Living at the Border:
Gender, IDU and HIV in the US-Mexican Border.
The case of Mexicali and San Luis Río Colorado

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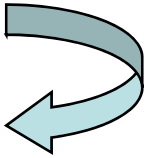
Objectives and Methodology

The study pretends:

- To explore the dynamics and contexts of injected drug use
- To identify factors of vulnerability for HIV transmission among IDUs
- To identify barriers for the adoption of safe injection practices
- To suggest guidelines for the design of HIV prevention programs and communication strategies targeting IDUs

Qualitative Approach

Triads and In-depth Interviews



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Background

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Geographic Location

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Background

- The US-Mexican Border is the largest land border in the world (2,000 miles long), with 25 cities totaling 12 million inhabitants.

- Intense migration dynamic (Mexicans, Central and Latino Americans).

- This border is also the most important entrance for drugs to US.
  - Narcotraffic is highly present in border towns, as witnessed by military presence, violence (more than 900 narcotraffic-related death from January to April 2008, and 190 in Tijuana alone), and higher availability of drugs, compared to the rest of the country

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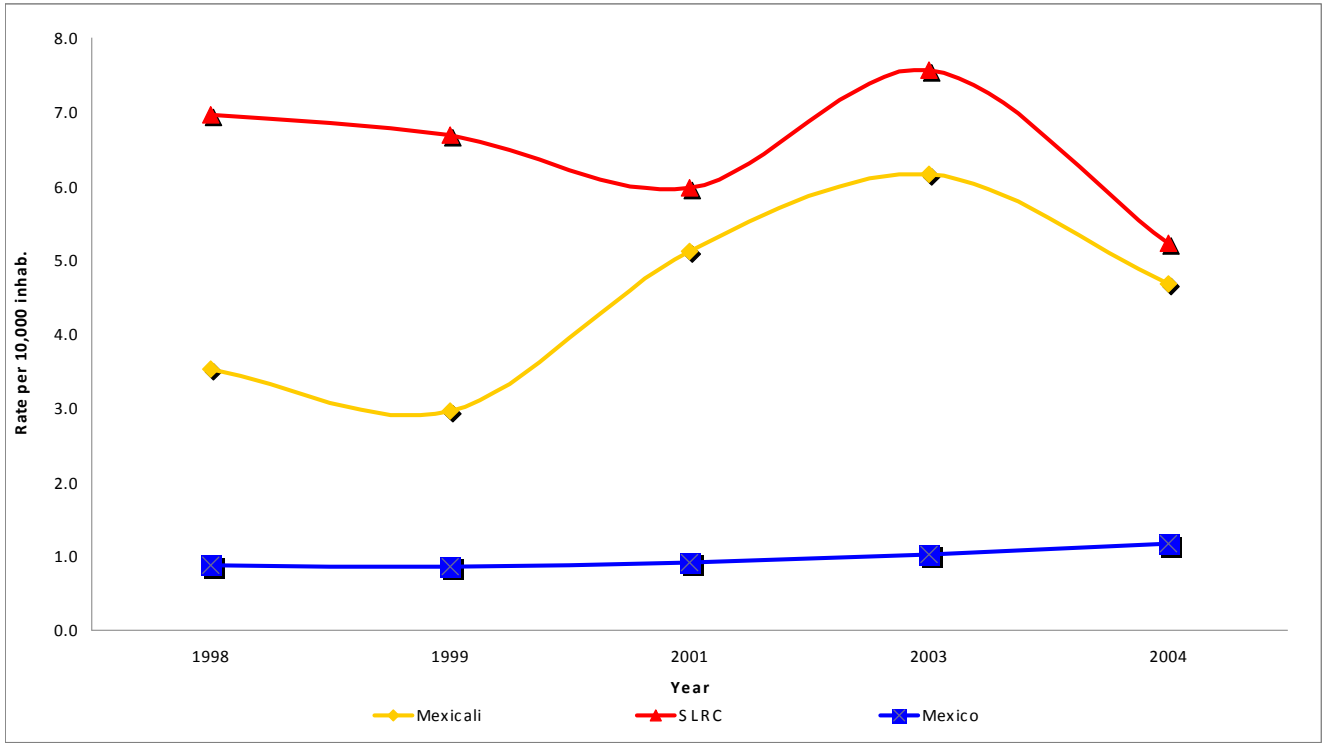
Background: Narcotraffic Context

Rates of people condemned for narco-traffic throughout Mexico



Source: Own calculations with data from INEGI, 2008

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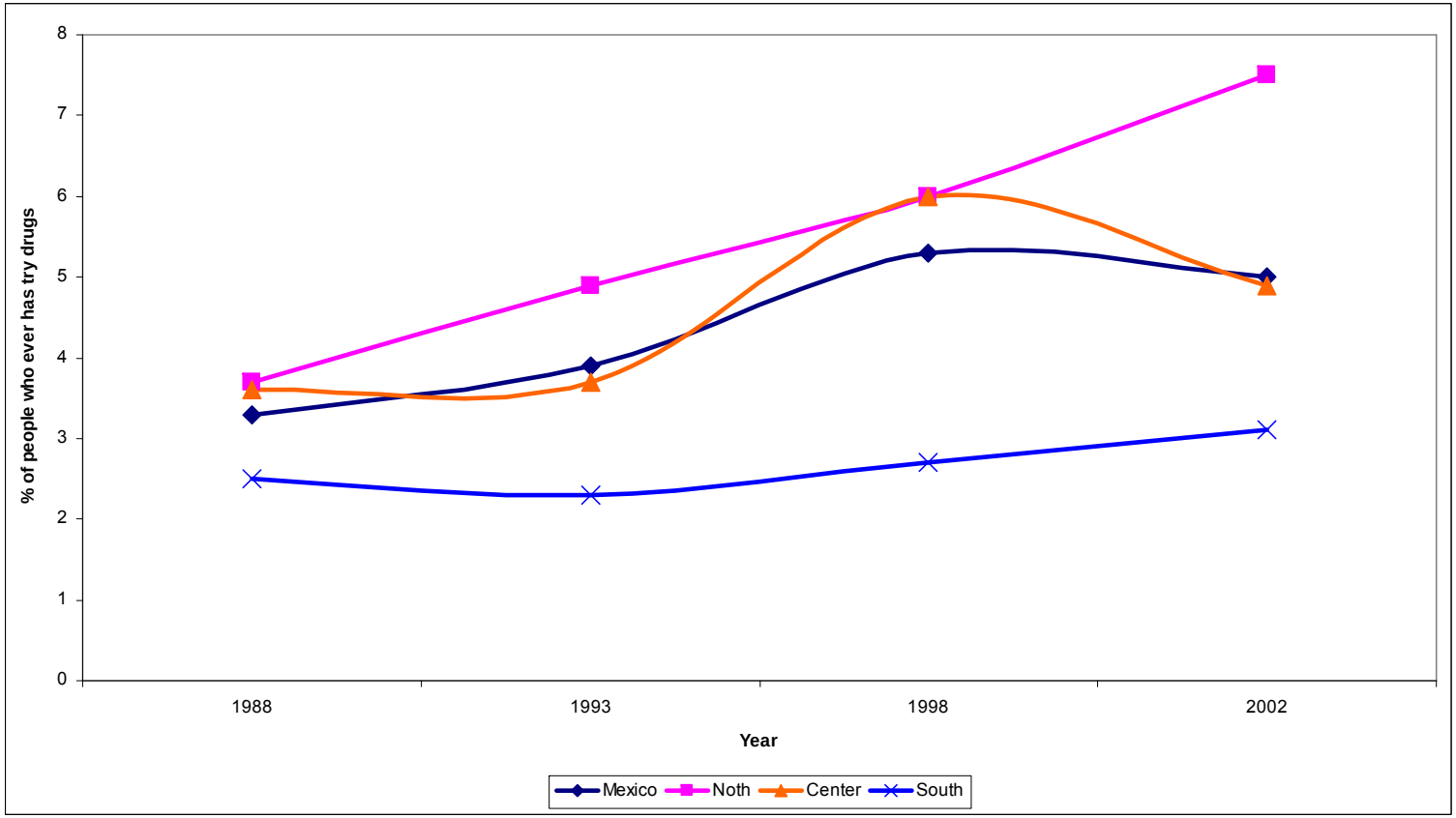
Background: Drugs Consumption

Highest and Increasing Rates of drugs consumption throughout the Country



Source: Addictions National Surveys 1988 – 2002

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Background: Heroin Consumption

- Highest proportion of heroin consumers in Mexico in 2000:
  - Mexicali: 33%
  - SLRC: 47%

* From the total drug users in rehabilitation centers

- Tendency to experiment an earlier initiation in drug use
  - 1998: 7% of heroin consumers initiated with drugs at ages 10-14
  - 2002: 50% of heroin consumers initiated with drugs at ages 10-14

Source: National Epidemiological Drugs Surveillance System 1998 - 2006

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Background: HIV Tendencies

- Increased HIV transmission by IDU in Mexico:
  - 2001: 0.1%
  - 2006: 3%

- In 2006, the state of Baja California, where Mexicali is located, had the 2nd highest HIV incidence rate (8.4 per 100,000) and the highest AIDS mortality rate (9.1)

- Baja California and Sonora are among the Mexican states with the highest number of HIV cases associated to IDU transmission

- Faye-White et al. reported in 2007 prevalence rates for HIV and Hepatitis C of 2.8% and 80% respectively among IDU's in prison in Tijuana and Ciudad Juarez

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Research about IDU and HIV has been focused on Tijuana and Ciudad Juarez. There is no information about IDU dynamics and risks contexts in median cities allocated along US-Mexican border

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Methodology

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Subject's Characteristics & Techniques

Technique	City	Sex	Current Consumption
4 interviews	Mexicali	Males	Active consumers
1 Triad			In rehabilitation process for 1 month or less
4 interviews		Females	Active consumers
1 Triad			In rehabilitation process for 1 month or less
5 interviews	SLRC	Males	Active consumers
1 Triad			In rehabilitation process for 1 month or less
3 interviews		Females	Active consumers
1 Triad			In rehabilitation process for 1 month or less

In total 16 in-depth interviews with active consumers (9 men; 7 women) and 4Triads were conducted

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Recruitment and interview setting

Active Consumers

Key informants: Snow ball

Interviews conducted in subject's home and streets

Consumers in Rehabilitation Process

Directors of rehabilitation centers

Triads conducted in rehabilitation centers

- Subjects signed informed consent
- Subjects received cash money for the interviews
- Interviewers were Colombian women

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Findings

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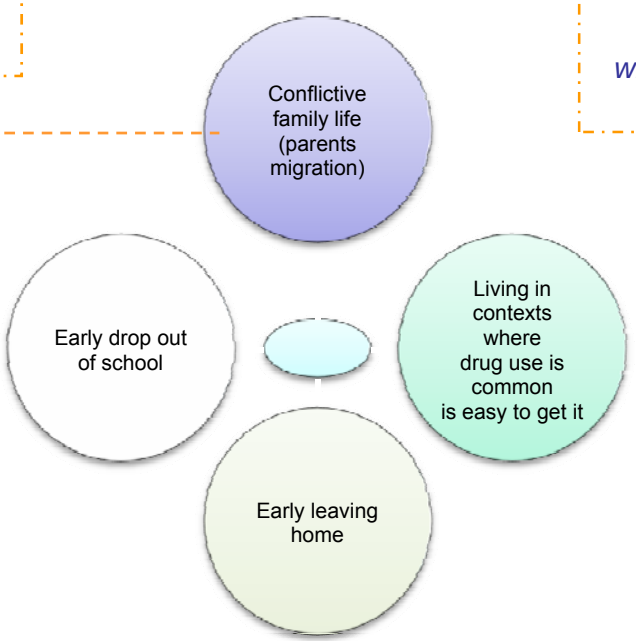
Life Course: The Settings for Drug Use

As other IDUs' stories, life course of the subjects' childhood were marked In most cases by:

"I grew up on my own. My mom died when I was a child. My dad was a fisherman, he liked to drink. My mom's family lived on the other side. I saw them sometimes" (woman, 54 years)

"As my mom sold heroin, I always saw people injecting. When I felt curious about what it felt like, I just did it, I knew how to do it and where it was" (man, 35 years)



"My un-governability began when I was born, but when I was 7, they realized something was wrong with me, I didn't like school, I was rude and I just couldn't be adjusted, but they couldn't do anything. At 14 I ran away" (woman, 43 years)"

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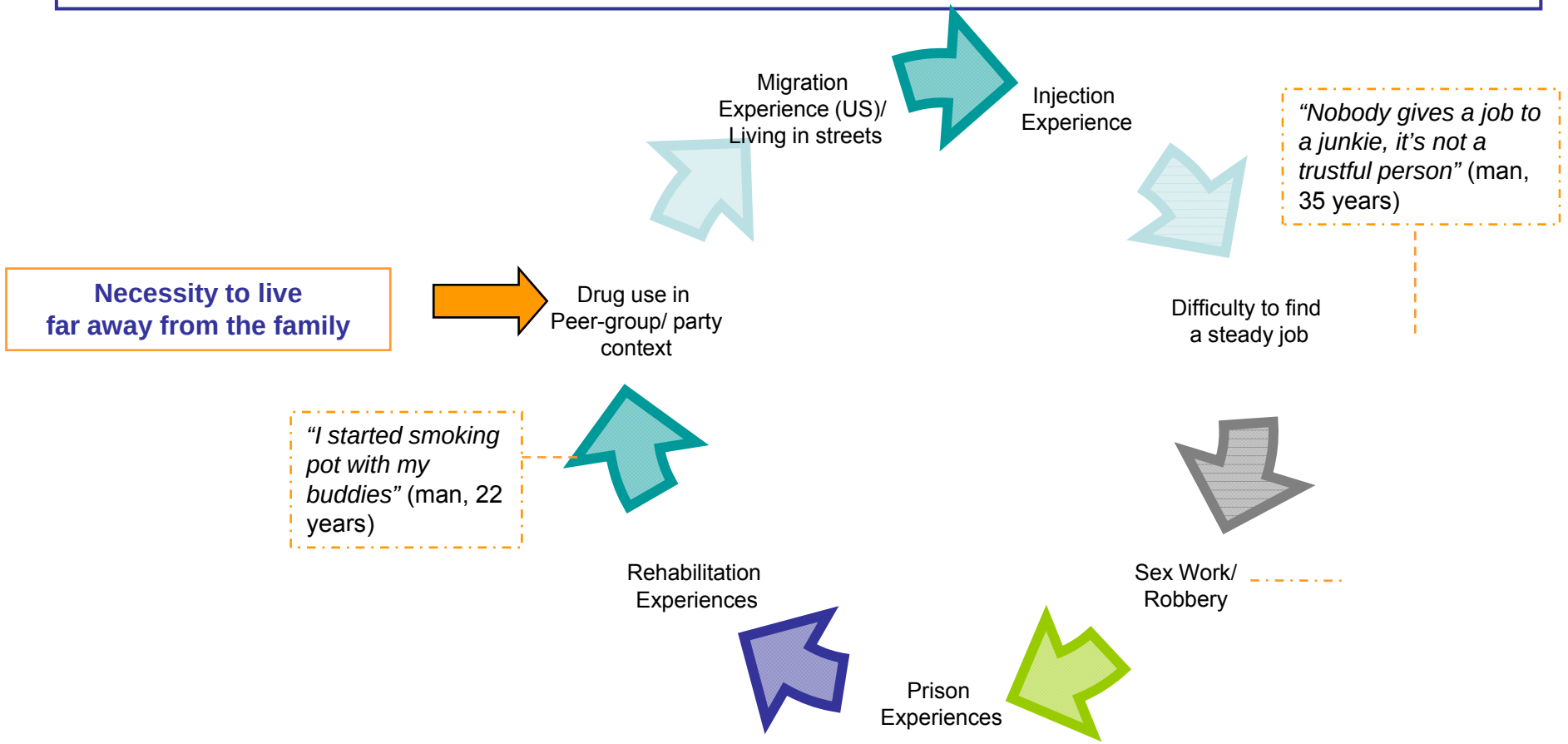
Life Course: To Live as Outsiders

And youth-adulthood subjects' stories talked about:



Early and recurrent breaking-off with institutionalized life

Construction of the self-identity as outsiders, which is reinforced by discrimination, experienced during youth and adulthood

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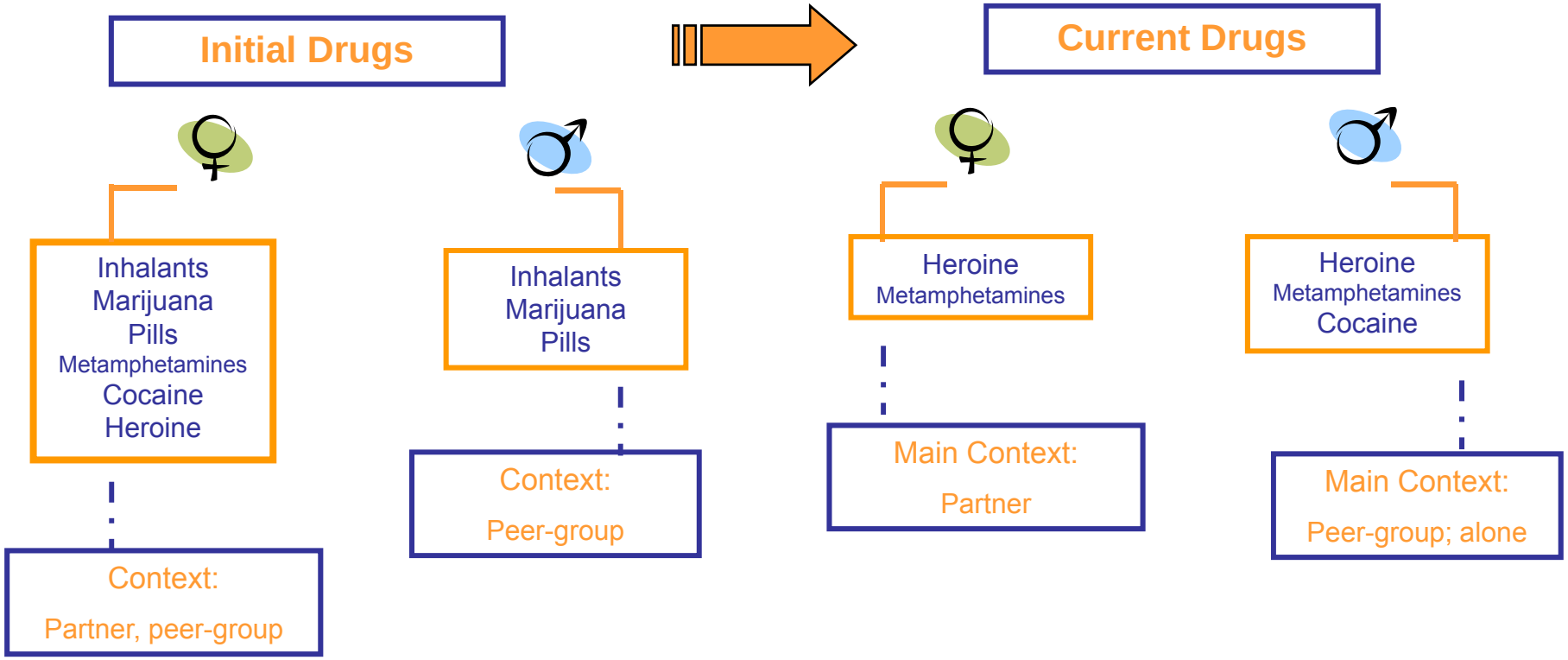
Life Course: Trajectory of Drug Use



"He asked me to use it, and I just did it, he meant everything for me, and I thought If he said so, is because it is good. I was blinded by love" (woman, 26 years)

"I began with pills, inhalants, gasoline, thinner, with other friends. We lived together in the streets, and we always were joking and having fun. Heroin came later. It was incredible. I felt the rush and then, everything was clear, I felt I wouldn't need anybody for the rest of my life. I was invincible" (men, 36 years)

Compared to men, women start at older age and use harder drugs with partners and friends,

Men start younger and show a more progressive trajectory of consumption: starting with inhalants and ending with heroin and synthetic drugs in the context of socialization with peers

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Risk Practices

1. Injecting Settings

➢ Generalized sharing of syringes and injection paraphernalia

- Mainly with partner and relatives
- With partners, relatives, IDU friends

"If I'm gonna die, it'd better be once and for good." (40 years)

➢ Taking syringes from garbage

"I've picked syringes from garbage cans, and I have used them like that, with blood in them. I didn't even know to whom it belonged" (Woman, 52 years)

➢ Extended use of the same syringe (15 days – 1 month), which causes more injuries on the skin and risk of infections and abscess

"A syringe can last 15 days, you just have to take care of it (…) It's hard to get the money to buy it" (Woman, 21 years)

➢No appropriate cleaning of syringes

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Risk Practices

2. Overdoses

➢ Generalized and recurrent overdose experience without medical assistance: Worst in males because of their injection settings (shooting galleries and alone)

"I've lost 10 friends, they've bent, I couldn't do anything, I just ran away I let them on the street" (man,36 years)

"I just injected 10 little drops and I got sick, the police came and they hit me and asked me about my dealer, but I was dying. They were four and kicked me until I woke up, as I was minor, they left me go. So, I can say the cops saved me by hitting me, how ironical isn't" (man, 40 years)

"I began injecting alone. Once I was in an abandoned house and I felt I was falling in a dark hole I said help me, but nobody was with me. I was lucky and when I felt better I just stood up and went home" (woman, 25 years)

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Risk Practices

3. Unprotected Sex

- No condom use with steady partner

  "I don't use condoms because I'm a heroin addict and my partners have been addicts too" (Woman, 43 years)

- Inconsistent condom use with clients

  "The truth is that when I'm in "cold turkey", and a client don't wanna use a condom, I accept. I need the money for my dose, I don't care about anything else" (Woman, 26 years)

- Non condom use at all

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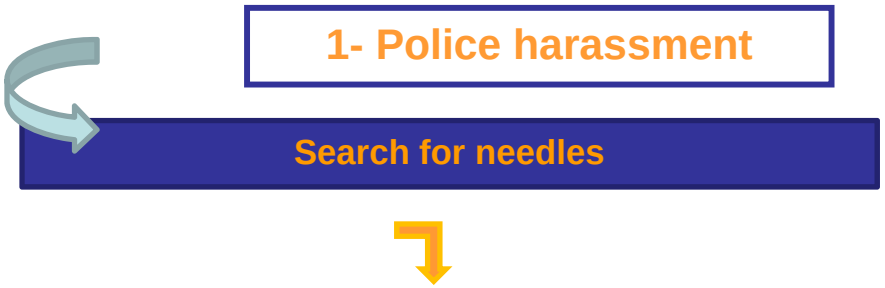
Risk Contexts



Adverse effects:

- Increase in needle prices (10-15 pesos vs. 2 pesos)
- Forces IDUs to not carry needles with them to avoid being put in jail for 36 hours
- At the term of the 36 hours of detention, IDUs go out with the abstinence syndrome and might experience overdose or just use any needle
- Police harassment tends to be harder against men

"A junkie can be identified from a 100 miles. Police officers always check us in the streets. If they find a needle, no matter if you don't have any drug, you have to pay a fine or spend 36 hours in prison" (man, 39 years)

"When you go out from the 36 hours, you can't even walk. You come to the shooting gallery almost dragging yourself and there you do anything to kill the pain and get your dose (woman, 33 years)

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Risk Contexts

2- Prison Experiences

Prohibition of drug use

Adverse effects

"when I was in prison, as one struggles to get needles, I went in the tuberculosis room to get them. There I got hepatitis." (woman, 40 years)

- Black market of needles and syringes from sick inmates who suffer from diabetes and other illnesses
- Making and circulation of very precarious injection paraphernalia: *Goteros or arpones*
- Massive utilization of needles, syringes and/or *goteros*
- The proportion of male heroin consumers in prison is higher than female's

"There, in prison, you share everything since the first day you come. It's like living in a big brotherhood. Needles come and go, more than 50 people can be using the same syringe" (man, 22 years)

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Risk Contexts

3- Involvement in Commercial Sex Work or Transactional Sex

Acceptance of having unprotected sex in exchange for money to calm the abstinence syndrome

- Men and women reported being equally involved in commercial or transactional sex

"I used condoms only if the man carry them. If not, then I didn't buy them. It's really hard to get money when your are in the streets, and getting your dose is the most important. You can't waste your money in condoms " (woman, 22 years)

"You have to do what is needed the get your dose, so, yes, I've sold sex for money or for drug " (man, 39 years)

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Risk Contexts

4- Shooting galleries

Collective ritual for heroin consumption

- No new needles/Syringes available
- Needles and Syringes thrown on the floor
- Need of get injected quickly to get pain relief and avoid the police
- Social pressure to share needles
- Unhealthy environment
- Shooting galleries are male environments

"Once, I was so anxious to inject, that my needle got stuck, so I picked up one from the floor and injected my self". (men, 33 years)

"If someone doesn't want to borrow you his needle? He's an asshole. He must know that life is circular and he can be in the same situation early or later. Everybody shares, because everybody know how it feels to be in cold turkey" (men, 22 years)

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Risk Contexts For IDU's

5- Steady Partners

Only with a person that can be trusted

- No condom use
- Sharing needles and injection paraphernalia
- No needles cleaning practices

"I don't get it. She's my partner, isn't she?, so, it is not needed to do that with her. If not, what for should I have a partner? Each one of us knows what we have" (men, 22 years)

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Risk Contexts

Lacking of Resources

- Insufficient health services: No medical assistance, no needles exchanges programs, no experience to work with IDUs.
- Social: Lacking of social networks: Lack of social support to get money and to have healthier practices
- Cultural: Low education : Struggles to find a steady job and having money regularly: Get low skilled informal occupations
- Material: “No money no life”: Are not willing to pay for needles, syringes or condoms

“Every junkie is aware of the risk of sharing needles. They do it because don’t have the money, don’t have a job and nobody wants to work with a junkie. Or nobody wants to sell them syringes, or the police comes and finds syringes and send us to the hole” (men, 39 years)

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Risky Feelings Among IDUs

Feeling of Non-Future;

There is only 3 pathways for a junkie: Hospital, graveyard, psychiatric" (woman, 54 years)

Feeling of Isolation

"The junkie's life is very mournful. At the begging you have a job, so you have money to buy it, but then money is not enough and in your job realized you are using drugs, so, they fire you. Now, is more difficult to get money and your friends began to elude you and you realized that, because they don't want to talk to you anymore, and you become to be more and more lonely and your only friends are the other junkies (man, 35 years"

Feeling of not Having Control of Their Lives *"I can't live like normal people, here, inside I can do anything, I can cook or take a guard, but outside my mind is gone, I just think in the doses" (woman, 43 years)*

In this context, adopting healthier practices doesn't make much sense for IDUs.

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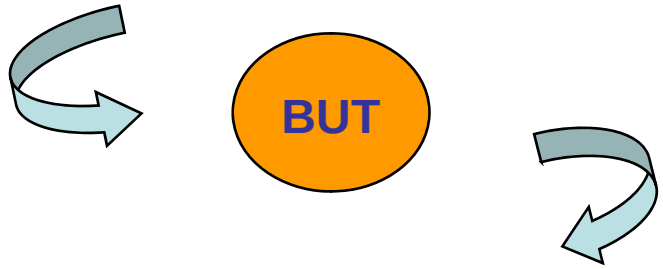
Knowledge about HIV

- Mortal Disease
- Know how to avoid risk of infection
- Know ways of transmission



- Generalized idea that HIV is a symptomatic disease: It is easy to determine who is positive and who doesn't".

More males than females recognize that they don't know anything about HIV, beyond the fact that it is mortal

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Attitudes towards HIV

- The Locus of control is out the subject: HIV is associated to destiny, or a punishment , they can't control it

"I haven't gotten infected thanks to God's mercy. That's the only reason why I'm still here, and I'll go when He calls me" (woman, 32 years)

- Evasion: Don't want to know their serostatus: Fear and rejection to HIV testing

"when I was in prison on the other side, they offered me the HIV test several times, but I didn't want to. I still don't. If I have Aids, I don't wanna know. It's hard enough being a junkie" (man, 33 years)

- Higher risk perception

"I always say to my partner, if they are giving you some drops, be the first using the syringe… You never know what disease they have, is better to give them the needle and then see how to get a new one" (woman, 21 years)

- HIV is perceived as something that happens to other people, not to me.

"I think sex workers have more risk to get HIV than junkies, they bring the virus to us" (man, 45 years)

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Social Networks

- Non profit organizations
- National Health Services

"Some girls go to the bar where I work, and they give us information about HIV and condoms. The nurses from national health services also visit us very frequently. I go there to take HIV tests, and they pay us to talking sessions" (woman, years)

- Steady partner

"I used ice (metamphetamines) but I was tired of it, and as my partner used heroin, I was curious about how it felt, so I began to steal his drops until he realized. Now he brings the doses for both of us, I don't need to prostitute anymore" (woman, 21 years)

- Friends

"When I ran from home, I didn't have a place to live and some friends offered me to stay with them" (woman, 27 years)

- Family: Mother

"I can only count on my mom, she's the only one who cares about me" (man, 40 years)

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Conclusions

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Conclusions

- In the studied cities there is a confluence of social, economical, political and epidemiological factors that, combined with individual and psycho-social characteristics of IDUs, increment their vulnerability to HIV infection.

- Unsafe injecting practices as well as unprotected sex are common experiences among IDU's interviewed

- Principal barrier to use new needles is the lack of availability
  - IDU's are not willing to pay for them in some cases,
  - Most pharmacies refuse to sell syringes to IDUs
  - IDUs feel embarrassed to ask for syringes in pharmacies

- Another barrier is the police harassment: IDU's can't carry needles with them

- There are important differences in terms of risk setting among male and female IDU

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Conclusions

Gender appears as a key element associated with different trajectories and drug use settings, which expose male and female IDUs to different levels and types of vulnerability to HIV infection

The analysis shows that male IDUs seems to be more vulnerable than female IDUs. Factors that increase male IDUs vulnerability to HIV are:

- Traditional gender roles, in which, masculinity is associated to strength and invulnerability to disease. The condition of being a man brings perceived immunity against HIV infection.
- Masculine character of the collective injection ritual
- Heroin addiction seems to be harder among males and it increases the risk exposure in prisons
- Male IDUs have less knowledge and awareness about risk
- Male IDUs seem to reject HIV testing in greater proportions than female IDUs
- Male IDUs have limited access to health services
- Male IDUs only have relation with rehabilitation centers, not with health organizations
- Male IDUs seem to experience harder harassment from the police

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Conclusions

- It is urgent to implement HIV prevention programs for IDUs in medium-size towns of the US-Mexican border.
  - There are great needs for intervention programs (exchange, information and health squads)
    - In two months and only 8 field visits to shooting galleries, 1,680 needles were exchanged
- It is urgent to promote and negotiate the implementation of risk reduction policies with local governments
- It is relevant to give special attention to male IDUs due to their higher vulnerability, but keep offering health services for women. A gender-sensitive approach is highly recommended
- It is crucial to develop IDU-friendly health services to avoid death by overdose and train IDUs to overdose prevention / emergency procedures
- HIV prevention interventions should integrate different kinds of activities to be implemented in different scenarios: Street or shooting galleries, prisons, rehabilitation centers and hotspots for commercial sex work.

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