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Structural Factors Influencing Patterns of Drug Selling and Use and HIV Risk in the San Salvador Metropolitan Area

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Abstract

This article explores differences in the social context in which crack sales and use and HIV risk take place in seven low-income communities in San Salvador, and structural factors that may influence these differences. The organization of drug selling varied among the communities on a number of dimensions including: whether drug sales were open or closed systems; the type of drug-selling site; and the participation of drug users in drug-distribution roles. Drug-use sites also varied according to whether crack was used in private, semiprivate, or public spaces, and whether individuals used drugs alone or with other drug users. Three patterns of drug use and selling were identified based on the dimensions outlined above. Structural factors that influenced these patterns included the geographic location of the communities, their physical layout, gang involvement in drug sales, and police surveillance. Implications for HIV risk and prevention are explored for each pattern.

Keywords

[El Salvador; crack; drug-use sites; drug-selling sites; HIV; structural factors]

The prevalence of HIV infection has increased dramatically in El Salvador over the last decade. Four of the six countries in Latin America with the highest HIV/AIDS prevalence are in Central America, and the epidemic threatens to run out of control unless prevention efforts are intensified (World Bank 2003). According to a report by the USAID Bureau of Global Health (2003), the prevalence of HIV in El Salvador is 0.6 percent, although it estimates the prevalence for vulnerable populations such as commercial sex workers and street children to be considerably higher at 10 percent and 20 percent, respectively. The primary exposure category is heterosexual transmission (78.8 percent), followed by male-to-male sex (13.6 percent). Only 0.9 percent of the cases are attributable to injection drug use (Pan American Health Organization 2001).

Although injection drug use is not a primary mode of exposure in El Salvador, noninjection drug use, and crack use in particular, has been associated with increased sexual risk behaviors and increased risk for contracting HIV (Bourgois and Dunlap 1993; Boyle and Anglin 1993; Inciardi 1993; Koester and Schwartz 1993; Ouellet et al. 1993; Ratner 1993). Crack use and the crime associated with crack distribution have emerged as growing problems in El Salvador (Smutt and Miranda 1998; Santacruz Giralt and Concha-Eastman 2001). At the same time as El Salvador has served as a transshipment or staging point for drugs destined for the United States since the early 1980s, in the last decade the local market for cocaine has greatly expanded. Cocaine use has shifted from use in powdered form,

primarily among a small upper class, to crack use among marginal and working-class communities in San Salvador's greater metropolitan area (Dickson-Gomez 2004; Santacruz Giralt and Concha-Eastman 2001; UN Development Programme 2004). Responses to HIV by the Ministry of Health in the 1990s focused on vertical transmission from mother to child, and reducing sexual risk among commercial sex workers (Dickson-Gomez et al. 2006). Although in the last decade the Ministry of Health has expanded prevention efforts to encourage HIV testing and prevention among the general population, crack use is not measured as a risk factor in HIV surveillance, and no programs specifically for crack users have been developed.

HIV researchers working with active drug users in the United States have increasingly argued that interventions that focus only on changing individual risk behavior are insufficient to reduce the spread of HIV significantly (Blankenship et al. 2000). Addressing the social context in which risky sexual practices and drug use occurs is necessary to understand and reduce HIV transmission. Features of the social context found to be important in the spread of HIV in the United States include the varying characteristics of drug-use sites, including the extent to which drug-selling sites are public or private, and shared with other drug users (Carlson 2000; Weeks et al. 2001). Also contributing to HIV risk are the subsistence strategies drug users engage in to sustain their drug use, including participation in drug distribution roles, and sex for money or crack exchanges (Carlson 2000; Friedman et al. 1998; Inciardi 1995; Weeks et al. 2001). Drug-selling sites vary from street-level selling to closed sites or house delivery (Fagan and Chin 1991; Friedman et al. 1998; Inciardi and Pottieger 1991; Sommers and Baskin 1997). Drug-selling organization has also been shown to vary historically and geographically, from freelance organizations to highly organized, corporate-style drug-selling organizations (Curtis 1996; Natarajan and Belanger 1998). The degree to which differences in drug-selling sites and organizations affect drug users' participation in drug distribution and the context in which crack is consumed has been relatively neglected in the literature.

Research on structural factors that may influence the social context of drug use and HIV risk is limited, particularly in developing countries. However, research in developed countries suggests that the social context in which drug use and risky sexual activity takes place is influenced by a number of structural factors including the criminalization of drug use, the physical characteristics and geographic location of neighborhoods, limited employment opportunities in urban neighborhoods, and gang presence and activities (Curtis 1996; Blankenship et al. 2000; Des Jarlais 2000; Farmer 1998; Sumartojo 2000). However, most researchers have explored the relationships among community structural factors, drug-market organization, and violence by using secondary analyses of data gathered for other purposes or historical data. Hypothesized causes, therefore, are speculative, and explicit comparison of communities with differing characteristics has rarely occurred (Fagan 1992).

In this article, we explore differences in the microsocial context of drug use and selling from seven communities in the San Salvador Metropolitan area. In particular, we explore differences in the places drugs are sold and the openness of drug distribution in each of the communities. We also examine the degree of specialization in drug-distribution roles and the participation of crack users in drug distribution (buying drugs for others, publicizing drugs, delivering money or drugs, running a drug-use site). In addition, we explore differences in the sites where crack is used and risky sex may occur and the effects of differences in drug selling on these sites. Finally, we explore structural factors that may explain observed patterns of drug selling and use, and the effects of these on HIV risk. An examination of the relationship between community structural factors—and the contexts in which crack use and sales and HIV risky sex occurs—reveals features of the sociopolitical context that facilitate the spread of HIV and therefore, highlight possibilities for intervention.

Methods

Focus group interviews were conducted with leaders and crack users in seven low-income communities in the San Salvador metropolitan area. In addition, in-depth interviews were conducted with crack users in each of the communities. Communities were selected to represent three different types of urban neighborhood common in San Salvador and many cities in Latin America. These were Marginal Communities (three communities), Asentamientos Urbanos Populares (Popular Urban Settlements or AUPs, one community), and Older Central Communities (three communities). Previous studies conducted by the research team in communities with differing socioeconomic characteristics indicated that drug-selling and drug-use sites varied considerably throughout the San Salvador Metropolitan area, with corresponding differences in sexual risk behaviors (Dickson-Gomez 2004; Dickson-Gomez et al. 2007). We hypothesized that differences in community structural factors such as level of economic development, physical characteristics of the community, gang, or police presence might help explain these differences. This study was designed to explore the impact of structural differences on the context of drug use and selling. The three community types represented community types already recognized in San Salvador and refer to differences in their histories of formation. Community types also varied in other structural characteristics such as physical layout, geographic proximity to other areas of the city, degree of permanence of residents, presence of leadership in communities, and relative proportion of the population that worked in the informal economy. We originally planned to study three communities of each type to explore differences in community structural characteristics, and drug selling and use within and among communities of different types. However, it proved difficult to find three AUP communities to work in, as described more fully below.

Marginal Communities

Marginal communities formed in urban El Salvador much as they have elsewhere in Latin America as migrants looking for work in the city occupied vacant land, often municipally owned, on the banks of rivers or near train tracks or bus terminals. Housing was built on these properties without any central planning or zoning. In the first years of formation of a marginal community, housing often consists of makeshift shelters made of scrap iron and other materials. Sanitation services, electricity, and potable water are often missing. Over time, many marginal communities have achieved legal recognition of their communities and housing and infrastructure improvements with aid from national and international NGOs. Residents in marginal communities are primarily poor and work in the informal economy (Ramirez 2001; Stein 1989; Zchaebitz 1999).

The three Marginal Communities selected each went through this process of informal squatting through to legalization, although their length of existence and reasons for forming differed. All three communities had unique names and their own leadership. Marginal Community 1 was the oldest, formed 50 years previously as poor migrants emigrated to the city from rural departments, looking for work. Marginal community 2 formed approximately 20 years ago by migrants fleeing the civil war that raged in the eastern, rural departments. Marginal community 3 was formed approximately 17 years ago after the 1986 earthquake destroyed their residents' housing and former neighborhood. Residents of all communities, however, described a period of struggle against the government, which wished to forcibly evict them from their homes. They sought help from religious organizations in the country that served as witnesses to government violence and helped with materials for residents to build their homes. Residents also described forming representative and democratically elected boards of directors to obtain legal tenure of their land and to obtain aid from international organizations to improve housing and community infrastructure, such as potable water, sewage, paved roads, and lights. Although communities had achieved many

improvements in infrastructure with paved roads, sewage, and electricity, each is still characterized by poor planning, many with winding pedestrian-only streets, called *pasajes*.

Residents in all communities expressed pride in their struggle to form their communities, and most residents had lived in the communities all their lives or since the community was founded. However, community residents also expressed feeling stigmatized by the larger population of San Salvador in their attempts to obtain loans or jobs. They felt that although their communities had problems with crime, all residents of their communities were unfairly characterized as drug addicts, prostitutes, and thieves.

Asentamientos Urbanos Populares

The Asentamientos Urbanos Populares, or “Popular Urban Settlements,” were formed as part of a government program in the 1970s, which continues to provide low-income housing through loans from the Fondo Social para la Vivienda, to low-income workers employed in the formal economy (Lungo 2001). These communities are often located on the outskirts of the larger metropolitan area of San Salvador, in cities that are close to the food processing and textile factories of the free trade zone. Although AUP communities without exception have access to basic services such as sanitation, potable water, and sewage, these communities are poorly planned and are characterized by residential overcrowding and a lack of recreational spaces. Because AUPs were legally recognized from the beginning, they never formed the formalized representative leadership that Marginal Communities have. Residents of AUPs are also generally more affluent than those of Marginal Communities. Although many still work in manufacturing and the service sector, focus-group participants indicated that many residents in their community had university degrees and professional jobs.

Older Central Communities

Finally, older central communities in San Salvador have different low-income housing patterns. Prior to the 1986 earthquake, many migrants to the capital who worked in the informal economy or domestic service resided in *mesones* (boarding houses often constructed in large, colonial-era houses) in neighborhoods in the center of the city (Stein 1989). Although much of this housing stock was destroyed in the 1986 earthquake, a number of mesones still exist in older central communities, along with other housing options, such as *albergues* (shelters) and motels. Both mesones and albergues consist of private rooms surrounding communal living spaces and are often of very poor quality and made of adobe. Other low-income residents of these neighborhoods may live on the street or in abandoned buildings. In comparison to the other community types, residents in Older Central Communities are highly transient. Housing in these neighborhoods can be rented by the day or even hour. Residents are often recent migrants from other parts of the city or country and are almost exclusively employed in the informal economy or the illicit enterprises of drug sales and commercial sex work. Older Central Communities also have heavy concentrations of NGOs and religious organizations to serve the drug users and sex workers who populate the zone. Service providers of these organizations in many ways represent a more permanent presence in the neighborhoods than those who live there.

Selection of particular communities of each type was a multistep process. First, communities that could be characterized according to the three types were identified. Then, because of the high levels of violence, gang presence, and suspicion of outsiders in each of the communities, initial contact persons were identified. Contacts were people who lived in the community and held a leadership position, for example presidents of the community boards, or persons who worked in religious organizations or NGOs located within and providing services to the community. In some cases, initial contacts indicated that it would not be safe

to do the study in their community. This was particularly the case in AUP communities where gangs controlled drug selling and were highly active in the communities, and residents feared retaliation as “informants” by participating in the study. In all cases, community contacts’ advice was followed, and we did not pursue research in areas where it was felt it would not be safe to do so. After initial meetings with community contacts, field staff took a minimum of six walking tours of each community during different times of the day, prior to initiating recruitment for focus group and in-depth interviews, noting physical characteristics of the community such as size of roads, pedestrian and car traffic, materials with which houses and streets were made, presence of trash, open spaces, and gang graffiti. Field staff continued to visit each community throughout the project to recruit new participants, and to invite community residents to forums to present results and initiate development of a community-level HIV-prevention intervention.

Focus groups with leaders consisted of groups of seven to nine non-drug-using residents, including community political or business leaders, parents, and residents who spent large portions of the day within the community ($n = 51$). Participants for the leaders’ focus groups were identified by community contacts and by referral from other community leaders. A second focus group consisting of crack users was attempted in each community and successfully conducted in three of the seven ($n = 22$). Crack users were identified by service providers located in the community, street outreach, and referral by other crack users. The chaotic lifestyle of many crack users made scheduling a group interview difficult in some communities. Eligibility criteria for the crack users’ focus group included being over 18 years old and having smoked crack in the last month. Focus groups with leaders and crack users explored the structural characteristics of the community including the level of economic development, the community’s history of formation, problems in the community including gangs and crime, perceptions of the police, and community leadership and resources. Participants also were asked to describe the methods of drug distribution in their communities, drug-use sites, problems caused by substance use, and reasons for drug use and selling in their communities. In addition, participants in the crack-users’ focus group were asked whether drug-use and -selling sites have changed over time, especially since changes in laws concerning drug possession and gang membership. They were asked to describe ways that crack users earn money to obtain crack including participation in drug-economy roles. Participants in the focus groups received a food basket worth approximately \$5.

In-depth interviews were conducted with a total of 20 crack users representing each of the communities, some of whom also had participated in a drug distribution role. In-depth interview participants included 15 men and five women, and four participants who were currently selling crack. Participants had a mean age of 31 years, with a range from 22 to 45. Participants had smoked an average of 169 times in the past month ($S.D. = 207$, range 6 to 800). Eligibility criteria included being 18 years or older, having smoked crack in the last 30 days, or having sold crack or done a favor for a drug dealer in the last 30 days. Although those who currently sold drugs or participated in a drug distribution role did not need to be currently smoking crack to be eligible, all participants who reported participating in crack distribution were current crack users. In-depth interviews explored the places where participants bought and used drugs, whether these have changed over time and, if so, reasons for the change. Participants were asked to describe how they earn money to buy drugs, including sex exchanges for money or drugs or participation in drug distribution. They were also asked about their experiences with violence when buying or selling drugs, their experiences with gang members, and with the police. Participants received food items worth approximately \$5 for completing the in-depth interview. Written informed consent was obtained from all in-depth and focus group participants prior to being interviewed. Informed consent and project protocols were reviewed by Institutional Review Boards at the Institute

for Community Research, Hartford, Connecticut, the Medical College of Wisconsin, Milwaukee, Wisconsin, and the Universidad Centroamericana José Simeón Cañas, San Salvador, El Salvador.

All interviews were transcribed verbatim and coded collaboratively by the Salvadoran and U.S. research team using Atlas.ti. Coding occurred in several stages. First, all transcribed interviews were coded for the community type, community name, gender and ethnicity of participants, and the type of interview. Interviews were then coded for broad themes including community characteristics, level of economic development, gangs, system of drug distribution, and drug-use sites. Each of these family codes contained several subcodes. For example, system of distribution included as subcodes changes in drug selling in the community, participation of drug users in sales, strategies for earning money to obtain crack, drug-selling sites, methods of distribution, and norms regarding drug distribution. The first several interviews were coded by the team as a group. Thereafter, coding was reviewed by all members of the team and disagreements were discussed until consensus was reached. Interviews for each community were then reviewed, and community characteristics, drug-selling sites, whether drugs were sold to outside buyers, and drug-use sites were coded and entered into a matrix. Community patterns in drug-use and -selling sites were identified as a group, and differences in structural characteristics among different community drug-use and -sale types were identified and discussed. All interviews were coded in Spanish. The first author translated interview excerpts included in the article.

Results

The organization of drug selling varied among the communities on a number of dimensions including whether drug sales were open or closed systems (i.e., whether people who did not reside within the community were able to buy drugs within the community), the type of drug-selling site, and the participation or exclusion of drug users from drug-distribution roles. Type of drug-selling site included *trances* (fixed sites where crack was sold and used)¹; fixed selling sites (where crack was sold from a business or house, but drug use was not permitted); and street sales. Drug-use sites also varied among the communities according to whether crack was used in private (e.g., homes), semiprivate (brothels or trances), or public spaces (streets or pasajes, pedestrian-only streets). In addition, private or semiprivate sites varied in the extent to which these spaces were shared with other drug users or used privately. The communities studied conformed to three patterns of drug-use and drug-selling sites based on these dimensions. Structural factors that influenced these patterns included the extent to which gang members controlled drug sales, the geographic location of communities and their physical layout, and police presence and activities in the area.

Pattern 1

Two communities (Marginal Community 1 and the AUP community) conformed to Pattern 1. In these communities, crack sales occurred on the street or, to a lesser extent, from fixed sites. Sales were closed to those not residing in the community, and crack users played little or no role in drug distribution. Crack use occurred in public or private nonshared spaces with little potential for sexual risk activities to occur, for example, sex for crack exchanges. (See Table 1.)

¹Although the term *trance* was sometimes used to refer to any fixed site where drugs were sold, it more commonly referred to places where drugs were sold and could be consumed. We use this more specific translation of *trance* to more clearly distinguish these sites from fixed site locations where drugs are not used. In translations of quotes, the term *trance* was only retained if it referred to sites where drugs were sold and used. *Trance* is Salvadoran street slang, short for *trancedero*, which means business or business deal. The word, although sometimes used more generally, has connotations that the business in general is illegal.

Crack sales in both communities took place mainly on pasajes away from main roads. Crack sellers did not occupy fixed sites but, rather, moved from place to place to avoid detection by police, as described in a focus group of crack users below.

Ethnographer: What are the places where they sell drugs here ...?

Male participant 1: In the pasajes. There isn't a fixed place, just in the pasajes.

Male participant 2: You have to look for the person in any pasaje.

Male participant 1: For the person who sells.

Male participant 3: What he's saying is like here I am, I'm here with my vial full of rocks. Here I'm selling them ... Let's say here are the police and they go to some other place where they're farther away from them, where they [police] can't catch them. [Crack Users Focus Group Marginal Community 1]

Many participants in Marginal Community 1 noted that locations of drug sales have changed because of increased police presence and activities in the community. Plan Mano Dura (Plan Strong Arm), passed by the Salvadoran Assembly in 2003 and replaced by Plan Super Mano Dura in 2004, was intended to help control the increasing gang and drug-related violence in El Salvador. Plan Mano Dura included antigang legislation making membership in a gang illegal, regardless of participation in illegal activities. Although the law was declared unconstitutional in 2004, thousands of gang members who were identified by their gang tattoos were arrested. Under Plan Super Mano Dura, thousands more have been detained for "illicit groupings" or gatherings of three or more youth. Laws criminalizing drug possession and distribution have also been strictly enforced (Children and Youth in Organized Armed Violence 2004).

Police installed a permanent substation in Marginal Community 1 in April 2006 and initiated continuous, 24-hour patrols. Many participants felt that their community, because of its reputation for gang-related violence, was being used as a sort of "demonstration project" for the "tough on crime" plan. Drug-using and non drug-using participants alike reported that although violence had decreased since the police established a more permanent presence, community members were often questioned and detained, and frequently harassed and abused (Corbett and Dickson-Gomez 2008). Marginal Community 1, like many residential communities in San Salvador, consists mainly of narrow, pedestrian-only pasajes. Pasajes are not laid out in a grid system but, rather, resemble a maze reflecting the pedestrian paths that squatters used to walk to their homes on the hillside on which Marginal Community 1 sits. Because of constant patrolling, the police would be more likely to discover a fixed site, even those disguised as legitimate businesses, than frequently moving, ambulatory sellers. Sellers only need to turn two corners in the maze of pasajes to escape detection or capture.

Drug use in both communities paralleled drug-selling patterns and commonly occurred in public, nonshared spaces, most often in the pasajes. Again, in Marginal Community 1, crack smokers often moved from place to place to avoid detection by the police. They were still observed by residents, however, as described by participants in the Leaders' focus group below.

Male participant 1: Before ... it used to scare me to walk around these alleys ... Now I've gotten to the point that at least for me, it's normal because sometimes someone is in the street and "Oh, this one is *pipeado* [high on crack]" and you just let him by ...

Ethnographer: So people don't hide ...?

Male participant 1: They've been hiding from the police ... They've just left the main street. They've left the main street for

Female participant 1: The corners. [Leaders' Focus Group Marginal Community 1]

Like Marginal Community 1, changes in the places drugs were sold in AUP 1 resulted in changes in the places where drugs were consumed. Participants reported that trances, where drugs were sold and consumed, were common in the community up until the previous year. Participants reported that in their area, Plan Mano Dura had not resulted in increased police presence or activity. Participants complained that their community did not have a police substation despite the fact that it was large and had a high rate of homicide and other gang-related violence. They complained that police did not patrol regularly and often arrived after a crime occurred. Participants in AUP 1 attributed the elimination of trances more to the threat of police detection than actual police activities, and in fact they felt that the takeover of drug sales by gang members was a more important factor for the recent changes.

Ethnographer: Now the places where people use and everything ... has this changed because of the Plan Mano Dura? People have had to hide?

Male participant 1: Because of that. Here they don't let a user smoke where he is anymore, where he goes to buy ... Now ... they buy it and get out because of the same circumstance of the police ... and mostly because gang members are the ones who are selling and that's why a civilian doesn't come and hang out with them. They say, "Get out." ... and that's why the addict just comes to buy the quantity that he wants and goes to his house or a place where he can smoke it calmly.

Ethnographer: So in other words, before they could smoke in the trances.

Male participant 1: Yeah, before they could ... It was permitted, but not anymore. [Leaders' Focus Group AUP 1]

Although gangs were present in all communities studied, they did not participate in drug selling in all of them. In many, their activities were limited to extortion and robbing. Gang members prohibit drug use in the places where they sell drugs because it may attract the attention of the police and because gang members do not want to be associated with "civilians" (non-gang members).

Some participants described using crack in their homes so that their drug use would not be discovered by friends and neighbors. Some participants reported that they were afraid to use in the streets because other community members "despise" crack users and might harm them. In the Pattern 1 communities, crack users who used at home did not offer the use of their space to other crack users, as has often been found in cities in the United States. In Hartford, Connecticut, for example, many drug users who had their own apartments let their drug-using friends and acquaintances get high in their apartments in exchange for a portion of the drugs that they had (Dickson-Gomez et al. 2004). In Marginal Community 1 and AUP 1, most participants had lived in the area for 20 to 30 years. Many of the leaders had lived in the communities since they were founded, and younger participants had lived in the communities their entire lives. The majority of drug-using participants, most of whom were in their twenties and thirties, shared a home with parents, wives, children, or other family members who did not use drugs. Drug use in their homes was often clandestine. Bringing other drug users to use in the home would alert family members to their drug use and be a sign of disrespect.

Male participant: What I did was turn off the light in my room so that they [my parents] wouldn't wake up, but in the end they knew. [Crack user, AUP Community 1]

Because drug use occurred in public or private nonshared spaces, drug-use sites in communities following Pattern 1 offered little opportunity for the sex exchanges associated with crack use. In fact, none of the drug-using participants in either community described currently engaging in sex exchanges, although some participants in AUP 1 described engaging in them in the past when trances were still in the community. Further, participants in the Crack Users' Focus Group in Marginal Community 1 were puzzled by questions about how crack users could be at increased risk for contracting HIV. Participants believed that because they were not injecting, their crack use did not put them at risk for HIV. Participants in communities following Patterns 2 and 3, described below, had participated in or knew about sex exchanges occurring in their community and understood that crack use could lead to increased risk through sex exchanges.

None of the drug-using participants in Pattern 1 communities reported currently selling drugs. Drug users described earning money to buy drugs by doing errands, borrowing money from neighbors, or from occasional work. In Marginal Community 1, participants reported that although gangs were not the only drug sellers in the community, gangs restricted who was able to sell in the area. In AUP 1, two crack-using participants who had sold crack in the past were unable to continue selling after the gangs took over the market and threatened to kill them if they continued.

The man below, who sold in AUP 1 before the gangs took over, described using his position as a seller to coerce sex exchanges from female participants.

Male crack user: Another girl came at night ... She said, "I need a rock to get well but I don't have money." "Okay. What are you going to give me?"

"No, not my body." "No, give me your body," and of course maybe I humiliated her before giving her drugs. [Male crack user, AUP 1]

The leverage the crack user had over other users disappeared when he was no longer able to sell as a result of gangs taking over drug selling. As mentioned above, crack users described few opportunities for sex exchanges in Pattern 1 communities at the time of the interview.

Both Pattern 1 communities had closed drug markets in that participants reported that people from other communities rarely or never came into the community to buy drugs.

Male crack user 1: Only people who are known can come [to buy drugs], but otherwise no. Before when the PNC [police] wasn't active here in the community, people came from other areas ... but they just came to be robbed. They didn't get drugs, they couldn't buy or anything because they were mugged. That's what happened. [Now] we're all from the same community. [Male crack user, Marginal Community 1]

Although the crack user from Marginal Community 1 attributes the closed drug market in part to increased police activity, it is clear that even before the police became active in the community, few "outsiders" could successfully buy drugs. Again, the physical structure of both communities and the fact that neighbors are well known to each other make it difficult for strangers to enter the community. Because drug sales no longer occur on the communities' main streets, potential buyers cannot drive in to buy drugs. Instead, they would need to enter the maze of pasajes where residents would immediately recognize them as "outsiders" and might see them as potential robbery targets. Contributing even more to its relative isolation, AUP 1 is located on the outskirts of the San Salvador metropolitan area, and few people pass through or by the community while traveling to other parts of the city.

Pattern 2

In Pattern 2 (Marginal Communities 2 and 3), crack was sold on the streets and in trances, and drug sales were more open to nonresidents. In these communities, crack users participated in drug distribution, but these roles were limited to delivering drugs from sellers to buyers or money from buyers to sellers (called “seconds” in the Salvadoran context), or acting as lookouts for police. Drug users were not directly involved in selling. Crack use occurred both in public places and in trances, where sex exchanges were common.

Crack was sold most frequently from trances. Crack users may use in trances as long as they continue to buy from the dealer or are there to exchange sex with a paying customer as the participant describes below (see also Dickson-Gomez et al. 2007).

Female user: No, whoever comes to buy, “Hey, look, you know, I want some but I don’t have anyplace to use.” “How much are you going to use?”

“So much.” “And you know, I would like to be using with a girl.” So they would go get some female addicts ... They would give her a rock ... The thing is that the person who comes has to be spending and spends for the two of them.

Ethnographer: This trance that you’re talking about, do people who use there in the trance know each other?

Female user: They know each other.

Ethnographer: And how often do you go to use in the trance?

Female user: Ay, it’s been a long time since I’ve gone there ... Because no, look, the men are such trash ... They take advantage and later they don’t care about you ... They mess with you, they put you down. I mean, you work, work, and work and they just give you crumbs, crumbs, crumbs and you have to put up with it because you don’t have cash to buy. [Female Drug User, Marginal Community 2]

Trances are contexts where risky sexual behaviors occur with great frequency. Female crack users often spend long periods of time in the trance and engage in multiple sex acts per occasion. Condoms were rarely used in these contexts. Men reported that they preferred not to wear them because it didn’t feel the same. Women crack users reported often acceding to sex without condoms because they were desperate to get high.

In addition to trances, crack was used in other private and public spaces. Unlike Pattern 1 communities, participants from Pattern 2 communities described opening their homes to other crack users, from whom they received a portion of crack. Those who opened their spaces to other crack users included two crack-using brothers who shared a house but did not live with other family members, and a crack-using woman who had constructed a makeshift shelter out of plastic and discarded wood. Each limited the use of their space, however, to people who were known to them and whom they trusted.

Crack sales also took place on the street in both Marginal Community 2 and 3. These sales, however, were not limited to street sellers who moved from place to place in the pasajes as in Pattern 1. Rather, “seconds,” often crack users, waited along the principal street and delivered drugs from the trances to people waiting in cars. Crack users were also involved in drug sales as “lookouts” or antennas. Crack users reported being paid for these jobs with money and crack. Buyers came from areas outside the community in cars. The fact that they owned vehicles indicated to residents of these impoverished marginal communities that they were relatively more affluent.

Female participant 1: People arrive in cars [to buy drugs]. Young people, students, people in cars and like in the entrance [to the community from the main street],

they have someone that tells the other [dealer] or who's seeing if there are police. Or they go to bring them the drugs to the car, delivered, so in a day they earn their salary like any other worker ...

Female participant 2: They pay them \$20.

Male participant 1: \$20 daily they give to be sitting there on the stairs, covering them up, "throwing on the blanket" as they say. [Leaders' Focus Group Marginal Community 2]

Drug delivery to cars allows more affluent crack users to buy crack without entering the community, where they would likely be robbed as in the Pattern 1 communities. However, because outside buyers generally do not use crack within the community, they do not participate in the sex exchanges common in the trances. If residents of Marginal Communities 2 and 3 are not already HIV infected, sex exchanges may be relatively less risky as there are fewer opportunities for an infected person to enter the sexual networks of area crack users. Alternatively, if there are HIV-infected persons within the community, HIV has the potential to spread rapidly as there may be a high degree of concurrency in sexual partners among crack users.

Personal delivery of crack to cars did not seem to attract the attention of the police. Both drug-using and nonusing participants in Marginal Community 2 described how crack dealers in their community often paid bribes to the police to avoid raids and arrest.

Female participant 1: In the pasaje where I live, there were two houses where they sold drugs. So the first was at the entrance of the pasaje. The other was farther inside, right where I live, and the police, I mean they had some sort of deal with each other. What did they say about the house that was selling in front? They [the police] raided and got rid of it. Why? Because it was ruining the other's sales, or in other words, it was bringing them competition and that's what they didn't want ... What did the police do? I mean they came and raided and everything, and they took away the woman who was selling, but I mean in the same way they took out that house that was selling, they could have taken out the other that's here, but they haven't done it, because they had some sort of deal [the police and the dealers] and they didn't get rid of them. [Leaders' Focus Group Marginal Community 2]

The house at the entrance to the pasaje was a more convenient location for crack users coming from other pasajes in the community or from other areas of the city because they did not need to walk to the end of the pasaje to buy drugs. This competition may have decreased the sales in the other site substantially, motivating the owners to file a complaint with the police about the site, pay a bribe, and eliminate their competition.

Crack users from Marginal Community 3, while demonstrating the same basic pattern of drug distribution as Marginal Community 2, reported that there were fewer drug-selling sites, that their hours of operation were more restricted, and that the quality of the drugs was lower than in Marginal Community 2. Marginal Community 3 was smaller than Marginal Community 2 and located immediately adjacent to it, along the same main road. Crack-using participants reported that although they occasionally bought drugs in Marginal Community 3, they often bought in Marginal Community 2. Residents in Marginal Community 3 felt that their community was safer and healthier than Marginal Community 2. Their stronger sense of community cohesion and functioning board of directors may have contributed to the lower level of drug selling in the community.

Pattern 3

In Pattern 3 (all three Older Central Communities) crack sales occurred on the street and from fixed sites and trances. Drug distribution was very open, and drug users participated in a variety of roles in drug distribution including sales. Crack use occurred in private, semiprivate, and public shared spaces such as trances, brothels, abandoned buildings (“destroyers”), street, and parks. In addition, commercial sex work was prevalent in each community, and crack was often used in conjunction with sex work.

Pattern 3 communities differed from the other communities in that they were mainly commercial, not residential. Housing in all three communities consisted of motels and mesones. Residents were often transient. Most migrated from other parts of the San Salvador Metropolitan Area or the country. All three communities were located in the center of San Salvador and were points of convergence for multiple bus routes. As participants in the leaders’ focus groups in all three communities reported, drug markets, sex work, and cantinas were concentrated in these areas. The majority of crack-using participants in these communities had migrated from other parts of the city or country. In some cases they had come to sell in the market and became caught up in drug use or prostitution. In other cases, they migrated to these neighborhoods after their drug use escalated and they lost their jobs and were no longer welcome to stay with their families.

Participants explained that these older central neighborhoods had been mixed residential and commercial in the past. Many original residents, some of them wealthy, moved from these neighborhoods following increases in crime and natural disasters in the 1980s. Owners of these homes rented them to others, who, in some cases, sublet the properties to still others. This resulted in a lack of community cohesion and social control regarding the use of space compared to that found in other study communities where neighbors had lived together for decades. As described by participants in the Leaders’ Focus Group in Older Central Community 2, much of the older housing has been turned into illicit or disreputable businesses.

Male participant 1: That’s the big problem in the neighborhood ... that the people who have the businesses aren’t from the neighborhood. They’re people from other zones.

Male participant 2: That’s like the case of the Mansion. The Mansion is the shell of the great residential zone here. It belonged [to a rich family]. So they rented it ... and those people sublet it to others and practically they’ve become uncontrollable businesses ... Now the cantinas aren’t like they were before that they just serve a drink or a bottle. Now they are salons [sex work establishments]. [Leaders’ Focus Group Older Central Community 2]

In Pattern 3 communities crack is sold in multiple locations including trances, fixed sites and the street. In other words, participants reported that crack is sold anywhere and everywhere. The concentration of drug-selling sites, sex workers, and cantinas in these neighborhoods created ideal buying and using destinations for drug users from many parts of the metropolitan area. Participants described drug distribution as being very open. People from higher socioeconomic status regularly came to buy.

Ethnographer: Do people from other places come to buy here?

Male participant 1: Yes, they come, like I said earlier, in cars ...

Male participant 2: They come on foot too.

Male participant 3: Yeah, last time we were watching from here, right. We saw a car stopped that belongs to a man who is a television host, right. Here he was, he’s

been on quite a diet, “What a great diet he’s been on,” I said because he’s really skinny now [from smoking crack]. So he’s one of many that come to get their doses. [Crack Users’ Focus Group, Older Central Community 1]

Crack users in the Older Central Communities were involved in drug distribution roles to a much greater extent than in the other communities. Crack users bought drugs for others, did favors for drug dealers, acted as “seconds” or “antennas,” and resold drugs to other drug users. In many cases, crack users sold as part of a group. Users could gain entry to crack selling by buying drugs for others, doing favors for drug users, and acting as a “second.”

Male crack user: Let’s say out of the five people who sold I was the only one who used, so they trusted me a lot because I had been working with them for a long time ... Eight years of being there ... At first, I started just like any drug addict that came to buy. I smoked there and if I smoked it all I had to see how I could hustle. But later they sent me to do little errands ... a soda, a bag of water and I would go ... I was really obedient and they would give me a rock ... So I would say, “Anything you want, you know, I’ll do anything.” ... So that’s how it went over time. They got to know me and later they trusted me so ... they told me, “Look, you’re going to sell. Don’t go and smoke it.” So they saw that I didn’t smoke it. So from then on, I was always there ... smoking, using, but also selling. [Male crack user, Older Central Community 2]

Women also participated in drug sales. Although the men who sold reported exchanging drugs for sex with their female clients, the women who sold reported that drug selling allowed them to avoid participating in sex work or sex exchanges.

Ethnographer: When was the last time you [exchanged sex] to get crack?

Female crack user: It’s been a long time, two years.

Ethnographer: So you earn enough selling?

Female crack user: Yes, but it’s not a huge amount or I told you how many rocks I smoke in a day [25 a day]. And you’re selling a lot all the time, and that’s how I get it. [Female crack user Older Established Community 1]

In Pattern 3 communities, drug-use sites again paralleled the structure of drug distribution. Crack was consumed in multiple locations, including on the street, in trances, and in motels. Very little drug use occurred in private, nonshared spaces. Most of the crack users did not have permanent residences within the community. Crack use was often with multiple users in semiprivate settings, and sex exchanges were common.

Male crack user: I’ve been smoking in motels since I was 13 years old. Buddies with good money have treated me. Guys who’ve come with a lot that are smoking drugs and have money, have cars and everything and maybe they are smoking and they want someone to go and buy for them and things like that. They trust you, they send you with \$200, \$300 to buy rock.

Ethnographer: And do women come there?

Male crack user: Yeah, they take women there too, some girl to have sex ... You take the girl and there you do everything to her, right, and you give her drugs little by little. [Male crack user, Older Central Community 2]

Because sex workers were well established in the older central communities, crack users were also often approached for crack for sex exchanges while on the street as the participant below describes. Both male and female participants reported exchanging sex for crack.

Male participant: Sometimes my friends and I go in the street ... and in a little while the cars pass honking, "What's up?"

Ethnographer: To see if you're selling yourself?

Male participant: Uh huh, yeah, for that ... and they come to an agreement, "Hey, look how much?" "How much are you willing to give me?" Then they say to you, "Get in the car" to spend a little time. What was going to happen, happens ... At least when I don't have any money to smoke there's a place ... that lots of cars come to get young guys who are prostituting. [Crack Users' Focus Group, Older Central Community 1]

As in Pattern 2 communities, men and women who reported participating in sex exchanges used condoms infrequently, especially when their paying partner refused. However, unlike in Pattern 2 communities, participants described people coming from other areas of the city both to buy crack and find commercial sex workers. The potential for HIV infection to enter the sexual networks of crack users who exchange sex in these communities is high. Additionally, paying partners of crack users could act as bridges to transmit HIV infection to their non-drug-using partners in other parts of the city.

Discussion

This study was one of the first to explicitly compare differences in the context of drug selling and use in different communities, the effects of these differences on HIV risk, and structural factors that may contribute to these. A strength of the study is that we deliberately selected communities with differing characteristics, but with significant amounts of drug use and selling. A limitation of the study includes the relatively small number of participants interviewed, common in qualitative studies. Currently, we are collecting survey data from 540 crack users in the San Salvador area to confirm the findings reported here. In addition, we were limited in this study to communities in which we could gain access through community contacts and where it was deemed safe to conduct qualitative observations and interviews. Our access to AUP communities was thus limited, as was our access to communities with high current levels of drug and or gang-related violence.

Many authors have argued that structural interventions are needed to help curb the spread of HIV (Blankenship et al. 2006). These include intervening on factors in which the direct link to HIV infection is not immediately apparent. The relationship between drug distribution and selling sites, and the context of drug use, has rarely been studied. Results from this study reveal important relationships between the structure of drug distribution and the context of drug use. The context of drug use in communities in many ways is determined by the places and methods in which drugs are sold. When Pattern 1 communities changed their drug selling from trances and fixed sites to ambulatory street selling, drug use similarly changed from use in private shared spaces to nonshared use on the street or at home. The change to street selling was in response to police pressure and or control of drug selling by the gangs. Drug use also changed to an extent as a response to changes in policing but is perhaps better understood as a response to drug sellers' pressure to limit the visibility of their business. In Pattern 2 and 3 communities, drug selling occurred from trances, fixed sites, and on the street. Because drug use was not controlled by gangs, who preferred to avoid police attention after passage of the Mano Dura laws, and police had little presence in the communities, drug sellers could have drug use within their establishments, or have fairly open deliveries to waiting cars.

Results of this study also suggest structural factors that influence differences in drug selling and use. San Salvador, in many ways, provides an ideal site for identifying community factors that impact drug selling and use, by having low-income communities with well-

defined boundaries, distinct histories and different characteristics, and variation in drug-distribution organizations, drug-selling sites, and drug-use sites. In some cases, community structural factors found in our analysis were similar to those identified in historical and noncomparative studies. These include gang control of drug sites, which has been identified as increasing the violence associated with drug selling, and changes excluding drug users from active participation in drug distribution (Valdez and Sifaneck 2004). Similarly, communities' physical characteristics that either facilitate or discourage entry to buy drugs of people from other communities has been associated with the openness of drug markets in the United States (Fagan 1992) and is confirmed in our study. Community cohesion has been found to affect crime, including drug selling, in U.S. neighborhoods through communities' ability and willingness to intervene on behalf of the common good (Sampson et al. 1997). The lack of community cohesion in transient Older Central Communities allowed drug sales and use to occur openly in multiple types of locations in conjunction with commercial sex work.

Other factors identified in the literature as influencing drug sales, for example lack of formal employment (Bourgois 1995), seemed to have little effect on the pattern of drug selling and use in the Salvadoran communities studied. All three marginal communities had a large proportion of people working in the informal economy. However, Marginal Community 1 showed a pattern of drug distribution much more similar to that of the AUP whose residents were more likely to be employed in formal employment. Finally, in some cases the effects of community factors were opposite those found in studies in the United States. In Marginal Community 1, increased police surveillance did not lead to decreased street selling as found in New York City (Wendel and Curtis 2000), but to more reliance on this method of selling. Physical characteristics of Marginal Community 1, that is, pedestrian-only streets laid out in a maze like pattern, made it much more difficult to observe and apprehend street sellers, even with constant foot patrol, than to identify fixed crack-selling sites. Interactions among various community factors, for example, the physical characteristics of communities and police activities, are important to explore and have been understudied to date.

The structure of drug sales in both Pattern 1 and Pattern 2 highlights the futility of repressive police tactics in combating drug distribution. Only one of the communities, Marginal Community 1, had a police substation and consistent patrols. The physical structure of the residential communities requires patrols to be on foot, while the community violence requires police to work in teams. It is difficult to imagine the police having sufficient resources to effectively patrol all residential marginal and AUP communities in this fashion. Further, even in Marginal Community 1, the police were only marginally effective in reducing drug sales. Rather, drug sales moved from more open areas, such as the principal street, to the pasajes. The gangs in AUP1 were able to accomplish the same changes in drug use and selling, albeit while increasing the sense of insecurity in the community as a whole.

The organization of drug selling, a result of community structural factors, also affected drug users' participation in drug distribution roles. Participation of drug users in drug distribution was related to the relative openness of the market to outside buyers in these communities. Pattern 1 communities were closed to outside buyers and no participants reported currently selling drugs. In Pattern 2 communities, drug selling to outside users occurred on the main thoroughfare and drug users were used to deliver drugs and money, and as lookouts for police. Pattern 3 communities were extremely open to outside buyers, and drug users participated extensively in multiple drug distribution roles.

Little research to date has examined the impact of organizational features of drug distribution on drug sales, although much research has indicated that drug users' participation in drug distribution affects their HIV risk (Sherman and Latkin 2002). In

particular, much research has argued that women's reliance on commercial sex work and crack for sex exchanges stems from their exclusion from drug-selling roles (Miller 1995). Our research confirmed gender differences in crack users' participation in drug selling on their HIV risk. Men who sold drugs described exchanging drugs for sex from female crack users. Because of their positions of power, they were able to coerce women into having sex without condoms. The women who sold, however, were able to support their crack use by selling drugs and, therefore, no longer needed to exchange sex for crack. However, in El Salvador women crack users' exclusion from crack-distribution roles was based not on their gender, as many non-drug-using partners, women were reported selling from fixed drug-use sites, trances, and even the street in Pattern 1 communities but, rather, on whether crack users were allowed to participate in drug distribution roles at all.

In other respects, however, crack users in Pattern 1 communities, and to a lesser extent Pattern 2 communities, may not have felt the need to participate in drug distribution. All crack users in these communities described relying on friends, family, and neighbors for money, either by borrowing money, doing errands, or working the occasional job. These drug users had almost without exception grown up in the community and felt connected to it, even when stigmatized because of their drug use. In Pattern 3 communities, crack users often migrated from other areas of the city or country, and there were few non-crack-using, permanent residents. Crack users, therefore, may have found it necessary to participate in sex exchanges and drug selling to support their own use. In addition, because of the transience of the population, crack users in Pattern 3 communities may have felt less need to hide highly stigmatized behaviors such as sex exchanges from neighbors and friends.

The openness of drug markets may impact the HIV risk associated with sex exchanges in each community. Several studies suggest that differences in HIV prevalence among different populations is not solely, or even mainly, attributable to individual sexual risk behaviors but, rather, stem from social network characteristics that affect their relative risk of being exposed to infection (Rothenberg et al. 2001). In Pattern 2 communities, sex for crack exchanges were common in the trances but only occurred among crack users residing within the communities. Outsiders rarely used trances but, rather, bought crack on the principal street and used elsewhere. There was less opportunity, therefore, for HIV infection to enter the relatively closed sexual and drug networks in these communities. In contrast, Pattern 3 communities were destinations for many people from outside the neighborhood to come to buy and use drugs and to solicit sex workers, creating opportunities for HIV infection to enter the sexual networks of crack-using residents in these communities, and to transmit HIV infection to non-crack-using primary sex partners residing in other parts of the city. Further research is needed to explore the crack-use and sexual networks of crack users in different communities. Especially important is better understanding of the density, overlap, and linkages with members of different networks. Such information could be used with HIV prevalence estimates to model the potential of HIV infection to spread to residents in different communities (Rothenberg 2001; Wallace 1993, 1994).

The link between the social context of drug use and sexual risk behaviors has been more extensively studied in the literature (Ratner 1993). Results from our study confirm findings from the United States in identifying private crack-use sites shared with other users as locations where HIV risk behaviors are most prevalent. Trances in particular are places where sexual degradation and rape of women occur with great frequency (Dickson-Gomez et al. 2006). Trance owners often act as brokers by bringing crack-using women into trances to exchange sex when requested by a paying customer. However, the riskiness of other drug use contexts depends much on the community context. For example, unlike in the United States, where crack users often open their homes to other users in exchange for a portion of their drugs (Dickson-Gomez et al. 2004), crack users from Pattern 1 and 2 communities who

reported using at home usually used alone. Participants in Pattern 1 and 2 communities had grown up in the community and often lived with family members. They therefore used clandestinely in their homes to avoid disrespecting and or shaming other family members. Similarly, whether or not street drug use was associated with sexual risk depended on community characteristics. In Pattern 1 communities, street drug use was done alone and was not associated with sex exchanges. However, in Pattern 3 communities, known as commercial sex-work areas, crack users reported being approached on the street for sex exchanges.

HIV-prevention interventions could be tailored to work within the different patterns of drug selling and use found in the different communities. Ideally they would respond to the different levels of HIV risk and prevention needs within these. In Pattern 1 communities, where there was little HIV risk associated with crack use, small group harm-reduction interventions could focus on educating crack users about their risks and strengthening their skills and sense of efficacy to use and negotiate condom use. Small group interventions might be particularly relevant in these communities, because crack users have known each other all of their lives, and social cohesion and norms are strong. In some communities, as in AUP 1, strategies to elicit support of gang members are needed for HIV-prevention interventions to be successful. Gang members might fear that interventions would reduce their customers and must be assured that the interventions are to reduce the harm associated with crack use and risky sex, not drug-treatment programs. In Pattern 2 and 3 communities, interventions could be site based. In Pattern 2 communities, for example, interventions could work with trance owners to promote condom use within the trances. Such an intervention could emphasize that providing condoms to clients is good business practice in that it may make the site more attractive to clients who do not have to worry about bringing their own condoms (Dickson-Gomez et al. 2004). Similarly, interventions in Pattern 3 communities could work with brothel and trance owners and directly with street-level sex workers to provide condoms to their clients. Previous research indicates that many brothel owners promote condom use in their establishments and will intervene in cases when male clients refuse (Dickson-Gomez et al. 2006). It does not make good business sense for brothel owners to allow their workers to become sick or to gain the reputation for having “unclean” or “unhealthy” workers. Many brothel and trance owners, however, might be extremely distrustful of outside interventionists. Gaining access to such sites may be difficult. An alternative strategy would be to provide condoms to crack users who frequent those establishments and encourage owners to provide them to their clients. Interventions in Pattern 3 communities also could focus on establishing a sense of community to establish social norms regarding risk reduction.

Although general patterns of drug use and drug selling were identified in the communities, drug selling and use in each of the communities has changed over time. In other words, neither the structural characteristics of the communities that influenced drug use and selling in the neighborhoods nor the context of drug use and selling are static categories. Rather, they are dynamic, constantly changing in response to circumstances. It is likely that other structural factors not revealed in these interviews also may influence drug selling and use within communities. Further comparative research is needed to discover structural causes that may explain geographic and historical variability in drug selling and drug use. Such information could have important implications in developing structural interventions to reduce the HIV risk associated with drug use, and the violence associated with drug use and sales.

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Table 1

Patterns of Drug Selling and Drug Use within Communities

	Drug Selling Site	Open or Closed Distribution	Participation of Drug User	Drug Use Sites	Gangs	Police	Geography
Type 1							
MC1	Street	Closed	No	Non shared	Not gang controlled	Strong Presence	Maze
AUP1	Street/Fixed Site	Closed	No	Non shared	Gang control	No strong presence	Maze
Type 2							
MC2	Trance/street	Semi open	Limited	Shared in <i>trance</i>	Not gang controlled	Patrol, but sporadic and corrupt	Maze
MC3	Trance/street	Semi open	Limited	Shared in <i>trance</i>	Not gang controlled		Maze
Type 3							
OCC1	Trance/street/fixed site	Open	Much	Shared	Not gang controlled	Patrol, but sporadic and corrupt	Urban migration, market, sex work, convergence of bus routes
OCC2	Trance/street/fixed site	Open	Much	Shared	Not gang controlled		
OCC3	Trance/street/fixed site	Open	Much	Shared	Not gang controlled		

MC1 = Marginal Community 1, MC2 = Marginal Community 2, MC3 = Marginal Community 3, AUP1 = Asentamientos Urbanos Populares 1, OCC1 = Older Central Community 1, OCC2 = Older Central Community 2, OCC3 = Older Central Community 3.