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## **Employment Patterns of a Subgroup of Rural African-American Women Who Abuse Cocaine**

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### **ABSTRACT**

Research linking illicit drug abuse with formal and informal employment or work ethics of rural African-American women in the United States is scant. The purposes of this article are to describe employment patterns and barriers to employment, and present exemplars of work ethics among rural African American women who use cocaine. Data were derived from transcripts generated from 30 in-depth interviews. Findings indicated that most respondents were raised with a strong work ethic and currently expressed a desire for a rewarding job. The majority engaged in the formal labor market during much of their drug abuse while few participated in the informal labor market. Drug abuse was seen as less of a barrier to employment than structural barriers although jobs were lost because of drug abuse.

**Keywords:** drug-use, formal employment, informal employment, rural, African-American women, drug subculture

## **Employment Patterns of a Subgroup of Rural African-American Women Who Abuse Cocaine**

Research about the association between illicit drug abuse and the concept of work ethics or formal and informal employment behavior is scant among

populations of rural women. Most research that explores employment patterns of drug addicted women has been conducted among urban [1-6](#) [7-12](#) rather than rural populations. [13,14](#) In a broad database search, the author was unable to locate studies that reported findings of employment issues among rural women who use illicit drugs. However, a few studies were found, which focused on employment and welfare issues of rural women in the general population. [15,16](#)

The drug crisis in urban settings has overshadowed the need for research to assess the extent to which drug use and abuse have permeated rural areas. [17](#) From a gender standpoint, even less is known about rural women who use drugs. While inner city women who abuse drugs are a hidden population, rural African-American women from southern areas of the United States who use powder cocaine or crack are the “hidden of the hidden”. [18](#) In addition, research findings that enhance our understanding of how drug abuse impacts rural communities indirectly through rural residents are scant [19](#) with a dearth of research about drug abuse impact on the labor market economy of rural communities of color, especially rural African-American female-headed households within these communities.

The geographical isolation in rural areas typically results in rural residents having limited access to resources such as social and health services and transportation. [18,20,21](#) Limited transportation, in turn, profoundly affects rural residents’ ability to secure jobs. [18](#)

Findings among urban populations of women who abuse various drugs, but most often illicit drugs revealed that: 1) the number of women seeking formal employment varies widely (from a few to two-thirds of the sample) during their drug abuse; [2,11,12](#) 2) participation in the formal labor market decreased with increasing drug use (Alexander & French, 2004; Cross, 2001; Maher, 2002); [11,12](#) 3) formal job types were service-related with low wages; [11,12](#) 4) many are fired from or quit formal jobs due to escalating drug use; [11,12](#) 5) participation in the informal labor market increased with increasing drug abuse (Maher, 1996); [11,12](#) 6) the primary source of informal employment was sex work followed by theft/robbery (Cross, 2001); [11](#) and 7) very few participated in drug marketing (selling) with even fewer reaching middle-level positions (Cross, 2001; Maher, 2002). [11](#)

Of the two studies (Brown & Trujillo, 2003; Lichtensten, 1997) with samples of rural women who abused illicit drugs only one reported findings related to the informal drug market (Brown & Trujillo, 2003). Data from this study were preliminary in that results were reported for the first year of data collection and the entire sample had not been recruited. Their findings revealed that slightly more than 50% of the respondents who abused illicit drugs over an extended period of time were actively employed in a formal job while fewer engaged in informal labor market as sex workers (only three identifying themselves as sex workers) and thefts. Lichtensten’s (1997) findings indicate that Alabama women

who use crack were involved in the informal market as sex workers and buyers/exchangers primarily; only a few women were involved as drug sellers.

The purpose of this article is to describe employment patterns, barriers to employment, and work ethics of rural African-American women who abuse powder or crack cocaine as their primary drug of choice.

## **METHOD**

Data for this article were derived from the analysis of interview transcripts only although multiple data collection strategies (in-depth audio taped interviews, participant observation, informal interviews) and member checks, over a four-year period, were used to assess the validity/credibility of the data (Anfara, Brown & Mangione, 2002). Dependability as recommended by Anfara and colleagues (2002) was assured by triangulation of data collection methods, the coding procedure, and the principal investigator and project director, both interviewers for the study, holding monthly debriefing to discuss issues that emerged during the interviewing process and develop strategies to resolve the issues.

The analysis was conducted to address three research questions: 1) what are the employment patterns of rural African-American women who abuse cocaine; 2) what employment barriers are encounter by rural African-American women who abuse cocaine; and 3) does work ethic appear to influence employment pattern?

### ***Setting and participants***

The e data collection site consisted of a rural Florida county with a population of less than 15,000 and an African-American population less than 4,000. The percent of persons living below poverty was 23.2% compared to 14.4% statewide. Rates of poverty among blacks in the county exceed that of whites and also exceed the state average (United States Census, 2006). Primary, sources of employment within the county consist of farm labor, which had decreased over the years, and correctional work. Sources of employment outside the county also consist of farm labor in addition to services jobs at fast food facilities and a major state university. No public transportation was available in the county.

Thirty African-American women who abused cocaine participated in the ethnographic study. At the time of enrollment, all resided in the county and were at least 18 years of age. Years of cocaine abuse ranged from 2 to 21 years with a mean of 9.5 years. The mean years of educational attainment were 11.4. Seventy percent (n=24) of the respondents were mothers of whom 21 had dependent children. Two were the primary caretaker of an aging or ailing mother. Forty-five percent were single, never married, 22% were

widowed/separated/divorced, and 33% were married or lived with an opposite gender partner. Sixty-seven percent (n=20) had a combined annual household income of less than \$10,000 and 40% of these had multiple sources of income from formal jobs, informal jobs (sex work and drug sales), and spouse/friends.

### ***Research protocol***

The Institutional Review Board of the University of Central Florida approved this study. A certificate of Confidentiality was secured from the National Institute on Drug Abuse (NIDA). All data were stored in a locked file cabinet in the principal investigator's research office. Data entered in word processing and data analysis programs were encrypted for security. Personal identifiers were removed and replaced with acronyms on the electronic and hard copies of transcripts.

Respondents were recruited by ethnographic mapping, a strategy used by Sterk-Elifson (1995), "hanging-out" with potential respondents, the use of key informants, and "snowball" or "chain" sampling (Carlson et al., 1994). A member of the research team drove the majority of respondents to a local community-based organization (CBO) for the consenting process and formal interviews. Some respondents participated in the interviews during their first visit while appointments to return for interviewing were made with others. Upon arrival for their interview respondents were informed of the nature and purpose of the study, how their input would contribute to future research and program development, their rights as research respondents, and the research protocol. After reading the written consent form and having their questions answered, respondents signed two consent forms and kept a copy. They also completed a contact information and demographic data sheet. Each respondent received \$30 per interview.

### ***Data collection procedure***

Data for this paper were derived from the interviews only. The interviews were audio taped using a semi-structured interview guide developed by the author at three points in time at 6-month intervals. The duration of the study was four years since respondents were recruited throughout the study period. The interview guide addressed issues of drug abuse, social networks, values, employment, health concerns, childhood experiences of violence and abuse, sexual behavior, and HIV/AIDS-related knowledge, beliefs and perceptions.

### ***Data Analysis***

Verbatim transcripts of the interviews were typed using a word processing program. The principal investigator and project director reviewed the transcripts for accuracy by comparing each with the audiotape making corrections as needed. Verbatim transcripts were made from audio-taped interviews. The principal investigator (PI), project director (PD), and three master's-prepared

anthropology students initially coded, categorized, and sorted the text data of five transcripts manually by coding segments of the text, based on the content and context of the excerpts, as a category. A second round of coding was conducted in which some categories were further coded as sub-categories. Only the categories and sub-categories agreed upon by three of the five coders were entered into the typology. The PI and PD conceptually defined each category and sub-category. This process resulted in a codebook that consisted of 14 categories (parent nodes) and 52 sub-categories (child nodes). The child node "employment was further recoded into third-level nodes (i. e., farm-related) and sometimes forth-level nodes (i.e. flower and fruit nursery, picking fruit, tobacco cropping). Using the code book, the remaining transcripts were each then coded independently by two members of the research team, either the PD or the graduate students, and entered into NVivo by parent and child nodes. See Tables 1 and 2. Demographic data were analyzed by descriptive statistics using SPSS 14.

## RESULTS

When interviewers' comments or questions are embedded within respondents' quotes, they are set off by parentheses, while text added to clarify or explain the quotes is set off by brackets. Pseudonyms are used to identify different respondents to protect their anonymity.

### ***Respondents' Work Ethic***

Slightly more than half of the respondents discussed the value placed on work during their childhood and teen years. Many started working as children primarily during farm work. None of the respondents used negative terms to describe their work-related upbringing, but instead seemed to value their experience.

Brenda: Um. Well, growing up, um like I say we, Mom was strict on us. And she use to carry us with her to work, and we started working when we was at a young age. (How young?) Um, big enough, I can't say. Maybe eight or nine when we could start picking beans, or squash or whatever it was to do. We'll do our best to do it. We'll work, we use to catch chickens, me and my sisters. We worked in the chickens for three years and a half. We'll go stay out of town and come home sometimes on the weekend. And we were young. I mean, I was probably 'bout fifteen when I was doing it. And my sisters was like eighteen. But we made good money then.

Suga: It was fair, cause we all, basically at that age, we all decided, seeing where it was our only choice. Wasn't old enough to get a job, so we used to just went out in bean fields and make. We made enough till we know we had, you know, done picked so much that we know we had enough for what we wanted to do and we'll quit. (And that's it?) That's it. We'll quit working. (No savings, no extra?) No extra.

Lacy: Summer time. Play. (chuckle) Work. Oh, I...me and my sisters we used to like to go in the 'bacca field pick them and stuff to earn our own money. Momma say we worked for it (money), we would keep our money. So we used to go and pick beans, crop tobacco, string tobacco. Sew the tobacco. Take the 'bacca off sticks, you name it, we did it probably all (chuckle). (Just to make your own cash?) Yeah, uh huh.

Rose: To not be afraid to work. To not be lazy because you don't get anywhere. You get nothing if you don't work. So when I was growing up. I was seven months pregnant when I worked in a tobacco field. I picked tobacco. (So I know how to work?) I'm not afraid of work. I mean it's just like, because of my history, you know, that's the only reason I'm not getting anywhere, but I have made the money. I make the money.

### ***Formal/Legal Jobs***

Respondents worked in various types of formal employment (legal jobs) during their drug use history. About a fourth worked in service jobs (usually food service, housekeeping or secretarial), another fourth worked as certified nursing assistants (CNAs) before or shortly after embarking on their drug use career and about the same percentage worked in agricultural jobs or various other job types. Most of these jobs did not offer a living wage or benefits. See Table 1

*Service-related jobs.* About a fourth of the respondents worked in some form of service job (usually food service, housekeeping or secretarial).

Eliza: (Legal jobs?) McDonald, Hardee's, Wendy's. . . . Like restaurants. Yeah I'm a restaurant person (Why did you leave?) Money ain't right. It's like Hardee's was the last one so it's like there wasn't enough money and then they cut your hours or make you work over. You know, I got four children. I had to work early hours. Yeah, it was like five in the morning. Then I end up being there extra hours, somebody else shift, then I couldn't do it. It was like a tiresome job.

Dancer: [I worked in] fast food restaurants, sewing factory . . . (Why did you leave?) Uh hum they closed down. I've worked at the state hospital and hotels. . . . I just like moved away or didn't like it anymore or something like that. Uh, mostly I just moved too far so transportation problems were the main thing [reason for leaving the jobs]. The most I have made is, I think it was, \$8.00 when I was working with the agency, the cleaning agency.

Dena: Legal? McDonald, Hardee's, Wendy's. I had worked at like fast food restaurants. But again, see, it wasn't that bad, working two jobs, (What's the most amount of money you've earned in any legal job?) The most? When I was at McDonald's. When I was making like about \$7.50.

Lula: Yeah, I used to be ah, I used to hire people to the nursing home in the kitchen department. I finished twelve courses of cooking and I was over [supervised] the dietary department.

Lacy: (So what kind of jobs have you had?) Um, I was working liking um fast food, like I was a supervisor at Hardee's. I'm good at stuff like that. And um, I'm good on a cash register. I worked at stores, anything to do with like food products, serving people, I was always good at serving people and stuff behind the counter.

*Health-related jobs.* Several respondents worked as certified nursing assistants. They perceived these as good jobs, which they regretted losing. Many respondents, however, managed to keep these types of jobs for extended periods of time even throughout their drug abuse.

Anita: I worked at Nursing Care Center. (Was that the last time you worked?) University Nursing Care Center was the last place I worked. (How long did you work there?) Hm, not quite a year. (Why'd you leave?) Started back smoking [crack]. Staying out. . .staying out all night long and wouldn't go to work.

Barbara: I could help take care of older people, cause I have a certificate from when I used to take care of my grandmother. (A certificate?) A caretaker certificate.

Brenda: I used up all the money and I'd go to work. Had a good job. I worked at the hospital, I lost it behind, you know crack. I lost all my jobs basically behind crack. I had good jobs basically for the most part. Nice home. I lost my home. I lost my beautiful -- I had a beautiful home, a mobile home. I lost that behind crack. I just lost so much behind it. (When you'd lose a job would you go look for another job?) Uh hm. And I'd get it. At the nursing home, being a CNA. I was a good worker. They enjoyed my work, and um, you know . . ., but a lot of people didn't know I was on crack, you know, so, the word started getting round and I started missing work, not calling in, you know, doing crazy things. And, um, they [the employers] caught on. Some places did.

*Farm-related jobs.* Most respondents resorted to manual farm labor at some point in their drug abuse history. A few enjoyed this type of work as noted in the first two excerpts, but most did not.

Olivia: (What legal jobs have you had?) I used... I mostly do farm work because that's what I love to do. But uh I use to work to the orange plants, uh and also to Bob Evans (restaurant chain). . . Yeah. And uh but that's mostly what I did in like you know labor just like migrant work. I guess pickin' fruit like that's mostly what caused my health thing [problem], you know, to go bad so . . . On the farm work [ing] over [many] years, since I was brought up on the farm.

Lula: I had to grab an orange sack and pick fruit, which I never did before in my life. I did it for a month. Then I run off with this girl. This girl worked in [town name], Florida, at a packinghouse and helped me got a job there. And that's what put me on my feet. (Yeah, and now you're at the [plant] nursery?) I'm at [the nursery] working with plants. . . Plants there, flowers and stuff like that.

Eliza: [Then it was the nursery] It's hard work, it's hot. You know you don't even make 40 hours out there a week. You get like \$5.15 an hour unless you work a whole week, but it's, you know, it's hot or it's in the cold. You ain't gonna work a whole week. If you work like a whole week, they automatically give you \$6.00 an hour. Still, to me, I feel like I deserve \$6.00. I quit, I can go back, but it's . . . it's not for me. I know it's a job, but.

Barbara: That's it. Unless I work in the fields or something. (Right, tobacco fields?) Tobacco, pecans, whatever come along. . . . I was working, picking fruits and good stuff.

*Various other jobs* . Respondents worked various other jobs during different stages of their drug abuse. Most of these jobs required manual labor, but the pay usually exceeded what they received in the rural county where they resided. These jobs were in neighboring counties.

Cindy: On my job. And I this, uhm. I work at this motel during the daytime in the laundry room and then either at night I work at this tape company named "Autogram" where they build cassette tapes and just...not the little ribbons that go in there, they just fix the tape covers.

In another interview, Cindy relayed an incident related to drug abuse that caused her to lose a job.

'Cause I was working the alarm company, with the (inaudible). They was like monitoring people's house and stuff and one night I was up there, it was at night, and I was up there and I fell asleep and then they had tried to wake me up for four hours and I couldn't wake up. So they asked me what was wrong and he (another employee) said I just bust out talking about golly will ya'll leave me alone when people getting high (chuckle).

Ilene: (So when you got out of prison, so you maintained that same job pattern?) Yeah, cause I was living with my mom on the weekend. I got out. I had me a job I was out of prison three days and I had a job. I was working at [a local cleaners]. (Okay, and you worked there for how long?) I worked there about four months cause they sold out to another business. They was from Manhattan. They were foreigners and they pretty much had their own family to work...So I had to get another job. The next day I had another job at [another cleaners, which] wasn't paying me enough for my qualities; they weren't paying me enough so I went to work for [another employer].

Sassy: When I got certified, as a concrete finisher on [a] bridge in [a nearby city] my pay went from \$950 to \$1750. When Tallahassee sent me that paper saying certified concrete finisher (inaudible), I had gone out there August to take a picture and they had put it in my work comp for \$4,000, shit and my pay was straight up [legal].

### ***Employment Patterns Negatively Impacting Formal Jobs***

Although many respondents worked the farm labor market during much of their drug abuse, most had a history of behaviors that were not conducive to maintaining employment. Such behaviors termed *drug subculture behavior patterns* by the author were: 1) not showing for work 2) walking off the job or quitting without notice, and 3) frequent change of employment.

*Drug subculture behavior patterns.* Respondents described situations in which they quit jobs without giving notice or were fired because of their pattern of arriving late, not reporting to work or stealing. These attitudes and behaviors are reflective of “drug subculture norms and behavior patterns” or “oppositional culture” (Dunlap, Golub, Johnson & Wesley, 2002). The following comments are typical:

Brenda: A lot of jobs, huh, basically, ah, I was in nursing. Um, CNA, and it was a good job. I enjoyed them. When I could, but the reason I couldn't enjoy them [was] because I was using crack cocaine, and that just, messed me up. Um, if I use crack before I went to work, and knew I had to work, I would never make it to work. And I would never call in. Sometime I would and sometime I wouldn't. I worked at the prison and nursing home. I had a whole lot of nursing jobs.

Angel: And uhh, as far as the substitute job, I was working in ...you know, the teaching program. . . .Yeah, school teacher, I was just working on a program like that and I got this job at the housing authority being an assistant executive director. I worked there a while and then I moved in one of the apartments.

Almost all respondents had histories of frequent job changes. Most job changes were influenced by the respondents' drug abuse. The following comments describe these job patterns.

Cherry: I had worked for [local retailers], McDonalds, my first job was Wendy's. [These were] the legal jobs. (What happened?) Dirty years. Because I got high so [often and], so long [that] I can't go to work. And it [not making it to work] be done happened repeatedly and then they [the employers] say we don't need you anymore. . . . It [the money] was good. So, I would like to go back there, but my boss told me that, I would be on deficit. What you call it... like probation?

Ilene: I worked at cleaners, dry cleaners. Yeah, I worked at, I did some house keeping and I worked at restaurants. I was a kitchen prep. I like cooked too.

Though I like dry cleaning, I still would want to be a manager. I wanted to learn some stuff at my last job. I don't know if I still have it because I left to go on a trip with my friend. It was a fun trip, because I had never been out of the state of Florida. Well, I didn't work last week, so I'm going to try to get a job this week.

### ***Structural Barriers Negatively Impacting Formal Jobs***

*Lack of transportation* . One structural situation, a lack of transportation, was viewed by many respondents as a major barrier to securing employment. They viewed a lack of transportation as more of a barrier to securing jobs than their drug abuse. Several women expressed dismay at not having transportation.

Cassidy: There's no place to work down here and I don't have a ride back and forth to work. . . . Transportation and there's no jobs. I want a job. I want to move out of [town] and I want to be able to be something besides being out here in [the rural town].

Ossie: Who me? Well probably lot of 'em try to [get different jobs], but I just take what I got. Cause really you need transportation to get the job you need. So I don't worry about it [getting another job]. I just keep what I got. . . . [my job] sucks, but it's a job. . . . well around here, you can't never get a job round here. I don't care, you can [have] been gone to college a hundred times, and still you [re] waiting for a job.

Debra: Ah, it's kind of hard right now because I'm having transportation problems and it's kind of hard to get around to find a job. That's mostly everything, dealing with me getting a job. That always be my biggest problem, transportation.

Eliza: (Why is finding a job difficult for you?) I don't have no transportation to get backward and forward [to and from work].

### ***Informal/Illegal Jobs***

Drug subculture employment behavior and structural employment barriers may have contributed to respondents' transitioning into the informal job market. Some respondents drew from the street subculture for economic resources by engaging in sex work, selling drugs and various other illegal activities.

*Sex Work* . A majority of respondents indicated they engaged in sex work during some period of their drug abuse. Only a few, however, identified themselves as sex workers, with most stating they exchanged sex for money infrequently or on a few occasions. The quotes from Cindy, Cece, and Debra typify sex work behavior of the sample.

Cindy: (Do you, or have you, ever exchanged sex to have drugs?) Yeah. . . Like on my bad days and I ain't got no money. I ain't go no cigarettes or nothing. I'll go

out and it's just certain people that I deal with. But they keep me from going to [another town], I don't know I just hang around and deal with the ones round here.

Cece: (How do you get your money, and how do you make a living?) Ah hah hah. Hell. Sex and steal. Stealing. Yeah. See, most like, well most people come at me like when they spot a man with pretty good money mostly I'm the one that get it [the money], so you know, they'll come and get me. And I get it [the money] and give them some for coming at me. You know a lot of people if they spot a man, you know, cause he's there in the streets and somebody up there flashing a couple thousand dollars or something, they'll come and get me you know.

Debra: (Have you ever exchanged sex for money?) Yes, not recently but I have done it. If I like, Lord, this bill got to be paid. Yes I have done it, but never for drugs. I never had sex for drugs, cause I can always have sex, the money and buy my drugs.

*Dealing/Selling Drugs.* Only five respondents said they were ever involved in the drug market. Three of them sold marijuana and the other two sold cocaine. None of them indicated they sold drugs at the time they participated in the study. The following excerpts illustrate drug-dealing behavior.

Sassy: Because my dad was selling big dope and I was selling big dope. And people come in and say "Sassy, I want a twenty" and I'd go ahead and give it to 'em. You know I'd sell another twenty. You don't sell dimes, you don't sell nickels. You sell twenties because your baby got to have that.

Olivia: (So when do you do that to get money?) In the past, in my past I used to, I sold marijuana. But I got busted selling marijuana when I used to live out at [area] that's in [town]. My children were small, I was a one parent family.

Carol: When she [her mother] left, I left. And then I started dealing marijuana with people who do drugs, but at the time I wasn't doing it [smoking crack] I started selling it for my daddy. Then I just started drinking and then I wanted to try something else and I started smoking [crack], and wanted to try it again.

*Various other illegal jobs.* A few respondents reported they participated in various other illegal activities. These activities primarily included stealing and "con jobs."

Sassy: I boost, steal clothes, I rob. I do hair and that's it. I have tricked. Yeah, I mean I had \$180 Friday. (Now who's got it?) Don't ask me how I got it, I don't know how I got it. I think swindling and scamming people out of money. But I had \$180 Friday.

## DISCUSSION

The respondents in this study experienced limited job options before they initiated cocaine use. Most completed high school and about one-third obtained technical training usually as a certified nursing assistant (CNA) before or shortly after initiating cocaine use. Another third received on the job training in service work (usually food service, housekeeping or secretarial) with at least three achieving service-related management positions. The final third engaged in manual labor usually associated with some form of agricultural work. While these jobs were not high paying, they did provide a regular source of income for most of the respondents.

With the introduction of drug use into their lifestyle, most respondents found the depressed labor market, within the rural setting, almost inaccessible. So many returned to farm labor, since the effect of being jobless was detrimental to their families as many were the primary caretaker for their family, which included aging or disabled parents/relatives, their own children and sometimes relatives' children. Findings from several studies (Alverson, Alverson, & Drake, 2000; Essien et al., 2004; Lehrer et al., 2002) have suggested that a lack of employment options may lead to an increased likelihood of drug use initiation, while having some enjoyable and useful activity may be motivation for drug use cessation and maintaining abstinence.

Over the period of their drug-use history most respondents who had been employed as CNAs lost numerous jobs resulting from behaviors associated with their use of drugs. Frequent job losses in turn resulted in most either losing their certification or building a work history that was not conducive to them obtaining future work in the same field. Most respondents resorted to food service and/or agriculture related jobs, which most held periodically throughout their years of drug abuse. Perhaps the requirement of these jobs, which were located in the rural area, was less demanding in terms of "normal work etiquette" (i.e. arriving to work regularly and on time) and thus the respondents were able to both work longer on them despite their work patterns and secure additional jobs.

Likewise, the respondents who had achieved management status lost their jobs as their drug use escalated. They secured various other jobs in the same line of work for a period of time, but eventually lost the ability to obtain these. Similar to the respondents previously employed in the health field, these respondents were eventually relegated to low wage and low status work in food service and/or on farms. The only respondents who did not experience major job related changes resulting from their drug abuse were those who initially worked on the farms gathering vegetables and fruits or worked at a flower and tree nursery.

Despite the depressed economic environment, their social circumstances and their continuous drug use, most respondents' actively pursued some form of employment, usually farm-related and they were successful at maintaining intermittent employment during most of their drug abuse history. About a fourth of the respondents maintained regular sources of employment for extended periods

of time, at least two with state agencies. This work trajectory is qualitatively different from what has been observed among urban African-American women who abuse cocaine in the south<sup>12</sup> and the northeast<sup>3,11</sup> (Maher, 1996).

Perhaps the work ethic under which most respondents were socialized contributes to the seemingly different work pattern in comparison to their urban counterparts. (Maher, 1996).<sup>12</sup> Many respondents were raised on farms where they engaged in work for their family or for pay at an early age. Even many of those raised in the small town were expected to work on the farms sometimes after school and especially during the summers. At least two respondents in the former group relayed that they enjoyed farm work. The desire to work stemming from a strong work ethic may be more powerful than the influence of drugs to lessen the respondents' motivation to engage in useful activities such as work, a phenomenon observed among some urban drug users.<sup>12</sup>

Very few respondents discussed their use of drugs as a barrier to gaining or maintaining employment. Yet common themes related to drug abuse emerged such as not showing up for work when scheduled and quitting without notice. Drug abuse, did in fact, appear to have influenced the work-related behavioral patterns, which resulted in frequent change of employment by choice or by firing similar to phenomenon are frequently observed among urban subgroups of African-American women who abuse cocaine (Alexander & French, 2004; Maher, 1996).<sup>12</sup>

Respondents described job-related phenomena (lack of transportation, limited job options) that could be attributed to living in a rural environment as well as to their adoption of aspects of the drug subculture (not going to work or arriving late, frequency job changes). Many respondents perceived their lack of transportation as a major barrier to securing and maintaining employment, a recurrent complaint among the general population of rural residents (Taylor, 2001; Woolf, 2004) . Obstacles that barred searching for jobs compounded the women's ability to secure and keep formal employment. Many, therefore, drew on their street knowledge and engaged in sex work, stealing, and sporadic drug dealing to supplement their income.

### ***Practice and Policy Implications***

These findings lead to tentative implications. First, the women de-emphasized the influence of their drug abuse and emphasized the influence of other issues such as the lack of transportation and limited job opportunities on their ability to gain meaningful employment that pay a living wage. The lack of transportation suggests the need to situate drug treatment facilities within rural settings or provide transportation when the facilities are distant. These findings also suggest the need to investigate the meaning of drug treatment and barriers to drug treatment for the rural African-American women. Engaging this sub-group into treatment is vital since, increasingly many African-American rural households are

supported by a single female parent caring for children and other relatives (United States Census, 2006). The protective effect of work for women who use illicit drugs including cocaine merits additional study.

Respondents desired the increased availability of formal jobs of any type and more job options in terms of variety and pay. They also expressed a need for jobs in which they could feel “good about” performing. In addition, if boredom and the lack of opportunity to engage in meaningful activity such as work and recreation contribute to drug abuse as revealed in the formative findings of some research studies (Adimora et al., 2001) then one could posit that the motivation and opportunity to engage in meaningful activity such as work and recreation are resiliency factors. As such, the women in this study exhibit some degree of resiliency as many continued to work over the duration of their drug abuse. This resiliency may further explain their tendency not to bottom-out or spiral down in the same pattern or to the same degree as some urban women who use illicit drugs (Brown & Trujillo, 2003). These findings suggest two ecological implication aspects of drug prevention and drug treatment in rural areas; bringing jobs to rural areas and job training to prepare women for jobs that the market indicates are in demand. Such implications are supported by the findings of others<sup>2,11</sup> (Essien et al., 2003; Woolf, 2004).

Some researchers suggest that increased employment in the formal labor market decreases drug abuse, psychological distress, involvement in illegal activities, thereby decreasing HIV risk;<sup>2</sup> Essien et al., 2003.<sup>11</sup> Others indicate that marginalized populations (such as rural African-American women) have difficulty accessing education and training to acquire the required skills to enhance their competitiveness in the labor market for good jobs that offer financial security (Woolf, 2004). Woolf further suggests, “people can be expected to struggle past these barriers, but only society can remove them, and society is to blame for what befalls the many who cannot get by.” The findings of the current study indicate that many respondents are struggling to overcome the barriers of unemployment, underemployment and drug abuse, but some are more successful than others.

## References

1. Alexander, P. K., & French, M. T. (2004). Further evidence on the labor market effects of addiction: Chronic drug use and employment in metropolitan Miami. *Contemporary Economic Policy*, 22(3), 382-393.
2. Atkinson, J. S., Montoya, I. D., Whitsett, D. D., Bell, D. C., & Nagy, C. W. (2003). The relationship among psychological distress, employment, and drug use over time in a sample of female welfare recipients. *Journal of Community Psychology*, 31(3), 223-234.
3. Atkinson, J., Lee, D., Dayton-Shotts, C., French, C. (2001). Self-perceived job skills and employment barriers among non-drug using and chronic

- drug using welfare-to-work participants. *Journal of Drug Issues*, 31(3), 747-756.
4. Cohen, E. D. (1999). An exploratory attempt to distinguish subgroups among crack-abusing African-American women. *Journal of Addictive Diseases*, 18(3), 41-54.
  5. Cross, J. C., Johnson, B. D., Davis, W. R. & Liberty, H. J. (2001). Supporting the habit: Income generation activities of frequent crack users compared with frequent users of other hard drugs. *Drug and Alcohol Dependence*, 64, 191-201.
  6. Essien, J. E., Ross, M. W., Williams, M. L., Meshack, A. F., Fernandez-Esquer, M. E., Peters, R. J., & Ogungbade, G. O. (2004). Primary source of income is associated with differences in HIV risk behaviors in street-recruited samples. *International Journal for Equity in Health*, 3(5), <http://www.equityhealthj.com/content/3/1/5>, 7 pp
  7. Kaestner, R. (1998) Illicit drug use and labor market outcomes: A review of economic theory and its empirical implications. *Journal of Drug Issues*, 28(3), 25 pp.
  8. Lehrer, E. L., Crittenden, K., & Norr, K. F. (2002). Illicit drug use and reliance on welfare. *Journal of Drug Issues, Winter*, 179-207.
  9. Maher, L. (1997). Gender, work and informalization. *Sexed Work* (pp.55-82). London U. K.: Oxford University Press.
  10. Maher, L. (1996). Hidden in the light: Occupational norms among crack-using street-level sex workers. *Journal of Drug Issues*, 26(1), 143-173.
  11. Miller, M., & Neaigus, A. (2002). An economy of risk: Resource acquisition strategies of inner city women who use drugs. *International Journal of Drug Policy*, 13(5), 409-418.
  12. Sterk, C. E. (1999). Patterns of income generation and drug use. In *Fast Lives Women Who Use Crack Cocaine* (pp. 47-77). Philadelphia, PA: Temple University Press.
  13. Brown, E. J., & Trujillo, T. H. (2003). "Bottoming out?" among rural African American women who use cocaine. *Journal of Rural Health*, 19(4), 441-450.
  14. Lichtenstein, B. (1997). Women and crack-cocaine use: a study of social networks and HIV risk in an Alabama jail sample. *Addiction Research*, 5(4), 279-276.
  15. Seccombe, K., James, D., Walters, K. B. (1998). "They think you ain't much of nothing": The social construction of the welfare mother. *Journal of Marriage and the Family*, 60, 849-865.
  16. Taylor, L. C. (2001). Work attitudes employment barriers, and mental health symptoms in a sample of rural welfare recipients. *American Journal of Community Psychology*, 29(3), 443-463.
  17. Dawkin, M., & Williams, M. (1997). Substance abuse in rural African-American populations. *NIDA Research Monograph*, 168, 484-497.
  18. Brown, E. J. (2003). STI/HIV structural and socio structural barriers among Black women residing in the rural southeast. *The Journal of Multicultural Nursing and Health*, 9(3), 40-48.

19. Edwards, R. (1997). Drug and alcohol use among youth in rural communities. *NIDA Research Monograph*, 168, 484-497.
20. Berry, D., McKinney, M., & Melichar, L. (1995). Rural HIV service networks: Patterns of care and policy issues. *AIDS & Public Policy Journal*, 11, 36-46.
21. Graham, R., Forrester, M., Wysong, J., Rosenthal, T., & James, A. (1995). HIV/AIDS in the rural United States: Epidemiologist and health services delivery. *Medical Care Research and Review*, 52(4), 435-452.

**Table 1 Formal/Legal Jobs Types Respondents' Held While Using Illicit Drugs**

JOB TYPE	NUMBER REPORTING
Farm – Related	
Flower and Fruit Nursery	7
Picking Fruit	4
Tobacco Cropping	2
Picking Veggies	2
Chicken Processing Plant	2
Health- Related	
Certified Nursing Assistant – private duty	6
Certified Nursing Assistant- nursing home	6
Mental Development Inpatient facility	4
Provided care to seniors in their homes	3
Service- Related	
Food preparation	15
Housekeeping (school, hotels)	7
Food Service Manager	1
Waitress	1

Others	
Drycleaners	3
Bank teller	2
Cashier	2
Closing Factory	2
Warehouse	2
Concrete Finisher	1
Convenient Store manager	1
Dishwasher	1
Make cassette tapes	1
Revlon	1
Security Company	1

Note: Numbers are not mutually exclusive; all responses are recorded to capture frequency and type of jobs held.

**Table 2 Informal Job Types Respondents' Held While Using Illicit Drugs**

JOB TYPE	NUMBER REPORTING
Sex Work	20
Selling Drugs (3 sold marijuana and 2 sold powder cocaine)	5
Stealing/Theft	5
Cons (i. e. promise sex in exchange for money, but do not deliver)	4