, he had the Brillo, he had the whole thing, so I was as dependant on him as he was on me. I brought the dope, he brought everything else.

(CPS07, M/41, L964-969)

4.5 Summary

This chapter presented my finding on the phenomenon of crack pipe sharing. The chapter began with a discussion of the social context of crack pipe sharing. Crack pipe sharing was framed as an essentially social act, and was associated with reciprocity, bonding, and positive social relationships. Next, the informal rules and etiquette of crack pipe sharing were outlined, which dictate how much crack someone can smoke from a borrowed pipe, how many times a borrowed pipe can be lit, and even how borrowed pipes are to be used and handled. Following this, the consequences of breaking the rules or not following the etiquette of crack pipe sharing were discussed, which ranged from an exchange of harsh words, social ostracizing, to physical violence.

The next section of chapter 4 discussed the three dimensions of crack pipe sharing: mutual sharing, distributive sharing, and receptive sharing. Mutual sharing, the least common among the participants, was based on an equal relationship in which no one person benefited more than the other. Distributive sharing, the most common form of crack pipe sharing talked about by the participants, was associated with economic benefit, power and control. Distributive sharing had greater benefits than costs for the lender of the crack pipe. Receptive crack pipe sharing was generally discussed by participants in a
negative way, and was associated with various consequences including economic loss, stigma, and lower status.

The final section of this chapter outlined a number of ways crack pipe sharing has affected the social relations of those who frequently share crack pipes. Crack pipe sharing has influenced how the participants relate to others in their environment, and has led to a general atmosphere of mistrust. The negative impact of crack pipe sharing on the intimate relationships of some of the participants was also described. Those participants involved in intimate relationships described the various ways in which sharing pipes had negatively impacted their relationships, and despite frequently engaging in CPS with their partners, admitted to not actually enjoying sharing pipes with them. Finally, concept of social interaction as transaction was discussed. Participants regularly spoke about their interaction with other crack users in terms of transaction, often concerned with how interactions with others would be of benefit to them.

In chapter 5 my findings are discussed with regards to the literature reviewed in the second chapter, and a deeper analysis of the phenomenon of crack pipe sharing is presented in light of the participant’s narratives shared in this chapter.
Chapter 5: Discussion

Returning to the simple question with which I began this thesis - why do people who smoke crack share crack pipes? - I suggest there are now two, rather than one, simple yet interrelated answers:

1) There are not enough crack pipes being distributed to those that need and use them.

2) There are a number of real and distinct functions of crack pipe sharing for those who smoke crack and share pipes.

As was illustrated in Chapter 4, a number of interesting things are happening around crack pipe sharing, which undoubtedly play a role in its frequent and persistent practice. While on the one hand crack pipe sharing plays a practical role in the crack smoking ritual (providing pipes to those that need them), the crack pipe has also become steeped with symbolic meaning and elevated to almost sacrosanct levels. The issue is rather more complex than the two points above make it out to be.

In this chapter I discuss my findings with regards to the literature reviewed in Chapter 2, and present a deeper analysis of the phenomenon of crack pipe sharing in light of the participant’s narratives shared in Chapters 4. I begin by returning to symbolic interactionism. The symbolic meanings of the crack pipe are discussed, and the notions of the gesture and ‘taking the role of the other’ as associated with crack pipe sharing are explored. Next, the functions of crack pipe sharing are described, focusing on social, power and control, and economic functions. These functions are discussed in terms of the role sharing crack pipes plays in participants’ lives. The chapter concludes with a discussion of the policy implications of my findings.
5.1 Symbolic Interaction and Crack Pipe Sharing

Positioning crack pipe sharing as experienced by the participants as a relationship with their environment necessitates it being studied “interactionally and interpretively as a structure of experience that is produced and reproduced” in the lived experience of the participants (Denzin, 1987, p. 18). Crack pipe sharing is situated squarely in group life, crucially within social interaction, and requires multiple factors to occur. Crack pipe sharing necessitates multi-person interaction, a specific object around which interaction occurs, and a common, shared understanding of how to interact around said object. It is through an understanding of ‘understanding of how to act’ that symbolic interactionism is most useful in conceptualizing crack pipe sharing.

Action, as discussed in Chapter 2, is formed by people’s interpretations of the situations they find themselves in. Action is constructed through interpreting objects, the actions of others, and a variety of other things within their immediate environment (Blumer, 1969, p. 81). The act of crack pipe sharing involves an understanding of how to act within the specific sharing interaction, and implies a form of collective behaviour shared and agreed upon by those involved. Because crack pipe sharing involves a shared experience negotiated by at least two people, individual actions must be aligned with others in order for the interaction to be properly carried out.

This is evident in my discussions with participants about the proper etiquette of sharing crack pipes (as outlined in Chapter 4). Joint action involves the fitting together of individual lines of action, based on what the individuals are doing or intend to do (Blumer, 1969, p. 16). In a similar way, participants referred to fitting their actions with those of others (whether as lender or borrower of a pipe) to properly engage in the act of
sharing a crack pipe. The intent of the borrower of a crack pipe, for example, was always assessed and interpreted by the lender of the pipe prior to carrying out the action (as a response on the part of the lender). As my findings indicated, the action of the borrower was often interpreted as an invasive gesture associated with loss. It must be made clear however, that this response on the part of the owner of the crack pipe was not directly to the action of the borrower, but to the meaning attached to that action. This interpretation of action, as revealed through the narratives of the participants, was dependant on the symbolic meaning of the crack pipe, and on the interpretation of the gesture of borrowing (or asking to borrow) the crack pipe.

5.1.1 Symbolic meaning of the crack pipe

“...to understand the action of people
it is necessary to identify their world of objects...”

(Blumer, 1969, p. 11)

The action and interaction of the participants around the crack pipe was fundamentally shaped by the symbolic meaning of the crack pipe. Beyond the practical application as an implement used to inhale crack smoke, the crack pipe has taken on a number of other meanings. It is an economic tool, a symbol and source of power and control, and a means of taking advantage of others and their situation. Event, objects, and situations are interpreted, given meaning, and responded to according to the interpretations and meaning given to them. Mead’s concept of ‘making indications to oneself’ is useful understanding how objects come to attain such symbolic meaning.

The concept of making indications to oneself stems from Mead’s notion of the ‘self’, which suggests that humans have the ability to become objects to themselves, and
can see themselves as the object of their own action (da Sliva, 2007, p. 66). In this way, human beings are able to indicate to themselves the things in their surroundings. By doing so (indicating something to oneself), an object is removed from its setting, held apart, and given meaning. The object is acted upon, interpreted, and interacted with, both alone and with other individuals. The meaning of objects are thus constructed through a continual process of activity, interpretation, and re-interpretation, and are acted upon based on that interpreted meaning (Blumer, 1969).

As was illustrated in my findings, the crack pipe has taken on a variety of symbolic meanings through the interaction of the participants. The meaning of the crack pipe was largely dependant on the place of the participant within the interactions, such that the lenders of crack pipes saw their pipes as a potential source of economic gain. The crack pipe was used to get free crack from a borrower, collect resin, or even facilitate drug deals. An entire system of informal rules, etiquette, and consequences of breaking the rules was followed and enforced, all to ensure maximum benefit for the lender of a crack pipe.

Similarly, the crack pipe was frequently used as a source of control, and as a symbol of power over others. The owners of crack pipes were able to exert some control over others and their environment with their crack pipe by deciding who could use their pipe, and the manner in which is was to be used if lent to someone. The symbolic power of the crack pipe was used to control the actions of other, and to take away from others a highly valued and cherished commodity among crack smokers. People borrowing pipes were expected to offer an amount of crack in return for using the pipe, and were told how
much crack they would be allowed to smoke from the pipe, or even how many times they could light the pipe.

The crack pipe has become a highly cherished and often personal item, partially due to limited supply, but also in part because of the symbolic meanings attached to the pipe. Participants often spoke of their crack pipes as very personal objects, treating them with care, and worrying about them when other people were using them. Similarly, participants spoke of respecting other people’s pipes, or bemoaning the lack of respect shown by others for their own pipes. The findings discussed in Chapter 4 clearly demonstrated the symbolic meaning the crack pipe has acquired.

5.1.2 The gesture of crack pipe sharing

Central to the act of crack pipe sharing is the gesture involved, often used to initiate the interaction. The phrase “Got a pipe?” is so commonly heard among people who smoke crack one might easily confuse it as a formal greeting. Symbolic interaction, predominantly based around communication, can be seen as “a presentation of gestures and a response to the meaning of those gestures” (Blumer, 1969, p. 9). The gesture of asking to borrow a pipe has taken on a unique meaning among the participants, as has the gesture of lending the pipe. First however, in order to properly respond to the gesture, it is necessary to take the role of the other. Speaking on ‘taking the role of the other’ Mead (1956) offers:

The individual experiences himself as such, not directly, but only indirectly, from the particular standpoints of other individual members of the same social group [...] to which he belongs. For he enters his own experience as a self or individual, not directly or immediately, not by becoming a subject to himself, but only insofar as he first becomes an object to himself [...] and he becomes an object to himself only by taking the attitudes of other individuals toward himself
In this essentially social experience we relate to others by taking the attitude of others towards ourselves; we put ourselves in the role of the other. Viewed as a form of role-taking the self sees itself by way of the other, adopts the standpoint of the other through communication, and responds to things as the other would.

A feature of taking the role of the other is related to gestures, or our interpretation of gestures. It also has a great deal to do with our ability to imagine or anticipate how others will respond to our gesture. At the very basic level, interaction or the social act, proceeds as follows: in interaction I make a gesture to another person, which serves as a stimulus to the other involved in the social act. The other responds with another gesture, which acts as a stimulus for me to respond. The vocal gesture, according to Mead, is the only gesture that can carry a definitive meaning for all parties involved in the interaction (da Silva, 2007, p. 34). It is the vocal gesture that allows the one uttering it, by hearing it, to put him/herself in the role of the other, and thus imagine what the response will be. It is through this vocalization that the gesture is given symbolic meaning. Thus the phrase “Got a pipe?” takes on a symbolic meaning. To the receiver of the gesture, the words often symbolized a potential negative experience: getting their pipe stolen, Brillo burnt, resin pushed and smoked. On the other hand, the gesture was also often interpreted as a potential positive experience: collecting resin, acquiring a piece of crack, or a getting a free hoot.

The symbolic properties of the crack pipe and crack pipe sharing are revealed through this interaction and interpretation of gestures. The gesture of being asked to lend their pipe was frequently interpreted by participants not as a friendly gesture based on
camaraderie, but rather as an invasive gesture on the part of the borrower. To the participants, the act of borrowing and lending had lost any real sense of sharing, and was interpreted as something entirely different. The distinct differences between distributive and receptive sharing, as discussed in Chapter 4, are evidence of this. To the owner of a pipe, borrowing was an attack, a potential theft. Though at the same time, the gesture of lending the crack pipe was a gesture of control and power over the person borrowing the pipe. Similarly, the gesture of asking to borrow a pipe was often seen as an opportunistic act, with potential benefits beyond simply getting to smoke their crack (i.e. stealing the pipe, smoking the resin).

The meaning of both the crack pipe and the gesture of crack pipe sharing shape the action of both borrowers and lenders of pipes. Through the interaction of the two parties involved, and their interpretation of the interaction (involving both gesture and object), the crack pipe and crack pipe sharing have taken on symbolic meaning. It is precisely within this social context that meanings associated with crack pipe sharing are produced and reproduced.

5.2 Functions of Crack Pipe Sharing

As reviewed in Chapter 2, the prevalence and related harms of crack pipe sharing are now quite well understood. What is distinctly lacking in the literature is a clear understanding of why crack users share crack pipes. Few studies have touched directly on crack pipe sharing, and as such only cursory explanations for the sharing of crack pipes have been provided. The data obtained and presented in this thesis addresses this issue.
Boyd et al., (2008) have suggested that “the ways crack was smoked was shaped by the realities of people’s lives” (p. 6). This can also be said of CPS. While CPS may not make sense to many in their ‘normal’ lives, to the outsiders looking in, in the reality of marginalized crack users sharing crack pipes makes sense. The reality of their lived experience influences their decision to share pipes, and CPS thus plays a clear role in the context of their day-to-day lives. Just as Becker’s (1953, 1967) marijuana and LSD users gave meaning and made sense of the drug experience through interaction with other users, crack pipe sharing among marginalized crack users has been given meaning and makes sense. In the following I outline the functions of CPS as described by the participants of this study.

5.2.1 Social Functions

Crack pipe sharing is largely a social act mediated by distinct and (sub)culturally accepted modes of functioning. As Lakon et al. (2006) suggest in reference to syringe sharing (as was discussed in Chapter 2), crack pipe sharing can be seen as an act of social bonding or conforming to peer and group norms. It is essentially through social interaction that this subculture, with its expectations and rules of behaviour, unique language, and general means of functioning, is created and continually evolves.

Among the participants, sharing crack pipes was often a part of socializing with others. The dimension of crack pipe sharing I identified as mutual sharing, in which two individuals shared a pipe, with neither individual benefiting from the action more than the other, was most commonly viewed as a positive social act involving friendship, bonding and intimacy. Sharing pipes among those involved in intimate relationships was also
common, and viewed as entirely unproblematic. This practice is also well documented in the needle/syringe sharing literature, as reviewed in Chapter 2.

Lending crack pipes to other people was also seen as a means of helping others, paying people back, or simply being nice. Both sharing and helping can be considered essential social behaviours, providing social support to others in similar situations. As a form of generalized reciprocity, Sahlins (1972) suggests, “[t]he material side of the transaction is repressed by the social: reckoning of debts outstanding cannot be overt and is typically left out of account” (p. 194). Crack pipe sharing can therefore be regarded as “a symbolic expression of an elemental interaction pattern of reciprocal exchanges of valued items among group members, which provide a practical and emotional balance to daily hardships” (Grund et al., 1996, p. 699). The crack pipe, an object with intrinsic symbolic value, is a highly valued and personal object, the sharing of which fosters, however temporarily, emotionally positive relationships.

An extensive set of rituals, informal rules and etiquette dictate the ways in which crack pipes are used and shared. My results illustrate that the rules and etiquette of crack pipe sharing are generally agreed upon and, by and large, widely adhered to. The consequences of breaking the rules, or not following proper etiquette can be violent and severe. As Becker (1967) states “…users of a drug must share a set of understandings - a culture…” (p. 169). The shared rules and etiquette of sharing pipes dictate how long a borrowed pipe can be used, how much crack one is expected to share with the lender of the pipe, and even how individuals are to light and handle a borrowed pipe.

On language and ritual, Neville (1984) states, “[r]itual is a language spoken through order, pattern, intensity, frequency, rhythm, tone, and structure; it occurs in a
specific context. It is an important vehicle for learning culture, intricately inter-woven with the ways in which, through cognition, humans become cultural beings and maintain their separate cultures over time and space” (p. 151). Much of this ritual is carried out through a unique language formed around the etiquette of sharing a crack pipe. Participants referred to doing “pushes”, giving “hoots”, burning Brillo and “resining” up a pipe.

As discussed in Chapter 2, sociological research has highlighted the relationship between the social setting of drug use and how drugs are used and experienced (Becker, 1953, 1967; Lindesmith, 1938; Waldorf, 1970; Ray, 1961). Among large groups of people sharing a common experience, rules and ritual regulate behaviour, and to some extent make behaviour predictable. However, as is illustrated in the next section, the rules and ritual surrounding crack pipe sharing have their own unique functions, serve distinct purposes, and benefit some individuals more than others.

5.2.2 Economic Functions

Although crack pipe sharing was never directly discussed as a source of income, my findings indicate that sharing crack pipes has substantial economic benefits, namely, to acquire free crack, facilitate drug dealing, and collect resin. My findings demonstrate, however, that the act of sharing crack pipes is not mutually beneficial. The benefits to those willing to lend their pipes are substantial, particularly when considering the economic position of the participants (homeless, unemployed and generally marginalized). On the other hand, incurring various costs when having to borrow a pipe was generally seen as inevitable. In fact, unequal exchange, or a negative form of
reciprocity, was most common among the participants whereby one party (generally borrowers of pipes) incurred greater costs than the other (generally the lenders of pipes) (Sahlins, 1972).

All but one participant admitted to liberally and actively lending out their crack pipes in order to collect resin or get free crack. Most participants did not want to admit they had to borrow other peoples pipes. In terms of the economic functions of CPS, the crack pipe has taken on new symbolic meaning that is removed from it’s immediate practical application. It is not simply a device used to inhale crack smoke, but an economic tool.

A widespread economic function of lending a pipe to another crack user was to get free crack. In order to use another person’s pipe, the borrower was expected to offer the owner of a pipe either a small amount of crack, or a hoot from the crack they were about to smoke. This custom was widely followed, and has become part of the general etiquette of crack pipe sharing. Balanced reciprocal exchanges were the most common among participants, whereby returns are expected to be of “commensurate worth or utility” (Sahlins, 1972, p. 194). Not being offered something in return for use of their pipe was interpreted as rude, or a sign of disrespect. More often than not, participants would simply refuse to lend their pipe if there was no immediate benefit to them, or if the benefit was seen as too insignificant (i.e., if the person wanting to borrow the pipe only had a very small amount of crack, not enough for both of them to feel it’s effects). In the lives of the participants, which largely revolved around using crack, or finding ways to obtain crack, receiving free crack from other users in return for lending their pipe was no different than receiving cash to buy crack for themselves.
Another economic function of crack pipe sharing was to expedite drug sales or transactions. Given that only a few of the participants admitted to actively dealing drugs, this was not as widespread as lending pipes for free crack. However, among those that did deal drugs, lending pipes to customers was used to both keep the flow of customer traffic moving, and generally to ensure customers who did not have their own pipes were entirely happy with their drug transaction (which thus included an immediate means of getting high).

The most common economic function of crack pipe sharing, as shown in my results, is to collect resin. As crack is inhaled through the crack pipe (typically made of a glass stem or “straight-shooter”), resin accumulates on the inside of the pipe. Once a sufficient amount of crack is smoked with a pipe, and a significant amount of resin has built up inside of it, the resin is pushed from one end of the pipe to the other with the screen or Brillo, and subsequently smoked off the screen. Resin is highly cherished, and explicit rules of crack pipe sharing have emerged to protect an individual’s resin. Doing a “push” (pushing the resin from one end to the other) in someone else’s pipe is strictly forbidden. The high from resin was described as cleaner and stronger, and thus most participants spoke enthusiastically about sharing pipes in order to collect resin.

While most of the literature on crack use and crack pipe sharing reviewed in Chapter 2 did not explicitly focus on reasons for crack pipe sharing, my findings on the economic functions of CPS are echoed in some of the literature. Findings from both Fischer et al., (2010) and Boyd, et al., (2008) suggest economic reasons for sharing crack pipes, which was also found in my results. Clearly the low economic position of the participants influenced their decision to actively share their crack pipes. Considering the
economic benefits of sharing pipes to those in such dire economic circumstances, crack pipe sharing, despite it’s known harms, is entirely understandable.

5.2.3 Control Functions

My findings demonstrated a unique function of crack pipe sharing, not found in the literature reviewed in Chapter 2, related to power and control. In certain situations, lending crack pipes gave the owners of the pipes control over both other crack users and their immediate environment. Further, being the owner of a pipe in a CPS interaction was associated with higher status. In many instances, the crack pipe was used to exert power over others by taking control of the situation and their interaction. In fact, the desperation of people wanting to borrow a pipe can be so extreme that simply owning a pipe places one in a position of power over others.

The elevated status of the owner of a crack pipe was made clear by participants frequently referring to following CPS rules and etiquette out of respect for the lender of the pipe. Indeed, the rules and etiquette of crack pipe sharing all focus on protecting the property of the pipe lender, and control the behaviour and actions of the person borrowing the pipe. The various rules and forms of etiquette described by the participants in this study never focused on the behaviour of the lender of the pipe, nor protected the borrower of a pipe in any way.

Control was specifically asserted by allowing (or not allowing) someone to borrow their pipe, controlling how long someone could use their pipe, how much crack they could smoke with it, and even how the borrower was to light and hold the pipe. Many of these control mechanisms are already in place though the informal rules one
must abide by when borrowing a pipe. These include: only take one hoot, only light it once, don’t tip the pipe (hold it entirely horizontal), don’t ‘push’ the pipe, and don’t smoke the Brillo. Power over others was thus achieved by participants through exerting control over others. The gesture of lending the crack pipe is a gesture of control and power over other people (the borrower), as well as over their immediate environment.

5.4 Policy Implications

The importance of these findings lies in the their explanation of why people who use crack share crack pipes, despite the evidence illustrating the distinct harms related to crack pipe sharing. In the ‘normal’ or mainstream world, people understand that CPS is wrong and harmful. But in the lifeworld of crack users, sharing crack pipes makes sense and serves a number of clear purposes. It is vitally important then to understand the context of CPS in order to properly guide drug policy. Drug policy must be linked, and responsive, to the lifeworld of whom the policy is intended for. It should come as no surprise that informal social controls, disseminated by peers and user culture, have been found to be more influential in reducing drug use related harms than formal state control mechanisms (Boyd et al., 2008). To properly set policy we need to address the realities of crack users.

My findings support the need for wider safer crack pipe distribution programs. At the time of data collection a limited number of crack pipes were being distributed in Victoria through an outreach program. Clearly this was not enough. Evidence from an evaluation of a safer crack kit distribution program in Ottawa reported a decline in crack pipe sharing after the introduction of the distribution program (Leonard et al., 2008).
Similarly in Vancouver, Boyd et al. (2008), found an increase in the availability of crack pipes to be associated with a decrease in sharing of pipes. Safer crack kit programs remain a contentious issue in Canada, and in particular British Columbia, despite evidence suggesting their usefulness as a public health intervention.

Most of what is going on within the phenomenon of crack pipe sharing, as evidenced in my results, occurs primarily because of a lack of proper harm reduction materials. Circulating enough crack pipes (as is done with clean syringes) would reduce the need to share, thereby limiting the economic benefits of CPS, as well as issues of power and control over others. However, certain situations may simply never be preventable, such as sharing drug paraphernalia among intimate partners, which has been reported to still occur among injection drug users despite widespread and extensive needle exchange programs (Shaw et al., 2007; Smythe & Roche, 2007). It might be the case that in specific social occasions CPS will continue regardless of interventions, in the same way that close friends share joints, cigarettes, or sips from each others beer.

Current attempts to solve our drug problems have been relatively unsuccessful and have often resulted in unintended consequences (such as increased law enforcement and police crackdowns). By attempting to understand drug use from the point of view of the user, a solid foundation on which to build useful policies that directly, and most importantly positively, impact those who experience the most harm from prohibitive drug policy can be laid.
5.5 Summary

This chapter discussed my findings in light of the literature reviewed in Chapter 2, and offered a fuller analysis of crack pipe sharing with regards to the narratives of the participants shared in Chapters 4. The chapter began by exploring crack pipe sharing as approached by way of symbolic interactionism. The symbolic meaning of the crack pipe, and how this meaning influences interaction around the crack pipe were described. I then discussed the gesture of crack pipe sharing, and the various ways the gesture is interpreted depending on one’s place within the interaction of sharing a pipe. This was followed by a closer examination of the functions of crack pipe sharing, and the role this activity plays in the participants’ lives. The chapter concluded with a brief discussion of policy implications.

The next and final chapter of this thesis briefly reviews my main findings, and outlines the study limitations. Chapter 6 concludes with a discussion of directions for future research.
Chapter 6: Conclusion

This final chapter concludes my thesis, and begins with a brief summary of some of the main findings. Next I address some of the limitations of the study. The final section discusses directions for future research, with a focus on the growing need for a global perspective.

6.1 Summary of Main Findings

This thesis examined the phenomenon of crack pipe sharing among crack users in Victoria, BC. The use of qualitative research methods enabled an in-depth analysis of CPS, and a number of interesting and unique findings emerged from my interviews with participants. Crack pipe sharing is presented as a largely social act, engaged in by two or more people around an object steeped in symbolic meaning. Through interaction around this object - the crack pipe - shared meanings have emerged and resulted in a variety of rituals, informal rules and etiquette surrounding its use. The use of the crack pipe in this interactional setting is thus often highly controlled, and somewhat predictable through expectations of behaviour and response.

Another interesting result of this analysis is the existence of three distinct dimensions of crack pipe sharing: mutual sharing, distributive sharing, and receptive sharing. Each dimension is associated with its own unique harms and costs, depending on the place of each individual within the interaction. It was found that, generally, being the owner and lender of a crack pipe was associated with a variety of benefits, including economic benefits, and power and control over other. Conversely, not having a pipe and
thus being a borrower of crack pipes was associated with various costs, including economic loss, lower status and stigma. The data also revealed that crack pipe sharing has had a negative impact on social relationships among crack users, and has led to strained social relations.

Overall, my findings indicate that crack pipe sharing serves a number of real and distinct purposes in crack users lives, providing economic, control and social functions. While not entirely unexpected (of course people share crack pipes for a reason, and it must be a good reason or they wouldn’t be doing it), the functions of crack pipe sharing point to the need for drug policy, to be truly effective, to also be truly linked to the lifeworld of whom the policy is meant to help.

6.2 Study Limitations

There are a number of limitations to the study that should be noted. Firstly, given the small sample size, my findings can not be generalized to the larger population. While generalizability and representativeness is not my aim, my finding should be read with an understanding that the small sample size and single recruitment location introduces bias. My sampling and recruitment techniques (purposive sampling, with the help of a drop-in centre staff member) may also have limited my ability to reach the most marginalized drug users in Victoria, by relying on staff members to hand-pick participants with whom they had some relationship. Because of this, I was unable to include in the study marginalized individuals who did not regularly access social/health services in Victoria.

I make no claims about the similarity of the participants in this study to other drug users, either in Victoria or elsewhere, but rather use their narratives as a starting point
from which to explore and theorize the social phenomenon of crack pipe sharing. It would have been interesting, perhaps, to compare their accounts to those of crack smokers living outside of the downtown core. Despite this, my study does provide an understanding of crack pipe sharing from the point of view of the participants. My concern then lies not in my ability to generalize, but in my ability to adequately capture, interpret, and re-tell their stories.

Secondly, it is important to recognize that in qualitative research, the quality of research is highly dependant on the skill of the researcher. The notion of ‘researcher as research instrument’ is an important one, and should be taken into consideration. I make no claims that I carried out a perfect study. What impact this had on the quality of my data can not be measured or even surmised, however I can provide some transparency. This is, apart from minimal training and experience through coursework, my first independently produced (with gracious assistance of course) qualitative study.

Thirdly, the theoretical framework I use, symbolic interactionism, largely ignores structural issues, and my focus in particular almost entirely ignores structure. This debate is not new to this perspective, and this is not the forum in which to engage that debate. I recognize there is much within the phenomenon of crack pipe sharing that warrants a close examination of structural conditions in place that affect its practice. I chose, however, at the outset of this study, out of personal interest, to focus my attentions wholly on micro-level processes.
6.3 Directions for Future Research

This thesis is admittedly entirely focused on micro-level issues regarding crack use and crack pipe sharing. While useful in understanding both the functioning of individuals within drug using subcultures and the context of their behaviour, the impact of larger structural issues on their lives cannot be ignored. As Boyd et al. (2008) state of the lives of crack users in Vancouver’s Downtown East Side, they are “shaped by factors beyond their control: discrimination; prohibition; the role of police in enforcement, arrest, and imprisonment; lack of affordable and secure housing; inadequate health care and treatment; stigma; violence; and inadequate social and economic supports” (p. 11). A closer look at such structural factors, and the actual combined role they play in crack users’ lives may help in further explaining drug use related behaviours, particularly those that are known, even among users, to be harmful. Further exploration of the interplay among the various structural factors, and their subsequent impact on drug users’ lives, is crucial. It might be suggested that what is required is a holistic approach to the study of marginalization and drug use, rather than picking it apart piecemeal.

Increasingly important for future drug use research is the adoption of a global, multicultural perspective. Drug use is a global phenomenon, though the vast majority of drug use research is conducted in and on developed countries. Injection drug use has been found in 148 countries (Mathers et al., 2008). Most developing countries, including many in Africa, now report injection drug use (Wodak and McLeod, 2008). While local issues need to always be addressed, global drug use issues should not be ignored. The global drug epidemic requires a global drug perspective. It is unfortunate that the global drug trade takes centre stage in popular media, leaving the debilitating effects of drug use on
the severely marginalized in third world countries fairly disregarded. Unfortunately, it is
difficult to focus attention elsewhere when such incredible inequities and marginalization
exist in our own backyard. How can I think about people across the ocean, when
members of my own community struggle daily with not only addictions, but even basic
necessities such as finding clean needles?
References


Appendix I

An exploration of crack pipe sharing among illicit substance users on Vancouver Island, BC

1) Administrative Information

Subject ID:

Date:

Location:

Time start:

Time finish:

2) Opening Questions

i. Tell me a bit about yourself. How long have you been in Victoria? [If not from Victoria] What brought you here?

ii. Where do you live? Where do you spend most of your nights?

iii. Can you tell me about the last time you smoked crack? Where were you? Who were you with?

3) Crack Use

i. How long have you been using crack?

ii. Can you briefly tell me about when and how you started using crack? Tell me about the first time you used it. Describe for me how it happened. (Who got you into it? What were the circumstances?)

iii. How has your crack use changed over time?

iv. How many times a day do you use crack? How much do you use in a typical day? (i.e. how many times do you light your pipe?)

v. How much do you typically spend on crack per day?

vi. Where do you get your money to buy drugs?
vii. Do you pool your money to buy crack? (Does this affect how you use crack?)

viii. What other drugs do you regularly use and how do you use them?

ix. What is your primary drug of choice? Why?

x. What do you like about crack? What is good about it for you?

xi. What do you not like about crack? What is bad about it for you? How has it negatively affected your life? (Probe for specific health, social, legal, financial problems).

xii. What are your crack pipes typically made from? (Probe: From found items? From items stolen/bought from stores? Given pipes from others? Use/make mouthpieces?)

4) Crack Pipe Sharing

   i. Can you tell me, in as much detail as possible, about the last time you shared a crack pipe? With whom, where? How did it come about? How do you feel about that?

   ii. How often do you typically share crack pipes?

   iii. Where and with whom do you typically share crack pipes?

   iv. Why do you share pipes with ________? Why do you feel it is ok to share pipes with ______? (Is there pressure to share pipes with others?)

   v. Are there situations when you refuse to share a crack pipe? Why is that?

   vi. Do you lend your pipe to others? How often? Why? To who? (Probe: to get a free hit? To collect resin?)

   vii. Do you use pipes that have been used by someone else? How often? Why? Whose pipes?

   (Probe for crack house/shack use, and pressure in crack houses to share pipes. Hierarchy of sharing?)

   viii. What are some problems related to sharing crack pipes? How has sharing pipes been problematic to you?

   ix. If a crack pipe distribution program existed in Victoria would you use it?
x. (If yes) What would be beneficial about it for you? What would you want to see involved in the program? (i.e. distribution of mouthpieces, screens, pushers?)

(If no) Why not?

5) Social & Health Issues

i. How would you rate your overall health? Physical health? Mental health?

ii. What physical health problems have you had/been dealing with recently? Long term? Do you feel they’re related to your crack use? How so?

iii. What mental/emotional health problems have you had/been dealing with recently? Long term? Do you feel they’re related to your crack use? How so?

iv. What health services are you currently using? Used recently? Using regularly?

v. What social services are you currently using? Used recently? Using regularly?

6) Demographics

Age:

Gender:

Ethnicity:

Education:

Occupational history:

Housing (where have you slept in the past month):

7) Closing questions

i. Are there any other issues you would like to talk about?

ii. Do you have any questions for me?

Participants will then be thanked for participating in the study. They will also be provided with contact information should they wish to see the results of the study. They will also be informed that results will be made available at the service agencies downtown by the end of the summer.
Appendix II

Participant Consent Form

An exploration of crack pipe sharing among illicit substance users on Vancouver Island, BC

You are invited to participate in a study entitled An exploration of crack pipe sharing among illicit substance users on Vancouver Island, BC that is being conducted by Andrew Ivsins.

Mr. Ivsins is a Masters student in Sociology at the University of Victoria, and Research Assistant at the Centre for Addictions Research of BC. (CARBC). You may contact Mr. Ivsins if you have further questions by phone at 250-853-3234.

Purpose and Objectives
This is a study of crack pipe sharing on Vancouver Island. The purpose of this research project is to examine trends in crack pipe sharing among the illicit drug using population. The goal of the research project is to learn more about why people share crack pipes on Vancouver Island, and about the various risks and harms associated with crack pipe sharing.

Importance of this Research
Research of this type is important because there is very limited research on this population, and the prevention of health risks associated with crack use and crack pipe sharing is very difficult. Your participation will help us better understand the characteristics of crack users who share crack pipes, provide information to assist in the development of interventions and treatment programs, and recognize the needs for and possible use of targeted health interventions presently considered for crack users.

Participant Selection
You are being asked to participate in this study because you regularly share crack pipes. You also must be 19 years of age or older to participate in this study.

What is involved?
If you agree to voluntarily participate in this research, you will be interviewed about your drug use and crack pipe sharing. You will also be asked about problems related to your use of crack, and questions about your health and use of health care services. You have
the right to refuse to answer any question, and there will be no consequence for refusing to answer any questions.

**Inconvenience**
Participation in this study may cause some inconvenience to you, including the travel time to and from the research site, and the time required for the interview.

**Risks**
There are some remote but potential risks to you by participating in this research and they include possible negative emotional response to some of the questions in the interview pertaining to your drug use. You may refuse, for any reason, to answer any questions that make you feel uncomfortable, and there will be no consequences for refusing to answer any questions. You should know that using street drugs can be dangerous and the interviewer will be willing to assist you in referring you to expert help at any time. The interviewer will provide you with information on receiving information or support for drug use/mental health concerns. The interviewer can also provide referrals to other local social service and health agencies.

**Benefits**
The potential benefits of your participation in this research include contributing to a project that will ultimately benefit others in a situation similar to yours, and to society as a whole. Participation in this study will contribute to gaining a better understanding of the issues surrounding crack pipe sharing, as well as the potential to better inform treatment and prevention programs. This research has the potential to contribute to policy or programs concerning illicit substance use and public health.

**Compensation**
As a way to compensate you for any inconvenience related to your participation in this study, you will be given a $15 honorarium. Should you choose to withdraw from the study at any time after consent, for any reason, you will still receive the $15 honorarium. If you agree to participate in this study, this form of compensation to you must not be coercive. It is unethical to provide undue compensation or inducements to research participants. If you would not participate if the compensation was not offered, then you should decline.

**Voluntary Participation**
Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. However, because your data are collected without any personal identifying information, it will be impossible to remove your data from the database if you do withdraw from the study.

**Anonymity**
Your privacy and anonymity will be protected by the use of an anonymous numeric study code and pseudonym in place of your name. Your participation in this study will be
anonymous to the extent that we will not collect any personal information (e.g. your name, DOB, address, etc.) that would allow anyone to identify you.

**Confidentiality**
Your confidentiality and the confidentiality of the data will be protected by locking all tapes and transcripts of the interview in a filing cabinet, and using password protection and other electronic security measures for the electronic files. No one has access to these files without the permission of the study Principal Investigator. All documents associated with your interview will be identified only by an anonymous numeric study code. You will never be identified by name in any reports derived from the completed study. Only pseudonyms will be used in the report. While confidentiality is ensured, we are required to report any future indications to harm yourself or others.

**Dissemination of Results**
It is anticipated that the results of this study will be shared with others in the following ways: to participants upon request; in published articles; in presentations at scholarly meetings; in presentations/reports to health and social service providers, and to public health policy makers.

**Disposal of Data**
Data from this study will be disposed of five years after the last publication or scholarly presentation of the research data by shredding paper records and by electronic erasure of computer files.

**Contacts**
Individuals who may be contacted regarding this study include Mr. Andrew Ivsins at 250-853-3234.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

I do_____/do not _____agree to my interview being tape recorded.

Name of Participant __________________ Signature __________________ Date ____________

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*