

ORIGINAL ARTICLE

Crack, AIDS, and Women in São Paulo, Brazil

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Brazil is currently experiencing a growing number of newly recorded cases of HIV infection among women, with transmission mainly occurring by sex. This increase may be associated with the development of sexually risky behavior among female crack users who, according to informal reports, prostitute themselves for drugs or for money to be used for buying drugs. Since epidemiologic studies have not yet addressed this phenomenon, the aim of this study was to investigate this in depth using a qualitative ethnographic approach. An intentional sample was utilized, composed of 75 female crack users in São Paulo, who were selected by specific criteria using the snowball strategy and key informants. Fourteen different chains of users were investigated, allowing us to include the largest possible number and variety of users. Each participant was submitted to a semi-structured in-depth interview that was guided by a questionnaire. Verbal information was corroborated and extended using participative observation. These 14–45-year-old women, who had little schooling and no job connections, opted to sell their bodies as a strategy to obtain drugs and to satisfy their compulsive use of crack. The subjects engaged in up to nine acts of sexual intercourse per day, in unsafe locations and with multiple partners who were approached in a besieging way and selected using subjective criteria. These crack users generally exchanged sex under craving for ridiculously low prices and left the use of protection up to the client. Because the users used inadequate pipes to smoke crack, it was common for them to have lesions on their lips and mouths. Since they often provided oral sex, they exposed themselves to considerable risk for infection with STDs including HIV, because of the contact of their partners' semen with their open wounds. These women make up an im-

portant risk group with respect to the transmission of STDs including AIDS.

Keywords women's crack use, crack, AIDS, prostitution, sexually transmitted diseases (STDs), qualitative study

INTRODUCTION

Of the 35200 new cases of AIDS recorded in Brazil in 2004, 40% were women, a growth in the epidemic among women which continued in 2005 (PNSTD/AIDS, 2005). HIV transmission occurred mainly through sexual contact, with a growing incidence within the 13–19 age group. This trend is explained by precocious initiation of sex by female adolescents, normally with men with greater sexual experience and thus a greater exposure to risks of infection with STDs/HIV (PNSTD/AIDS, 2005). This finding points to a sexually risky behavior among women at a time when information about safe sex and ways of contracting STDs/HIV has been extensively publicized by prevention campaigns carried out by the Brazilian government. This leads us to believe that some of these behaviors developed by Brazilian women are still not well characterized and, therefore, that preventive strategies utilized to fight AIDS have not yet reached their full potential.

One such example is the sexually risky behavior identified among female crack users. This behavior includes having sex with a large number of partners, a high frequency of unprotected sex, and the exchange of sex for drugs or money (Booth, Kwiatkowski, & Chitwood, 2000; Hatsukami & Fischman, 1996; Lejuez, Bornovalova, Daughters, & Curtin, 2005; Miranda, Han, & Rainone, 2004). Miller and Neaigus (2002), Cross, Johnson, Davis, and Liberty (2001), and Dudish and Hatsukami (1996) found this practice to be characteristic of women, who relied on it as their primary means of supporting their

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crack use. According to Hoffman, Klein, Eber, and Crosby (2000), there appears to be a strong and positive relationship between the compulsive use of crack (use of crack on 20 or more days during the 30 days preceding the survey; WHO, 1981) and female prostitution, since the more intense and frequent the use, the greater the prevalence of this behavior. The study by Miami, Inciardi, and Surrat (2001) observed that 708 (83.2%) of the 851 female crack users interviewed prostituted themselves for drugs. This behavior has also been described in other North American cities, such as Chicago (Ouellet, Wiebel, Jimenez, & Johnson, 1993), San Francisco (Murphy & Rosenbaum, 1992), Los Angeles (Boyle & Anglin, 1993), Denver (Koester & Schwartz, 1993), and Philadelphia (French, 1993). Female prostitution for crack is associated with a significant rate of infection with STDs, mainly AIDS (Miller & Neaigus, 2002; Ross, Hwang, Leonard, Teng, & Duncan, 1999; Ward, Pallicer, Green, & Day, 2000). In Houston, Ross et al. (1999) found extremely high levels of infection among female crack users: 11.3% of the cases were positive for HIV, 14.9% for syphilis, and 53.3% for hepatitis B, frequencies higher than those reported for injected drug users (Hatsukami & Fischman, 1996).

Koester and Schwartz (1993) and Inciardi (1993) explained this behavior by stating that women who were compulsive crack users showed greater drug use and shorter periods of abstinence, therefore requiring more resources to maintain their habit. The sale of their bodies as a means to obtain drugs seems to be an effective way to meet this need, although it results in a considerable increase of the risk of STDs/AIDS.

In Brazil, the first police arrests for crack occurred in 1991 in the city of São Paulo (Inciardi, 1993), the largest city in Brazil in both economic and geographic terms. The seductive way in which crack was presented greatly contributed to its spread, namely (a) its easy administration (being smoked, it does not require injection) (Nappo, Galduróz, & Noto, 1996); (b) its nontransmission of the HIV virus, since it is administered by the pulmonary route (Carlini et al., 1995); (c) its strong effect, which is achieved in a matter of seconds (Hatsukami & Fischman, 1996); and (d) its affordability (Dunn & Ferri, 1998; Nappo et al., 1996). In São Paulo, the use of crack has not, to date, been associated with any risky behavior with regard to STDs/AIDS, and injected drug users reported switching to crack because they considered the drug to be "safer" in regard to infection (Nappo et al., 1996). However, there has been an increasing incidence of reports of women users selling their bodies for drugs or money. Epidemiologic surveys, which require the use of standardized measures to succinctly present a wide variety of experiences (Patton, 2002), have not described this behavior in Brazil, possibly suggesting that it is not prevalent. The practice of selling one's body to obtain crack and the consequences of this activity have not been examined among Brazilian women users. The aim of this study was to investigate this problem in women crack users in the city of São Paulo using a qualitative ethnographic approach.

METHODS

The data presented were obtained from an ethnographic study designed to characterize the behavior of female crack users in the city of São Paulo. The goal of the data collection was to understand the users' views about their own behavior of selling their bodies for crack or for money to buy crack, utilizing the values, definitions and categories of these users (Patton, 2002; WHO, 1994).

- (a) *Type of Sample*: A purposeful sample was selected by specific criteria such that it consisted of cases rich in information about the subject (Patton, 2002; Taylor & Bogdan, 1998). Such cases involved female crack users older than 14 years who sold their bodies for crack or for money to buy crack, and who had used the drug at least 20 times in their lifetime. These criteria excluded experimental or incidental users (Siegel, 1985), who could interfere in the identification of a "history" of crack use, since their information would be insufficient and biased from the viewpoint of a beginning user.
- (b) *Sample Size*: The size of the sample, 75 women, was based on the principle of the point of theoretical saturation. That is, although all the potential sources of variation had been explored, data collection was interrupted when the discourse no longer contributed to additional understanding of the phenomenon under investigation (Patton, 2002; Taylor & Bogdan, 1998; WHO, 1994).
- (c) *Sample Procurement*: Interviews with key informants (persons who had special knowledge of the population being studied; WHO, 1994) were the primary means of obtaining the sample. These intermediaries (three ex-crack users, two drug dealers, one health-care professional, and one psychologist) helped the investigators to approach the target population, and also provided assistance in elaborating the questionnaire that served as a guide for the interviews with the study subjects (Crabtree & Miller, 1999; Patton, 2002). The sample was recruited using the snowball sampling technique in which an individual interviewee indicated the next individual and so forth (Birnacki & Waldorf, 1981). Fourteen different chains of users were investigated: the first members of each chain had no link to one another, assuring greater heterogeneity among the chains investigated and allowing us to include the largest possible number and variety of users.
- (d) *Procedure*: The following instruments were utilized: interviews guided by a questionnaire and participant observation. The interviews consisted of three steps: in the first two steps, key informants (KY) were interviewed and from their information a questionnaire was elaborated; thirdly, it was utilized as a guide for interviewing the 75 female crack users. Details of these steps are described below.
 - (i) *KY interviews and questionnaire development*: Interviews with KI were conducted in a

completely free manner as an informal conversational interview (Creswell, 1998; Kvale, 1996) wherein there were no predetermined questions. The questions were formulated based on the context of the conversation and according to topics relevant to the study. The elaboration of the questionnaire was based on interviews with KI and consisted of 53 open questions, some of which were standardized to allow the comparison of responses among the interviewees; others needed extra questions that were inserted in the course of the interview for additional comprehension of the topic under discussion. The questionnaire included the following topics: (1) sociodemographic data; (2) family history; (3) history of drug use; (4) time of and reasons for sexual initiation; and (5) strategies for selling their bodies and choosing sex partners, the use of protection, the price of sex and finally, any violence suffered during the act. The questions considered to be the most controversial were reiterated throughout the questionnaire, so as to test the credibility of the responses (Creswell, 1998; Patton, 2002).

- (ii) *Interviews*: In the interviews with the sample (75 women crack user), which were conducted after obtaining the subjects' consent, the interviewer guided by the questionnaire determined the perspective of the interviewees regarding the questions posed in as much depth as possible (Creswell, 1998). The 75 semi-structured in-depth interviews were anonymous and recorded with permission of the interviewees; they lasted about 90 minutes and were conducted in a neutral and safe location. The participants were reimbursed (15 U.S. dollars) for their time and travel expenses.
- (iii) Participants' observation of what was being studied was conducted in the street over different time periods, allowing the interviewers to monitor the procedures and strategies that these women developed for selling their bodies to obtain crack (Creswell, 1998; Patton, 2002). Among other topics, we observed the way in which sexual partners were approached, the location where sex took place, the duration of the encounters, and the behavior of these women after the sexual encounters. Each of these elements could reveal whether the subjects were under the influence of crack. Ten women distributed by two different points of the São Paulo city were observed for 60 days.
- (e) *Analysis of the Interviews*: After transcription, the interviews were identified with an alphanumeric code and analysed as proposed by Taylor and Bogdan (1998) and Bardin (1977) according to the following steps: (1) flowing readings, which allowed for the formation of general impressions, allowing the interviewers to understand the subjects; (2) preparation of

the material, which consisted of the disassembly of the interviews and regrouping of the responses according to the topic and question posed. The responses to each of the questions were identified during each of the interviews with the help of software developed especially for this analysis. An independent archive was formed for each item of the questionnaire (53 independent archives), each comprising 75 responses, one from each interviewee. From the analysis of this material, the information and the different types of behavior were categorized. The third and last step was the treatment of the results to obtain absolute frequencies or percentages for different categories, allowing interpretations and inferences to be made. In this study, triangulation analysis was employed; namely, the utilization of various techniques or perceptions (i.e., the use of key informants; interviews guided by questionnaire and participant's observation) which allowed us to clarify meaning by identifying the different ways the subject matter was being seen by the various subjects. Triangulation also reduces the likelihood of misinterpretation (Stake, 2005) and generates stronger results. Quotes of the interviews are presented in bold italics and with an alphanumeric code indicating the initials of the interviewee's name, followed by her age.

RESULTS AND DISCUSSION

- (a) *Sociodemographic Characteristics*: Although women who engage in prostitution are generally thought of as being young, there were, in fact, women over the age of 30 years in the sample (41%, $n = 31$), reinforcing the idea that the reason for this prostitution is the drug, which changes the subjects' self-perceptions in such a way as to make them ignore their age and physical appearance (see Table 1). The level of schooling of the sample was low (the large majority, 77%; $n = 58$, had only a primary level education), and their excuses for dropping out of school included getting into drugs, the need to work, and early pregnancy. The large majority ($N = 49$, 65%) had children, and several had already experienced an abortion ($N = 12$, 16%). These are indications of unsafe sexual practice in which avoiding pregnancy is a distant thought for these women, who sometimes look to abortion as a solution. In the great majority of cases, a baby had resulted from selling sex, as shown in the statement below:

I have nine kids and I am expecting the tenth. . . . The baby is from a trick (trading sex), I don't know who the guy was, but I didn't see him anymore. I will be his mom and the dad will be God. (T30)

In a study conducted by Sharpe (2001) with 34 black American women who used crack and who sold their bodies for drugs, 18 reported getting pregnant during this sexual practice and more than half of these got pregnant more than once this way.

- (b) *First Sexual Relationship*: The first sexual relationship happened early, before the age of 15, generally with

TABLE 1. Selected sociodemographic characteristics, sexual behavior, and crack use among the 75 interviewees

Characteristics	N		Characteristics	N	
Age			First sexual intercourse		
≤20	17	23%	10–14	54	73%
21–30	27	36%	15–19	21	27%
31–40	24	32%			
41 or more	7	9%	First sexual intercourse was by choice		
Level of schooling			Yes	62	83%
Illiterate	2	3%	No (rape)	13	17%
Elementary school	58	77%	Age of early use of crack		
High school	14	19%	≤15	15	20%
College	1	1%	21–25	16	21%
Children			25–30	14	19%
1	21	28%	30 or more	9	12%
2–5	26	34%	Rocks consumed per day		
6–9	1	2%	≤5	29	39%
10–13	1	1%	6–10	36	48%
None	14	19%	11–15	8	10%
Abortion	12	16%	16 or more	2	3%
Work					
Yes	8	9%			
No	68	91%			
Who lives with?					
Alone	26	35%			
Family	22	29%			
“Husband”	15	20%			
Friends	10	13%			
Street	2	3%			

consent. However, 13 (17%) of these women were raped, a rate much greater than the 1.2% rate of São Paulo's general population (MJ, 2002). Wilken and Welch (2003) noted that the rise in sexually risky behavior among female crack users is the product of personal experience or the threat of physical or sexual violence.

(c) *Use of Protection in the First Sexual Encounter:* There was a low frequency of the use of protection in the first sexual encounter (only 7% of the sample), due to the following reasons given by the interviewees:

- (i) *Lack of information:* The lack of adequate sexual education provided by the interviewee's family and/or school resulted in a lack of understanding about STDs and AIDS.
- (ii) *Understanding of protection only as a contraceptive method:* Some stated that at the time they began their sex lives, AIDS was a topic in the media. Protection was used very infrequently (7%, $N = 5$); when it was available, it was used primarily to avoid unwanted pregnancy. The few women (28%, $N = 21$) who understood the uses of contraception reported having been instructed in school or at home by their mothers. However, judging from the small number of women who utilized protection in their first sexual encounter, it appears that having information about AIDS did not make a difference:

At the time I only thought that I had to avoid getting pregnant . . . (M33)

- (iii) *For love:* Those women who had their first sexual relationship with someone they knew such as a boyfriend often had strong feelings for that person, leading them to disregard the possibility of the risk of infection with STDs, including HIV.

It was because I chose it. It was for love, I would take poison for the sake of that guy. It was a passion for that guy, it turned my head completely. (C45)

- (d) *Use of Protection Regularly Even Before Starting to Use Crack:* After the first sexual relationship, only 7% of the sample adopted the use of condoms in their later sexual lives. The reasoning given for this nonuse was again based on the existence of a regular partner and the feeling of being loved by him. The great majority (81%, $N = 61$) of the sample affirmed that the use of protection was always sporadic. Others (5%, $N = 4$) learned to use protection only after having contracted an STD.

I started using rubbers not long ago because of AIDS, from then on I started to understand and began to use them, but then it was too late: I've got the virus. (B27)

- (e) *Number of Sexual Partners Before Starting Crack Use:* The women reported a quiet sex life before starting to

use crack; only a few (8%, $N = 6$) stated that they had had more than four partners in the period preceding the start of crack use. All the women who suffered rape in the beginning of adolescence reported a promiscuous sexual behavior in the period prior to crack use.

I was nowhere with nothing. After I lost my virginity, I was lost, ain't that so? It wasn't in the way I dreamed of . . . (M33)

(f) *Strategies to Acquire Crack*: Most of the women (54%, $N = 40$) began using crack early, before the age of 20, and all of them revealed that during their first use, they got the drug from someone close, not needing to buy it or do anything illicit to obtain it. Their companions were often determined to have them experiment with the drug, leading the women to state reasons for not refusing such as love, companionship, and even their fear of the situation.

After this initiation, the women started spending about US\$ 20–50 daily to obtain the drug. Considering that almost all (91%, $N = 68$) of the subjects said that they did not have a regular job, this amount of money was significant. Therefore, the subjects began at some point to engage in illicit activities to acquire drugs, including robbery, drug dealing, and selling their bodies. Although it is not uncommon to see women participating in robbery and drug trafficking after beginning to use cocaine and crack (Sommers, Baskin, & Fagan, 1996), the women in this sample considered such activities to be both dangerous and not very lucrative. They found that by selling their bodies they were able to get most of the resources needed to obtain crack.

It is only through prostitution that woman can get crack. She just goes out into the street for that. Finishes smoking and is already thinking of doing sex again to get more money. After doing that she immediately starts thinking about smoking again, and that's our life. (M37)

These findings agree with those of Cross et al. (2001) and Murphy and Rosenbaum (1992), who observed that in the absence of financial resources and while experiencing intense craving, female crack users would sell their bodies rather than participate in other illegal practices not related to drug dealing.

The women were encouraged to practice selling their bodies mainly by the drug dealer with whom they had their "initiation"; in most cases, this condition was imposed on them in order to acquire the drug. Murphy and Rosenbaum (1992) also pointed to the male figure as being indispensable for the initiation of this behavior among women.

Craving combined with tolerance (Inciardi & Surrat, 2001) leads to increased use, which makes it necessary for users to do whatever they can to obtain crack, irrespective of the consequences. In this period, users have the greatest exposure to risky situations, so this is often when they choose to prostitute themselves. Users lose the ability to negotiate with their sexual partners, and safety rules are not adhered to.

During drug craving I do anything to make money, being without crack is not for me. (G19)

The women even reported that using crack before trading sex gave them the courage to carry out this activity, and in this intensive phase of use, they smoked 6 to 10 rocks (48%, $N = 36$) daily (some women, $N = 2$, described the use of up to 20 rocks).

(g) *Frequency of Trading Sex for Money or Drugs*: About 62% ($N = 47$) women informed us that they prostituted themselves daily, performing an average of four sex acts per night with various partners. One user, who was only 17 years old, reported sex with up to nine men in a single night, and portrayed this situation as natural:

As many men showed up I went to them. I even was able to do 9 tricks (sex acts) in one night. (F17)

The number of partners may be underestimated since Carlson and Siegal (1991) noted that based on the binge pattern of crack use combined with the degrading nature of the situation and the resulting traumatizing psychological experiences, the women can be unable to remember precisely the number of sex acts or sexual partners in a given period. These authors affirm that in general, these women had 6–7 partners per day, but it is not uncommon for that number to be as high as 20–30. Another interesting finding is the lack of crack houses (Inciardi, 1995) in Brazil, especially in the city of São Paulo, which limits, at least theoretically, the number of sexual partners of these women. The number of sexual partners varies based on the ability of the user to find partners in the street, which subjects the women to all sorts of aggression. However, this is not the only and perhaps not the most serious problem for the users: since it is not possible for them to practice hygienic measures between sex acts due to a lack of appropriate facilities, potentially HIV-contaminated semen from one client could still be present in the vagina of the woman during the next sex act, thus risking exposure of the next customer to HIV.

Quickly I would finish, get out of there and go to another place to find another guy. (ZM40)

(h) *Choosing Partners*: Among the interviewees, there was a consensus that it is very difficult to choose sex partners when the goal is to acquire crack or the money to buy it. The only concern about the partner was whether he had the money or crack to pay for the service rendered. The greater preoccupation was not the chance of being infected with an STD or AIDS, but the possibility of not receiving payment.

No, I'm not choosy. If I am in "pain" (craving) it can be with anyone. "Hey baby, I love you, let me see your wallet" (M25)

Interviewees created several criteria to identify a good client, such as an agreeable appearance, a perception of high social status, and whether he is known to be a client,

as indicated by friends or by the fact that he was known from some crack group.

He can't be very strange looking. A man who looks more or less clean. (C45)

Balshem, Oxman, van Roayen, and Girod (1992) described the image created by women crack users about sex partners; these women believed that syphilis was a disease of dirty people, thus cleanliness was the main desirable attribute of a sex partner.

By observation, the interviewees could prioritize men; they tried to choose men who were older, since such clients generally had more money, were less violent, and paid well. Skinny men were also chosen because their physique represented less of a threat in the case of violence.

The best have to be over 30 years. They get more tired and give more money and they don't ask to do business without a rubber, they are scared. They don't ask too many things and they accept all the normal conditions and don't use drugs. (F23)

The women claimed that they did not know anything about the health situation of their sex partners. However, they tried to observe their clients attentively to detect any indication of disease, even though this strategy was acknowledged to be ineffective.

To find out if a person has some disease I would look into their eyes and at the clothes that they wore. (C23)

However, all these restrictions were rarely put into practice, since the women needed to trade sex for money or crack; thus, if they thought about the notion of disease they would not be able to perform sex.

I don't know nothing, never did. He shows up, we get together, let's go. There are times that I even do it without a rubber. (R27)

(i) *Frequency of Use of Protection*: More than half (58%, $N = 43$) of the sample stated that they used protection "sometimes," 37% ($N = 28$) "always," and the remaining 5% ($N = 4$) "never." They stated that concern about protection should be on the part of the client; thus, they used condoms only when the partner demanded it.

Although Booth et al. (2000) noted that in general, neither men or women crack users use protection in sexual relations, the woman's refusal appears to be even more complex, and the use of condoms occurs later (Timpson et al., 2001).

I never used rubbers when I had sex. The guys never asked for it and I also was never concerned with it. (S21)

Conversations with women who stated that they "always" used protection showed that in practice, this consistency was broken in situations where the partner demanded not to use it, a practice that is associated with greater compensation.

If the guy says, "Look, without a rubber I will pay double," I accept because what I want is to use my rock. (P25)

The women did not believe that it was necessary to use protection for anal or oral sex because these activities are generally not associated with pregnancy. Such beliefs do not appear to be restricted to female crack users in Brazil, since they have already been reported among female North American crack users (Carlson & Siegal, 1991; Hoffman et al., 2000; Lejuez et al., 2005; Logan & Leukefeld, 2000).

(j) *Pipe, Oral Sex, and HIV Transmission*: Oral sexual activity is believed to present less risk relative to other sexual practices with respect to infection with STDs and AIDS (Ratner, 1993). However, this idea is wrong in the case of women crack users who sell their bodies for drugs. These women claim that they do not use conventional pipes because they are expensive and difficult to obtain, and they do not think which pipe they use is important, particularly during craving. Therefore, as substitutes, the women use improvised pipes that they make themselves with material that does not adequately protect them. High temperature, which is necessary to smoke crack, causes burn blisters on the lips, face, and fingers. The discomfort involved does not prevent users from continuing to smoke, and none of them said that they took measures to prevent blisters or the possibility of bleeding.

Depending on the material, the pipe fried your mouth, but after awhile I didn't feel any pain. (M40)

Injury to the lips, tongue, and face caused by smoking crack is not a phenomenon unique to female crack users in Brazil; such injuries were previously described by Inciardi (1995), Porter and Bonilla (1993), and Wallace, Porter, Weiner, and Steinberg (1997). This problem can have serious consequences: since these women give oral sex, generally unprotected, there is considerable contact of the sex partner's semen with the sores and blisters of the lips and mouth, considerably increasing the risk of infection with STDs and HIV. The decision to dispense with the use of protection during this sex act is associated with the belief of the women crack users that no viral transmission is possible this way. According to Ward et al. (2000), the use of inadequate devices to smoke crack exposed female crack users not only to risk of infection with STDs and HIV but also to other infectious diseases such as hepatitis C.

FINDINGS OF PARTICIPANT OBSERVATION

Two regions of São Paulo, pointed out by the key informants as locations where these women congregated, were observed for 60 days. The main findings are described below:

- (1) Unlike the classic prostitute, women who sell their bodies for crack do not have a fixed place or any set time for their practice. They go out in search of clients at any time of day or night, a behavior that originates from a shortage or depletion of their supply of crack.

- (2) They utilize no special clothing, make-up or other look that identifies them as prostitutes. On the contrary, they have a look of indifference and detachment with regard to physical appearance and basic hygienic care, a characteristic that is common among crack users (Nappo et al., 1996).
- (3) They do not wait passively for the client. On the contrary, they approach them on the street in an incisive manner, often getting in front of their car.

After the sex act is completed, they return to their original location, buy the drug, and use it in the street; after a little while, they return to the initial point and approach another potential client, such that this behavior assumes a cyclical character.

Study's Limitations

Despite the importance of this subject, some limitations of this study must be considered. Firstly, the snowball sampling usually accesses only those women who maintain a social network, since each of them indicated a colleague. In addition, since the first access to these women was made by the ones who had "snowballed" them to the study, we do not know how many women have refused to participate and their motives, which may have excluded a particular profile of women. Finally, as a qualitative study, the finding's generalizability is limited to the populations interviewed.

CONCLUSIONS

This study has documented that female crack users in Brazil display a compulsive behavior regarding the drug. According to their reports, users have short periods of abstinence, which means that they need increasing resources to pay for their continued drug use. The craving associated with the binge pattern of crack use causes¹ these women to prostitute themselves daily. They participate in sex at almost any time of day. These women have sex without protection, do not think about the possibility of contracting HIV or other STDs, and use subjective criteria in choosing partners. Their behavior is often associated with craving, leading to desperate searches for clients. Their capacity to negotiate with their sexual partners and to protect themselves, as reported by them, appears to be entirely compromised. This situation often makes these women accept ridiculously low payments (in a few cases, as low as US\$ 2) for services rendered, obliging them to participate in a greater number of sex acts with more partners in order to accumulate sufficient money to buy crack (a 5 g rock of crack costs about US\$ 5, and ten or more rocks are required per day).

¹The reader is referred to Hill's criteria for causation which were developed in order to help assist researchers and clinicians to determine if *risk factors* were causes of a particular disease or outcomes or merely associated. [Hill, A. B. (1965). The environment and disease: associations or causation? *Proceedings of the Royal Society of Medicine*, 58:295–300.] Editor's note.

The perverse components of this practice have made these women an important risk group for STDs/AIDS, a condition that is not directly associated with the consumption of crack, but rather with the sexual risk behavior that develops in order to acquire drugs.

Due to these new factors, crack can no longer retain the label "clean" drug due to the risk of contracting STDs/AIDS. Therefore, this presents new challenges to programs aimed at preventing drug use, which up to now were aimed at men and injected drugs.

This phenomenon is a recent one in Brazil and has little visibility due to various characteristics of female crack users which give them various stigmas, making intervention difficult: they are women, drug users, crack users (a drug associated with low social classes in Brazil), and prostitutes, making it worse for them in terms of access to health services.

In conclusion, this study reveals a hidden group of women engaged in unsafe sexual behavior giving rise to the following series of problems that need to be addressed.

Social implications: The problem becomes even more serious considering the possibility of giving birth to an unwanted child produced from paid sex with unknown partners. These children will not have an opportunity for a better life than that of their mothers, perpetuating, all-too-often, a cycle of unachieved wellbeing and ongoing self-harm.

Public health implications: Crack has become, through the misbehaviors lived by these women, a drug tied to STDs/AIDS dissemination in Brazil, a fact not acknowledged before. The situation can and does become worse by their low visibility and unwillingness to look for treatment.

Political implications: The Brazilian official governmental programs for DST/AIDS and drug use(r) prevention/treatment do not take into account this hidden female population and there are no special measures to deal with the situation. Consequently, it is difficult or impossible for these women to obtain treatment and/or achieve and sustain recovery. This tends to perpetuate the problem.

Declaration of Interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of this paper.

RÉSUMÉ

le Brésil connaît actuellement un nombre grandissant de nouvelles cas enregistrés de infection par le VIH parmi les femmes, avec la transmission se produisant surtout par le sexe. Cette augmentation peut être associée au développement de conduite sexuellement risquée parmi les femmes utilisateurs de crack qui, selon les rapports informels, ils prostituée eux-mêmes pour le crack ou pour l'argent à être utilisé pour acheter le crack. Depuis les études epidemiologic n'ont pas encore adressé ce phénomène, le but de le présente étude était d'y enquêter en profondeur, avec la l'utilisation d'une approche

qualitative, l'ethnographie. Un échantillon intentionnelle a été utilisé, composé par 75 femmes utilisateurs de crack a São Paulo, qui ont été choisis selon les critères spécifiques en utilisant la stratégie de balle de neige, et les informateurs-clé. Quatorze différentes chaînes d'utilisateurs ont été enquêtées en nous permettant d'inclure la plus grande variété possible d'utilisateurs. Chaque participant a été soumis à une interview semi-structurée, détaillée, qui a été guidée par un questionnaire. Les informations verbales ont été corroborés et ont été meilleur étendu para la observation participant. Ces femmes de 14–45 ans, qui avaient peu scolarité et aucun emploi, ont opté pour vendre leurs corps comme une stratégie d'obtenir crack et satisfaire leur utilisation compulsive. Les femmes on fait jusqu'à 9 actes de rapports sexuels par jour, dans les endroits dangereux et avec les partenaires multiples qui ont été abordés d'une façon assiseante et choisi par critères subjectifs. Ces utilisateurs échangeaient le sexe généralement sans protection, sous le désir ardent pour le crack et pour les prix ridiculement bas. Parce que les utilisateurs ont utilisé des pipes insuffisantes pour fumer le crack, c'était commun pour eux avoir des lésions sur leurs lèvres et bouches. Depuis que ils fournissaient souvent la sexe orale, ils se sont exposés au risque considérable pour l'infection avec STDs en incluant VIH, à cause du contact de la sperme de leurs partenaires avec leurs blessures ouvertes. Ces femmes forment un groupe de risque important en ce qui concerne la transmission de STDs en incluant le SIDA.

Mots clé: utilisation de crack pour femmes, crack, SIDA, prostitution, maladies sexuellement transmissibles (le STD'S), étude qualitative.

RESUMEN

El Brasil está experimentando actualmente un número creciente de nuevos casos registrados de infección por VIH entre mujeres, con la transmisión ocurriendo principalmente por el sexo. Este aumento se puede asociar al desarrollo del comportamiento sexual arriesgado entre las mujeres que usan crack que, según los datos informales, prostituyen por drogas o por dinero para que sea utilizado para comprar drogas. Puesto que los estudios epidemiológicos todavía no han tratado este fenómeno, el objetivo de este estudio era investigarlo en profundidad usando método cualitativo etnográfico. Una muestra intencional fue utilizada, compuesta por 75 usuarios femeninos del crack en São Paulo, que fueron seleccionados por criterios específicos usando a los informante-claves y de la "bola de nieve". Catorce cadenas de usuarios fueron investigadas permitiendo que incluyamos la más grande variedad posible del número de usuarios. Sometieron a cada participante a una entrevista profundizada semi-estructurada que fue dirigida por un cuestionario. La información verbal fue corroborada y ampliada usando la observación participante. Estas mujeres de 14–45 años, que tenían poco estudio y ninguna conexión de trabajo, optaron por vender sus cuerpos como estrategia para obtener las drogas y para satisfacer su

uso obligatorio de de crack. Las mujeres hicieran hasta 9 actos sexuales por día, en sitios inseguros y con múltiples hombres que fueron acercados de una manera agresiva y seleccionados usando criterios subjetivos. Estas usuarias de crack intercambiaron generalmente con muchas ganas de consumir crack, haciendo sexo sin protección e por precios muy bajos. Porque los usuarios utilizaron las pipas inadecuadas para fumar el crack, era común tener lesiones en sus labios y bocas. Puesto que hicieran a menudo el sexo oral, se expusieron al riesgo considerable para la infección con STDs incluyendo el VIH, debido al contacto del semen de los hombres con sus heridas abiertas. Estas mujeres hacen un importante grupo de riesgo para la transmisión de STDs incluyendo SIDA.

Palabras claves: mujeres usuarias de crack, crack, SIDA, prostitución, enfermedades de transmitió sexual, estudio cualitativo.

RESUMO

O Brasil está atualmente experienciando um número crescente de novos casos relatados de infecção com HIV entre mulheres, com transmissão principalmente por relações sexuais. Esse aumento pode estar associado com o desenvolvimento de comportamento sexual de risco entre mulheres usuárias de crack que, de acordo com relatos informais, prostituem-se por drogas ou por dinheiro para ser usado na compra de drogas. Desde que estudos epidemiológicos não têm ainda acessado esse fenômeno, o objetivo do presente estudo foi investigá-lo em profundidade utilizando uma ferramenta qualitativa, a etnografia. Uma amostra intencional foi utilizada, composta de 75 mulheres usuárias de crack em São Paulo, que foram selecionadas por critérios específicos utilizando a estratégia de "bola de neve" e informantes-chave. Quatorze diferentes cadeias de usuários foram investigadas permitindo incluir um maior número possível de perfis de usuárias. Cada participante foi submetido a uma entrevista semi-estruturada em profundidade que foi dirigida por um questionário. A informação verbal foi corroborada e ampliada utilizando-se a observação participante. Essas mulheres de 14 a 45 anos de idade, que tinham pouca escolaridade e nenhuma ligação com trabalho, optaram vender seus corpos como uma estratégia para obter drogas e satisfazer seu uso compulsivo por crack. Esses mulheres realizaram até 9 relações sexuais por dia em locais inseguros e com múltiplos parceiros que foram abordados de maneira agressiva e selecionados utilizando-se critérios subjetivos. Essas usuárias de crack geralmente fizeram sexo sem proteção, sob fissura e por preços extremamente baixos. Devido ao uso inadequado dos cachimbos para fumar crack, foi comum observar entre elas lesões nos seus lábios e boca. O fato de que frequentemente realizarem sexo oral, expuseram-se a considerável risco de infecção com Doenças Sexualmente Transmissíveis (DSTs) incluindo AIDS.

Palavras-chave: mulheres usuárias de crack, crack, AIDS, prostituição, Doenças Sexualmente Transmissíveis, estudo qualitativo

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