

Cultural identity of methamphetamine-using women in the U.S./Mexico border



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United States - Mexico Border

Legend

- Port-of-Entry Commercial Zone
- U.S. - Mexico Border Crossings
- U.S. - Mexico Border Line
- Expressway
- Highway
- Road

Background

- San Diego/Tijuana border is largest bi-national metropolitan area
- Impact of NAFTA
- Methamphetamine as major problem on both sides of the border
- Methamphetamine as drug of choice among new admissions to treatment
- Impact of methamphetamine among Latino young adults and women
- Link between migration, ethnic identity & mental health

Sources: Alcohol and Drug Services, 2003; CA Dept. of Alcohol and Drug Programs, 2007; Grusser, 2005; Johnson, 1997; Ojeda, 2008; Lopez-Zetina, 2008.

Methods

- Cross-sectional pilot study of bi-national sample of women in drug treatment in San Diego and Tijuana from 2005 to 2007
- San Diego sites → publicly-funded drug treatment facilities
- Tijuana sites → community-based organizations
- Survey assesses lifetime and recent use of substances, methamphetamine use and initiation, ethnic identity, residency & other risk behavior
- English and Spanish instruments
- Survey conducted by trained MPH students at California State University, Long Beach.
- Participants were given a \$10.00 cash incentive.
- Statistical methods include bivariate analysis, ANOVA and logistic regression.

The Multigroup Ethnic Identity Measure (MEIM)

(4) Strongly agree (3) Agree (2) Disagree (1) Strongly disagree

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
2. I am active in organizations or social groups that include mostly members of my own ethnic group.
3. I have a clear sense of my ethnic background and what it means for me.
4. I think a lot about how my life will be affected by my ethnic group membership.
5. I am happy that I am a member of the group I belong to.
6. I have a strong sense of belonging to my own ethnic group.
7. I understand pretty well what my ethnic group membership means to me.
8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
9. I have a lot of pride in my ethnic group.
10. I participate in cultural practices of my own group, such as special food, music, or customs.
11. I feel a strong attachment towards my own ethnic group.
12. I feel good about my cultural or ethnic background.

MEIM Continued

Exploration (developmental & cognitive)

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
2. I am active in organizations or social groups that include mostly members of my own ethnic group.
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MEIM Continued

Affirmation, belonging, and commitment (affective)

3. I have a clear sense of my ethnic background and what it means for me.
5. I am happy that I am a member of the group I belong to.
6. I have a strong sense of belonging to my own ethnic group.
7. I understand pretty well what my ethnic group membership means to me.
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MEIM Scoring

- Different approaches for obtaining MEIM scores
- Present analysis is based on: Overall scoring of 12-item version of the scale
- Scoring of subdomain of MEIM table
 - Affirtmation/Belonging
 - Exploration
- Score range 1-4 points
- Higher score: greater ethnic identification

Source: Roberts, R. (1999)

Correlations between MEIM scale and subscales by study site. Site-specific Reliability

Table 1. Correlations between MEIM scale and subscales by study site. Site-specific Reliability		
San Diego sample		
	Ethnic Identity	Affirmation/Belonging
Ethnic identity	1.0	
Affirmation/Belonging ¹	0.92 ¹	1.0
Exploration ¹	0.87 ¹	0.63 ¹
Cronbach's alpha: 0.92 1 p ≤ 0.01		
Tijuana sample		
Ethnic Identity	1.0	
Affirmation/Belonging	0.93 ¹	1.0
Exploration	0.89 ¹	0.68 ¹
Cronbach's alpha: 0.86 1 p ≤ 0.01		

MEIM scores by study site

Table 2. MEIM scores by study site		
	San Diego	Tijuana
	Mean (SD)	Mean (SD)
Ethnic identity 1	3.08 (0.60)	3.08 (0.49)
Affirmation/Belonging 2	3.35 (0.64)	3.24 (0.51)
Exploration 3	2.69 (0.70)	2.85 (0.55)
1 ANOVA F:0.0; df: 1/123; p=0.98		
2 ANOVA F: 1.14; df: 1/123; p =0.28		
3 ANOVA F: 2.0; df: 1/123; p=0.15		

MEIM scores by study site and race/ethnicity (San Diego)

Table 3. MEIM scores by study site and race/ethnicity (San Diego)				
	San Diego			Tijuana
	White	Latina	Other NL/NW	All cases
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Ethnic identity 1	2.84 (0.69)	3.08 (0.56)	3.16 (0.60)	3.08 (0.56)
Affirmation/Belonging 2	3.27 (0.80)	3.38 (0.65)	3.37 (0.59)	3.24 (0.51)
Exploration 3	2.24 (0.69)	2.67 (0.53)	2.87 (0.76)	2.85 (0.55)
<p>1 ANOVA F:0.86; df: 3/121; p=0.46</p> <p>2 ANOVA F: 0.46; df: 3/121; p =0.70</p> <p>3 ANOVA F: 3.3; df: 3/121; p=0.02 (Significant contrasts: White/Other; White/Tijuana)</p>				

Factors associated with young age of initiation to methamphetamine

Table 4. Factors associated with young age of initiation to methamphetamine

	ORs	95% C.I.
Younger age of initiation to alcohol ≤12 years > 12 (REF)	2.9 1.0	1.1; 7.8
Younger age of initiation to marijuana ≤13 years > 13 (REF)	6.3 1.0	2.3; 17.7
Border city Tijuana San Diego (REF)	3.9 1.0	1.4; 10.9

Young age of methamphetamine initiation: 15 years or younger.

Younger age for three substances on tables are values on the lower quartile of the overall distribution.

Transborder Residency

	San Diego n = 55	Tijuana n = 70
Father's country of birth		
US	63%	7% (**)
Mexico	37% (**)	93%
Mother's country of birth		
US	73%	4% (**)
Mexico	27% (**)	96%
Ever lived in other side of the border (*)		
Yes	22%	49%
Longest period of residency (*)		
≤ 12 months	67%	18%
> 12 months	33%	82%
Transborder experience score mean Range 0-5 points	1.6	1.4

(*) p < 0.01

Transborder Residency Substance Abuse

	San Diego	Tijuana
Ever used illicit drugs while living in other side Yes	42%	67%
Substance most commonly used w/living other side Methamphetamine (***)	100%	68%
More difficult to get drugs w/living in other side (*) Yes	0%	69%

(*) $p < 0.01$

(***) Unstable estimate due to small sample size

Transborder Visitation/Substance Abuse

	San Diego	Tijuana
Ever visited other side of the border Yes	82%	74%
Ever used drugs while visiting other side Yes	34%	27%
Substance most commonly used w/visiting other side Methamphetamine (***)	67%	62%
More difficult to get drugs w/visiting other side(*) Yes	25%	83%

(*) $p < 0.01$

(***) Unstable estimate due to small sample size

Razones dadas en la primera ocasión que se utilizó metanfetaminas

- Curiosidad, 32%



Nombres de metanfetaminas reportados en Tijuana



Mujeres y las metanfetaminas

- Aspecto Central
 - La principal droga consumida y reportada por mujeres que reciben tratamiento en San Diego y Tijuana son las metanfetaminas

Etnografía en acción

Grupos focales (mujeres)

- ¿Cuántas parejas sexuales has tenido en los últimos 12 meses?
- “mira lo que pasa es que no me acuerdo”
“lo que pasa es que soy bien fácil, y no sé con cuantos me he revolcado en juicio, pues mucho menos con cuantos lo he hecho cuando estaba drogada”

Etnografía en acción

Grupos focales (mujeres)

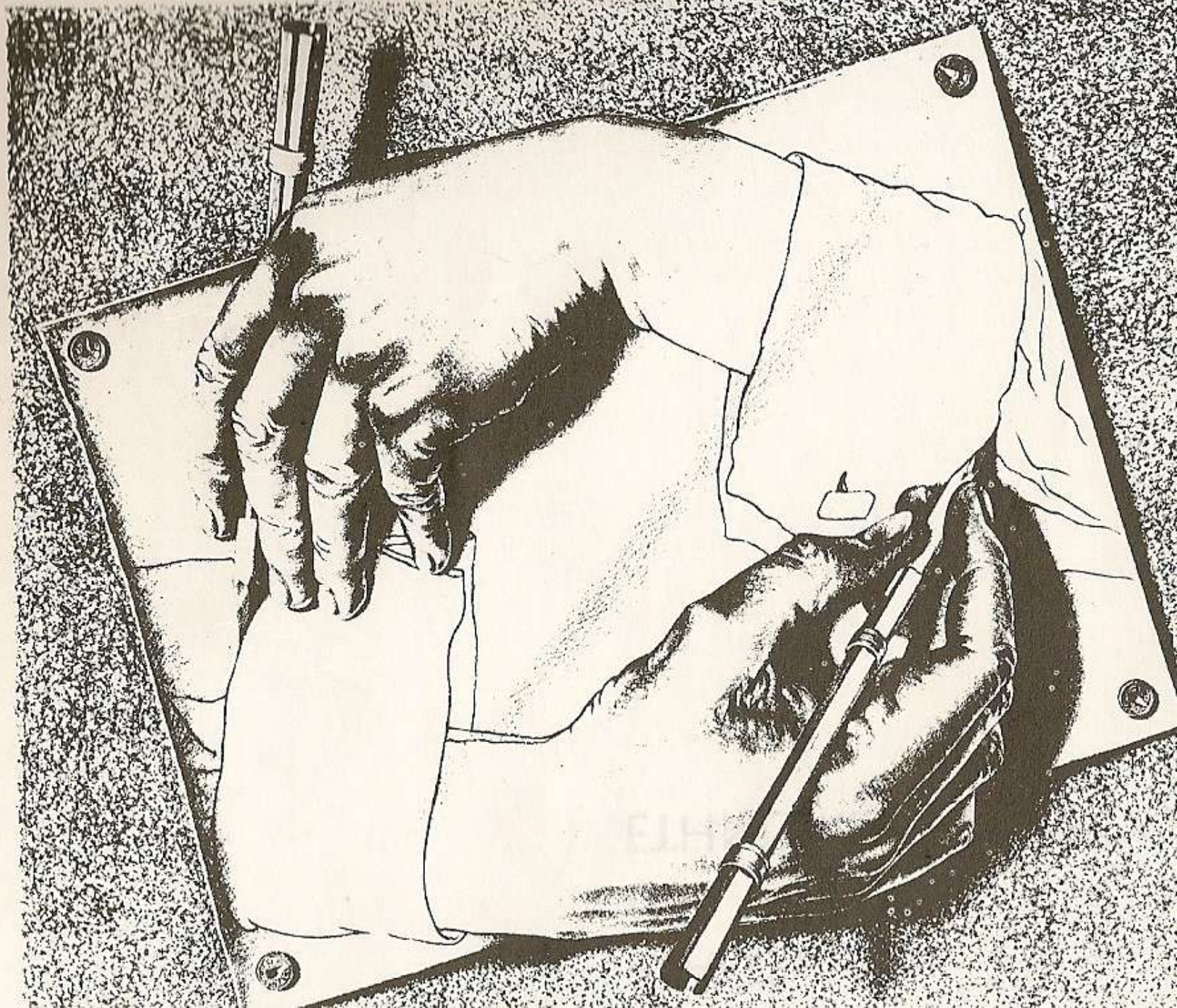
- ¿Por qué te iniciaste el uso de las metanfetaminas?
- “lo que pasa es que mi marido podía tener relaciones sexuales solo si estaba drogado; como que se sentía sin presiones ni prejuicios, entonces al ver que él se drogaba antes de tener relaciones él me invitaba y con tal de que él se sintiera tranquilo yo acepté”

Mujeres y las metanfetaminas

- ¿Doble vulnerabilidad?
 - Condición de adictas/usuarios
 - Condición de género

Conclusiones

- En los últimos 12 años el énfasis de las relaciones bilaterales entre los Estados Unidos y México se ha enfocado en considerar la frontera internacional como un espacio común económico.
- El desarrollo económico y la integración social en la frontera requiere que los temas de salud pública (incluyendo el tratamiento y prevención de las adicciones) sean enfocados desde una perspectiva que considere la frontera como un espacio común epidemiológico.



Conclusiones

- La aparición de patrones de consumo de sustancias adictivas en la frontera (uso de metamfetaminas) requerirá una cooperación mayor entre los Estados Unidos y México
- Areas de integración en salud pública
 - Cooperación en seguimiento de casos en tratamiento
 - Diseminación de las experiencias mas efectivas (*best practices*) en la prevención y tratamiento de las adicciones
 - Coordinación entre los proveedores de servicios de tratamiento

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