

## Chapter 9. Ethics, Ethnography, Drug Use, and AIDS: Dilemmas and Standards in Federally Funded Research

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### ABSTRACT

Since the Second World War, there has been a significant increase in researcher attention to the issue of ethical conduct during the research process. While much of the focus in the ethics discourse has been on issues encountered in biomedical research, and on the establishment of a broad foundation of ethical standards for this field, intensive discussion of ethical issues has occurred in the social sciences as well. Professional associations in all of the social sciences have developed and disseminated ethical guidelines. However, these may be of only limited assistance to certain types of social research. Ethnographers involved in the study of drug use and HIV risk continually encounter a number of unique ethical challenges because of (1) the naturalistic and participatory nature of their research method, (2) the illegal and potentially lethal nature of the behaviors under examination, and (3) the fact that much of this research is supported by public funding. This chapter reports on a special workshop sponsored by the AIDS Advisory Committee of the Society for Applied Anthropology that was designed to examine the impact of these three factors on the ethnography of drug use and HIV risk and to establish a set of ethical standards to guide this research.

Key words: Ethics, HIV and drug use research, ethnography, Federal research funding

Workshop on Ethical Issues in Illicit Drug User Research: Toward the Establishment of Ethical Guidelines. This committee was established by the AIDS Advisory Committee of the SfAA, with encouragement from Dr. Richard Needle, Chief, Community Research Branch, NIDA, to achieve three goals: (1) review the special set of ethical issues that arise in federally funded research on illicit drug users, (2) review the wider range of ethical issues that arise in the ethnographic study of illicit drug users, and (3) draft principles for broader dissemination and ratification to guide this research. This chapter addresses the first of these objectives within the context of the wider set of issues involved in the ethnographic study of users of illicit drugs in the era of AIDS.

### ETHICS AND RESEARCH

Differences in values, expectations, and experience contribute to ethical dilemmas when various stakeholders in research (e.g., community members, researchers, sponsors) have disagreements or misperceptions about what should occur as part of the research. Three philosophically based principles are viewed as central to ethical research with human subjects:

1. Respect for persons. This principle accepts that people have the capacity, and must be accorded the right, to act as autonomous moral agents, including voluntary, noncoerced participation in research that is based on the provision of informed consent.
2. Beneficence/nonmaleficence. This principle maintains that researchers have an obligation to pay close attention to the health and well-being of human subjects and to use research to maximize human well-being.
3. Distributive justice. This principle holds that standards of equality and fairness must be followed in determining who benefits and who bears the burdens of research (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research 1978).

These three principles provide the components of an overarching framework for establishing specific guidelines for ethnographic research generally and for ethnographic research with illicit drug users specifically, but they do not fully address many of the

- Context of realization, which is interwoven with everyday and sometimes private, intimate, or highly emotionally charged activities of study participants.
- Investigative goals (to grasp the sometimes private, insiders' understanding and world view, to understand their behavior in social context, to assess the interconnections among parts of the research community's sociocultural world, and to link this world with the wider transnational social sphere).
- Methods of data collection (including, in addition to the use of quantitative research tools, participation in the day-to-day activities of members of the community under study, as well as informal interviewing, direct observation of behavior in context, and the examination of multiple domains, including linguistics, social organization, and technology).
- Level of personal commitment. Ethnographers often do not go to work per se; they live on the job, and their work involves a full immersion in the lives of their research participants; hence, the personal lives of ethnographers are not, by design, separate from those of research participants.
- Style of presentation (a holistic narrative description of behaviors, events, and social meanings, as well as underlying patterns and associations).

One consequence of this approach to understanding is that ethnographers often spend a lot of time with research participants and commonly develop close personal relationships with at least some of them (e.g., marriage in the field is not an uncommon occurrence among ethnographers). Indeed, from the research subject's perspective, the ethnographer as a person may be of far greater significance than the ethnographer as a researcher (a role that the subject may not understand well). Whereas in many lines of inquiry researcher responsibility falls primarily within the specific context of the risks or burdens generated by the research project, in ethnography the boundaries between research activities and other arenas of study participants' lives may be blurred. As a result, the ethnographer "contract" with study participants may be broader than it is in clinical, epidemiological, or other kinds of research. These features of ethnography create special challenges for ethical conduct.

## FEDERALLY FUNDED RESEARCH WITH DRUG USERS

Although many methodologies have been employed in the social scientific study of users of illicit drugs, moral decision making may be more complex in the ethnographic investigation of this population than in many other kinds of research because of (1) the intimacy between researchers and study participants, which is inherent in participant observation research; (2) the fullness of researcher awareness of study participants' behaviors, health status, and attitudes; and (3) the length of the research endeavor—often more than a year and sometimes involving multiple revisits over time. Specific ethical issues that must be addressed under such circumstances include:

- Knowledge of illegal behavior by study participants
- Knowledge of dangerous or unhealthy behavior by study participants (including behaviors that may harm others)
- Responsibilities (in some settings, such as along the U.S.-Mexico border region) that arise from working with individuals, such as illegal immigrants, whose presence in the country is punishable by law
- Responsibilities that arise from working with highly vulnerable populations, including minorities and traditionally oppressed populations, as well as with individuals such as drug dealers and commercial sex workers whose behaviors make them subject to social opprobrium
- Responsibilities that arise from working with populations that differ culturally from the dominant population
- Ambiguous or blurred personal/professional boundaries and the potential for intimacy between the researcher and study participants
- Knowledge of highly intimate and confidential information about study participants, including information that, if disclosed, could cause harm to subjects, damage their social relationships, or put them at considerable risk

In particular, the ethical issues that arise in publicly funded research with individuals engaged in illegal and risky behavior have received little attention. The remainder of this chapter, consequently, addresses the issue of obligations to Federal sponsors in the ethnographic study of users of illicit drugs in light of the concepts and special circumstances outlined in the previous sections.

### **Confronting Ethical Issues in the Ethnographic Study of Users of Illicit Drugs**

The January 1998 workshop addressed a number of potentially problematic behaviors and ethical dilemmas in federally funded research with illicit drug users. All of these dilemmas have been experienced by fieldworkers, sometimes with painful consequences, including researcher participation in:

- Sharing drugs with study participants
- Procuring (through buying, trading, etc.) drugs for study participants
- Holding or transporting drugs for study participants
- Transporting study participants to acquire drugs
- Allowing study participants to use drugs in the researcher's car, home, or other property (personal or belonging to one's employer)
- Giving or lending study money to study participants to buy drugs
- Acquiring syringes or other drug paraphernalia to give to study participants
- Holding syringes, other drug paraphernalia, or weapons for study participants
- Assisting study participants in avoiding arrest for illegal activities (e.g., being a lookout during drug use/acquisition activities)
- Having sex with study participants
- Hearing study participants threaten to harm someone

refused to speak. Not all heroin dealers were this distant, but I collected little data from them. This was unfortunate . . . .

Also, in oppressed communities whose way of life is denigrated by the dominant society, participation may be experienced as an expression of respect and acceptance not commonly accorded to members of the majority group. Finally, study participants may express the expectation that the researcher share drugs with them as proof that she or he is not an agent of social control. Do these factors justify drug use with study participants?

At the simplest level, it might be argued that researchers should not use illicit drugs as part of research. However, the legality of a particular behavior does not constitute an adequate basis for ethical decision making. During the period of slavery in the United States, returning a runaway slave was a legal obligation. Whether it was an ethical behavior is a completely separate issue. There is a long tradition of civil disobedience as a means of protesting unjust laws. Cultural heroes, like Dr. Martin Luther King, Jr., sometimes achieve widespread social and ultimately legal support through the violation of unjust laws. In short, it may be ethical in some circumstances to be in violation of the law. This is not to say, of course, that punishments—including loss of research funding and imprisonment—in and of themselves may not be adequate reason to avoid illegal behavior during research; for most researchers, they certainly would be, but not for all. Some may feel uncertain and ambivalent about appropriate behavior in certain research settings. Lack of explicit professional standards of conduct regarding drug use in the field may enhance researcher uncertainty about appropriate behavior.

Although it has not been widely publicized, ethnographers in various research settings (usually outside the United States and not supported by Federal funding) have, on occasion, participated in drug use with their research participants. Most often this has occurred in settings where drug use is a traditional and ubiquitous practice or part of a religious ritual in the society or community under study. Slotkin, for example, an anthropologist who studied Native Americans, was also a member and officer of the Native American Church, which uses peyote (*Lophophora williamsii*), a hallucinogenic cactus, as a sacrament. Slotkin published several articles and a book on Native American peyotism based on participant observation, including peyote consumption (e.g., Slotkin 1955). Similarly, Furst and Myerhoff, two U.S. anthropologists, accompanied and studied a

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phase of the international illicit drug trade calls into question the ethical appropriateness of sharing drugs with research participants. Several reasons for this conclusion were offered. First, there is potential for harm to be done to research participants who, while engaged in drug use, may suffer an overdose or other health or legal complication when sharing a drug with a researcher. Contributing to the potential for these negative outcomes in any way is a violation of the obligation of beneficence—do no harm—toward study participants. Second, by engaging openly in illegal activities with study participants, researchers become vulnerable to blackmail or other coercion (e.g., by individuals already involved in illegal activities who, under the pressure of their drug dependency, may resort to desperate measures to obtain drugs). Third, researchers who suffer from a drug dependency should not, on ethical grounds, use research on drug use as a covert justification for their own continued drug consumption.

Workshop participants also identified other significant reasons for not using drugs during federally funded research. The first of these stems directly from the illegality of drug use but has additional moral aspects concerning the issue of honesty. As part of the assurances given to the funder in federally funded grants, the grant recipient must agree to maintain a drug-free workplace. Having given this assurance, the principal investigator, the funded institution, and by extension, staff members hired on the project have a moral obligation to avoid drug use during the performance of work activities. In this regard, it should be stressed that in ethnography, the office and "the field" (wherever drug users are observed, engaged in conversation, and interviewed) constitute the workplace. Other ethical considerations that argue strongly against using drugs with research participants include the following:

Harm done to science, due to impairment of the ethnographer's ability to conduct high-quality research while under the influence of drugs

Harm done to the researcher's credibility with those study participants who would be hesitant to be open and honest with a researcher who was consuming drugs (e.g., How believable would assurances of confidentiality be from a researcher involved in drug use?)

during a federally funded research project would be a violation of ethnographic research ethics.

**Procuring Drugs for Study Participants.** Why might ethnographers consider procuring drugs for research participants during the study of drug use behavior? Ethnographers often develop personal relationships with their key research participants, some that may be lifelong and emotionally intense. In this situation, when the research subject is a dependent drug user and begins to suffer the potentially painful symptoms of drug withdrawal, the researcher may feel a human obligation to end the suffering by acquiring drugs and providing them to the subject. The structure of the research relationship can help generate this sense of obligation because the researcher may harbor guilt that she or he is receiving information that could have a long-lasting benefit for the researcher's career while providing little in return that benefits the study participants.

In examining this situation, workshop participants noted that procuring drugs—through buying, trading, or other means—is an illegal activity. The researcher is put at risk for legal action, and research participants may suffer the consequences of the researcher's illegal activity (e.g., they may be arrested while in possession of drugs procured by the researcher). Most of the other ethical issues raised with regard to the use of drugs with research participants also apply to the question of procuring drugs, although in some cases, procurement may be seen as an even greater ethical violation of appropriate research standards than using drugs with research informants. By actually procuring drugs (the chemical composition of which the researcher often cannot guarantee), the researcher may be putting research participants directly in harm's way through overdose or exposure to tainted substances. Similarly, it is likely that even greater harm may be done to employers, funders, and colleagues through the act of procuring drugs for others than in the researcher's personal use of drugs, because one is assisting other people in violating laws and social standards. Furthermore, through the act of procurement, the researcher is vulnerable to coercion from drug distributors, who may not be as close to the researcher as other participants in the drug scene. For all of these reasons, workshop participants concluded that drug procurement for research participants by researchers as part of or during a federally funded research project would be a violation of ethnographic research ethics.

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course, to materials like condoms or even sterile cookers, which researchers may carry and distribute for the explicit purpose of preventing harm. However, an exception to this general guideline must be noted; for example, a researcher may rightly feel a moral responsibility to convince a study participant to relinquish a weapon as a means of preventing that individual from using it to do harm. Thus, while it is possible to establish general principles of ethical conduct in research, each situation is unique and calls for constant ethical evaluation and decision making by the researcher (see Marshall, this volume).

***Acquiring Syringes or Other Drug Paraphernalia To Give to Research Participants.*** If multiperson reuse ("sharing") of syringes is one of the primary routes by which HIV and other blood-borne pathogens are spread among drug users, is it not ethically appropriate for researchers, when possible, to give new, sterile syringes to injection-drug-using study participants? A number of local and Federal legal issues are involved in this decision. Researchers who study IDUs should be aware of local laws that pertain to possession or distribution of syringes without a prescription. In addition, they should be aware of local interventions (e.g., syringe exchange programs) and other factors that affect access to sterile syringes (e.g., pharmacy sale of over-the-counter syringes). With this information, researchers may be able to direct drug users to legal sources of sterile syringes.

If such sources are not available, researchers with access to sterile syringes may decide to distribute them to out-of-treatment IDUs as an AIDS prevention strategy with demonstrated efficacy. Local laws may prohibit this as an illegal act, which may constitute a situation of conflict between the researcher's legal and ethical responsibilities. Researchers must consider the consequences of going against that law—for themselves and their families, their employers, and the people they are studying. In some instances, researchers decide to support unsanctioned syringe exchange and suffer the legal and other consequences of their actions (Bluthenthal et al. 1997).

Researchers who receive Federal funding must also be aware of the array of barriers to using Federal dollars to directly support syringe exchange or distribution. The U.S. Congress has enacted a series of statutes, including the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988, the Health Omnibus Programs Extension of 1988, the Ryan White Comprehensive AIDS

In explanation of his approach and its justification, Bolton, who received no Federal funding (nor expected to ever receive it), argues the following:

No deception was involved in any phase of the research, and the behaviors engaged in were consonant with those that are normative within the community being studied; moreover, my research objectives were subordinate to my participation as a member, albeit temporary, of the community I was studying. In practice that means that I never engaged in any behavior that I would not have engaged in had my research objectives been different . . . The most basic responsibility of the field-worker is to protect informants from negative consequence. In this research, the anonymity of informants was guaranteed . . . Some anthropologists may interpret the use of . . . [my] research methodology as a violation of the responsibility . . . [to maintain] the "good reputation of the discipline." . . . [However in the midst of a major health crisis,] the reputation of the discipline can only be enhanced by significant contributions to the solution of societal problems (Bolton 1992, p. 136).

While Bolton makes some excellent points, some researchers have argued that, in many contexts, having sex with study participants is coercive and that the potential for manipulation (in either direction) is extremely high. Having sex with study participants in situations where it is not coercive is still unprofessional, it has been argued, because it changes the nature of the relationship with informants and interferes with the collection of defensible data not subject to lingering doubts concerning the biased nature of ethnographic research findings. Moreover, having sex with study participants may put the researcher at risk for all of the problems and complications (e.g., interference with fieldwork, jealousy, accusations of infidelity, blackmail, rejection, gossip) that can accompany any sexual relationship. The objectivity of the researcher under these conditions would be subject to question in the eyes of many nonethnographic researchers. Also, attitudes about sex and intimacy are socially constructed and variable. Interactions that may have one meaning in the researcher's home community may have different implications in a research setting. Finally, the development of sexual relations between a researcher and study participants creates the potential opportunity for the spread of sexually transmitted diseases. Although a researcher—like anyone else—could limit this potential through the use of condoms and other safe sex procedures,

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In considering the option of breaking confidentiality, researchers must remember that (1) not every risky act results in HIV transmission, (2) violation of confidentiality may lead to additional risk if either the seropositive or the seronegative participant becomes angry, (3) awareness that a drug associate is seropositive often does not dissuade another drug user from sharing drug paraphernalia, and (4) the benefits expected to be produced by the research project may be lost if members of the target population come to believe that their confidentiality cannot be protected. For these reasons, workshop members concluded that explicitly breaching confidentiality to prevent a potential risk event should be avoided in most instances unless the seronegative individual is not in a position to make autonomous decisions about her or his behavior (e.g., being a minor).

### CONCLUSION

At all times, researchers should be guided by the principle of avoiding harm and, when possible, of acting to lower the potential for harm. Unfortunately, this requires considerable balance and judgment about behaviors that have unforeseen consequences. As a result, it is incumbent on researchers to consider potential ethical issues prior to initiating research and to be alert and responsive to ethical dilemmas when they occur in the course of research. Guidelines such as those presented here can help in this process; however, each situation is unique, and special conditions may shift the balance regarding whether a particular behavior causes or avoids harm (or causes more harm than good). Organizers of the Workshop on Ethical Issues in Illicit Drug User Research: Toward the Establishment of Ethical Guidelines were especially concerned about the impact of Federal research funding on ethical decision making in drug research. It was the opinion of workshop members that the source of funding is important because of the contractual agreements made by researchers when they accept money from a funder. Although researchers must not avoid investigations capable of producing findings that challenge the status quo (e.g., by exposing inequality, maltreatment, or other injustice), they have an obligation to funders, employers, colleagues, and the communities that they study to be fair, uphold their agreements, and avoid causing needless harm to others.

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researchers—like everyone else—can have lapses in their adherence to protective measures for a variety of reasons.

Consequently, workshop participants concluded that it was highly inappropriate for researchers studying drug users to have sex with study participants. Federal support of such research makes this behavior all the more questionable given researcher responsibility to funders. Although Bolton's study produced important insights about HIV risk among gay men, it did not demonstrate that such insights could not have been achieved through more conventional methodologies.

*Observing a Significant Risk Behavior by Study Participants (e.g., Syringe Sharing by an HIV-Discordant Couple).* One of the most difficult ethical dilemmas that drug researchers confront is the observation of behaviors that are capable of transmitting HIV from infected to noninfected individuals. Multiperson reuse of syringes and other drug paraphernalia ("sharing"), which is responsible for most HIV infection among heterosexuals in developed nations, for example, continues to be observed and described by ethnographers in many locations (Inciardi and Page 1991; Koester and Hoffer 1994). When researchers are aware of the HIV status of infected individuals and observe them engage in HIV risk behaviors with others who are not infected, do they have an ethical responsibility to intervene in some fashion? In other words, when there is a direct conflict between confidentiality and HIV prevention, which ethical responsibility has the higher priority?

Settings and circumstances in which conflict between responsibility for maintaining participant confidentiality and responsibility to act with beneficence vary greatly. In some settings, it may be possible for researchers to provide a discrete warning of risk without breaching confidentiality. HIV prevention messages can be provided, for example, without reference to the serostatus of participants. In addition, it may be possible to talk directly with the HIV-infected individual about ways of protecting others from infection. With reference to transmission risk, the reactions of individuals after learning that they are HIV positive vary along a continuum, from concern about not transmitting the virus to others to disregard for protecting others. Openness to prevention messages will vary depending on where an individual falls on this continuum.

Resources Emergency Act of 1990, and the Departments of Labor, Health and Human Services, and Education and Related Agencies appropriation acts of 1990 and 1991, that contain language specifically prohibiting or restricting the use of Federal dollars to support syringe exchange. These laws have been interpreted by the U.S. General Accounting Office as allowing the U.S. Department of Health and Human Services (DHHS) to authorize demonstration research projects on syringe exchange efficacy and outcomes. However, although this has allowed the funding of syringe exchange evaluation, it has not resulted in the direct funding of syringe exchange services, and will not, unless the Surgeon General of the United States determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illicit drugs (U.S. Congress 1992). Although there have been efforts to prompt such a ruling by the Surgeon General and although in 1998 the DHHS Secretary publicly acknowledged the effectiveness of syringe exchange in limiting the spread of HIV among IDUs, the use of Federal funds in support of syringe exchange continues to be prohibited (Singer 1997; Vlahov and Junge 1998). As a result, federally funded researchers (and research staff members) who participate directly in needle exchange may face loss of research funding or other consequences, however ethical their actions may be in terms of preventing the harm of disease transmission.

***Having Sex With Study Participants.*** Researchers rarely report having sex during the research process. Given the nature of ethnographic research and the way it traditionally has been conducted (by a lone researcher who spends many months in a foreign setting immersed in the lives of people who are not part of their usual social networks), this may not be because such behavior never occurs, but because it is a particularly touchy subject. One of the few ethnographic accounts that provides some detail about the relationships involved and their impact on the fieldworker was written pseudonymously (Cesara 1992). On the whole, Wengle (1988, p. 25) concludes that "the vast majority of anthropologists remain celibate while in the field." Bolton (1992), one of the few ethnographers who openly (and in his own name) admits not only to having sex with study participants but also to using his sexual encounters in the field as the subject of his research (which focused on the willingness of gay men in Belgium to initiate risky sexual practices), maintains that fear of ridicule and condemnation has forced researchers to avoid public acknowledgment of having sex with informants (and of benefiting from the insights into the group under study that such intimate interaction allows).

***Holding or Transporting Drugs for Study Participants.*** Why might ethnographers consider holding or transporting drugs for research participants during the study of drug use behavior? Again, the answer stems from the nature of ethnography and the types of relationships that develop between researchers and the people they are studying. Because a research subject may spend long hours patiently answering an ethnographer's endless questions, introduce the ethnographer to other informants, and assist the ethnographer in gaining access to events, locations, and social networks not ordinarily accessible to the ethnographer, a sense of obligation may develop. The ethnographer consciously or unconsciously may begin to seek ways to repay the informant for his or her time and effort. At the same time, the informant may begin to ask for favors or repayment in some form. If a research subject has prior arrests and being caught with drugs could result in a lengthy sentence, he or she may ask the ethnographer to hold or transport drugs for protection from a jail term. Workshop participants concluded that it would be unethical for the researcher to comply. Such an act directly fosters a study participant's involvement in drug use. If this use leads to an overdose or other consequence for the participant or others, the researcher would bear some of the responsibility. Furthermore, agreement to hold or transport drugs may be the first step to increasingly more problematic requests from study participants. Finally, all of the issues discussed above with reference to the principle of good reputation apply to the issue of holding or transporting drugs during a research project.

***Holding Syringes, Other Drug Paraphernalia, or Weapons for Study Participants.*** Why might a researcher hold or carry drug paraphernalia or even weapons for study participants? Although drug users are not inclined to let others take control of their "works," in cases where arrest for possession of drug paraphernalia or weapons could result in protracted imprisonment for an individual with prior offenses (e.g., see Koester 1994), this person may attempt to recruit the researcher (who may have no prior arrests) for this task. Researcher reasons for considering (or even offering) to hold or transport study participants' drug paraphernalia or weapons could include the desire to protect a key informant from imprisonment, the need to demonstrate one's sincerity and authenticity, or the need to reciprocate informant assistance as noted above. However, in the view of workshop participants, items that are part of drug abuse or violence or that could be involved in enhancing AIDS risk should not be held or distributed by ethnographers; this does not apply, of

Harm done to colleagues, whose research funding may be put in jeopardy because of the damage done to the reputation of ethnography in the eyes of the funder

Harm done to funders, whose reputation may be damaged in the eyes of the public or Congress

Harm done to the funded institution (e.g., university, research institute, community organization), whose future funding may be put at risk because of violation of the drug-free workplace assurance

Harm done to local communities that benefit from programs implemented as part of or as a result of drug-related research (e.g., prevention and treatment programs)

Many of these issues stem from the *principle of good reputation*. This principle is described in the AAA Principles of Professional Responsibility as follows: "Anthropologists bear responsibility for the good reputation of the discipline and its practitioners . . . They must not behave in ways that jeopardize either their own or others' future research or professional employment." Using illicit drugs with research informants during federally funded research, it could reasonably be argued, could lead to a loss of good reputation for ethnography in the eyes of Federal funders and in the eyes of Congress, which allocates funding to Federal research institutes and other institutions. For example, were an ethnographer to use drugs with a research informant and were this to become public knowledge (e.g., through a newspaper article), Congress could conceivably impose restrictions on all federally funded ethnographic research, which might jeopardize that researcher's or others' future research and professional employment. Whatever one's personal values, on the basis of the principle of good reputation (for oneself, one's employer, one's funder, and for ethnographic research), workshop members argued that it is unethical to use drugs in federally funded research. Ethnographers must recognize that, unlike in the past when most ethnography was done by researchers working alone in the field, many ethnographers now work for institutions, often as members of research teams, and they are funded by other institutions. As a result, they have ethical obligations to all of these entities, as well as to the people they study. In summary, workshop participants identified a number of clear reasons why drug use by researchers as part of or

group of Huichol Indians in Mexico on a sacred pilgrimage that included the gathering and ritual consumption of peyote (Myerhoff 1976). Myerhoff refers to the experience, in which both she and Furst consumed peyote, as one of "collective ecstasy" (Myerhoff 1976, p. 157). Participation in drug use by researchers also has occurred in less ritualized and traditional settings. One of the earliest such accounts was De Quincey's (1995) *Confessions of an English Opium Eater*, originally published in 1822, which was based on the author's participant observation study of several socially eminent drug users. Without doubt, the most famous case of a field researcher reporting the use of drugs as part of the research process is found in the work of Carlos Castaneda, which began while he was an anthropology student at the University of California, Los Angeles. In *The Teachings of Don Juan: A Yaqui Way of Knowledge* (Castaneda 1968), and in a subsequent series of volumes, Castaneda recounted the use of several drugs—including peyote, jimsonweed (*Datura innoxia*), and a mushroom (possibly *Psilocybe mexicana*)—as part of his participant observation study/apprenticeship with a Mexican Yaqui Indian shaman. In the foreword to Castaneda's first book, Goldschmidt, a prominent American anthropologist, wrote:

Anthropology has taught us that the world is differently defined in different places . . . We know something of the shape of these other worlds from the logic of native languages and from myths and ceremonies, as recorded by anthropologists. Don Juan has shown us glimpses of the world of a Yaqui sorcerer, and because we see it under the influence of hallucinogenic substances, we apprehend it with a reality that is utterly different from those other sources. This is the special virtue of this work (Goldschmidt 1968, p. vii).

As this statement suggests, ethnographers sometimes defend drug use in certain research settings as an appropriate expression of participant observation research (Harner 1973). In ethnographic terms, drug consumption as part of the study of a drug-using group allows the researcher to transcend the divide between etic (the understanding gained by an outside observer) and emic (the understanding gained by an inside participant).

Although workshop participants acknowledged ethnographer motivations for drug use as part of the study of a group in which drug consumption is a socially approved behavior, they concluded that Federal Government funding of research on drug use that is the end-

- Being offered potentially stolen property by study participants (for sale or in the form of a gift)
- Observing a significant risk behavior by study participants (e.g., syringe sharing by an HIV-discordant couple)

As this list demonstrates, in the contemporary study of illicit drug users, there are numerous, often difficult, and not self-evident decisions that researchers may have to make. The points raised and judgments reached by workshop participants during discussion of a limited number of these issues are addressed below. In some instances, points made with reference to one issue were deemed applicable to one or more additional issues, resulting in more circumscribed discussion. A thorough analysis of each of the potential ethical issues mentioned is beyond the scope of this chapter.

***Sharing Drugs With Study Participants.*** The first issue that must be addressed in assessing this matter entails answering the question, Why might ethnographers even consider using drugs with participants during the study of illicit drug use behavior? Ethnographic research is founded on the methodological strategy of participant observation. Ethnographers are expected, within reason, to become involved broadly in the lives of the people under study to better understand the fine-grained details of their way of life, the interconnections that underlie group social patterns, and the insider's experience and view of social reality. Ethnography, in short, assumes the importance of "walking in the study participants' shoes" as a means of most fully comprehending their social world (within the bounds of what is possible by a researcher who, in most instances, must remain an outsider to the group under study). Moreover, ethnographers recognize the importance of developing rapport with their study participants and understand that rapport is facilitated by participation in key activities of the community under study. Failure to participate in certain activities may cause offense or alarm. For example, Partridge (1973), during his study of a hippie community in Florida, was offered heroin by a drug dealer who was a member of the community. He declined to purchase the drug.

After an initial invitation and my subsequent refusal to join this network I was seldom engaged in conversation by any of these persons. A few days after my refusal of the invitation (to buy heroin) I passed a known dealer and user on the street and he

- Study participants' requests and demands for researcher involvement in problematic (including illegal) behavior
- Study participants' pressure on the researcher to redirect research project resources in ways not intended in the study design
- Responsibilities that arise because of the frequent association between drug use and violence
- Responsibilities that arise because study participants may suffer from mental health problems that limit their ability to act in their best self-interest

While adhering to the ethical standards derived from the principles of respect for persons, beneficence, and justice, ethnographers studying drug users must confront these issues without losing sight of their obligations to various constituencies (e.g., study participants, sponsors, employers, colleagues, the wider community) and their responsibility to take reasonable safety precautions to protect themselves in potentially risky situations.

Because federally funded research is supported by public funds, it is subject to additional considerations. These include issues of legality; responsibilities to employers, colleagues, and the discipline; and the increased possibility of public, governmental, and mass media scrutiny. Although it is generally accepted that the researcher's most fundamental ethical responsibility is to the people who volunteer as participants in research projects, there is also a strong researcher responsibility to protect sponsors from inappropriate condemnation, recognizing that research findings may produce criticism of sponsors because of sponsors' failure to fulfill their obligations. In other words, federally funded research may produce results that lead to criticism of the Federal Government (e.g., results showing that on any given day only 15 percent of injection drug users [IDUs] are in drug treatment), but researchers are ethically obligated in accepting Federal research support to ensure that inappropriate actions of the researcher during investigations are not the source of sponsor condemnation. Researchers also have responsibilities to the institutions that employ them and to their colleagues who are engaged in parallel research. Researchers must not assume that they are the only ones who will suffer for their problematic behaviors. Balancing all of these obligations is no mean feat. Unfortunately, these issues have not commonly been subjects of collegial discussion.

In response, to ensure adherence to ethical standards, in 1971 AAA adopted a set of Principles of Professional Responsibility (revised in 1990). These principles indicate researcher responsibility to:

1. The people whose lives and cultures anthropologists study—by avoiding deception, ensuring voluntary consent, protecting confidentiality, avoiding exploitation, and avoiding doing harm
2. The general public—by communicating honestly, considering the consequences of communication, and using knowledge gained through research for the public good
3. The discipline—by protecting the discipline's reputation, avoiding plagiarism, justly treating colleagues, and showing respect
4. Students and trainees—by treating them fairly, offering appropriate assistance and guidance, recognizing their contributions to work, and avoiding taking advantage
5. Employers, clients, and sponsors—by being honest
6. Governments—by being candid and setting ethical limits on acceptable assignments

These principles constitute useful discipline-sensitive applications of the more general set of overarching research guidelines noted above—respect for persons, beneficence/nonmaleficence, and justice—as well as offering a statement of specific responsibilities to various stakeholders in the ethnographic research process. Similarly, the SfAA and the National Association of Practicing Anthropologists have developed statements of professional and ethical responsibility. These statements identify obligations to the various constituencies of the research process that are similar to those found in the AAA document. Together, these documents address many of the issues confronted by ethnographers in their effort to conduct ethical research, but they do not address the special ethical dilemmas presented by the contemporary ethnographic study of drug users, including unique issues that arise when the research in question is supported by a federally funded research grant.

specific issues that arise in ethnographic research, particularly in cross-cultural settings. Consequently, ethically sound ethnographic research must be guided by at least two additional ethical considerations:

**Sociocultural sensitivity.** Focused concern with individual autonomy, free will, and self-determination has its source in Western cultural traditions, which are not universal concepts. Researchers working in non-Western cultural settings (including certain subgroups physically located in the West) must be highly sensitive to cultural beliefs and practices that may affect appropriate standards for the conduct of ethical research. Informed consent, for example, requires an understanding of the social roles, networks, and structures that may be pertinent to truly informed and approved consent for research participation. Insensitivity to cultural tradition is in violation of the principle of respect, which must be extended beyond individuals to groups and their cultural values, practices, and traditions. The narrow use of Western ethical standards without sensitivity to local norms may be construed as an act of ethical imperialism.

**Sociohistorical contextualization.** The history of humanity over the past 10,000 years is in part one of conquest, domination, and exploitation. The cultural memories of oppressed populations are long and influence contemporary behavior and attitudes. Ethical research depends on an awareness of the specific sociohistorical sensitivities of the communities of research interest. Research in the African-American community, for example, risks ethical violation if it is blind to community sensitivity to the social meanings inherent in the Tuskegee syphilis study (i.e., researchers must strictly avoid even the appearance of withholding state-of-the-art treatment and provide, in advance, full community explanations of research plans). Similarly, research in Latino communities should be guided by awareness of sterilization campaigns and widespread pharmaceutical testing.

In addition, the nature of ethnography raises several special issues in the establishment of ethical conduct in research. Ethnographic research is distinctive because of its:

Location of performance (in the social and geographic domains of the community under study).

## BACKGROUND

The acquired immunodeficiency syndrome (AIDS) pandemic sparked a significant increase in research on illicit drug users in the United States and abroad. Much of this research, which is designed to expand the understanding of risk behavior among drug users and develop effective prevention efforts, is supported by Federal research institutes, including the National Institute on Drug Abuse (NIDA) and the Centers for Disease Control and Prevention. Ethnography has emerged as a central methodology in this research initiative (Baer et al. 1997; Lambert et al. 1995). Thus far, this research has produced a number of important social benefits, including the identification of little recognized routes of human immunodeficiency virus (HIV) transmission, alternative strategies for intervention, a fuller understanding of the initiation of risk behavior in social context, and avenues for culturally sensitive intervention. It also has raised significant ethical questions.

Although the history of public focus on the establishment of ethical standards for research with human subjects dates to the Nuremberg War Crimes Trials and the Nuremberg Code, ethnographers often confront unique ethical challenges because of the special nature of their research methodology (Marshall 1991). As a result, anthropological professional organizations, such as the American Anthropological Association (AAA) and the Society for Applied Anthropology (SfAA), as well as related professional associations from other disciplines, have established principles for ethical ethnographic research. These codes of ethical conduct may offer general guidelines for ethnographic research, but they generally do not address specific issues that arise in the study of the behaviors of those who use illicit drugs, issues that warrant careful consideration and deliberation (Clatts, in press). These issues, in large measure, arise because the ethnography of the intertwined epidemics of drug use and AIDS put ethnographers directly into situations in which illegal and risky behaviors regularly occur. Given the dramatic increase in ethnographic drug and AIDS research, there is a window of opportunity to be proactive in establishing standards to guide this research.

In this light, on January 10-11, 1998, an ad hoc committee of anthropologists and other researchers concerned with ethical issues in the ethnographic study of users of illicit drugs gathered together at the Hispanic Health Council in Hartford, CT, to participate in the