



Research paper

Emerging patterns of crack use in Mexico City



Avelardo Valdez^{a,*}, Charles Kaplan^a, Kathryn M. Nowotny^b, Guillermina Natera-Rey^c, Alice Cepeda^a

^a School of Social Work, University of Southern California, Los Angeles, CA, USA

^b Department of Sociology & Institute of Behavioral Science, University of Colorado Boulder, Boulder, CO, USA

^c Instituto Nacional de Psiquiatría, Ramón de la Fuente Muñiz, Mexico City, Mexico

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ABSTRACT

Background: Recent studies in Mexico have documented a significant increase in crack cocaine use, indicating the potential for an emerging drug epidemic.

Methods: Ethnographic observations and interviews were used describe the profiles and patterns of use among street-recruited crack users in Mexico City. The data came from an international research collaboration funded by the National Institutes of Health.

Results: A polythetic typology was developed based on five dimensions central to categorizing patterns of crack use behavior: frequency of use, duration of use, context, social networks, and social contracts. Four types of users were discovered applying these dimensions: dabblers, stable users, crack heads, and old heads. Although several similarities were documented between patterns of crack use in Mexico and those in the United States and Western Europe, several key aspects distinguished crack users in this population: (1) self-regulated use; (2) non-linear progression of crack; and (3) the influence of the dimensions pertaining to setting, social networks, and social contract as contributing to understanding of the previous two. Further, we provide a discussion of how specific contextual factors in Mexico may be giving rise to these emerging patterns.

Conclusion: Compared to the U.S. and Europe, this study finds that the majority of crack users were able to self-regulate their use without major disruption to daily social functioning. As crack use spreads in Mexico and other Latin American countries, we need to recognize the importance of social context in developing more tailored health and social responses that are specific to these developing countries.

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Compared to previous decades there has been a steady decline and stabilization of crack cocaine use in American and Western European countries. Concomitantly, global epidemiological studies have reported an increased prevalence of crack among poor urban populations in Mexico, Latin American, and Caribbean countries such as Brazil, Guatemala and Colombia (Bastos, Mendes, Arruda Vieira Duarte, Carmo, & Bertoni, 2011; Burcardo et al., 2005; United Nations, 2010). In Mexico, the largest increases are occurring in Mexico City neighborhoods characterized by high population density, poverty, unemployment, inadequate housing, highly concentrated informal street commerce and different levels of criminal activities from individual-based to highly organized illegal enterprises (Bastos et al., 2011; Instituto Nacional de

Psiquiatría Ramón de la Fuente Muñiz, 2012; Instituto para la Atención y Prevención de las Adicciones en la Ciudad de México, 2014). The increased prevalence of crack in a population is significant in that use of this drug has been linked in studies in the U.S. and Western Europe to chronic use, addiction, crime and sexual risk behaviours that are associated with HIV and other infectious diseases (Hoffman, Klein, Eber, & Crosby, 2000; Inciardi & Pottieger, 1994; Smart, 1991). This paper describes the profiles and patterns of crack use among residents in Mexico City (México, Distrito Federal (DF)) a metropolitan area of over 21 million people. Specifically, the research provides new knowledge on crack use behaviors within the social and cultural context of these highly marginalized Mexico City populations and allows us to compare these to crack use in the U.S. and Europe. This is particularly important because the responses to crack and other drugs in countries like Mexico may require more tailored health and social responses than have been used in more developed countries.

Mexico has had a relatively low illegal drug use prevalence rate compared to the U.S., even though these two nations are socially,

* Corresponding author at: School of Social Work, University of Southern California, 1150 Olive Street, Suite 1400, Los Angeles, CA 90015, USA.

Tel.: +1 213 821 6482.

E-mail address: a.valdez@usc.edu (A. Valdez).

economically and culturally interdependent. However, drug use has been steadily increasing in Mexico during the last few decades especially along the U.S./Mexico border and other large urban areas. These increases have largely been in the use of cannabis, powdered cocaine, methamphetamines and prescription drugs. During the last decade, Mexico experienced a dramatic increase in the use of crack cocaine with Mexico City having the highest increases in the nation (Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, 2012). This same data reveals that this city had a higher drug prevalence rate (7.8%) than Mexico's national average (5.7%). Moreover, other data on crack treatment indicate that Mexico City the percentage of total treatment admissions increased from 8% in 2003 to approximately 40% in 2007 (Instituto Nacional de Salud Pública, 2009). Other cities in Mexico such as Monterey, Guadalajara, and Toluca and selective rural areas receiving returning immigrants from the United States (U.S.) had increases in crack use, but none as high as Mexico City.

These Mexican immigration patterns coincided with the decline of crack use in the U.S. in the 1990s and into the 2000s (Hamid, 1992; Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2014) and its rise in other developed and underdeveloped countries (Barrio, De la Fuente, Royuela, Díaz, & Rodríguez-Artalejo, 1998; Blanken, Barendregt, & Zuidmulder, 1999; Grund, Adriaans, & Kaplan, 1991; Hunter, Donoghoe, & Stimson, 1995; Jeri, 1984). Crack's emergence in Latin America follows the use of coca paste (basuco) and later powdered cocaine in the 1980s and the 1990s primarily among disenfranchised populations in this region (Noto, Galduróz, Nappo, & Carlini, 2004). However, reports of crack use only began to appear in these countries, including Mexico, during the last decade (Andrade, Lurie, Medina, Anderson, & Dourado, 2001; de Oliveira & Nappo, 2008; Inciardi et al., 2006; Rodríguez, Marques, & Touzé, 2002).

Previous studies on crack use patterns have described a trajectory defined by sequential phases similar to the use of heroin and powdered cocaine (Grund et al., 1991; Maddux & Desmond, 1981; Waldorf, Reinerman, & Murphy, 1991; Winick, 1962) that include the phases of initiation, maintenance, cessation, and relapse (Waldorf et al., 1991). Crack cocaine, however, has been viewed as having a higher abuse liability and dependency compared to the use of intranasal powdered cocaine (Chen & Anthony, 2004; Hatsukami & Fischman, 1996). Other crucial factors that distinguish crack include immediacy, duration, magnitude of effect, amount, and frequency of use (Hatsukami & Fischman, 1996). The duration of crack's effect is much shorter than intranasal cocaine. These findings have been used to modify the theory of sequential phases of crack patterns to distinguish two stages of progression: (1) from intranasal powder cocaine to crack use and (2) from experimentation with crack to dependence (Hatsukami & Fischman, 1996). The majority of crack studies in the U.S. and Western Europe have described a linear progression that results in frequent and prolonged crack use (Jackson-Jacobs, 2004; Ratner, 1993; Rosse et al., 1993; Wallace, 1989). Given these theoretical modifications, we posed the research question of whether the crack use patterns observed in the context of Mexico City would be similar or different when compared to those that emerged in the U.S. and Western Europe as documented by the literature and our prior research on Latino immigrant workers in the U.S. (Valdez, Cepeda, Negi, & Kaplan, 2010).

Methods

This project was funded by the National Institute on Drug Abuse through an international funding mechanism that included an American university and a Mexican federal research institute. The research team identified, recruited, and interviewed current crack users in three Mexico City *delegaciones*: Cuauhtémoc, Coyoacán,

and Iztapalapa. Mexico City is subdivided into 16 *delegaciones* for administrative purposes that are the equivalent to boroughs. The *delegaciones* were selected based on epidemiological and crime data that identified these as having the highest rates of crime and drug use in the city (Procuraduría General de Justicia del Distrito Federal, 2009). These *delegaciones* are characterized by mixed housing units, large and small retailers, street vendors, large shopping plazas, auto repairs shops, restaurants, bars and hotels. Communities are organized into strong associations of merchants, community-based organizations, and political parties (Zamudio Angles, 2012). In addition, different levels of criminal activities exist in these areas, from individual-based to highly organized illegal enterprises.

Data collection consisted of ethnographic observations in the community and in-depth semi-structured ethnographic interviews with a total of 156 current crack users and ethnographic observations. The sample of crack users was equally recruited from the three *delegaciones*. All interviews were transcribed and analyzed in Spanish (Lopez, Figueroa, Connor, & Maliski, 2008). In regards to their drug use history, the sample was overwhelmingly represented by polydrug users of illicit drugs including cannabis, prescription pills, inhalants and methamphetamines.

An adaptive sampling methodology was used in the study and combined elements of field-intensive outreach; rapid assessment, response, and evaluation; and targeted respondent-driven sampling (Valdez, Cepeda, Neaigus, & Russell, 2008). Targeted areas in the three *delegaciones* were assessed to identify where crack was being used or purchased, descriptions of the crack-using population, and related features including time and day of the week when crack use was observed (Needle et al., 2003). Once the characteristics of the target population were identified, a targeted respondent-driven sampling methodology with elements of chain referral and snowball sampling techniques was employed to recruit study participants (Griffiths, Gossop, Powis, & Strang, 1993; Heckathorn, 1997).

The inclusion criteria for enrollment in the study were: 18 years of age or older; self-reported crack use at least once during the previous 30 days; and no participation in formal drug treatment 30 days prior to enrollment. An NVivo database consisting of transcripts from the ethnographic interviews and daily observational field notes was used for analysis. The ethnographic interviews provided narrative accounts of the subjects' experiences with crack, other drugs, and sexual and related health risk behaviors. The field notes complemented the interview data by providing descriptions of the social and cultural context of the targeted area.

Seventy-three percent of the participants were male. The mean age was 32.6 years (standard deviation: 9.3). Over half (51%) were single, followed by 33 percent who were married and 16 percent separated/divorced or widowed. Approximately 14 percent had completed a primary level education, 32 percent had completed a secondary level education, 36 percent a high school or technical education and 17 percent post-high school. Approximately half (48%) reported some form of employment. Eighteen percent reported either having no stable residence (shelter or hotel room) or being homeless.

The ethnographic data analysis involved four inductive strategies that proceeded sequentially (LeCompte & Schensul, 1999; Ragin, 1999; Straus & Corbin, 1990). The first strategy, *item level analysis*, implemented a form of unrestricted initial coding consisting of a line-by-line reading where item codes were identified. A "constant comparison" analytical process was conducted where codes within a given interview and across interviews were compared. Next, a *pattern level of analysis* stage was conducted to establish linkages among the item codes and develop potential classifications and categories. The third strategy,

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