

## Sexual risk behaviours of Puerto Rican drug users in East Harlem New York and Bayamón, Puerto Rico

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Puerto Rican drug users both in New York and Puerto Rico have disproportionately high rates of HIV/AIDS. This paper derives findings from the ARIBBA Project—a dual site study of HIV risk behaviour determinants among Puerto Rican injection drug users and crack smokers, conducted in East Harlem, NY and Bayamón, PR. Qualitative data collected in focus groups, interviews and observations revealed significant differences in sexual risk behaviours, perceptions of risks and cultural/behavioural norms between the two locations, which were supported by the results of a survey of 1200 drug users. Recommendations are made for enhancing HIV risk reduction efforts in both communities.

### Introduction

A Puerto Rican injection drug user (IDU) interviewed in East Harlem stated he 'never shares his works, always uses sterile syringes, uses the Needle Exchange Programme, and injects alone'. He exhibited a high degree of awareness about HIV-related injection risks. But when queried about his sexual behaviours and condom use he replied, 'I only have sex with girls who look clean, you know, nice girls'. An IDU in Puerto Rico, who reported injecting in shooting galleries, when queried about condom use with his female sex-partner, stated, '*ella es una mujer decente y yo pienso que no habia necesidad*' (she is a decent woman and I think that there is no necessity). A crack-using prostitute in Puerto Rico reported '*uso condones siempre con parejas pagadas*' (always uses condoms with her paid customers) but not with her principal partner because '*el no sabe que soy prostituta*' (he doesn't know that I'm a prostitute). A New York Puerto Rican crack

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smoking prostitute reported 'always using condoms with tricks' but never using them with her IDU partner, because 'we both don't like condoms'.

These are quotations from informants interviewed in the ARIBBA Project (Alliance for Research in El Barrio and Bayamón), a dual-site, NIDA-funded qualitative/quantitative study of the HIV risk behaviours of Puerto Rican drug injectors and crack smokers (Deren 1995). The goals of ARIBBA are to understand the influences on HIV-related risk behaviours among Puerto Rican drug users in New York and Puerto Rico. The New York component is being conducted in East Harlem and the Puerto Rico study site is in Bayamón, part of the San Juan Metropolitan Area.

### Background

Puerto Rican drug users are at highest risk for AIDS among Hispanic populations in the United States (Montoya *et al.* 1999). Rates of HIV prevalence are also disproportionately high among Puerto Rican drug users (Des Jarlais *et al.* 1989, 2000, CDC 1999).<sup>1</sup> Infection rates are rising for women of colour, specifically African-Americans and Latinas (CDC 1999, Tortu *et al.* 2000). Within the Latina category, Puerto Rican women are at the highest risk (NYC Dept. of Health 1999). Drug-using women face even greater risks, since obtaining money for drug use often involves prostitution (Shedlin and Oliver 1993, Paone *et al.* 1999). Sexual risk behaviours among Puerto Rican drug users are influenced by type of drug use, high incarceration rates, and socio-cultural attitudes.

HIV prevention efforts with IDUs have been found to be more effective in reducing injection-related risks than risks related to sexual behaviours (Stephens and Alemagno 1994, Coyle *et al.* 1998). Crack cocaine use has been a focus of sexual risk reduction in many studies, due to its relationship with high frequencies of unprotected sex (Shedlin *et al.* 1998, Tortu *et al.* 1998). Drug injectors and crack smokers are not independent groups; many IDUs also smoke crack and some crack smokers are either current or former injectors.

High rates of incarceration of drug users and a relationship between incarceration and HIV risk has been identified in the United States and in Puerto Rico. Rising incarceration rates and longer sentences for young Hispanic men, and of men who are drug injectors and crack smokers, have been reported (Nygard 1993, Hebert 1997), increasing exposure to sexual and injection risks and subsequently for the risks for infecting others upon release (Robles *et al.* 1993, Gore *et al.* 1995). Specific conditions of overcrowding and violence, and lack of adequate medical facilities have been identified in Puerto Rico (Kiersh 1983).

Cultural attitudes towards reproductive choices, the role of religious beliefs, and gender issues in sexual decision making are variables in the complex issues affecting sexual risk behaviours. Among Puerto Rican women who have chosen to use birth control, 45% choose tubal ligation (CDC 1998). There is a long history of surgical sterilization in Puerto Rico and among Puerto Rican women on the mainland (Robles *et al.* 1988, Lopez 1993, CDC 1998). When queried about condom use, many drug

using Puerto Rican women replied 'I had my tubes tied—I don't need to use condoms'. Yet there have been no HIV risk reduction campaigns targeting women with tubal ligations.

Contrary to the popular belief that Puerto Ricans are overwhelmingly Catholic in religious faith, there has been a recent upswing in conversions to Evangelical Christian sects and other Protestant denominations that were established on the island as early as the 1940s (Cintrón 1996). Many church members hold conservative views on sex and reproductive choices. Issues of male dominance or *machismo* in the Puerto Rican community, both on the mainland and the Island, have been discussed in the literature (Bourgeois 1996, Torres 1998) but rarely has this been applied to concerns about the ability of drug-addicted women to insist on condom use with partners. Puerto Rican women have higher fertility rates than white women, and make different birth control choices, heightening the risks of exposure to HIV (Borras 1984, CDC 1998).

These factors are further complicated by the socio-economic realities of the drug-using sub-culture within an already disenfranchised minority community (in New York) with high rates of poverty and unemployment (in both New York and Puerto Rico) (US Census 1992). The desperate needs of severely addicted users to acquire drugs may negate the impact of and compliance with general public health messages, and affects decisions about whether or not to spend their last dollar on drugs or condoms.

## Methods

The ARIBBA project utilized both qualitative and quantitative methods to examine sexual risk behaviours. This paper is based primarily on analysis of the qualitative data, with selected results from the survey instrument used to provide further information regarding the distribution and prevalence of selected behaviours. Participants in both components provided informed consent, and all procedures were reviewed by the local Institutional Review Boards.

### *Qualitative methods*

The qualitative research teams consisted of an ethnographer and two outreach workers in New York, an ethnographer, ethnographic assistant, focus group leader and interviewer in Puerto Rico, and an ethnographic consultant to co-ordinate the research. Team members from each site visited the other location to discuss methods and findings, and to conduct observations to facilitate comparisons (Deren *et al.* in press). Ten focus groups (five in each site) ranging in size from 7–12 participants were conducted with female crack smokers, male IDUs, outreach workers, drug-using men who have sex with men (MSM) (including gay-identified men), and recovering addicts. Focus groups helped identify specific areas to be targeted in the survey instrument, and were helpful when dealing with an active drug using population of informants (Shedlin and Schreiber 1995).

A series of in-depth Targeted Ethnographic Interviews (TEIs) were conducted with 21 drug using Puerto Rican informants (11-NY/10-PR). TEI informants were required to be Puerto Rican, active crack smokers or injectors, at least one third were female, and ranged in age from 20–60.

Ongoing periodic observation of TEI informants was conducted in both locations and field observations were conducted where drug users buy and use drugs, and around treatment facilities and social service agencies. Although no direct observation of sexual activity was conducted, observations took place in areas of sexual activity (crack houses, shooting galleries and outdoor solicitation locations) and direct observations were conducted of condom distribution.

All of the interviews and focus groups were transcribed and entered into a series of 'Info-bases' created with Folio Builder/ Folio Views software (Folio Corporation 1998) to build one qualitative database, shared by the ethnographers from both sites.

#### *Quantitative survey*

A survey instrument was administered to 800 Puerto Rican active (verified by urine test) IDUs and crack smokers, over the age of 18 in East Harlem, NY and 400 in Bayamón, PR (Deren *et al.* in press) from January 1998 through August 1999. There were some differences in the demographic characteristics of the sample recruited in both locations: In New York: 73% were male, average age was 38.4; in Puerto Rico, 79% of the sample was male, and the average age was 33.2. Overall, 44% were recent (prior 30 days) IDU, 27% were crack smokers, and 29% had used both.

### **Results**

#### *Crack, sex and prostitution*

The first responses from female focus group participants in New York to questions about crack and HIV risk behaviours were health related. TB and 'pulmonia' (pneumonia) were cited as risks. Several of the women asked questions about whether or not the virus could be passed due to cracked lips, open sores in the mouth or blood in or on the pipe. Only after probing did any of the participants connect sexual behaviours due to crack usage in relationship to HIV risk. All agreed that women who smoke crack forget completely about using condoms. One woman in the New York crack users group described her complete unwillingness to give 'blowjobs' to uncircumcised males, but 'if they were circumcised, and looked and smelled clean it was okay'. Slightly under half of the group said crack made them 'horny'. The others said that when they were smoking they had no desire to have sex. Some women in the crack users group in Puerto Rico felt that the use of crack makes men 'bellaco' (horny) but when they have used it they are not able to perform sexually. '*El 100% de*

*los hombres que se meten perico o crack, tu sabes, es bien poco el que se le puede parar el miembro*' (100% of the men who use crack, you know, it is very rare that they can get a hard-on). This drug-induced erectile dysfunction often leads women to removing a condom in order to get the client to ejaculate, which ends the transaction. Other women in the Puerto Rico group stated that there is a big difference between the men and women who smoke crack—that women have more control. Other studies of crack using women report similar findings (Shedlin *et al.* 1998, Sterk 1999).

One woman stated that crack 'turns her off' sexually (*A mi me apaga la droga*). When asked where women get the money to buy crack one woman replied, '*prostitución, verdad, que es el vehículo mas rápido que tenemos nosotras*' (truthfully, prostitution is the quickest method that we have). Stories were told illustrating the risk of being forced to have sex without condoms, or raped.

Julie, a 26-year-old HIV-positive crack smoker and street prostitute in NY, born in Puerto Rico, described a crack house in Puerto Rico:

JULIE: It's a basement like, and the person that's running the basement you had to pay him \$20 up front ... there was all women and men, older women, older men ... girls offer themselves like, 'Can I get a hit? Can I get a hit? Come on!' You know? I'll do *este* [this] you know *mamando el otro* [sucking on the other] knowing that they could be friends, brothers or whatever. You just finished this guy and the next one would go, and not even cleaning them up or nothin'!

INTERVIEWER: And not using condoms?

JULIE: No. Nobody. Because over there, I guess condoms for them was hard, was, is a hard thing for them...

INTERVIEWER: What percentage do you think actually used condoms? ... Many, half of them, less than half?

JULIE: Yes. [less than half] And the guys too ... cause there are guys out there too. A lot of them young. A lot of men didn't want to use condoms ... They wanted to feel it!

INTERVIEWER: So what did they say if you said anything about them putting them on?

JULIE: I was too high to think of it.

INTERVIEWER: Did any guys ever say, 'Look I have a condom, I want to use it'.

JULIE: One or two. Out of just maybe a couple, I'd say 20 out of 100 ... Some of them were like, 'I don't fucking want the condom! Uck!' I stopped even asking. So I just let it be, If they wanted to it was on them.

Rubia, a 24-year-old, HIV positive female crack smoker and former injector, born and raised in New York, describes a crack house in East Harlem:

RUBIA: You could say a crack house is a whorehouse ... Ah, it's an apartment ... There used to be a lot of girls. Like around six girls, sometimes five ... Blacks ... and Puerto Ricans ... And they had a lot of guys, like around seven, eight guys ... they used to talk to the girls like, 'damn you know what's up, Baby do you wanna hit?' ... then they use to treat us on crack and then if we wanted more, or more money, they use to go, 'yo bro, I'm gonna use the room for a minute, alright'. We use to go to the room, sit down on the bed, smoke ... he use to throw me like around, ten bottles, cause they had money.

INTERVIEWER: How much is the bottle?

RUBIA: Five dollars, three dollars ... they use to use to say ... 'What you wanna do baby? ... And I used to get embarrassed, you know. But I was just thinking about the crack ... He use to lay down and smoke crack while I eat him up, you know and they use to take so long coming, and I wanted to just leave and go and smoke my crack alone...

Chinita, a 41-year-old HIV-positive injector and crack smoker, born and raised in New York, describes an incident with a violent client, one of the reasons she rarely does 'car dates' anymore:

INTERVIEWER: You don't jump in cars?

CHINITA: Nah! Only with guys I know for years. Because, I almost got killed three times behind that shit ... The time, I got in the car and we're supposed to go around the corner to the room. The motherfucker kept riding, going straight. And I said, 'yo, man not this way'. When I went like that, 'yo' there's a guy sitting in the back and grabbing my neck, with a knife. He had me suck his dick all the way to Jersey, without no condom or nothing. I'm telling this motherfucker 'I'm positive [HIV]'. He said, 'I don't give a fuck'. He had his knife on my neck ... So we get to New Jersey, the one that was driving got out, paid for the room while the other one had me in the back ... I started running and screaming. And the one that's opening the door came running out and punching me right in my eye ... I was still running. I had a big black eye like that.

### *Heroin and sex*

In the survey component, male IDUs (primarily heroin users) were less likely to report engaging in sex in the past 30 days (see table 1). Members of the New York focus group with male IDUs agreed that heroin users had lower sex drives, and less risk sexually than crack users. In particular, they discussed difficulties ejaculating while using heroin:

INTERVIEWER: Does heroin decrease your sexual desire over time?

ROMAN: It holds you back, it holds you back

GEORGE: You don't reach your ... you don't come. You can be in it for like 10 hours on heroin and you ain't gonna come at all, you know what I'm saying you wind up falling asleep and wake up the next morning...

CHINO: But what happens is with the crack you smoke and come and smoke and come and do it again and just fuck.

This difficulty ejaculating during a heroin high could also increase the likelihood of either removing a condom (if used at all), or condom breakage.

In the gay male focus group in Puerto Rico, a difference of opinion was expressed about the affects of heroin on sexual behaviour. For some, the use of heroin reduced sexual desire, while for others it was sexually stimulating. In Puerto Rico several of the IDU men indicated that they preferred drug-using sexual partners because they would share drugs with them and the partner would understand their need to use drugs. Many of the men in the MSM group however, expressed a desire to have non-drug-using partners, who would not demand a share of their drugs.

The survey data presented in table 1, reports on sexual risk behaviours in the 30 days prior to the interview, separately by gender, for those who reported recent injection, crack use, or both types of drug use (in the prior 30 days). Trading sex for money or drugs was reported more often in Puerto Rico, and was highest for female crack users in Puerto Rico.

### *Sex risk and incarceration*

The combination of unprotected sex and the sharing of unsterile syringes while incarcerated, creates increased sexual risks for inmates, who may not

**Table 1.** Sexual risk behaviours among Puerto Rican drug users in New York and Puerto Rico, by site, recent drug use, and gender.

	New York			Puerto Rico			Significance <sup>b</sup>	
	IDU (n = 315)	Crack (n = 239)	Both (n = 246)	IDU (n = 210)	Crack (n = 88)	Both (n = 102)	Site	Drug Use
Behaviour in prior 30 days <sup>a</sup>								
Engaged in sex (%)								
Males	54	70	59	36	67	44	<0.001	<0.001
Females	63	71	71	80	87	83	<0.01	n.s.
Traded sex for money or drugs (%)								
Males	3	5	7	7	21	18	0.001	n.s.
Females	24	33	41	50	62	91	<0.001	<0.05
% Unprotected vaginal sex								
Males	52	52	48	81	56	73	<0.001	n.s.
Females	56	54	42	58	39	15	0.01	<0.05

<sup>a</sup>Data on the per cent who engaged in sex are based on the total sample; all other variables are based only on those who reported having sex in the prior 30 days.

<sup>b</sup>Based on chi-square tests.

be injectors, but who may become the partners of injectors. Some informants who considered themselves to be 'straight' initially hesitated to admit to homosexual liaisons, but after probing expressed the opinion that there were sexual HIV risks within the prison system. Men who have sex with openly gay men and consider themselves straight were referred to as *bugarones* (buggerers). Jose, a 28-year-old heterosexual IDU, born in New York but raised in Puerto Rico, was interviewed in New York and reported on his prison experience in Puerto Rico:

INTERVIEWER: What about sex in jail?

JOSE: Ah! There's a lot, a lot of that. I mean like not rape, or anything

INTERVIEWER: No, I'm talking about sex.

JOSE: There's homos ... you know, homosexual sex.

INTERVIEWER: They are not kept in a separate part of ... the prison?

JOSE: No, not Puerto Rico. Maybe, here they do, no, not really neither. Depends if you ... 'cause you got homos they get married in jail. But they got their own man and they got different hours for them to shower ... when they shower together that's when they're having sex ... they put a red towel, or a yellow towel over and you know you can't go in that bathroom because their man is in there with the homo so you can't go in there. That's like disrespect.

INTERVIEWER: So that's like a signal? ... And people respect that signal?

JOSE: Yeah, you've got to, you've got, that's a violation.

INTERVIEWER: Well what do you mean it's a violation?

JOSE: Well, shoot ... you could get hurt. You could get, 'cause over there in Puerto Rico specially there's a Asociación Ñeta you know, that's a big organization. Mostly everybody is got to live by the rules.

The Ñetas are a prison gang founded in the prisons of Puerto Rico, and transplanted recently to the United States. Ñetas have written and published their codes of behaviour (Connecticut Correctional Officers On-Line 1997, Prison Connections 1997a, b) which are called 'normas'.

Flaco, a 21-year-old injector and crack smoker, born in Rio Piedras, and interviewed in Puerto Rico, reported on the lack of condoms:

INTERVIEWER: ...*los Ñetas tienen alguna regla que tenga que ver con el uso de condones dentro de la prisión?*

FLACO: *Adentro no tienen ni condones ni nada. Ahí la gente es así como quien dice, perdonando la palabra, un maricón de la calle, lo hacen casar porque lo hacen casar pero el maricón no sabe si el tipo tiene HIV. Ahí mismo es que se contagia.*

INTERVIEWER: *¿O sea, que allá dentro no se usan condones?*

FLACO: *Eso es así, no se usan condones. No los dejan pasar, bueno por el tiempo que yo estuve allí nunca ha habido...*

INTERVIEWER: ...*the Ñetas have some rule that has to do with the use of condoms in prison?*

FLACO: *Inside they don't have condoms or anything. The people as you say, excuse the word, a faggot from the streets, they make him marry because they have to marry, but the faggot doesn't know if the guy has HIV. That's when he gets contaminated.*

INTERVIEWER: *So inside there is no use of condoms?*

FLACO: *That's how it is, condoms are not used. They are not allowed in, at least for the time that I was inside, there were never any...*

Junior, a 23-year-old crack-smoking informant interviewed in Puerto Rico, was born in Rio Piedras, but spent time in New York City felt New York incarceration was more dangerous. He described his horror watching a rape of another inmate in jail in New York, and asserted that this could not have happened in Puerto Rico due to 'normas' enforced by the Ñetas, stating that rape of an inmate is severely punished. He added that Ñetas practice their own methods of safeguarding against HIV risks:

JUNIOR: *Lo que pasa con los Ñetas, que si uno esta enfermado con el SIDA, no puedes vivir en el pueblo porque puedes contagiar a los otros presos, tu sabes, entonces se enferman todos los otros; ellos tienen su parte, como un 'detox', los tienen ahí metidos a los que están enfermos, los tienen aparte, aunque sean Ñetas pero los tienen aparte a ellos.*

JUNIOR: *What happens with the Ñetas, it's that if you are sick with AIDS, you can't live in the population because you can contaminate the other prisoners, you know, then all the others get sick; they have their own place, like a 'detox', those that are in there are sick, they have them separated, even if they are Ñetas, but they have them apart.*

Survey data regarding experiences in jail/prison indicated similar levels of sexual activities in New York and Puerto Rico jails/prisons (approximately 7% reported having sex when incarcerated) with none of the sample in PR reporting condom use while incarcerated, compared with 24% in New York. Higher levels of ever injecting in jail/prison were reported in Puerto Rico (37% vs. 18% in New York), and sharing injection paraphernalia was reported by more than half of the participants in both sites (62% in NY and 76% in PR).

Although we are usually presented with risks for men becoming infected while incarcerated, and their potential for infecting others after release, Felipe's story is a bit different. Aged 27, born in New York, and raised in a small coastal town in Puerto Rico where there are many shooting galleries, Felipe injects heroin and cocaine. He and his wife had been meticulous about not sharing injection equipment, and used a needle exchange regularly. They did not use condoms, he stated, because they were monogamous. He reported providing the money for their drug use by doing

‘stick-ups of drug spots’, while his wife stayed home. During the course of our observations of Felipe and his wife, he was arrested and sent to prison for two years. During the time he was away, his wife, left with a heavy cocaine habit and no means to support it, turned to trading sex for drugs. Outreach workers observed her with multiple partners, and she was interviewed, and tested for HIV during her husband’s incarceration. Upon Felipe’s return from prison his wife did not inform him of her activities while he was incarcerated. He believes that his wife is HIV negative and was secure about his sexual relationship with her:

INTERVIEWER: You don’t have sex with anyone else?

FELIPE: No, nobody else. My wife she satisfy me in every need.

INTERVIEWER: And your wife doesn’t have sex with anybody?

FELIPE: No.

### *Use of condoms*

Injectors who were also sex-workers, when questioned about condom use, initially reported ‘always using condoms’ but also reported that they are offered more money by clients who prefer not to use them. Gabriel, a 22-year-old HIV-positive homosexual injector, who works as a street prostitute in New York, describes the street sex scene:

GABRIEL: When I go out there to the streets, and I’m over here in this neighbourhood (referring to East Harlem), it’s \$20 for a blowjob and \$40 for a fuck. If I go midtown ... forty-second, forty-third, ... it’s \$50 for a blowjob and a \$100 for a fuck...

INTERVIEWER: When you give him a blowjob...

GABRIEL: ...if I use condoms? ... Sometimes, sometimes I do, sometimes I don’t. Sometimes I got customers that offer me more money without a condom. I would not have sex without no condom. I know that much...

INTERVIEWER: You’re talking about anal or—

GABRIEL: —anal.

INTERVIEWER: Oh, OK, So, for anal sex you will use a condom.

GABRIEL: Yeah. Always. With Jerome [his lover] I would use no condoms...

INTERVIEWER: And Jerome knows your status?

GABRIEL: Yeah. He knows my status.

INTERVIEWER: What’s Jerome’s status?

GABRIEL: He’s HIV positive.

After discussions with Gabriel over several months his story changed. He admitted that when he ‘falls in love’ with a date, he didn’t use condoms at all, for fear the lover may think he has AIDS and leave him. He reported he had a new lover, a young professional man, whose wife was in the hospital having a baby. Gabriel has been visiting his house, had even helped decorate it for her homecoming, and had repeated sexual encounters with him, without a condom. Many other HIV positive respondents also reported not using condoms with HIV positive partners, never discussing risks for re-infection (it should be noted that whenever high-risk behaviours were reported, information about risk reduction was provided either by the ethnographic team or the project HIV counsellor).

Chinita talked at length about her feelings about men who don't want to use condoms with her:

I told a man one time, 'you must not love yourself'. He said, 'what are you talking about?' I said 'you don't want to use a condom with me. You don't even know me Mister. You don't know what I got. Or you just go around taking people's word that they are okay?'

Some women in the crack-using focus group in Puerto Rico initially stated they always used condoms, some said 'usually' or 'used them most of the time'. After probing '*siempre*' (always) was changed to '*aveces*' (sometimes). One woman stated it depended on the client that came along (*depende de la persona que venga*) another said it depended on the working girl (*Eso depende de la mujer que esté en el trabajo*), another added that it depended on the situation. Two women were in agreement that they always used condoms to have oral sex, (but not necessarily for vaginal sex) because they found oral sex without a condom to be repugnant (*me da asco*).

An HIV positive crack-using participant said she did not use condoms with her partner very often because they had given her 'pills' at the clinic to prevent her from infecting her partner. Several informants also said they did not use condoms because they think their partner is 'safe'.

Blanco, a 31-year-old HIV negative crack smoker in New York, at the time of his first interview was in a relationship with a woman whom he felt was 'safe'. He said, 'Ah, well, the times that I didn't use [condoms] was that I knew my partner wasn't like in the streets or selling their bodies, you know? That I knew that they were all right'. However, observations by outreach workers told another story. They reported that the woman Blanco was living with was trading sex for drugs with high-risk injectors, which he was not aware of.

José, had mixed feelings about his sexual partner. He was not completely sure about his current partner's status (he met her at his methadone programme). He did not want to hurt her feelings by insisting that they use a condom, but expressed some of his unease during an interview:

INTERVIEWER: You don't use condoms with her?

JOSE: No, no condoms, no ... See if I tell her 'well, let's use a condom', she'll feel disrespected whatever, so I don't want her to feel that way, you know. Even though she tell me 'I don't do nothing with nobody' but you never know, you know, I don't trust women, you know. So I don't know what she is doing, what she's not doing. I met her in the street corner, so you know she had to be doing something wrong the way she is on the programme and all that.

#### *Site differences in condom access and use*

There was general agreement in focus groups and interviews that there was easier access to condoms in New York than in Puerto Rico. Informants felt that drug users were more likely to use condoms in New York than in Puerto Rico due to religion, culture and general availability, referring to both free distribution and prominent display of condoms in pharmacies, both more likely in New York.

Far more Catholics in our study reported condom usage than those who have converted to, or are members of other denominations, and more of the New York study participants reported that they were Catholic (73%,

compared with 47% in PR). In the Puerto Rican sample, almost one-quarter (27%) were Evangelical, compared with only 3% of the sample recruited in New York.

Papo, an IDU focus group participant in NY who is from Puerto Rico reports:

PAP0: *Yo vengo de el caserio de Ponce. En lo pueblo mas que hay este SIDA, de mi pueblo de uno de ellos de me caserio porque alli no estan repartiendo condones como los hacen aqui como en calle. Alli, tu tiene que ir al hospital para que te den los condones, you know. No aqui, aqui te dar los condones en la calle en la todos esquinas donde quiera, hay anuncio y eso.*

PAP0: I come from the housing projects in Ponce. That's the town with the most AIDS, in my town they are not handing out condoms like they do here in the street. There you have to go to the hospital so that you can get condoms, you know. Not here, here you got condoms in the streets in every corner, there are ads and all.

### *Differences in cultural norms*

Differences in cultural norms in the two locations were addressed by several informants. Tomaso, a 42-year-old 'speedball' (heroin and cocaine mixed) injector born in New York but living in Puerto Rico when interviewed, felt that behaviours in Puerto Rico were influenced by the small-town nature of the communities that drug users live in and their lack of anonymity:

TOMASO: *Bueno es que en Estados Unidos son mas liberales, en Estados Unidos nadie está pendiente a nada de lo que tu hagas es lo que pasa y tu, en Estados Unidos puedes hacer lo que tu quieras hacer, que ningún vecino va a estar pendiente a lo que tu hagas o va estar diciendo 'Mira, tu sabes que fulano esto' casi nadie te conoce, no es como en Puerto Rico que en la urbanización donde yo vivo, llevo 30 años viviendo ahí to' el mundo conoce a to' el mundo y si me ven a mí haciendo cualquier cosa ya aquella se lo dice a aquel...*

TOMASO: *Well it's that in the United States they are more liberal, in the United States nobody pays attention to what you are doing, that's what happens and then in the United States you can do whatever you want, the neighbours are not going to be watching you and saying 'Look, you know that so and so this', hardly anyone knows you, it's not like Puerto Rico, where the community that I live in, I've been living there 30 years and everybody knows everybody, and if they see me doing something one person tells another...*

Lydia, a 40-year-old crack smoker and cocaine injector who had recently arrived in New York from Puerto Rico, where she was born and raised, was offended by the aggressive distribution of condoms on the street in New York:

LYDIA: Puerto Rico is not like in here ... you know you use it, this and that, you go and buy them ... Oh no we are very, very open minded and we are very conscious in that but it's not like in here [NY]. Everywhere you go you got condoms you know ... We ain't that explicit.

INTERVIEWER: It's too open?

LYDIA: Too open. It's not that we better, but it's too open, that push you into things...

INTERVIEWER: So you're saying that things are more private?

LYDIA: They, they ... put people to be promiscuous in here. It's too open ... You gotta make people aware of the dangers that they're getting into, come on, don't be so pushy. Sometimes you don't wanna take the condom and they keep on top of you, 'here, here'. You don't know if I'm a lesbian, why you gotta be giving me condoms for? The other day I got this man offering condoms, Yo, Yo, you don't know me ... why you gotta say that I need it. Why so pushy for

me to take your condoms? ... what the fuck is wrong with you? Why you gotta say that I'm gonna need it and I'm gonna regret it if I don't take it? ... Use it yourself then!

However Felipe, thought the availability of condoms and other services in New York is a good thing:

FELIPE: In New York we got so many programmes everywhere, methadone programmes and the addicts, we got so much help from the City. You know we got needle exchange, they give us condoms. Like yesterday I was in 125th Street and this Sir giving me a bag a condoms ... In Puerto Rico we don't got none of that ... Nothing, no condoms in the streets. I haven't seen no pamphlets about AIDS.

Other opinions about condom use and the difference in culture were expressed in the focus group with IDU men in New York:

ROMAN: In Puerto Rico, they don't believe in condoms. Because sex is like a very...  
 GEORGE: Sacred  
 ROMAN: Yeah, sacred. And, it's more like making love to the woman.  
 FLACO: You think they're virgins, they don't got it [referring to AIDS].  
 ROMAN: It's people don't like using condoms.  
 LOPEZ: Like me, I don't wear them, I don't like them, man [Lopez is HIV positive].  
 EDDIE: That's why the population of AIDS is so great.  
 ROMAN: That's why we have the problem over there that you have ... if you want to call it old fashioned, cause the way people's life styles are in Puerto Rico ... Condoms is something that's like 90s ... A woman and a man don't, they both don't want to use it. In New York it's different. But in Puerto Rico that's the way it is.  
 INTERVIEWER: Why do you think it's different here?  
 ROMAN: Because it's culture. It's more old fashioned, like I said.

Some of the male group members in the recovery group felt that the same man would behave differently in different sites, that he would be less likely to use condoms in Puerto Rico, and that women in New York would insist on condom use. The lone dissenter was a female, who said men were 'difficult' in both places due to machismo. In the Puerto Rico recovery group, the discussion of sexual risk centred on 'protection' and disclosure issues, with one participant stating he felt women in New York were more likely to disclose that they are HIV positive because it is a more liberal environment. A woman disagreed, saying she felt there was no difference, and another woman added that HIV positive women in Puerto Rico remain silent about their status.

Survey data indicated that although the New York male participants had greater access to condoms than males in Puerto Rico (see table 2), there was no significant difference between females. Specific efforts have been underway to increase condom availability for female sex workers in the Bayamón community in Puerto Rico (accounting for lower rates of unprotected sex among females crack users (see table 1). Free condoms were much more likely to be available in New York, with about 75% of male and female participants in New York reporting that they had received condoms from a community worker and 35% from needle exchange programmes. In Puerto Rico, there were higher reported rates of purchasing condoms from pharmacies.

**Table 2.** Condom availability for Puerto Rican drug users by recruitment site and gender.<sup>a</sup>

	New York ( <i>n</i> =495)	Puerto Rico ( <i>n</i> =207)	Significance <sup>b</sup>
Behaviour in prior 30 days			
Received or purchased condoms			
Males	80%	42%	<0.001
Females	77	77	n.s.
Source (%):			
Pharmacy			
Males	1	33	<0.001
Females	0	32	<0.001
Community Worker			
Males	75	48	<0.001
Females	80	72	n.s.
Needle exchange programme (NEP)			
Males	36	21	<0.05
Females	35	17	<0.05

<sup>a</sup>Based on those reporting sex in the prior 30 days.

<sup>b</sup>Based on chi-square tests.

### Conclusions and recommendations

Advances have been made in recent years in HIV prevention, including increasing drug users' awareness of injection risks, designing outreach interventions with bleach kits and establishing Needle Exchange Programmes (NEPS). Data collected in ARIBBA, however, indicate that we must increase our efforts in addressing sexual risks for both injection drug users and crack smokers. Although there are some important site differences, additional prevention efforts are needed in both locations.

#### *Enhancing outreach and prevention messages*

More education efforts are needed in the Puerto Rican community to dispel myths about sexual partners who 'look clean' or appear to be 'safe'. Enhanced outreach and intervention for crack users, specifically women and MSMs, are needed in both sites. In addition, programmes specifically designed to for street sex workers should be expanded. Organizations that do outreach and provide services for gay men need to enhance outreach to gay men of colour who are drug injectors and crack smokers.

#### *Enhancing condom use*

Efforts should be made to increase free condom distribution in Puerto Rico, given the high frequency of sex for drugs or money for drugs. However, care should be given to design a programme of distribution that does not offend the cultural sensitivities of the target population. Since many of the women in the study in Puerto Rico indicated that they have to purchase condoms from pharmacies, and have large numbers of paid

sexual partners, further study is needed to determine the frequency of purchase, and their decision-making about when to purchase, and in what quantity.

Alternative methods of protection need to be developed and made available for those people uncomfortable with the use of the male condom. Though female condoms have been developed, few actually reach the women who do sex work, due to their high cost.

#### *Enhancing prevention efforts among women*

The data indicate that additional efforts, specifically targeting women, are needed to address two particular issues: (a) AIDS education and prevention campaigns, targeting those Puerto Rican women who have had tubal ligations, should be developed. Hospital and clinic staffs, specifically obs/gyn personnel, should receive training in harm reduction and HIV/AIDS education to better serve and educate female patients who are using non-HIV-protective contraceptive measures; (b) support and training for Puerto Rican women in techniques for asserting their rights to be protected, and training/support groups to address male issues and machismo as it relates to sexual decision making are needed. These services can be provided through a variety of providers, including community health service providers and drug treatment facilities.

#### *Enhancing prevention efforts in jails/prison*

Lack of access to condoms in jails and prisons should be addressed in both locations. Further study is needed on the impact of Association Ñeta and other jail and prison groups such as Latin Kings and La Familia normas/codes on sexual risks in prison. Youth outreach teams should implement efforts to contact and educate gang leadership about HIV risks to their membership. The high rates of risky injection-related behaviours in jails/prisons confirms reports from our qualitative data as well as many other studies (Dolan *et al.* 1996, Mahon 1996), and requires further attention. A range of recommendations can be made to address this, and discussions within local criminal justice venues may be helpful in identifying steps to initiate, which can include enhancing drug treatment services in jail/prison settings.

Methodologically, this paper demonstrates the utility of integrating qualitative and quantitative data, in enhancing our understanding of HIV risk behaviours. Results derived from longitudinal qualitative data collection, based on developing rapport with participants, indicates that more detailed and representative information can be obtained over time, e.g., initial reports that condoms were 'always' used were modified to enable us to understand that there were circumstances under which 'always' became 'sometimes' or 'never'. These data assist in the interpretation of the quantitative data, indicating not only the context within which the behavioural prevalence data should be understood, but also that there may be some

over-reporting of the more socially desirable behaviours, e.g., the extent of condom use. The need to continue the integration of qualitative and quantitative data collection and analyses is of critical importance for developing the most effective HIV prevention programmes.

It is our hope that data from the ARIBBA study will be used by public health service providers, policy makers, drug treatment programme directors and staff, and other organizations who have contact with Puerto Rican drug users and their sexual partners to design more effective programmes and education efforts and to enhance funding for such efforts.

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### Notes

1. Though not an independent nation-state, Puerto Ricans are referred to by others and by themselves as a national group, and as an ethnicity. The Commonwealth of Puerto Rico (*Estado Libre Asociado de Puerto Rico*) is a self-governing commonwealth in association with the USA. Although Puerto Ricans are US citizens, residents of Puerto Rico pay no federal income tax, nor can they vote in presidential elections. In general, Puerto Ricans refer to themselves as '*Puertorriqueños*' or '*Boricuas*'. For most Puerto Ricans, 'my country' (*mi patria*) means 'Puerto Rico', not the United States. Political views on the relationship between the USA and Puerto Rico range from a movement for independence, a movement towards statehood, and the majority in the middle have voted to maintain the status quo. Throughout the text—references and comparisons are made between island and mainland—however all informants interviewed wherever they were born, living or raised considered themselves to be Puerto Ricans, first, and some secondarily 'Americans'.

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### Résumé

La prévalence du VIH/sida est élevée de façon disproportionnée chez les usagers de drogues porto-ricains, aussi bien à New York qu'à Porto Rico. Cet article décrit les résultats du Projet ARRIBA – étude des déterminants des comportements à risque chez les usagers de drogues par voie intra-veineuse et les fumeurs de crack porto-ricains, menée à East Harlem, New York, et à Bayamon, Porto Rico.

Des données qualitatives issues de groupes focus, d'entretiens et d'observations révèlent des différences significatives entre les deux sites, s'agissant des comportements sexuels à risque, des perceptions du risque et des normes culturelles et comportementales. Une enquête menée auprès de 1200 usagers de drogues corroborent ces résultats.

Des recommandations sont proposées pour renforcer les méthodes de réduction des risque dans les deux communautés.

### Resumen

Se ha observado que entre los usuarios de drogas portorriqueños de Nueva York y Puerto Rico, hay un porcentaje bastante alto y desproporcionado de VIH/sida. En este documento se explican los resultados del Proyecto ARIBBA, un estudio dual, que se llevó a cabo en East Harlem, Nueva York y Bayamón, Puerto Rico, para analizar los determinantes de las conductas de riesgo de infección por VIH, entre portorriqueños que usan drogas inyectables y fumadores de crack. Se recabaron datos cualitativos a partir de grupos focales, entrevistas y observaciones que revelaron diferencias notables en los comportamientos sexuales de riesgo, las percepciones de riesgo y las normas culturales y de conducta entre los dos lugares. Estos datos fueron confirmados por los resultados de un estudio con 1200 usuarios de drogas. Se recomienda mejorar los esfuerzos para reducir el riesgo de transmisión del virus del sida, en ambas comunidades.