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## Making Connections: New Orleans Evacuees' Experiences in Obtaining Drugs<sup>1</sup>

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### Abstract

Between August 29 and September 7, 2005, almost all New Orleans residents were evacuated from the area in the aftermath of Hurricane Katrina. News reports indicate that almost 130,000 New Orleans Evacuees (NOEs) were evacuated to Houston, Texas, the largest recipient of the civilian population from New Orleans. Many of these NOEs were active participants in the illicit drug market in New Orleans prior to the hurricane. Their displacement to Houston and other locations provided a unique opportunity to study what occurs when illicit drug markets are disrupted. The period between the flooding and nearly complete evacuation of New Orleans provided a unique opportunity to systematically learn about the disruption of illicit drug markets since populations of illicit drug users and purchasers could no longer routinely obtain their drugs in predictable ways. Utilizing qualitative data from in-depth interviews and focus groups, this article describes the ways NOEs (1) managed their drug acquisition and use following evacuation; (2) located new sources of drugs in Houston and elsewhere by tapping into shared drug culture; and (3) gained access to and learned the argot for drugs in the local drug market in new settings. This report contributes to the nascent literature on disrupted drug markets.

### INTRODUCTION

Between August 29 and September 7, 2005, almost all New Orleans residents were evacuated from the area in the aftermath of Hurricane Katrina, which made landfall in the New Orleans area on August 29. News reports indicate that almost 150,000 New Orleans Evacuees (NOEs) were evacuated to Houston, Texas, the destination for the largest segment of NOEs, and an additional 300,000 were evacuated to other cities and towns throughout the country. Evacuees with cars, modest financial resources, and/or family to rely on were typically able to find private settings and avoid the experiences of the poor. However, NOEs impoverished before Katrina were bussed to congregate shelters (such as the Astrodome in Houston) for some length of time. The most fortunate were able to obtain their own housing and employment so they could begin re-creating somewhat normal living arrangements in their host community.

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<sup>1</sup>See Acknowledgements

As many as 30,000 NOEs were active participants in the illicit drug market in New Orleans prior to the hurricane (SAMHSA 2008). Their displacement to other host cities across the country, such as Houston or elsewhere, provided a unique opportunity to study what occurs when illicit drug markets are disrupted and consumers are dispersed to many different locations. The period between the flooding (August 30) and nearly complete evacuation (about September 7) of New Orleans afforded a unique opportunity to systematically learn about the disruption of illicit drug markets, since populations of illicit drug users and purchasers could no longer routinely obtain their drugs in predictable ways.

The focus of this report is on how people went about acquiring their supply of drugs after being evacuated from New Orleans. Houston is the primary focus of this study since it has received more NOEs than any other city (Goodwin 2006). In addition, the proximity of Houston to New Orleans is partially responsible for the fact that the two cities share many extended families, much history, and cultural features that result in distinctive drug market accommodations.

## LITERATURE

“As with any other type of commodity, illicit drugs are traded in a market where buyer and seller have to locate one another in order to conduct a transaction” (Harocopos and Hough 2005, p. 1). The term “drug market,” which is used widely in illicit drug research, holds different meanings for different researchers. As Ritter (2003) notes, an ethnographic portrait of illicit drug markets includes components such as “a rich picture of the market (for example the different roles and structures to the market), the marketplace (for example the interactions between actors) and social and cultural norms (governing drug transactions).”

“There are two types of... market systems: those that are person-specific, relying on social networks to communicate information about vendors, potential customers, their location and prices; and those that are place-specific” (Harocopos and Hough 2005, p. 1). Additionally, illegal drug markets can be national and international in scope (NDIC 2007). Existing evidence suggests considerable variation in use practices, purchasing patterns, prices and distribution mechanisms from one city or location to another. As Coomber and Maher (2006) argue:

Drug markets differ in character, time and place, and even within the same geographical location over time... because drug markets are not determined by the characteristics of the drugs bought and sold in them nor do they follow predictable organizational structure. Depending on whether they are burgeoning, established, or declining, markets can vary organizationally depending on the type and degree of organization that is historically or culturally embedded in any particular market or geographical location (p.721–2).

Coomber and Maher’s argument may be true when considering the structural and cultural characteristics of individual, discrete drug markets. But it remains to be seen how a particular drug market appears when it is severely disrupted and its participants are relocated to a new geographic location with its own existing market. The complexity of this situation, which was the case following the diaspora in the aftermath of Hurricane Katrina, calls for research to sort out the differences and similarities.

Although much research has been done on drug markets in general, virtually nothing is known about the severe disruption of illicit drug markets, how it occurs and what happens to drug market participants after the disruption. Although minimal research has been done on “heroin panics” that occur when heroin (or other drugs) become unavailable, no existing literature has documented the near complete collapse of the illicit drug market in a major urban area. Research on heroin panics show that they are common, yet fleeting in their overall impact on opiate use (Courtwright 1982). Other research on disrupted drug markets has focused on drug

markets' adaptation to police intervention. For instance, Jonathan Caulkins' (1992) research has shown that police intervention disrupts drug markets' methods of operation and physical location but has limited impact upon prices. Additionally, research shows that "policing activity has effectively shifted most drug sales off the streets (open markets) to closed markets where buyers have to negotiate access to sellers and where sellers choose to whom they sell" (Coomber and Maher 2006, p. 722; also see Johnson et al 2006b).

Similarly, little research has been done on mobile drug users (DesJarlais, Perlis and Settembrino 2005). However, it is known that mobile drug users typically adjust their consumption patterns and practices to comply with the legal and informal networks associated with drug distribution in host communities. Research suggests that drug users' motives for mobility may include the social and political climate, the availability of services and the quality and availability of drugs (Broring and van Duifhuizen 1996). However, at any given time, only a small fraction of drug users in a given drug market move to or visit another city or drug market. Such users must quickly learn the distribution mechanisms and argot present in the host community in order to be able to purchase illegal drugs. Such mobile drug users, however, constitute a very small proportion of the overall demand and supply of illegal drugs in the host community, so their actions are not typically considered particularly important to the overall operation of illicit markets (Broring and van Duifhuizen 1996).

In summary, the literature touches upon changes in drug markets in relation to drug fashion and use trends, law enforcement, and very low-level mobility among users and dealers. However, very little research has been done on cataclysmically disrupted drug markets and the impact they have on drug users who are displaced. Therefore, very little is known about how illicit drug users coming to new areas find the "connections" that they use to buy illicit drugs and to routinely function within the local markets of the host community. Additionally, the changes after Hurricane Katrina were categorically different because the drug market in New Orleans was effectively destroyed by the evacuation of virtually all persons, but the consumers and their need for drugs still existed. Further, drug users among NOEs may be best conceptualized as *relocated* rather than *mobile* drug users, since Houston became a destination residential location for many NOEs in the months and years that followed.

Drug users among NOEs provided an invaluable opportunity to study the impact of mass migration to host communities and the ways in which that mass migration changes the illicit drug market. We derived the data for the present analysis from a more comprehensive and ongoing project, funded by the National Institute on Drug Abuse, entitled *Disruption and Reformulation of Illegal Drug Markets among New Orleans Evacuees*<sup>1</sup>. This project is examining the disruption and reformulation of the drug market in New Orleans and Houston. Through a series of qualitative interviews and field observations, we are studying the effects of Hurricane Katrina on the drug market in New Orleans, the accommodating drug market in Houston, and the reformulation of the drug market in New Orleans when NOEs return to their home city.

The present report focuses on the techniques and strategies used by NOEs to locate drug market (s) and drug sellers in Houston, whether they were sent there or relocated on their own. For some respondents, their post-Katrina journey included preliminary stops in other cities. Nevertheless, all respondents ended up in Houston, the site for this particular study. The research examined users of various popular illicit drugs (e.g. heroin, crack, methamphetamine, cocaine, marijuana and pills) to determine the ways in which they were able to go to unfamiliar towns and cities and find and obtain their preferred drug(s). The overall question in this paper is: what effects does the disruption of a major drug market have upon its users when they go

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<sup>1</sup>See Acknowledgements

elsewhere? Specifically, we were interested in the following research questions: Are New Orleans evacuees drug users able to obtain their preferred drug(s)? If so, how do they accomplish this? What clues or locales do they go to and what types of persons do they approach and/or approach them? Do drug users need to know specific words or language (argot) to be successful at obtaining their preferred drug(s)? Are drug users able to maintain their regular use and purchase patterns?

## METHODOLOGY

Project staff collected data for this study through a series of interviews and field observations.<sup>2</sup> The research was designed to reveal NOEs' drug use and market behavior before the hurricane, in the storm period before evacuation from New Orleans, during the initial periods following the evacuation, and during the recovery process in Houston. NOEs who returned or who were planning to return to New Orleans have been included as along with expatriates who now reside in Houston indefinitely.

The research methods employed were intended to obtain thick description (Geertz 1973) of the illicit drug markets from active participants at the sites of interest. The three major data collection activities employed were: ethnographic observations with accompanying field notes; qualitative in-depth, open-ended interviews; and focus groups. In addition, the ethnographers on the team carefully observed and recorded everyday, street-level drug market behavior in both cities. They also located drug-using NOEs to participate in personal in-depth interviews about their experiences and will eventually followed these individuals throughout the three year duration of the project. These open-ended interviews were digitally recorded and transcribed. The transcripts provide details about how individuals' involvement with drug use and distribution changed as a result of varying community contexts. This ethnographic work provided very rich descriptions and insights based on actual NOEs' personal experiences.

There were four categories of respondents in Houston. The first consisted of the drug users themselves, both male and female, over the age of eighteen, from New Orleans. The second consisted of drug dealers from New Orleans. The third and fourth categories consisted of users and dealers who have been residents in Houston since at least before Hurricane Katrina—to serve as control groups.

We assembled our sample through a process of fortuitous contact. During field work and individual and focus group recruitment, ethnographers in both New Orleans and in Houston began by selecting a few persons who seemed to be particularly knowledgeable and articulate about the illicit drug market(s). The staff located these prime contacts through pre-existing professional relationships, and field presence at locations likely to produce drug users and dealers (e.g., convenience stores and apartment complex commons areas). These prime contacts, who included both dealers and users, were invited to participate in personal interviews. The staff asked the prime contacts if they could help us locate other respondents safely and confidentially. Accordingly, the staff accumulated a snowball sample (Henry 1990, p. 21). Approximately 25% of all potential respondents approached actually participated in the study. All respondents provided their full informed consent to participate in a 60 minute recorded interview.

The focus groups were carefully assembled from these respondents that met for approximately two hours each. Groups were composed of 5–7 respondents each, and were assembled according to two criteria: drug of primary choice/use and seller versus consumer. The focus groups met in secure locations, including community centers and private apartments. The

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<sup>2</sup>Please see Dunlap, Johnson and Morse (2007) for a detailed description of the methods used in the broader study.

purpose of the focus groups was to generate conversations about drug markets among those who share common interest in the market (see Greenbaum 1988). Several focus group participants were also involved in the individual interviews, and all respondents were financially remunerated.

Therefore, three forms of qualitative data are available in this research: field notes, transcripts of qualitative interviews, and transcripts of focus groups. These recorded words constitute the fundamental data elements of the research. The recorded data were transcribed by well-trained transcribers and made available to the ethnographer and other staff persons who reviewed it for accuracy. The transcript of each focus group and interview were handled as separate documents and were stored for future analysis. Each of these narratives were entered into a major data base program (File Maker Pro) for electronic storage, coding, and data analysis (Johnson, Dunlap and Benoit 2009). These ethnographic interviews, observations, and focus group transcripts provided extensive information for analysis.

There were a total of 107 individual respondents that self-reported drug use. This included 26 heroin users, 86 crack/cocaine users, 77 marijuana users and 63 users of other drugs. Many subjects used several different drugs.

Qualitative analysis is a powerful method for understanding the complex relationships among events and processes such as drug use and purchasing and illicit market functioning. The results indicate ways in which individuals' stories are neither unique nor capricious, but instead reveal the working of underlying social processes and changes over time. The analysis of data that follows was formulated according to the logic of grounded theory. Grounded theory is employed where emergent ideas are explored, typologies are elaborated, and connections with other themes and experiences are identified (Charmaz 2000; Glaser and Strauss 1967). This inductive procedure provides a method for reading, coding and rereading the extensive collection of transcripts and observations to achieve insight into the forces and processes that underlie the lived experiences of NOEs who participate in illicit drug markets. Since the individual and focus group interviews consisted largely of open-ended and conversational questions, grounded theory functions well to direct discovery in data analysis. The guiding factors are the questions being asked and the responses and observations generated.

## FINDINGS

### Mobility and Relocation Following Katrina

Respondents generally learned to function well in new, often disparate, drug markets, particularly in terms of the methods they used to locate their drug of choice. Respondents reported evacuation experiences to a variety of host cities including Houston, Austin, San Antonio, Atlanta, Bogalusa and Crystal Springs. Many had even been as far away as New Jersey, New York and California. Often, respondents were sent to more than one host city after their initial evacuation due to bureaucratic exigency. Many NOEs, however, either came directly to Houston following Katrina or came to Houston soon after, and about half eventually returned home. In light of the extensive relocation of many NOEs, NOEs who had been participants in the illicit drug market in New Orleans had to learn how to locate their drug of choice in these new markets. When the NOE drug users arrived in their destination cities, several quickly sought out sources for their drug(s) of choice. This activity generally happened quickly because NOEs typically did not bring drugs with them when they evacuated.

Rather, respondents were able to relocate and successfully navigate the drug market in their host city because of a uniting drug culture that is both *translocal* and *transsituational*. This drug culture is built on shared understandings and common argot, and it provided NOEs with

a tool that allowed most of them to successfully locate their drug of choice – or a reasonable substitute – in these new markets.

### Shared Understandings

When respondents first arrived at their new location, their understanding of the drug culture led them to any of three sources of drugs. Of course, some NOEs used a combination of the three to get established in the Houston drug market.

**Familiarity with Local Drug Scene**—The first source was prior knowledge of or experience with the local drug market, including relations with persons active in the local drug market. One common strategy by which people located their drug of choice was through networking with those drug users or dealers they already knew in the host city. For example, Tank explained: “But when I went to Atlanta, um, you know, like I say, my girl cousin and them, they’re from down there. So I already had it hooked up when I went to Atlanta because they already knew the spots and the places to go.

**Discovering Drugs Where You Are**—The second source is knowledge of how to locate drugs in the particular setting in which one finds oneself. Drugs were especially easy to locate in large, congregate shelters. For example, LawStreet said, “Only one thing I had to do was just go around the [Astro]dome and ask them where it was and they told me where it was and I just hooked up with that person. I didn’t even have to know the person. They just told me where it was and I went there and made my transaction.” He went on to explain that drug transactions in the Astrodome occurred very quickly, often “[taking] no more than 5 or 10 minutes and sometimes lesser than that.” LawStreet acted as a “go-between” locating drugs for evacuees who sought drugs while in the Astrodome. Similarly, Red explained, “Yeah... Just knew people in there from New Orleans and I was able to make connections.” In summary, a thriving miniature illicit drug market developed in the large congregate shelters inhabited by NOEs during the first week following evacuation. However, it is important to note that several NOEs reported that drugs were not available at the Astrodome (Dunlap, Johnson and Morse 2007).

**Navigating To and Through Social Scenes**—The third source was an understanding of the general social *scenes* where one could assume drugs can be located and purchased/obtained. Irwin (1977) defines a scene as a public location where people go to spend leisure time. Scenes generally involve eating, drinking and/or music. Since scenes are public locations, participants can expect others, like strangers, to feel free to approach them. For example, strangers may ask them to dance, to buy them a drink or even to discuss drugs and drug availability. Scenes also tend to be laden with sexual behavior, connotations, and/or possibilities.

NOEs possessed a shared understanding of such scenes as possible sites for locating drugs without access to a network of contacts. For instance, if individuals were unfamiliar with anyone in their host city who “had it hooked up,” then they often simply asked. Tank illustrates this strategy, telling us:

Yeah, when I was in Houston, how I did it, we was at Burger King. And like we was in there talkin’. And so I just asked somebody. I was like, man, who got the dope around here? And so the dude ain’t want to say nothin’. It was a nigga I was askin’, but then the female, she was like, what y’all lookin’ for? Heroin. She’s like, well, I got some. And then their prices, yeah, so I got hooked up with a female.

This strategy, though, is somewhat risky. Before inquiring about drugs, respondents reported that they would scrutinize the way a person looked, the activities that were taking place, and the location of those activities to determine whom to approach about their drug of choice.

Several people pointed out the importance of identifying key neighborhoods and of looking for groups of people loitering around. Specifically, Fatigue said, “Um, yeah, we was able to find drugs in Texas.... Um, it’s easy. Just spot people standin’ on the corner, ask questions or go in certain neighborhoods, you know.” Similarly, Shorty told us that he located his drugs:

....through conversation, listening, walkin’ around talkin’. Well, actually, goin’ away from the church and goin’ like to the corner store, a couple of blocks down to the corner store where it was more like a little ‘hood. You know, more people, people hangin’ out in front of the store. And when you see a scene like that, usually some type of drug is bein’ sold or somebody know something.... Just through conversation and listening. And when I heard some people talking about it, when I felt comfortable with it, I approached them and let them know. Well, y’all goin’ to get some weed? What y’all talkin’ about? You know. I said, I don’t mind smokin’ a little bit myself, you know. And damn, let’s do this. You know, it was on. You know, got it, talk it.

In order to identify likely locales in their neighborhoods, respondents said they looked for signs such as trash in the streets, children without supervision, and loud music playing. Timothy also pointed out that seeing someone “hangin’ out” was often a clue, explaining to us that he saw a guy “hangin’ outside on the corner, on their little drop. You know. I just asked him and he sold me some.” Stevie B also noted, “You know, you could just walk around, you know, see people hanging out. You could just about tell the areas where drugs in, you know, see people hangin’ around stores or something, you know. You could just see people and you could say, hey, man, where it’s at? You know. And then, you know, you could go from there.”

People were commonly able to easily identify someone to approach by observing that person actually engaged in drug use. For instance, Boss said he found his drug connection “through [his] surroundings, just by seein’ people and seein’ them smokin’ [marijuana], and just asked them where it was at.” Even without seeing them explicitly engaged in drug use, respondents often indicated that they could simply recognize other users. For instance, Tee said, “You know, you basically can tell a person that do they thing, you know, and you ask them.” Along the same lines, Twist said, “Sometimes you can just tell people; you can tell the people that do drugs. You can tell most of the time. If they do the same thing that you do, you’ll recognize it. I’m a weed smoker. I can tell weed smokers. I can tell if you used to smoke weed; I can tell if you still smoke weed. So, it’s like easy. Like you can just look and just be like, you can just ask ‘em, really. People will tell you.” They may also detect the faint smell of marijuana on the clothes or breath of those they approach.

Even ethnicity was sometimes used to determine whether or not a person could be approached about drugs. Ms Toya told us, “I found [drugs].... I went to the store and I seen a Jamaican. And a Jamaican had some and that was my connect from there.... I asked him.... He sold me a twenty-dollar bag.”

This shared understanding of how to locate drugs based on an assessment of locations and individuals is part of the overall drug culture that transcends each individual drug market and universally unites drug users and dealers. This drug culture from New Orleans provided NOEs with a tool that allowed them to understand and access drug culture and sellers in unknown locations.

This shared drug culture is also beneficial for dealers, as it allowed the dealers in the host cities to easily identify users. This is illustrated by the fact that some respondents reported that the drugs “came to them” as local dealers approached them in the places they were located. Felicia, for example, said, “They saw we [New Orleans Evacuees] was at the hotels. They came to the hotel.” Similarly, Magnolia explained:

Um, by us bein' really from New Orleans, or whatever, you know, the people was like really anxious for us to be around 'em. Because they was like really like showin' so much of love so that we didn't really have to buy none. Just by us bein' from New Orleans and yeah, they was feelin' sorry for us. And they knew that a lot of people was sick and they know that the dope that we had down here was better than out there. But they was just happy, glad that they was able to take and do, you know what I'm sayin'. With those who was doin' pills and those who were doin' coke. And those they was able to give us, you know what I'm sayin'.

She also said, "It came to you. It came to you. Soon as you get off the bus, whassup N.O.? You know what I'm sayin'. Open arms." And Mr. Shopaw told us that in San Antonio "you ain't gotta ask; they'd come to you. Yeah, that's right. They [sellers] come to you.... Shit, that, because everybody was mostly into it that was up there, you know." Evacuees were very pleased that they did not have to go seeking their drug of choice when it came to them through the local dealer. In fact, as Magnolia mentioned, many of the NOEs felt that the dealers were "showin' love" by initially providing free or low cost drugs.

### Common Language

One minor difference in the markets is the drug vernacular or terminology used. Respondents revealed that they often had to learn new words and terms when seeking their drug of choice in their host city. However, there were enough similarities across drug markets that NOE knowledge of the drug culture allowed them to successfully locate their drug of choice.

Journey explained his experience in Bogalusa, Louisiana, telling us, "Yeah, they had a little, they had certain little languages that they used for the pain pills or like for the Xanax.... Like for the pain pills, it was like blueberries or, um, Xanax, it was like footballs. They had just little names for the drugs." Similarly, Tank explained, "When I asked for 'em, like at first I asked 'em, who got some dope [a common New Orleans term]? And they was like, dope, what you talkin' about? Dope? And I'm like, heroin. And then they knew it when I say that.... And see, at first when I said, dope, they didn't know what I was talkin' about." Magnolia reported a similar experience, stating, "We'll be like, whassup? Where the dope at? They be like, who? I say, where the dope at? So they think we talkin' about crack. So we're like, where the heroin at? They like, well, over there." Additionally, Governor said that in Houston, "Like with weed, they might say pepper grass or something like that, you know, a different name.... But that other stuff, you know, they had got a name like dog food, like heroin, you know, dog food." And Elroy told us that, in Crystal Springs, "it was pretty much the same" except that "up there they call the heroin, um, diesel... and the cocaine lady."

Occasionally, the terminology used to denote amounts of drugs desired would differ across locations as well. For example, Twist said, "Well, I learned different, um, like they have different slangs and stuff [for drugs]. But for the most part, it's the same. Like instead of askin' for, if you wanted a twenty bag of weed, you wouldn't say, I want a twenty.... Like you say you want twomp or you want a dub. You won't say you want a twenty sack, or I want twenty dollars worth, like you can say down here. Up there you gotta be like, yeah, I want a dub or I want a twomp." And Fleetwood explained to us, "I would say, um, up here I would say, I want a bag of hard. Give me a dime of hard.... Down in Atlanta you just say, I want a Trey, a nick.... Or give me a dime or give me a double, a double deuce.... I knew about the nick, the dime, from before, years ago. But the double-deuce I learned from the guy when I heard him ask the guy first when he introduced me to him."

Despite these occasional minor argot differences, respondents indicated that they were able to successfully navigate the drug markets in their host cities because of the shared drug culture. For example, Stevie B. said, I'm pretty sure if I was just to say it what they call it back... in



New Orleans, they would have knew what I was talking about.” And Tank explained, “See, like Atlanta, it’s more like down here with the dope. It’s the same. Prices was the same, see what I’m sayin’. So it was, it was, like really the same.”

Although the language of drug use may differ somewhat across host cities and in contrast to New Orleans, NOEs were able to learn the new terminology fairly quickly. It appears that the major reason for this is the constellation of interactional components making up drug interaction. Vernacular is only one, albeit very important, component (Johnson et al 2006a). The decision to take a risk and contact a stranger to talk drugs is another, as is the structure of the drug talk independent of the particular vocabulary used. The drug user’s appearance can feed positively into an emerging drug interaction. Finally, simply mentioning that one is from New Orleans and trying to “hook up” in Houston may be sufficient to trigger a positive response.

### Alternatives

Upon arriving at their host city, approximately one-third of our respondents did not immediately attempt to find illicit drugs and four were explicitly unable to obtain illicit drugs. This, too, can be explained utilizing the notion of culture. Although these NOEs may have been well-versed in the drug culture of New Orleans, many feared that this drug culture in Houston was somehow risky and mysterious, not truly translocal and transsituational. Thus, many respondents felt that they needed to learn more about the culture before engaging in it. Several respondents indicated that they did not seek drugs because they were scared or too unfamiliar with their host city. Most New Orleans Evacuees interviewed had experienced exposure to crisis events, were quite traumatized, and were thus unwilling to venture into strange, new communities. For example, Cash stated, “I just didn’t know anybody and I, I didn’t trust a lot of people. You know, I’ve been in prison before and I didn’t want to go back.” Similarly, Yolanda said, “No [I did not try to locate drugs]... Because I was scared. Really and truly, I was scared to go outside in New Jersey because they had the Bloods and the Crips.... And I ain’t knew what color to wear.... I was too scared to wear anything.” MySpace also spoke of being unfamiliar with the area, explaining, “Everywhere and anywhere you want to go, you got to get on the highway And I don’t really know too much about Texas.” Although Houstonians depend overwhelmingly on cars for transportation, few lower and working-class respondents had automobiles.

Several respondents indicated that, since they were in a new place and did not know anyone, they had to remain sober until they could figure out where they were and what they were facing. Being without a place to live and not knowing where they would be placed next, these NOEs withdrew from drug consumption until they had a better handle on their situation. In essence, these NOEs focused upon survival issues and drugs were not their top priority. For example, Nicky explained that she did not look for drugs after being placed in Henderson, Kentucky, telling us, “No, but I know the people... I kind of like stood off to, me and my girlfriend stood off to our self and just dealt with our life as we was livin’ in the camp.”

This lack of contact and familiarity with the local culture led some NOEs to simply replace illicit drugs with legal, and therefore more accessible, substances. For instance, June was given prescription pain medicine for a handful of health problems and she was satisfied with the effects of this medication. Similarly, LisaLisa told us, “No, I didn’t try, not with the crack, with the drugs I used to use.... That’s why I Tylenol’d and Benadryl’d myself to sleep. I had to have something, but I had to keep still, too.” Diamond and Blue, on the other hand, both turned to alcohol. Diamond said, “I wasn’t able to make any drug connections so I did a lot of...I drank a lot of alcohol.” And Blue explained, “None at all.... Drink every day as much as I could to numb myself and go to sleep.”

Finally, some respondents did not immediately seek illicit drugs in Houston because they were trying to quit. They had been enrolled in drug treatment programs in New Orleans when Katrina occurred and, once they moved to other areas, they had varying experiences as they attempted to continue treatment. Hollywood told us:

[In my host city] they gave me twelve of the little ten milligrams [of methadone]. Then we got in the clinic. They got us in the clinic, and which was, you know, they get in touch with my counselor... in New Orleans, you know, to make sure, even though I had the card, that I was on the methadone clinic.

Others, however, were not enrolled in treatment prior to the hurricane but took the opportunity to seek treatment when they arrived in their host city. For instance, Nat recalled, "I also indulged, while I was here, in getting on a methadone program."

## CONCLUSION

In this report, we have described some of the strategies, activities, and resources involved in resuming one's illicit drug activities after evacuation from New Orleans following Hurricane Katrina. We were interested in learning what happens to drug users when a major illicit drug market is disrupted and much of the population is relocated to other places. Specifically, we wanted to find out what drug users do when they find themselves in unfamiliar places. From their responses, we were able to describe the ways in which displaced drug users utilize the drug culture – including its shared understandings and common language – as tools to help them locate their drug of choice.

Membership in the general, as well as specific, drug culture(s) appears to be the key factor in this process. Understanding drug costs, nomenclature, and quality—in addition to understanding the role and identity of the drug user and dealer—enabled the dislocated drug users to ascertain the nuances of the local drug culture. Nevertheless, the data clearly reveal considerable similarity in use practices, purchasing patterns, prices and distribution from one city to another. Specifically, an important finding is that illicit drug markets are very uniform in price and weight. NOEs were able to use their knowledge of the illicit drug market in New Orleans to navigate their host city's illicit drug market. Almost all NOEs were successful at locating their drug of choice within their host cities; only those who did not seek their drug of choice did not find it.

In conclusion, we have come to conceptualize our respondents as *relocated* rather than *mobile* drug users and dealers. Respondents noted that they were mobile drug users only during the experience of relocating, an experience which was generally designed by the government and funded by others (e.g., FEMA). The general pattern, instead, was for them to settle elsewhere (often in Houston) quickly, since resuming mobility would require the kinds of resources unavailable to most of them. Thus, future analysis will focus on the integration of NOE drug users and dealers into the existing Houston drug culture.

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