

Sex for Crack Cocaine Exchange: The Continuing Impact of Crack Cocaine on Poor Black Women and Their Families

Tanya Telfair LeBlanc, PhD, MS¹

Barbara C. Wallace, PhD²

¹Formerly Tanya Telfair Sharpe, author of *Behind the Eight Ball: Sex for Crack Cocaine Exchange and Poor Black Women*, 2005, Taylor and Francis.

²Department of Health and Behavior Studies, Teachers College, Columbia University, New York, NY

Abstract

Crack addicted women have been extremely problematic for already fledgling, poor black families in light of the exchange of sex for crack cocaine. This article expounds upon and updates the analysis in the first author's book, *Behind the Eight-ball: Sex for Crack Cocaine Exchange and Poor Black Women* (Sharpe, 2005). This article acknowledges the 30 years since the dawning of the crack cocaine epidemic, and focuses on the long-term consequences of crack cocaine addiction and crack prostitution, which include: HIV/AIDS and sexually transmitted diseases (STDs); unplanned pregnancies; children at risk for neglect, abuse and abandonment; and, the potential for drug and alcohol exposed pregnancies producing children with developmental disabilities. Relevant data are briefly reviewed, questions for future research are offered, and the nature of the missed public health opportunity is analyzed. Finally, the article stresses the importance of focusing on the public health challenge posed by this population.

Keywords: crack cocaine, Black Women, sex for crack cocaine exchange, HIV/AIDS, STDs

Thirty years have elapsed since crack cocaine was introduced in west and east coast cities, while also filtering into the south. Yet, crack cocaine use has continued to plague America's urban and rural poor (Ryder & Brisgone, 2013; Borders, Stewart, Wright, Leukefeld, Falck, Carlson, & Booth, 2013; Sharpe, 2005; Brown, 2003). Crack cocaine use and its associated behaviors are linked to HIV infection, as numerous studies have indicated (Duff, Tyndall, Buxton, Zhang, Kerr & Shannon, 2013; Gollub, 2008; Sharpe, 2005; Weschberg et al., 2004). It has been argued that poor black women have been ravaged, in particular, by crack cocaine addiction (Sharpe, 2005). The problems and complications associated with crack cocaine addiction among poor black women are severe and have been well documented

elsewhere (Sharpe, 2005). However, the body of evidence has not resulted in a public outcry, or a systematic response from a public health perspective.

Poor black women are disproportionately at risk for exchanging sex to support drug use—often without condoms or other protection (Sharpe, 2005). Engagement in such risk behaviors has been analyzed as occurring within complex webs of social determinants, including identity assault and powerlessness brought on by deeply rooted patterns of race, class and

Address correspondence to:

Tanya Telfair LeBlanc, PhD, MS
Senior Health Scientist
Email: ttanleblanc@aol.com

gender inequality (Sharpe, 2005). There are three particularly noteworthy consequences of unprotected sex for crack exchanges: sexually transmitted diseases (STDs), HIV transmission, and unplanned pregnancies (Sharpe, 2005).

These sexual health complications are interrelated among this neglected group of women, and serve to perpetuate and support HIV risks and many other risks in ways rarely considered. Also, children of this population of women are at risk for neglect, abuse and abandonment, while the potential exists for drug and alcohol exposed pregnancies to produce children with developmental disabilities.

This article provides a review of the historical background information, covering social and economic processes resulting in the advanced marginality and isolation of the most disadvantaged ranks of the American black population: poor black women exchanging sex for crack cocaine to support their addictions. Thereafter, the article will discuss contemporary repercussions of the crack cocaine epidemic, covering relevant data and limitations in that data; questions to guide future research are also posed. In addition, the article will discuss the manner in which the lives of the women represent a missed public health opportunity, given the inter-related risks that the women face. The article will illustrate how the introduction of crack cocaine to cloistered, vulnerable poor black neighborhoods devastated the lives of women, men, children, families, and entire communities—while, dramatically diminishing the status of women. Furthermore, the analysis in this article will offer ecological and social perspectives in assessing the impact of the 30 years of the crack cocaine epidemic.

Historical Background: An Analysis of the Dynamics and Impact of Crack Cocaine

This section provides important historical background information. This includes a discussion of the following: the role of historical social and economic determinants; the role of historically complex male-female

relationships; the introduction of crack cocaine in the mid-1980s into a particular social and economic context; and, subsequent gender power shifts in the crack cocaine culture, such that women became denigrated and men became empowered. The intent is to establish the context for the experience of poor black women engaged in the exchange of sex for crack in contemporary times, as a group especially vulnerable and at risk.

The Role of Historical Social and Economic Determinants

In order to gain a deeper understanding of why it is important to continue to focus on the crack cocaine economy and involvement of women in the crack cocaine sex trade industry, one must consider a number of social and economic determinants. Various social and economic factors served to create pockets of poor families in inner cities and rural areas. Many social and economic determinants served to isolate poor families from the mainstream of society. This occurred with regard to norms for family organization, education, jobs and marketable skills. These factors also served to establish tense male-female relationships (Sharpe, 2005).

For example, the impact of the civil rights legislation passed in the 1960's opened channels of opportunity for educated and prepared black Americans. Acting upon these advances, middle and working class black people engaged in an exodus away from segregated inner city neighborhoods in favor of better housing in suburbs. Stable families and those with mainstream connections moved out of the inner city neighborhoods in record numbers. The most economically and socially fragile ranks of black communities were left behind (Wilson, 1987, 1996).

Other dynamics included the economic transition to a highly technical service base which shrank the pool of available low skilled entry-level manufacturing jobs. In addition, the relocation of factories to foreign countries and American suburbs severely

constrained, and, in some cases, eliminated inner city employment opportunities (Devine & Wright, 1993; Wilson, 1987). The agricultural industries in the Southern part of the United States became highly mechanized during the 1970's, decreasing the need for manual labor. Traditionally, displaced workers in rural agriculture found refuge in a plethora of blue collar jobs formally available in urban manufacturing plants. Unemployed agricultural workers flooded inner cities at a time when urban plants were closing—either relocating to suburbs, or moving to other countries. Thus, a large pool of unskilled black male workers became concentrated in urban centers (Wilson, 1996).

Unemployment for poor black males reached a critical mass in the early 1980's (Dunlap & Johnson, 1992). For poor blacks, absence of breadwinner jobs for men is traditionally linked to family instability and male retreat from responsibility; another negative consequence involves tense relationships between men and women (Anderson, 1990; Liebow, 1967; Moore, 1969; Stack, 1974; Wilson, 1987).

The relaxed sexual codes of the 1960's and 1970's which emphasized sexual freedom for women and legitimized premarital sex had the unforeseen consequence of an explosion of teen-age pregnancies among poor blacks (Wilson, 1987). The well-meaning social programs of President Johnson's great society enabled unmarried pregnant teen-age girls to drop out of high school, obtain subsistence income, and, in some cases, acquire low-cost housing away from their families. These trends established the female headed, single parent household as the predominant family composition pattern and exacerbated male disengagement from marriage and procreative responsibility (Stack, 1974; Staples, 1991). Further, multi-generational teen-age pregnancy shortened the years between generations, resulting in a change in age structure toward increased youth (Wilson, 1987). The ultimate result of the aforementioned social forces was the concentration and isolation of extremely young,

socially and economically vulnerable individuals in circumscribed geographic areas.

The Role of Historically Complex Male-Female Relationships

Past research described the structure of poor black families as matriarchies with women assuming the role of stable bread winner due to the relative ease with which females functioned successfully within the dominant society (Bernard, 1966; Frazier, 1939; Moore, 1969; Moynihan, 1965; Rainwater, 1970; Stack, 1974). Gender roles commonly associated with poor black women were mother, female head of household, and extended family leader. These pivotal roles were among the few choices available to marginalized women as a source of status and life satisfaction. Black family literature, in particular, has highlighted the importance of the role of "mother," historically, as a stabilizing force and conduit for socialization (Bernard, 1966; Frazier, 1939; Guttman, 1976; Staples, 1991). Conversely, the roles of men in this context were frequently characterized as intermittent, secondary, and involving dependency upon women (Bernard, 1966; Hannerz, 1969; Liebow, 1967; Moore, 1969). Moore (1969), specifically, described the role of poor black men as "masculinity without status;" he argued that, since few options were available to achieve success in a career, men retreated from family responsibility and took pride in functioning as the "sire" of offspring. The resultant economic marginality, frustration with the role of provider, and retreat from parental responsibility were frequently occurring themes concerning the roles of poor black men. Thus, historically, there have been complex male-female relationships, given the roles assumed by poor black women and men.

Introduction of Crack Cocaine in the Mid-1980s into a Social and Economic Context

The introduction of crack cocaine occurred within a particular social and economic context. By the 1980's, all of the safety valves that formerly held the ghetto culture in check by providing access to the dominant culture were nearly gone. It was in this setting that crack cocaine industries grew. Before then, cocaine was considered an expensive recreational drug for the upper and middle classes (Dembo, 1993; Hamid, 1992; Williams, 1989).

A surplus of cocaine among South American drug producers influenced distributors to search for new markets. At the same time, alternative methods for ingesting the drug were discovered through experimentation with methods to smoke rather than nasally inhale the substance (Williams, 1989). Free samples of crack were then distributed in predominantly Black, inner-city, poor neighborhoods and housing projects. With addiction assured, the dealers then marketed the drug in affordable \$5 and \$10 pre-packaged quantities (Williams, 1989).

Out of work youth quickly saw crack cocaine sales as an accessible means to make money. Thus, the cocaine economy became a major employer of out of work black young men as small-time drug dealers; their customers were their families, friends and girlfriends.

A multitude of negative consequences followed: unprecedented numbers of people became addicted; windows of opportunity were opened for the masses of unemployed youth to become community drug dealers; inner city neighborhoods became centers of drug sales and consumption; and, the community's already weak links to the mainstream of society became nearly severed. Venerated social institutions such as the church and the extended family system—which supported impoverished blacks since slavery—have been severely strained or completely dismantled (Sharpe, 2005).

Gender Power Shifts in the Crack Cocaine Culture: Denigrated Women and Empowered Men

The introduction of crack cocaine to poor black communities resulted in a dramatic shift in the balance of power for women and men. The results were devastating for entire families.

Crack cocaine use negatively impacted the image of poor black women users for a number of reasons (Sharpe, 2005). First, many poor black women were not able to support a crack cocaine addiction without resorting to prostitution. Eventually, women who thought they would never have sex for money were faced with having no resources and a drug dealer who demanded sex for a quantity of the drug (Sharpe, 2005).

Second, the venerated role of motherhood for black women users was severely damaged. This damage occurred, initially, through perceptions of crack cocaine's intrauterine impact (Bateman et al., 1993). And, later, perceptions of child neglect and abuse served to further damage the role of motherhood.

Third, after crack cocaine's appearance in poor neighborhoods, there was damage to the role of the female head of household by perceptions of draining public assistance resources (Minkler et al., 1993; Staples, 1991). In some cases, crack cocaine dismantled or weakened the extended family system which served as a safety net for struggling individuals in the past (Staples, 1991).

On the other hand, selling crack cocaine empowered some marginalized men within the underground economy (Williams, 1989). These individuals had no other economic opportunities before the drug's introduction. Men engaged in the underground crack cocaine economy surfaced as controlling agents in the crack culture.

Evidence has suggested that a role reversal occurred; men gained power while women were suffering from damage to their former roles of respect. Many women in these communities, who had already suffered from the effects of societal rejection, found

their situation worsened as a result of crack use (Anderson, 1990; Fullilove et al., 1993).

The black woman's place in the crack cocaine economy was as a peripheral player, at best; and, as a denigrated sex worker, at worst. Crack addicted women have been extremely problematic for already fledgling, poor black families. Among poor black women, the predominance of exchanging sex for crack cocaine existed as a means of supporting their drug habits. Women lived in desperation to continue the high, resorting to the exchange of sex for drugs. Meanwhile, historically marginalized black men were able to pursue their desire for any form of masculine power. In the beginning of the crack cocaine epidemic, women shared drugs with men in the context of dating situations that led to romantic encounters (Sharpe, 2005).

From there, the culture evolved such that there was an expectation that if a woman smoked crack with a man who was providing the drug, then a gratuitous sexual act had to be performed. In many cases, women purchased crack from a regular dealer, and when their funds were exhausted, the women were expected to perform a sexual favor to obtain more of the drug (Sharpe, 2005).

Currently, this behavior is institutionalized in the crack culture. However, every woman or girl, drug user or not, in poor neighborhoods has suffered a negative impact; they have been impacted by the overall lowering of poor black women's status and the perception that they can be "bought." A massive denigration of the status of black women has occurred as a consequence of their roles in the crack culture.

The delicate balance of power between men and women in poverty settings changed, dramatically, with the introduction of crack cocaine. The introduction of crack cocaine to inner cities was the final blow to women's status in poor neighborhoods, leading to their loss of prior roles of respect. Crack not only provided many poor black men with a means to obtain income, it provided them with both economic and social power. Crack has provided poor black men with the means to

play out fantasies of social power that they were long denied in the larger society. The poorest man with as little as ten dollars, sometimes with even less money, may purchase a crack rock; thereafter, all too often that man can readily exchange access to that crack rock for sex from any poor black crack using woman. Moreover, men can demand the type of sex that they desire and choose the woman who will gratify that desire.

This phenomenon of exercising control and making demands extends way beyond the actual sex act. Women who exchange sex for crack are often humiliated by having to perform unspeakable and dangerous acts, while providing a feeling of empowerment to the men. Prostitution, then, in the crack culture, is embedded in the struggle for masculine authority among disenfranchised black males. The historically tense relationship between poor black men and women has intensified and become more hostile. Crack has become an instrument of power in the hands of whoever possesses it; crack is a powerful, uplifting tool for any disenfranchised male who may resort to the abuse of that power through social interaction with a desperate crack cocaine addicted poor black woman.

Going further, men have reclaimed economic and social dominance without strengthening family ties or increasing their procreative responsibility. In the past, the black family literature showed that unemployed men would develop individual strategies for obtaining portions of women's public assistance income (Anderson, 1990; Moore, 1969). These strategies required at least minimal participation in family responsibilities.

With the introduction of crack, men only need to have the drug desired by poor crack using women, and a share of the public assistance funds can be theirs. It is important to note that so much of this money is funneled out of poor neighborhoods and into the hands of high-level drug dealers, making the experience of poverty even worse for children in these settings. The men are dependent on the women for access to the

larger society, still. Low cost and government assisted housing are generally obtainable by women with children. Nevertheless, access to housing can be obtained by introducing women to crack, or by promising large profits for use of their housing as a “crack joint”—a place where the drug is purchased and utilized by customers.

Crack and the selfish crack culture overturned the primacy of females in male-female relationships. Gender-based sex rules in the crack culture place poor black women in a precarious position. There, the sexualized image of black women has been pushed beyond all prior boundaries and all women are relegated to a lower status. By using crack, poor black women have relinquished any semblance of respectability in their communities. Unfortunately, the crack culture image of a black woman as being easily accessible sexually has spilled over onto women who do not use drugs, as well.

Contemporary Repercussions: Data, Related Limitations, and Research Questions

This section of the article will explore the contemporary repercussions of the crack cocaine epidemic. Relevant data will be discussed, along with related limitations in that data. This analysis will give rise to research questions worthy of future exploration. Thereafter, the missed public health opportunity will be a focus of discussion, given the lack of adequate responses to the inter-related risks that poor black women using crack continue to face.

Relevant Data

Despite the 30 years since the onset of the crack cocaine epidemic, the sale and use of crack cocaine continues, as does crack-related prostitution (e.g. Duff et al, 2013). A January 2010 report from the National Institute on Drug Abuse Community Epidemiology Work Group indicated that, although crack/cocaine indicators (i.e.,

treatment admission, emergency room visits, forensic evidence among arrestees, mortality data) have declined in 20 sentinel site cities, the drug remains a major concern in the Northeast, South, Midwest and West (NIDA, 2010).

Researchers all over the country have demonstrated the crippling effects of the drug on poor black men, women and children (Campsmith et al., 2000; Inciardi & Surratt, 2001; Rockell, 2008; Roberts et al., 2003; Sharpe, 2005; Wallace, 1991). Yet, to date, no major policy initiative or comprehensive intervention strategy has emerged.

A sufficient number of large data sets are available to demonstrate the breadth and complexity of the problem, permitting linking these problems to their social and economic determinants. Statistics are available demonstrating alarming trends among black women.

One important study using a large data set found relationships between the frequency and intensity of crack use and engagement in HIV-related sexual risk behaviors. Hoffman et al (2000) conducted an investigation with 1,723 women living across the United States. The sample was delimited to those who had smoked crack cocaine at least once within the past 30 days. They took steps to ensure that the sample was exclusively one of crack cocaine smokers, eliminating those with any history of injecting drugs in their lifetime. Not surprisingly, they found that those women who engaged in crack cocaine smoking with the greatest frequency, as well as at the highest intensity (high doses of crack) were those engaging in high risk sexual behavior at the highest rates; this included, for example, engaging in the exchange of sex for drugs, as well as having sex while high—often combining crack and alcohol use. Among the resultant risks facing the women, there was exposure to HIV and other STDs.

Even when it was assumed that rising HIV rates in a rural community were related to injection drug use, research has revealed otherwise. For example, it was found that the rise in HIV was related to crack cocaine

smoking, heterosexual sex, and a flourishing sex-exchange industry (McCoy et al., 1996).

At the close of 2007, of 148,797 women living with HIV-infection, 64% were black compared with 19% white and 16% Hispanic (CDC, 2010a). Black women are also disproportionately affected by gonorrhea, syphilis and Chlamydia (CDC, 2007).

Important questions remain, regarding the population of women who are disproportionately black and HIV positive, or presenting with some other STD. *How many of these women are poor crack users? How many of these women are a part of social networks that include men and women who have been a part of the exchange of sex for drugs within the crack culture? Or, to what extent have social norms rooted in the crack culture played a role in producing such statistics?* Research needs to explore such questions.

Rates of unplanned pregnancies among black women continue to surpass other racial/ethnic groups (CDC, 1999; CDC, 2010b). *How many of these unplanned pregnancies are the result of crack cocaine related prostitution? Or, to what extent have social norms rooted in the crack culture served to impact rates of unplanned pregnancies?*

Fetal mortality among non-Hispanic blacks is two-thirds higher than other racial ethnic groups (CDC, MMWR, 2004). *How many of these fetal deaths are due to the mother's crack cocaine or other drug use? Or, how many are due to other social and economic factors that reflect the destructive impact of the crack cocaine culture upon struggling communities?*

Teen-age pregnancy among non-Hispanic blacks is three times higher than that among whites (CDC, 2010b). *How many of these young women were born into crack using families, trafficked in the crack sex industry, or raped in a crack use setting? Or, how many are due to other factors operating in at-risk communities due to ongoing influences from the crack culture?*

More broadly, recent Census data showed that marriage for black women is becoming increasingly uncommon (US

Census, 2004). *How many of these women live in poverty settings in which crack cocaine use has diminished the status of women so that marriage is valued less and less as an option? Might research permit exploring the possible influence of the crack cocaine culture?*

In all cases, the data would be much more meaningful if the information extended beyond the thin veneer of “race.” Much more useful data is needed.

A Missed Public Health Opportunity: Inter-related Risks

A community of researchers has focused on bits and pieces of this puzzle for decades. Yet, to date, no large-scale national public health initiative has emerged to help this fragile group of women and their children.

Behind the Eight Ball: Sex for Crack Cocaine Exchange and Poor Black Women (Sharpe, 2005)—written by the first author—revealed that crack cocaine use among poor, black women of child-bearing age was associated with exchanging sex for crack without the use of condoms or any form of birth control—in a small sample of women. As mentioned earlier, the consequences of crack-related high risk sexual behaviors include HIV/AIDS, STDs, and unplanned pregnancies. It is important to consider how HIV risk is increased in the presence of STDs; and, the risk of complications of pregnancy, for example ectopic pregnancies, is also increased following STDs. For women with this background, the risks for HIV, STDs and pregnancy are all interrelated. Crack cocaine use, related behaviors and consequences among poor black women are largely neglected as a national public health focal point. As a result, public health efforts do not target this fragile group, despite significant evidence justifying such a focus. Health problems with such a significant impact represent glaring missed opportunities for prevention.

The issue of pregnancies that result from the exchange of sex for crack cocaine is a subject few researchers, health care providers or policy makers are willing to confront. To

date, research on “sex for crack conceived pregnancies” is at a standstill. This is problematic. Anecdotally, nurses in hospitals have shared that crack using women return to hospitals again and again with prostitution-related pregnancies. A majority of women in the sample studied and reported upon in my earlier work (Sharpe, 2005) had become pregnant by crack for sex exchanges on more than one occasion. One woman interviewed became pregnant, experienced a miscarriage, and returned to speak with me several months later, being pregnant once again. A woman (or girl) of child bearing age who exchanges sex to support a crack habit on a daily basis without using protection is quite likely to experience repeat pregnancies. This aspect of my research is the most troubling.

Women who use drugs are often afraid to seek prenatal care for fear of being arrested. Punitive consequences endanger both mother and child. Sex for crack pregnancies should be followed to ascertain the outcome of the pregnancy. As a worse-case scenario, in the Atlanta area, a new born infant was found alive inside of a garbage bag by trash collectors (McWhirter, 2006). Astonishing discoveries such as these do occur.

As per the first author’s prior findings (Sharpe, 2005), a number of women in the study reported ignoring symptoms of the pregnancy, and continuing to engage in drug use when pregnant by prostitution; they hoped that the pregnancy would just go away. After conceiving through sex for crack exchanges, a couple of women used crack cocaine right up to the point of delivery. One woman delivered her premature baby in a crack house. The fear of delivering in a hospital and the discovery of drug use during pregnancy may drive women to make the desperate decision to deliver the baby in an unsafe place and to abandon it.

As more recent research has suggested, women using crack during pregnancy frequently use alcohol as well (Sharpe & Velasquez, 2008). Fetal alcohol exposure is an under-recognized condition with life-long developmental, physical and psychological consequences (Sharpe & Velasquez, 2008). Thus, the ramifications to be considered with

regard to contemporary crack cocaine using women include those that follow from concurrent alcohol use.

Collectively, these considerations suggest a host of missed public health opportunities that follow from the long-term neglect of the population of poor black crack using women who have exchanged sex for crack out of desperation. Public health officials, policymakers, grant funders, and researchers have justification for turning their attention to this fragile population. Results need to include policy initiatives and comprehensive intervention strategies that address all the risks facing this group. Research needs to be funded that permits accumulating sufficient data on the contemporary nature of the problem of ongoing crack cocaine use, sexual behavior within social networks, associated risks for HIV and STDs, while also permitting an analysis of social and economic determinants of behavior. Meanwhile, the prior section offered a number of questions that might be explored in future research.

Conclusion

The article provided historical background information on social and economic factors that have played a role in creating the context for the lives of poor black women exchanging sex for crack cocaine to support their addictions. The article also discussed crack cocaine use in contemporary times, including repercussions, relevant data, limitations in the data, and emergent questions for future research. Finally, the article covered the nature of the missed public health opportunity, given insufficient attention being paid to the inter-related risks that the women face. Most importantly, the article has supported the contention that the mid-1980s introduction of crack cocaine to cloistered, vulnerable poor black neighborhoods was ever so devastating. Thirty years later the negative repercussions continue.

The offering of ecological and social perspectives permitted bringing to light the many repercussions of the long-term neglect

of crack using women trapped in poverty settings. The analysis revealed how the ranks of fragile families made up of at risk women and their children has increased, while suggesting that the impact of the crack culture continues and may be far-reaching.

What emerges from this article's analysis is how crack cocaine use proliferation among inner city black women is a symptom of larger historical social inequalities, the truncation of opportunities, and the weakening of traditional familial ties among the most vulnerable ranks of the black population—as a process that occurred over time. The cycles of destitution and isolation in inner cities, and now in rural areas of the southeast (e.g., McCoy et al., 1996), are worsened by the institutionalization of the crack cocaine economy and its degrading culture—now spanning two to three generations.

The ghettos of today are not the ghettos of yesterday (Wacquant, 2008). Roughly 30-40 years ago, ghettos housed more diverse individuals and families. In response to the crack cocaine epidemic and related activities, the larger society has responded with mass incarceration of poor black males and females (Wacquant, 2002). This strategy has placed yet further stress on fragile families, while producing fragile communities.

The resultant problems of these fragile families within fragile communities intersect and pose a major challenge to society. Without comprehensive intervention strategies, the women and their fragile families are destined to continue spiraling downward in society, complicating the challenges faced by the nation's health care, education, criminal justice and social welfare systems. Most importantly, from a public health perspective, an opportunity still exists to prioritize attention to the inter-related risks faced by poor black women using crack. Both research and interventions are vitally needed that focus on this vulnerable at-risk population and their fragile families. The fate of these women and their children is tied to the fate of everyone else in America. Hence, the importance of focusing, anew, on

the public health challenge posed by this vulnerable population.

References

Anderson, E. (1990). *Street wise*. Chicago: University of Chicago Press.

Bateman, D. A., Ng, S. K. C., Hansen, C. A. & Heagarty, M. C. (1993). The effects of intrauterine cocaine exposure in newborns. *American Journal of Public Health*, 83, 190-193.

Bernard, J. (1966). *Marriage and family among Negroes*. Upper Saddle River, NJ: Prentice Hall.

Borders, T.F., Stewart, K.E., Wright, P.B., Leukefeld, C., Falck, R.S., Carlson, R.G., Booth, B.M. (2013). Risky sex in rural America: Longitudinal changes in a community-based cohort of methamphetamine and cocaine users. *The American Journal of Addictions*, Vol.22, 6: 535-542

Brown, E. J. (2003). "Bottoming out?" among rural African American women who use cocaine. *Journal of Rural Health*, 19, 441-449.

Campsmith, M. L., Nakashima, A. K. & Jones, J. L. (2000). Association between crack cocaine use and high risk sexual behavior after HIV diagnosis. *Journal of Acquired Immune Deficiency Syndromes*, 25, 192-198.

Centers for Disease Control and Prevention. (CDC, 2010 a). HIV/AIDS surveillance report, Volume 20, 2010. Table 4. AIDS diagnoses, by race/ethnicity and selected characteristics, 2008-United States.

Centers for Disease Control and Prevention. (CDC, 2010b). Birth rates (Live births) per 1000: Women aged 15-19 years with total % change 2005-2007 by race and Hispanic ethnicity, United States. Retrieved December 14, 2010, from <http://www.cdc.gov/Features/dsTeenPregnancy/>

Centers for Disease Control and Prevention. (CDC, 2007). National surveillance data for chlamydia, gonorrhea and syphilis. Trends in reportable sexually transmitted diseases in the United States, 2006. Retrieved December 12, 2010 from <http://www.cdc.gov/std/stats/pdf/trends2006.pdf>.

- Centers for Disease Control and Prevention. (CDC, 1999). Pregnancy risk assessment monitoring system (PRAMS): PRAMS and unintended pregnancy. Retrieved December 12, 2010 from <http://www.cdc.gov/PRAMS/UP.htm#Table%201>.
- Centers for Disease Control and Prevention. (2004). Racial/ethnic trends in fetal mortality United States, 1990—2000. *Morbidity and Mortality Weekly Report*, 53, 529-532.
- Cross, J. C., Johnson, B. D., Davis, W. R., & Liberty, H. J. (2001). Supporting the habit: Income generation activities of frequent crack users compared with frequent users of other hard drugs. *Drug and Alcohol Dependence*, 64, 191-201.
- Dembo, R. (1993). Crack cocaine dealing by adolescents in two public housing projects: A pilot study. *Human Organization*, 52, 89-96.
- Devine, J. A., & Wright, J. D. (1993). *The greatest of evils: Urban poverty and the American underclass*. New York: Aldine De Gruyter.
- Duff, P., Tyndall, M., Buxton, J., Zhang, R., Kerr, T. & Shannon, K. (2013). Sex-for-crack exchanges: Associations with risky sexual and drug use niches in an urban Canadian city. *Harm Reduction Journal*, 10: 29, 1-8. Doi: 10.1186/1477-7517-10-29
- Dunlap, E., & Johnson, B. (1992). The setting for the crack era: Macro forces, micro consequences: 1960-1992. *Journal of Psychoactive Drugs*, 24, 307-321.
- Frazier, E. F. (1939). *The Negro family in the United States*. Chicago: University of Chicago Press.
- Fullilove, M. T., Lown, E. A., & Fullilove, R. E. (1993). Crack ho's and skeezers: Traumatic experiences of women crack users. *Journal of Sex Research*, 29, 275-287.
- Guttman, H. (1976). *The black family in slavery and freedom, 1750-1925*. New York: Pantheon.
- Hamid, A. (1992). Drugs and patterns of opportunity in the Inner City: The case of middle aged, middle income cocaine smokers. In A. Harrell & G.E. Peterson (Eds.), *Drugs, crime and social isolation: Barriers to urban opportunity* (pp. 209-239). Washington, D.C. Urban Institute Press.
- Hannerz, U. (1969). *Soulside: Inquiries into ghetto culture and community*. New York: Columbia University Press.
- Hoffman, J. A., Klein, H., Eber, M., & Crosby, H. (2000). Frequency and intensity of crack use as predictors of women's involvement in HIV-related sexual risk behaviors. *Drug and Alcohol Dependence*, 58, 227-236
- Inciardi, J. A., & Surratt, H. L. (2001). Drug use, street crime, and sex-trading among cocaine dependent women: implications for public health and criminal justice policy. *Journal of Psychoactive Drugs*, 33, 379-389.
- Liebow, E. (1967). *Tally's corner*. New York: Little Brown and Company.
- McCoy, C. B., Metsch, L., Inciardi, J., Anwyl, R., Wingerd, J., & Bletzer, K. (1996). Sex, drugs and the spread of HIV/AIDS in Belle Glade, Florida, *Medical Anthropology Quarterly*, 10, 83-93.
- McWhirter, C. (May 14, 2006). Found baby is miracle for mother's day. *Atlanta Journal Constitution*. www.ajc.com.
- Moore, W., Jr. (1969). *The vertical ghetto*. New York: Random House.
- National Institute on Drug Abuse (NIDA, 2010). *Epidemiologic trends in drug abuse. Proceedings of the Community Epidemiology Work Group. Highlights and Executive Summary*. U.S. Department of Health and Human Services, National Institutes of Health. Bethesda, Maryland. Retrieved December 16, 2010 from http://www.nida.nih.gov/PDF/CEWG/CEWG_jan_2010_508_REV.pdf
- Moynihan, D. P. (1965). *The Negro family: The case for national action*. Washington, DC: U. S. Department of Labor.
- Rainwater, L. (1970). *Behind ghetto walls: Black family life in a federal slum*. Chicago: Aldine Publishing Company.
- Roberts, A. C., Weschsberg, W., Zule, W., & Burroughs, A.R. (2003). Contextual factors and

other correlates of sexual risk of HIV among African American crack-abusing women. *Addictive Behaviors*, 28, 523-536.

Ryder, J.A., Brisgone, R.E. (2013). Reflections of women and girls in the aftermath of the crack cocaine era. *Feminist Criminology*, Vol. 8, No. 1, 40-62

Sharpe, T. T. (2005). Behind the eight ball: Sex for crack cocaine exchange and poor black women. New York: Taylor and Francis.

Sharpe, T. T., & Velasquez, M. M. (2008). Risk of alcohol-exposed pregnancies among low-income, Illicit drug using women. *Journal of Women's Health*, 17, 1339-1344.

Stack, C. (1974). *All our kin: Strategies for survival in a black community*. New York: Harper and Row.

Staples, R. (Ed.) (1991). *The Black family: Essays and studies*. Belmont, CA: Wadsworth.

United States Census Bureau (2007). The American Community – Blacks: 2004. U.S. Department of Commerce. Retrieved August 8, 2010 from http://www.census.gov/Press-Release/www/releases/archives/african_american/index.html

Wacquant, L. (2002). From slavery to mass incarceration: Rethinking the 'race question' in the United States. *New Left Review*, 2nd series, 13, 40-61.

Wacquant, L. (2008). *Urban outcasts: A comparative sociology of advanced marginality*. Malden, MA: Polity Press.

Wallace, B. C. (1991). *Crack cocaine: A practical treatment approach for the chemically dependent*. New York: Brunner/Mazel.

Wechsberg, W. M., Lam, W. K. K., Zule, W. A., & Bobashev, G. (2004). Efficacy of a woman-focused intervention to reduce HIV risk and increase self-sufficiency among African American crack abusers. *American Journal of Public Health*, 94, 1165-1173.

Williams, T. (1989). *The cocaine kids*. New York: Addison Wesley.

Wilson, W. J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago: University of Chicago Press.

Wilson, W. J. (1996). *When work disappears: The world of the new urban poor*. Chicago: University of Chicago Press.