



# Alcohol use among Mexican American U.S.–Mexico border residents: Differences between those who drink and who do not drink in Mexico



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## HIGHLIGHTS

- ▶ Drinking in Mexico among U.S. Mexican American border residents is described.
- ▶ Those who drink in Mexico report more drinking, bingeing, and alcohol problems.
- ▶ Drinking in Mexico is related to elevated risk for alcohol problems on the border.

## ARTICLE INFO

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## ABSTRACT

The predominately Hispanic U.S.–Mexico border population is at an elevated risk for drinking and associated problems due to the area's low SES, poor services infrastructure, and drug-related violence. Among Mexican American residents, recent studies suggest this risk is particularly pronounced among younger age groups, and a key characteristic of this elevated risk involves crossing the border to drink in Mexico (where the legal drinking age is 18). However, few studies have compared the drinking behavior of U.S. residents who consume alcohol on the Mexico side of the border with those who do not. We address this gap in the present study. A multistage household probability sample of 1307 Mexican American border residents was interviewed about their drinking and associated problems over the past year. The survey response rate was 67%. Among current drinkers who reported going to Mexico in the past 12 months ( $N = 468$ ), 36.1% reported consuming alcohol in Mexico. Those who drank in Mexico reported significantly more drinks per week (12.8 versus 8.7,  $p < .05$ ), were more likely to have bingeed (58.3% versus 35.4%,  $p < .001$ ), and were more likely to report one or more alcohol problem (35.5% versus 19.5%,  $p < .01$ ) than those who did not drink in Mexico. Among those who drank in Mexico, men reported significantly more drinks per day while in Mexico than women (6.2 versus 4.0,  $p < .001$ ). Male gender and lower income were significant predictors of drinking in Mexico. These findings suggest that drinking in Mexico contributes to the heightened risk for drinking and associated problems seen in previous research among Mexican Americans living on the U.S.–Mexico border.

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## 1. Introduction

The U.S.–Mexico border is 1969 miles long and spans a region that includes 24 U.S. counties in the four U.S. states of Texas, New Mexico, Arizona, and California. About 7.3 million people live in these 24 counties, of which nearly four million are Hispanic and mostly of Mexican origin (U.S. Census Bureau, 2010). This population lives in close contact with Mexican culture. In 2010, there were about 39.9 million pedestrian crossings in the main ports of entry along the border, suggesting substantial population contact across the U.S. and Mexico (U.S. Department of Transportation, 2011).

There are several characteristics of the U.S.–Mexico border area that are important to consider when thinking about alcohol use by residents

there: poverty, health problems, drug trafficking and its associated violence, and the increased availability of alcohol in Mexico, where the legal drinking age is 18. The findings of previous alcohol research should also be considered. Each of these areas is briefly discussed below.

The border is an area characterized by poverty, under education, and lower than average health indices. Five of the seven poorest Metropolitan Statistical Areas in the U.S. are in the border region. In addition to high poverty rates, border residents also have low levels of education and high unemployment rates (Gerber, 2009; Soden, 2006). The border also has a higher death rate from chronic liver cirrhosis and diabetes mellitus than non-border areas in the Southwestern states of the U.S. (Texas Comptroller of Public Accounts, 2003). The prevalence rates for hepatitis A and tuberculosis are approximately two times higher than national rates (CDC, 2008a, 2008b; PAHO, 2007).

The border area is also affected by intense illegal drug trafficking. In 1990, the Office of National Drug Control Policy (ONDCP) designated the border, encompassing border locations in California, Arizona, New

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Mexico, and Texas, as one of 28 High Intensity Drug Trafficking Areas (HIDTA) in the U.S. (Office of National Drug Control Policy, 2011). Because of this drug traffic, the border is also well known for its high rate of violence. Although this violence has happened mostly in Mexico, it affects those living on the U.S. side of the border because of their familial, friendship, and economic ties with the population on the Mexico side. Finally, there is easy access to prescription drugs on the Mexican side of the border (Valdez & Sifaneck, 1997) and there is excessive tobacco and alcohol advertising in the area (Power, 1998).

The epidemiological picture that can be drawn from studies of drinking on the border is complex, with variation in drinking levels and problem prevalence dependent on sociodemographic factors. First, some studies suggest that heavier drinking and associated problems are more prevalent along the border (e.g., Caetano, Ramisetty-Mikler, Wallisch, McGrath, & Spence, 2008; Caetano, Vaeth, Mills, & Rodriguez, 2012; Harrison & Kennedy, 1996; Holck, Warren, Smith, & Rochat, 1984; Wallisch, 1998; Wallisch & Spence, 2006) than in non-border populations. For instance, the 12-month rate of binge drinking once a month or more among Hispanic men on the border was 36%, compared to 6–7% among Hispanics outside the border (Caetano et al., 2008; Grant et al., 2004). Alcohol dependence (12-month rate) was also more prevalent among Hispanic men on the border (14.5%) than among Hispanic men nationally (5.9%). However, alcohol abuse (12-month rate) was 6.2% among Hispanic men nationally and 6.9% among men on the border (Caetano et al., 2008; Grant et al., 2004).

Previous analyses of the data set analyzed herein, comparing Mexican Americans on the border with those living in non-border areas (mostly Houston, Texas and Los Angeles, California), confirm some of these differences between border and non-border samples. For example, although men and women on the border report a higher volume of weekly alcohol consumption than men and women off the border, rates of drinking, binge drinking, alcohol abuse and dependence, and social consequences of drinking are comparable for both genders (Caetano, Mills, & Vaeth, 2012; Caetano et al., 2012; Vaeth, Caetano, Mills, & Rodriguez, 2012). However, these overall rates mask some important differences between border and non-border Mexican Americans in the 18–29 age group. Among 18–29 year old men, past-year rates of any binge drinking on and off the border are 48% and 36%, respectively. Among 18–29 year old women, rates of any binge drinking on and off the border are 26% and 14%, respectively (Caetano et al., 2012). Similarly, 12-month rates of alcohol abuse and dependence among men on the border (9% and 24%) are higher than among men off the border (5% and 19%) (Caetano et al., 2012). Regarding alcohol-related social problems (e.g., belligerence, job problems, family problems), 12-month rates for one or more problems are also higher for men on the border (34%) than for men off the border (29%), and for women on the border (15%) compared to women off the border (5%) (Vaeth et al., 2012). Thus, drinking by Mexican Americans in their twenties on the border is certainly heavier than drinking by their counterparts in non-border areas, which also leads to higher rates of associated problems.

The most likely reason for this increased drinking among 18–29 year olds on the border is proximity to Mexico and the lower drinking age in that country. Further, drinking in Mexico, compared to drinking in the U.S., is associated with infrequent drinking of larger amounts of alcohol per occasion, i.e., infrequent binge drinking. Thus, young adults crossing into Mexico find an environment where drinking is highly available and binge drinking is acceptable. For instance, Lange and Voas (2000) reported that 70% of pedestrians and 40% of drivers returning to the U.S. from Tijuana between 11 pm and 4 am were 18–25 years of age. Among 18–20 year olds and 21–25 year olds, 31% and 37% of the pedestrians and 6% and 12% of drivers in the respective age groups had a BAC (blood alcohol content) higher than .08. In a phone survey of San Diego residents, Lange, Voas, and Johnson (2002) found that 56% of 18–20 year old and 38% of 21–30 year old males reported visiting bars in Tijuana to drink in the past year. Border crossing was associated with

being Hispanic, reporting binge drinking in the last four weeks, and reporting driving after drinking too much. In addition, those in these younger age groups reported that important reasons for drinking in Mexico were the lower price of alcohol and the easy ability to get drunk. Mumford, Gitchell, Kelley-Baker, and Romano (2011) also reported high rates of past-month alcohol use and binge drinking in a sample of 18–25 year olds crossing into Tijuana. Prevention interventions on both sides of the border such as earlier closing hours for bars in Ciudad Juarez (across from El Paso), drunk driving prevention efforts in San Diego, and an effort to decrease border crossing by Marines also in San Diego (Voas, Johnson & Lange, 2002; Voas, Lange & Johnson, 2002; Voas, Romano, Kelley-Baker & Tippetts, 2006; Voas, Tippetts, Johnson, Lange & Baker, 2002) have been implemented to address the problem raised by youth crossing into Mexico to drink.

With this as a background, the present study compares average number of drinks consumed, frequency of binge drinking, social problems, and alcohol abuse and dependence rates among border Mexican Americans who reported drinking in Mexico in the past 12 months with those who did not report such drinking. Places of drinking in Mexico as well as drinking companions are also reported. Given the results of previous papers in the literature, the hypothesis was that respondents reporting drinking in Mexico would drink and binge more, report more alcohol-related social problems, have higher rates of alcohol abuse and dependence, and would be younger than those who did not report drinking in Mexico.

## 2. Material and methods

Interviews were conducted among 1307 self-identified Mexican Americans in the U.S.–Mexico border counties of California (Imperial County: N = 365), Arizona (Cochise, Santa Cruz, and Yuma Counties: N = 173), New Mexico (Dona Ana County: N = 65), and Texas (Cameron, El Paso, Hidalgo and Webb Counties: N = 704) between March 2009 and July 2010. About 55% of the border interviews were conducted in Spanish. The border survey utilized a multistage cluster sampling methodology. The weighted survey response rate was 67%. Unless otherwise noted, the sample was restricted to current drinkers, defined as all individuals who reported drinking at least one drink of an alcoholic beverage (wine, beer, liquor) in the 12 months prior to the survey interview (N = 691).

The questionnaire was pre-tested in English, then translated into Spanish, and then translated back to English. Trained bilingual interviewers conducted Computer Assisted Personal Interviews in respondents' homes that lasted about one hour.

### 2.1. Measures

#### 2.1.1. Average number of drinks per week (past 12 months)

Respondents were provided with explicit examples of what was meant by a standard drink of wine, beer, and liquor (e.g., “a 12 ounce can of beer,” “a mixed drinking containing one shot of liquor”). Average weekly alcohol consumption based on the self-reported frequency and quantity (in standard drinks) of drinking any type of alcohol was estimated using the “graduated frequencies” method (Clark & Hilton, 1991). For a more detailed description of the graduated frequencies approach to measurement, see Greenfield and Kerr (2008).

#### 2.1.2. Binge drinking

This was defined as drinking four (women) or five (men) standard drinks within a two-hour period, with categories 1) did not binge in the past 12 months, 2) binged between one and 11 times in the past 12 months, and 3) binged once a month or more.

#### 2.1.3. Drinking in Mexico

Respondents who reported crossing the border to Mexico were first asked, “On how many of these days did you have at least one drink of

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