Introduction

Alice, a slender, thirty-two-year-oldAfrican American woman, was very content with her life until she started using drugs. She was sixteen at the time. When I met her, she was in her late twenties and an injection drug user. By then, she ***also*** *had an eleven-year-old son and a two-year-old daughter. Her older sister was taking care of the children to allow Alice to focus on some changes she wanted to make in her life. Her biggest goal was to become free from drug addiction. Although she hod been in drug treatment three times in the past several years, each time she was caught with "dirty urine."*

Alice grew up in the Deep South and spent many childhood ***summers*** *at her grandmother's house in rural Georgia. Her mother, her two alder sisters, and her baby brother preferred to stay in the city. She lovingly retold some of her grandmother's stories, stories about bygone times, about her mama* **as** *a little girl, and even, sometimes, frightening tales of ghosts who resided in the house.*

Shortly after her sixteenth birthday, Alice learned that her best girlfriend, LaDonna, had been caught with marijuana and sent away to live with relatives in Mississippi. The two teens never saw each other again, and Alice often wondered about LaDonna's life. Alice missed her friend. They had never really talked about drugs, beyond agreeing that they didn't like the kids at school who used them. After LaDonna tried marijuana, Alice found herselfcurious. The kids she had avoided in the past became her marijuana suppliers. They teased her for having been a little sweetheart for so long.

During her senior year in high school, Alice stole money from her mother's purse, an event that marked the beginning of a chaotic life. Her mother, seeing Alice headed for trouble, broke down and sought

the advice of a white woman for whom she worked. This woman and her family provided the only contacts Alice had with whites while she was growing up. But Alice was furious. She felt betrayed by her own mother.

She thought a lot about running away from home, but instead she often stayed aver at friends' places or slept outside when the weather was nice. She came and went at will. Her sisters began to distance themselves from her, treating her as if she was no longer one of them. Shortly before she turned eighteen, Alice fell in love with Bill and soon moved in with him. She knew that Bill used heroin. Through him, she developed contacts with other drug users. At first she didn't use heroin, initially because she had no interest and later because she was pregnant with their son. On the boy's first birthday, Alice persuaded Bill to give her some heroin. Within six months, he was injecting her with heroin several times a week.

Three years into the relationship, Bill was arrested, and Alice was left behind to struggle with her withdrawal from heroin. One of Bill's female acquaintances injected her a few times and then finally taught Alice how to inject herself. For a while, Alice supported her habit by injecting other new users who were afraid to inject themselves or who did not know how to do it.

Slightly mare than two years before this study was done, Alice and the father of her second child began experimenting with crack cocaine. She described her crack cocaine use as more addictive and expensive than the heroin habit She began working as a prostitute to pay for her own and her partner's drugs. Soon afterwards, she discovered that she was pregnant The father left, and a week later she miscarried.

One of Alice's dreams is to live with a nice man who loves and cares about her. She sees herselfliving in a big house with a two-car garage, and, ofcourse, she is drug free. In the meantime, however, she is struggling to survive from day to day. The last time I spoke with Alice, she was worried about AIDS. She had been losing weight and had learned that a man with whom she had had sex and injected drugs several

yeors before hod died of AIDS. We talked about the odvontoges ond disodvontoges of HIV testing. When I dropped her off at home, she joked about how she hod gotten mad at her mother for seeking guidonce from the white family for whom she worked. Now Alice herself wos asking advice from a white person, though she pointed out thot I wasn't "white," but Dutch. Somehow this distinction mode it eosier for her to accept me.

Alice's experiences resemble those of many of the other women in project PAST, the Female Atlanta Study. Their stories are similar to each other in many ways but different in others. Curiosity and peer pressure led many of these women to experiment with drugs. Others were introduced to drugs by friends, often their boyfriends.

Most women in project PAST tried other drugs before they used crack cocaine. Prostitution frequently was the means through which they supported their crack cocaine habit, but many women also paid for their drugs by participating in the drug business or through "hustles" such as shoplifting, credit card fraud, and thefts from motor vehicles.

One of the shared aspects of these women's lives was their stigmatization as drug users. They were all too familiar with many of the prevailing negative images of crack cocaine users. They had heard them over and over—from judges, from correction officers, and sometimes from their best friends and relatives. These people depicted them as irresponsible, uncaring, and unreliable. They have called them "crack whores," "crack freaks," "chicken heads," and worse, all terms used to describe women who exchange sex for crack cocaine, a phenomenon commonly associated with female crack use.'

Women who use crack cocaine meet with harsher disap-

proval from society than their male counterparts seem to do. This tendency may in part be due to the societal denial of illicit drug use among women in general. Even prior to the mid-1980s, when crack cocaine began dominating the U.S. street drug market, the extent of female drug use was often downplayed because it undermined society's expectations of women. Being a drug user and a woman are generally seen as incompatible social roles. In a study of women who use heroin, for example, Marsha Rosenbaum (1981) described how their options decreased as drug use became more central in their lives.

Previous studies of female drug users, including crack cocaine users, have often focused on these women's reproductive responsibilities, especially the impact of their drug use on the development of the unborn fetus or on their role as mothers (Chasnoff, 1989; Chavkin, 1990; Kearney, Murphy, and Rosenbaum, 1994; Lieb and Sterk-Elifson, 1995). Other researchers have explored the ways in which women support their drug habit, identifying prostitution as a common means of support (Goldstein, 1979; Inciardi, Lockwood, Pottieger, 1993; Ratner, 1993). Only recently have researchers linked the involvement of female crack cocaine users to illicit activities other than prostitution (Dunlap, Johnson, and Manwar, 1994; Pagan 1994).

This study approaches crack cocaine habits and their consequences from the point of view of the female users. It is a study of women who are active crack cocaine users and who are not in drug treatment, prison, or any other institutional setting. The women's accounts, as presented in their own words throughout the text, frequently refer to their failures and despair as well as their successes and hopes. The women in project FAST often gave contradictory explanations for their situations. Their stories expressed passion

and motivation but also apathy and manipulation. On one hand, they blamed society for oversimplifying their problems, for ignoring the causes of their drug use, for offering only piecemeal solutions. On the other hand, they acknowledged their personal responsibilities, their mistakes, and their own weaknesses.

Even though they did not anticipate the long-term impact of drug use on their lives, they acknowledged having at least some prior understanding of the possible negative consequences. When they first confronted problems that arose as a consequence of their drug intake, they never entertained the option of stopping their use. While some women, like Alice, sought assistance to reduce or cease their drug use, they often were unable to do so. Initially, Alice tried to convince me that her failure to quit using drugs was due to the attitude of the drug treatment staff. When I challenged her, she burst into a rage. The following field notes capture the essence of this encounter:

> Alice got really mad. I guess I was only supposed to listen. I did tell her that I wanted to hear her story, but I couldn't let her get away with this. What got to her most was when I told her I did not believe that it was the staff's fault. She didn't understand why I just wouldn't believe that the treatment staff intentionally put drugs in her urine. She pulled the insider-outsider game. I never would be able to understand her because only addicts could understand addicts. She called me racist. I felt hurt, and I became angry as well. Suddenly, Alice's mood shifted, and she began seeking my pity. She almost convinced me that I could not understand her. Tired and weary, we agreed that society was screwed up. There wasn't much we could do about that. She could, however, change her way of life and try again *to* become drug free.

Throughout this research, I never doubted that I wanted to become involved with the women, that I wanted to gain

a better understanding of their lives. Frequently, I grappled with the tension between my desire to make a difference in their situation and the realization that this would require tackling larger social forces such as racism and poverty. As I hope this book will show, the lives of these women exemplified the interconnectedness of gender, class, and race (hooks, **1991;** Andersen and Collins, 1992). Most of the women in project FAST were African American and were raised in impoverished families. The Hispanic women in the study also alluded to racism and poverty, and many of the white women referred to discrimination against "white trash."

Several women in project FAST believed that "getting off drugs" might enhance their quality of life but would not necessarily provide them with adequate housing, educational opportunities, or better jobs. Those women often used such reasoning to rationalize their continued drug use.

Methodology

One of the main goals of this study was to develop a clearer understanding of the lives of female crack cocaine users. During a four-year period, information was collected in Atlanta, Georgia, by engaging in hundreds of hours of participant observation, holding countless informal conversations, leading group discussions and focus groups, and conducting in-depth interviews with **149** women who were active users of crack cocaine. **As** is typical of qualitative research, I supplemented the *a priori* research topics with others identified as relevant by the study participants themselves. The initial, limited list of study topics focused on general descriptions of an average day in the women's lives, their significant relationships and roles, and their future

expectations. It soon grew to include issues such as drug treatment, violence, and HIV/AIDS.

In these pages, the reader will not find epidemiological statements about the prevalence and incidence of crack cocaine use, the statistical association between crack cocaine use and crime or HIV infection, or predictors of drug use. Instead, the reader will hear fragments of the stories the women in this study told about their lives.[2] I have supplemented these stories with data collected through informal conversations, group discussions, and my own observations. Critics may dismiss this information as anecdotal and unscientific. However, by modifying the original research questions and allowing new topics to emerge, it became possible to gather information relevant to crack cocaine use that otherwise might have gone undiscovered.

One of the first steps in the study involved ethnographic mapping to identify geographical areas where female crack cocaine users could be found. The selection process included a compilation of available information from formal sources such as local law enforcement officials, drug treatment staff, emergency department personnel, and other social and health service providers. Informal sources—taxi drivers, merchants, members of community organizations, and drug users—provided additional guidance. Upon selection of the study neighborhoods, community consultants were hired as project staff. These consultants were women from the area who served as liaisons between the community and the researchers. Early on they stressed the importance of naming the research project. They wanted a name that clearly emphasized that this study was about women only, but also one that would not stress the study's focus on drug use. After much debate, we chose project FAST, the Female Atlanta STudy.

One of the initial research steps in the ethnographic mapping included observing the physical and social infrastructures of the study neighborhoods. Findings from these observations were recorded in specific memo logs, which also made reference to information gathered during any informal conversations that occurred during the observation times. Initially, these conversations tended to be limited to chats about the weather, someone's garden or car, or other superficial topics. Soon, however, a number of residents asked for more information about the research goals and objectives and began questioning my interest in the neighborhood. These exchanges offered the opportunity to introduce the study and to begin asking residents their opinions about specific issues such as the prevalence of drugs in their neighborhood and their impact on their community. Some residents worried that the research might give their neighborhood a bad reputation as a drug-infested area. One of the main contributions of the community consultants was that they facilitated entrée into the neighborhoods. Not only were they known to many of the residents but they were also familiar with the local power structure. For example, depending on the community, information sessions were set up with local church leaders, members of the board of tenant associations, store owners, or landlords. Some leaders and residents were unsettled by the presence of a white woman who spoke with a foreign accent. Gaining trust took time, and some individuals continued to have reservations. The following field notes reveal some of the trust dynamics.

> During the meeting with Ms. Ranton, the tenants' association president, she never made eye contact with me. She did not use my name and referred to me as "her." The one time I tried to say something, she totally ignored me. She told Tony, the

> community consultant, that she would not hold her personally responsible if it didn't work out. . . . The neighborhood barbeque and health fair were very well attended. Ms. Ranton came by, but we never got beyond the "how are you doing?" stage. She walked up to me while we were cleaning up and commented, "I sure am glad to see that you are doing something for the neighborhood. The people here need more." She wanted us to organize a clothing fair for the upcoming winter. I told her I would check into it, which resulted in a sarcastic remark from her about knowing what that meant. I guess she interpreted my response as a polite no, as a cop out. . . . We held the clothing fair. Ms. Ranton mentioned to Tony that we at least came through. We now may put up posters and distribute flyers.

Participant observation—the observation of human behavior and actions—was a major component of the ethnographic mapping (Becker, 1963; Adler, 1985). These observations involved "hanging out," developing initial contacts and trust, and continuously checking and rechecking information and our interpretations of it. The participant observation sessions posed many challenges. Obviously, "hanging out" in a public setting was less difficult than spending time in a semi-public or private crack house where people were getting high, exchanging sex for drugs, or reminiscing about criminal activities. Typically, as my knowledge and understanding increased, the observations became more focused. Being the only white person involved in the participant observation, my experiences sometimes differed from those of the community consultants who assisted with many of the sessions and who, with the exception of one Hispanic woman, were all African American. These field notes address part of the negotiation of my role:

> Finally some of the people nod their head when they see me. The guys on the corner even asked me how I was doing. Linda,

> a woman whom I knew from my earlier research in the area, had told them that I was okay. Instead of asking me, one of the guys asked her what kind of business I was into. She told them I was a professor, a professor of the streets. I had told her of my earlier experience of being asked by a drug dealer where I had bought my university ID. She told them about this. One of the guys tried to convince me that he knew everything that was going on in the neighborhood. He also asked me for condoms. I had been hanging out with some of the AIDS outreach workers, who visit the community every other week and who hand out HIV risk-reduction materials, including condoms. Especially the condoms made me popular. I began carrying some all the time. I also seem to have become a major supplier of cigarettes, rides, and meals. The one thing I refused to give people was money. Linda thought it was good for me to listen to their bullshit. Her main message to me is to be myself, and I'll be treated like everyone else. When I asked her what that meant, she responded, "They'll love you, and they'll use you."

A crack house manager in one of the neighborhoods stressed the importance of "following your own gut feeling, just like the rest of us." This often meant leaving the setting when tensions arose or when ongoing activities became too stressful to watch.[3] Philippe Bourgois (1995) described some of the violence and abuse he encountered during his participant observation research in Spanish Harlem, New York. Patricia Adler (1985) admitted feeling threatened at times during her study of drug dealers. While I never directly witnessed abuse and violence, I did see the results of it and often felt frustrated because there was little I could do to prevent it from happening again.

In addition to guiding the selection of the study neighborhoods, the ethnographic mapping helped reach a wide cross-section of female crack cocaine users who might be interested in participating in the study. Initially, the selection of study participants focused on women who were

eighteen or older, who used crack cocaine, and who lived in the study neighborhoods. It soon became clear, however, that additional criteria such as the length of drug use, the means of supporting the drug habit, the introduction to drug use, and the motherhood status of most women were distinguishing aspects of their lives.

I learned that some women had used other drugs, such as marijuana and heroin, in the past, while crack cocaine was the first illicit drug for others. Still other women used crack cocaine in combination with drugs such as marijuana or heroin. This increased knowledge of the women's drug-use patterns resulted in a more specific recruitment process, also referred to as theoretical sampling. This sampling spawned the organization of chapter 2 around the women's patterns of income generation and the social context in which crack cocaine use occurred. Some women mainly supported their crack cocaine use through their involvement in the drug business. They became known, for purposes of this study, as the Queens of the Scene, a term they suggested themselves. Others had a history of criminal involvement and maintained their crack cocaine habit largely through earnings from their illicit activities. This group, the Hustlers, tended not to engage in prostitution, a support strategy common among a third group that I termed the Hookers. Finally there were the Older Struggling Rookies, who began using crack cocaine when they were in their thirties or older and often lacked purchasing power, which forced them to barter sex for crack cocaine.

Researchers frequently base their decisions about how many and what type of people they want to include in their sample on available statistics. Because the statistics on female drug use are limited, it is more difficult to decide how many and what type of women to include. A practice gen-

erally followed in ethnographic research is to continue to collect data until no new information is discovered. I used this strategy and recruited women until no new themes emerged, a point also referred to by qualitative researchers as saturation.

Those women who fit the study's eligibility criteria were invited for an individual in-depth interview and/or a focus group. If they decided to participate, the study was explained in detail and they had the opportunity to ask questions prior to signing a consent form.[4]

In-depth interviewing involves guided but open-ended conversations with study participants. The interviewer is required to be a careful listener who constantly integrates information and, where necessary, probes for elaboration. Sometimes this approach resulted in dialogues about topics that were unrelated to the study.

The interview guide for project FAST covered topics such as family background, relational history, mothering and parenting, drug-use history, drugs and sex, social support, and future expectations. As is typical of in-depth interviewing, the final content of the interviews depended partly on the relationship with the respondent. For example, it always seemed more difficult to challenge contradictions in the stories of those women who were emotionally upset and who began crying during the interview than it was with women who laughed and joked. Differences also depended on the extent to which the women felt comfortable talking about intimate subjects. While some women seemed to have no difficulty sharing their involvement in illegal activities, others understated or denied their participation in such hustles. Several times, women refused to admit that they participated in illegal activities until I pointed out the discrepancy between their reported income and their ex-

penses. In response, some women shrugged their shoulders, while others opened up and revealed their sources of additional income.

The in-depth interviews were conducted at a variety of locations, including a centrally located downtown office, residences, hotels, fast-food restaurants, and my car. All formal, in-depth interviews were tape-recorded and transcribed, and they lasted between ninety minutes and four hours, with an average length of two hours.

Several focus groups were conducted with interviewees as well as with crack cocaine-using women who were not interviewed. The focus groups were used to make sure that the data were interpreted accurately. These groups also were helpful when the information from the participant observation differed from the interview information. There were crack house managers, for example, who denied allowing drug sales in spite of my observations to the contrary. The data were also compared on the individual level. A common scenario involved women who denied getting high in a crack house but were observed smoking in a crack house. This process of comparing the information from different data sources, also referred to as triangulation, increased the validity of the data.

The Women in Project FAST

The 149 women who participated in in-depth interviews for project FAST all fit the study eligibility criteria. They used crack cocaine. They were eighteen years of age or older. They lived in a study neighborhood. They were not in drug treatment or any other institutional setting. While each woman had her own story, many of the stories shared common elements.

The youngest woman enrolled in this study was eighteen years old, and the oldest participant was fifty-eight. The women's median age of thirty-three years may appear relatively old for crack cocaine users, but many of these women experimented with other drugs prior to making crack cocaine their drug of choice. According to the National Household Survey on Drug Abuse—one of the main sources of information on the prevalence of illegal drug use in the U.S. population—drug use tends to be associated with low levels of education. In this survey, individuals who dropped out of high school reported drug-use rates 2.5 times higher than those for college graduates (United States Department of Health and Human Services, 1995). Almost half of the women in project PAST failed to complete high school. They dropped out because of pregnancy, drug use, or parental pressure to find a job and contribute to the household income. Compared to the national statistics on drug use and education, a relatively large proportion of the women in this study completed high school. Among the high school graduates, one in five women attended college for one or more years, and six women received a college degree. The median educational attainment for the women in project PAST was twelve years.

With the exception of the Queens of the Scene, the women's median income was near or below the poverty level. Most women reported multiple sources of income, including illegal activities (70.5 percent), legal employment (28.7 percent), government subsidies (27.5 percent), financial support from relatives (28.7 percent), and other sources (15.1 percent). While slightly over one-fourth of the women received financial assistance from relatives, the amounts tended to be small and were contributed only dur-

1 Getting Into Drugs

Different pathways led the women in project FAST to their current drug-use patterns. Getting into drugs often involved others, typically a close girlfriend, a boyfriend, or a group of friends. Marijuana was the first illicit drug that some of these women used. Others began with snorting cocaine, injecting cocaine and heroin, or immediately smoking crack cocaine. Angel, one of the white women who supported her crack cocaine habit through street prostitution, described hanging out with her friends and smoking her first marijuana as a teenager. At first, she and her friends reserved getting high for special occasions. Within several months, however, she needed to take a few puffs on her way to school. Lisa snorted cocaine for many years before she shifted to smoking geek joints, a mix of crack cocaine and marijuana. She recalled going to dance clubs with her best friend and being intrigued by the cocaine snorting that took place in the restrooms. Before they knew it, they were pooling money to buy a few grams every weekend. Gail, one of the African American women who had ambitions to become a drug dealer, first got high when her boyfriend injected her with a speedball, a combination of heroin and cocaine. Long after this relationship had failed, she still was injecting drugs. Angel, Lisa, and Gail all were crack cocaine users, but the ways in which they became involved with drugs differed dramatically.

Most women in project FAST experimented with tobacco, marijuana, and alcohol during early or middle adolescence. Despite the breadth of available studies on drug use and its consequences, initiation into drug use has received relatively little attention. According to the women in this study, however, their initiation was an important life event, and many vividly remembered their first use.

Not surprisingly, many women experimented with drugs during their adolescent years, a time in the life cycle when young people begin developing their own identities and distancing themselves from their parents, while associating more and more with peers. A substantial number of women explained that as adolescents they often felt misunderstood and disrespected by their adult caregivers. They responded by "acting out," which could mean isolating themselves at home, skipping school, running away, becoming pregnant, or experimenting with drugs.

Friends were seen as individuals to whom the women could relate and who seemed to have similar interests. Among friends, these women explained, they did not feel as anxious about their popularity. Anna, who left home at the age of fifteen because of difficulties with her mother and her stepfather, recalled:

> I must've been fifteen. Things weren't going well. My mom's boyfriend didn't like the way I dressed. He told my mom I looked like a hooker. She didn't really mind my clothes, but with him in the house she had to say something. We would just fight, and I started hanging out at my friend's house. I'd stay out really late. They'd make me stay home, but never for long, because of the fighting. I quit doing my homework. The teachers told me it was a shame because I am a pretty smart woman. I'd buy liquor with my best friend, and we'd get wasted. Her boyfriend always had pot. I ran away from home

> when my parents got tough . . . one of my friends became pregnant and they freaked out.

Lisa, who came from a middle-class family, also recounted having problems with her parents and other adults during her adolescent years. Her social class failed to insulate her from troubles similar to those encountered by Anna.

> I am the bad one in the family. My parents made it all the way. They wanted me and my brother to do even better. My brother went to medical school, and he is a surgeon. I was never good enough, so after a while I quit trying. All I would get from my parents were bad feelings. My teachers told me that I was not good enough . . . I felt like a nobody. My friends didn't care about me not being good enough. I started arguing with my parents and my teachers and using dirty words, like I was from the street. The kids at school would accept me the way I was. I made new friends, kids from outside my neighborhood. I had some money, and they had the connections. I took my first acid when we went to a movie.

These women's negative attachment to their parents and teachers was a risk factor for their drug use. Other researchers have also identified this risk factor (Kandel, 1975; Newcomb, Maddahian, and Bentler, 1986; Schulenberg et al., 1994). A second major risk factor for the women in project FAST was having peers who supported their drug use. Several women described feeling alienated from home and school due to their involvement with a boyfriend. Often these boyfriends introduced them to a way of life that was supportive of drug use.

Tobacco, Alcohol, and Marijuana

The median age at which the women in project FAST smoked their first cigarette was fifteen, with the youngest woman being five years old and the oldest twenty-one.

Only a few of the women had never smoked tobacco. A majority grew up in households in which at least one person smoked, and sometimes this person introduced them to cigarettes. More typical were stories of women who began smoking cigarettes with friends. Some women recalled that if enough peers were interested, they would pool their money to buy a pack of cigarettes. Despite legal restrictions on tobacco sales to minors, none of them had trouble buying cigarettes.

Many women also reported having tried alcohol for the first time during adolescence. On the average, most women consumed their first alcoholic beverage at the age of fifteen, with the youngest woman reporting her first alcoholic drink at the age of seven and the oldest at thirty-three. As with cigarettes, some women were introduced to alcohol at home, while others had their first alcoholic drink with friends. Several women remembered drinking alcohol for the first time at a birthday party, wedding, or funeral. Teranda, an African American woman in her mid-twenties, experimented with alcohol when she was fifteen. She and her girlfriend sneaked some of her mother's supply.

> Alcohol really wasn't that big a deal in my community. We had more liquor stores than grocery stores. All the old guys would be standing on the street corner with their brown bags and be getting high. Me and my friends would make fun of them. I didn't really know my mommy was getting high. For me, alcohol was something in a bottle, in a brown bag. She kept hers in a locked cabinet in her room. She tells the story that I got drunk one time when I was little. My granddad had passed, and all the relatives were over at the house, and I would go around and take a sip. My girl friend and I were snooping around in my mom's room and we found the key to the cabinet. We was drinking her vodka or rum or something and telling how delicious it was. I didn't like it one bit, but, of

> course, I had to make it seem as if I loved it. Most kids at my school were getting high, and I knew some of the guys would be drunk before they came to school in the morning. Alcohol was part of the community, and I got into it because that's what we did. After a while, I even started liking it . . . I remember it making me less shy with the boys.

Other women recounted similar experiences. Few of them had been warned about the potential negative health consequences of tobacco or alcohol use, but many remembered being cautioned about marijuana. Most took their first marijuana hit with their friends. As the literature shows, new users often experiment with drugs in the company of their friends, because they consider them trustworthy (Biernacki, 1986; Coombs, Fry, and Lewis, 1976; Hughes, 1977; Waldorf, Reinarman, and Murphy, 1991).

Several women were socialized to view marijuana as an acceptable substance. Often, their parents were current marijuana users or had used the drug in the past. Many of these parents were white and middle class. Linda, who is in her early twenties, talked about having her first marijuana experience with her mother, who is in her mid-forties.

> Me and my mom are very close, and she really is a cool parent. For years I didn't want to give her credit for being cool, because teenagers are not supposed to say that adults are cool. If it wasn't for her, I probably would be pregnant or have a baby. She was really good about respecting me but still helping me not hurt myself. She smokes pot, and one day she let me have her joint. I knew all along about her smoking pot, but she always thought she could hide it from me. Us smoking pot together was like a bonding thing . . . we'd do it when the little kids were out of the house. My mom told me that pot was illegal and all that stuff. She explained that smoking pot was a thing of the sixties.

Linda was not the only woman whose parent smoked marijuana. However, parental use of marijuana did not necessarily translate into a tolerant attitude toward the women in this study when they began to partake of the drug, especially among those whose parents no longer smoked it. Several women called their parents hypocrites for prohibiting them from smoking marijuana, when they had previously or currently used it themselves.

The women in project FAST told numerous anecdotes about their first marijuana use, often recounting that they did not know how to inhale or exhale or what they were supposed to feel. Howard Becker (1953) has documented that many first-time users fail to get high because of their lack of knowledge and skills. Several women feared they might embarrass themselves when they were stoned. Melinda, a crack cocaine user who started smoking marijuana regularly as a junior in high school, remembered being unable to get stoned because of such worries.

> I always knew that sooner or later I would start smoking reefer because almost all my friends smoked it. We were at this one guy's house, in the basement, and all of us were talking about being high. We'd be passing a joint and I would pass without taking a hit. I was nervous that I would make a fool of myself. I'd see people change, like they'd be emotional, say what they had on their mind, or crawl around or something weird. I remember taking a hit and keeping the smoke in my lungs. All I could think about was keeping my cool. I must have been thinking so much that I never got high. Once I learned how to relax and stuff, I started getting high.

Almost none of the women remembered fearing that they would become addicted to marijuana. Most of the marijuana users they knew seemed to have control over their habit and their lives. Once their curiosity was aroused,