

Between Careers, Networks and LGBT Circuits – An Ethnographic Approach to the Styles and Patterns of Cocaine use in São Paulo

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Introduction

Scientific production in the field of “drug studies” includes numerous discourses, but maintains as its hegemonic reference the health sciences (psychiatry, pharmacology and epidemiology), operating under the umbrella and leadership of the World Health Organization (WHO). In Brazil, the production of knowledge about the illicit use of psychoactive substances has been almost entirely directed towards studies of the “problematic user”, found in clinics and health services.

Historically, the Brazilian social sciences have given relatively little attention to the use of these substances, with the anthropologist Gilberto Velho standing out amongst the pioneers, with his dissertation “Nobles and Angels”, already presented at the USP in 1975. There, as he says, the question is dealt with “as part of a lifestyle and world view, in an effort not to reify it, seeking to understand it in its socio-cultural context” (1). Another pioneering study, already influenced by the work of Velho, was undertaken in 1982 by the anthropologist Janirza C. Rocha Lima, in Recife. She studied users of Algfafan, an injectable drug, employing participant observation and open interviews as methods (2). Finally, we should also remember the important contribution made by the contextualization of marijuana use in historical, sociocultural and medical terms, provided by the text “Diamba-sarabamba: a Brazilian collection of texts about marijuana”, organized by Anthony Henman and Oswaldo Pessoa Jr., published in 1986 and still an important source of references regarding the topic, including articles by authors from the first decades of the 20th century, such as Rodrigues Dória, and studies by renowned contemporary scientists such as Elisaldo Carlini and Luís Mott, in addition to Henman himself (3). The anthropologist and ethno botanist Anthony Henman would come to play an important role as an informal intellectual mentor and source of inspiration for a whole generation of researchers who began to be interested at that

time in a sociocultural approach to the question of drugs, such as the authors of the present article for example.

However, it was only from the 1990's that there was an increase in interest in this type of research and a growing use of the ethnographic method in the field. Though this intellectual production is still largely restricted to a dialogue with medical discourse, the resulting knowledge also has an eminently “cultural” character, mainly in studies involving harm minimization and risk management programs related to HIV transmission between injectable drug users as well as the recreational consumption of cannabis and the ritual and religious use of etheogens. Another line of research is that which investigates the association of drugs with crime and violence.

A large number of these studies have been based on a bio psychosocial conception of the phenomenon of drugs, where three determinants need to be considered: the drug (the pharmacological aspect of the substance itself), the “set” (the attitude of the person at the moment of use, taking into account the structure of their personality) and the “setting” (the influence of the social and physical setting where use occurs). Of these, the “setting” is the one that has received least attention in research of a medical character, but has now become the main focus of social scientists (4).

It is frequently argued that one of the contributions of anthropological research into illicit drug use in Brazil has been that of allowing the voices of the “natives” to be heard, in this case, those involved in its production, distribution and consumption. In addition to its scientific character, such an approach is of significant political relevance, given that the subjects of these studies generally suffer from a series of institutional and legal curtailments that frequently extend to researchers in the field,

limiting their freedom of action. Beyond encountering difficulties in contacting and gaining the trust of illicit drug users, these researchers are at times involved in dilemmas that are not even included in the codes of ethics of their professional associations (5). They remain divided for example between the need to maintain the anonymity of their research subjects to preserve their safety, and the need to give due recognition to the political actors, as well as to the importance of their experimental findings regarding the use of psychoactive substances. We recall that in the correct repressive and prohibitive context, it is common for numerous and serious violations of the rights of users to occur. On the other hand, the emphasis given to problematic users in research of a medical character, who are the ones who reach the attention of clinics, ends up concealing the more generalized phenomenon of other less harmful practices, both from the individual and social points of view, thereby contributing to reinforcing the stigmatization of illicit drug use.

Therefore, giving emphasis to different discourses and points of view, mainly to consumers, helps to uncover other forms of use – particularly moderate use – providing a better understanding of the phenomenon and the development of public policy, directed towards education, health and safety that would be more efficient, pragmatic and democratic.

Knowledge and understanding of individuals who consume drugs and who could be categorized as “non-problematic”, given their controlled and functional character, point toward new directions in education and prevention. According to the American psychiatrist Norman Zinberg, one of the pioneers of the bio psychosocial approach to the issue of drugs, the promotion of the controlled use of psychoactives should be understood as a scientifically practical way of preventing excessive drug consumption. He also contributed in his time to spreading the idea that to be able to fully understand the differences between the use and abuse of drugs, one needs to take into account together with the considerations of a pharmacological nature, both the “set” and the “setting” (4).

Given this, this ethnographic research sought to investigate different sociocultural contexts, lifestyles and types of drug use, seeking to understand the factors that interfere in the self-regulation of drug consumption. We adopted the perspective of researchers influenced by the concepts and methods of the social sciences such as Howard Becker, Norman Zinberg and Jean Paul Grund, along with a few others who have been interested in the study of “controlled drug use”.

This article presents results from extensive field work that included the direct observation of four groups of cocaine users, the application of two series interviews and the detailed monitoring of eleven individuals in the Metropolitan Region of São Paulo. They were mainly characterized as regular users, though some occasional users were also included, but with a longer history of inhaled cocaine consumption. The research was developed during two periods, between 1994 and 2006. Twelve years after the first observations and interviews were realized in 1994, contact was made once again for re-interviews with some of the users, allowing the observation of the diverse trajectories and careers involved over time, showing different patterns of use of the substance.

Participant observation was adopted as the main methodological strategy to be able to get to know the groups better and select the interviewees. Depending on the degree of acceptance demonstrated by the different individuals, one can obtain privileged access to normally concealed information and in this way obtain a partial

vision of the trade and drug trafficking network. Such observations were decisive to collect data regarding the consumption, social rituals and performances of users, collecting opinions and information provided by key-informants during interviews, through direct observations collected by the researcher. Therefore, the ethnographic investigation focused on the scenes and patterns of use of various networks of sociability across different spaces and lifestyles.

Some of the users observed were selected as key-informants, giving preference to those who showed themselves agreeable to maintaining continual contact with the researcher in the field, as well as having a good insertion in different spaces and networks of consumers of products based on coca. When interviewed, they were able to describe the consumption itself, the profiles of the other consumers, the sociocultural context, the lifestyles, the world views and the social imaginary around consumption.

Our intention was to contextualize different forms of cocaine use, relating them to lifestyles in the metropolis and to the sociability of individuals in middle class urban groups. Therefore, we emphasized the description of the ethnographic process, the selection of the interviewees (key-informants), the characterization of the case studies and the changes that occurred in the market and experienced by consumers, etc.

The research focused on the city of São Paulo, where diverse contexts or scenarios of use were observed. These, as varied as they were, were characterized by discretion and/or privacy. They included bars, nightclubs, classrooms, house parties and residences, located in different regions of the city (Central, East, North and West). We focused on inhaled cocaine consumption, seeking to uncover the culture that developed around this substance and its different patterns of use. More specifically, we were interested in the informal rules and controls elaborated by users in their self-regulation of consumption.

The following four groups, depicted in the ethnography, were formed by up to ten collaborative individuals, including at times some who were less well known but who had been formally presented by trusted colleagues.

1 Territory Community Therapy and Home Care of AIDS – Osasco

Thirty-five users of cocaine and other drugs, self-declared “addicts” and carriers of HIV/AIDS, lived in this therapeutic community maintained by an ONG and located in Osasco (Southeastern region of Greater São Paulo). Its members were men and women, of different sexual orientations, belonging to the poorest and more vulnerable classes of society, such as homeless people and sex workers amongst others.

2 Western Zone Outer Suburbs Circuit

This area is made up of a sports court, a bar, a dead end street and a club in an outer suburb of the Western Zone, situated to the right of the Bandeirantes Highway at 10 km. Its members also came from poorer communities presenting varying degrees of participation in the “criminal underworld”.

3 Young University Student Circuit

This circuit includes students of a private tertiary education institution; youths and adults within the 18 to 50 year age bracket, from the middle and upper classes. Evident marijuana consumption had been taking place for some time in a sports area of the university, as well as the sale of other drugs and a

limited consumption of cocaine. The sports area was frequented by students, employees and other upper middle class youths who were residents of the neighborhood.

Over time, the institution began to punish the use of marijuana at the location, also prohibiting the entry of younger users from the neighborhood into the university. This policy seems to have led to an increase in the use of cocaine inside the classrooms amongst the previous consumers of marijuana, especially due to the discretion of this practice in comparison to cannabis use, always accompanied by its characteristic strong odour.

4 – LGBT Circuit

During observation in the field over a number of years, a bar located on a street perpendicular to Consolação Street in an upper middle class residential area known as Jardins, was visited on alternating days. This site was frequented predominately by men, both youths and adults, homosexuals, single, upper middle class and participants in the dance culture, known locally as clubbers or “*modernos*” and baptized by the mainstream media as “G.L.S”. In this region there were various streets, sites and commercial establishments, such as bars, clubs, restaurants, cafes, cinemas and shops which made up this circuit. There, ostentatious scenes of drug consumption could be observed, mainly marijuana, amphetamines and inhaled cocaine. A bar and a nightclub were selected for more detailed investigation, which presented a strong presence of cocaine users. These locations, sites for the sociability and lifestyles of such consumers, also permitted the observation of the impact of the socio-cultural context on the scenes of use and the ways of hiding their practices, adopted by the users and by the commercial establishments themselves. Generally, many cocaine users who frequented the bar went to a particular nightclub after a certain hour where they continued their consumption. In addition to these public locations, observation of festive events in the houses of some of the regulars was realized, where one could observe, beyond cocaine use, the sociability and dynamics of consumption, both for recreational and “instrumental” purposes, such as as a stimulant to extend productivity at work. They were apartments and houses typical of the upper and middle classes, frequently belonging to homosexuals with stable affective and sexual partners (“married”).

The importance of the socio-cultural aspect of drug use

Observation and interviews were organized with the objective of collecting data regarding the career of cocaine users, giving special attention to the stability of the patterns of inhaled cocaine use and to the systems of self-regulation adopted by the individuals and their feedback mechanisms (retroalimentação) as originally proposed by Grund, taking into account reflections by Howard Becker and Norman Zinberg, amongst other researchers who have emphasized the importance of the socio-cultural aspects of drug use.

These researchers, adopting perspectives derived from the social sciences, have called attention to the need to consider, in addition to the pharmacological action of the substance, the “set” (the attitude of the individual at the time of consumption, as well as focusing on their personality structure and expectations) and the “setting” (the influence of the physical and social environment where use occurs).

Still in the 1950’s, the American sociologist Howard Becker wrote about the “career of the pot head (*maconheiro*)”, showing how these users learnt to use the drug correctly to obtain the desired effects. This learning process includes the methods of

acquiring the product, ways of consuming it, the recognition of its effects and the ways of justifying to themselves and to the members of the society around them, their engagement in this illicit and stigmatized practice. Becker does not consider the “drug subculture” to be intrinsically nefarious and argues that the effects of using psychoactives therefore, depend on the degree of engagement of the user in a network in which knowledge about the forms of safe use of the substance can develop and circulate (6-7).

When considering the social construction of drug users as social deviants, Becker also argues that we should abandon the search for their motivations for this deviation, since this category is formulated together with the legal prohibition of these practices. The theories based on supposed psychological dispositions for the deviation encounter difficulties due to the wide diversity and variability of individual behaviours. Therefore, the author considers that the central task is to understand the constitutive processes of the ‘deviation’ (*desvio*) in the life story of the individuals researched and their consequences (7).

According to Becker, the “impulses” and “vague desires” - frequently a simple curiosity regarding the type of experience that the drug provides - are transformed into defined patterns of action through the social interpretation of the physical experience, which is generally ambiguous and diverse (7). The “career of user” is, according to Becker, a sequence of steps recognized and valued by consumers, based on their experiences with the substance and on the types of reaction that they develop in relation to the numerous social controls related to drug use: secrecy, ways of maintaining drug taking, and the user’s attitude in the light of dominant morality.

Based on a study of the trajectories of concrete life cases of marijuana users, Becker makes generalizations, seeking to establish a typical sequence of changes in the individual attitude in relation to the use of these products. The initial step in the career of the user goes through three stages: 1) learning the techniques of use; 2) learning to perceive the effects; and 3) learning to enjoy the effects. After this learning process, there are three other steps: that of the initiate, that of the occasional user and that of the regular user. Becker investigates what the conditions would be to continue using the substance, highlighting that, at each step, the consumer has a differentiated relationship with the social controls in general and with the subcultures where the drug is found in particular (7).

In the 1960’s and 70’s, Norman Zinberg, studying the use of diverse illicit drugs, called attention to the need to differentiate between “controlled use” and “compulsive use”. The first, whose very existence was until that time hardly recognized, generates low social costs while the second, dysfunctional and intense, would have the contrary effect. What distinguishes the two types of use is that the first is determined by rules, values and patterns of behaviour, carried both by the hegemonic culture and by the subcultures developed by different groups of users. These social controls, be they formal or informal, function in four ways:

1. Defining what is acceptable use and condemning what goes beyond this limit;
2. Restricting the use of physical and social environments to provide positive and safe experiences;
3. Identifying potentially negative effects and proposing patterns of behaviour that include precautions to be taken prior to, during and following use;
4. Compartmentalizing drug use, maintaining the responsibilities and relationships that users nurture in areas not directly related

to psychoactives (4).

In addition to values and rules of conduct, which Zinberg calls “social sanctions”, there was also the observance of “social rituals”. These are patterns of behaviour prescribed in relation to aspects of the “controlled” use of psychoactive substances, such as the methods of acquisition and the use and selection of the social and physical environment for its consumption, the activities undertaken under its effects and the ways to avoid prejudicial consequences (4). According to Zinberg, the responses which consumers of illicit drugs give to social norms are directly related to the settings in which these substances are used. Therefore, different contexts should produce different patterns of consumption.

In the 1990’s, these ideas were reconsidered in Holland, by the psychologist Jean-Paul Grund, in a study regarding risk behaviour for AIDS amongst injectable drug users. His study highlighted the importance of the rules and rituals (the social sanctions of Zinberg) in controlling or regulating the experience of drug use. According to Grund, this is especially notable in the stereotyped sequences developed around the self-administration of psychoactives by those who use drugs alone, but these elements also play an important role in diverse ritualized interactions that he observed when drugs were shared, for example. His study found therefore, the validity of the theory that the control of drug use is a significant element established by social controls of a cultural basis. Finally, users regulate their drug use through methods based on social learning processes together with their peers, in which specific rules and rituals are developed to adapt to the effects of the interaction between the substance, the set and the setting (8).

Here, Grund adds to the scheme proposed by Zinberg to explain better the adoption by some users of patterns of controlled use while others do not manage to do so, emphasizing the importance of two other factors: the degree of availability of the drug and the user’s life structure. According to Grund, life structure, the availability of the drug and norms, rules of conduct and social rituals are interactive factors in an internally coherent, circular process, where these elements are themselves modulated (modified, corrected, reinforced, etc.) by the outcomes. It is a feedback loop that determines the force of the self-regulation processes that control the use of psychoactive substances (8).

In the present research, the history of use of our interviewees varied between a minimum of seven and a maximum of thirty-five years of cocaine use throughout their lives. When analyzing and interpreting the data collected, we sought to separate the group of users who developed problems resultant from cocaine use and other drugs, from those who did not develop “problematic use”, consuming drugs in a manner that was relatively harmless in comparison with the potential for harm of the psychoactive substance, both in terms of their physical and mental health, and in terms of the social consequences (imprisonment, psychiatric hospitalization and other outcomes). We focused on the formation of styles of cocaine use, characterizing consumers as was suggested by Zinberg (4) as: “compulsive” or “controlled”. Following the ethnographic evidence related to the particular meaning that cocaine has in each lifestyle (8-10), we categorized the users as light or hard, native terms that were current at the time amongst our middle class subjects in São Paulo.

We considered as light, individuals who did not develop health problems resultant from cocaine use nor engaged in delinquency. This type of user does not arrive late to work, develops day-to-day strategies, mobilizes a network of social relations, employs a series

of rituals and rules when consuming the product, and generally deals with their cocaine consumption in a manner different to the compulsive and/or dysfunctional user, applying a series of measures to maintain the stability of their practices. We examine their trajectory focusing our interest on their development of informal controls, trying to understand the fluctuations in their patterns of use and the relationship between use and abuse in determined phases of their lives, seeking to uncover the various social processes that contribute to shaping their practices and the varied meanings that they take on. We consider that they would be equivalent to Zinberg’s controlled user. From the outset, the fact that this type of user had already resolved issues in terms of basic survival and having adequate financial means for the maintenance of their lifestyle called our attention.

On the other hand, users whom we classified as hard or compulsive were those who presented physical or social liabilities, having to make more frequent recourse to specialized help than so called light users. The hard users did not generally restrict themselves to the inhaled use of cocaine, showing experience with other forms of cocaine use, such as injection and smoking crack or “free base” (marijuana and cocaine).

A number of them developed delinquent careers and/or underwent a series of hospitalizations and psychiatric treatments, suffering the most damaging consequences of consumption. Frequent recourse to these other forms of use was resultant from difficulties or from the inadequate means that they possessed to obtain the drug, as well as from a certain characteristic type of conception regarding the body itself and the effects of cocaine. Although characterized by a hard type of consumption of illicit drugs, this did not prevent them from developing their own rituals, rules and informal controls for use, but these, amongst the different individuals, did not prove sufficient to reduce the significant harm that they suffered to their physical well being and to their economic and social relationships. Though their style of use was more intense than that of the light users, their history of use was shorter, since, as we found in our interviews, it is common for a user of this type to exchange their pattern of hard use for a lighter one after suffering scares resulting from strongly negative experiences with the drug.

Based on a larger body of collected data and on the conclusions derived from the literature, in this article, we decided to concentrate on how the informal controls that affected the practices and lifestyles observed, fundamentally the values, rules of conduct and social rituals adopted by the users, functioned, as well as focusing on the importance of life structures and on the availability of the substance for the continuity of their careers of use.

Rituals and other social controls for use

As already indicated, numerous authors have called attention to the importance of informal social controls in establishing patterns of “controlled”, less harmful use of psychoactive substances. As we have already seen, Norman Zinberg, a pioneer in this discussion, understands them as constituted by what he calls “social sanctions” (norms and rules of conduct) and “social rituals”. The first are defined as how a specific drug should be used. They can be informally shared by a group or can be formalized as laws and policies for the regulation of drug use. The social rituals in their turn, would be stylized patterns of behaviour that emerge around the use of psychoactive. They are relevant to ways of acquiring and administering the drug, the choice of the social and physical environment for use, the activities carried out after administering the drug, and the ways to avoid undesirable effects. Rituals function therefore, by strengthening and symbolizing the

sanctions. The existence of social sanctions and rituals does not necessarily mean that they are effective, nor that all the sanctions and rituals have been developed as ways of supporting controlled use. More relevant than focusing on this question, would be to investigate how users deal with conflicts between sanctions. In the case of illicit drugs, the most obvious conflict would be that which occurs between the formal and informal social controls, that is, between the laws that prohibit use and the approval given to this practice by a reference group. This conflict can generate anxiety in the user, thereby interfering in their control. To deal with this conflict, the user may finally decide to adopt an attitude of fool-hardiness, paranoia or antisocial feelings. This would be one of the reasons why the controlled use of illicit substances has been found to be more difficult than that of legal substances (ZINBERG, 1984, p. 5-7). Guided by the proposals of Zinberg and Grund, in this study, we sought to observe in detail, the diverse ways in which our subjects use these substances, paying attention not only to what they say, but also to their actions. With this in mind, the anthropological methodology of participant observation was essential.

A good illustration of the importance of this method was the discovery that, when they were asked, consumers frequently affirmed that they did not follow any rules for use, since they did not understand their rituals as being informal controls. However, when analyzing their statements in a more detailed way and when observing the innumerable scenes of use, it was found that the stylized actions and forms of conduct during consumption, understood by the users as mechanical and automatic actions and gestures, in fact constituted social rituals of decisive importance for self-regulation.

For the majority of our subjects, the ritual of cocaine use is itself enjoyable, and is an end in itself. When the “session” is concluded, or the product has been passed around, it is common to start another soon after, and this ritual goes on until the product is consumed. The typical scarcity of the product and the relations between the participants makes the ritual of consumption a highly prized and special event for the participants.

Inhalation is the main form of cocaine use, being the most popular and well known form. Its adepts are numerous, but they tend to be discrete and highly guarded, especially when they are from the middle classes. Cocaine users frequently belong to highly restricted and closed groups, limited to friendships and relationships of trust, with the criminalization of these practices leading users to the clandestine character of their methods. Under these conditions, the high price for the product, together with the role of the forces of repression, leads to a production of social exclusion and “anti-social” attitudes, also favoring the adoption of “uncontrolled” forms of use and misinformation regarding the issue. However, the adoption of a ritualistic and sequential behaviour generally allows users to exercise a certain effective control over their experiences with cocaine, its effects and the recognition of the limits of their bodies. The rituals of consumption help to solidify the bonds between the members of the group of users, permeated as they are by discussions, music, trust, intimacy and enjoyment. In general, our subjects were more familiar with the inhalation of cocaine; the practice of “snorting cocaine”, though a large number of them had consumed the substance via other methods of administration at some point in their lives. Our main focus was on consumers who tended to inhale cocaine regularly.

The ritual of cocaine use is organized based on the quantity of drug available, seeking sociability and the most effective use of

the substance, in the search for altered states of consciousness. In its most basic form, the ritual of cocaine use follows certain classic patterns. Due to the tendency of cocaine to become moist when exposed to room temperature, users generally prefer to start the process heating a plate and then placing the substance on the hot surface to keep it dry. Afterward, the product is mixed with a small teaspoon and cut with a razor or a credit card so that the crystals become “powder”. This leads to a more efficient use and to the absorption of the product by the nasal mucous as well as a reduction in the risks from “impurities” and additives. However, when a flame is not available with a plate and spoons, the substance is used without this type of preparation.

In this case, a razor or a credit card is still used to break the crystals and form the “lines” or “runners” of cocaine, even if in an improvised manner. When users wish to save time, they may not even form the “lines”, but rather form small “mounds”. After the cocaine is divided for use, the participants improvise a straw using bank notes, pieces of paper, pen casings or soft drink straws to inhale the “powder”. The most common method is to use a bank note. There is a whole art to rolling the note, since it needs to be new, leading users to prefer notes of a higher value or foreign currency. Normally, one of the shorter sides of the notes is held, folded into the middle making a 90 degree angle, forming a triangle; it is rolled in the direction of the other fold and the straw is made. After this, the note is held on the folded side so that it does not open during the “session”. If this occurs, the note is held, rolling it back up again so that the straw remains firm and the “powder” is not wasted. Many prefer to have their own straw due to concerns with hygiene and to avoid getting sick, but in general these straws also end up being shared.

The straw is then placed in the nose and one breaths in to inhale the product in one go. The act of “inhaling” cocaine can be realized in one go or in various successive inhalations. Generally, users seek to inhale cocaine little-by-little and slowly, seeking a better “use” of the product and a certain control over its effects. When consumption is not realized in isolation, a certain order is followed. Normally, the first to snort is the owner of the product. Once they have inhaled the lines that are theirs, the implement is passed to the next in line. Frequently, the order of inhalations reflects differences in status and the affinities between the participants in the session, highlighting their forms of sociability. The user consumes the “lines”, which generally are distributed proportionally between the participants, it being customary for the owner of the drug to snort more than everyone else, using the high price of the product as a justification. This ritualistic behavior is known by users as “snorting coke”.

During the rituals of cocaine inhalation, the consumption of other drugs at the same time, such as Tabaco, marijuana and alcoholic drinks, is common. On one hand, a type of user was observed whom we categorized as *cocainista*. These were compulsive and exclusive consumers of inhaled cocaine who did not tend to use marijuana, using only alcohol and cigarettes. They avoided smoking marijuana considering its effects as opposed to those of cocaine. In addition to this type, there is also the *alcoolista*, who prefers distilled and fermented drinks and using cocaine occasionally, but maintaining alcohol as their preference. This category is known in the context under study as the “type that combines”, due to the combination they make of whiskey and cocaine. There are also those disposed to use any of these drugs in combination, according to the circumstances and the availability of the products.

In some circles, certain users can at times also smoke “free-base” (marijuana or tobacco with cocaine), mainly those who are older, given that this practice seems to have been more common in the 80’s than in the 90’s. This epoch was characterized by the emergence amongst younger users of the consumption of crack, a drug also known as “poor person’s cocaine”. Some consumers remarked that “free-base” was the “father of crack”.

The majority of our interviewees can be characterized therefore, as “poly-users”, given that they use the drugs in combination. Generally, they prefer distilled drinks such as whiskey but frequently drink beer and/or brandy, in this order of preference. In the settings where there is cocaine consumption, such as certain bars and nightclubs, consumers report preferring beer or alcohol, due to the poor quality of the cocaine, since the “powder” is highly adulterated with other substances.

Similar to what was observed in research into marijuana consumption conducted in the United States by Zinberg (4), McRae & Simões in São Paulo and Salvador (11), and Fernandez in São Paulo (12,13), our data highlighted a growing ‘de-ritualization’ of cocaine consumption. However, the use that we observed in motels (outer suburbs circuit), residences with consumption (domestic circuit) and even in classrooms (university circuit) still presents strong traces of stylized behaviours and ritualized actions and interactions around use.

Therefore, even in the absence of all the paraphernalia for the drug’s preparation, in many contexts, a long time is still spent during these sessions, creating the opportunity for a type of interaction between the participants that could be called “*cocainômana sociability*”. In the LGBT circuit of bars and nightclubs, the time spent during use and the interactions were quicker, leading to more diffuse attitudes, less exclusively focused on use of the substance. The types of cocaine consumption realized in these bars and nightclubs was more individualized and, if not, was generally restricted to a maximum of three people.

Following Zinberg’s model in his study of users of other types of illicit psychoactive, in understanding the rituals of use we do not limit ourselves to the moment of ingestion of the substance, but rather seek to focus more generally on its purchase, the moment of its use, and the activities realized after consumption.

Various locations and settings in the city that were used by our interviewees were observed, covering different sociocultural contexts, classes and lifestyles. In these circuits, different networks, ritualized performances and ways of dealing with informal controls could be observed. In general, due to the illicit character of their practices, we encountered a preoccupation with concealing their practices and the development of ways of dealing with the secret. Therefore, the main purpose of the controls employed by cocaine users invariably had as its aim to conceal these activities, more than the preservation of health. Toilets were the place indicated by interviewees as the most commonly used physical setting, be it in a party environment, in bars, nightclubs or in their own home. Locations such as hotel and motel bedrooms, boarding houses and/or share houses were also indicated by key-informants. In addition to these, cars, offices and classrooms (university circuit) were also reported. It is notable that in the majority of these settings, asepsis or necessary equipment (plate, flame and additional items) are not available for the preparation of the drug or for the maximum enjoyment of the sought after effects with a minimum of expenditure and health risks.

In the bars, nightclubs and universities, it was found that both for purchasing and for consumption, these locations were considered safe, reliable and convenient to conceal the illicit practices. However, this did not always stop efforts by police in the surroundings of these locations, or the action of private security guards, such as in the case of the private universities. There, consumers were frequently submitted to surveillance by repressive forces, resulting in conflicts and discussions regarding the question of illicit drug use. In these cases, university student users sought to reaffirm their right to use drugs, frequently using their privileges from social class, and disqualify the employees due to their not being police but rather private security guards, employed by the institution of which they were paying clients.

It was also found that the location chosen for drug use is a good indicator of the activities that will take place after consumption. When inhalation of cocaine was performed for recreational ends and occurred in a domestic environment, depending on the quantity, the time and the day, certain consequences commonly followed. Small quantities were inhaled to get ready to go out to have fun, dance and go to parties and bars etc.; to improve the “*nighttime mood*”. However, on other occasions, if there was a large quantity of cocaine, users often remained around the “plate”, conversing the whole night, frequently venting and speaking in a cathartic manner. Limits in these cases, could be established by the end of the drug, by the physical exhaustion of the participants or even by their awareness of the responsibilities that awaited them the following day.

In domestic environments where a party or another type of get together was taking place, a group could come together in one of the bedrooms to inhale cocaine, or, if there was not enough for everyone, the users may go individually to the bathrooms or in small groups, to subsequently return to dance and talk with the other participants of the event, provoking a change in the social interactions that could even lead to complaints.

When a cocaine user went to specific bars, they may only intend to acquire the drug and subsequently go to the nightclub or pass the majority of the night using the establishment’s toilet to consume the product. They may also choose to return home to use the cocaine more comfortably and safely, preferably accompanied by a friend or sexual partner. When consumption occurs in a nightclub, the subsequent activities generally involve dancing, flirting and conversation with friends until sunrise. The public at nightclubs that program so called ‘after hours’ or raves, maintain their energy through the consumption of stimulants, such as cocaine, amphetamines, ecstasy or caffeine based soft drinks and similar drinks.

Frequently, users who cannot consume illicit drugs at home go to motels to do so. In these settings, it is normal to take along a good quantity of the substance and go in groups or couples, be they heterosexual or homosexual. Despite renting various bedrooms, they end up meeting in just one to consume the drug. Probably, only after the participants pass several hours “snorting” and drinking, will there be sex between the participants, be it in groups or in couples. The subjects who describe this context of use generally have access to large quantities of cocaine and frequently take pretty, upper class girls to these places. The girls, in turn, do not tend to buy the drug but rather receive it in exchange for sex, though this is not generally made explicit and the expectations in this sense are expressed in implicit ways.

It was found that in this context, there are different standards of use of inhaled cocaine. The pattern of occasional use is restricted to festive events and gatherings of friends, constituting a type of use that is described as “recreational”. The cocaine is provided by friends. On these occasions, the participation of unknown people is rare; generally, those who “snort” together are friends and when someone from outside the group participates, it is because they were brought by one of the more established members of the group.

There are also reports of the instrumental use of cocaine in the domestic environment, for the purpose of working overtime, occasions when use is generally individualized and limited. An interviewee reported that it was a rule of conduct to not inhale more than ten lines of cocaine a night, alleging that, if you went beyond this limit, you would not manage to sleep and, consequently, would not be able to get up the following day.

A large number of long term users amongst the interviewees who maintain a weekly pattern of use that varied from two to five grams, “snorted” over a period from three days to one week. Those who consumed cocaine with the intention of extending their productivity at work, a fairly restricted practice, tended to consume between one or two “papelotes” per day.

These patterns are generally stable, however, at times, they can show variability in the direction of abuse of the substance with an elevation in the quantities consumed. Occasional use is seen by the users themselves as being under their control, however, it was found that, at certain times, this standard can turn into abusive use for short periods known amongst consumers as “*enfiar o pé na jaca*” (stick your foot in the melon), a practice classified in the international literature as binge use.

To return to self-controlled patterns of use, certain users distance themselves from some friends, networks and places of consumption until they reestablish moderation. The variability in intensity of use of inhaled cocaine, though fairly common amongst the users observed, generally did not lead to a permanent adoption of abusive patterns of use. These were only transitional periods, constituting an “intermittent” pattern that emerged on specific occasions.

According to the interviewees’ reports, the predominant pattern of inhaled cocaine use is fairly regular, implying a use of two to three times a week, of quantities that vary from one to two grams per occasion. In this research, a variation in the quantities consumed was observed, oscillating between the levels that we classify as: low (less than two grams a week), medium (from two to five grams a week) and high (above five grams a week). The highest quantities of cocaine consumption were observed amongst traffickers, who reached levels of between fifteen to twenty grams in one weekend.

The majority of interviewees indicated Friday as the main day of the week to consume cocaine, since on this day they are more tired due to the work week but, at the same time, wanting to have fun and make good use of the weekend. This day was baptized by the users as “*sexta-cheira*” (snorting Friday). After consumption, they felt exhausted, but felt that there was the rest of the weekend was available to rest and regain the energy they spent during the drug use.

Users considered that cocaine was an appropriate stimulant to confront the trials of metropolitan life, the speed of day-to-day events and to provide energy for activities both during their free

time and while at work.

Corroborating the ideas of Zinberg, we found that the physical environment in its turn, exercises an important influence on the subjective effects instigated by the psychoactive substances. Some users in the university circuit stated that they did not like to snort in toilets of bars in the street believing that such places lead to feelings of persecution, described as “paranoia”. This term is widely used by cocaine consumers to describe feelings of fear and persecution, which at times manifest themselves after drug use.

To deal with the undesirable side effects of cocaine, or to “*cortar o barato*”, the interviewees suggested drinking water, milk, having baths and ingesting juices or soft drinks that contain sugar. They insisted on the need to know how to use the product, of recognizing their bodily limits, of being well fed prior to using cocaine and, mainly, of knowing how to control the experience to avoid accidents, overdoses and other problems resultant from the practice. A very common worry amongst inhalers is that of trying to avoid the use becoming a regular habit, determining their lives. In the attempt to diminish the effects of inhaled cocaine, in general, they smoked a joint or drank alcohol to stay connected and reduce anxiety. Consumers believe that drinking water or wetting their face also helps to reduce negative effects.

The occurrence of accidents and overdoses leads many to avoid mixing cocaine with high doses of distilled drinks, mainly brandy, a combination even seen as capable of leading to fatal overdoses. We heard numerous reports of problems caused by this combination and various interviewees warned us about it. It is worth noting the general lack of awareness of interviewees regarding the specialized services that provide emergency care for overdose cases. In general, consumers did not seek medical treatment, due to fear of legal penalties stemming from this practice. The fear of being exposed to police and judicial penalties meant that at times users abandoned a companion who was ill at the place of use, leaving them without specialized care and exposing them to aggravation of their condition that could even result in death.

Consumers affirm that the low quality of the drug leads them to increase levels of use, as well as intensify their consumption of alcoholic beverages with a higher level of alcohol. The poor quality of the cocaine circulating in São Paulo, generates risks for the health of consumers. Cocaine frequently comes mixed with different substances (which at times can even include glass powder, producing undesirable and unpredictable side effects). All the users interviewed were unanimous in saying that the quality of the cocaine had deteriorated continuously since the 80’s. However, one interviewee who had recently left jail, treated as a “loyal cousin” within an illegal organization, stated that the sale of the substance was changing and that, at the points of sale under the influence of the First Command of the Capital (*Primeiro Comando da Capital*) – PCC, ampoules of 1.5 pure grams, of an excellent quality and an accessible price, were available.

Even if the illegality of use demotivated users from seeking help from medical institutions when one of them became ill, this did not mean that there was a lack of solidarity, which manifested mainly as help in accessing and acquiring the product, but also in other aspects of their social lives. It appears to us that selfish and individualist attitudes were more related to the illicit status of the practice than to supposed problems of character. Generally, it is the force of the law and repression that leads to the rupture of the bonds of solidarity between users, increasing social and individual costs.

In terms of the violence that surrounds cocaine users, they affirm that the substance in itself does not make the individual violent but only increases their preexisting tendencies. However, some indicate that the ingestion of alcohol combined with cocaine, can produce situations of violence, but more as a result of alcohol consumption and consequent drunkenness than from cocaine use in itself. Only three interviewees considered that cocaine and alcohol use could lead to limit situations, when the user could lose control. From our experience, such cases of violence were exceptional, being more associated with alcohol and the drug trafficking underworld than with other aspects of the setting of cocaine consumption. Acts of extreme violence, realized under the effects of large quantities of cocaine happen but are uncommon and are isolated and exceptional manifestations.

We heard some reports of violence including homicide, involving disputes between traffickers. However, both these reports and another regarding a death by overdose were presented by participants in the network of hard consumers from the West Zone circuit, that is, poorer individuals with less access to education. These individuals were involved in wider processes of social marginalization and delinquency, due primarily to their socio-economic conditions and to the lack of opportunities in the formal work market. The upper and middle class individuals on the other hand, achieving a lighter form of cocaine consumption and life generally, did not present the more significant problems resultant from cocaine use.

Therefore, manifestations of violence in this context were more a result of the regulation of the drug trade, as a source of conflict between the agents of the trade, and to the amateurish treatment of drug dependency in therapeutic communities directed towards “laypeople” and/or ex-dependents. For us, the violence reported in the context of this research appears less a result of consumption and of the effects of cocaine use than it was due to the absence of the State and from the ineffectiveness of the powers mandated to manage the issue.

Availability of the drug and life structure

Grund found that although Zinberg’s general supposition that rituals, norms and rules of conduct as key determinants for processes of self-regulation for drug use, was correct, his theory did not explain the intragroup variation that can be observed in an individual’s ability to effectively use social controls. Nor did it explain the multidimensional nature of the process of self regulation. To resolve the difficulties provoked by this somewhat static aspect of the theory, he introduced two other factors to be taken into account: availability of the drug and life structure.

The degree of availability of the drug exercises a significant impact on the day-to-day life of regular drug users. Although an artificial limitation of the availability of the drug could, up to a certain point, limit its consumption, this would have a significant psychosocial cost. In addition to creating a strong economic incentive for the traffic of these substances, it promoted a fixation on the drug, leading to a strong limitation on behavioral expressions and to the occurrence, either of a break with the drug, when it could not be immediately obtained, or an exaggerated and impulsive consumption when the dose became available. Consequently, the rituals and rules, developed around the use of the drug, become less directed towards self-regulation and to the protection of health and become more a question of safety, of concealment and of the facilitation of consumption and of related activities, such as trafficking. In contrast to this, certainty in terms of the obtainment of the next dose frees the user from this preoccupation, leading

to a situation where it is possible for rules and rituals to emerge, that serve to limit use and promote stable patterns of use. This does not necessarily mean that lower levels of use are established, but rather, lower bio psychosocial costs. Therefore, for Grund, a sufficient availability of the drug can be considered a precondition for the development and effectiveness of rituals and rules that regulate patterns and levels of use (8).

Another factor that Grund adds to Zinberg’s model was that of “life structure”. Here, he was inspired by the article of Faupel, about American heroine users, where we perceived the importance of the availability of the drug and of the life structure in maintaining ethical standards. Faupel emphasizes that regular activities (both conventional and those related to drug use) that structure the day-to-day life patterns of their subjects, are a key determinant for their life structure (14). To these, Grund adds the relationships between individuals, commitments, obligations, responsibilities, aims, expectations, etc. Relationships and aspirations that have value in social (for example, affect) or economic (for example, income) terms, are also determinant, and are equally important for life structure. Similarly, regular contact with controlled users or non-users is of great importance, in the same way that participation in structures and activities that are not initially directed towards drug use. This position suggests that, although an easy availability of the drug is essential to the development of social controls, if there is not a strong life structure, its effectiveness will be limited in terms of promoting self-regulation of use (8).

Grund concludes that it is evident that the use of “intoxicants”, even the heaviest, does not inevitably lead to uncontrolled or harmful patterns of use, even when it becomes a preponderant activity. However, we also remember that drug use rarely takes place in isolation, normally being a social activity, involving numerous other aspects of a person’s life. Patterns of use (which drugs are used and how) are subject to multiple social conditions such as availability and cultural tendencies and norms. Therefore, drug use cannot be isolated from its social context (8).

Our research in São Paulo corroborated in general terms the positions of Grund and Zinberg. We observed the extent to which the availability of the drug is fundamental for the selection of the location for use, which in turn influences the level of use, and the rituals and from of sociability of consumption.

However, our field work also presented its own characteristics. In our case for example, it was observed that the dealers-users were those who most consumed cocaine in large quantities during consumption rituals. However, different from the Dutch findings, in the context of the present research, they were not the most controlled users. However, when related to place of use, the time of the ritual and the quantity of drug available, a good characterization of the styles of cocaine use in each area and circuit researched was obtained. This research showed that the availability and quantity of the drugs varied according to sociocultural setting and lifestyle. In all the circuits, it was possible to notice the importance of the lifestyle and life structure for cocaine consumption, creating different forms of ritual, times of consumption and quantities used. We also demonstrated Zinberg’s proposal that the rituals are fundamental to control the experience. We can argue that cocaine possesses multiple meanings for the different lifestyles researched, which varies according to the degree of self-control resultant from the internalization of the legal and social controls (15).

Gender Performance and Sexuality

We found a significant difference between the access to cocaine

on the part of men and women, mainly due to threats of violence, theft or rape that the relationships with dealers represent. Only the bravest and most tenacious women managed to enter and leave the points of sale without being harassed. Therefore, they are frequently economically and socially dependent on men to obtain and consume this product. It was especially difficult to locate female users for this research and, when encountered, they generally belonged to upper middle class settings and circuits. Of the groups of cocaine users observed, only one was predominately female and even in this one, a man was responsible for obtaining the drug and another had introduced them to the use of illicit drugs. The predominance of men in the context researched meant that there was a strong correlation between cocaine use and a masculine ethos, but this aspect is variable, depending on the gender expressions and performances of the diverse local groups. Equally, we found varied forms of expression of masculinity and of gender performances manifested in the circuits studied according to the varying dominant cultural situation in each one.

In our research, a strong association between sex and cocaine was observed. It was found that users could be sexually stimulated, but did not necessarily realize any sexual act and at times masturbated to manage to sleep. There were reports of people who used cocaine to seduce sexual partners or to have sex. There are also those who maintain sexual relations to finish the session of consumption. According to reports collected in the field, cocaine at times is used to circumvent social taboos and give expression to more extravagant sexual desires in users who were unable to if they were not under the influence of cocaine. One of the participants, for example, an assumed bisexual who generally only managed to be “active” in sexual relations allowed himself to be penetrated after a session of cocaine and alcohol consumption.

In terms of the women in the investigation, during the period in which the research was realized, all were single and none had been married; presenting alternative performances distinct from hegemonic femininity. During our research, we had the opportunity to glimpse social relations of gender in the network of cocaine consumers of the West Zone circuit from the perspective of women, particularly in the criminal underworld and socially marginalized spaces. One interviewee reported the reluctance of traffickers to use the drug in the company of strangers, due to their preoccupation with maintaining their group closed; only making an exception for certain women. According to this interviewee, these men were demanding, preferring women who work, who are “*uma puta de uma gata*” (very pretty), intelligent and agreeable company. They derided those they considered vulgar, “*de malandragem*” (criminals) or “*da maluqueira*” (crazy). The women, invited under conditions of exchanging sex for drugs, are submitted to situations of economic inequality and even suffer threats of physical violence. In the case of our interviewee, both the lack of acquisitive power to obtain the drug and the degree of implicit violence, as well as a whole history of drug use that included the use of injectable cocaine, led to her being infected with HIV.

Her life story clearly illustrates the degree of social vulnerability that drug users suffer in this setting. However, when speaking about her experiences, the interviewee showed herself to be openly complicit: she recognized the situation of sexual subalternity to which she was submitted so as not to have to pay for the cocaine but stated that she liked to have sex under these conditions. For her, except for one or two situations of fear or violence, it was always “just pleasure”. She also added that, frequently, the men remained impotent, which led her to play the role of understanding

partner with the man, described as “*dengoso*” (caring).

Observations of the prevailing social relations in the West Zone circuit, showed situations where at times a “marginal masculinity” was tied to strategies of an unconventional “femininity” of women who also masculinized themselves to coexist in this environment. They use such gender performances as an effective way of attaining what they want from the men, at the same time that they avoid their violence.

Re-interviewing

In 2006, twelve years after the initial research, further interviews were conducted with eleven of the previously observed users. This return to the field was realized with the intention of investigating the changes in the history of consumption of the individuals and to better understand the patterns of cocaine use that developed over time, as well as the resulting physical and social consequences. We sought to focus on their careers of use, the self-regulation of cocaine consumption in their life trajectories and the stability of controlled use of the substance. We also sought to understand, in the fluctuations of consumption that the individuals presented, how the formal (laws, institutions, etc.) and informal controls acted in the contexts of drug use and were introjected by the social agents expressing themselves in the individual’s responses, attitudes, performances and discourses.

At this stage, our main finding was that the environment researched continued to be made up of moderate drug users with low level health problems and low mortality. After getting to know their history of use of the substance, the relevance and validity of Zinberg and Grund’s models regarding self-regulation of use and of its feedback system was once again demonstrated. These models seemed to be able to explain the dynamics of use observed, helping to understand their fluctuations and the variations of levels of use during the life trajectory of the consumers monitored.

In relation to Grund’s hypothetical model of self-control of drug use, the data from this research highlighted the fact that, between the three factors that he proposed, the “life structure” was the most influential in leading to the development of controlled use; the selection of places of use and the employment of rituals and rules of consumption, were mainly more effective at minimizing the worst consequences of consumption.

Life structure is fundamental to organize tastes, consolidate habits and reconcile this practice with day-to-day obligations. This would be the main factor both for the consolidation of the habit of inhaling cocaine, as well as for the development of a controlled use of the drug more generally. This is what allows the stable maintenance of access to the substance and guides the values, rules and rituals in different lifestyles and life trajectories. The strongest aspect of the model proposed by Grund is its conception of the interdependence in the triad of factors of self-regulation, that is, the circularity and reciprocal influence between the availability of drugs, rituals and rules, and life structure. It was found that changes to the latter, such as alterations in working conditions for example, (changing from the nightshift to dayshift) or becoming unemployed, led to changes in patterns of use. In this study, the individuals who did not possess financial means to acquire the drug, took directions in their consumption careers different to those better positioned economically. Compulsive users developed ways of acquiring their doses such as exchanging sex for drugs, trafficking, crime, etc., increasing their marginality and suffering the worst consequences (physical and social) resultant from use, such as HIV and hepatitis infections or long prison

sentences, etc.. Controlled users, by contrast, adapted to the scarce availability of the product, maintaining a moderate attitude in relation to cocaine, switching to an occasional pattern of use or even definitively ceasing consumption.

The interviewees in this study come mainly from middle class urban areas of the city of São Paulo, and their forms of acquiring cocaine via delivery and/or at commercial establishments reveals a search for security and a distancing from marginalized spaces or relations characterized by the violence of the drug trade. When income was insufficient to provide the desired access to cocaine, we did not tend to observe greater deviations of conduct from this class. Such deviations were more frequently observed amongst those who, due to a lack of money to acquire the drug, were compelled to make use of strategies such as prostitution, trading of personal objects, theft, drug trafficking, etc. In our research, these individuals ended up suffering serious physical and social consequences, including prison with all its accompanying ills.

The position of the individual in the social class structure was seen as decisive in determining safer practices of ingestion and less problematic individual trajectories. Those who found themselves in these conditions were the ones who possessed what we call a “successful career of use”. In the case of the “unsuccessful” careers, we find individuals who did not manage to escape from the innumerable processes of labeling, suffering greater exclusion and worse life conditions and survival rates. Additionally, they became preferential victims of the police and repressive forces, which in Brazil, mainly direct their attention to those members of subaltern segments of society.

In the career of users, experimental knowledge of drugs, modes of use and bodily techniques were found to be questions of social learning, realized between peers. The different forms of cocaine consumption are related to the varied bodily techniques adopted, leading to diverse perceptions, thoughts and representations of cocaine. The differences of social class influenced the bodily learning processes, linguistic expressions, personal hygiene, consumption practices and gender performances, contributing to variations in the perception of self and even in the recognition of the diverse effects experienced.

For these consumers, the dialectic of pleasure is decisive in certain periods of their lives, serving both to explain their desire to use cocaine as well as to abandon it. Pleasure, as an absence of pain and suffering, is also an important value for these consumers who are not driven by a passion for death, but by a desire for an intense and pleasurable life, even if at the risk of being shortened. The oscillation between use and abuse, the loss of control and its return, pleasure and pain, life and death, everything is part of the “barato” (cocaine).

Amongst our subjects, the majority ended up reducing or completely abandoning cocaine use over their life trajectories. We found only two exceptions: one, who used cocaine instrumentally to increase their productivity at work, increased their use, and another started using crack, a more harmful form of consumption. In general, the individuals interviewed and observed presented few health problems over a decade of use, remaining outside of the statistics collected and based on clinical data. This led us to believe that the indirect public health indicators do not adequately reflect the true dimensions of inhaled cocaine use in Brazilian society. Such a presupposition seems to be confirmed by the high number of occasional users who we observed and the large number of networks of consumers reported by key-informants.

Therefore, it is worth avoiding reproducing the stereotype of the junkie, the addict or the marginalized criminal for the cocaine user in general. It is true that there is a higher probability of a long term user developing different problems, but we also observed numerous cases where the adoption of controlled use as a stable pattern no longer presented particularly harmful consequences either for the user or for society.

Another important finding that we made was that of the absence of free or public services to deal with this population. We believe that it is necessary to create specialized treatment services for cases of cocaine overdoses and other related emergencies. A guarantee should also be given that consumers who come to the aid of companions who are ill will not be penalized or stigmatized when taking them to medical services or other public care institutions. The creation of new specialized services and the formation of partnerships with specific bars and night clubs are relatively simple measures which could make a significant contribution to the reduction of social vulnerability and the mortality rate of cocaine users as well as increasing public safety.

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