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Criminal Law, Policing Policy, and HIV Risk in Female Street Sex Workers and Injection Drug Users

Kim M. Blankenship and Stephen Koester

In public health and the social sciences, there is growing recognition of the role that social context plays in determining health.[1] Frequently, social relations of inequality are among the most important features of social context identified in this work, and emphasis is placed on identifying and addressing these inequalities in order to improve health. Within the field of HIV/AIDS prevention as well, researchers have begun to look beyond individuals for an understanding of the structural causes of HIV-related risk.[2] This research demands that greater attention be paid to the social mechanisms and contextual factors that lead to HIV risk. Among these factors are law and social policy, which form a part of the context in which risk-taking occurs and which can promote both HIV transmission and prevention. On the one hand, laws limiting access to sterile injection equipment have contributed to HIV-related risk behaviors among injection drug users (IDUs).[3] Others have suggested that social policies that deny basic socioeconomic or human rights to women may deprive them of choice and impede their power to negotiate safer sex,[4] and that criminal laws and testing policies that are stigmatizing and threatening may drive people with or at risk for HIV underground.[5] On the other hand, laws and policies have also been used successfully to promote the goal of HIV prevention, as, for example, when they increase the availability of sterile syringes for drug users, or the accessibility of counseling, testing, and treatment among incarcerated populations.[6]

In this paper, we contribute to this body of research by examining how criminal law and policing affect the HIV risk of street-based sex workers and IDUs. Drawing from our ethnographic work among female street sex workers (most of whom are active IDUs) in New Haven, Connecticut, and active IDUs in Denver, Colorado (some of whom are also female street sex workers), we discuss three distinct but related ways that criminal law and policing exert an effect on HIV risk. First, they affect risk by influencing both the availability of protective equipment (syringes and condoms) and the conditions in which their use is negotiated. Second, they affect risk by increasing the vulnerability of sex workers and IDUs to incarceration. Third, they help create and reinforce stigmatizing identities for sex workers and IDUs and thereby reproduce the social inequalities that comprise the more fundamental determinants of HIV risk.

Most immediately, drug users are put at risk for HIV through the sharing of syringes and drugs, and the communal use of other injection equipment and materials used in drug preparation, including water for rinsing syringes and mixing the drug into solution, cookers, and cottons.[7] Similarly, in the United States, sex workers' risk for HIV has been attributed to both risky injection drug use and unprotected sex, particularly with nonpaying partners.[8] Although both drug users and sex workers have changed risky behaviors as they have come to know of the factors associated with their risk, and as the context in which they use drugs and exchange sex has made such changes possible, risky behaviors in the use of drugs and exchange of sex have not been eliminated completely. Des Jarlais and Friedman[9] suggest that to address this persistent risk, it is important to better understand both why some programs aimed at reducing HIV in drug users are not sufficient, including how the "context" of injection drug use may limit their effectiveness and how various social disadvantages faced by drug users can make risk reduction more difficult.

In keeping with this view, we suggest here that laws and policies relating to drug use and sex work, and the police enforcement of these laws and policies, are an important part of the context in which risk-taking occurs. They limit

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the ability of drug users to take full advantage of existing interventions, may constrain the development and implementation of new, more effective interventions, and promote the social stigmatization and marginalization of drug users, thereby reinforcing the social disadvantages that increase their risk. Whether or not criminal laws regarding sex work and drug use have been motivated by a public health purpose, we argue that they have enhanced their negative public health consequences by forcing both activities to remain underground and furtive. Drug users and sex workers have reported to us a hierarchy of concerns in which they view the illegality of their work as more important than their HIV risk in shaping their daily experiences. We argue here, however, that the illegality of their work may itself be an HIV risk factor.

What are the ways that criminal law and policing relate to sex worker and IDU risk for HIV? How do sex workers and drug users respond to these structurally imposed conditions? How do they attempt to mediate the most limiting of these policies and practices, and what affect do these responses have for their health? It is these questions that we will address in the following analysis.

Methods

In the following pages, we draw from analyses of qualitative data collected by the authors in New Haven, Connecticut, and Denver, Colorado, respectively. Between 1991 and 1996, Blankenship conducted extensive fieldwork on the streets of New Haven. This involved walking the streets with women twice weekly, once at lunchtime and once at night; convening weekly Sunday afternoon meetings to discuss needs, develop projects, and keep generally updated on activities; and visiting women in various settings, including at home, in the hospital, and in prison. This was supplemented by additional fieldwork conducted by a graduate student under Blankenship's supervision between 1998 and 2000. In addition, over the past decade, Blankenship has conducted numerous focus groups with drug users, both male and female, and women sex workers to discuss topics ranging from HIV risk behaviors, HIV care issues, legal concerns of sex workers, policing, substance-use issues, and housing. Finally, she has conducted life history interviews with thirty-one substance using sex workers (most of whom she had come to know through her fieldwork). Ranging from 5 to 12 hours in length, the majority of these were conducted from 1994–1996, with several additional interviews administered between 1998 and 2000. This work resulted in thousands of pages of transcribed interviews and field notes. For the present paper, we rely primarily on life history and focus group interviews, which have been coded using NUD*IST.[10] For the purpose of this paper, all text material coded as relating to "criminal justice (law, prison, police interaction)" has been reviewed and analyzed for emergent themes.

Koester's ethnographic fieldwork with IDUs in Denver has been ongoing since 1989. His work has been organized around three areas of interest: (1) the process of drug preparation and injection; (2) contextual factors and their influence on drug use and drug users' lives; and (3) intervention models aimed at reducing injection-related risks and addressing contextual dimensions that influence risk. Koester and his colleagues have employed multiple ethnographic methods and combined qualitative and quantitative methodologies to address these areas of interest. Ethnographic methods include intensive periods of participant observation in neighborhoods frequented by drug users and the settings in which they consume drugs, and semi-structured interviews with IDUs and, in some cases, representatives of institutions that interface with IDUs (e.g., law enforcement personnel, treatment professionals, pharmacists). Long-term relationships with a core set of study participants have been maintained through repeated open-ended discussions. Semi-structured interviews with selected groups of IDUs have been used to collect descriptive data on specific topics related to the three primary research themes. Focus groups have been used in formulating studies and clarifying findings.

For this paper, transcripts of interviews and field notes from an ongoing study funded by the National Institute on Drug Abuse (NIDA) were coded using Folioviews, a text management program. Text material relating to the code "law enforcement" were then reviewed and analyzed. Emergent patterns and themes were identified. These themes were then merged with previous studies and Blankenship's data to develop the analysis presented in this paper.

Law, Sex Work, and Drug Use: Restricting Availability of Condoms and Syringes

One of the most direct ways in which law and policing affect HIV risk is through their impact on the availability of the tools or equipment necessary to protect against HIV, including condoms, syringes, and other injection equipment. By influencing the availability of these products, they not only make it more or less difficult to find the products necessary to protect against HIV transmission, but also affect negotiations regarding their use, even when they are available.

Although sex workers in New Haven do not report regular harassment by police for carrying condoms, this has been reported as an issue for sex workers in other areas. Alexander describes how a California prostitutes' rights organization fought against the police practice of confiscating condoms or poking holes in them and returning them, useless, to women; and of using possession of large numbers of condoms as probable cause for an arrest for prostitution.[11] In each of these ways, policing practices limit the availability of condoms for sex workers.

For women having sex with men, it is not enough for condoms to be available, since it is not women themselves

who use them. To the extent that criminal laws and policing affect the conditions under which condom use is negotiated, they also affect HIV risk. In general, although sex workers typically report higher rates of condom use with their paid partners (tricks) than with their unpaid partners,[12] they often must convince tricks to use them. Among other things, their bargaining power in these negotiations is affected by, on the one hand, the illegality of their work, and, on the other hand, by its economic necessity, both of which mean that women must carefully weigh the potential costs of demanding that their paid clients wear condoms. Its illegality undoubtedly affects the size of the client "market," so that women must decide how likely it is that they will have another opportunity for an exchange when they turn down a potential client. New Haven street sex workers report that at times when the police increase the vigilance with which they enforce prostitution-related laws, there tends to be a decline in the number of men seeking exchanges.

As Beverly, one such worker, explained: "Well, the guys don't come around. You know, the word gets around. And plus, you know, if you see too many cops around, the guys aren't going to drive by or if they do they're just going to keep going." According to Beverly, this does not make her feel she has less control over condom negotiations. "[If he wouldn't use a condom, I'd say] 'the hell with you.' 'Cause, I mean, I have my regulars that I can still call and hook up over the phone. So it's not like I'm going to get into that desperate situation."

But other women did feel pressure during times of police crackdowns. At one focus group discussion during a time in New Haven when the police were focusing their attention on arresting clients, women explained that however hard it may have been for the men, it was worse for them.

> **Chris:** We still gotta work. It's not like that stops.
> **Blankenship:** So, does it affect your work?
> **Chris:** Yeah, you might do it in a more secluded place, like go into the park or something. 'Cause he don't want to get caught. Or you might do stuff you wouldn't [otherwise] do with him. You never know who's gonna come along next.
> **Others:** Yeah.

In a similar manner, laws and policies prohibiting or limiting the sale, purchase, possession, or exchange of syringes all contribute to the HIV risk of IDUs by reducing the availability of protective equipment and affecting the conditions in which they are used. In New Haven, where pharmacy sales of syringes without prescription are legal and a legal syringe exchange program has been operating for almost a decade, police still harass users for carrying syringes. At a focus group in March 2000, women drug users seconded the view of this respondent:

> **Respondent:** And now there's that thing about the needles where you're legally supposed to be allowed to carry needles on you as long as they're clean. Well, I got arrested for paraphernalia with my needle exchange card. I showed it to them and I said, "I can carry this." "Oh no you can't," [they said,] "it's paraphernalia."
> **Interviewer:** So what happens?
> **Respondent:** That's a big reason why I don't go to the needle exchange van.

Perhaps such stories of harassment in New Haven will become rarer in light of a recent court decision in the nearby city of Bridgeport. The decision, in response to a suit filed by the American Civil Liberties Union and the Connecticut Civil Liberties Union, protects IDUs from arrest for possessing thirty or fewer sterile needles or needles containing drug residue.[13] The judge in the ruling maintained that the public health purpose of Connecticut's law permitting pharmacists to sell up to thirty syringes without a prescription would be undermined if it were not interpreted to forbid police harassment for the carrying of either clean or used syringes. Advocates maintain that police officers who continue to harass users can be sued for false arrest and held in contempt of court, and that the ruling extends beyond Bridgeport to include users in other Connecticut cities.

In Denver, there is no pharmacy board regulation prohibiting sales of syringes, and the state paraphernalia law, which could be interpreted to include pharmacies (it is illegal to "knowingly" sell syringes for illicit drug use), has never been enforced against a pharmacist. However, there are no legally sanctioned needle exchange programs in Denver. The city council voted in favor of amending the city ordinance on injection devices to allow for such programs, but only if the state statute was amended as well. Two attempts at changing the state statue were defeated by the Colorado legislature. Furthermore, syringe possession in Denver is a misdemeanor that can result in jail time. As one drug user explains, to avoid this possibility, IDUs often do not carry syringes on them:

> **IDU:** ... because I have got caught with rigs and I have to go to court tomorrow morning as a matter of fact.
> **Researcher:** That's just such a waste.
> **IDU:** And I didn't even remember they were in there. They weren't all mine. And I'm not going to make a big deal out of it unless they look, like it or not.
> **Researcher:** It's, it's ... I can't even believe they bust people.
> **IDU:** That's all I got: Possession of injection devices. No drugs, no other paraphernalia, no other nothing, no drunk and disorderly, no nothing. Just

possession of injection devices. And I'm scared to death of what's going to happen to me because I was trying to be safe and clean.
Researcher: Yeah, so do you think that's going to affect you in the future, whether you carry your rigs with you?
IDU: It has, I stopped carrying them, and I've needed them.

Drug users also report an unwillingness to carry bleach kits out of fear of police harassment:

Researcher: Is that something you carry around? I mean, do you carry around a bleach kit?
IDU: No.
Researcher: Why?
IDU: Because of the stigma of the police. If they find a bleach kit in your pocket, you're going to jail for something. And they're going to tear you apart, you know, tear your [expletive deleted] up, just find something to take you to jail for.

Clearly, policies that reduce the availability of syringes, as well as enforcement practices that lead users to avoid carrying syringes when they may need them, affect the HIV-related risk behaviors of sex workers and IDUs.

Law, Sex Work, and Drug Use: Vulnerability to Arrest and HIV Risk

Many IDUs and sex workers live and work in poor and racially segregated neighborhoods where heavy police presence and the resulting vulnerability to arrest can affect their HIV-related risk. Schneider,[14] for example, has argued that heavy police surveillance and strict paraphernalia laws that restrict syringe access can lead to an increase in shooting galleries in neighborhoods, as drug users look for places to use drugs that are close to the site of purchase. Individuals who inject in shooting galleries, in turn, are at greater risk for acquiring HIV.[15] Bluthenthal[16] has also shown that the structure of the drug market and drug scene in low-income neighborhoods is more conducive to HIV transmission than in more racially diverse and moderate-income neighborhoods. This too is, in part, affected by police enforcement of drug and paraphernalia policy.

The fear and reality of arrest shape many of the health-related activities of sex workers and IDUs we have worked with in New Haven and Denver. For example, their visibility makes many users particularly vulnerable when purchasing and using drugs in outdoor locations. Lola, an IDU, explains that it has not always been this way:

Lola: You know, before you'd go, maybe, you know, like under the bridge years ago. And then over people's house you could sit down and calmly and you knew no cops were gong to come, you know, so you didn't get paranoid or nothin'.
Blankenship: But now it's different?
Lola: It's different now. There's nowhere you can do it....

On the one hand, Lola goes on to explain that this fear of the police has made her more likely to use drugs alone, at her own place, which may, in turn, reduce her risk for HIV. On the other hand, she notes that this is not always easy because she doesn't always have a place to go, and there are many others who do not have this opportunity.

Blankenship: Does it make it harder to be safe?
Lola: Yeah, and then sometimes you miss your shot because you're doing it real fast. I shoot it in and I leave real fast. I don't even wash the works or nothin'. I either throw them out or take them with me and get rid of them or whatever, you know, but I don't waste time cleaning them because while I'm cleaning them the cops could come in. I already got away with it while I shot it and that's all I look at.

As drug users have become aware of the risks of syringe sharing, they have changed their behavior. Increasingly, researchers note the risks associated with the sharing of other injection-related equipment, of which IDUs may be less aware.[17] But even when injectors know the associated risks, law and policing practices can affect the use of items included in "safe" injection kits that many HIV intervention projects provide participants. For example, some projects provide multiple cookers as a way to discourage cooker sharing. As the following excerpt from an interview with a Denver IDU demonstrates, such good intentions are often compromised by policing strategies or their threat:

IDU: In the car and I had half a gram of dope. So what I did was ... okay, I broke the guy that went in half with me on half a gram, I broke him half of the half gram, right? Okay, he had his own cooker. M. went to get it for us. She has to go as the go-between in order to get it. Okay, so the normal pay for someone going to cop for you, especially a quantity, is to give them a pill. Rather than giving M. a separate pill, what I did was include M.'s shot in ... put it in the cooker with mine and G.'s. As a convenience, you know, not to have three cookers in, you know, the thing and then you have to remember also, there's a safety spot. You don't want to have all this stuff where you can't get rid of it. So if you've got a bunch [of] cookers gathered around, you know, and something come

down, you know, you can't lose it.
Researcher: You can't hide it.
IDU: Yeah, you can hide one or two, maybe. But, you know, if you've got three or four cookers and you're trying to stuff in your … or sail them across the room, so you know, there's also a safety clause for as how you use cookers, how many cookers you use. Okay?

It is important to note that the IDU in the above quote saw the "safety spot" as not having unnecessary paraphernalia lying around in case of a bust, not the danger of sharing drug paraphernalia. Additionally, the real danger of blood-borne disease transmission described above is not from "sharing cookers," but from mixing and distributing three of the four injectors' drug solution using one of the participant's previously used syringe. As this vignette suggests, a lack of privacy heightens the possibility of arrest and encourages IDUs to prepare and inject drugs as quickly as possible. Sharing drugs, mixing them all at once, and then distributing them through a participant's syringe is an efficient but dangerous way to expedite the injection process.

Drug user and sex worker organizations can serve an important HIV-prevention function.[18] These organizations frequently work by involving drug users or sex workers and their clients in efforts to change community norms and behavior, thereby reducing community vulnerability. Prostitutes' rights organizations, for example, took an early lead in advocating condom use, challenging police practices that jeopardized women's health, and developing both AIDS education programs and research studies to assess the extent of the problem and the impact of various interventions.[19] The ability to organize these groups, however, can be jeopardized by police enforcement strategies that seek to manipulate sex workers' and drug users' perceptions of one another through the use of arrest, informants, and harassment. In so doing, they may create mistrust and undermine social cohesion among peers. For example, IDUs become suspicious when another IDU appears to get off easily after an arrest, especially if others caught in the same bust are treated differently. These events can lead a user to "get a jacket" — a reputation on the street as a snitch — a label that can result in serious consequences including death or physical punishment. Mona clearly describes how police pressure not only put a label on her boyfriend that alienated him from his peers, but also undermined his relationship with her as well.

Mona: … but they [the police] realized there was a baby living there and started asking him questions about me and [the baby]. I wasn't the one under investigation. He was. And started pressuring him, you know, just telling him over and over and over again, all the horrible things that would happen to me and [the baby], but we won't let that happen if you just give us names. So J. snitched to save my daughter's future. If my daughter hadn't been there, he wouldn't have done it. But he couldn't picture a baby girl that innocent and that sweet and trusting.… 'Cause he loved her to death, you know. And he couldn't see that happening to such a beautiful little girl if he could do anything to stop it.
Researcher: To get taken away because of the drugs and stuff.…
Mona: Uh, huh [yes]. They would have charged me. It was my apartment. My name was on the lease. And if J. had pled not guilty, I would have been the one charged 'cause nothing was in his pocket. Nothing was on his person. It was on the table in front of him. If he had pled not guilty, he would have walked, and I would have been charged with everything in the house. My daughter would be gone for life. And they just kept painting this picture of all the terrible things that would happen to my child and used it against him, so he snitched.
Researcher: Did he snitch on people that you hung out with?
Mona: No, he snitched on his supplier … snitched to save my daughter. He was in jail for about a month and finally somebody bonded him out, like 900 bucks to get him out and everything was okay between us for about a week and then after that he started resenting me. Because after that, he started feeling the repercussions of turning this guy in 'cause this was a major [expletive deleted] player. And he ended up with … he's got a price on his head and he's got several charges, not to mention the street people after him because he's a snitch.… He left. He's not in the state any more. He's gone. He's not stupid. If he wanted to [expletive deleted] keep his life, there's no way he could stay in Denver.

Louise was one of many female sex workers who reported similar police behavior at a New Haven focus group:

One of the things I think should be brought up is when they pick up girls and bribe her by insinuating that she was gonna snitch and stuff like that. You could get killed that way. Basically they took a friend of mine down to K Street and said, "Hey guys, look who we have. She won't be copping here tonight, maybe she'll put one of you in jail." You know, that kind of stuff. That's dangerous; you could get killed like that. I know. They did that to me one time. They picked me up and they didn't arrest me, but they drove me all around drug dealers. They let me out of the car so I look

like I'm a snitch, you know. Same thing they did three years ago. So if I'm in the car and I get out, it looks like I'm a snitch. I didn't go to jail and the cop is driving me past the drug dealers and it looks like I'm pointing them out. That's dangerous. Those guys don't play games. You could get killed.

Such activities represent social control strategies through which police use their power to undermine relationships among IDUs and sex workers, and promote further stigmatization of these groups. They have the potential to disrupt peer networks, among other things, causing individuals to take on new risks with new peers (e.g., looking for a new dealer or a new area to work in, forming new relationships to obtain and use drugs). Indeed, considerable research demonstrates the role of unstable social networks[20] and community destabilization[21] in promoting HIV risk; these things also affect the attitudes of sex workers and IDUs toward other institutions, which, in turn, may lead to negative health effects. Because of the very real fear of being arrested, IDUs and sex workers frequently do not report crimes against them or medical emergencies related to their drug use. For example, Edward, an IDU, compares California and Colorado in explaining how fear of police keeps drug users from reporting serious problems such as drug overdose.

Edward: ... and the difference between California and Colorado is if someone ODs and you call in and report it, and he dies, they're going to convict you for it. But in California, you can call 911, and they won't convict you for it. That's a damn shame. They should change that law here in Colorado. So that prevents a lot of people from calling. They're more likely to let the guy die than take the chance of him living or not and then getting convicted of it, you know. That's sad. But if they didn't have to worry about it, they'd be more likely to call in and report on it. I wouldn't be afraid to call. Yeah, I'd call quick. We hear about cases like Elvis Presley and a few others. John Belushi, they prosecuted them after they reported it.

Women also describe why they frequently do not report rape and other crimes against them out of fear that they will be arrested either for drug use or prostitution. One Denver IDU explains:

Monica: ... and like totally did not give a [expletive deleted] about me at all and I was like, "I want my jacket and I want to [expletive deleted] go home." Because I didn't give a [expletive deleted] about pressing charges 'cause I knew it wouldn't help. They wouldn't [expletive deleted] do nothing anyway.

Researcher: Press charges for what?
Monica: They told me I could press charges for sexual assault, kidnapping, like all kinds of [expletive deleted]. And I've been raped and I've been through the system before and I know they don't do [expletive deleted] [expletive deleted]. You know what I mean? It's your word against his. You have to go through everything all again. It's all humiliating. You know what I mean? And it's not [expletive deleted] worth it. So I wasn't going to press charges....
DeeDee: Plus they were hassling her about the marks on her arms....
Monica: Yeah. They were like, "You always have all those bruises on your arm? Oh, we can't believe you. You're a [expletive deleted] junkie." It's not so bad now, but I had a lot of bruises on this arm 'cause I usually go in my hands.

The next story is commonplace among New Haven sex workers:

Blankenship: Did you report it [the rape] afterwards?
Faith: No.
Blankenship: How come?
Faith: Because the police never do anything about it. First of all, I didn't have his license plate number. I talked to a couple other women; they had had the same experience, but ... I mean, one girl said she reported it, and the police don't do anything about it, you know? The way they look at it is, if you're out there tricking, you're just saying it because they didn't pay you. They don't look at it as rape; they just look at it as, "well, you didn't get paid, so you're mad," and I mean, they don't do anything about it. I think, in fact, you know, I don't know if it's true or not, but I've heard women say that when they've gone to complain, they've been arrested. So, you know, most women don't bother complaining ... they've all had the same experience; it makes no sense complaining. 'Cause nothing comes of it, you know, and all that does is bring attention to you being out there. So, most women don't want to be bothered.

Their failure to report such things as overdose clearly affects the health of all IDUs and sex workers. Although the fear of reporting rape to the police may not be directly related to HIV risk among female sex workers, there may be an indirect association. Certainly a growing body of research demonstrates a relationship between victimization and HIV infection among women.[22] To the extent that the failure of women to report, or of the police to recognize such crimes,

may perpetuate women's victimization at the hands of paid clients, it may be associated with their increased risk for HIV. Moreover, women report that it leaves them with the feeling that their lives mean nothing to police officers, which, in turn, can lead to a sense of hopelessness and reduce their desire to take care of themselves, including protecting against HIV. As Jill, a sex worker, explained:

> I reported it to the police [the rape].... They said, "If you want us to go ahead and look for this guy, we can. But if we find him, we're gonna have to charge you with prostitution, 'cause what you were doing was illegal. So is that what you want?" I felt like dirt myself. What does that say to me? My life isn't worth protecting. How long do I have to hear that before I start to believe it?

Law, Sex Work, and Drug Use: Frequent Incarceration and HIV Risk

In addition to the fear of arrest, frequent incarceration may also have consequences for HIV risk in sex workers and IDUs. While research has found that incarcerated individuals engage in less sex and drug use than their counterparts who are not incarcerated, it also suggests that both occur in a riskier manner inside prison.[23] In prison, those who inject drugs are more likely to share syringes, and those who have sex are less likely to use condoms.

Individual opportunity for drug treatment may also be affected by incarceration. For example, individuals may lose their places in drug treatment programs when they are incarcerated. As this conversation with Rita and Lucy reveals, individuals who are in methadone maintenance when they go into prison and who want to return when they leave prison must use heroin to pass the required drug test.

> **Rita:** As far as jail-wise, when you get arrested, they don't; if you're on the methadone program, women can get methadone, but not until the third day that you're in jail. So here you are sick as hell, I mean, by the third day, you're like "Screw 'em, hang yourself," or something, you know. And it's just, and then when I get out I have to go through it all over again. So there you were not, I was clean, you know. There you are at your risk, you know, I was clean now those four days from heroin, because I was using methadone. Now I don't want to go back out and use, but now I have no choice because I've got to get on a program.
> **Lucy:** So it starts over.
> **Rita:** So it starts over. But I'm methadone sick, so I'm not, you know, but, so you guys know. You're not thinking about AIDS.

Once incarcerated, they also lose their medical benefits, which may have paid for drug treatment programs prior to incarceration and which may be necessary before it is possible to return to treatment upon release. At a recent focus group in New Haven, Andrea described how incarceration, even when on bogus charges, can wreak havoc on a drug user's life.

> Me and my husband got into an argument. I went for a walk. I had no money, I wasn't copping. They sell crack up there. I don't even do crack. I really wasn't copping. And I go and I turn and the cop goes up and he, there's a fight up the street I guess between two girls. They scattered. They come and arrest me for breach of peace, thinking I was the girl fighting. Now I get arrested for breach of peace; I mean this is my first arrest my entire life, no drugs, it wasn't anything [related to] drugs. They sent me to drug court. Never been arrested for drugs and have no history as far as the cops know for drugs. The night they released me, they released me at 3 o'clock in the morning. I ended up getting raped by a taxi cab driver.... I don't show up for court the next morning because I'm in the hospital; they put a warrant out for my arrest. Arrest me three days later, so now they get my benefits.
>
> I lost everything. Everything. I lost my benefits from city. I lost my — I got kicked off the program because they put me in Niantic for breach of peace because I couldn't come up with $50 to get myself — bond me out. I was there for almost two weeks. I lost everything, because when you become part of the state, the city says "screw you."

Incarceration can affect drug users' lives in other ways that have implications for their HIV risk as well. It is harder to get into public housing with a police record, as housing officials tend to avoid tenants with records that suggest they are drug users and/or sex workers. And, in March 2002, "the Supreme Court ... interpreted a federal drug law to permit the eviction of public housing tenants for drug use by any household member or guest, even drug use that takes place outside the apartment without the tenant's knowledge."[24] All of these factors may increase the likelihood of homelessness, which has been shown to be associated with increased HIV prevalence[25] and a high frequency of injection drug use[26] and risky drug use behavior.[27]

Felony convictions can also permanently affect access to various programs such as food stamps and other forms of income assistance. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) repealed Aid to Families with Dependent Children (AFDC), the largest cash assistance program for poor families with children, and replaced it with the Temporary Assistance for Needy

Families (TANF) block grant program. Included in the PRWORA legislation is a provision that states that those convicted of drug-related felonies will be ineligible for TANF benefits and food stamps for life. This federal ban stands regardless of whether the offender is presently ill, pregnant, in drug treatment, drug-free, a first-time felony offender, working, or in school.[28] This ban also indirectly affects drug users' families, for while only offenders lose benefits, their earnings still count toward their families' income, thereby reducing the household assistance allotment. States can opt out of these bans, but many do not.

A number of studies have demonstrated that the disruption of sexual and drug use networks can promote HIV risk.[29] Incarceration is certainly one factor in the disruption of these networks. When one member of a drug use network is jailed, the others may form new relationships or revive old ones in order to "hustle," acquire drugs, and use them, which in turn can increase the likelihood that they will be exposed or expose others to HIV. Among couples, the consequences can also be far-reaching. If one partner is incarcerated, the other may compensate by initiating sex work or increasing her level of sex work, and/or by forming a temporary sexual relationship with another user. Gina, an IDU, describes this phenomenon well:

> **Gina:** I'm really trying to figure this out, Beth [researcher]. Because usually ... well, I'll tell you exactly why I'm with him this time. Because he was looking for me, okay? And he told the guy I was staying with, "Well, if you see Gina, tell her I need to see her." So I went to see him. He was in jail with Pete and he told Pete, "While you're in jail, she's going to be with me."
> **Beth:** He said that to Pete?
> **Gina:** Well, [expletive deleted], when Pete was in jail last time, I was with Mike and everybody was ... oh, Beth, they was standing in line to tell Pete that I was with Mike. But I had already told him.
> **Beth:** Is that okay with him?
> **Gina:** Yes, because he's like, " Gina has to do what she has to do to survive out here while I'm in jail, so I understand that. But when I get out, all that's through."

In all of these ways, their vulnerability to arrest and incarceration forms a part of the context in which the HIV risk of drug users and sex workers is determined.

Vulnerability, Identity, and HIV Risk

As we have seen, criminal law and its enforcement create and recreate some of the vulnerability of street sex workers and IDUs, which, in turn, contributes to their risk for HIV. They limit the availability of protective equipment, such as syringes and condoms, and constrain the ability to negotiate the use of these things. They promote fear of arrest and high rates of incarceration among drug users, both of which, in turn, affect the conditions in which sexual and drug use behavior occurs.

Generally, criminal law and policing help to transform sex work and injection drug use from activities into identities. Sex work is not viewed as an economic activity, but as an identity that follows women wherever they go and that can dictate how police, other institutions, and their peers treat them. For example, the police assume that sex workers are always working and do not consider that they may walk down the streets to shop, visit friends, pick up their children from school, or drop the mail in the mailbox. We collected numerous stories from women of how this happens, including two described by Lucy and Faith:

> **Lucy:** I was walking to the phone on Howe Street by the pizza house. He [the police officer] gave me 5 minutes to get off the street or else I would go to jail. When I tried to tell him I was only going to the phone, but he said all the whores use the same story and to get something more original. Then he told me to use the phone on someone else's shift.
> **Faith:** Evelyn and I were walking to her son's house on Elm and Norton. They [the police officers] beeped the horn several times and when we didn't turn around (we hadn't seen the patrol car or did [not] ... know it was for us they were beeping), they yelled "you two better not be caught on any street corner tonight or you're going to jail." I said I was walking Evelyn home and then turned to continue walking. He then yelled "stop" as he pulled up on us. Then he said, "if you take another step, you go to jail now. I'd love to put you [expletive deleted] whores in jail tonight." Again we told him we weren't doing anything, but he replied our "asses belonged on Davenport Avenue." As we started to walk away, he yelled, "If I see either of you whores again tonight, you're going to jail."

Such interactions with the police embarrass and stigmatize sex workers, often in front of friends and neighbors, and keep them from meeting their daily needs and engaging in social interactions.

It may be partly for these reasons that sex workers are treated as outsiders in the communities where they live. Indeed, their neighbors try to remove them from their neighborhoods. Women on the streets in New Haven reported that as bad as the police were about harassing them, they felt even more harassed by their neighbors. We experienced this numerous times engaging in fieldwork in stroll

areas, with residents throwing fruit and calling names and, on one occasion, with a group of young (10–14 years old) neighborhood boys chasing us.

Once they have been assigned the identity of sex worker, it also makes it hard for these women to get "legitimate" work, as Madeline and Faith explain:

> **Madeline:** It's a real hassle. I mean, I don't know any other way of living right now except hooking.... I can't get a job anywhere 'cause everybody knows me. I can't. It's a thing against me, you know? "She's a hooker. Who's gonna hire her?" And be put down for being a hooker. You know, I went into a bar yesterday and all of the guys wanted me out of there 'cause I'm a hooker.
> **Carolyn:** Then they'll come right outside and want you to suck their dick.
> **Faith:** At [the company where Faith worked], I took a leave of absence ... because I wanted to have that option to go back. Um, but then, when I testified [in a murder trial] and it was in the newspaper, I didn't have enough nerve to go back. In fact, I was asked to go back, you know, at one point. I just couldn't, I was just embarrassed ... 'cause I know, I know people were reading that in the paper. You know, they read my name and it was associated with prostitutes and drugs, so I was a bit embarrassed.

This keeps them on the street making money in ways that put them at risk for HIV, and also perpetuates their drug use.

These same factors operate for "street" IDUs as well. Their identity is reduced by both law enforcement and public health systems to a single activity that is both illegal and unhealthy. That many of these individuals work and have families is forgotten. The view that their criminality defines their identity infiltrates other institutions. For example, this "diffusion of criminalization" is notable in publicly funded drug treatment programs, many of which work on a punishment-based model.

Drug users and sex workers struggle to resist incorporating these same stigmatizing perspectives into their views about themselves and to redefine their meaning and consequences. But these stigmatizing stereotypes contribute to reproducing the social inequalities that comprise the fundamental determinants of HIV and other health outcomes.

Coercion, Social Control, and Health: Is There an Alternative?

We have focused here on the many ways that criminal law and policing practices promote sex workers' and IDUs' vulnerability to HIV. But not every person we have come to know views this coercive approach as detrimental to their health. In New Haven, some drug-using sex workers attribute their recovery to their encounters with the criminal justice system. Typically, they invoke the language of "hitting rock bottom" to describe how they felt in jail. They maintain that it was this experience that "motivated" them to enter drug treatment. All too often, however, "rock bottom" is a relative category that, over the course of the years of our fieldwork, is invoked by the same person multiple times, demonstrating that recovery is an ongoing process characterized by many ups and downs.

Occasionally, women would tell us a different story about the role that policing practices could play in their lives — one that was based not on a policy of stigmatization, coercion, and social control, but on nurturing and support. Consider what Jennifer, an IDU sex worker, had to say about how one New Haven police officer made a difference in her life:

> There's one cop that I will never forget. I was living in Fair Haven, strung out bad on dope and out there working day and night. I had just moved there ... and I was standing on the corner trying to catch a date. Well, this cop came up and started talking to me. He said it was obvious what I was doing out there and he introduced himself. He said he was a fair cop, that he would never harass me or arrest me just for living. But, that if he ever saw me jump into a car, he would arrest me. That was his job. Me and this cop got to be kinda close and one afternoon I just couldn't take it anymore — waking up sick every day, having to work the streets day and night. If this was life, count me the hell out. I went to find out if he was working and he was. I told him I couldn't do it anymore. I was so sick of being sick. Going with ten strangers every damn night. He said maybe I should go into detox. I laughed. I mean, believe me, it's not that easy. Seventy-five percent of the places won't take you unless you're on [welfare], so that they'll be paid for medical coverage. And even if you're lucky and your city coverage is valid, there's waiting lines up the butt. He couldn't believe it. He said ... he'd make calls if I was sure I wanted to kick the habit. I said "yeah." Well, we made calls for at least one-and-a-half hours. Nobody just takes you when you're ready to kick. He couldn't believe it. Well, I wasn't surprised at all. Ya know, it's funny. He's the only cop that ever arrested me in Fair Haven, but he arrested me fair. I'll never forget him or the fact that he really cared about helping the women get off the street if they wanted to. He told me that I was better than that and that I deserved a better life. I'll never forget him. He thought I was worth saving.

It is also clear from our review of the qualitative material that at the same time as they describe a variety of ways in which laws and policing practices put them at risk, sex workers and drug users use the police for personal protection and community control as well. They call the police when their boyfriends or peers threaten them or their children, or when there are neighborhood disturbances. And, even if they haven't had Jennifer's experiences, some will note that they do not resent the police: "They're just doing their job," Beverly told Blankenship, after describing several different arrests.

Nevertheless, the experiences of sex workers and IDUs with the criminal justice system that we have described here suggest that our current punitive policies have significant health-related costs. Even when laws or policies are in place that can promote public health purposes, such as those permitting syringe exchange programs or pharmacy sales of syringes, their full public health promise can only be realized if they are accepted by the police. This analysis, then, suggests that changes in criminal law and policing practices could contribute to HIV prevention. Some of these might include policy changes, such as expanding the availability of condoms and syringes; refusing to harass people for carrying syringes, condoms, and other injection equipment; assuming that sex workers are *not* working unless they are caught in the "act" or caught propositioning a police officer; and reforming welfare policy relating to drug users.

More generally, our work suggests that it is not sex work and drug use per se that put people at risk for HIV, but the context in which these activities take place. One aspect of this context is a legal and policy approach that focuses on coercion and punishment in response to drug use and sex work. An alternative approach might find police and the criminal justice system treating those who exchange sex for money or drugs, or those who use drugs, as citizens in need of support and social services. Indeed, some prostitutes' rights advocates argue for decriminalizing prostitution, treating it as an occupation, and ensuring that it is under the control of sex workers and subject to the same kinds of occupational health standards that protect workers in other occupations.[30] This approach, in turn, ensures that sex work is recognized as a form of work, and sex workers are recognized not only as workers, but as playing many other roles as well.[31] From these alternative perspectives, health and safety is the priority, and it means protecting *all* citizens from abuse, harassment, stigmatization, and oppression.

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References

1. B. Link and M.J. Phelan, "Social Conditions as Fundamental Causes of Disease," *Journal of Health & Social Behavior*, 38 (Extra Issue) (1995): 80–94; G. Rose, "Sick Individuals and Sick Populations," *International Journal of Epidemiology*, 14 (1985): 32–38; M. Susser and E. Susser, "Choosing a Future for Epidemiology: I. Eras and Paradigms," *American Journal of Public Health*, 86 (1996): 668–73; N. Pierce, "Traditional Epidemiology, Modern Epidemiology, and Public Health," *American Journal of Public Health*, 86 (1996): 678–83; K.M. Blankenship, S.J. Bray, and M.H. Merson, "Structural Interventions in Public Health," *AIDS*, 14, suppl. 1 (2000): S11-21; G. Marks, S. Burris, and T. Peterman, "Reducing Sexual Transmission from Those Who Know They Are Infected: The Need for Personal and Collective Responsibility," *AIDS*, 13 (1999): 297–306.

2. S.R. Friedman et al., "Society, Drug Injectors, and AIDS," *Journal of Health Care for the Poor and Underserved*, 3, no. 1 (1992): 73–89; D. Worth, "Sexual Decision-Making and AIDS: Why Condom Promotion Among Vulnerable Women Is Likely to Fail," *Studies in Family Planning*, 20 (1989): 297–307; H. Amaro, "Love, Sex and Power: Considering Women's Realities in HIV Prevention," *American Psychologist*, 50 (1995): 437–47; B. Lester, "The Social Context of HIV Transmission in the African-American Community," *Ethnicity & Disease*, 3 (1993): 387–94; K.M. Blankenship, "HIV and Street Working Women: Social Context and HIV-Related Risk Behavior," paper presented at *HIV in Women Conference: Setting a New Agenda*, Washington, D.C., February 22–24, 1995; P. Gillies, K. Tolley, and J. Wolstenholme, "Is AIDS a Disease of Poverty?," *AIDS Care*, 8 (1996): 351–63; L.J. Ouellet et al., "Shooting Galleries and HIV Disease: Variations in Places for Injecting Illicit Drugs," *Crime and Delinquency*, 37 (1991): 64–85; S. Zierler and N. Krieger, "Reframing Women's Risk: Social Inequalities and HIV Infection," *Annual Review of Public Health*, 18 (1997): 401–36; A. Waterston, "Anthropological Research and the Politics of HIV Prevention: Towards a Critique of Policy and Priorities in the Age of AIDS," *Social Science & Medicine*, 44 (1997): 1381–91.

3. R.N. Bluthenthal et al., "Drug Paraphernalia Laws and Injection-Related Infectious Disease Risk Among Drug Injectors," *Journal of Drug Issues*, 29, no. 1 (1999): 1–16; D.C. Des Jarlais and S.R. Friedman, "Fifteen Years of Research on Preventing HIV Infection Among Injecting Drug Users: What We Have Learned, What We Have Not Learned, What We Have Done, What We Have Not Done," *Public Health Reports*, 113, suppl. 1 (1998): 182–88; S.K. Koester, "Copping, Running, and Paraphernalia Laws: Contextual Variables and Needle Risk Behaviors Among Injection Drug Users in Denver," *Human Organization*, 53 (1994): 287–95; R. Heimer et al., "Evaluating A Needle Exchange Program in a Small City: Models for Testing HIV-1 Risk Reduction," *International Journal of Drug Policy*, 7 (1996): 123–29; S.R. Friedman, T. Perlis, and D.C. Des Jarlais, "Laws Prohibiting Over-the-Counter Syringe Sales to Injection Drug Users: Relations to Population Density, HIV Prevalence, and HIV Incidence," *American Journal of Public Health*, 91 (2001): 791–93.

4. J.M. Mann, "AIDS and Human Rights: Where Do We Go From Here?," in J.M. Mann, ed., *Health and Human Rights: A Reader* (New York: Routledge, 1999); E.L. Gollub, "Human Rights Is a U.S. Problem, Too: The Case of Women and HIV," *American Journal of Public Health*, 89 (1999): 1479–82.

5. S. Burris, "Driving the Epidemic Underground? A New Look at Law and the Social Risk of HIV Testing," *AIDS & Public Policy Journal*, 12 (1997): 66–78; S. Burris, "Law and the Social Risk of Health Care: Lessons from HIV Testing," *Albany Law Review*, 61 (1998): 831–95.

6. D.C. Des Jarlais et al., "Regulating Controversial Programs for Unpopular People: Methadone Maintenance and Syringe Exchange Programs," *American Journal of Public Health*, 85 (1995): 1577–84; Des Jarlais and Friedman, *supra* note 3.

7. J.P. Grund, C.D. Kaplan, and N.F. Adriaans, "Needle Sharing in the Netherlands: An Ethnographic Analysis," *American Journal of Public Health*, 81(1991): 1602–07; B. Jose et al., "Syringe-Mediated Drug Sharing (Backloading): A New Risk Factor Among Injecting Drug Users," *AIDS*, 7 (1993):1653–60; S. Koester, R.E. Booth, and W. Wiebel, "The Risk of HIV Transmission from Sharing Water, Drug Mixing Containers and Cotton Filters Among Intravenous Drug Users," *International Journal of Drug Policy*, 1 (1990): 28–30; Koester, *supra* note 3; S.K. Koester and L. Hoffer, "Indirect Sharing: Additional HIV Risks Associated with Drug Injection," *AIDS and Public Policy Journal*, 9, no. 2 (1994): 100–05; S. Shah et al., "Detection of HIV-1 DNA in Needles/Syringes, Paraphernalia, and Washes from Shooting Galleries in Miami: A Preliminary Laboratory Report," *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology*, 11 (1996): 301–06; H. Hagan et al., "Sharing of Drug Paraphernalia Equipment as a Risk Factor for Hepatitis C," *American Journal of Public Health*, 91 (2001): 42–46. L.E. Thorpe et al., " Risk of Hepatitis C Virus Infection Among Young Adult Injection Drug Users Who Share Injection Equipment," *American Journal of Epidemiology*, 155 (2002): 645–53.

8. P. Estebanez, K. Fitch, and R. Najera, "HIV and Female Sex Workers," *Bulletin of the World Health Organization*, 71 (1993): 397–412; J. Astemborski et al., "The Trading of Sex for Drugs or Money and HIV Seropositivity Among Female Intravenous Drug Users," *American Journal of Public Health*, 84 (1994): 382–87; D. Paone et al., "HIV Risk Behaviors of Current Sex Workers Attending Syringe Exchange: The Experiences of Women in Five U.S. Cities," *AIDS Care*, 11 (1999): 269–80.

9. Des Jarlais and Friedman, *supra* note 3, at 184–85.

10. Qualitative Solutions and Research Pty. Ltd., *QSR NUD*IST 4.0: Software for Qualitative Data Analysis* (Melbourne: Qualitative Solutions and Research Pty. Ltd., 1997).

11. P. Alexander, "Sex Workers Fight Against AIDS: An International Perspective," in B.E. Schneider and N.E. Stoller, eds., *Women Resisting AIDS: Feminist Strategies of Empowerment* (Philadelphia: Temple University Press, 1995): at 120.

12. Estebanez, Fitch, and Najera, *supra* note 8; L.E. Dorfman, P.A. Derish, and J.B. Cohen, "Hey Girlfriend: An Evaluation of AIDS Prevention Among Women in the Sex Industry," *Health Education Quarterly*, 19 (1992): 25–40; Alexander, *supra* note 11, at 99–123.

13. M.P. Mayko, "Judge Bars Arrest of Drug Users with Up to 30 Needles," *Connecticut Post*, January 19, 2001.

14. C.L. Schneider, "Racism, Drug Policy, and AIDS," *Political Science Quarterly*, 113 (1998): 427–47.

15. C. Latkin et al., "My Place, Your Place, and No Place: Behavior Settings as a Risk Factor for HIV-Related Injection Practices of Drug Users in Baltimore, Maryland," *Journal of Community Psychology*, 22 (1994): 415–30; R.J. Battjes et al., "HIV Risk Factors Among Injecting Drug Users in Five U.S. Cities," *AIDS*, 8 (1994): 681–87; D.C. Des Jarlais, "The First and Second Decade of AIDS Among Injecting Drug Users," *British Journal of Addiction*, 87 (1992): 347–53; D. Chitwood et al., "HIV Seropositivity of Needles from Shooting Galleries in South Florida," *American Journal of Public Health*, 80 (1990): 150–52.

16. R.N. Bluthenthal, "Race, Poverty, and Disease: HIV/AIDS Among African-American Injection Drug Users in the San Francisco Bay Area," *Dissertation Abstracts International. Section A: The Humanities and Social Sciences*, 60 (1999): 893-A.

17. Grund, Kaplan and Adriaans, *supra* note 7; Jose et al., *supra* note 7; Koester, Booth, and Wiebel, *supra* note 7; S. Koester, R.E. Booth, and Y. Zhang, "The Prevalence of Additional Injection-Related HIV Risk Behaviors Among Injection Drug Users," *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology*, 12 (1996): 202–07; Koester and Hoffer, *supra* note 7; B. McCoy et al., "Parenteral Transmission of HIV Among Injection Drug Users: Assessing the Frequency of Multiperson Use of Needles, Syringes, Cookers, Cotton and Water," *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology*, 18, suppl. (1998): S25-29; Shah et al., *supra* note 7.

18. Friedman et al., *supra* note 2; M. Sufian et al., "Organizing as a New Approach to AIDS Risk Reduction for Intravenous Drug Users," *Journal of Addictive Diseases*, 10 (1991): 89–98; L. Maher, "Hidden in the Light: Occupational Norms Among Crack-Using Street Level Sex Workers," *Journal of Drug Issues*, 26, no. 1 (1996): 143–73; Alexander, *supra* note 11.

19. Dorfman, Derish, and Cohen, *supra* note 12; Alexander, *supra* note 11.

20. J.P. Hoffman, S.S. Su, and A. Pach, "Changes in Network Characteristics and HIV Risk Behaviors Among Injection Drug Users," *Alcohol and Drug Dependence*, 46 (1997): 41–51; A. Neaigus et al., "Using Dyadic Data for a Network Analysis of HIV Infection and Risk Behaviors Among Injecting Drug Users," in R.H. Needle et al., eds., *Social Networks, Drug Abuse, and HIV Transmission*, NIDA Research Monograph 151 (Rockville: Department of Health and Human Services, 1995).

21. For example, R. Wallace, "A Synergism of Plagues: 'Planned Shrinkage,' Contagious Housing Destruction, and AIDS in the Bronx," *Environmental Research*, 47, no. 1 (1988): 1–33.

22. R. Kimerling, L. Armistead, and R. Forehand, "Victimization Experiences and HIV Infection in Women: Associations with Serostatus, Psychological Symptoms, and Health Status," *Journal of Traumatic Stress*, 12 (1999): 41–58; S. Maman et al., "The Intersections of HIV and Violence: Directions for Future Research and Interventions," *Social Science & Medicine*, 50 (2000): 459–78.

23. J.A. Inciardi and D. Lockwood, "Drug Use in Prison: Patterns, Processes, and Implications for Treatment," *Journal of Drug Issues*, 23, no. 1 (1993): 119–30; A.R. Wohl et al., "High-Risk Behaviors During Incarceration in African-American Men Treated for HIV at Three Los Angeles Public Medical Centers," *Journal of Acquired Immune Deficiency Syndromes*, 24 (2000): 386–92.

24. L. Greenhouse, "Justices Rule Drug-Eviction Law Is Fair," *New York Times*, March 26, 2002, *available at* <http://www.cannabisnews.com/news/thread12370.shtml>.

25. N.M. Paris, R.T. East, and K.E. Toomey, "HIV Seroprevalence Among Atlanta's Homeless," *Journal of Health Care for the Poor and Underserved*, 7 (1996): 83–93; S. Magura et al., "Substance Misuse and Related Infectious Diseases in a Soup Kitchen Population," *Substance Use & Misuse*, 35 (2000): 551–83; G.A. Smereck and E.M. Hockman, "Prevalence of HIV Infection and HIV Risk Behaviors Associated with Living Place: On-the-Street Homeless Drug Users as a Special Target Population for Public Health Intervention," *American Journal of Drug & Alcohol Abuse*, 24 (1998): 299–319; D.M. Allen et al., "HIV In-

fection Among Homeless Adults and Runaway Youth, United States, 1989–1992," *AIDS*, 8 (1994): 1593–98; W. Wiebel et al., "Risk of HIV Infection Among Homeless IV Drug Users (IVDUs) in Chicago," Abstract No. M.A.P. 50, *V International Conference on AIDS*, Montreal, June 4–9, 1989 (1989): 4–9.

26. J. St. Lawrence and T. Brasfield, "HIV Risk Behavior Among Homeless Adults," *AIDS Education and Prevention*, 7 (1995): 22–31; T.P. Johnson et al., "Self-Reported Risk Factors for AIDS Among Homeless Youth," *AIDS Education and Prevention*, 8 (1996): 308–22; M.J. Robertson, P. Koegel, and C. Grella, "Homeless Adolescents in Hollywood: High Risk Behaviors for HIV Exposure," Abstract No. S.C. 570, *VI International Conference on AIDS*, San Francisco, June 20–23, 1990 (1990): 20–23; M.D. Kipke et al., "Drug Use, Needle Sharing and HIV Risk Among Injection Drug-Using Street Youth," *Substance Use & Misuse*, 31 (1996):1167–87.

27. M. Beardsley et al., "Homelessness and HIV Risk Behaviors in a Sample of New York City Drug Injectors," *AIDS and Public Policy Journal*, 7 (1992): 162–69.

28. H. Schwartz, "Why Losing Food Stamps Is Now Part of the War on Drugs," *Los Angeles Times*, June 6, 1999.

29. Hoffman, Su, and Pach, *supra* note 20; Neaigus et al., *supra* note 20.

30. P. Alexander, "Prostitution: *Still* a Difficult Issue for Feminists," in F. Delacoste and P. Alexander, eds., *Sex Work: Writings by Women in the Sex Industry* (San Francisco: Clei Press, 1998): at 222–27.

31. *Id.* at 227.