Published in final edited form as:

Am J Prev Med. 2007 June ; 32(6 Suppl): S160–S170.

Social Capital or Networks, Negotiations and Norms? A Neighborhood Case Study

Samuel R. Friedman, PhD^{1,2}, Pedro Mateu-Gelabert, PhD¹, Richard Curtis, PhD³, Carey Maslow, PhD¹, Melissa Bolyard, PhD¹, Milagros Sandoval, BA¹, and Peter L. Flom, PhD¹

1 National Development and Research Institutes, Inc., New York, NY

2 Department of Epidemiology, Bloomberg School of Public Health, Johns Hopkins University

3 Department of Anthropology, John Jay College of Criminal Justice, New York, NY

Abstract

“Social capital” has been critiqued as distracting attention from inequalities and policies that produce ill health. We support this critique insofar as social capital refers to the degree of trust and consensus in a locality, but find value in another dimension often included in the concept of social capital—social network ties and their associated communication patterns. We present a case study of Bushwick, a community of one hundred thousand people in Brooklyn, NY, to suggest that the network aspect of “social capital” is useful to understand the active, on-the-ground processes by which residents of some neighborhoods beset by poverty, racial/ethnic subordination, and internal divisions (that themselves arise from inequalities and state policies) work out ways to defend their own and others' safety and health. We use a combination of population-representative survey data for young adults; sexual network survey data; and ethnography to show that Bushwick residents (including drug users and dealers) have used social network ties, communication, and normative pressures to reduce the extent to which they are put at risk by the drug trade and by drug-use-related HIV/AIDS in spite of conflicting interests, disparate values, and widespread distrust both of other community members and of dominant social institutions. This was done by “intra-vention” health communications, development of protective norms, informal negotiations and other forms of adjustments within and among various groups—but was done in the absence of trust or consensus in this community. We conclude both (a) that social network interpretations of “social capital” might be better conceptualized in dialectic terms as collective action to survive in a harsh social order; and (b) that the social capital theory emphasis on trust and consensus as important causal factors for lowering drug-related risks at the community level may be a romanticized and erroneous perspective.

Social capital is a multivalent and somewhat contested concept that has been widely applied in studies that compare nations, states, or local communities (these studies are usefully reviewed in the tables and text of Kawachi et al,¹ although with some lack of attention to some of the critiques in the next paragraph). As Portes,² among others, discusses, social capital has also been interpreted in more individualistic terms to refer to social resources that enable individuals to attain their goals rather than a characteristic of communities or other *supra*-individual forms of organization. In this paper, we approach this issue using data that bear on both larger *supra*-individual interpretations and also on a social network level that focuses on

Correspondence and reprint requests: Samuel R Friedman, National Development and Research Institutes, 71 West 23d Street, 8th floor, New York, NY 10010, USA. Phone: (212) 845-4467; Fax (917) 438-0894; E-mail: friedman@ndri.org

No financial conflict of interest was reported by the authors of this paper.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

how inter-individual dynamics interact with and perhaps constitute neighborhood-level processes.

The work of Putnam^{3,4} has been very influential. He approaches social capital in *supra*-individual terms, viewing it as consisting of widespread consensus and two forms of trust—trust among community residents and trust in dominant social institutions and the political process. As Portes² discussed, other visions of social capital stress network and normative resources rather than consensus and trust as ways to deal with collective problems. A related conception, “collective efficacy,” focuses on the use of informal social control mechanisms in intervening on behalf of the common good⁵. As will be discussed, such mechanisms need not depend on the “mutual trust and solidarity” which Sampson et al.⁵, p. 919 see as prerequisite.

“Social capital” has been critiqued by Navarro,⁶ Muntaner & Lynch,⁷ and Muntaner et al⁸ as a conservative political construct that ignores issues of social and class conflict, inequality and political power.

Although in considerable sympathy with this political critique, we are concerned lest it obscure the importance of one aspect of “social capital” in local communities. This aspect is social networks—and the communication, normative and negotiation processes that take place in networks. Such network-based processes have been shown in prior research to underlie social movement dynamics and strength.⁹⁻¹² In this paper we show their importance for how residents of an embattled community cope with the social and health problems (including widespread HIV/AIDS) related to widespread drug dealing and drug use. In contrast to “trust and consensus” perspectives on this issue, we demonstrate that drug dealers and users are part of the community and its network-based processes and that residents have both conflicting interests and disagreements on how to deal with drug-related issues. Our case study describes network-based social processes associated with declines in HIV/AIDS among drug injectors, considerable risk reduction, and a decline in drug-related violence.

We suggest that, in both social movements and our case study, social network processes are an important component of how “lower class” and working class communities and work groups develop the belief systems, activities and organization needed to pursue their interests. These issues can easily become invisible in analyses based primarily on studies at the national or cross-metropolitan levels of analysis.

Methods

The setting: Bushwick

Bushwick is a 2.1 square mile community in northern Brooklyn, NY. The 1990 U.S. Census gave its population as 103,000, of whom a majority were Latino (mainly of Puerto Rican descent) and many of the rest African American. Bushwick is an economic backwater that was quite industrial prior to the 1970s. Now, many residents are unemployed; and most of the rest work in low-wage service or industrial positions. In 1990, its median household income (\$16,287) was only 55% the New York City-wide value, and nearly half of its households received welfare.¹³ Two recent books^{14, 15} discussed Bushwick's high-risk drug users circa the early 1990s.

Overview of research design—This paper is a *post hoc* community case study that uses materials gathered in five studies since 1990 that were designed with other purposes in view. All of these studies took place in Bushwick; and all of them collected both survey data and ethnographic data. These studies are described below.

Ethnographic methods

This paper combines two sources of ethnographic data. The first is ethnography conducted by Richard Curtis. This began as part of the Social Factors and HIV Risk (SFHR) study of drug injectors' networks,¹⁴ and continued during pilot study of 18–21 year olds in Bushwick (HIV Risk among Youth) and in the full-size study (Drug Use and HIV Risk among Youth, or DUHRAY) of 18–24 year olds that followed it, as well as in subsequent work as a faculty member at John Jay. It focused on drug distributors and users, gang members, and “high risk” youth in Bushwick over a 12-year period, 1990–2002, and includes several hundred transcribed interviews. This fieldwork involved extensive observations and interviews conducted in sites such as the homes of study participants, their families and others, in parks, playgrounds and street corners, at schools, in clubs, near clinics and treatment centers, in places where drug use and distribution took place, and many other neighborhood locales. Fieldwork also involved extensive interaction with local social service and health providers over the decade. For example, Curtis served as Chair of the Williamsburg/Greenpoint/Bushwick HIV Care Network. He also began two syringe exchange programs that continue to operate in Bushwick. From these ethnographic data, although cooperation does frequently take place among neighborhood residents, competing interests and conflict are widespread and important social processes.

Additional ethnographic work was conducted in 2001–2004 as part of the Networks, Norms and HIV Risk Among Youth (NNAHRAHY) project and the Local Context, Social-Control Action, and HIV Risk project. Pedro Mateu-Gelabert conducted fieldwork, focusing mainly on two face blocks during 2001–2004, with particular attention to conflict, collaboration, and distrust among and between dealers, users, and (other) neighbors. This fieldwork included focus groups and in-depth interviews with 23 long-term residents, including 18 cocaine and/or heroin users (15 of whom were injection drug users [IDUs]).

Survey methods in brief

Data from two separate surveys are used here to describe areas of consensus, disagreement, distrust, peer norms, and health activist “urging” or “intravention” behavior. These surveys were a household probability study of young adults and a sexual network study that followed from it.

Household probability sample of young adults--The DUHRAHY study

Subjects A population-representative household probability sample of 528 18–24 year olds was recruited during July, 1997–June, 2000 through multistage cluster sampling using methods elsewhere described.^{16–21} Primary sampling units (PSUs) were face-blocks (i.e., both sides of one street between adjacent streets). All 577 face-blocks in Bushwick were listed in random order, and were screened sequentially. Within each selected face-block, efforts were made to screen all the dwelling units to determine if any residents in them were 18–24 years old and had resided there for 14 consecutive days. If more than one resident in a dwelling unit was eligible, one was randomly selected as a potential participant.

Interviews Interviews were conducted face-to-face by trained bilingual interviewers after informed consent. Interviews lasted about two hours. Of interest for this paper were sections on drug use and drug dealing, friends' norms, attitudes to police and others, employment, schooling, and experiences like being mugged in the streets or being abused by the police. Behavioral data were collected for the twelve months prior to interview and for respondents' lifetime experience. These data are used to provide insight into the extent of trust and consensus in the community.

Sexual Network Sample—the NNAHRAY study

Subjects Due to its primary focus on sexual networks, NNAHRAY used complex sampling techniques. Between 2002 and 2004, index subjects were recruited; their sexual (or injection) partners, plus the partners of these partners, and their partners, were recruited as sexual-network recruits. Index subjects included (a) injection drug users (IDUs) recruited from the prior DUHRAY study or on a convenience sample basis plus (b) non-IDUs recruited either from the subjects of the prior DUHRAY study or from persons who were living in the face-blocks sampled during the DUHRAY study but who were then under 18 years of age and thus ineligible to participate. Sexual-network recruits comprised the rest of the sample, which totaled 160 IDUs and 306 non-IDUs.

All subjects were asked to name up to 10 individuals with whom they had had sex during the prior 3 months, and up to 2 individuals with whom they had attended a group-sex event during the same time period. In addition, IDU subjects were asked to name up to 5 individuals with whom they had injected during the prior 3 months. The network sampling consisted of recruiting these named individuals.

Interviews Interviews were conducted face-to-face by trained bilingual interviewers after informed consent. Interviews lasted about 1.5 hours and included sections on sexual behaviors; drug use; health communications directed at friends, family and neighbors; friends' norms; and sexual and drug networks. Behavioral data were collected for the three months prior to interview and/or for respondents' lifetime experience.

Analytic techniques

For this paper, analysis was theory-based. In terms of the survey data, we picked out variables that bore upon theoretically-relevant issues such as trust, consensus, and networks or network-based communications, and used standard analytic techniques such as cross-tabulation and its associated statistics such as chi-squared. For the qualitative analysis, we reviewed the materials that we had to see which of them dealt with issues raised by the theory, and then we analyzed them in these terms. We did not rely upon qualitative software packages or a grounded-theory style search for emergent themes in conducting these theory-driven analyses. To some extent, our analysis of the lack of trust, and of the lack of consensus, as well as our understanding of the importance of social network ties in helping stabilize the community, is nonetheless an emergent finding that emerged out of (1) daily observation by three authors (Curtis, Mateu-Gelabert, Sandoval) focused on neighborhood-level networks and interactions between the members of those networks, as well as their participation in many formal and informal community events and meetings; and (2) their and Friedman's experience in writing papers and a book that are cited in the References section.

Results

Preview of Results

Since we use data from different studies and different methodologies to study how different elements of social capital were or were not operative in what occurred in Bushwick, it will be useful to present a schematic overview of the Results section here. First, we use community ethnography to describe a history of change from being a “drug supermarket” beset with HIV and violence to a less violent and more stable community with much less HIV. Then, using survey data from the DUHRAY study, we show that this stabilization was not the product of either of two social capital dimensions—community consensus or trust—since these were not present. We then use ethnography from the SFHR, DUHRAY, LOCO and NNAHRAY studies to support this claim that consensus and trust were not present. We then turn to ethnographic data (primarily from the LOCO and NNAHRAY studies) to describe the network processes

that were involved in community stabilization; and end this with survey data from NNAHRAY on how community members engage in communications to protect and help each other.

History: From crisis to stabilization

In the late 1980s and early 1990s, Bushwick was confronted with concurrent problems of widespread drug sales; crack and injection drug use; drug-related violence by drug dealers and police; a highly visible commercial sex “stroll”; and widespread HIV/AIDS among injection drug users.

The blatancy of these drug markets was most evident in the part of Bushwick where our first research storefront was located--a spot so notorious that the police nicknamed it “the well” because it provided officers with seemingly endless numbers of arrests.²² A series of street observational surveys in 1992 found that an average of 65 drug dealers and 53 drug users were visible in this block at noon. By late afternoon, these numbers often doubled or tripled.²³ Street crime was common; so was violence related to competition or labor discipline among drug-dealing organizations. Public violence became so routine in 1992 that residents no longer seemed surprised by it. For example, on one occasion, a roving band of young teenage boys chased and beat female sex workers with bats and sticks in full public view (including that of our staff). Neighborhood residents treated it as a normal event, and none of them intervened.

There was considerable other evidence of a neighborhood in crisis: potentially-fatal viral infections were widespread among local drug injectors, with 40% infected with HIV and 70% having been exposed to hepatitis B.¹⁴ Crack use was also widespread, with many crack-using women also injecting drugs and/or engaging in commercial sex work.^{14,15} Many of these women were also infected with HIV.

This situation, however, changed. Focus groups and in-depth interviews that were conducted in 1994-95 with youth in Bushwick found that those who had grown up during the 1980s viewed the world built by their immediate elders as socially and culturally bankrupt. The “old school” attitudes and behaviors of the violent 1980s provided a counterpoint against which many young adults now began to define themselves. This new identity explicitly repudiated the excesses of the crack era. Youngsters no longer aspired to be big-time drug dealers. Indeed, some drug dealers no longer wanted to be identified as such, so they abandoned flashy dress styles such as the “Mr. T” look characterized by gaudy jewelry and outlandish clothes. In their personal habits, they believed in keeping a tight rein on the use of mind-altering substances. For many, marijuana was the only illicit substance they used because they felt it allowed them to keep their wits about them regardless of how much they smoked. Even alcohol, aggressively marketed in minority neighborhoods during the early 1990s in 40 ounce bottles of malt liquor, was shunned by many youth who disliked its stultifying effect. Crack or heroin use became taboo, and while sniffing cocaine was tolerated, users were not esteemed by their peers as they had been in the 1980s. Many youth who had been incarcerated as drug dealers or users joined gangs that saw drug dealing as a form of destructive hedonism that was blind to community suffering.²⁴

Over the decade of the 1990s, crime substantially decreased in Bushwick: the number of murders fell from 44 in 1993 to 16 in 2003 (−64%), and every category of crime showed substantial reduction, including robbery (−66%), felonious assault (−58%), burglary (−54%), and grand larceny auto (−66%) (<http://www.nyc.gov/html/nypd/pdf/chfdept/cs083pct.pdf>). Changes in policing are often credited for these reductions in crime, especially the introduction of computerized crime-analysis techniques²⁵; other observers have argued that the trend toward lower crime rates predated these innovations in the NYPD and that factors like changing demographics, better education, and the decline of crack use were more responsible for these transformations.^{26,27}

By 1997 – 99, when the DUHRAY household survey of young adults was undertaken, drug use and rates of infection had abated even though youth in this community continued to face very hard times. Rates of injection drug use, at 0.6%, and of non-injection use of heroin, cocaine, or crack, at 10%, were similar to those reported for similar age groups in the National Household Survey of Drug Abuse²⁸. (Comparable survey data for Bushwick in the earlier period do not exist, which is a limitation of this paper.) Among 429 young adults who had never smoked crack or injected drugs, none were infected with HIV, and their syphilis and gonorrhea rates were similar to those in the National Health and Nutrition Survey.^{19,29} In the NNAHRAY data, collected in 2001 – 2004, HIV infection among IDUs was down to 14% as compared with 40% in the early 1990s, and HBV exposure was down to 49% from 70%.

A large majority (70%) of 330 household-recruited youth in the DUHRAY sample reported strongly disliking injection drug users (18% somewhat disliked them; and 11% felt neutral towards them). Peer norms were fairly strongly against injection drug use and crack smoking as well, with 87% of subjects reporting that almost all or absolutely all of their close friends would object if they were to inject drugs, and 88% reporting this for crack use.¹⁶

Economically, however, hard times continued. Fully 40% of the young adults surveyed were neither employed nor in school. Furthermore, despite declines in drug using and HIV, both the fear of violence and difficulties with the police remained. Thirty-eight percent reported having been mugged in the prior 12 months, for example; 47% reported that they had at some time been stopped, searched or questioned by the police without reasonable cause. This includes 16% who reported that they had at some time been physically threatened or abused by the police (of whom half reported that this had happened within the last year.) Despite persistent violence and problems with the police, reported crime dropped dramatically, and by 2002 was at a 30-year low.

Survey Data on the Absence of Consensus and Trust in Dominant Views and Institutions

Putnam^{3, 4} and other theorists have emphasized consensus and trust in dominant views as essential parts of successful community responses to problems. These were not present, however, in Bushwick according to the 1997-99 DUHRAY survey of household young adults (aged 18 – 24). Views toward the police reflect both lack of consensus and widespread lack of esteem for them. There was also disagreement (even among the large subset who did not sell drugs) about drug dealers and users. When respondents were asked whether they admired or disliked police officers on a five-point scale, there was a strong variety of views: 15% strongly admired them, 24% somewhat admired them, 30% felt neutral, 16% somewhat disliked them, and 16% strongly disliked them. (This is not simply a lack of admiration for anyone. School teachers and nurses were more appreciated, with approximately 40% strongly admiring them, 35% somewhat admiring them, and 20% feeling neutral.) As for drug dealing, 25% of the youth had themselves engaged in drug dealing at some time in their lives; and 10% had done so during the prior year. Of the 90% who had not dealt drugs in the last year, 80% viewed dealers with hostility (19% were neutral to them and 1% admired them to some degree); yet 14% of these non-dealing youth reported that close friends had encouraged them to deal drugs and 58% had at least one close friend who would not object if they were to become a dealer.

These data suggest a lack of consensus in the neighborhood about drug dealing and also suggest divisions about the use of police as a potential solution; and they clearly show that, despite the dominant pro-police and anti-dealer norms of US society, there is neither a shared esteem towards police nor a wholesale rejection of drug dealers. To some extent, at least, both the participation in drug dealing by many youths and the widespread lack of objection to friends' dealing drugs probably stem from the economic difficulties faced by most of those living in this community.

Ethnographic data on the embodiment of the lack of trust in police and social relationships among drug dealers, drug users, and others in Bushwick

Ethnographic data also show a lack of trust in police and a willingness to find a *modus vivendi* among dealers, users, and other residents—at least in some blocks. This is illustrated by 1997 field observations of one block where drug dealing took place, and its comparison with other nearby blocks.²³

On this particular block, about 15 young men between the ages of 15 and 23 sold crack in an organized, somewhat discreet fashion for 12 to 14 hours a day (from about noon to midnight or later, depending on the day). All the young men who participated in the business had grown up together on the block or nearby. The block had a substantially lower volume of business than was the case with other local drug-dealing blocks, and the distributors made less money than they might have elsewhere (approximately \$75-150 per day as compared with \$200-400 per day in other places). Although they could easily have expanded the business if they had wanted to take on more customers, they were slow to take on newcomers because they were afraid of getting arrested.

At first glance, the block seemed precariously situated for drug sales. It was a short block whose busy corners made it difficult to post lookouts. It was lined with small, three-story buildings, making it an intimate environment where “everyone knew each other's business.” Finally, the block was shared with a church that sponsored a large children's program that attracted hundreds of kids.

The police were aware of the activities that occurred on the block and regularly attempted to make arrests there, but usually to no avail. Undercover officers who tried to buy crack were almost always rebuffed by wary sellers. Occasionally, a seller might mistake an undercover officer for one of their regular customers, but such a mistake was rare among this crew. Customers were so well known that the sellers could often predict when they would appear and how much they would buy on each occasion.

A variety of techniques were employed to conceal their activities, confuse the police and avoid arrest. One method to avoid detection and arrest was to conceal selling operations as the activities of a pick-up basketball game in the street, a clever strategy that highlighted their “embeddedness” in the community. These were hardly stereotypical, skulking “drug dealers” lurking in the shadows to conceal their business from the good citizens of the block; they were young men who mostly lived on the block, and several came from “good” families (for example, one's mother was the assistant principal of a local junior high school). The young men admitted that they earned money in less than an honorable way, but they felt that their business was also mindful of the sensibilities of their extended network of family and friends who lived there.

Block residents knew that the young men were selling drugs – crack – on the block, and many did not approve but, since they saw its roots in economic need, they did not provide the police with specific information about the young dealers' activities, or confront these dealers about the business. Some of the parents, wives and girlfriends of the young men who worked on the block were unhappy about this method of generating income, but they were also grateful to have the extra money. Since the business had not led to bad outcomes for residents on the block, most grudgingly tolerated it. Even church officials and employees, who were thoroughly aware of the activities that went on right outside the door of one of their buildings, did not cause problems. Indeed, each of the young men who worked at the business had attended the church's programs for children when they were young, and continued to be on friendly terms with program staff.

While residents (including the young men themselves) did not think that selling or using these illegal drugs was the “right thing to do,” their disapproval was not exclusively directed at sellers or buyers, but included the police, whose zealous pursuit of drug market participants seemed out of proportion to the scope of the problem on this block. On this block, then, when a distributor was arrested, he was not usually a stranger or an unwelcome resident, he was, in the eyes of local residents, a family member or a well-liked young man from the neighborhood who, even though he surely broke the law, was not the same as the “criminals,” “thugs,” “dope fiends” or “crackheads” who worked elsewhere. Through informal interviews with beat officers from the 83rd Precinct and with undercover officers from the Brooklyn North Task Force, it was clear that the police knew that residents of some blocks had largely applauded their efforts to uproot the corporate distributors in nearby areas, but they appeared to have little insight into why residents of this block were less than helpful about similar efforts here. There, arresting John Doe the crackhead had been a popular move, here, arresting Johnny the favored son, was not.

This block, then, exemplifies an area where the overall need for income led socially-embedded youth to engage in drug dealing in ways that did little to discomfort their neighbors, accompanied by relatively non-disruptive drug use. Social ties were strong among the dealers and remained fairly strong between them and other local residents. The police, by contrast, were seen as an intrusive and disruptive force. On other blocks, where drug dealing was more corporate and less embedded in local social relationships, and where the overall degree of social connectedness and interaction was lower (perhaps as a result of the dealing and drug use), informal interviews with local residents, shop owners and landlords indicated that the police received cooperation from local residents—but even here drug dealing and use nonetheless continued.

Conflicts and Disagreements Over Drug Use

Our more recent ethnographic work (conducted by Pedro Mateu-Gelabert), also shows that community residents have conflicts and disagreements over drug use as well as over drug dealing. It is useful to conceptualize this in terms of localities where drug users, drug dealers, and other residents all live in the same area and all try to get by. On the one hand, drug use creates dependency among many users, and can lead them into worse poverty and into serious, perhaps fatal, health problems. On the other hand, many non-users have family members who use drugs and/or work in the drug trade. Throughout the 1960s, 1970s and 1980s, as legitimate businesses and stable working class families steadily abandoned the neighborhood, the drug business remained a steady source of employment for many young men and some young women.³⁰ Drugs are one of the few businesses that have not deserted the neighborhood (other than sweat shops and low-wage retail and service establishments), and are a source of employment for many young men and some young women. Many Bushwick residents use marijuana and perhaps other drugs sporadically. Few use heroin or crack, or inject drugs, on a regular basis.

When users hang out on, and perhaps live on or near, a given block, this may attract dealers as well. Those users who are dependent on their drugs need to obtain money to avoid “dope sickness.” Conflict can arise when this leads them to steal goods or money from local residents. Conflict can also break out between users and dealers, or among dealers. Carmen (age 44, 1 child, a block leader/organizer) captured part of this in the following statement:

“But people get shot. People get beaten to death. Beaten, mugged—no rapes. But, it's the people that don't have the money for their drugs. The shit [dope] is there, they want to get it, they don't have the money so they mug innocent people.”

Neighbors may then try to ostracize these “out-of-control” users even though the users may resist this. Such ostracism makes it hard for users to maintain access to resources such as job recommendation, borrowing money, or housing. The ostracism may thus cause users to become homeless and to live in the local streets or abandoned buildings—which, in turn, causes distress not merely for them but for their family members and friends. It can also lead to increased risk behaviors that can cause them (and those with whom they have sex or inject drugs) to become infected with HIV or other agents.

Networks in Action

In this context, many social processes seem to have worked together to produce a less-risky community in Bushwick. We will present ethnographic data about two network-based processes—learning from the experiences of family members; and local organizing and the negotiation of mediated forms of order—and survey data about communicative actions people take to urge others to protect themselves.

Learning from Experiences of Family Members

Here, we will present a number of brief quotations from ethnographic subjects that illustrate instances in which family experience has provided lessons about the negative consequences of drug use. Sometimes, older family members have told youth about their bad experiences:

“My mother and uncle take me to NA [Narcotics Anonymous] meetings so I can hear what former addicts have been through. That helps me not want to get involved with drugs.”

“My whole family they did all types of drugs; you name it, they did it. They always tell me where you coming from I have been there and back and past that. Learn from our mistakes. I try to acknowledge that in my head and make sure I keep that.”

Sometimes, youth have seen drug use harm older relatives:

“Mom went through a lot, hanging out with the wrong people, doing drugs at age 30, messing up. Little by little it got worse. I realized when I was twelve that she was using, she was nodding out.”

“My aunt is dying right now of AIDS. She used to use crack. She doesn't come around us that much... She is still smoking that is why they took away her kids. They told her if she got clean they would give her kids back but she never got clean. She just stood out on the street. That is why everybody left her, abandoned her. [...] She is like skinny and stuff. It is going to be sad to watch my aunt die.”

“My pops... forget about it. He slept in cars, he used to come in and out of jail. One time I saw him popping the window. He was so fucked-up. I was playing with my mother's make-up. He couldn't handle the high and he took it out on me. He beat the shit out of me.”

Creating a Negotiated Order

Given the difficulties that drug dealers, drug users, and other residents can cause each other, there is a potential for violent strife. People sometimes bring the police into play, but this can bring unwanted consequences. These can include retaliation by dealers or others as well as the long-term imprisonment of residents or of family members of residents. It can also lead to increased police harassment of local youth regardless of whether they use drugs or otherwise create problems for their neighbors. Thus, often, people try by themselves to find workable compromises of enduring differences through discussion, organizing, and perhaps even formal negotiation.

Negotiation between dealers and neighbors is based on direct experience in Bushwick, as well as about knowledge of the other party's reputation and past behavior (and common cultural expectations about dealers and neighbors as well). Drug dealers expect users and neighbors neither to report their activities to the police nor interfere with their business. Many neighbors conform to such expectations--due in part to their knowledge about possible consequences if they interfere. In the following excerpt Destiny, a community resident, describes her and her neighbors' perception regarding the dealers in her block.

Destiny: These people are really killers. These guys that shot at him [her brother, by accident, during a drug dispute], they killers. They already killed a guy on the block that used to sell before.

Interviewer: Is that known on the block that these guys have killed other people?

Destiny: Yeah.

Interviewer: Why did they shoot them?

Destiny: Drug war. They were selling he was selling.

In this context of unwritten rules and severe sanctions for those who break them, it is difficult to resort to the police. This reluctance is buttressed by neighbors' perception that calling the police will not lead to effective results. As Destiny said,

"This is Bushwick. You call the police you get killed for snitching. You know you can't. This is not where you call the police and they're going to do something. They need a lot of proof. Even if they lock this one person up, if there was fifty witnesses there... [...] You got a whole bunch of people but nobody is going to say anything when you know these people are killers already. Even if they arrest one or two, somebody else is going to come back and do something. You know? You can't call the police."

Some dealers, in an effort to diminish block opposition, try to gain neighbors' respect. An important method to get that respect is by protecting neighbors and making sure block residents are not victims of crimes such as robbery, burglary or car theft. This often works to help maintain peaceful relations, but not always. In these circumstances, dealers may resort to harsher methods of persuasion.

Interviewer: Okay what about the residents that don't want you dealing? How would you deal with them?

Dealer: They got to get moved off the block or something.

Interviewer: The residents have to move off?

Dealer: Yeah, yeah. Either that or they, you know a lot of people do a lot of bad things. They break their door when they go out, they break their door, break their windows or something. Guys will get their windows broken or they'll get their apartment burglarized three or four times. They know it's the people that's watching them. They'll say, 'oh we got to move out of here.' Now they feel the fear.

Given the costs of failure to both sides, neighbors and dealers often struggle to find a compromise between the dealers' need to deal drugs and the neighbors' need to keep their buildings and blocks safe. The main reason stated for opposing drug dealing is not drug dealing itself but rather the killing or wounding of block residents not directly involved in the drug trade. Thus, in many cases, neighbors who were aware of ongoing drug turf wars and concerned

for their children's safety negotiated directly with the dealers to persuade them to move their drug dealing activities away from their residences.

"I told them, 'I don't want you's [to the dealers]. If you all going on war, take it off the block. You're going to hurt somebody in the block.' Right now I don't even let my kids go outside. They like to play handball next to our garage. They can't even go outside. I don't let them come outside until all this finishes."

Unfortunately, despite a compromise (dealers moved their activities further down the block), a few months later a long-term resident not involved in the drug business was accidentally killed in a drive by shooting.

In negotiations between neighbors and users, neighbors seem to benefit from a common interest with dealers: keep violence and disturbance of the market at a minimum. Dealers often asked users not to hang out in the block where they buy so that they would not disturb neighbors or attract police attention. In case of persistent disregard for such requests, users are physically assaulted and forced to comply.

In contrast to a more ambiguous perception towards drug dealing (mainly due to the fact that for many it is the sole source of income), there is a wide community disapproval of drug using²⁰. Users also often share the perception of drug using as a shameful activity. Users assert that they "give respect to neighbors" by avoiding drug consumption when neighbors are present. When users are caught consuming drugs, if they are asked to leave, they usually comply. In the following excerpt, Jennie, an IDU, describes her neighbors' reactions to her use in the building hallway.

"I will give the neighbors respect, if I see them there I won't do it [inject in building hallway]. They'd say Jennie don't do that here, go to your house or go somewhere else because there's kids in the building, don't do that here.' Stuff like that. Some of them would just ignore and look at me bad and just go upstairs."

Another user described such interactions in the following words:

User: [When my neighbors see me using in the hallway] they say 'You better get out of here before we call the police.

Interviewer: Are they nasty?

User: Sometimes they are, sometimes they're cool. When they're nasty I don't say nothing. I just walk right out. They don't have respect. When they cool, you know 'I'm sorry, you know, I'll never do it again.' I walk out and I never go back there again.

Neighbors describe the norm that regulates whether or not to get involved with a particular instance of drug dealing or drug use as "to mind your own business". That is, most neighbors do not interfere in either drug dealing or drug using except when they perceive that the activities directly affect them or their loved ones. In the following excerpt a building super describes such decision:

"Would I do anything [if they drug dealing on the block]? Well I'm not going to be crazy. It's none of my business. Let somebody else take care of it. I'm not going to take care of it. As long as you don't do it in front of my stoop, you're good to go. If they did do it in front of my stoop, I'm going to step in and say, 'hey my brothers, you know, I'm on parole and I can't afford you guys having this. [...] So do me a favor, move to the next stoop or go across the street."

Despite the tension that catching neighbors using in the hallway creates, users and fellow neighbors find ways to coexist. In the following excerpt Victor, an IDU, describes a confrontation with a neighbor over his use and how later on the conflict was diminished.

“There's this man that he got his wife and two kids. So he was coming down and said, Victor, you know there's kids in the building.' I said, 'where are they at, are they right here?' I said, 'I know there's kids in the building. When I hear the kids I don't stay here, I leave.' He said, 'they're not here right now, but they're coming up and down.' I had like an attitude towards him so he said, 'I don't want to argue with you. I'm talking to you like a brother. I know you need that but I'd rather you not do it here.' He went outside and whatever.

“An hour later he came and tried to talk to me about it. He said, 'Yo, I'm not trying to offend you.' I explained to him, 'nah, you're not offending me. If anything, you've got a point. If my kid was upstairs I would say something myself. You're right, I'm wrong and I'll try to stop doing it.'”

Another illustration of negotiation processes is an example of an extended period of organizing by non-user neighbors (which builds network ties) and of the negotiations that took place during this process. This description is taken primarily from the viewpoint of Carmen, who led this effort on the non-users' side. She was a 44-year-old Latina with one child who had lived on her block 16 years. When she first moved into her apartment building “there was trafficking in and out of the building”. In early 1990, via a New York City tenant ownership program, the building became a co-op and Carmen became its elected president. Carmen's initial efforts to get rid of drug dealing in the building were undermined by residents who were dealers themselves. Despite this opposition and the potential risk of violent retribution, and with the support of the majority of tenants, Carmen devised ways to get rid of those tenants who sold drugs in the building:

“I would not renew their lease, if they were renters. I would tell them that I want to sell the apartment. You want to buy it, but you don't qualify, then you're in rent arrears, go to court, get rid of them. That's it. The owners I'd confront them myself. [...] I speak with the people. I'd tell them that this can't go on here. You can't live here because I know what to do and I don't deal with the cops.”

Carmen's efforts gained a safer environment inside the building. She did not, it should be noted, attempt to evict dealers or users who lived in the building so long as they did not deal in the building or otherwise create problems inside the building. Carmen and many other residents and neighbors grew increasingly frustrated with constant drug dealing and occasional acts of violence in front of the building. Despite death threats and fear of arson, she installed video cameras inside and outside the building with the expressed support of many residents despite the fears of others. A neighbor whose brother had just been shot by dealers helped rally support for her action. The camera also was a deterrent against users' entering the building to use drugs in the hallways. As Carmen said,

“The super comes up to me, 'Carmen, I just chased two guys'. He went up to them and said, 'What are you doing here? ... You gotta move out of this area because this is a private building. We have cameras in this building. This is a private building, you gotta get out now.'”

As a result of often-difficult negotiations between Carmen and the drug dealers, the dealers moved to the corner of the block. Carmen perceives this move as an achievement but limited in scope.

“We can't control the street. The purpose of the camera is, don't do nothing illegal in front of the building.”

Communicative Actions People Take to Urge Others in Their Social Networks and Social Environments to Protect Themselves

Many Bushwick residents take part in activities to protect each other in one way or another. Some of this takes place through negotiations of the kind discussed above, but often it takes place through urging others to protect themselves against various ills (see Table 1; and Friedman et al.³¹ In data collected in the sexual network survey during 2002 - 2004, both IDUs and other Bushwick residents engaged in such actions. Drug users seemed to be most active in urging activities like use of needle exchange and also in taking care of people with HIV or AIDS. These higher levels of activity are likely to be the result of their social networks containing more drug injectors. We have argued that the urging behaviors can usefully be thought of as an “intravention” process that helps to institutionalize norms that support better health.^{31, 32} It thus represents a network-embedded norm-sustaining activity that exemplifies how local community members act on, and perhaps form, views that help sustain social and physical health.

Conclusions

This case study of the Bushwick section of Brooklyn raises a number of questions and suggestions for public health theory and practice. Although such conclusions are, to a degree, limited by the focus on only one community, this is far outweighed by the depth of knowledge enabled by concentrating on detailed processes in a well-known context. In many ways, it is this depth of knowledge that has let us understand that social network processes were important in the changes in Bushwick, and that trust and consensus did not exist and thus could not explain these events. Further research can take these insights and test them in a wider set of communities using less intensive methods. Confidence in our conclusions may also be reduced due to the fact that these data were collected for reasons other than for studying social capital—but the value of multiple studies in giving historical perspective, together with our ability to triangulate qualitative and quantitative data that clearly bear upon the issues raised by social capital theory, seems to us to outweigh this limitation.

There is a clear lack of trust by many Bushwick residents towards some other residents. This sometimes leads to negotiations and sometimes to violence. There is also considerable disparity of views toward police, drug users, and dealers—rather than any consensus. The existence of widespread hostility to police suggests a lack of trust in at least this one key dominant institution.

This lack of trust and consensus implies that trust and consensus were not part of the process through which Bushwick residents stabilized their community and limited the extent of high-risk drug use and of infectious diseases.

The conflicts of interest in Bushwick have deep social structural and/or cultural roots in inequality, policy and poverty. Such conflicts of interest include those between drug users and non-user residents over the use of space for drug-related functions; those over drug use and drug dealing and those between police and (some) residents. Despite the structural roots of these issues, however, local residents have sometimes been able to find ways to minimize the damage done by those with conflicting interests, and to do so in ways that may make it easier for individuals to protect themselves against the inherent risks of drugs. Of course, these accommodations neither remove the underlying interest conflicts nor prevent considerable rancorous conflict.

Social processes organized around social networks thus seem to be important in shaping the perspectives, activities and organized responses of Bushwick residents to their problems. These network-related processes take several forms including negotiations, social norms and safety-

and health-related communication among friends, colleagues, families, and neighbors—a key component of “collective efficacy”⁵ that we see as also one active expression (an “intravention”) of the institutionalization of norms.^{31, 32} Although our *post hoc* research design does not allow us to prove it, the results suggest a strong possibility that these norms and communications have been central in helping Bushwick youth to avoid the high-risk behaviors that led many of their older neighbors and family residents to have major problems with drugs and with infectious diseases.

Looking more broadly, these norms, negotiation processes and communication patterns have been developed through patterns of interaction over many years. These years have included important changes in population patterns in Bushwick, with considerable in-migration of Central Americans and others. What is not clear is how resilient Bushwick, or other localities, would be under the kinds of disruption that business interests and government can bring to a neighborhood through gentrification or large-scale economic development efforts. As we have previously discussed,¹⁴ gentrification led to widespread migration of many injection drug users from another Brooklyn community, Williamsburg, to Bushwick; and this was one of the factors that led to the emergence of a very large scale expansion of drug-dealing and drug use in Bushwick during the late 1980s and early 1990s. This disrupted the social networks of the migratory drug injectors, and probably led them to somewhat higher levels of HIV risk behavior and perhaps to increased violence in local drug markets.

Furthermore, it should be noted that these forms of network-related adjustment and defensive processes by Bushwick residents have been necessary in large part due to larger-scale conflicts of interest and patterns of exclusion that typify American society. Bushwick has faced major problems with drug-related violence and HIV/AIDS, and with many other “urban ills,” because it is a racial/ethnic minority working class area of high unemployment. Such problems have not been present to anything like the same degree in middle class white areas of Brooklyn or Queens, to say nothing of upper class areas in Manhattan or the Fieldston section of the Bronx. As Muntaner and Lynch⁷ and Navarro⁶ have pointed out, these larger-scale forces set the conditions for crime, drugs and epidemics in communities like Bushwick. (See also Friedman et al³³ on similar findings at the metropolitan statistical area level of analysis.) Thus, although Bushwick residents' social mobilization, community learning and protective norms and communications may have been effective in reducing the damage, they were reactions to structurally- and politically-induced problems that should never have arisen.

As others have shown, “local people” can act together to create useful change.³⁴⁻³⁷ The Bushwick experience is an example of this. It shows that, even in conditions of widespread poverty and a not-terribly-supportive external environment, local action can help reduce threats to health and safety. The creation of such community resiliency does not seem to require consensus or trust, and can be based on using social network ties as a basis for informal negotiations to build patterns of accommodation among divergent values and interests. These patterns of social mobilization are an essential part of struggles, and theoretical consideration of how people in a locality develop their perspectives, activities and organization is a necessary part of developing a dialectical theory and its related forms of practice that might result in healthier communities and a healthier world.

Acknowledgements

Support was provided by National Institute on Drug Abuse grants R01 DA13128 (Networks, Norms and HIV Risk Among Youth), R01 DA10411 (Drug Use and HIV Risk among Youth), and DA006723 (Social Factors and HIV Risk); by National Institute of Mental Health grant R01 MH62280 (Local Context, Social-Control Action, and HIV Risk); and by National Institute on Allergy and Infectious Diseases grant R01AI034723 (HIV Risk among Youth). We would like to thank Giovanni Arroyo, Lelia Cahill, Yolanda Jones, Khaleaph Luis, Herminio Martinez, Elsie Rodriguez, Jane Rodriguez-White, and Joy Settembrino for conducting and arranging for interviews, and Ellen Benoit for useful suggestions about the paper. For the Drug Use and HIV Risk Among Youth project, Johns Hopkins

University School of Medicine and the University of Maryland School of Medicine conducted laboratory tests; we would like to acknowledge the assistance of Jeff Yuenger and Kathy Schmidt of Johns Hopkins in facilitating this testing.

References

1. Kawachi, Ichiro; Kim, Daniel; Coutts, Adam; Subramanian, SV. International Journal of Epidemiology 2004;33:682–690. [PubMed: 15282222]
2. Portes, Alejandro. Social capital: its origins and applications in modern sociology. Annual Review of Sociology 1998;24:1–24.
3. Putnam, Robert. The prosperous community: social capital and community life. The American Prospect 1993;35–42.
4. Putnam, Robert. Bowling Alone: The Collapse and Revival of American Community. New York: Simon & Schuster; 2000.
5. Sampson RJ, Raudenbush SW, Earls F. Neighborhoods and violent crime: a multilevel study of collective efficacy. Science 1997;277:918–924. [PubMed: 9252316]
6. Navarro, Vincente. A critique of social capital. International Journal of Health Services 2002;32:423–432. [PubMed: 12211285]
7. Muntaner, Carlos; Lynch, John. Social capital, class gender and race conflict, and population health: an essay review of *Bowling Alone's* implications for social epidemiology. International Journal of Epidemiology 2002;31:261–267.
8. Muntaner, Carlos; Lynch, John W.; Hillemeier, Marianne; Lee, Ju Hee; David, Richard; Benach, Joan; Borrell, Carme. Economic inequality, working-class power, social capital, and cause-specific mortality in wealthy countries. International Journal of Health Services 2002;32:629–656. [PubMed: 12456119]
9. Weir SL. Class forces in the '70's. Radical America 1972;7:31–77.
10. Weir, SL. Unpublished MA thesis. University of Illinois; Urbana-Champaign: 1974. A Study of the Work Culture of San Francisco Longshoremen.
11. Rudé, GFE. Ideology and popular protest. New York: Pantheon Press; 1980.
12. Friedman, Samuel R.; Neaigus, Alan; Jose, Benny; Curtis, Richard; Des Jarlais, Don C. Networks and HIV risk: An introduction to social network analysis for harm reductionists. International Journal of Drug Policy 1998a;9:461–469.
13. New York City Department of City Planning. Community District Needs, Fiscal Year 1993. 1993.
14. Friedman, Samuel R.; Curtis, Richard; Neaigus, Alan; Jose, Benny; Des Jarlais, Don C. Social Networks, Drug Injectors' Lives, and HIV/AIDS. New York: Kluwer/Plenum; 1999a.
15. Maher, Lisa. Sexed Work: Gender, Race and Resistance in a Brooklyn Drug Market. Oxford: Oxford University Press; 1997.
16. Flom, Peter L.; Friedman, Samuel R.; Jose, Benny; Curtis, Richard; Sandoval, Milagros. Peer norms regarding drug use and drug selling among household youth in a low income “drug supermarket” urban neighborhood. Drugs: Education Prevention and Research 2001a;8:219–232.
17. Flom, Peter L.; Friedman, Samuel R.; Kottiri, Benny J.; Neaigus, Alan; Curtis, Richard; Des Jarlais, Don C.; Sandoval, Milagros; Zenilman, Jonathan M. Stigmatized Drug Use, Sexual Partner Concurrency, and Other Sexual Risk Network and Behavioral Characteristics of 18-24 Year Old Youth in a High-Risk Neighborhood. Sexually Transmitted Diseases 2001b;28:598–607. [PubMed: 11689758]
18. Flom, Peter L.; Friedman, Samuel R.; Jose, Benny; Neaigus, Alan; Curtis, Richard. Recalled adolescent peer norms towards drug use in young adulthood in a low-income, minority urban neighborhood. Journal of Drug Issues 2001c;31:425–443.
19. Friedman, Samuel R.; Flom, Peter L.; Kottiri, Benny J.; Zenilman, Jonathan M.; Curtis, Richard; Neaigus, Alan; Sandoval, Milagros; Quinn, Thomas; Des Jarlais, Don C. Drug use patterns and infection with sexually transmissible agents among young adults in a high-risk neighborhood in New York City. Addiction 2003a;98:159–169. [PubMed: 12534420]
20. Friedman, Samuel R.; Flom, Peter L.; Kottiri, Benny J.; Neaigus, Alan; Sandoval, Milagros; Curtis, Richard; Johnson, Bruce D.; Des Jarlais, Don C. Drug dealing and attitudes and norms about drug

- dealing among young adults and their peers in a high-risk community. *International Journal of Drug Policy* 2003b;14
21. Friedman, Samuel R.; Flom, Peter L.; Kottiri, Benny J.; Zenilman, Jonathan M.; Curtis, Richard; Neaigus, Alan; Sandoval, Milagros; Quinn, Thomas; Des Jarlais, Don C. Drug use patterns and infection with sexually transmissible agents among young adults in a high-risk neighborhood in New York City. *Addiction* 2003c;98:159–169. [PubMed: 12534420]
 22. Tabor M. The world of a drug bazaar, where hope has burned out. *The New York Times* 1992 October 1;:B1.
 23. Curtis, Richard; Friedman, Samuel R.; Neaigus, Alan; Jose, Benny; Goldstein, Marjorie; Ildefonso, Gilbert. Street-Level Drug Market Structure and HIV Risk. *Social Networks* 1995:17219–228.
 24. Curtis, Richard; Hamid, Ansley. Neighborhood Violence in New York City and Indigenous Attempts to Contain It: The Mediating Role of the Third Crown of the Latin Kings. In: Marshall, PL.; Singer, M.; Clatts, M., editors. *Integrating Cultural, Observational, and Epidemiological Approaches in the Prevention of Drug Abuse and HIV/AIDS*. Washington, DC: National Institute on Drug Abuse; 1999. p. 143-174.
 25. Silverman, Eli B. *NYPD Battles Crime: Innovative Strategies*. Boston, MA: Northeastern University Press; 1999.
 26. Curtis, Richard. The improbable transformation of inner city neighborhoods: Crime, Violence, Drugs and Youth in the 1990s. *Journal of Criminal Law and Criminology* 1998;88(4):1233–1276.
 27. Karmen, A. *New York Murder Mystery: The True Story Behind the Crime Crash of the 1990s*. New York University Press; 2000.
 28. Office of Applied Studies. *National Household Survey on Drug Abuse, 1998*. Rockville, MD: Substance Abuse and Mental Health Services Agency; 1999.
 29. Mertz KJ, McQuillan GM, Levine WC, et al. A pilot study of the prevalence of chlamydial infection in a national household survey. *Sex Transm Dis* 1998;25:225–8. [PubMed: 9587171]
 30. Curtis, Richard. Crack, Cocaine, and Heroin: Drug Eras in Williamsburg, Brooklyn, 1960-2000. *Addiction Research and Theory* 2003;11(1):47–63.
 31. Friedman, Samuel R.; Maslow, Carey; Bolyard, Melissa; Sandoval, Milagros; Mateu-Gelabert, Pedro; Neaigus, Alan. Urging others to be healthy: “Intravention” by injection drug users as a community prevention goal. *AIDS Education and Prevention* 2004;16:250–263. [PubMed: 15237054]
 32. Friedman, Samuel R.; Bolyard, Melissa; Maslow, Carey; Mateu-Gelabert, Pedro; Sandoval, Milagros. Networks, risk-reduction communication, and norms. *Focus* 2005 January;20(1):5–6. [PubMed: 15776521]
 33. Friedman, Samuel R.; Perlis, Theresa; Lynch, John; Des Jarlais, Don C. Economic inequality, poverty, and laws against syringe access as predictors of metropolitan area rates of drug injection and HIV infection. *Third Annual Meeting Report; 2000 Global Research Network Meeting on HIV Prevention in Drug-Using Populations; Durban, South Africa. July 5 - 7, 2000; 2001*. p. 147-149.
 34. Dittmer, John. *Local People: The Struggle for Civil Rights in Mississippi*. Urbana: University of Illinois Press; 1995.
 35. Morris, Alden D. *The Origins of the Civil Rights Movement: Black Communities Organizing for Chang*. New York: Free Press/MacMillan; 1984.
 36. Payne, Charles. *I've Got the Light of Freedom: The Organizing Tradition and the Mississippi Freedom Struggle*. Berkeley: University of California Press; 1995.
 37. Ransby, Barbara. *Ella Baker and the Black Freedom Movement: A Radical Democratic Vision*. Chapel Hill: The University of North Carolina Press; 2003.

Table 1
Survey findings about other-protective action in the prior 3 months by “hardest” drug used in last 3 months.*

In the last 3 months, have you urged ...	160 IDUs	61 crack smokers	80 users of non-injected heroin or cocaine	90 marijuana users	75 non-users of these drugs
anyone:					
to use condoms if they start a new relationship?	46%	56%	56%	64%	55%
not to use drugs?	51%	64%	54%	48%	41%
to get into drug treatment?	54%	64%	40%	28%	25%
to try a drug they have never tried before?	5%	3%	8%	6%	1%
any drug injectors:					
to use condoms when they have sex?	39%	31%	19%	9%	13%
to use needle exchanges?	38%	13%	15%	2%	4%
In the last 3 months, have you helped care for anyone who has HIV or AIDS?	35%	46%	33%	16%	23%

*. The data in this table, with the exception of the last row, have previously appeared in Friedman et al (in press).