

### **April 2013**

Emergence and Diffusion of Crack Use in Mexico City: An International Collaboration by Dr. Alice Cepeda



The smoking of crack is a recent emerging phenomenon in Mexico City, the capital of Mexico. This metropolitan area of over 21 million people is one of the most densely populated urban areas in the world. According to the most recent Encuesta Nacional de Adicciones (National Survey of Addictions), this city had a higher drug prevalence rate (7.8%) than Mexico's national average (5.7%). Findings from the survey document significant increases in crack use in Mexico City, a drug highly associated with HIV and other health risk related behaviors. Data on treatment admissions indicate that in Mexico City crack admissions increased from 8% in 2003 to approximately 40% in 2007. However, limited information is available on how the practice of smoking crack has emerged and spread among local drug-using subpopulations.

As part of a NIDA funded International Research Collaboration on Drug Abuse and Addiction Research (7R21DA031376), several NHSN members have teamed up to conduct a social epidemiological study. Using specific analytical

constructs from the Diffusion of Innovation Theory the study is examining the emergence, adoption, transmission and maintenance of crack use practices and related high risk sexual and drug using behaviors among adults in Mexico City. The research team consists of Dr. Avelardo Valdez (Principal Investigator) and Dr. Alice Cepeda (Co-Investigator) from University of Southern California in collaboration Guillermina Natera-Rey Investigator) from the Instituto Nacional de Psiguiatría Ramón de la Fuente Muñiz (INPRFM). The team's research consultant is Dr. Bryan Page from the University of Miami.

During the past two years, the investigators, along with a team of four field outreach have been identifying specialists, interviewing 150 male and female adult crack users recruited in designated delegaciónes (similar to boroughs) in Mexico City. Using an ethnographic approach, the team is using an adaptive sampling methodology that combines elements of field- intensive outreach, rapid assessment and targeted respondent-driven sampling. Valdez states, "Currently, we lack precise information on such things as the reasons for and circumstances in which individuals start to use crack, the influence of existing drug networks, and the social and cultural context in the transfer of practices."

One of the objectives of this NIDA international collaboration mechanism is to strengthen the capacity of our collaborating partners in conducting drug abuse research. As such, capacity-building activities have revolved around the training of staff in identifying, recruiting and interviewing street-based drug users who may go undetected in existing surveillance surveys currently being conducted by our collaborators in Mexico. This collaboration has also served as a mentoring/training opportunity for the outreach staff. The field project director is Jose Alberto Jimenez Tapia, an early career international NHSN member and former SRTI

fellow. The three remaining staff are master's level graduate students (Jobsban Ramirez, Mario Dominguez, Eduardo Zafra Mora) from the ENAH (Escuela Nacional de Antropología e Historia).

After an extensive training at the initiation of the study, the implementation of proper fieldwork, human subject and safety protocols, and an extensive cross-site coordination plan, the research team is in the process of successfully completing the data collection phase of the study. Preliminary findings indicate that the diffusion of crack may be attributed to such macro-level factors as migration (population movements) and existing interdiction efforts that have created a subculture that is sustained by an easily accessible street-level crack market. Moreover, a wide array of unsafe smoking practices and paraphernalia ranging largely from makeshift items (i.e. soda cans, glass droppers, TV or car antennas, etc.) to storebought pipes have been reported and observed among existing networks. Finally, new variations of patterns of controlled crack use have been documented among a subpopulation of users. This finding is contrary to existing literature in the U.S. and is further being explored with the existing data that is emerging from this study. The social and health risks associated with the emergence and spread of a crack epidemic could have major public health consequences with binational implications for Mexico and the U.S.

In closing, this research team is a model example of how the NHSN has facilitated setting the groundwork for establishing international research collaborations that will make significant advances in the field of drug abuse research.

## Interdisciplinary Research Training Institute Corner: Introducing New IRTI Fellows and Catching up with Former SRTI/IRTI Fellows

The Interdisciplinary Research Training Institute (IRTI, previously Summer Research Training Institute (SRTI)) promotes the development of pre-doctoral, post-doctoral and early career scientists interested in conducting research on drug abuse among Hispanics. While drug abuse in the United States continues to have a disproportionate impact on ethnic minorities, particularly Hispanics, the number of researchers studying the problem remains relatively small. Moreover, few training and research centers exist that focus on current drug abuse issues among Hispanic populations. There is a need to train researchers to develop a broad-based set of scientific knowledge and research skills that will equip them to conduct interdisciplinary drug abuse research.

IRTI is funded by the National Institute on Drug Abuse (NIDA) and provides three core activities to research fellows: training, mentoring and networking. The aim is to ensure an infrastructure of constant support for fellows to conduct, present, publish and acquire funding for National Institutes of Health (NIH) research. The institute conducts an intensive interdisciplinary summer training program along with a formal mentorship process. To date, a total of 11 cohorts have completed the IRTI summer training program.

To demonstrate how the IRTI has facilitated career development, two accomplished former fellows, Joanna Almeida (10th IRTI cohort) and David Córdova (8th SRTI cohort), share their experiences with the program and the impacts it has had on their academic careers.

At what stage in your career were you at when you became an IRTI fellow?

Joanna: I entered the IRI program while I was doing a post-doctoral fellowship at the Institute on Urban Health Research at Northeastern, under the mentorship of Hortensia Amaro. Dr. Amaro recommended that I apply to the program.

**David:** I was a doctoral student at Michigan State University, Department of Human Development and Family Studies, and working on my dissertation research.

## How did the IRTI experience support you at that career stage?

Joanna: I was just beginning to write an R03 grant looking at risk and protective factors at multiple levels for substance use among Boston youth. The folks at IRTI and in the NHSN network gave me excellent feedback on drafts of the grant.

**David:** The SRTI experience supported me in numerous ways.

First, I was able to present my dissertation proposal and receive feedback, not only from other fellows, but also from more senior researchers, including Avelardo (Lalo) Valdez, Alice Cepeda, Charlie Kaplan, Brian Page, and Alberto Mata (my apologies if I've forgotten anyone else). The SRTI provided a safe context for me to present my ideas, receive feedback and revise my proposed research. I went on to successfully defend my dissertation research, presented this study as part of the NHSN New Investigator's Panel, and a manuscript has been accepted for publication and a second manuscript received an invitation to revise and resubmit.

Second, the SRTI experience provided networking opportunities with both junior and senior scientists. To this day, I still keep in touch with the majority.

Third, the SRTI helped to demystify many aspects of the research process, including at that time finishing my dissertation. It's the little

things, like having the opportunity to sit and have lunch with senior scientists whose work you read and see cited so many times, that seem to have the biggest impact.

Fourth, being exposed to various methodologies and analytic approaches from various experts. Prior to that experience, my methodological training particularly as it relates to Hispanic drug abuse had been limited. By all means is not an exhaustive list, but these are just some of the ways in which the SRTI experience supported me at the predoctoral stage.

### Where are you now in your career?

Joanna: I started a tenure track assistant professor position at Simmons School of Social Work in July 2012, and couldn't be happier with my decision to join the faculty. I am currently a co-investigator on an NIAAA- funded R01 which is testing a culturally adapted version of a motivational interviewing-based intervention to reduce hazardous drinking in Latinos. The Principal Investigator (Dr. Christina Lee) and another Co-Investigator (Dr. Dharma Cortes) are both NHSN members.

**David:** I recently completed a NIDA-funded postdoc training at the University of Miami Miller School of Medicine and I am now a tenure-track Assistant Professor at the University of Michigan School of Social Work. I was awarded an early career award from the Centers for Disease Control and Prevention to develop and test the efficacy of an internet-based family intervention to prevent and reduce drug abuse and risky sex behaviors in Hispanic youth. I also am a recipient of the NIH Loan Repayment Program.

## How did IRTI help you get to where you are today?

**Joanna:** My interest in Latinos, immigrants and substance use was of particular interest to Simmons School of Social Work. Having completed the fellowship and being connected

to nationally known experts in the field of substance use was certainly a selling point.

**David:** The SRTI played a significant role in helping me get to where I am today. The SRTI helped build a strong foundation to ensure a positive career trajectory in Hispanic drug abuse. For example, the SRTI provided me with mentoring and training to help me move forward my program of research and work toward becoming an independent investigator.

Additionally, I have and continue to reach out to SRTI senior scientists for letters of recommendation and examples of successful applications. This in turn has, for example, led to the NIH Loan Repayment Program.

Furthermore, I've developed collaborations with fellows from my cohort. Most recently, I submitted an internal grant for a pilot study in collaboration with another SRTI fellow, who happens to also be at the University of Michigan, and it appears it will be funded. The SRTI, therefore, has helped and continues to help me get to where I am today.

#### What is your favorite IRTI memory?

**Joanna:** Eating excellent Mexican food in Houston with my wonderful IRTI fellows.

**David:** Wow, this is difficult. There are so many wonderful memories, from hearing Brian Page sing and Mata's jokes to holding a brain and learning a new methodology. But perhaps my favorite SRTI memory is the personal and professional friendships and networking that took place, both through the didactic learning in the classroom, talking to my roommate in our shared hotel room, and down time at a restaurant once the day ended.

## What would you say to others who might be considering participating in the IRTI?

**Joanna:** It is an excellent opportunity to learn about substance use from national experts, and specifically this public health problem among

Latinos. The IRTI presents substance use from prevention to treatment and micro to macro issues. You will leave with a great fundamental knowledge of how substance use affects Latinos, and what is being done to address it.

**David:** It's a wonderful experience that can open up many doors of opportunity. Absolutely you should participate.

## Is there anything else you'd like to share about your IRTI experience?

Joanna: The mentorship you receive and connections you make during the fellowship is critical to career development. My mentor, Dr. Charlie Kaplan, was excellent in helping me reach the career goals I set for myself during the fellowship.

**David:** I just want to thank from the bottom of my heart the SRTI scientists, fellows and support staff. The SRTI has had a huge impact on my career trajectory in Hispanic drug abuse.

As evidenced by the narratives of Joanna and David, the IRTI/SRTI can have profound impacts on junior scholars' career trajectories by providing training, mentorship and networking opportunities.

Recently, the members of the 12th cohort were selected. The 12th cohort will attend the summer training program from June 5-15 at the University of South California. Please join us in congratulating them! They are:

Alice Hernandez (University of Texas at El Paso), Michaeline Jensen (Arizona State University), Christopher Salas-Wright (Brown University), David Cordova (University of Michigan), Catalina Lopez-Quintero (Michigan State University), Oralia Loza (University of Texas at El Paso), Mabel Terminel (University of Texas at El Paso), Christine Spadola (Florida International University), Rafael Perez Figueroa (New York University), Argentina Servin (University of California San Diego), Karina Gattamorta (University of Miami) and Alejandro Gonzales

(Medical University of Havana).

These 12 individuals are joining an esteemed group of early career scientists who have had the privilege of participating in the IRTI/SRTI. We look forward to their many accomplishments!

### **Members in the Spolight**

**Dr. Patricia Kissinger** has recently published an article in AIDS and Behavior and another in the Journal of Immigrant and Minority Health.

Mills, J., Burton, N., Schmidt, N., Salinas, O., Hembling, J., Aran, A., et al. (2012). Sex and drug risk behavior pre- and post-emigration among latino migrant men in Post-Hurricane Katrina New Orleans. J Immigr Minor Health.,1557-1920.

Althoff, M. D., Anderson-Smits, C., Kovacs, S., Salinas, O., Hembling, J., Schmidt, N., & Kissinger, P. (2012). Patterns and Predictors of Multiple Sexual Partnerships Among Newly Arrived Latino Migrant Men. AIDS and Behavior, 1-10.

**Dr. Rosa Solorio**, Assistant Professor at the University of WA School of Public Health has received a NIH R34 award, entitled, "HIV Prevention Messages Targeting Latino MSM".

Dr. Solorio plans to translate previously developed messages into public service announcements (PSAs) and use these in a multicomponent mass media campaign that targets young Latino MSM, Spanish-speakers, ages 18-25. The campaign will focus on promoting sexual health and be positioned as an outreach intervention that promotes condom use and HIV testing in an accepting environment. Linkages to HIV testing sites and needed health and social support services will be provided. Co-Investigators include King Holmes, Chair of Global Health and Mark Forehand, UW Marketing expert.

**Dr. Robert Durán** has recently published an article in the Journal of Ethnicity in Criminal

Justice.

Durán, R. J., & Posadas, C. E. (2013). Disproportionate Minority Contact in the Land of Enchantment: Juvenile Justice Disparities as a Reflection of White-Over-Color Ascendancy. Journal of Ethnicity in Criminal Justice, 11(1-2), 93-111.

**Dr. Maria Tejada-Simon** has been selected as the winner of the 2013 University of Houston Early Faculty Award for Mentoring Undergraduate Research.

Dr. Tejada-Simon has also recently published an article in Genes, Brain and Behavior.

Butler, K.; Martinez, L. A.; Tejada-Simon, M.V. (2013). Impaired cognitive function and reduced anxiety-related behavior in a Promyelocytic Leukemia (PML) tumor suppressor protein-deficient mouse. Genes, Brain and Behavior, 12(2):189-202.

### **New Member Interviews**

Alex Piquero, PhD Research Scientist Member



Dr. Piquero is a Professor at the University of Texas at Dallas.

Why did you decide to join the NHSN?

I was excited about by being part of a large and active group of researchers interested in important Hispanic-related health and social science issues.

When and why did you become interested in

Hispanic health research?

Being Cuban, I have always been interested in Hispanic issues. As a criminologist, I have always been concerned about the lack of data among Hispanics.

Briefly describe your current line of research.

My current line of research focuses on longitudinal patterns of antisocial behavior as well as the various risk and protective factors that are associated with changes in antisocial behavior.

What is your ultimate dream in terms of your career? Have you already accomplished this?

I have had the fortune of being named Fellow of both of my professional organizations (American Society of Criminology and the Academy of Criminal Justice Sciences), and have received numerous teaching and service/mentoring awards. As for my ultimate dream, I really do not have one-largely because I live my dream every day of my life-being an academic.

What is the most important lesson you learned as a graduate student?

Write, read, write, read and when you think you have done it all, keep doing it some more.

What is the most important quality you look for in a mentor?

Unselfishness.

Where do you see yourself five years from now?

Doing precisely what I am doing now.

What is your cultural background and how did it influence your choice of career and/or research area?

It has made me more attuned to the lived experiences across cultures.

What advice would you give to a fellow graduate student on how to handle stress?

You have the privilege to wake up and read and

learn about the topic you chose. Not many people have that luxury.

What do you do for fun?

Workout, cook, crossword puzzles, watch tv and go to concerts.

Homero del Pino, Ph.D., M.A. Research Scientist Member

Dr. del Pino is an Assistant Professor in the Department of Psychiatry and Human Behavior at UCLA.

Why did you decide to join the NHSN?

I joined NHSN because I not only wanted to engage other Latino scientists, but also find mentorship. I have switched fields recently and so I need lots of guidance and support at this point, and NHSN seems like the perfect place to find it.

When and why did you become interested in Hispanic health research?

I've always been interested in all issues affecting our communities, but recently became especially interested in health disparities after I started working at a medical school. There's a lot of research on lack of access to healthcare and health disparities, but I became more and more interested in the strengths and resiliences of our communities and the protective role that families can play in our longterm health outcomes.

Briefly describe your current line of research.

I am interested in the role of family support for middle-aged and older gay Latino men. For Latinos, appealing to family values for health interventions has proven to be effective. However, many gay Latino men experience rejection or strained relationships with their families, so I'm interested in exploring how this impacts health and our capacity to develop family- based interventions.

What is your ultimate dream in terms of your career? Have you already accomplished this?

My ultimate dream for my career is to work at a health institute devoted to Latino Health Research and to develop family-based substance abuse prevention/intervention programs.

What is the most important quality you look for in a mentor?

The most important quality in a mentor is time: how much of their time is s/he willing to share with you? I imagine that mentoring takes up more time in the begging, the "take off" phase, and then requires less time once a mentor helps you get into "orbit."

Where do you see yourself five years from now?

Five years from now I expect to be in the process of completing a K-01 award and planning my first R01 project.

### A Note from the Co-Editors



Happy Spring to all NHSN members! In this issue of El Faro: La Voz de la Red, we are proud to highlight research efforts that are being conducted by NHSN members in Mexico. The feature article presents а NIDA-funded collaboration international research explores crack use in Mexico City. Dr. Avelardo Valdez from the University of Southern California (USC) serves as the Principal Investigator of this project along with his coinvestigators, Dr. Alice Cepeda at USC and Dr. Guillermina Natera-Ray from the Instituto Nacional de Psiguiatría Ramón de la Fuente Muñiz. In the International Front section, graduate student María de Lourdes Gutiérrez López and other researchers from the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz present epidemiological findings regarding methamphetamine use in Mexico. In recognition of our bilingual audience and membership, we present this article in both Spanish and English.

The NHSN is committed to supporting future collaborative international research efforts such as those presented in this issue. A newly established International Subcommittee is working to facilitate multidisciplinary and international collaborations among scientists involved in drug abuse research as it pertains to Hispanic populations. The subcommittee aims to foster networking and collegial exchange of ideas that will strengthen such research programs within the United States as well as in other countries.

Members of the International Subcommittee include Drs. Steve Gust, Sergio Aguilar-Gaxiola, María Elena Medina-Mora, Stephanie Strathdee, Antonio Cepeda-Benito, and Avelardo Valdez. This subcommittee is planning to sponsor a breakout session at the 2013 NHSN Annual Conference to raise awareness of international research conducted by NHSN members, promote opportunities for future collaborations, and provide a forum for discussing issues in conducting international research. encourage our domestic and international members who are interested in transnational collaborations to attend this workshop.

As always, we like to use this venue to highlight recent accomplishments of our members. In the Nuestra Voz section, Dr. Robert Durán details his development as a sociologist and scholaractivist. He briefly discusses his research with gang members, and those who are intrigued by his work are encouraged to obtain his recently published book titled Gang Life in Two Cities: An Insider's Journey. In the Interdisciplinary Research Training Institute Corner, Dr. Joanna

Almeida and Dr. David Córdova share their experiences as fellows of the Interdisciplinary Research Training Institute (IRTI), which is offered annually by the NHSN. Both have recently accepted tenure-track assistant professor positions. It should be noted that Dr. Durán also participated in the IRTI. The recently selected members of the 12th IRTI cohort are announced (and congratulated!) in the Interdisciplinary Research Training Institute Corner as well.

In every issue, we update the Members in the Spotlight and New Member Interviews sections. Our goal for the Members in the Spotlight section is to briefly note awards and honors received, and publications written, by our members. The New Member Interviews section allows us to introduce a few new NHSN members. We hope these sections allow you to establish collaborations, celebrate accomplishments, and extend your network.

We would like to thank everyone who took time to share their research and accomplishments with us. If you would like to contribute to a future issue, either with ideas or content, please do not hesitate to contact us. We hope you enjoy this issue, and we wish you all the best as the Spring semester of 2013 comes to an end.

Warm regards,

Meghan Garvey and Felisa Gonzales

#### **Nuestra Voz**



## "Utilizing Lived Experience and Research to Develop Effective Solutions - Gangs, Drugs, and Violence" by Dr. Robert Durán

I am an Associate Professor in the Department of Criminal Justice at New Mexico State University. I studied gangs in Ogden, Utah from 1995 to 2011 and in Denver, Colorado from 2001 to 2006. My first involvement was not as a researcher but rather as a gang associate and later as a gang member. I started college in 1995 and began learning how to collect information related to the social problems in my community. After earning an Associate's Degree and continuing my undergraduate education, I received an opportunity to work in the juvenile justice system to mentor youth for better alternatives. My biggest break occurred when I received acceptance to enter the doctoral program in sociology at the University of Colorado. I was pushed into a more intensive level of data collection and methodological rigor which included studying human behavior with structured interviews, semiparticipant observation and capturing information through census tract data, field notes, historical analysis, pictures, and tape-recordings.

In 2006 I moved to Las Cruces, New Mexico, which is 45 minutes from El Paso, Texas and Ciudad Juárez, Mexico. Originally, I moved here thinking I knew everything about gangs, but after attending a presentation in a small town in southern New Mexico during the fall of 2007 I realized more research was needed. In this setting it was not a white police officer denigrating gang members but rather a Hispanic male with a short haircut, wearing cholo clothing. He had several teenage gang members participate in the presentation. Despite my disagreement with the presentation, I have learned there are at least five reasons why gangs and gang activity are distinct along the U.S. and Mexico border. First, the militarization of the U.S.-Mexico border with various enforcement agencies, fences, and technology

created for detection and apprehension of anyone attempting to cross into the United States and heightened attention of individuals within 100 miles of the border. Second, the local barrios, rural colonias, and the State of New Mexico have concentrated poverty rates that are higher than many other regions in the country. Third, the city of El Paso is often considered an early influence for the pachuco or cholo style that has influenced the subculture of gangs. Fourth, the U.S. side of the border has some of the lowest levels of violence whereas some of the border towns in Mexico have some of the highest rates in the world. Finally, the corridor for trade between Mexico City and North America has existed along this route for nearly five hundred years.

My interest in understanding gangs and the social context for which they emerge continues to this day. Based on my research most gang members were born in the United States; however, difficulties have emerged for many youth who have moved to this country when they were children – the so-called "1.5 generation." In Denver, Colorado and Ogden, Utah some of the biggest feuds involved tensions between local gangs of U.S.-born youth with foreign-born youth or those youth who claimed gangs from other states, particularly southern California. Gangs along the border have been depicted in various ways: some report as pawns for the cartels others argue as independent groups. In the past five years, I have interviewed law enforcement officers, judges, juvenile probation officers, gang members and associates, and local community residents. During this time I have led five research teams on the topic of gangs through three upper- division classes and two graduate level courses. The first edition of the student findings was titled "Southern New Mexico/Texas Gang Update" and is available online through my department website. I am planning to write my second book on gangs covering the research that I have conducted along the U.S. and Mexico border. I am also working with several graduate assistants to self-publish the student findings in a second and third edition of the Gang Update.

The mentorship I received in graduate school and later though the Summer Research Institute with the Racial Democracy Crime and Justice Network (RDCJN) at The Ohio State University contributed to the development of my book Gang Life in Two Cities: An Insider's Journey, which was recently published by Columbia University Press. In this book, I create a countergang paradigm to the "gangs as criminals" viewpoint. This is accomplished by advancing the methodological study of gangs to include ethnography and comparison of different cities in the southwest. Moreover, I develop the perspective of racial oppression and how organizations during the civil rights movement provide insight into rechanneling gangs.

Alcohol and drug abuse have been important issues impacting the lives of barrio youth. My focus has primarily concentrated on preventing violence for which drugs and alcohol definitely play a role, as do other factors such as the availability of guns. In 2010, I published an article examining the role gangs play in the distribution of drugs in Colorado and Utah and I am currently planning to submit a grant with the National Institutes of Health (NIH) to study drug networks and gang participation along the U.S.-Mexico border. My research has always involved a scholar-activist approach built from my interest in Critical Race Theory, thus integrating this work with public health has felt like a natural fit.

I was first introduced to the Interdisciplinary Research Training Institute (IRTI) by Dr. Avelardo Valdez. I received encouragement from previous members who participated in the Summer Research Training Institute (SRTI) to apply including Drs. Cynthia Bejarano and Vera Lopez along with several doctoral students who I met while presenting at the Society for the Study of Social Problems. Since this time, I have become friends with previous members through professional conferences and by attending the National Hispanic Science Network (NHSN) conference. The IRTI has helped advance my career by providing colleagues and friends from disciplines such as epidemiology, global health, neuroscience, psychology, public health, and social work. It has pushed me to think of more ways to collaborate and study Latino drug abuse and distribution through the creation of an interdisciplinary team of researchers. My involvement in the IRTI has also encouraged me to learn more about available funding mechanisms through NIH. It is definitely exciting to think about future opportunities that may exist from my participation in this fellowship!

#### The International Front

# Who are the Methamphetamine Users in Mexico? by María de Lourdes Gutiérrez López

Drug use in Mexico has increased over time. The National Survey of Addictions (ENA, 2008) shows an increase in the prevalence of drug use (excluding alcohol and tobacco consumption) from 5% in 2002 to 5.7% in 2008. Men report higher drug use compared to women. However, women have a higher growth rate (1% in 2002 to 1.9% in 2008). When looking at age groups, the highest rate in the cumulative incidence of drug use (i.e., ever use) was among those between the ages of 18 and 34 years for both sexes. Considering annual prevalence rates and current use rates, the highest rate occurred among men aged 18 to 34 years, while the highest rate in women occurred among adolescents aged 12 to 17 years.

Table 1. Prevalence of Drug Use among the Population Aged 12 to 65 Years. Mexico, ENA 2008

		Ever	Last	Last
		Use	Year	Month
Í		%	Use	Use
			%	%
Total population	12-65 years	5.7	1.6	1.0
Males	12-17 years	3.7	2.1	1.1
	18-34 years	12.1	3.4	2.3
	35-65 years	8.6	1.7	1.2
	Total	9.1	2.5	1.7
Females	12-17 years	2.1	1.3	0.6
	18-34 years	3.3	1.0	0.4
	35-65 years	2.1	0.4	0.2
	Total	2.6	0.8	0.4

This essay will address methamphetamine use in Mexico. Although it is not the most widely used drug in the country, methamphetamines have become the drug of impact reported most often by those persons seeking treatment for the first time in those Mexican states that share a border with the US. Furthermore, use of this drug in Mexico coincides with use along the US border.

The results of these data, obtained from the 2008 National Survey of Addictions, heightened our interest in methamphetamine users in Mexico. The household survey, which is representative at the national and state levels, includes data from a sample of 51,227 people between the ages of 12 and 65.

The results highlighted that methamphetamines were the illegal drug with the largest increase since 2002 (0.1% in 2002 to 0.5% in 2008). The average age of first methamphetamine use is 19.1 years, which occurs later than the average age for first use of inhalants (16.4 years) and marijuana (17.9 years) but earlier than the average age for first use of cocaine (20.1 years). Individuals who used methamphetamines experienced more problems related to sexual

abuse, depressive symptoms, suicidal ideation, suicide attempts and increased antisocial behavior as compared with individuals who used other types of drugs. With regards to the social environment, we found that methamphetamine users reported a higher risk environment characterized by drugs sold in schools, threats with weapons, sexual abuse, violent attacks, and sales of drugs.

The implications of these results are far-reaching because they bring awareness to the complexity of this problem. This knowledge will lead to future research to enhance our understanding of methamphetamine use and can later assist in creating better strategies for prevention and care for an increasing phenomenon that is not only occurring in Mexico, but is also increasing worldwide (UNODC, 2010).

These types of problematic issues impact the health of individuals and have implications both domestically and internationally. Fortunately, there are spaces where these problematic issues can be expounded upon and which invite discussion from multi- and interdisciplinary perspectives.

Additionally, this approach paves the way for the creation of public policies that can take into account these changing patterns of drug use.

¿Quiénes son los Consumidores de Metanfetaminas en México? Escrito por María de Lourdes Gutiérrez López; Jorge Ameth Villatoro Velázquez; María Elena Medina-Mora Icaza; Midiam Moreno López; Michelle Bretón Cirett; Clara Fleiz Bautista; Filiberto I. Gaytán Flores; Tania Gabriela González Ortega

El consumo de drogas en México se ha ido incrementando con el paso del tiempo. La Encuesta Nacional de Adicciones (ENA, 2008) muestra un incremento en la prevalencia de consumo de drogas de un 5% observado en 2002 a un 5.7%, sin incluir el consumo de alcohol y tabaco. Los hombres son los que reportan un

mayor consumo en comparación con las mujeres, pero son ellas las que tienen un mayor índice de crecimiento (1% en 2002 a 1.9% en 2008). El mayor consumo de la incidencia acumulada de uso de drogas por grupos de edad, se ubica entre la población de 18 a 34 años en ambos sexos. Si se considera la prevalencia anual y el consumo actual, en el caso de los hombres el consumo más alto se presentó entre aquéllos de 18 a 34 años, pero en el caso de las mujeres el mayor índice de consumo se presentó en las adolescentes de 12 a 17 años.

En este trabajo se abordará el consumo de metanfetaminas en México, que si bien no es la droga de mayor consumo en el país, las metanfetaminas se han convertido en la droga de impacto reportada más a menudo en los sujetos que solicitan tratamiento por primera vez en los estados colindantes con Estados Unidos de Ámerica (SISVEA, 2009). Incluso el consumo de esta sustancia en la frontera del territorio nacional se colocó por encima del consumo en la frontera estadounidense.

Con estos datos puestos sobre la mesa es que surgió el interés sobre los usuarios de metanfetaminas en México, y para lo cual se hizo uso de la información obtenida de la Encuesta Nacional de Adicciones 2008, es un estudio de hogares con representatividad nacional y estatal, que obtuvo datos de una muestra de 51,227 personas, de edades entre los 12-65 años.

Dentro de los resultados que se encontraron, destaca que la metanfetamina es la droga ilegal con mayor incremento de consumo en comparación con el 2002 (0.1% en 2002 a 0.5% en 2008). El promedio de la edad de inicio del consumo de metanfetaminas es de 19.1 años, la cual se presenta después del consumo de inhalables (16.4 años) y mariguana (17.9 años) y antes que el consumo de cocaína (20.1 años). Las personas que consumieron metanfetaminas

presentaron una mayor problemática a diferencia de los usuarios de otras drogas en relación al abuso sexual, síntomas de depresión, ideación e intento suicida y mayor conducta antisocial. En cuanto al entorno social, se encontró que los consumidores de metanfetaminas reportan un entorno de mayor riesgo (se venden drogas en las escuelas, hay amenazas con armas, abusos sexuales, atacan con violencia y venta de drogas).

Las implicaciones que estos resultados arrojan son de gran alcance, ya que permiten conocer una parte de la complejidad de este problema y da pie a que en futuras investigaciones se siga profundizando sobre este consumo para contar con mejores estrategias de prevención y atención, ya que no solo este fenómeno se presenta en México, sino se ha venido incrementando a nivel mundial (UNODC, 2010).

Estos tipos de problemáticas impactan la salud de los individuos y tienen repercusiones tanto a nivel nacional como internacional. Afortunadamente, existen espacios donde se pueden exponer estas problemáticas que permiten abrir el paso para reflexionar sobre ellas desde una perspectiva multi e interdisciplinaria. Así también, esta estrategia permite la creación de políticas públicas que tomen en cuenta dichas vicisitudes.