9

Qualitative Methods in the Drug Abuse Field

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1. INTRODUCTION

Drug use and abuse appear to be an integral part of our modern society and much emphasis is placed on identifying how many people use drugs, how often they use and what they use. Researchers, policymakers, service providers, the media and the public at large often highlight the social and health consequences of use, including the economic costs to individual users as well as society at

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large. Trend data are used to show how the popularity of some drugs decreases, while that of others increases. Depending on the trends, policies are adjusted, monies are allocated for specific programs, research priorities are modified, and societal concerns shift. No consensus has been reached about which drugs to include in investigations. Some prefer the inclusion of any substance that can be abused. Others prefer to distinguish between legal drugs—e.g., prescription drugs, alcohol, and tobacco— and illegal drugs. Again others create a hierarchy among illegal drugs ranging from soft to hard drugs. No matter how long and detailed the list of drugs, the emergence of new drugs always needs to be considered.

Additional challenges emerge such as the definition and the operationalization of drug use and user. What constitutes a drug user? Is it a person who reports to have used drugs only once in his or her life or does the person need to have used more than once to be labeled a user? How about the person who did use drugs regularly but who has not used in the recent past which may be defined as the last five, three or one year? Among those identified as users, a wide variation in frequency and quantity of use may occur. For instance, what does it mean if a person indicates having used a substance four times during the past month as opposed to every day? Did the person use only one time during each intake or did each use session include multiple use events? Was the amount taken each time the same? Was the quality of the drug similar during all occasions? Did the user simultaneously use other drugs or use other drugs immediately before of after using this drug?

The quest for knowledge among social scientists emphasizes a sound measure of drug use from a socio-cultural perspective. Methodological pluralism often characterizes such research and the two main paradigms are quantitative and qualitative research. Quantitative researchers, for instance, value a reliable assessment of the prevalence and incidence of use by population group and pattern. Their qualitative peers, on the other hand, primarily focus on the impact of the context on use patterns and the meaning of drug intake to the users themselves (Sterk, 2004). The epidemiological paradigm is grounded in a positivist scientific approach that emphasizes scientific objectivity and the ultimate outcome of measuring "reality." In other words, the findings from such studies are neither empirically nor conceptually related to the social context. The qualitative paradigm, on the other hand, emphasizes the importance of a holistic understanding of all phenomena involved, thereby requiring an emphasis on behaviors in their natural setting and exploratory narratives provided by members of the group under study. "Objectivity" is not only determined by the researchers but also by the study participants and commonly the scientific rigor is expected to lead to findings in which all parties are aware of their assumptions. This contradicts the underlying assumption in epidemiological inquiries that the investigators *a priori* determine what questions are relevant (for more detail see Sterk and Elifson, 2004). The differences between the epidemiological and qualitative research paradigm also are revealed in the data analysis process (Creswell, 1994; Guba and Lincoln,

1988). Epidemiological studies produce numerical data and the analysis process focuses on statistical correlations, predictions, and significance. Qualitative studies produce textual data and the analysis process focuses on identifying salient themes that provide an interpretative understanding, thereby allowing for bridging population-based data to individual variance and meaning. In general, quantitative epidemiological methods build on the deductive logic in which the research design lacks flexibility. Whereas qualitative methods build on the inductive logic in which the research design is dynamic and emerges as the study evolves. Epidemiological findings assume reliability and validity as opposed to the validity and triangulation as highlighted in qualitative inquiries. The most comprehensive insights of drug use clearly can be acquired when combining the quantitative and qualitative research paradigms

1.1. Qualitative Inquiries of Drug Use

Among drug researchers, ethnography has a longstanding tradition. Among the earliest examples from the United States are *The Road to H.* (Chein et al., 1964), *Portraits from a Shooting Gallery* (Fiddle, 1967), and *Taking Care of Business: The Heroin User's Life on the Street* (Prebble and Casey, 1969). In the 1970s, Agar (1973) focused on the language used among heroin users as reported in *Ripping and Running: A Formal Ethnography of Urban Heroin Addicts.* Other studies emphasize the unique features of drug using life styles such as in *Careers in Dope* (Waldorf, 1973), *Shooting Dope: Career Patterns of Hard-Core Heroin Users* (Faupel, 1991), *Cocaine Changes: The Experience of Using and Quitting* (Waldorf, Reinarman, and Murphy, 1991) and *Tricking and Tripping: Prostitution in the AIDS Era* (Sterk, 2000).

These and other studies have made significant contributions to our understanding of the lives of users, including the various social roles and associated behaviors (Bourgeois, 1989; Stephens, 1991), the unique experiences of female drug users (Rosenbaum, 1981; Sterk, 1999; Taylor, 1993), and the link with the underground economy (Maher, 1997). Like all ethnographies, those in the drug field are a product of their time. For example, it is no coincidence that up until the 1980s, most research focused on heroin, the "drug of choice" during that era. During the 1980s and 1990s, heroin was replaced by crack cocaine and more recently by methamphetamine, ecstasy and other club drugs.

Qualitative studies of drug use often are disregarded and dominance of textual versus numerical data is viewed as a weakness. This is reflected in comments that label qualitative data as anecdotal information. Qualitative studies are faulted for the typically small sample size, the active involvement of the researcher in the data collection process, the flexibility in selecting topics to be discussed in interviews, and the labor-intensive processes involving data analysis. Critics often ignore the foundations of qualitative research including the fact that generalizibility is not

a goal and that the involvement of the researcher always occurs when collecting information and that the more collaborative role of qualitative researchers is assumed in order to allow for discoveries that are difficult to make during more quantitative "interrogations." Furthermore, questionnaires may miss salient dimensions even though the data suggest statistically significant findings, and that quantitative research is time consuming during the earlier stages of the process when hypotheses are formulated, sampling frames are determined, and questionnaires are constructed and tested. What follows is an introduction to the qualitative research paradigm, including a presentation of the main data collection methods.

2. QUALITATIVE RESEARCH: BACKGROUND OVERVIEW

Prior to discussing qualitative research that focuses on drug use, a brief history on the method will be presented. When reviewing the epistemology, style and ethics of qualitative inquiries, one can distinguish seven historical periods (Denzin and Lincoln, 2000). These periods include the traditional period (1900–1950) during which qualitative researchers tended to use positivist approaches to produce "objective" accounts of exotic cultures (Geertz, 1988; Rosaldo, 1989); the modernist period (1950–1970) during which emphasis was placed on formalizing qualitative research as well as its use in gaining an understanding of social processes (Taylor and Bogdan, 1998; Glaser and Strauss, 1967; Lofland and Lofland, 1995); the blurred genres period (1970–1986) focused on representation and the search among qualitative researchers to locate themselves and their subjects in reflexive text (Geertz, 1973; 1983). The distinction between the social sciences and humanities became blurred during this later period. The crisis of the representation period (1986–1990) was characterized by the search for new models of truth, method and representation and the writing become increasingly reflective (Clough, 1992; Rosaldo, 1989). This perspective extended into the post-modern period (1990–1995) of experimental ethnographic writing and the post-experimental inquiry (1995–present).

In this chapter, we will use the following definition of qualitative research: "qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices . . . turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world" (Denzin and Lincoln, 2000). Qualitative researchers have been compared with "quilt makers," researchers who assemble information into salient themes that result in a holistic picture from an insider's perspective (Becker, 1998). The most common data collection strategies in drug research (interviewing, focus groups, and observation) will be presented below.

2.1. Interviewing

Interviewing can include face-to-face individual, dyadic or group interviewing, and telephone or web-based surveys. Interviews can be informal and unstructured or more formal and semi-structured or structured. Finally, interviews can involve a one-time event or a series of data collection moments (see, for example, Lincoln and Guba, 1985; Spradley, 1979). The main goal of conducting an interview is for the interviewer to gain knowledge and insight from the respondent. Independent of the use of a quantitative or qualitative inquiry strategy, the interviewer has to be an "interested listener" who does not bias or judge the interviewees' responses (Converse and Schuman, 1974). This is especially important when interviewing drug users. They are enrolled in a study because they engage in an illegal behavior and they are being asked questions about this behavior, including associated actions such as involvement in criminal activities. If the respondent feels judged by the interviewer, the chances of collecting accurate information are reduced.

2.1.1. Quantitative Versus Qualitative Interviews

The most common form of interviewing varies by research paradigm. In quantitative, including epidemiological, research structured interviews are most common. The researchers determine in advance which questions will be posed and which response categories are provided. The inclusion of the choice "other," acknowledges that the study participant may wish to provide an answer other than the options provided by the researchers. For example, in a face-to-face interview in which the interviewer records the answer, the interviewer reads the question, the respondent replies, and the interviewer records the response. There is no room for explanation, elaborations or conversation beyond the question and its response choices. The most common forms of interviewing in qualitative research are semi-structured and unstructured interviews. The assumption underlying semi-structured and unstructured interviewing is that the study participants are knowledgeable and offer a meaningful perspective. Consequently, the nature of the interaction between the interviewer and study participant is such that the interviewer seeks to establish rapport with the respondent and becomes an active participant. When conducting interviews with drug users, the user serves as the expert. Nevertheless, it is important that the interviewer be knowledgeable to ensure the respondent elaborates and provides adequate detail if an uncommon behavior is mentioned.

The semi-structured interview follows a series of open-ended questions that often are asked in a predetermined order. Unstructured interviews are centered around a series of open-ended questions or a list of topics to be discussed. The order in which topics are addressed is irrelevant and not all topics may be addressed

with each respondent. Unstructured interviewing also is guided by a set of predetermined topics, but the conversation—the data gathering process—determines how and when in the dialogue the information is obtained. The results of unstructured and semi-structured interviews provide information on the topics and themes that are salient to the study participant, the appropriate language to be used and the meaning of this language, and the various sub-groups within the study population, which in turn guide the recruitment strategies as well as the sampling frame. In addition, this type of interviewing allows the interviewer to generate theory.

A unique form of qualitative interviews is the life history (Schwandt, 1997). Life histories can include oral histories, autobiography, or life stories (Tierney, 1998). Life histories have the potential to provide a longitudinal perspective. For example, in our study on intergenerational drug use, the life course perspective allowed us to explore the impact of early household conditions, the influence of parents and siblings, and the role of main life events of drug use (Sterk et al., 2003).

Qualitative interviews are more difficult to conduct than structured interviews because the interviewer must constantly consider the participant's response and probe for additional information. Probing is done by asking "directive questions" about a specific topic or comment, repeating the last sentence of the answer, summarizing the answer, or non-verbal expressions such as when the interviewer nods his or her head, verbally through affirmative noises such as "uh-huh," "yeah," or "right," or being silent. A few moments of silence signal the expectation of further elaboration and allow the respondent time for reflection, especially when contemplating complex questions. It is through probing that the power differential between the interviewer and the study participant is symbolized, even though the conversation may appear to be one of equals.

2.2. Focus Groups

The most common form of a group interview is the focus group, an interview in which a small group of people discusses a limited number of specific topics during a one to two hour session. This type of qualitative data gathering involves the simultaneous interviewing of individuals, whereby the emphasis is not on the individual responses but on the interaction between the participants. The ideal size of a focus group ranges between six and twelve individuals and the interviewer is referred to as the moderator. Commonly, the participants are a homogeneous group of individuals who do not know each other (Krueger, 1994). Focus groups as an inquiry strategy emphasize the interaction between the group members rather than the individual perspective (Merton, Riske and Kendall, 1956). The goal of focus groups is not to reach a consensus. Instead, the aim is for the participants to reflect on the discussion topics, to present their opinions, and to respond to the comments of other group members. In other words, the focus is on the synergistic group effect (Stewart and Shamdasani, 1990). When conducting focus groups on drug use, it may be important to have separate groups depending on the drugs

people use or the ways in which they support their habit. For instance, it might be useful to have a focus group consisting only of women who trade sex for drugs. Too much heterogeneity among focus group participants may stand in the way of data collection in that a meaningful dialogue may be impeded.

The collective brainstorming process among focus group participants is disrupted if a group member dominates the discussion and a major challenge to the moderator is to ensure all voices are heard and to prevent distortion of individual opinions due to perceived group pressures. Another challenge encountered by researchers using focus groups is confidentiality. While the moderator can ensure confidentiality between him or herself and the participants, confidentiality among the participants is more difficult to guarantee. Increasingly, the latter is being emphasized in consent forms and a presentation of pre-focus group guidelines. The assumption sometimes is made that focus groups are very cost effective and require less time than individual qualitative interviews. However, one should keep in mind that these data collection strategies serve a unique purpose and provide different data. For example, focus group data reveal group dynamics and collective thinking, whereas individual interviews provide in-depth information from a single perspective. In a controlled experiment, Fern (1982) found that focus groups did not produce significantly more information that in-depth interviews. On the other hand, some research has shown that the participation in a group might be perceived as more satisfying and stimulating and less threatening than individual face-to-face interviews by the participants (Morgan, 1998; Wilkinson, 1998).

2.3.   Observations

While much of the emphasis in interviewing is on what people say, observations focus on what people do. Observational techniques largely are part of the qualitative paradigm, but even quantitative investigators may rely to a limited extent on observations. For example, during a street interview non-verbal responses and comments on the interviewee's actions and gestures may be recorded. In order to observe, the researcher has to be part of the setting and much of the ongoing debate has focused on the question to what extent this presence may change the situation under study (see, for example, Adler and Adler, 1986). The least involved method of observations involves "windshield observations" in which the researcher is only marginally involved.

When conducting observations, researchers must attend to their role and the extent to which they will immerse themselves in the group under study. The level of involvement can range from being a "distant" observer to a "complete" participant. Others have referred to this as a spectrum of membership roles, including "peripheral" or "active" and "complete" members. Clearly these distinctions are related to discussions about the reliability and validity of observation data. When studying drug users, the observer should take caution in terms his or her own safety but also the safety of others. Again others are less concerned with

the observer's role but more with developing a typology of systematic observations, consisting of descriptive, focused and selective observations (Werner and Schoepfle, 1987). Observation as an inquiry strategy also has been referred to as ethnography or fieldwork. The process of conducting observations has been labeled as "subjective soaking" (Ellen, 1984) and the written analysis has been referred to as "thick description" (Geertz, 1973).

In order to be able to observe, the researcher has to identify appropriate settings as well as strategies to gain entrance to these settings (Lincoln and Guba, 1985). Ethnographic mapping is ideally suited to make initial decisions about potential study settings, especially since such mapping involves the recording of the physical as well as the social infrastructure of these settings (Sterk, 1999). Public settings are clearly less difficult to enter than private settings. In addition, researchers can more easily conduct observations in public than in private settings. As a result, much of the debate on observation research in public settings and among vulnerable populations has centered on the ethics surrounding "covert" observations.

Once settings have been identified and access has been mediated, the researcher will have developed some contacts with the "gatekeepers." In public settings these are more difficult to identify than in private settings. Gatekeepers may assist the researcher in gaining entry, may prevent entry, or may bias the process to guide the researcher to only certain segments of the setting or population under study. Situations with multiple gatekeepers may require diplomacy to avoid aligning too closely with certain persons or segments. Ideally, the observer should connect with gatekeepers who are guides as well as informants (Sterk, 2000). The mapping and negotiations with gatekeepers allow for the development of the observer's network and as the network expands the researcher is likely to become less dependent on her or his initial contacts. The emphasis shifts to building relationships and rapport, while observing and listening, becoming more focused, and writing extensive observation notes. Clearly, an effective observer is not a silent partner, but rather engages in many informal conversations with members of the group under study. Records of these conversations also become part of the records, often referred to as field notes. The writing of such notes requires specific skills and timing (for more information see Bernard, 1994; Sanjek, 1990). Overall, observation allows the researcher to collect data that are less based on reactivity than, for example interview data, it assists in identifying salient research questions, and helps provide insight into the social context in which people operate.

2.4.   Combining Multiple Data Collection Techniques and Triangulation

It is common for researchers to apply more than one data collection strategy. Examples of combinations involving interviews and focus groups are initial exploratory focus groups that allow for the identification of salient themes,

followed by in-depth interviews or in-depth interviews followed by confirmatory focus groups. Combining observations and interviews is commonly done as well, with some initiating the observations prior to the interviews as a means to learn about settings, sub-populations, and other characteristics of the study population and others conducting the observations and interviews simultaneously. Finally, there are scenarios that involve all three data collection methods. Moreover, the combined use of methods also may include archival and historical inquiries and quantitative data collection. The latter may involve surveys that are preceded or followed by focus groups, interviews that are a combination of questionnaire-based and open-ended questions, and surveys that include extensive mapping and observations.

The value of combining various data collection methods is that it allows for comprehensive data. In methodological terms, the use of multiple methods is referred to as triangulation (Denzin, 1989). Triangulation allows the researcher to capture the multiple realities, including the researcher's experiences in qualitative investigations. Drug use is such a complex phenomenon that the use of multiple methods increases the likelihood of adequately capturing all dimensions. More recently, the concept of "crystallization" has been introduced (Richardson, 2003). Whereas triangulation assumes that there is a fixed domain for which comparisons can be made, crystallization assumes more complexity and emphasizes that any researcher's findings are determined by the angle (of the crystal) or perspective of the individual, including the study participants.

A core concept among drug abuse researchers is that of a "primary drug of choice." The use of multiple methods and subsequent triangulation can assist in an understanding of how drug users specify this drug, a dimension that often is missing especially in quantitative investigations. Measures of consumption in the form of counts of number of drugs used or type of drug used by frequency do not capture the fact that users of multiple substances frequently prefer some drug(s) more than others and that these preferences may shift over time. In our own work we learned that drug users determined their primary drug of choices based on a number of criteria. These included the drug they were using most frequently at the time of the interview, their perception of which drug was most prevalent on the local drug market, their ideas of the eligibility criteria for the study, the reputation of the drug in society at large, and the legal repercussions for its use. For example, users mentioned cocaine as their drug of choice but in the in-depth interviews they expressed that they preferred methamphetamine over cocaine; users listed crack as their drug of choice because of its availability and the lack of availability of high quality heroin which was their drug of choice; users did not mention crack as their drug of choice because of its negative reputation; while others mentioned marijuana as their primary drug of choice because the legal repercussions were modest compared to those faced by crack users. Through observations we learned that people who listed a drug of choice never used that drug because of its lack of

availability. In focus groups we learned that users do not mention certain drugs as their primary choice because of the negative associations.

3.   CONCLUDING REMARKS

Qualitative researchers have made major contributions to the drug abuse field. It is an ideal research paradigm for inquiries on complex phenomena. Unfortunately, quantitative and qualitative research approaches are perceived as irreconcilable. In reality, however, both types of researchers aim to gain an understanding of the people under study and they do so by interpreting the data. The difference may be that quantitative researchers interpret the numbers, whereas qualitative researchers interpret narratives. Nevertheless, interpretation is essential in both approaches. Distinctions in methodological issues certainly exist but instead of focusing on the weaknesses of each, the substance abuse field can gain from building on the strengths of each paradigm.

Rapid qualitative assessments also have been recognized as valuable when epidemiological indicators are unavailable. In addition to serving as a substitute for quantitative data in countries that lack an epidemiological tradition, rapid assessments also are used in settings where such data are available. In the latter case, the rapid assessment serves the purpose of providing information on specific subgroups and settings (Scrimshaw, Carbello, and Ramos, 1991; Stimson, Fitch and Rhodes, 1999; Trotter et al., 2001).

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