



# Social and Structural Challenges to Drug Cessation Among Couples in Northern Mexico: Implications for Drug Treatment in Underserved Communities



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## ABSTRACT

**Background:** Available drug treatment modalities may inadequately address social and structural contexts surrounding recovery efforts.

**Methods:** This mixed methods analysis drew on (1) surveys with female sex workers and their intimate male partners and (2) semi-structured interviews with a subsample of 41 couples ( $n = 82$  individuals, 123 total interviews) in Northern Mexico. Descriptive and content analyses examined drug cessation and treatment experiences.

**Results:** Perceived need for drug treatment was high, yet only 35% had ever accessed services. Financial and institutional barriers (childcare needs, sex-segregated facilities) prevented partners from enrolling in residential programs together or simultaneously, leading to self-treatment attempts. Outpatient methadone was experienced more positively, yet financial constraints limited access and treatment duration. Relapse was common, particularly when one partner enrolled alone while the other continued using drugs.

**Conclusions:** Affordable, accessible, evidence-based drug treatment and recovery services that acknowledge social and structural contexts surrounding recovery are urgently needed for drug-involved couples.

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## 1. Introduction

Drug treatment services targeting individual drug users may not adequately address the social and structural contexts that surround drug cessation efforts and success (Simmons, 2006). In addition to limited drug treatment access, research has highlighted the role of interpersonal and relationship dynamics in shaping recovery efforts and success

(Dobkin, De, Paraherakis, & Gill, 2002; Lewandowski & Hill, 2009). In the United States, women are less likely to enter substance use treatment programs than men (Greenfield et al., 2007), which has been linked to a lack of social support from male partners or even pressure for women to continue using drugs (Amaro & Hardy-Fanta, 1995; Falkin & Strauss, 2003; McCollum, Nelson, Lewis, & Trepper, 2005; Riehm, Iguchi, Zeller, & Morral, 2003; Rivaux, Sohn, Armour, & Bell, 2008; Trullsson & Hedin, 2004). As a result, for many couples who use drugs, cessation efforts and success may be limited until both partners enter treatment and are able to support each other throughout the recovery process (Rhodes & Quirk, 1998). Unfortunately, even when partners are supportive of each other's drug cessation efforts, most existing treatment modalities do not accommodate couples (both partners jointly) or acknowledge relationship contexts (Simmons, 2006). Few residential treatment programs have the capacity to provide family or couples-

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based therapy (SAMHSA Center for Substance Abuse Treatment, 2008; Werner, Young, Dennis, & Amatetti, 2007), and some evidence-based recommendations include cautionary language regarding involving partners in women's recovery efforts (SAMHSA Center for Substance Abuse Treatment, 2009). Beyond the United States, and particularly in resource-poor settings, research on couples' treatment and recovery experiences remains scarce. The objective of this mixed methods study was to examine drug treatment and recovery experiences among socially marginalized couples in Northern Mexico.

### 1.1. Illicit drug use and treatment needs in Northern Mexico

In communities along Mexico's northern border with the United States, the prevalence of drug use has increased dramatically in recent years due to spillover from drug trafficking routes that carry heroin, cocaine, methamphetamine and other illicit drugs into U.S. markets (Brouwer et al., 2006; Bucardo et al., 2005). Injection drug use has also become more prevalent, particularly in urban areas (Instituto Nacional de Psiquiatría, 2011; National Council Against Addiction, 2008; Strathdee & Magis-Rodriguez, 2008). Increasing drug use and injection have been linked to numerous health and social harms in Northern Mexican cities (Strathdee & Magis-Rodriguez, 2008), which include HIV (Strathdee et al., 2008), hepatitis C (Frost et al., 2006; White et al., 2007), tuberculosis (Garfein et al., 2009), and overdose (Verdugo et al., 2013). Drug trafficking-related violence has simultaneously increased, attracting international attention and funding (Molzahn, Rios, & Shirk, 2012).

In response to increasing drug-related violence and public health harms associated with drug use in the Northern border region and throughout the country, Mexico passed federal drug policy reforms in 2009 (National Council Against Addiction, 2010) that partially decriminalized drug possession for personal use and called for national expansion of drug treatment services including opioid substitution therapy (Moreno, Licea, & Ajenjo, 2010; Werb et al., 2015). Despite the documented need for substance use treatment services in this setting, numerous challenges exist within the predominant drug treatment modalities in the border region, which include private *anexos* (in-patient residential centers) offering *ayuda mutua* (peer support programs based loosely on the U.S. twelve-step approach) with or without the provision of professional care or supervision (Diario Oficial de la Federación, 2012; Ramirez Bautista, 1987; Rosovsky, 1998, 2009; Secretaría de Salud, 2009). While many *anexos* require payment for typical three-month stays, others run by religious organizations are free of charge and more commonly accessed by those with scarce resources. Understanding drug treatment and recovery experiences among socially marginalized drug users in communities heavily affected by drug use could help identify opportunities for improving access to and quality of services in the context of Mexico's ongoing national drug policy reforms.

### 1.2. Drug treatment seeking and uptake in Northern Mexico

This study takes place in Tijuana, Baja California (adjacent to San Diego, California), and Ciudad Juárez, Chihuahua (across from El Paso, Texas), the two most populous Mexican border cities. Tijuana may have the largest number of people who inject drugs (primarily heroin) per capita in the country (Instituto Nacional de Psiquiatría, 2011; Strathdee & Magis-Rodriguez, 2008). Methamphetamine use is also increasing in Baja California, which is now cited as a primary reason for drug treatment seeking, followed by heroin (Instituto Nacional de Psiquiatría, 2011). Former and current drug treatment clients in Tijuana have described negative experiences with *anexos* (residential centers) including verbal and physical mistreatment resulting in entrenched distrust and cynicism among drug users (Syvertsen et al., 2010). The uptake of outpatient methadone maintenance services in Tijuana has been low to date, possibly due to limited availability (e.g., only one public and two private methadone clinics operated during the study

period), prohibitive costs relative to income, and the stigma associated with methadone among already socioeconomically marginalized drug users (Earnshaw, Smith, & Copenhagen, 2013; Harris & McElrath, 2012; Lopez, 2009; Sánchez Marcial, 2003). In Ciudad Juárez, heroin is the primary substance motivating treatment seeking (Instituto Nacional de Psiquiatría, 2011). Less information is available on the quality or accessibility of methadone or other medication-assisted treatment services in Ciudad Juárez, yet abundant media reports have highlighted incidents of violence within residential centers (Lacey, 2009) and only one public methadone clinic was operating during the study period (Bucardo et al., 2005).

Most available data on drug treatment experiences and satisfaction in Mexico have been collected from men who have reported negative experiences, as in the study described above (Syvertsen et al., 2010). However, there is substantial overlap in these communities between populations of people who use drugs and women who exchange sex (Strathdee & Magis-Rodriguez, 2008). One qualitative study of female sex workers who injected drugs in Tijuana found that intimate male partners played both positive and negative roles in women's recovery attempts: while some partners provided financial and emotional support to help women enter drug treatment, many partners were drug-dependent themselves and either enabled women's continued drug use or directly discouraged drug treatment (Hiller, Syvertsen, Lozada, & Ojeda, 2013). However, no research to date has documented couples' drug treatment experiences by involving both partners, providing a limited understanding of the complex role of social and partner support surrounding drug use and cessation efforts.

Given the need to improve the availability, quality, and relevance of drug treatment for socially marginalized populations, this mixed methods study sought to examine drug cessation and recovery experiences among sex workers and their intimate (non-commercial) male partners in Tijuana and Ciudad Juárez. The overall objective of this study was to develop recommendations for the design and delivery of drug treatment and integrated health and social services for underserved communities in the context of Mexico's legislative reforms.

## 2. Materials and methods

### 2.1. Study design and population

This study draws from *Proyecto Parejas* (Spanish for "Couples' Project"), a prospective, mixed-methods study of the social epidemiology of HIV/STIs among 214 female sex workers and their primary intimate male partners in Tijuana and Ciudad Juárez ( $n = 428$ ). The overall goal of *Proyecto Parejas*, as previously detailed (Syvertsen et al., 2012), was to examine patterns of high risk sexual and substance use behaviors at the individual and dyad levels to inform health interventions. Women were recruited from areas where sex work and drug use were known to occur. Eligible women were  $\geq 18$  years old, reported lifetime "hard" drug use (including heroin, methamphetamine, cocaine and/or crack), exchanged sex within the past month, had an intimate male partner for at least six months, and were not determined to be at immediate risk for life-threatening intimate partner violence (IPV) as a result of participating. Of 335 women who were approached by recruiters and screened, 245 (73.1%) passed this primary screener. Ineligibility related to lack of lifetime "hard" drug use ( $n = 35$ ; 10% of those screened), no recent sex work ( $n = 23$ ; 7%), and worrying about IPV ( $n = 14$ , 4%). Eligible women were invited to bring their male partners into study offices to assess men's eligibility (being  $\geq 18$  years old) and verify relationship status. Of the 239 couples who presented for couples verification screening (Syvertsen et al., 2012), 230 (96%) were eligible, of whom 214 (90%) agreed to participate and provided written informed consent for quantitative surveys, HIV/STI testing, and qualitative interviews. Institutional review boards of the University of California at San Diego, Tijuana's Hospital General, El Colegio de la Frontera Norte (Tijuana), and the Universidad Autónoma de Ciudad Juárez approved all study protocols.

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