Published in final edited form as:

J Drug Issues. 2013 April ; 43(2): 154–163. doi:10.1177/0022042612467009.

Attitudes Toward and Sexual Partnerships With Drug Dealers Among Young Adult African American Females in Socially Disorganized Communities

Leah J. Floyd¹ and Qiana Brown²

¹Fayetteville State University, Fayetteville, NC, USA

²Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

Abstract

Drug markets in disadvantaged African American neighborhoods have altered social and sexual norms as well as sexual networks, which impact an individual's risk of contracting a sexually transmitted infection. Presently, we describe the prevalence of sexual partnerships with males involved with illegal drugs among a sample of non-drug-dependent females. In 2010, 120 Black females aged 18 to 30 years completed a semistructured HIV-risk interview. Descriptive statistics revealed approximately 80% of females perceived neighborhood drug activity as a major problem, 58% had sex with a male drug dealer, 48% reported sex with a male incarcerated for selling drugs, and 56% believed drug dealers have the most sexual partners. Our results suggest sexual partnerships with males involved in the distribution of drugs are prevalent. These partnerships may play a substantial role in the spread of sexually transmitted infections among low-risk females, as drug dealers likely serve as a bridge between higher HIV-risk drug and prison populations and lower HIV-risk females. However, the significance of partnerships with males involved in drug dealing has received little attention in HIV and drug abuse literature. Presently, there is a need for more research focused on understanding the extent to which the drug epidemic affects the HIV risk of non-drug-dependent Black female residents of neighborhoods inundated with drugs. Special consideration should be given to the role of the neighborhood drug dealer in the spread of sexually transmitted infections.

Keywords

drug markets; African Americans; HIV risk; drug dealers; females

Black females are disproportionately affected by sexually transmitted infections (STIs), including the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). For example, the current rate of gonorrhea is 19 times greater and the rate of

© The Author(s) 2012

Reprints and permission: sagepub.com/journalsPermissions.nav

Corresponding Author: Leah J. Floyd, Fayetteville State University, 1200 Murchison Road, Fayetteville, NC 28301, USA. lfloyd2@uncfsu.edu.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Chlamydia is 9 times greater among African American females, compared to White females. The rate of HIV/ AIDS among African American females is 18 times the rate for White females and AIDS is among the leading causes of death among African American women between 10 and 54 years of age (Centers for Disease Control and Prevention [CDC], 2010, 2011). Data suggest that the majority of African American women living with HIV/AIDS contracted the disease through sexual contact with an infected male partner. Furthermore, an overwhelming majority of these cases occur among socially and economically disadvantaged females (CDC, 2011).

In the United States, high rates of STIs, the HIV/AIDS epidemic, and the drug epidemic are inextricably linked (CDC, 2011; Celentano, Latimore, & Mehta, 2008). In addition to the exaggerated rates of STIs found in many low socioeconomic status (SES) neighborhoods, rates of drug use and sales are extraordinarily high, as well. In disadvantaged African American communities, in particular, economic and social conditions linked to drug market activity likely influence partner selection, the sexual availability of women, and the type of male sexual behavior that a woman tolerates (Adimora & Schoenbach, 2005). To this end, the purpose of the current article is to describe attitudes about issues related to drug dealing, the prevalence of sexual partnerships with males involved in illegal drug economies, and STI rates among a sample of non-drug-dependent African American females residing in low SES neighborhoods.

STIs and Sexual Partner Characteristics

A variety of factors (e.g., individual, interpersonal, and contextual factors) have been shown to contribute to the high rates of STIs affecting African Americans (Adimora & Schoenbach, 2002, 2005; Adimora, Schoenbach, & Doherty, 2006; Andrinopoulos, Kerrigan, & Ellen, 2006; Doherty, Adimora, Schoenbach, & Aral, 2007; Doherty, Schoenbach, & Adimora, 2009; Farley, 2006; Jennings & Ellen, 2004; Johnson & Rapheal, 2009; Laumann & Youm, 1999). In particular, there is a growing base of literature suggesting that sexual partner characteristics, which are influenced by social and economic factors, may be important contributing factors to the disproportionately high rates of STIs experienced by African American females (Adimora & Schoenbach, 2002, 2005; Akers, Muhammad, & Corbie-Smith, 2011; Andrinopoulos et al., 2006; Doherty et al., 2007; Doherty et al., 2009; Farley, 2006; Jennings & Ellen, 2004; Johnson & Rapheal, 2009; Latkin, Curry, Hua, & Davey, 2007; Laumann & Youm, 1999; Sullivan et al., 2011; Zierler, & Krieger, 1997). Among the sexual partner characteristics linked to STI status are male partner's history of incarceration, substance use/abuse, and sexual concurrency (Adimora, Schoenbach, & Doherty, 2006; Johnson & Rapheal, 2009). For example, in a study by Adimora, Schoenbach, and Doherty (2006), more than 25% of the heterosexually transmitted HIV cases among African American females were associated with sex with a nonmonogamous partner. Furthermore, Johnson and Rapheal (2009) suggested that the bulk of racial disparity in AIDS among women may be explained by male incarceration. For African American females, the type of men with whom they are sexually involved seems to be a risk factor for STIs.

Neighborhood Drug Activity and STI Risk

Currently, there is mounting evidence supporting the significance of neighborhood factors in STI transmission patterns (Latkin et al., 2007; Sullivan et al., 2011; Thomas, Levandowski, Isler, Torrone, & Wilson, 2008). In African American communities, neighborhood drug activity is one characteristic that may be relevant to the distribution of STIs. Although drug use and drug dealing occur at all levels of SES and across race/ethnicity, publicly visible drug dealing is primarily concentrated in socially and economically deprived African American communities (Friedman et al., 2003; Saxe et al., 2001; Wallace & Muroff, 2002; Wilson, 1996). Moreover, some data suggest African Americans are more likely to report witnessing drug sales and drug activity in their neighborhoods than any other group (Saxe et al., 2001; Wallace & Muroff, 2002). In a study by Latkin et al. (2007) found drug market activity was perceived as a neighborhood problem among an overwhelming majority of African American study participants.

In many urban economically disadvantaged African American neighborhoods, the drug epidemic has altered social structures, norms and behaviors, and sexual partnerships of core members of drug networks, as well as those of non-drug-dependent residents (Adimora & Schoenbach, 2005). Consequently, practices and behaviors that are ridiculed in mainstream American culture may be more acceptable and common place in these socially disorganized neighborhoods. Andrinopoulos et al. (2006) provided some evidence of altered social norms. Specifically, the men in their study reported that they participated in drug trade to gain social status and respect. In addition, Friedman et al. (2003) found one out of four young people held nonhostile attitudes about drug dealers. Undoubtedly, drug market activity is one aspect of social disorganization that is particularly relevant to the well-being of African Americans living in low non-hostile SES urban neighborhoods.

Presently, there is a plethora of literature on the intersection of the drug and HIV/AIDS epidemics, which focuses on understanding and reducing the high rates of STIs and HIV found among substance users/abusers and their partners (Cavanaugh et al., 2011; Celentano et al., 2008; Latka et al., 2001). However, a plausible, yet understudied, pathway through which drug market activity may impact the HIV/STI risk of non-drug-dependent residents of high-risk communities is through its influence on norms and sexual partnerships. Despite not being core members of drug networks, young adult African American females residing in socially disorganized neighborhoods may be at increased risk for adverse health and social outcomes by virtue of where they live, as physical places where networks form influence networks (Doherty, Padian, Marlow, & Aral, 2005). Given African American adolescents and young adults tend to recruit sexual partners from their immediate environments (Zenilman, Elish, Fresia, & Glass, 1999), it stands to reason that low-risk females residing in neighborhoods inundated with drugs will form sexual partnerships with higher risk males, such as males involved with drugs through either drug use or drug dealing.

In the current exploratory study, we look beyond the drug-dependent individual. The purpose is to describe attitudes toward and the prevalence of sexual partnerships with males involved with drugs among a sample of non-drug-dependent African American females.

These partnerships may play a substantial role in the spread of STIs among young adult African American females.

Method

Procedures

The current article includes data on 120 African American females. Data were drawn from a larger cross-sectional study aimed at examining racial differences in individual HIV-risk behaviors, sexual partner characteristics, and rates of STIs among 240 African American and White females. Females between 18 and 30 years of age were recruited through street recruitment in economically disadvantaged neighborhoods, advertisements in local newspapers, and word of mouth. To be eligible for participation in the study, the females had to meet the following criteria: (a) identify as African American or White; (b) be between the ages of 18 and 30; (c) reside in Baltimore City; (d) have no history of regular drug use, excluding alcohol and marijuana; and (e) report being heterosexual or bisexual. Each participant received remuneration for her time and effort. The Johns Hopkins Bloomberg School of Public Health Institutional Review Board approved the study with standard annual reviews.

Data Collection

After obtaining informed consent, face-to-face interviews were conducted by trained interviewers. The study assessment battery included (a) a detailed HIV-risk behavior interview; (b) urine testing for Chlamydia, gonorrhea, and the presence of psychoactive drugs (e.g., cocaine, marijuana, opiates, methadone, methamphetamine, and 3,4-methylenedioxymethamphetamine [MDMA]); and (c) a neuropsychological assessment. Each assessment required approximately two hours to complete. All assessments were conducted in a private interview room at the research site. Participants were asked to return within two weeks of their assessment to receive the results of their STI test. HIV/STI counseling was provided to all participants. Specifically, trained counselors provided information and referrals to available and free or low-cost medical services as needed. In addition, the counselors offered free condoms, advice about drug use and safer sex, and a chance to ask questions.

Measures

Current employment and financial status—Participants were asked to respond to the following questions: (a) Are you currently employed (0 = *yes* or 1 = *no*) and (b) How difficult has it been for you to pay monthly bills For the bill pay item, response options ranged from very difficult (1) to not at all difficult (4). For the purposes of data analyses, we created a dichotomous variable (i.e., 0 = *not difficult* and 1 = *difficult*).

Neighborhood drug activity—Two items comprised the neighborhood drug activity variable: (a) I have seen people using or selling drugs in my neighborhood and (b) in my neighborhood, the people with the most money are drug dealers. For the purposes of data analysis, a dichotomous variable was created (0 = *no problem/no risk* and 1 = *problem/risk*).

Individuals who endorsed one or both of the statements were placed in the problem/risk category.

Male partner characteristics—Information was gathered on male sexual partner characteristics. Participants were asked, “In your lifetime, have you ever had sex with (a) a male who sold or packaged drugs, (b) a male incarcerated for selling drugs, (c) a male who used cocaine or heroin, and (d) a male who had been incarcerated?” Response options included no (0) and yes (1).

Lifetime STIs—Participants were asked to endorse each STI they had been diagnosed with or treated for in their lifetime. Each participant responded to a series of items, which included, “In your lifetime, have you ever been diagnosed with or received treatment for (a) Chlamydia, (b) gonorrhea, (c) herpes, (d) syphilis, (e) genital warts, and (f) pelvic inflammatory disease?”

Attitudes toward and beliefs about drug dealers—Attitudes and beliefs were assessed by asking participants a series of questions about their personal attitudes and behaviors, and the perceived attitudes of their friends and family. These statements included the following: (a) I date men who sell drugs because they can give me money and buy me things; (b) men who are involved in selling drugs take care of their women; (c) most men I date use drugs other than alcohol and marijuana; (d) in my community, men who sell drugs have the most money; (e) in my community, drug dealers have the most women/girlfriends; (f) I would never date someone who sells drugs; (g) my friends think it is ok to date men who sell drugs; (h) most of my friends date or have dated men who sell drugs; and (i) my family does not approve of me dating men who sell drugs. Participants were asked to indicate the extent to which they agreed with each of the above statements. Response options ranged from strongly disagree (1) to strongly agree (4). For the purposes of data analyses, a dichotomous variable (i.e., agree =1 and disagree = 0) was created.

Biological assays—On-site urinalysis for drug metabolites used The Multi-Drug 12 Panel Test, an all-inclusive point of use screening test for the rapid detection of tetrahydrocannabinol (THC)/marijuana, cocaine and its metabolite, benzoylecgonine, Phencyclidine (PCP), morphine and its related metabolites derived from opium (opiates), methamphetamines (including ecstasy), methadone, amphetamines, barbiturates, benzodiazepines, and tricyclic antidepressants (TCA) in human urine. Results of the drug test were available within 5 min. The Johns Hopkins University International STI, HIV, Respiratory, and Biothreat and Emerging Diseases Research Laboratory performed STI tests. Each urine sample was tested for Chlamydia and gonorrhea.

Results

Using SPSS 19, descriptive statistics were obtained. The mean age of the sample was 23.5 years ($SD = 3.4$). The majority of the sample (84%) completed high school. Approximately 38% reported being employed. The majority of the sample reported not having enough money (57%) or difficulty paying monthly bills (66%). Approximately half of the females

were mothers. Forty-seven percent of the sample tested positive for marijuana. Table 1 provides a summary of the sample characteristics.

Attitudes Toward and Beliefs About Drug Dealers

When asked about their beliefs about and attitudes toward drug dealers, approximately 30% of the females sampled reported that drug dealers earn the most money and 55% indicated that drug dealers have the most sex partners. Approximately 54% of the sample reported that their friends approved of them dating drug dealers, whereas about 77% indicated that their families disapproved of them dating men involved in selling drugs. Neighborhood drug activity was a major concern for the majority (82%) of the females in the study.

Sexual Partner Characteristics

Approximately 58% of females reported having sex with a male involved in drug dealing and 48% reported having sex with a male incarcerated for selling drugs. Sex with a male who used cocaine or heroin was reported by 5% of the sample (see Table 2). Compared to nonmarijuana users, a greater proportion of marijuana users reported having sex with a male who had been incarcerated ($\chi^2 = 4.42; p > .05$). Other sexual partner characteristics did not differ across marijuana use groups.

STI Prevalence

Approximately 7% tested positive for Chlamydia or gonorrhea. Self-report data indicated that 46% of participants had an STI in their lifetime and of those reporting ever having an STI, 18% indicated having two or more STIs in their lifetime. The number of cases for self-reported STI ranged from two for syphilis to 40 for Chlamydia. One participant reported being HIV positive.

Discussion

In the present study, approximately 82% of females reported neighborhood drug activity as a major problem. The majority of females in the study indicated sex with a male who sold drugs (58%) or a male who had been incarcerated for selling drugs (48%). Approximately, one out of three females reported that drug dealers in their community earn the most money and approximately one out of two indicated that drug dealers have the most female sexual partners. Finally, 47% of females tested positive for marijuana and more than half of the participants reported having an STI in their lifetime.

The current study's findings suggest the drug epidemic in African American communities is likely impacting the norms, behaviors, and sexual partnerships of nonillicit drug-using residents, which may increase their risk for STIs. For example, in our sample, there is some indication of nontraditional social hierarchies and acceptable behaviors. Specifically, 30% of females reported that drug dealers in their community have the highest income. Moreover, our finding that approximately half of the females was sexually involved with a drug dealer and believed their friends approved of them dating drug dealers suggest drug dealing does not carry the same stigma for African American females residing in disadvantaged communities as it does for mainstream Americans. This should not be surprising, given

since the 1980s, drug dealing among under- or unemployed African American males has remained prevalent, and peer attitudes toward drug dealing tend to be nonhostile (Centers & Weist, 1998; Floyd et al., 2010; Friedman et al., 2003; Friedman et al., 2007; Stanton, & Galbraith, 1994; Whitehead, Peterson, & Kaljee, 1994).

Despite the negative images of the drug dealer often portrayed by the media, in disadvantaged Black neighborhoods with drug markets, the male drug dealer tends to hold a unique social position. High social status, which is directly tied to income, provides the male drug dealer with more opportunities for sexual relationships with multiple partners at varying levels of risk for HIV (i.e., two out of three study participants reported that drug dealers have the most sexual partners). For example, given their social status, drug dealers may be more likely to engage in concurrent or serially monogamous relationships with nonillicit drug-using females. In addition, it is not uncommon for users of heroin and cocaine to exchange sex for drugs, further increasing the drug dealer's risk for contracting and transmitting STIs (Chen, McFarland, & Raymond, 2011; Friedman et al., 2003; Inciardi, 1990).

Incarceration is another factor contributing to the heightened HIV risk of males involved in illegally distributing drugs. In the United States, African Americans who account for approximately 12% of the population, account for 33.6% of arrests for the illegal sale, manufacturing, and possession of drugs (U.S. Department of Justice, 2010a, 2010b). Males entering correctional facilities are exposed to a population with a high prevalence of risky behaviors and infectious diseases. For example, while incarcerated heterosexual males are at increased risk for engaging in consensual or forced same sex relationships (Thomas et al., 2008). Upon reentering the community, these individuals return to heterosexual relationships. Consequently, males who are incarcerated for drug-related offenses may serve as bridges between high HIV-risk populations (e.g., drug users and prisoners) and lower risk females. In our study, almost half of the females reported sex with a male incarcerated for the distribution of illegal drugs.

The present study's findings are in line with research indicating that young adult African American females tend to engage in disassortative mixing (Adimora & Schoenbach, 2005; Adimora, Schoenbach, & Doherty, 2006; Senn, Carey, Vanable, Urban, & Sliwinski, 2008). Disassortative mixing occurs when higher risk and lower risk persons form partnerships (Laumann & Youm, 1999). Sexual partnerships between high-risk drug-dealing males, who are connected to core members of drug networks and prison populations, and lower risk young adult females is an example of disassortative mixing. Such disassortative sexual mixing has been found to promote heterosexual transmission of HIV and may help explain the extraordinarily high rates of STIs found among this sample of African American females (Adimora & Schoenbach, 2005; Laumann & Youm, 1999).

The current study demonstrates the need to systematically examine how the drug epidemic in low SES Black communities impacts sexual networks beyond core members of drug networks to include non-heroin-using and cocaine-using females. However, the study has several limitations. The small sample size likely resulted in the underestimates of particular variables. The small sample size also limits our ability to test statistical models. In addition,

we used a convenient sample, which limits the generalizability of the findings. Despite these important limitations, this study is unique in that it considers the effects of the drug epidemic on HIV risk of nonillicit drug-using females and, thereby, provides a platform for future research.

In conclusion, drug markets in disadvantaged African American communities continue to be a major problem and their impact extends beyond drug users. Based on our findings, it can be argued that neighborhood drug market activity is influencing the norms and sexual partnerships of non-drug-dependent African American females. It is our hope that this article serves as an impetus for careful consideration of the impact of the enduring drug epidemic on sexual partnerships of low-SES African American young adult women who do not use hard drugs (e.g., heroin, cocaine, or methamphetamines). Specifically, more research into the relationship between involvement with a drug dealer and STI status among African American females is needed. This knowledge may yield valuable insight into why this group remains disproportionately affected by STIs.

Acknowledgments

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was supported by the National Institute on Drug Abuse Grant R21DA025543.

Biographies

Leah J. Floyd, PhD, is an associate professor in the Department of Psychology at Fayetteville State University, and she holds an adjunct associate professor position in the Department of Mental Health, Johns Hopkins Bloomberg School of Public Health. Her research focuses on identifying risk and protective factors associated with substance use, sexual risk-taking behaviors, and sexually transmitted infections among adolescents and young adults.

Qiana Brown, MPH, LGSW, is a National Institutes of Health/National Institute on Drug Abuse (NIH/ NIDA)–funded predoctoral student at the Johns Hopkins Bloomberg School of Public Health. Her research interests include substance abuse, maternal and child health, and spirituality. She also founded Jane’s House of Inspiration, a nonprofit organization that promotes substance abuse recovery among women.

References

- Adimora AA, Schoenbach VJ. Contextual factors and the Black-White disparity in heterosexual HIV transmission. *Epidemiology*. 2002; 13:707–712. [PubMed: 12410013]
- Adimora AA, Schoenbach VJ. Social context, sexual networks, and racial disparities in rates of sexually transmitted infections. *Journal of Infectious Diseases*. 2005; 191:S115–S122. [PubMed: 15627221]
- Adimora AA, Schoenbach VJ, Doherty IA. HIV and African-Americans in the southern United States: Sexual networks and social context. *Sexually Transmitted Diseases*. 2006; 33(Suppl 7):S39–S45. [PubMed: 16794554]

- Akers AY, Muhammad MR, Corbie-Smith G. "When you got nothing to do, you do somebody": A community's perceptions of neighborhood effects on adolescent sexual behaviors. *Social Science & Medicine*. 2011; 72:91–99. [PubMed: 21129833]
- Andrinopoulos K, Kerrigan D, Ellen JM. Understanding sex partner selection from the perspective of inner city Black adolescents. *Perspectives on Sex and Reproductive Health*. 2006; 38:132–138.
- Cavanaugh CE, Floyd LJ, Penniman T, Hulbert A, Gaydos C, Latimer WW. Examining racial/ethnic STD disparities among recent heroin- and cocaine-using women. *Journal of Women's Health*. 2011; 20:197–205.
- Celentano D, Latimore A, Mehta S. Variations in sexual risks in drug users: Emerging themes in a behavioral context. *Current HIV/AIDS Reports*. 2008; 5:212–218. [PubMed: 18838061]
- Centers for Disease Control and Prevention. Health disparities in HIV/AIDS, viral hepatitis, STDs and TB: African-Americans/Blacks. 2010. Retrieved from <http://www.cdc.gov/nchhstp/healthdisparities/afri-canamericans.html>
- Centers for Disease Control and Prevention. HIV among women. 2011. Retrieved from <http://www.cdc.gov/hiv/topics/women/index.htm>
- Centers NL, Weist MD. Inner city youth and drug dealing: A review of the problem. *Journal of Youth and Adolescence*. 1998; 27:395–411.
- Chen YH, McFarland W, Raymond HF. Behavioral surveillance of heterosexual exchange-sex partnerships in San Francisco: Context, predictors and implications. *AIDS and Behavior*. 2011; 15:236–242. [PubMed: 20204692]
- Doherty IA, Adimora AA, Schoenbach VJ, Aral SO. Correlates of gonorrhea among African-Americans in North Carolina. *International Journal of STD & AIDS*. 2007; 18:114–117. [PubMed: 17331284]
- Doherty IA, Padian NS, Marlow C, Aral SO. Determinants and consequences of sexual networks as they affect the spread of sexually transmitted infections. *Journal of Infectious Diseases*. 2005; 191:S42–S54. [PubMed: 15627230]
- Doherty IA, Schoenbach VJ, Adimora AA. Sexual mixing patterns and heterosexual HIV transmission among African-Americans in the southeastern United States. *Journal of Acquired Immune Deficiency Syndromes*. 2009; 52:114–120. [PubMed: 19506485]
- Farley TA. Sexually transmitted diseases in the southeastern United States: Location, race, and social context. *Sexually Transmitted Diseases*. 2006; 33(Suppl 7):S58–S64. [PubMed: 16432486]
- Floyd LJ, Alexandre PK, Hedden SL, Lawson AL, Latimer WW, Giles N III. Adolescent drug dealing and race/ethnicity: A population-based study of the differential impact of substance use on involvement in drug trade. *American Journal of Drug and Alcohol Abuse*. 2010; 36:87–91. [PubMed: 20337503]
- Friedman SR, Flom PL, Kottiri BJ, Neaigus A, Sandoval M, Curtis R, Des Jarlais DC. 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*. 2003; 14:261–268.
- Friedman SR, Mateu-Gelabert P, Curtis R, Maslow C, Bolyard M, Sandoval M. Social capital or networks, negotiations, and norms? A neighborhood case study. *American Journal of Preventive Medicine*. 2007; 32:S160–S170. [PubMed: 17543707]
- Inciardi JA. The crack-violence connection within a population of hard-core adolescent offenders. *NIDA Research Monograph*. 1990; 103:92–111. [PubMed: 2096295]
- Jennings JM, Ellen JM. Geocoding adolescent sex partner address information by sex partner type. *Journal of Adolescent Health*. 2004; 34:152–153.
- Johnson R, Rapheal S. The effects of male incarceration dynamics on acquired immune deficiency syndrome infection rates among African-American women and men. *Journal of Law & Economics*. 2009; 52:251–293.
- Latka M, Ahern J, Garfein RS, Ouellet L, Kerndt P, Morse P. Collaborative Injection Drug User Study Group. Prevalence, incidence, and correlates of Chlamydia and gonorrhea among young adult injection drug users. *Journal of Substance Abuse*. 2001; 13:73–88. [PubMed: 11547626]
- Latkin CA, Curry AD, Hua W, Davey MA. Direct and indirect associations of neighborhood disorder with drug use and high-risk sexual partners. *American Journal of Preventive Medicine*. 2007; 32(Suppl 6):S234–S241. [PubMed: 17543716]

- Laumann EO, Youm Y. Racial/ethnic group differences in the prevalence of sexually transmitted diseases in the United States: A network explanation. *Sexually Transmitted Disease*. 1999; 26:250–261.
- Saxe L, Kadushin C, Beveridge A, Livert D, Tighe E, Rindskopf D, Brodsky A. The visibility of illicit drugs: Implications for community-based drug control strategies. *American Journal of Public Health*. 2001; 91:1987–1994. [PubMed: 11726381]
- Senn TE, Carey MP, Venable PA, Urban MA, Sliwinski MJ. The male-to-female ratio and multiple sexual partners: Multilevel analysis with patients from an STD clinic. *AIDS and Behavior*. 2008; 14:942–948. [PubMed: 18483848]
- Stanton B, Galbraith J. Drug trafficking among African-American early adolescents: Prevalence, consequences, and associated behaviors and beliefs. *Pediatrics*. 1994; 93:1039–1043. [PubMed: 8197004]
- Sullivan AB, Gesnik DC, Brown P, Zhou L, Kaufman JS, Fitch M, Miller WC. Are neighborhood sociocultural factors influencing the spatial pattern of gonorrhea in North Carolina? *Annals of Epidemiology*. 2011; 21:245–252. [PubMed: 21376271]
- Thomas JC, Levandowski BA, Isler MR, Torrone E, Wilson G. Incarceration and sexually transmitted infections: A neighborhood perspective. *Journal of Urban Health*. 2008; 85:90–99. [PubMed: 18046653]
- U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Service Division. Crime in the United States, 2009: Arrests by race. U.S. Department of Justice; 2010a. Retrieved from http://www2.fbi.gov/ucr/cius2009/data/table_43.html
- U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Service Division. Crime in the United States, 2009: Arrest table. U.S. Department of Justice; 2010b. Retrieved from <http://www2.fbi.gov/ucr/cius2009/arrests/index.html>
- Wallace JM Jr, Muroff JR. Preventing substance abuse among African American children and youth: Race differences in risk factor exposure and vulnerability. *Journal of Primary Prevention*. 2002; 22:235–261.
- Whitehead TL, Peterson J, Kaljee L. The “hustle”: Socioeconomic deprivation, urban drug trafficking, and low-income, African-American male gender identity. *Pediatrics*. 1994; 93:1050–1054. [PubMed: 8197006]
- Wilson, WJ. When work disappears: The world of the new urban poor. New York, NY: Vintage Books; 1996.
- Zenilman JM, Elish N, Fresia A, Glass G. The geography of sexual partnerships in Baltimore: Applications of core theory dynamics using a geographic information system. *Sexually Transmitted Diseases*. 1999; 26:75–81. [PubMed: 10029979]
- Zierler S, Krieger N. Reframing women’s risk: Social inequalities and HIV infection. *Annual Review of Public Health*. 1997; 18:401–436.

Table 1Descriptive Characteristics ($N = 120$).

Variable	<i>n</i>	%
Age		
18–20	30	25.0
21–25	56	46.7
26–30	34	28.3
12 or more years of school	86	72.9
Employment	46	39.8
Recent marijuana use	53	44.9
Current STI status		
Chlamydia	6	5.0
Gonorrhea	2	1.7
Lifetime STIs		
1 STI	33	27.5
2 or more STIs	22	18.3
Chlamydia	40	33.3
Gonorrhea	25	20.8
Herpes	6	5.0
Syphilis	2	1.7
Genital warts	6	5.0
Pelvic inflammatory disease	9	7.7

Note: STI = sexually transmitted infections.

Table 2

Summary of Frequencies for Neighborhood Perception, Sex Partner Characteristics, and Attitudes Toward Drug Dealers ($N = 120$).

Variable	<i>n</i>	%
Neighborhood drug activity	98	81.7
Sexual partner characteristics		
Sex with male incarcerated	98	81.7
Sex with male drug dealer	70	58.3
Sex with male incarcerated for selling drugs	57	47.5
Sex with male who uses cocaine or heroin	6	5.0
Attitudes and norms		
Drug dealers have the most women	66	55.0
Drug dealers have the most money	35	29.1
Drug dealers take care of their women	25	20.8
Friends approve of dating drug dealers	65	54.1
Friends date drug dealers	92	76.7
Family approves of dating drug dealers	27	22.5