

An Ethnographic Comparison of Public Venue Drug Markets
in Two Seattle Neighborhoods

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INTRODUCTION:

The purpose of this project was to provide an ethnographic picture of the demographic composition of two public venue drug areas in Seattle. Of particular interest was the difference (if any) between the demographic composition and structure of public venue narcotics sales between the area surrounding Second and Pike in downtown and one 15 blocks away in the Capitol Hill neighborhood.

To that end the following methods were used:

- on randomized days and times ethnographers carried out observations of the following areas: Second and Pike and, Broadway and Denny (both areas described below). The area around Second and Pike was observed in two waves of thirty (30) hours each and Broadway was observed in one wave of thirty (30) hours and a follow-up observation of ten (10) hours, resulting in a total of 100 observation hours.
- ethnographers looked for and recorded all indications of drug sales that occurred in these locations. Ethnographers recorded the perceived race/ethnicity those engaged in transactions, the gender of those involved, and the nature of the transaction (i.e., whether individuals involved were engaged in drug purchase or the referral of buyer to seller or actual sale, which we termed “delivery”).

This report is based on those observations and highlights the nature of these public venue drug markets and notes key differences and similarities. In particular, it calls attention to the differences between the two markets and the difference between publicly observable law enforcement practices in each market.

RESEARCH RATIONALE

Ethnographic observation and description of public venue drug markets has been performed numerous times over the past fifty years and the literature concerning both the methodology and rationale continues to grow.¹ The focus of most early ethnographic observation was purely

¹ Agar 1973, 1977, and 1979; Biernacki and Feldman 1986; Booth et al. 1991; Bullington 1977; Carlson and Siegal 1991; Carlson et al. 1996; Clatts 1989; Feldman 1977; Feldman and Biernacki 1988; Hughes et al. 1971; Kortarba

descriptive and explanatory. Beginning in the late-1960s, however, the focus shifted to include analyses of specific theoretical and public policy issues. In 1969, Preble and Casey published an article entitled *Taking Care of Business*, which was one of the first examinations of the economic structure of public venue markets. This groundbreaking work was followed up by numerous articles and an edited volume (Johnson et al. 1985) providing an exhaustive examination of the daily economic transactions of heroin addicts in a New York City neighborhood. A principal finding of this research was that although virtually all street level heroin users in the study participated in drug sales to some extent, only a small minority could be considered “dealers”(see also Bourgois 1995). The importance of this distinction in the research literature has been that “dealers” are those for whom drug sales are primarily a livelihood or occupation -- in other words their income is derived from selling drugs. Most studies indicate that this is a comparatively small group, especially in regards to street or public venue drug sales. In contrast, those involved in “selling” are usually only situationally involved in the drug trade and are involved in order to support their own drug habits. They typically are involved in sales as individuals who make referrals for other individuals seeking to buy drugs; they have been referred to by terms such as “steerers,” “touts,” or “clucks.”

Other studies have looked at onset and cessation of drug use and friendship or social networks as predictors of drug use or non-use.

While ethnographic observation and analysis has distinct advantages in terms of gaining access to and information from what have been termed “hidden populations,”² there are some drawbacks -- primarily that they can be time-consuming and therefore costly. A significant contributor to the cost and time is the energy invested in becoming familiar -- and establishing credibility -- with the participants. In many cases up to a year is involved just gaining enough information and credibility with the research population to conduct meaningful research.

The advent of the HIV/AIDS epidemic in 1981 provided a powerful impetus to both adopt and adapt ethnographic research methodologies. The deadly course that the epidemic took with stigmatized, marginalized,

1990; Lex 1990; Magaña 1991; Margolis 1989a and 1989b; Power 1987 and 1998; Preble and Casey 1969; Preble and Miller 1977; Soloway 1977; Weppner 1971, 1973, and 1977.

² See Lambert 1990

and therefore deeply hidden, population groups meant that ethnographic methods were especially appropriate to studying the epidemic, developing public health responses to it, and evaluating the effectiveness of those interventions. The potential for explosive spread of the epidemic within subcultures, however, meant that observations needed to be carried out rapidly.³

Consequently, an ethnographic method known as “rapid assessment” was developed and pioneered in the late 1980s. Among the first papers documenting such methods was a study of heroin and cocaine (“speedball”) injectors in San Francisco and other west coast cities (Margolis 1989a). Based on the success of this work, both the federal Centers for Disease Control and Prevention and the National Institute on Drug Abuse developed and implemented programs relying on rapid assessment ethnography (Lambert et al. 1995 and Needle et al. 1995). More recently, Rhodes and his colleagues at Imperial College in London have carried out rapid assessments of injection drug users in Togliatti, Samara Oblast, Russia (Rhodes et al. 2002).

Such rapid assessment depends on experienced ethnographers who are already familiar with the population and behavior in question and, preferably, already known to the population being studied. Typically such work is done in teams, with the ethnographer(s) relying on the assistance of key informants or indigenous experts.

RESEARCH METHODOLOGY

In this case, fieldwork was carried out by a trained ethnographer who has worked with Seattle area substance users since 1988 and two assistants who are former substance users and who have worked in the field of HIV prevention, treatment, and/or counseling professionally for over three years. All three work for a local non-profit agency whose mission involves working with active injection drug users, other substance users, commercial sex workers, and the homeless. This agency conducts street (foot) outreach throughout the downtown core and operates a syringe exchange program in the Capitol Hill and University District of Seattle. Additionally, until May 2002 it operated a large storefront drop-in center at the corner of Second and Pike. This agency receives public HIV

³ Over the course of the global AIDS pandemic HIV infection rates among some groups have gone from one or two per cent to as high as seventy per cent in less than a year’s time (CDC 1993).

prevention funding, which requires the recording of basic demographic data similar to that reported here (perceived race/ethnicity, approximate age, and gender). It is also required to record and report on the number of injection drug users (primarily heroin and flake cocaine, but also methamphetamine) and the number of non-injecting substance users (primarily crack cocaine and prescription pills diverted from medical use). Based on this ongoing work and personal life experience, each of these individuals is familiar with local public venues, with recording data regarding demographics and drugs of choice based on observation, and is known and trusted by participants in those venues.

In addition, the ethnographer and author of this report has been a consultant to numerous research projects, including several in Vancouver, British Columbia, and Seattle, Washington where he has employed both rapid assessment and ethnographic mapping. In three of these projects, a focus of the rapid assessment and mapping was where and when drug sales take place and the demographics of the individuals involved in the consumption, purchase, and sales of street drugs. Two projects also included an assessment of the nature of police enforcement of drug, prostitution, and paraphernalia laws and the impact of this enforcement on the behavior of those involved in the illegal acts. He has also been long term member of the Seattle Community Epidemiology Working, which monitors drug consumption and sales trends in the Seattle-King County area and publishes a semi-annual report on Drug Abuse Trends in King County (see Attachment A).

Based on this prior work and on methods described in the available research literature. The following methods were employed in the course of this project:

- two study areas were defined. These areas were chosen because they are well known to drug users, law enforcement personnel, business and neighborhood groups, and even the media, as centers of outdoor drug consumption and sales in Seattle. Additionally, they are neighborhoods already well known by the investigators and, conversely, where the investigators are also well known and where their presence would attract neither notice nor suspicion.
- the first area was labeled as “Second and Pike” and is bordered by First and Fourth Avenues on the west and east sides respectively and Union

and Stewart Streets on the south and north sides respectively. Our study focused on Pike Street between First and Third Avenues the majority of time and moved on to other spots when law enforcement activity or some other factor disrupted sales in that spot.

- the second area was labeled as “Broadway” and focused on a zone bordered by Harvard and 11th Avenues on the west and east sides respectively and Denny and John Streets on the south and north sides respectively. Again, if law enforcement or some other cause disrupted sales at the Broadway and Denny core then ethnographic observations were extended up Broadway as much as five blocks (to Republican).
- days and times for observation were defined and randomized:
 1. We selected blocks of days during which observation would be carried out.
 2. Based on our existing knowledge of activities in these areas, days were divided up into two hour time blocks. Time blocks for the Second and Pike area began at 8:00 AM and ended at 10:00 PM. Time blocks for the Broadway area began at 10:00 AM and ended at 12:00 AM. ⁴
 3. Each time block was consecutively numbered beginning with one (1) and extending up to the last selected time block of the observation days.
 4. For the first wave of observations downtown and on Broadway, fifteen random numbers were generated for each locale using a random number generator available at www.random.org. For the second wave of observations, we repeated this process in the downtown area but only five observations periods (for ten hours) were selected in the Broadway area. Time slots matching each generated number were selected for observation. When duplicate random numbers were produced we selected the original number

⁴ The difference in observation times for the two locales was based on our previous experience that the level of visible drug activity begins and ends earlier in the day in the downtown core than on Capitol Hill. We believe this difference is due largely to the greater number of downtown participants who reside in shelters (the largest concentration of Seattle shelters is in this area) and who must be in the shelters by a certain time and who must leave in the morning.

and then we randomized again based on the number of duplicates. Given the nature of true randomization, certain days ended up with no observation times, while others ended up with two or three.

- a trial observation by the lead ethnographer and discussion with the two assistants resulted in a methodological modification. Prior to beginning fieldwork, the intent was to differentiate between purchasers, those making referrals, and those actually selling. Yet observation and our own knowledge of street level drug sales, indicated that differentiating between the latter two (sellers and referrers), is quite problematic. For example, many sellers or dealers, do not actually hold the drugs themselves, rather they receive the money and signal to another individual to pass the drugs. Additionally, some involved in sales require the person doing the referral to carry the money from the purchaser to another individual and then return with the drugs. In order to simplify the observation process and strengthen its validity we chose to focus on two things: those involved in purchasing, and those who were involved in the delivery of drugs -- either through receiving money or exchanging drugs. Where we could clearly determine who was actually engaged in sales (someone who was a “dealer” [see below]), we noted that on the side and discussed it during debriefing sessions. In the end, however, these data seemed too impressionistic and few to be included in this report.
- based on this, a form was created for recording observations. Forms contained rows broken down by race/ethnicity (African American, Latino, Native American, POC -- for person of color where the observer was unable to decide and for Asian or Pacific Islander) and sex (male or female). Forms contained columns broken down by purchase and by delivery.
- in the first wave the raw data forms had columns labeled “successful purchase” and “referral of buyer to seller”. This terminology, unfortunately, caused confusion when the raw data were reviewed by others as they felt that it was unclear that the two columns identified separate individuals. Consequently, we conducted a second wave in late March and early April using a different form in which the columns were labeled “purchaser” and “involved in delivery” in order to clearly indicate the distinction between those purchasing drugs and those in some way involved in delivery (see below). In the second wave, we also

effectively eliminated the category of POC -- reserving it exclusively for those who appeared Asian and forcing observers to select either African American, Latina/o, or Native American.

- the lead ethnographer and the two assistants met and agreed on a set of standards for what would constitute an observation of a drug purchase and what would constitute an observation of involvement in delivery. We based these standards on our own knowledge of street level drug activity gained from years of ethnographic observation of such activity, outreach work to the targeted population, and previous involvement in drug transactions. The two assistants worked with each other and compared their initial series of observations to ensure there was internal consistency and agreement in those observations and the lead ethnographer monitored their progress consistently. Due to the nature of their work, all three observers have years of experience in street observation, interaction, and recording the nature of those observations and interactions in the field.⁵

The most frequent scenario we observed was individual A either approaching or being approached by individual B, at that point several things would happen:

1. Individual A would hand individual B some money and individual B would hand something back.
2. More frequently, individual A would hand individual B some money, individual B would leave, meet up with individual C and exchange the cash for drugs (or hand over the money and receive drugs from yet another person), and return to individual A.
3. Most frequently, the two (A and B) would proceed together to meet with individual C and all three would walk further on, at some point cash would go from A to one of the others and drugs would go from B or C to A.

⁵ As noted above, a primary funding source for all three participants in this study require that data be collected on the number and nature of street based outreach contacts and the estimated age, gender, and race/ethnicity of each contact. On some days outreach contacts can number well over 100, so we are well experienced in making observations in the field and transferring them to data collection sheets.

In all cases, we recorded those individuals providing referrals, receiving money, or transferring drugs as involved in delivery (in both rounds), while those exchanging money and receiving drugs were recorded as involved in drug transactions (during the first wave) or purchase (during the second wave).

- when possible, we enlisted the aid of other individuals to assist in interpretation of our observations. The lead ethnographer utilized a key informant in the Capitol Hill neighborhood to identify those who were active dealers. In the downtown area, the ethnographer and the two assistants utilized the assistance of those involved in public venue transactions to help us identify drug transactions and the nature of those transactions (specifically, the types of drugs being sold). In almost all cases, we knew what drugs were being sold because: a) we were familiar with the individuals involved; b) a key informant provided us with that information, or; c) because the individuals involved approached us and offered drugs for sale.
- our efforts here were facilitated by our longstanding and ongoing work in the two neighborhoods selected for observations, our familiarity with the neighborhoods, and the relative continuity of these drug markets over time. A semiannual report published by the local Community Epidemiology Working Group (Drug Abuse Trends in King County), has noted that over the past five to six years the structure and composition of Seattle area public venue drug markets (especially those downtown) have remained static (Banta-Green et al. 2002)
- results of observations were recorded and then tabulated and entered into an Excel spreadsheet (see Attachment B).

STUDY RESULTS

Based on 100 hours of observations carried out on randomly selected times over two waves of observation some clear patterns emerged and are reflected in the tabulations included in Attachment B. Other patterns emerged not from the quantitative figures, but from our observations of the overall structure and dynamic of the markets. These patterns are best categorized as similarities and differences. We begin with a discussion of the similarities.

Venue similarities:

- both areas are characterized by openly visible, readily observable drug sales and numerous participants. Although Second and Pike is larger (854 individuals observed engaging in drug purchases and 311 individuals involved in delivery during the first wave and 551 purchasers and 375 deliverers in the second wave), the Broadway area is also quite active (280 people involved in purchasing and 73 involved in delivery during the first wave and 114 purchasers and 29 deliverers in the second wave).
- both areas ebb and flow in terms of their level of activity. Some of this is due to outside factors, but much of it seems to reflect the time of day. In general, transactions in both areas begin slowly during the day and increase in volume through the afternoon and reach a peak between 4:00 and 6:00 PM. The Second and Pike zone also gets active between noon and 2:00 PM and tends to slow down more after 6:30 PM.
- in both areas the majority of those involved in sales and purchasing are “resident” to the neighborhood (if they are homeless, they are homeless in that neighborhood).⁶ Yet, both also clearly have individuals who come into that neighborhood to purchase.
- in both areas the drug most commonly being sold is black tar or Mexican heroin (also known as chiva or black). Yet both also have other -- “mini-markets” (described below under differences).

Venue differences:

- the most visually obvious difference between these two markets is the demographic make-up. Race or ethnicity and average age of participants are the most salient differences. While this visual impression is derived from casual observation, it is also borne out by our observations and the quantitative data we collected. In the

⁶ We base this finding on several factors. As noted previously, all three investigators for this project have extensive involvement in provision of social and other services to street involved substance users. Consequently, we are familiar with many of those involved in the activities we observed. Additionally, we have been involved in other projects working with homeless individuals in both downtown Seattle and on Capitol Hill. In the course of this other work, it has become apparent that most homeless individuals are homeless in the neighborhoods where they are found. Finally, in an unpublished survey of participants of the downtown needle exchange conducted in 1996, it was discovered that the majority of homeless individuals accessing the exchange resided in the downtown core.

Broadway area, 95% of all sales and purchases and referrals of buyer to seller occurred between whites, and only 5% involved a person of color (POC; see Attachment B, p.1, 2, 3).

In significant contrast, although at Second and Pike whites are the largest group, no one group constitutes a clear majority. The difference in demographic composition in the downtown area warrants some specific examination.

During the first round of observations (see Attachment B, p.4):

1. Forty-one (41) per cent of those involved in drug purchases and 38% of those involved in delivery were white.
2. Thirty-five (35) per cent of those involved in drug purchases and 32% of those involved in delivery were African American.
3. Sixteen (16) per cent of those involved in drug purchases and 19% of those involved in delivery were Latina/o.
4. Native Americans and undetermined people of color accounted for 7% of those involved in drug purchases and 11% of those engaged in delivery.

During the second round of observations (see Attachment B, p.5):

1. Forty-eight (48) per cent of those involved in drug purchases and 39% of those involved in delivery were white.
2. Forty-four (44) per cent of those involved in drug purchases and 42% of those involved in delivery were African American.
3. Four (4) per cent of those involved in drug purchases and 13% of those involved in delivery were Latina/o.⁷

⁷ The shift between the percentages of Latinos involved in purchasing or delivery between the two waves is noteworthy. We suspect that it may be due to exogenous political factors that are entirely unrelated to the drug trade or law enforcement in the Second and Pike area. Anecdotal reports from those working with Latinos indicate that fear of increased immigration enforcement in the current political environment has resulted in dramatic shifts of street based Latinos.

4. Native Americans accounted for 4% of those involved in drug purchases and 5% of those engaged in delivery.

When the two waves are aggregated (see Attachment B, p.6):

1. Forty-four (44) per cent of those involved in drug purchases and 39% of those involved in delivery were white.
2. Thirty-nine (39) per cent of those involved in drug purchases and 38% of those involved in delivery were African American.
3. Twelve (12) per cent of those involved in drug purchases and 16% of those involved in delivery were Latina/o.⁸
4. Native Americans accounted for 3% of those involved in drug purchases and 4% of those engaged in delivery.

From the data we gathered it appears that each group participated in purchases and delivery roughly proportionally to their percentage of the overall population engaged in drug transactions of any kind. This is true not only from the aggregate data, but holds up across most observed time blocks and days as well. Given this, and that it was similarly true of the Broadway market as well, and that we observed 2586 (duplicated) individuals involved, we feel this strongly bolsters the argument that racial/ethnic groups are involved in drugs (and consequently the drug trade) roughly proportionately.⁹ The difference in race/ethnicity between the Second and Pike and the Broadway zones seems to relate to one of the characteristics enumerated under similarities between the two areas: namely, that the majority of those involved are resident to the area and that Capitol Hill is a predominantly white neighborhood, whereas the downtown core is characterized by high numbers of resident African Americans and Latinos.

⁸ The shift between the percentages of Latinos involved in purchasing or delivery between the two waves is noteworthy. We suspect that it may be due to exogenous political factors that are entirely unrelated to the drug trade or law enforcement in the Second and Pike area. Anecdotal reports from those working with Latinos indicate that fear of increased immigration enforcement in the current political environment has resulted in dramatic shifts of street based Latinos.

⁹ This finding is corroborated by demographic data collected by service providers in the Second and Pike area. In particular, data of those involved in delivery during the observation period closely matches demographic data collected by Street Outreach Services for the period covering 1999 through 2001. It also matches data collected by the health department of users of the downtown needle exchange for the period covering 1989 through 1996. The department stopped collecting such data in 1996 due to the fact that it remained unchanged during that time period.

In the Second and Pike area 62% of the individuals involved in transactions we observed were males. We mention this for two reasons. First, it lends strong external validity to our observations, in that studies of street involved substance users from all regions of the United States in the post-World War II era find that males represent around two-thirds of those involved and our observations are identical. Secondly, this illuminates one minor difference between Second and Pike and Broadway: in the Broadway neighborhood the ratio of males to females is 58% to 42%, which, while although close to the downtown and national figures, is different enough to warrant mention. We believe that this is partially due to the fact that the average age of those utilizing the Broadway market is as much as 15 years less than the Second and Pike market.

- another key difference between the two markets revolves around the predominant drugs being sold/consumed and the presence of what we refer to as “mini-markets”. As noted in the discussion of similarities, the predominant drug being sold in each market is heroin. Each zone, however, features other co-existing markets.
 1. In the Broadway area there are a significant number of methamphetamine (also known as crank, crystal, meth, speed, and a variety of other terms) users (frequently referred to as “tweakers”). Thus, many drug sales involve methamphetamine. Flake cocaine comes in third in terms of street sales. Crack cocaine sales are exceedingly rare. Sales of pills and “club drugs” such as Ecstasy, GHB, and ketamine are similarly rare and confined mostly to bars.
 2. The situation at Second and Pike is somewhat more complex. Heroin users are the largest single group and methamphetamine sales are virtually nonexistent. There are, however, large amounts of pill selling and crack cocaine sales in this area. And these two mini-markets are a study in contrast. Virtually all of those involved in selling pills are white and most, but not all, of those purchasing are white. Most of those involved in selling crack cocaine are African American, but those purchasing are of all groups. Heroin sales are a more amorphous arena. Most of those we could identify as “dealers” were Latino, yet many, if not most, of those who were facilitating sales through referrals or involved in the exchange of drugs and money were white. It is crucial to note that these mini-markets are

within one block of each other and are wide open and plainly visible and characterized by the same behavioral markers.

Pill sales involved prescription medications that have in some way been diverted from their intended use. The most frequently sold pills are ten milligram methadone tablets, which are sold for \$1.00 per milligram. Clonopin, which is a member of the benzodiazepine family, is the second most frequently sold. Other pills being commonly sold include other benzodiazepines (e.g., Valium, Xanax, Restoril), hydrocodone (Vicodin), hydromorphone (Dilaudid), and oxycodone (Percodan, Percoset, and Oxycontin).

- the above leads into a discussion of a truly significant difference between the two areas: that of police presence and law enforcement activities. The discrepancies here are as equally apparent as the differences between race/ethnicity.
 1. Law enforcement activity in the Second and Pike area is pronounced during business hours and tapers off beginning at about 6:00 PM and through the evening. During the day uniformed officers patrol the neighborhood on foot and by bicycle and we observed undercover officers make numerous arrests. Virtually all of the arrests we witnessed were among African American or Latino males. While several of the crack cocaine sellers (as noted above, predominantly African American) were arrested, none of the pill sellers (virtually all white) were, despite being in close proximity to each other and engaging in the same behavior.
 2. Law enforcement presence on Broadway is in marked contrast. No undercover arrests of any sort were noted during our observations. The presence of bicycle or foot based police officers was minimal. Disruption of the Broadway market consisted of officers driving up and down Broadway and pulling their cars over to the curb and parking. At that point, whoever was engaged in selling or attempting to purchase would disperse and move to another section of the neighborhood. The arrests we did observe tended to come after warrant checks on individuals violating no sitting or loitering rules. Another contrast to the downtown area

was that police presence along Broadway tended to increase during the late afternoon and evening hours rather than decrease.

- the final difference between the two markets described here relates to the issue of “dealers” versus “sellers”. As noted above (see Research Rationale), the most exhaustive examination of the economics of street level drug users (Johnson et al. 1985) established that there was a clear distinction between these two categories. For the sake of brevity, “sellers” composed most street level drug users, who were situationally involved in drug transactions -- they participated in the drug trade in a wide variety of roles in order to support their own drug use and their compensation was usually in the form of drugs -- either from the seller or purchaser, or perhaps both. In contrast, “dealers” were individuals who made their living selling drugs and usually operated a middle rung between sellers and distributors. This distinction is vitally important to make when examining drug markets. In our observation, the Broadway area was characterized by a higher percentage of those involved in the drug trade on a routine and ongoing basis (“dealers”) than the Second and Pike area, and those who most closely resembled dealers at Second and Pike were those involved in pill sales. The majority of those involved in sales at Second and Pike were those who were involved in transactions to support their own habits and some individuals would switch from being a purchaser to seller and back again over the course of an observation period.

SUMMARY AND CONCLUSIONS

In this report we have described the underlying theoretical and methodological principles for the research we conducted. We have also described the methodology used in our data collection. And, we have presented some preliminary findings based on our efforts.

This report describes observations of two separate neighborhoods that differ significantly in demographic composition and in law enforcement practices, yet are structurally similar in terms of their openness and accessibility and the observable behaviors of those involved.

Based on our observations and the data presented here we suggest the following:

1. our data are comparable with other studies conducted on street level substance users (see above on gender similarities between our study and others)
2. our data on the demographic composition of these markets are consistent with demographic data collected by service providers working with similar populations in these neighborhoods. In particular, they are consistent with data collected by Street Outreach Services for the period covering 1999 through 2001 on the demographic characteristics of substance using populations frequenting Second and Pike and Capitol Hill (see Attachment C). They are also consistent with unpublished data on those accessing the downtown syringe exchange from 1989 through 1996. Finally, they are consistent with published data from the National Institute on Drug Abuse sponsored Community Epidemiology Working Group on the continuity in the demographic composition in the downtown Seattle drug market over the past five years (Banta-Green et al. 2002)
3. law enforcement's emphasis on crack cocaine sales and lack of emphasis on pill sales, or even heroin sales, at Second and Pike results in a preponderance of African Americans and, to a much lesser extent, Latinos being arrested.
4. the lack of law enforcement in and around Broadway, where virtually all purchasers and sellers are white, compared to Second and Pike, results in far more people of color (in particular, African Americans and Latinos) being arrested.

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1977 Street Ethnography: Problems and Prospects. IN *Street Ethnography: Selected Studies of Crime and Drug Use in Natural Settings*. Robert S. Weppner, ed. Pp. 21-51. Beverly Hills: Sage Publications.

ATTACHMENT A

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Education

1986 M.A. University of Washington, Seattle, WA
1979 B.A. Whitman College, Walla Walla, WA

Employment

July 1997 - present

Executive Director, Street Outreach Services, Seattle, WA.

August 1996 - June 1997

Health Services Administrator 1, Washington State Department of Health, Olympia, WA.

July 1994 - August 1996

Communicable Disease Investigator, Seattle-King County Public Health, Seattle, WA.

October 1995 - August 1996

Disease Intervention Specialist, Seattle-King County Public Health, Seattle, WA.

June 1993 - June 1994

Research Scientist II, Alcohol and Drug Abuse Institute, University of Washington, Seattle, WA.

June 1992 - May 1993

Instructor of Anthropology, Tacoma Community College, Tacoma, WA

February 1989 - March 1992

Research Scientist, Alcohol and Drug Abuse Institute, University of Washington, Seattle, WA.

September 1988 - January 1989

Interviewer, King County Division of Alcohol and Substance Abuse Services, Seattle, WA.

January 1988 - March 1989

Instructor of Anthropology, University of Washington, Seattle, WA.

Consultant

2001-2002

CIDUS-DUIT Study, Public Health-Seattle & King County, Seattle, WA

1999-2000

Vancouver Injection Drug User Study (VIDUS), Centre for Excellence, University of British Columbia, Vancouver, Canada.

1998-99

Center for Substance Abuse Treatment, National Institute of Health, Rockville, MD.

1995-96

HELIX Project, Evergreen Treatment Services, Seattle, WA

1995

Division of Alcohol and Substance Abuse, Olympia, WA

1994-96

RAVEN Study, Seattle-King County Department of Public Health, Seattle, WA.

1994

Center for Health Promotion, Group Health Cooperative, Seattle, WA

1993

MOM's Project, Division of Alcohol and Substance Abuse, Olympia, WA

Organizations

1990-1997 Co-founder and member of the Board: Street Outreach Services, Seattle, WA.

Secretary, March 1991 - October 1995

President, November 1995 - May 1996

Secretary, June 1996 - January 1997

President, February 1997 - May 1997

1991-present Member, AIDS and Anthropology Research Group, subsection of the American Anthropological Association

1997-2002 Member, Seattle-King County HIV/AIDS Planning Council

1997-present Member, Community Epidemiology Working Group

- 1998-2000 Community Co-Chair of Seattle-King County HIV/AIDS Planning Council
- 1998-1999 Member, Washington State HIV Prevention Planning Group
- 2002-2003 Member, Washington State HIV Prevention Planning Group

Publications/Presentations

Banta-Green, Caleb, Ellen Silverman, Susan Kingston, Steve Freng, Michael Hanrahan, Geoff Miller, T. Ron Jackson, Kris Nyrop, Arnold F. Wrede, Mark McBride, Richard Harruff, Greg Hewitt, Anne Forbes, Joe Kabel, Hanne Thiede

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- 1992 Community Health Outreach Work as an AIDS Prevention Strategy: Seattle's Experience. Alcohol and Drug Abuse Institute Technical Report 92-03. Alcohol and Drug Abuse Institute, University of Washington, Seattle, WA.

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1991 The Commodification of Friendship: Relationships between Street-level Drug Users and Service Providers. Paper presented at 43rd Annual Meetings of the American Criminological Society, San Francisco, CA. November, 1991.

1996 Marijuana Use among People with AIDS: A Preliminary Report from the SHAS Interview Project. *HIV/AIDS Quarterly Epidemiology Report, Fourth Quarter*: 16-18.

1997 Pot to Eat, Crystal to Clean: Using Drugs to Stay Healthy among People with AIDS, More Notes from the SHAS Project. Paper presented at the Fourth Annual Joint Conference on Health, Wenatchee, WA. October 8, 1997.

1997 Some Thoughts on Drugs and Sex. Paper presented to the quarterly update for Planned Parenthood, Seattle, WA. November 21.

1997 How Now Needle Exchange? Paper presented to the quarterly update for Planned Parenthood, Seattle, WA. November 21.

1998 Harm Reduction? What's up with that? Paper presented to the Seattle-King County HIV/AIDS Planning Council, January 15.

1998 Drugs, Sex and Harm Reduction. Paper presented to the Downtown Emergency Services Council, Seattle, WA. January 22.

1998 Street Ecology: Contextualizing Injection Drug Use and HIV Prevention in Seattle and Vancouver. Paper presented to the Washington State Conference on Monitoring HIV Seroprevalence among IDUs in Response to the Vancouver Outbreak, March 2, Seattle, WA.

1998 Contamination from Indirect Sharing among Injection Drug Users. Paper Presented at the Fifth Annual Joint Conference on Health, Yakima, WA, October 5, 1998.

2002 Modeling Syringe Exchange: What Works for Me May Not Work for You. Paper presented at the 12th North American Syringe Exchange Conference, Albuquerque, NM.

- 2002 Moving Syringe Exchange Beyond HIV Prevention. Paper presented at the 12th North American Syringe Exchange Conference, Albuquerque, NM.
- 2002 Junkies Serving Junkies: Walking and Talking Harm Reduction. Paper presented at Fourth National Harm Reduction Conference, Seattle, WA.

ATTACHMENT B

ATTACHMENT C