



PERGAMON

Social Science & Medicine 48 (1999) 1441–1448

SOCIAL
SCIENCE
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MEDICINE

Doing a shotgun: a drug use practice and its relationship to sexual behaviors and infection risk

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Abstract

There has been a rise in the frequency with which inhalational routes such as smoking are used for illicit drug use. A growing population of new inhalational drug users augments the pool of individuals at risk for transition to injection drug use. Further, illicit drug smoking has been implicated in the transmission of a variety of pathogens by the respiratory route, and crack smoking has been associated with an increased risk of HIV infection, particularly through the exchange of high-risk sex for drugs. Shotguns are an illicit drug smoking practice in which smoked drugs are exhaled or blown by one user into the mouth of another user. We conducted a series of ethnographic observations to attempt to characterize more fully the practice of shotgunning, the range of associated behaviors, and the settings and contexts in which this practice occurs. Shotguns may be seen as a form of drug use which has close ties to sexual behaviors, and which has both pragmatic and interpersonal motivations, combining in a single phenomenon the potential direct and indirect risk of disease transmission by sexual, blood borne and respiratory routes. These data support the need to develop and evaluate comprehensive risk reduction interventions, which take into consideration the relationships between interpersonal and sexual behaviors and specific forms of drug use. © 1999 Elsevier Science Ltd. All rights reserved.

Keywords: Substance abuse; Crack cocaine; Tuberculosis; HIV-infection; 'Shotgun'

Introduction

Since the mid-1980s, there has been a rise in the frequency with which inhalational routes such as smoking and sniffing are used for illicit drug use in the US (Des Jarlais et al., 1992; NIDA, 1995; Neaigus et al., 1996). The inhalational route appears to be chosen by some drug users as an alternate to injection as a means of reducing their risk of exposure to HIV (Hartgers et al.,

1991; Des Jarlais et al., 1994a; Paone et al., 1996). However, many inhalation drug users are new illicit drug users (Des Jarlais et al., 1992; van Ameijden et al., 1994) and this augments the pool of individuals at risk for transition to injection drug use (Des Jarlais et al., 1992; van Ameijden et al., 1994; Irwin et al., 1996). Further, crack smoking has been associated with an increased risk of HIV infection, particularly through the exchange of high-risk sex for drugs (Chaisson et al., 1991; Edlin et al., 1994) as has nitrite inhalant use (Seage et al., 1992; Chesney et al., 1998). Thus the increased population of inhalational drug users poses a challenge to HIV prevention efforts (Des Jarlais et al., 1992; van Ameijden et al., 1994).

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Illicit drug smoking has also been implicated in the transmission of a variety of pathogens by the respiratory route including *Aspergillus*, *Salmonella* and *Mycobacterium tuberculosis* (Ungerleider et al., 1982; Taylor et al., 1982; Livengood et al., 1985; Hamadeh et al., 1988; Centers for Disease Control, 1991; Leonhardt et al., 1994; Perlman et al., 1995) and with respiratory tract colonization with the pathogens, *Streptococcus pneumoniae* and *Staphylococcus aureus* (Orr et al., 1996; Holbart et al., 1997). HIV-infected persons also have an increased risk of bacterial pneumonia which is further augmented among those who smoke illicit drugs (Caiaffa et al., 1994). Therefore, there is a need for a fuller understanding of inhalational drug use practices, their correlates and consequences. Ethnographic observations have been valuable in characterizing the range of drug injection practices and in delineating the practices which are associated with infectious complications and the transmission of HIV (Grund, 1993; Jose et al., 1993; Koester, 1994; Trotter, 1995; Grund et al., 1996). Less attention has been devoted to characterizing the practices of inhalation drug use which might confer the risk of infection. Ethnographic and qualitative research has also contributed to the understanding of risk as a socially situated construct and to how specific social relationships influence risk behaviors (Sibthorpe, 1992; Neaigus et al., 1994; Rhodes et al., 1996; Grund et al., 1996; Rhodes and Quirk, 1998).

'Shotguns' are an inhalational drug use practice in which smoked drugs are exhaled or blown by one user into the mouth of another user. As part of a study of tuberculosis, which is transmitted by the respiratory route, we observed that 17% of 354 active illicit drug users interviewed engaged in this practice (Perlman et al., 1997a). We now report on a series of ethnographic observations conducted to characterize more fully the practice of shotgunning, the range of associated behaviors and the settings and social contexts in which this practice occurs.

Methods

The data presented here were obtained through a targeted ethnographic study designed to characterize 'shotguns' as a drug use practice. The ethnography was part of a larger study examining the feasibility, acceptance and effectiveness of tuberculosis screening and directly observed preventive therapy among active drug users (Perlman et al., 1997a, 1997b; Paone et al., 1998). The study recruited active drug users at both a legally-sanctioned New York City syringe exchange (the Lower East Side Needle Exchange Program, LESNEP) and an inpatient drug detoxification facility (the Bernstein Detoxification Facility of Beth Israel

Medical Center) located in the same area of the city (Perlman et al., 1997a, 1997b; Paone et al., 1998).

Participants at these two sites were offered HIV counseling and testing, tuberculin and anergy skin testing, and were interviewed. Both facilities serve an ethnically diverse inner city population of drug users, the majority of whom live on Manhattan's Lower East Side, and among whom HIV seroprevalence has been high (approximately 40%) (Des Jarlais et al., 1994a). Screening at the syringe exchange began in March 1995 and was initiated in September 1995 at the inpatient detoxification program.

Ethnographic interviews were conducted from a sample of those drug users participating in the TB screening who reported engaging in shotgunning within the last six months. Informants were recruited for ethnographic interviews on-site by the ethnographer, were contacted through 'snowballing' techniques among program participants, and were referred by study interviewers. Ethnographic methods also included participant observation, interviews on-site at the syringe exchange, and field interviews at drug users' homes and outdoor locations. Participant observation was conducted in settings where the study participants naturally injected or smoked drugs, including streets, parks, homes, crack smokehouses, other residences including squats (illegal residences in abandoned buildings) and a single room occupancy hotel for men.

Doing a shotgun: the physical act

The initial operative definition of the act of doing a shotgun was considered to be 'the practice of inhaling smoke and then exhaling it into another individual's mouth'. A more basic definition of a shotgun was developed from observing drug users' behavior, in which to 'do a shotgun' is to engage in a form of illicit drug use involving an exchange of smoke between two (or more) persons. Specifically, a shotgun always involves smoking, but smoke is sometimes blown into another's mouth without first having been inhaled. This is achieved either through an inverted cigarette or some other means; devices such as pipes, masks and various tubes are sometimes used to distribute smoke to one or more recipients.

Many informants described a 'traditional shotgun' as the normative type employed by the majority of users. This involves smoking a marijuana joint or a hand-rolled tobacco cigarette laced with some combination of hashish, crack, cocaine base or heroin. The person delivering the shotgun inverts the joint's burning end (referred to as a 'cherry' by a number of informants) into his or her mouth, holding it between the teeth and blowing smoke forcibly into the mouth and lungs of the recipient, who had exhaled in anticipation

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