

**HOW A COMMUNITY CLINIC HAS RESPONDED TO THE WAR ON DRUGS:  
AN ETHNOGRAPHIC STUDY**

by

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## THESIS ABSTRACT

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Master of Arts in Global Studies

Title: How a Community Clinic Has Responded to the War on Drugs: An Ethnographic Study

This thesis explores the profound social impacts that the War on Drugs in Mexico has had on women who use drugs and reside in the border town of Tijuana, Baja California. The War on Drugs was a failed policy initiated by Felipe Calderon, Mexican president from 2006 to 2012, which has led to an increase in violence, corruption, human rights violations, and marginalization of vulnerable communities. Nonetheless, Mexican president Andres Manuel Lopez Obrador (AMLO), who promised to dismantle the War on Drugs, has instead strengthened it. From the beginning of his presidency in 2018 until 2024, AMLO deployed the National Guard to combat the insecurity in Mexico. Also, AMLO decided not only to cut all funding to organizations but also not to support harm reduction measures. The lack of resources and funding has made it challenging for people who use drugs, especially women, to receive the needed support. Through the lens of the Social Ecological Model (SEM), this research aims to investigate the multifaceted effects of the War on Drugs on women who use drugs, emphasizing gender and drug use.

The project focuses on PrevenCasa, a non-profit community clinic in Tijuana. As well the study further examines the social and health outcomes of the harm reduction services provided by the clinic to women who use drugs. The research employs an ethnographic method, including observations and semi-structured interviews with focus group participants and staff members in the clinic. As well the thesis aims to understand what are the socio-effects of the services that PrevenCasa, a community health organization in the Zona Norte, has to offer to women who use drugs.

Findings from this study will contribute to a better understanding of the negative impact of harmful policies on marginalized communities, such as women who use drugs. As well the project will contribute to understanding the critical role that harm reduction can have in improving the health and well-being of women who use drugs.

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## CHAPTER I

### **Introduction**

The so-called "War on Drugs," implemented by Felipe Calderon's government, created more violence than before the reform took place. The implementation of this plan is aimed at imitating the one that was enforced in the United States. The War on Drugs in México has centered on extreme militarization, which has evoked human rights violations. Even after Calderon implemented the Narcomenudeo reform, which decriminalized certain drugs in small quantities, neither drug consumption nor production decreased. As a result, there was an increase in the spread of blood diseases among drug users and a high rate of mass incarceration. While President Felipe Calderon officially declared the War on Drugs in 2006 due to its proximity to the U.S., Mexico's policies have always been influenced by the United States. In 2008, Calderon decided to implement the Merida Initiative. This initiative was a cooperative agreement between the U.S. and Mexico to combat the threat of drug trafficking. Primarily, the initiative aimed to provide more equipment and assistance in training for the military and police to break up the drug cartels. However, these previous tactics to deter drug cartels have not been effective.

As of 2018, the president of Mexico from 2018 to 2024, Andres Manuel Lopez Obrador (AMLO), has continued the implementation of the War on Drugs as a security tactic to "combat" drug cartels. These failed policies have instead caused more damage. According to the Human Rights Watch (2011), the War on Drugs has spread numerous human rights abuses. Some of the violations that were determined in this report consisted of kidnapping, torture, homicides, and femicides (Human Rights Watch, 2011). The article recognizes that while drug cartels can cause some of these harms, it is also justice officials that are implicated in these violations through corruption. According to Human Rights Watch, from 2006 until 2012, the War on Drugs caused

the violent deaths of 60,000 people (Human Rights Watch, 2012). However, a part of the War on Drugs that has not often been talked about is how this war has affected the most vulnerable communities.

One of those most vulnerable communities is people who use drugs, especially those who identify as women. Andres Manuel Lopez Obrador has not only focused on deploying the National Guard to the streets to "protect" the community. However, AMLO has also focused on creating a national campaign that focuses on the dangers of consuming drugs. As a result, AMLO's policies have also focused on cutting any funding to non-profits, especially those that provide harm reduction services. As of March 2024, the United Nations Commission on Narcotic Drugs recognized and highlighted the importance that harm reduction measures play in the prevention of drug use and overdose (United Nations, 2024). The United Nations also recognizes that harm reduction is an important strategy to reduce and prevent the spread of communicable diseases such as HIV and Hep C (World Health Organization, 2022). Unfortunately, the current administration in Mexico has stated that harm reduction strategies, such as the use of naloxone to prevent an overdose, cause more harm by prolonging a person's pain (Dominguez, 2023). Since the arrival of fentanyl in Mexico in 2019, there has been a significant increase in overdose deaths. This situation has been exacerbated by the Mexican government's failure to provide essential resources such as naloxone. Needle exchange, naloxone to revert overdoses, and fentanyl testing kits are hard to obtain. Due to the global overdose epidemic, there has been a push for Safe Consumption Sites (SCS) as a harm reduction strategy to reduce and ultimately prevent sharing needles among users, rushed injections causing wound infection, and death-related overdoses. The first two unsanctioned SCS in Latin America are in Baja, California, one in Mexicali, and the other in Tijuana. Most importantly, the War on Drugs strategy has caused significant harm to people who

use drugs, particularly women, due to the intense stigmatization and gender-based violence they frequently endure.

While drug use occurs nationwide, Tijuana is a significant drug entry and exit point. Most importantly, Tijuana is a primary repatriation site for Mexican nationals and other migrant communities. An advocacy group for human rights in the Americas studied how many migrants were in Tijuana. They estimated that at least 300,00 individuals had migrated to or through Tijuana within the past year, which counted for at least 15 percent of Tijuana's population (2022, WOLA). Many individuals who have either been deported to Mexico or are stuck in Tijuana face a range of reintegration challenges, such as social isolation, homelessness, unemployment, discrimination, and drug dependency. Another study done in Tijuana discovered that following their U.S. deportation, migrant women were suffering from social and physical stressors due to the lack of community support, financial security, emotional distress, physical insecurity, drug abuse, and lack of access to health care services (Robertson et al., 2011). The same study also highlights the importance of allocating more resources to women who use drugs, acknowledging their increased vulnerability to experiencing higher levels of violence. For this reason, I focus on women who use drugs for this thesis, specifically those who reside in Tijuana, Baja California.

A non-profit community clinic in Tijuana, PrevenCasa, has been working with these marginalized populations. The clinic provides medical and behavioral services and harm reduction services such as needle exchange, fentanyl testing strips, and Narcan. Two years ago, they opened an unsanctioned Safe Consumption Site (SCS). I plan to focus my research on Tijuana, Baja California, at PREVENCASA.

### Purpose of the Study

The purpose of this project is to: 1) identify in which ways the War on Drugs policies have contributed to the marginalization of women who use drugs in Tijuana, Baja, California. The project also seeks to 2) understand what are the socio-effects that PrevenCasa creates based on the services it provides to women who use drugs. Lastly, the project also aims to 3) understand areas of growth for PrevenCasa and in their delivery of services for women who use drugs. Lastly, this project has used the 4) Social Ecological Model (SEM) framework to analyze the different levels that affect the well-being of women who use drugs.

This research uses the Social Ecological Model (SEM) framework. The SEM focuses on the different levels (individual, relationship, community, societal) that can affect health. This project will shed light on the barrier faced by migrant users in Tijuana and show the effect of harm reduction strategies to prevent overdoses or infectious diseases. In addition, a) it will help create program recommendations to improve the physical, social, and mental health of an underserved and overlooked community on the border; b) it will produce findings and recommendations that will help assess the harm reduction services that are provided at the community clinic PREVENCASA and make recommendations for improvement. As the primary researcher, I will hold weekly semi-structured focus groups with clients.

Community support, financial security, emotional distress, physical insecurity, drug abuse, and lack of access to health care services (Robertson et al., 2011). The same study also highlights the importance of allocating more resources to women who use drugs, acknowledging their increased vulnerability to experiencing higher levels of violence. For this reason, I focus on women who use drugs for this thesis, specifically those who reside in Tijuana, Baja California.



My thesis research questions aim to understand the social impacts that the War on Drugs has had on women who use drugs. I planned ethnographic research through observations and focus groups to explore these three research questions:

1. How have women who use drugs in Tijuana, Baja California, been marginalized by the War on Drugs?
2. What are the social impacts of PrevenCasa's services for women who use drugs?
3. What are the needs to better serve women who use drugs in Tijuana?

## CHAPTER II

### **Review of the Literature**

#### Social-Ecological Model

For this project, I am utilizing the Social-Ecological Model to analyze further how the War on Drugs and the Services that PrevenCasa offers have impacted women who use drugs in Tijuana, Baja California. This model focuses on health promotion while addressing individuals and their environments. This model conceptualizes that to change people, you should also change their environment and how they move around the world. From the social-ecological model, we can understand why migrants and deportees in México, especially in Tijuana, are highly susceptible to not only having their rights violated but also may be more susceptible to engaging in high-risk behaviors such as using drugs. From the previous points mentioned, utilizing this framework, we can understand why migrants and deportees at the border in Tijuana have a higher risk of suffering from depression, trauma, homelessness, lack of job opportunities, drug dependency, and discrimination. We can understand that specific policies in México and structural barriers affect their overall health. Indeed, much of the public health research regarding migrants and drug use understands that harm reduction interventions carry benefits such as decreasing overdoses and communicable diseases. However, beyond these clinical benefits, it is essential to understand why harm reduction works, what they create for individuals neglected by the governing body where they reside, and why community activists keep fighting to provide these services despite governmental support. Therefore, this research aims to utilize the social-ecological model to study why the harm reduction services provided in a clinic in Tijuana, despite their lack of government support, can still provide these essential services.

Meanwhile, in the article "Intersections between syndemic conditions and stages along the continuum of overdose risk among women who inject drugs in Mexicali, México" by Pablo Gonzalez-Nieto et al. (2023), the article talks about how women who use drugs and suffer a combination of violence, are at risk of overdosing. This is because women either do not access harm reduction resources, tend to overdose in places where no one can assist them, and their trauma may increase their drug use (Gonzalez-Nieto et al., 2023). In the article, Gonzalez-Nieto states that "experiencing multiple types of violence, specifically sexual violence, has been shown to amplify the risk of overdose in women" (Gonzalez-Nieto et al., p.120, 2023). However, I would argue that multiple levels of violence, at individual, interpersonal, organizational, societal, and institutional, contribute to poor health outcomes. These health outcomes are increased overdoses that lead to death, not aging because of early death, depression, and isolation. The SEM allows us to understand at how many levels women can experience, especially women who use drugs, experience various challenges in their daily lives. This framework highlights the necessity of better and much more supportive integrated care for women and demonstrates how violence impacts their livelihoods.

In the book "Pathologies of Power: Rethinking Health and Human Rights" by Paul Farmer (1999), he makes the important claim of rethinking health as a human right and to see it from a social and ecological standpoint. Similarly, to the social-ecological model, farmers understand that individuals will be mentally and physically healthy once they understand that health strategies should be addressed from an individual and environmental perspective. For example, in Tijuana, migrants cannot be truly healthy if they do not have access to medical services. However, most importantly, they cannot be healthy when the National Guard is persecuting them, meaning their

human rights are violated. Farmer also states that while human rights are universal, "the risk of having one's rights violated is not universal" (Farmer, 1999, p. 109).

In some sections of this literature review, it is highlighted that Mexican citizens are afraid of the new War on Drugs that AMLO has led in México. However, it is also highlighted that migrants and deportees have a higher chance of having their rights violated at different levels. As noted before, utilizing a social-ecological model, migrants and deportees in Tijuana have their rights violated through this depiction:

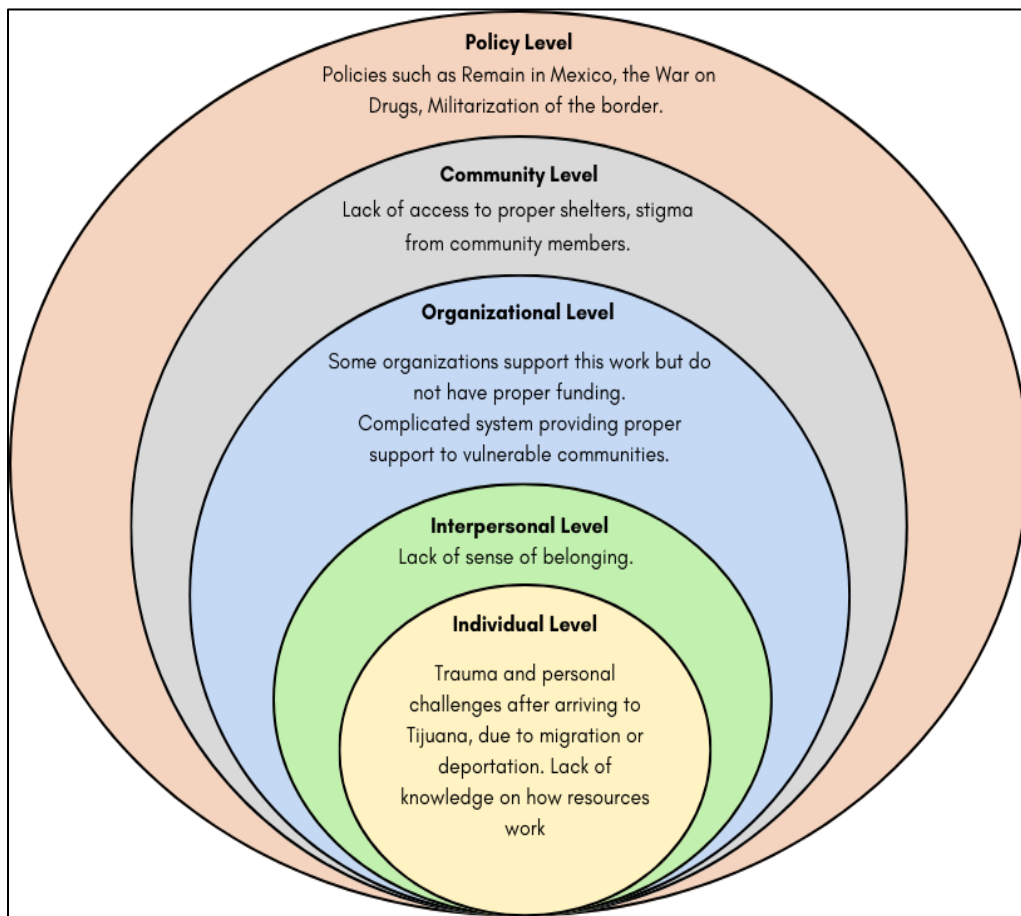


Figure 1. Socio Ecological Model Tijuana. Created by Carolina

This paper also highlights that when adopting public health strategies for marginalized communities, we can engage them in changing or adopting risky behaviors. Harm reduction

strategies function with marginalized communities in Tijuana because the individuals, interpersonal, organizational, and community are addressed within the small environment they tend to engage the most. For example, in Tijuana, PrevenCasa, while not being a governmental institution, has taken an essential role in ensuring health rights are achieved in one way or another. This local clinic has become the community in which migrants/deportees who use drugs most often interact. While AMLO policies will not change soon, perhaps communities, clinics, and providers can see the positive impact PrevenCasa has made in the Zona Norte in Tijuana. Access to health and harm reduction resources such as safe-consumption sites, needle exchange, and fentanyl testing strips should be seen as a fundamental human right.

### Mexico's Policies

#### *War on Drugs*

According to the organization "Security Assistance Monitor" (2007), the United States delivered about 1.4 billion dollars and allocated around 2.5 billion through the Merida Initiative. Most of the funding was directed towards security. After the adverse effects of the War on Drugs, in 2009, Felipe Calderon decided to pass a new drug policy called "Ley Narcomenudeo." This reform differed slightly from the previous stand on the War on Drugs. The Ley Narcomenudeo aimed to decriminalize the use of drugs in small quantities, decrease mass incarcerations due to drug possession, and provide medical rehabilitation for users. However, the main problem with this reform was that there was so much corruption in México that there was no funding for substance use disorder treatment centers. Also, both the federal police and the civilians had a lack of knowledge about what the law allowed. The reform only led to more significant mass incarceration and inefficient treatments, both rehab and medicinal, for drug users. Finally, it also led to an increase in blood illnesses such as HIV/AIDS and HCV due to the lack of resources such

as needle exchange for intravenous drug users. The current administration of Lopez Obrador has not decided to change this policy. Currently, AMLO has heightened the War on Drugs by sending the National Guard to "protect" civilians from drug cartels. However, these initiatives only caused more harm, especially in border towns like Tijuana. People were not only afraid of the drug cartels, but also there was fear of the legal power the military obtained.

The deployment of the Mexican National Guard to border towns was not only to discourage migrants from staying in México but to "combat" drug cartels. In the news article "The Cartels Flexed Their Power in Tijuana - and Now the Battle For Influence" by Wood et al. (2022), it is noted how, after August of 2022, AMLO decided to send more National Guards to Tijuana to fight drug cartels. The authors interviewed citizens and Mexican journalists who stated that they do not feel more secure with this new strategy. Instead, they feel this is the same strategy previous governments have taken, and now they fear the National Guard will violate their rights. While there is no public record by the government and the National Guard, Mexican journalists believe Baja California has more military personnel than other Mexican states (Wood et al., 2022).

Also, due to the increased presence of fentanyl in drugs, a synthetic opioid that is much stronger than heroin, AMLO has decided to launch a prohibitionist drug strategy. This "new" strategy imitates the DARE program adopted in the United States in the 90s. While police do not go to schools to teach children about the consequences of using drugs, much of his strategy focuses on teaching people, especially youth, to "Just Say No" to drugs. The government has launched a series of TV commercials that aim to depict what it looks like to use drugs. For example, the National Strategy for Drug Prevention Department in México launched a song that alludes to what it means to sell and consume drugs:

*“Escucha bien hermano, pues el negocio de la droga termina mal, esto siempre termina mal...Si fumas o lo inhalas, te estas muriendo vivo, te olvidas de tu apellido...piensa más en tu gente, o en tus amigos”*

*“Listen brother, this drug business ends badly, this always ends badly...If you smoke or inhale, you are dying alive, you forget your last name...think about your family, or friends...this always ends badly”.*

The Mexican government has launched a website called "México Sin Fentanilo" (México without Fentanyl). On this website, the main message they want to portray is that "Mexicans know how to say no to fentanyl". Meanwhile, another part of the new strategy is to have a special curriculum for elementary, middle schools, and high schools to teach children the dangers of using drugs. In one of the teaching videos, children are taught that they can die by only touching fentanyl. The video says phrases such as these ("México sin Fentanilo", 2022):

*“Comienzas a morir en cuanto pruebas fentanilo...Te lo pueden ofrecer, es pastillas, o aplicado en papel...también lo mezclan con gotas para los ojos o lo ponen en gomitas de dulce...Es tan adictivo, que es imposible dejarlo, por eso los traficantes lo agregan a otras drogas para engañarte. Cuando te ofrezcan cualquier droga, nunca aceptes. Si entra a tu cuerpo perderá interés en tus actividades diarias. Tus brazos, manos y cuerpo se irán deformando. Si te drogas, te dañas”.*

*“You start to die when you try fentanyl...They can offer it to you in pills, or on a laminated paper...They also mix it with eye drops o can put it on gummy bears...Is so addictive, that it is impossible to leave it, that's why drug traffickers add it to other drugs. when they offer you any type of drugs, don't accept it. If it enters your body you will lose interest in your daily activities. Your hands, arms and body will be deformed. If you consume drugs, you damage yourself”.*

The new War on Drugs claimed by AMLO has only focused on more militarization of the country and spreading fear and misinformation about the consequences of using drugs. This new prohibitionist strategy disregards the fact that some people will experiment with drugs. Instead, such policies should focus on a prevention and harm reduction lens.

### *Health Systems*

As stated previously, the president of Mexico, AMLO, from 2018 to 2024, has decided to defund the National Public Health System and any other organization that provides healthcare

services. He justified defunding public clinics, hospitals, and community health organizations. Stopping contracts with pharmaceutical companies was to end corruption. In the article "AMLO's México Leads to Drastic Cuts of Health System" by David Agren (2019), the writer explains the adverse effects of this strategy on México. Primarily, the writer comments that this cut in funding has caused many organizations that work on HIV prevention and care management to cut their staff and services in half. This means that individuals cannot access free HIV testing as before, and there is a lack of community support for HIV/AIDS-positive patients. The writer also states that due to his cut in contracts with pharmaceuticals, "shortage of antiretroviral drugs were reported in some states" (Agren, 2019, p. 2290). Instead, the government is seeking to purchase a cheaper antiretroviral regime that they claim to be as effective as others. However, from a clinical perspective, this creates the misconception that there is only one "formula" to treat HIV. This strategy focuses more on achieving a political agenda than on the community's health.

Meanwhile, another part of his strategy was to cut funding for community-based organizations or NGOs. It is important to note that in México, due to the government not having a well-designed centralized public health system, many of the prevention strategies towards drug use, HIV/AIDs, HCV, and other communicable diseases fell on community clinics. This can be observed in the clinic PrevenCasa in Tijuana, Baja California. For the past 12 years, this clinic has focused on providing medical care to migrants and deportees who cannot go to public hospitals due to not having a national identification to qualify for medical care. In addition to providing primary health services, the company has also focused on providing harm reduction services for drug users. These services have been essential for the communities who reside in the Zona Norte in Tijuana, one of the most impoverished areas of Tijuana. PrevenCasa is one of the organizations



whose funding has been cut. Due to this, the community clinic has recently started to depend on the continuation of their work, volunteers, and donations.

In the article by David Agren (2019), he interviewed a doctor who works in a public hospital in México City. In his interview, the doctor stated that excessive saving and controlling the health budget is inhumane. That control "skimps the poorest Mexicans' resources (Agren, 2019, p. 2290). In the case of Tijuana, Robertson et al. (2011) showed in their research the risks migrant men experience in Tijuana and their likelihood of acquiring HIV/AIDS due to riskier sexual practices and drug use. These health measures that AMLO has taken have led organizations like PrevenCasa to find their resources and funders to provide health services when the government is absent. For example, PrevenCasa receives harm reduction donations such as needles, fentanyl testing strips, Narcan, and medical equipment such as an ultrasound machine to keep providing essential community service. Because of the lack of proper response from the government to drug-related overdoses, this clinic started the first SCS in Tijuana. This will be the second unsanctioned SCS in Latin America since the second is in Mexicali, Baja California.

### *Harm Reduction*

This terminology has been around since the 1980s. Harm reduction focuses on creating interventions to reduce high-risk behaviors. In the book, "Harm Reduction: National and International Perspectives" (1999) by Inciardi and Harrison, the authors talk about the origins of harm reduction and its evolution. According to the authors, this approach began in the 1980s, especially in Australia, the United Kingdom, and the Netherlands (Inciardi & Harrison, 1999). The primary emergence of harm reduction was due to the HIV epidemic among people who use intravenous drugs. For example, at the time of the publication in 1999, the authors state that the United States had reported that 30% of their newly diagnosed HIV cases had a previous history of

injection drug use (Inciardi and Harrison). The harm reduction approach focused on adopting safer strategies, such as providing sterile needles so people would not share syringes. Andrew Ball (2007), a medical doctor who conducts research in global health, explains in his article “HIV, injecting drug use and harm reduction: A public health response” how harm reduction arose as a strategy to reduce HIV transmission. Since it was possible to acquire HIV through sharing needles, harm reduction sought to provide sterile syringes to individuals instead of telling them to stop injecting drugs to prevent HIV (Ball, 2007). In another qualitative study article, “Update on harm-reduction policy and intervention research” by Marlatt and Witkiewitz, harm reduction and addiction are compared to traffic lights. The writer states that “for other active users who are considering a change in their harmful habits, the choice appears to be a dichotomous one: abstain or keep using. It’s as though on their life journeys, users approach an intersection marked by a traffic light: either the light is red (stop using) or green (keep using) (Marlatt & Witkiewitz, 2010). But traffic lights also have a yellow light that signals the driver to slow down, take caution, and notice the potential harms associated with crossing that intersection” (Marlatt & Witkiewitz, 2010, p. 590). This analogy best describes how harm reduction strategies understand that users may change their behaviors but should meet at a middle point.

Throughout the years, harm reduction has begun to expand, and it now includes interventions such as naloxone and smoking pipe distribution, safe consumption sites, methadone, and buprenorphine treatment. However, harm reduction has also been now applied to a much broader range of public health issues, such as sexual health, tobacco use, and nutrition. Instead of criminalizing or shaming people for their health practices, harm reduction advocates for equitable access to health services and policies that reduce harm while respecting people’s autonomies.

While harm reduction has been adopted globally, some governments do not always support it. In México, the administration of President Andres Manuel Lopez Obrador has stated that these strategies prolong people's pain. Currently, there is a humanitarian crisis due to the lack of state and federal response to the rise in death-related overdoses among migrant communities in Tijuana. In México, many of the harm reduction services that are available in the United States, such as needle exchange, fentanyl testing strips, and Narcan, are not widely available. It is up to community organizations to come up with funding and ways to access those harm-reduction resources. Also, due to the rise in overdoses due to fentanyl, it is essential to implement a new strategy to prevent death-related overdoses. SCS serves as a safety net "clinic" that allows educating clients about the importance of not sharing needles, testing their drugs, and not using them alone. As a result, these SCS can help reduce death-related drug overdoses. Most importantly, if situated within a medical clinic, individuals can receive needed medical attention such as wound cleaning, syphilis treatment, HIV testing and referral, and Hep C treatment.

As mentioned before, most of the drug policies in Mexico and the United States have focused on criminalizing drug use. The reality is that people will not stop consuming substances and forbidding their use of them can only cause more harm. As a result, some organizations here in the United States and Mexico have opened SCS to prevent clients from sharing needles or overdosing. It is important to note that these sites are unsanctioned. For clarification, an unsanctioned SCS means that it operates without official approval from the government. One location is in the U.S. in New York City, while the other is in Mexicali, Baja California.

In the article "Behavior Change After Fentanyl Testing at a Safe Consumption Space" for Women in Northern Mexico by David Goodman et al., they talk about how this SCS was able to change behavior among women who use drugs. Their study focused on surveying 30 women who

came to inject at the SCS provided by the organization called Verter. In their survey, they wanted to understand “1) history of drug use; 2) substance use treatment experiences; 3) access to harm reduction services; 4) fentanyl knowledge and testing; 5) stigma, violence and access to health services” (Goodman et al., 2023, p. 3). After testing their drug, 15 women bought a drug contaminated with fentanyl. As a result, “7 out of those 15 subsequently used less of the intended substance, one did not use the intended dose, and 7 did not change their behavior” (Goodman et al., 2023, p. 3). Still, 7 out of the 15 women opted to consume; the other half did change their behavior (Goodman et al., 2023). By providing drug testing at the SCS, half of the people reduced their drug use. It encourages people to adopt positive prevention techniques.

This SCS also seeks to educate clients on healthcare prevention, such as mental health and communicable diseases. In this study, Goodman et al. also screened women for depression and sexually transmitted infections. As a result, they found that “over three-quarters (77%) of women screened positive for PTSD...One participant tested reactive for HIV, six tested reactive for syphilis, and 87% were HCV seropositive” (Goodman et al., 2023 p. 3). After these results, women were either referred to the general hospital in Mexicali to seek treatment for syphilis or Hep C. Unfortunately, the only service they are not referred to is for mental health care. However, the staff performing these tests for depression would explain to the participants what the results meant and what they could do as follow-up steps (Goodman et al., 2023).

In another research article, “Addressing the Nation’s Opioid Epidemic by Kral and Davidson (2017), they state that this SCS in NYC represents a “protected time and space for injecting; appropriate guidance and equipment to reduce harms; proper disposal of used equipment; and onsite or linkage to medical care substance use treatment, and social services” (Kral & Davidson, 2017, p. 920). This SCS acts as a safety net “clinic” for users who do not trust

other medical clinics since they can receive judgment from physicians. In this article, the authors state how this SCS has decreased the number of overdoses in this neighborhood in NYC. For example, according to Kral, in the two years this program has been open, “there has only been two overdoses, one overdose per 1,287” (Kral & Davidson, 2017, p. 922). This shows that people can test their drugs and make an informed decision about whether to consume and how much to consume. It also shows that in SCS, with the appropriate staff support, it is more likely for people not to overdose. Kral and Davidson mention that another benefit of SCS sites is the opportunity to offer education regarding how to “mitigate negative consequences of their drug use and allows for conversations related to entering substance use treatment programs” (Kral & Davidson, 2017, p. 920). This proves that SCS is a space to educate patients about positive health practices. Instead of condemning their drug use, this space helps the person to feel comfortable and perhaps feel more comfortable about entering a treatment center. Overall, Krall and Davidson claim that safe injection centers have more positive benefits than many of the prior drug policies that have been implemented in the United States.

### *Migration and Deportation*

Much has been said about the US stance on immigration; it is also essential to understand how the Mexican government has been a partaker. In the article "Biden's 'De-Trumpization of Migration Policy: The López Obrador Response" by Mónica Vereá (2023), the authors provide a timeline and explanation of the immigration reforms that took place during and after the Trump presidency. At the beginning of his presidency in 2018, President Lopez Obrador (AMLO) stated that any migrant passing through México was welcome. Vereá describes this as the "open-door policy" to give migrants work permits to make a living in México (2023). However, President Trump saw this as encouraging and easing migrant arrival at the port of entry to the US. Instead,

Trump expected AMLO to change this welcoming policy to one that is more aggressive. A prime motive for AMLO to agree was a political-economic one: to avoid a 5% increase in tariffs. Trump pressured México to accept the Migrant Protection Protocol (MPP) (Verea, 2023, p.30). The MPP, also known as Remain-in-México, aims to keep migrants seeking asylum, to remain in México, most often in the border towns, until they can get an immigration court date on the US side. The Human Rights Watch has also stated that this migration policy has caused migrants to "face risks of kidnapping, extortion, rape and other abuses in México" ("Mexico: Abuses Against Asylum Seekers at US Border, 2021).

While it is important to note that much of this collaboration with the US and México regarding their immigration policies came from political and economic pressure on México, AMLO enforced rough policies. For one, Verea states that México opted for a heavily militarized strategy, which meant deploying the National Guard to ports of entry, both to the US and México, to restrict migrants from entering (Verea, 2023). Humans Rights Watch stated that this migration policy has caused migrants to "face risks of kidnapping, extortion, rape and other abuses in México. Verea (2023) also noted in her article that "despite a lack of relevant training, the Mexican National Guard has taken on a significant role in immigration management...they target vulnerable migrants and asylum seekers, resulting in highly unsafe conditions with abuses and violation of human rights" (p. 32). President López Obrador, while we have pushed him to adopt harsh migration policies, has opted to militarize the Mexican borders heavily and refuses to provide a place for migrants to stay while waiting for their case to be heard.

#### Social Determinants of Health in Vulnerable Communities

In an article by Castaneda et al. (2015), "Immigration as a Social Determinant of Health," the authors highlight that broadening our understanding of how multiple variants can affect health

outcomes is essential. Castaneda et al. importantly state that immigration can be a social determinant of health since it can affect someone's health outcomes (2015). While this is not only due to the resources one can lack (such as health care coverage), but it can also only be due to trauma, stigma, lacking community, and structural barriers. The writers state that "being an immigrant limits behavioral choices and, indeed, often directly impacts and significantly alters the effects of another social positioning...because it places individuals in ambiguous and often hostile relationships to the state and its institutions, including health services" (Castaneda et al., 2015, p. 378). While the authors in this article focus on the instances of Latines in the United States, I compare this similarity to migrants and deportees in México. This is due to Tijuana being a primary repatriation site for Mexican nationals and other migrant communities. An advocacy group for human rights in the Americas studied how many migrants were in Tijuana. They estimated that at least 300,00 individuals had migrated to or through Tijuana within 2022, which counted for at least 15 percent of Tijuana's population (WOLA, 2022). Many individuals who have either been deported to Mexico or are in Tijuana waiting to gain asylum in the United States face a range of reintegration challenges, such as social isolation, homelessness, unemployment, discrimination, and drug dependency. A study done in Tijuana, México, focused on the correlation between injection drug users (IDUs) trying new drugs and increasing their risk of acquiring HIV following their deportation to México (Robertson et al., 2011). The researchers found that, indeed, after being deported, migrant individuals were not only trying new drugs but were suffering from social and physical stressors due to the lack of community support, financial security, emotional distress, physical insecurity, drug abuse, and lack of access to health care services (Robertson et al., 2011). Another exploratory qualitative study, done by Robertson et al. (2011) titled "Deportation experiences of women who inject drugs in Tijuana, Mexico," focuses on the relation of deportation

experiences among IDU women in Tijuana and found that women reported heightened stressors that affected their overall health and aim to stop using drugs (2011, Robertson et al.). From these articles and research, we can understand that immigration, as well as deportation, can be a social determinant of health.

### *Trauma*

While Castaneda et al. do not explicitly talk about deportation, they highlight how deportation can significantly impact social determinants of health. Specifically, deportation can cause severe trauma, not only by assuming individuals belong to the "home countries" they have been repatriated or deported to but also due to the multiple challenges they must face when arriving in a hostile and unknown location. In the book "Voices of the Border: Testimonios Migratorios" by Tobin Hansen et al. (2021), the authors provide testimonies highlighting the struggles after being deported. For example, the authors include a testimonial from Santiago in their book. This individual tells how he crossed the desert from Sonora to the US. Samuel was not only extorted by the cartel but witnessed a traumatic event when Immigration Enforcement started to shoot at them. Samuel also stated that the hardest was when he was detained. In his testimonio, he stated, "the toughest thing about detention is your self-esteem; they take you down to rock bottom...it is humiliating" (Hansen et al., 2021, p. 32). Later, Santiago also explains that after he was deported and immigration would not give him his things back, he became worried about being unable to eat if he could not access the food at the local migrant shelter in Sonora (Hansen et al., 2021). In another testimony by an individual named Ramon, he stated that after his deportation and being diagnosed with cancer, he could not get medical care in Sonora and could not let himself think about his current reality of being alone since it would make him depressed (Hansen et al., 2021).



Similarly, in the research article "Deportation Experiences of Women Who Inject Drugs in Tijuana, México" by Robertson et al. (2011), it was discovered that "nine women described feeling lonely and sad following their most recent deportation, often because they were separated from children and other family members in the United States and elsewhere in México. Several women discussed losing everything" (Robertson et al., 2011). In these testimonies and research articles, Hansen et al., Robertson et al., and Castaneda et al. highlight the trauma that immigration and deportation can cause to an individual. These are emotional distress health outcomes that can negatively impact someone's mental health.

### *Belonging*

Hansen et al. (2021) mention in their chapters "Wealth Inequality and Migration" and "Deported from Home," from his book, that there are assumptions that when people are being deported to México, they are being deported to their "homes." This is troublesome because individuals who have left their country for an extended period may not have a sense of belonging to their initial birth countries. For example, the assumption is that Mexican nationals who have lived in the US for an extended period still call home and have family ties in México. However, the reality is that many individuals left at a young age, and most of their upbringing was in the United States. Some individuals have formed family ties in the US after living there for more than ten years. Hansen states that "belonging has interpersonal, cultural, and linguistic dimensions and is tied to individual and collective memory... Deep social and cultural ties are interwoven over the long periods that people live in the country" (Hansen et al., 2021, p.144). With this, he states that someone belonging is formed throughout the years. In Robertson et al. research articles it is noted that female participants "lacking social networks in Tijuana described feelings of fear, isolation, disorientation with the neighborhoods or street culture of Tijuana and other border cities in which

they were released" (Robertson et al., 2011, p. 502). This lack of social network or belonging made participants feel stressed and depressed. Robertson et al. found that following their deportation, women who reported a high level of stress due to physical and social environments prevented women from decreasing their drug consumption and perhaps increasing it (2011). The lack of community is a common theme among deportees. For example, in the testimonios from Hansen's chapters, many of them alluded to not having family in México that could help them or that it is not easy to communicate with loved ones back in the US. Through these testimonies, we can observe how deportees who are sent "back" to México, lacking a tight connection to their initial homes, may find it extremely hard to cope with their current situation, which has a more significant impact on their overall health.

### Violence

#### *Violence: Structural Barriers and Vulnerability*

In the article "Structural Vulnerability and Health: Latino Migrant Laborers in the United States" by Quesada et al. (2012), the writers focus on explaining how migrants experience structural vulnerability and structural violence. The writers alluded to Galtung's definition of structural violence as "the structures set by institutions that can cause harm" (Quesada et al., 2012, p. 340). Galtung is specific that institutions exercise this violence, and while it cannot be tracked directly, it abstractly presents itself. For Castaneda et al. and Galtung, this violence and vulnerability can be observed in the lack of health care coverage for undocumented migrants. For Hansen et al., this violence can be observed at the moment individuals are deported and lack access not only to health but to community resources. For example, in Hansen's chapters, they shared the testimony from Ramon, who, while in the US, was diagnosed with cancer and cannot continue his medical treatment in México once he has been deported. In other testimonies, the man shared how

the immigration officers stole their money and lost their belongings. Therefore, when they were deported, they could not have access to health care services due to their lack of identification.

Another form in which migrants and deportees in México suffer from structural violence is through the handling of migrant centers. On March 27th, 2023, 40 migrants who were detained at a Mexican immigration center in Ciudad Juarez (a border town) were killed during a fire. In the New York Times article "As Migrants' Desperation Mounts at the Border, a Fire Kills Dozens" by Rocio Gallegos et al. (2023), the writers describe how 38 migrants died, while the other 28 migrants were injured in a fire. The article shows a harrowing video in which one can observe the security camera recording the voices of migrants pleading for help while the room is filled with smoke. Most shocking, the video also shows the security guards leaving the migrants inside while they exit. In this article, and in the many more that came after this horrendous situation, it was pointed out that the Mexican government initially justified their abandonment of migrants by saying that since they started the fire, they were at fault. Later, after two security guards were found guilty, they also found a migrant guilty of starting it and convicted for it (Rocio Gallegos et al., 2023).

In another news article by VICE News, "Migrants Died In Detention Fire Because They Couldn't Pay \$200 Bribe to Be Released" by Luis Chaparro (2023), it was noted that although it is unknown who started the fire, some of the migrants were affected by it because they could not leave the detention center after failing to pay a \$200 bribe. In the article, the writer noted that this center "operates as an 'extortion center' according to three survivors and two guards who spoke to VICE World News" (Chaparro, 2023). Meanwhile, in the border town of Mexicali, in February of this current year, a harm reduction organization, Verter AC, opened a civil case against the local government due to arbitrary arrests of migrants and unhoused individuals. The organization

recorded more than 600 arbitrary arrests from October 2019 to September 2020. A news article from a local newspaper in México noted that while there is not a current number, some individuals were taken to a treatment center against their own will instead of being taken to the local jail. In Ramon's testimony, he also shared that even though he had not done anything wrong, he was assaulted by the Mexican police (Hansen et al., 2022). In the testimonies from Hansen and in the news articles, there is the critical observation that migrants and deportees are affected in multiple forms and that the social, economic, cultural, and health are interconnected. Migrants suffer from structural violence by the migration centers they end up in México and by local policies that cause arbitrary arrests. However, migrants also face huge vulnerabilities by not having their rights violated. In the article by Quesada, the authors refer to structural vulnerability as a "more neutral and inclusive term ...to extend the economic, material, and political insights of structural violence to encompass more explicitly (and to project to a wider audience) not only political-economic but also cultural and idiosyncratic sources of physical and psychodynamic distress" (Quesada et al., 2011, p. 341). Using this focus, we can understand that a broader system can have an inherited impact on immigrants' lives. Hence, these testimonies and acts of human rights violation of migrants show us their vulnerability.

### *Gender-Based Violence*

Gender-based violence (GVB) refers to harmful actions that are directed towards an individual based on their gender. This violence is rooted in gender inequality, societal norms, and stigma. It is important to note that gender-based violence can be perpetuated through physical, emotional, economic, institutional, sexual, and psychological abuse. This type of violence is not linear and is often interconnected.

The United Nations passed in 1993 the Elimination of Violence Against Women. However, according to Wilson, while many countries decided to endorse this act, some governments were either not adequately equipped or were unwilling to take any action (Wilson, 2014, p. 3). While there was a global recognition that gender-based violence does occur, there were no actual actions taken. Violence against women can include structural violence and intimate violence. For example, México, a leading country in femicides, passed laws in 1996 that addressed domestic violence and femicide (Wilson, 2014, p.3). Unfortunately, still up to this day, there are no real consequences for when a woman or someone within the LGBTQ+ community is killed. According to an article by the Wilson Center, ten women are murdered every day in México (Wilson Center, 2023). As well, in 2022, approximately "3,754 women and girls were murdered...Of this total, only 947 were investigated as femicides. However, some civil organizations suggest that stated authorities classify femicides as homicides to lower the statistics" (Wilson Center, 2023). Besides not taking proper actions to prevent women from being killed, harassed, or disappeared, the Mexican government is also not reporting accurate numbers regarding gender-based violence.

While some cases are solved in México, the majority go unresolved. It is often that community members rally and demand justice for those who have disappeared. Moreover, through that community, families can find some relief. In the chapter "Violence Against Women in Latin America" by Tamar Wilson (2014), the writer describes how gender-based violence (GBV) has occurred throughout Latin America. Most importantly, the writer describes how community groups have worked towards dismantling those systems that create violence and oppression. For example, Wilson mentions that women in the Southern area of Oaxaca, indigenous women "have organized in reaction to the structural violence caused by neoliberal policies" (Wilson, 2014, p. 13). First, the writer identifies that institutions and policies can inflict violence. In this context,

neoliberal policies promoted by the Mexican government have oppressed women, particularly those of color, and created harmful situations. However, the group referenced by the writer has actively challenged these policies, refusing to conform to neoliberal ideals. It has pressured the government to take steps toward ensuring the livelihood of indigenous women in Oaxaca. It is crucial to note that it is not the government recognizing and taking direct action; instead, it is the women who have been directly impacted and have suffered violence who are driving the change (Wilson, 2014).

For example, in 2022, a young woman, Debanhi Escobar, went missing in Monterrey, Nuevo Leon. Debanhi's friends called her an Uber after attending a night party. According to the news in México, Debanhi had gotten into Uber and jumped out of the car after the driver harassed her. A video proved that Debanhi had been walking alone on the highway seeking help. In a moment of need, Debanhi entered a motel to ask for a phone so she could call her parents. Unfortunately, she was never able to do so. Up until now, it is unknown who killed Debanhi and what transpired throughout the night. Initially, she was declared as a missing person. The Mexican government tried to justify her disappearance by saying that it was a teenager who had run away from home. However, thanks to her family and other community organizations that advocate for gender-based violence, they started to demand justice. Due to the community labor that was done, the government was pressured to investigate the case. It took two weeks to find her body inside the cistern at the motel. In the beginning, the government stated that she had probably drowned and that this was not a femicide. However, after the forensic revision, it was determined that she had been suffocated prior to being dumped into the cistern. To this day, no one has been arrested for her disappearance. Unfortunately, Debanhi's case is not isolated. Women and LGBTQ+

communities suffer from GVB every day. Debanhi's story highlights the vulnerabilities that women face in México.

## CHAPTER III

### **Methods**

#### Locality

I, the principal investigator, have a personal connection with the community and the non-profit health clinic. In 2017, I volunteered with this non-profit clinic for two months. After that first visit, I have consistently traveled to Tijuana and volunteered with this clinic for one to two weeks. My volunteering involved assembling harm reduction kits and distributing them to clients and nearby neighborhoods. As such, I am known within the community and have an excellent professional relationship with staff members at this local non-profit clinic. I rely on these connections between staff members and clients to recruit people to participate in my study.

The non-profit clinic has been instrumental in creating an initial focus group to engage clients and gather feedback on the need for an unsanctioned safe-consumption site. While my research does not primarily focus on safe consumption sites, it does aim to understand the essential services within the clinic, why patients seek services in PrevenCasa, and the challenges faced by women who use drugs and live on the border. The insights from this research could enhance the clinic's services and bring about positive changes. The previous participants in the focus group are a valuable resource and could be recruited for this semi-structured group. I have completed all translations of the interviews and data gathered through the research, and I am optimistic about the potential impact of this study.

Overall, the clinic has nine paid staff members. PrevenCasa has numerous volunteers and interns, but this tends to fluctuate. Hence, the project aimed to interview 3 to 10 staff members. I aimed to recruit 10 to 30 participants for the four focus groups. The majority of PrevenCasa



clientele are individuals who self-identify as male, so recruiting 30 participants could be a challenge.

### Positionality Statement

As the principal investigator, I bring personal and professional connections to the community and the PrevenCasa organization. After completing my bachelor's degree from the University of Oregon, I began working at the local health department in Eugene, OR. I initially worked on the county's implementation of what is now known as OHP Plus. This work focused on providing medical coverage and primary care for children without legal status in the United States to reduce emergency room visits. After a year, I began working in the Communicable Disease department, where I focused on HIV and STI prevention.

In addition to my professional experience, I have a longstanding volunteer relationship with PrevenCasa. In 2017, I volunteered with this non-profit clinic for two months and have continued to do so during vacations and school breaks. I assemble harm reduction kits and distribute them to clients and nearby neighborhoods. This hands-on work has allowed me to build strong professional relationships with the staff and to be recognized within the community, strengthening our collective ability to make a difference.

My close ties to the community and PrevenCasa provide me with invaluable insights. However, these connections may influence my research perspective. I am committed to maintaining a reflexive approach throughout the research process to mitigate this. This will ensure that my interpretations are firmly rooted in the participants' experiences rather than my own preconceptions.

### Methods

In this research project, I used three qualitative methods. For the project, I conducted focus groups with clients, individual interviews with staff members, and participant observations, all of

which took place in 2023. Primarily, the project aimed to understand the lived experiences of women who use drugs in Tijuana. While it could be preferred to conduct personal interviews, staff at the clinic have had this tendency to burn out staff and clients due to the constant research projects they are constantly working on. Therefore, PrevenCasa's directors required a focus group to be conducted. As well this would serve as a continuation of the initial focus group they conducted before opening their safe consumption site for women who use drugs. Therefore, for this project, I conducted four focus groups. These four focus groups were designed to be semi-structured interviews. Primarily because this allows the interviewer to adapt the questions based on the direction in which the conversation is going. It also allows for more flexibility for participants to drop in and out during the discussion.

The project also involved interviewing staff members to understand the services they provide and the challenges they face due to the War on Drugs. Therefore, the project aimed to interview between 3 to 10 staff members. The methodological approach for the staff interviews was planned to be semi-structured. Primarily, I planned this because semi-structured interviews are typically open-ended and flexible. This allows the interviewee to express their thoughts, experiences, perceptions, and reactions without being constrained. I was also interested in understanding why staff members chose to work at PrevenCasa. After a few weeks of my arrival at PrevenCasa, a new group of medical interns arrived. A few interns had stated they wanted to change their placement at PrevenCasa. This is primarily because the Zona Norte is known to have a high crime rate. This is not an uncommon feeling. A volunteer nurse shared with me that when she was initially placed to do her internship at PrevenCasa, she was nervous about it. However, the nurse also mentioned that her internship there helped transform her negative perception of the Zona Norte neighborhood and motivated her to continue volunteering her time even after

completing her internship. Therefore, semi-structured interviews allowed me to understand the unique background of each interviewed staff member.

My project consisted of three phases: 1) community-based data collection, 1) thematic data analysis, 3) and a presentation to the community health clinic. *It is important to note that I decided to conduct focus groups rather than individual interviews because the patients who come to this clinic have commented how overwhelmed they are with ongoing projects that consist of interviews.* Hence, deciding to do the focus groups was a community-based data collection that sought to bring together a group of women who are drug users to share their lived experiences while also creating a safe space of support. My project consisted of three phases.

During Phase 1, following the approval of my IRB in mid-June, I relocated to Tijuana and began volunteering daily at the community health organization. This continued until early September 2023, allowing clients and staff to become familiar with me. At the beginning of my project, I had planned to hold four focus groups. The nine semi-structured focus group interviews were scheduled to cover the following topics: structural barriers to services (health, food, housing), lived experiences as drug users, critical successes and common challenges to harm reduction services, use of services at PrevenCasa, community support, and area of improvement. However, after my first couple of weeks volunteering at the clinic, it is evident that the situation of the War on Drugs in México was more complex than I began to recognize the overwhelming support needs of PrevenCasa. During weeks in Tijuana, I witnessed how staff members were responding to daily overdoses within the neighborhood. Therefore, I recognized that supporting in any way possible during my time there was significant. Hence, I focused on helping cover shifts during the needle exchange and street outreach and assisted during overdose responses. As a result of this delay, in mid-June, I started to conduct my ethnographic research and observe the everyday interactions in

the clinic and around the neighborhood. Part of my ethnographic research also consisted of assisting the needle exchange program, accompanying the nurse at the safe consumption site whenever a patient came to use it, doing street outreach, and accompanying the harm reduction team whenever they responded to overdoses. It is also important to note that I was to be accompanied by a staff member during every activity.

Therefore, I decided to conduct only four focus groups. This decision also allowed me to properly dedicate time to recruiting participants and not overwhelm the organization with help or assistance. The first focus group was planned to focus on lived experiences and structural barriers faced by women who use drugs. The second group continued with the structural obstacles, but we also discussed the services women seek when coming to PrevenCasa. During the third group, we continued to talk about the services provided by PrevenCasa and their importance amidst the criminalization of drug use. However, in this group, we also started to talk about the socio-effects that these services provide to women who use drugs. Lastly, the fourth group focused on talking about the current needs of women who use drugs and asking for other organizations that they may use. Each focus group was designed to last an hour and a half with a break in between. However, due to the depth in which participants were engaging, these groups often lasted an hour and forty-five minutes. Due to the delay in holding the first focus group, all groups were initiated at the beginning of August. These groups were conducted each Friday. On Thursdays, the outreach team would distribute harm reduction kits to clients and invite them to my focus group.

Participants were offered food as an incentive to participate in these groups. This was also a request from the staff at PrevenCasa. At the project's beginning, I considered offering a small monetary incentive. Still, staff members at PrevenCasa requested this not be done to avoid potential miscommunication or fights among patients. Therefore, it was agreed that food would

serve as a good incentive. However, to ensure this project had a community-based approach, I asked participants what type of food they wanted to have in the following groups after the first focus group. Most of the food that was bought for these groups was purchased from local businesses.

These interviews aimed to have participants that worked in different areas across the organization. The individual interviews aimed to cover topics regarding structural barriers that PrevenCasa faces, barriers to access services for women who use drugs, the motivation behind providing services and working there, and the socio-effects that the War on Drugs has had on their services. Due to the staff's limited time, three out of the five interviews I did were collected during my initial research phase.

For the second phase of the research project, from October to the beginning of December of 2023, I conducted part of my content analysis from my observation notes, three interviews, and four focus groups.

Using all the collected information, I identified themes through thematic coding. To begin my thematic analysis, I transcribed all staff interviews and focus group recordings and uploaded the transcriptions onto the program Dedoose. I then conducted an initial round of open coding, marking significant phrases, sentences, or paragraphs that seemed relevant to the three research questions. These codes were then grouped into three categories based on patterns or recurring ideas, which helped me identify broader subthemes. For instance, one of my main research questions was to understand the lived experiences of women who use drugs in Tijuana, Baja California. Also, during my interviews and focus groups, I asked participants to describe common challenges and experiences regarding women who use drugs. As a result, the more prominent theme consistent throughout the project was violence. However, three sub-themes arose from

within the overall central theme of violence. My second question explored the social impact of PrevenCasa's services on women. The interviews and focus groups also asked questions regarding the most essential services, what they represented for them, and the importance of prioritizing women in these services. As a result, the three themes that arose were safety, advocacy, and community. Lastly, my third question aimed to understand where the current needs to serve better women who use drugs. Throughout the study, participants mentioned five areas that are needed. However, most of the identified regions were within the organization and not outside of it. Throughout this process, I continually refined the themes by comparing them across different interviews to ensure they accurately reflected the participants' experiences and the overarching narrative of the data.

As well, I began compiling the number of total focus group participants. Meanwhile, during winter break, I returned to Tijuana to finalize the last round of interviews and observations. In December of 2023, I volunteered at PrevenCasa for two weeks. Throughout these two weeks, I was able to interview two more staff members and gather more observations. At the end of this phase, I could guarantee that I interviewed staff members from each section of PrevenCasa. Therefore, I interviewed medical, harm reduction, and administrative staff members.

During stage four of my research project, I dedicated myself to transcribing the rest of the staff interviews and my observations. I also continued to identify consistent themes throughout the focus groups and interviews.

All interviews and focus groups were recorded with the participant's permission, and I took handwritten notes to make additional observations. As mentioned, audio recordings were used to gather complete information and analyze critical themes. Due to the activism and current

controversy surrounding harm reduction strategies in Mexico, individuals were given pseudonyms. However, PrevenCasa has stated they want to be named.

### Research Population

My research is with self-identified females (migrant, in-transient, deported, or Mexican nationals) who use drugs and who have used at least one of the services provided by the non-profit organization PREVENCASA. Tijuana is an appropriate location for this research as it is estimated that at least 300,00 individuals had migrated to or through Tijuana within the past year, which counted for at least 15 percent of Tijuana's population (2022, WOLA). Due to the nature of the research, all the participants in these phases of this research – interview and focus groups – were over 18.

### *Focus Groups and Individual Interviews*

The participants for the focus groups and individual interviews were recruited based on my knowledge from volunteering and personal connections in the community, using a convenience sampling method, and done voluntarily.

The inclusion criterion for the focus groups was as follows: 1) a person who identifies as femme 2) must be accessing any of the harm reduction services at PREVENCASA (needle exchange, Narcan, testing strips, safe-consumption-overdose center, medical care, wound clinic, condoms, mental health care services, medical care), 3) they should identify as a person who has been deported from the United States (no matter nationality), migrant, or Mexican national, 4) participants must be native Spanish-speakers or highly proficient in the language, 5) most importantly, individuals in this study should self-identify as individuals who are currently using a substance, either injecting or smoking. No specific timeline of livelihood in Tijuana should be established since this study studies the social and physical effects of accessing harm reduction

services at PREVENCASA. Meanwhile, for the staff interviews, the only qualifications were that the organization employed them and that they had worked there for at least six months.

This study provided no direct compensation due to the clinic's policies. The non-profit stated that monetary incentives, such as money, create community problems, which should be avoided. Instead, the semi-structured focus groups were incentivized by providing harm reduction kits (smoking pipes, syringes, tourniquets, cotton balls, and lip balms). The provision of free food also incentivized the groups. The purpose of this study was explained to the participants.



## CHAPTER IV

### PrevenCasa: Services and Clients Demographics

#### Overview

PrevenCasa is a non-profit organization in the Zona Norte neighborhood of Tijuana, Baja California. Since it was founded in 1992, PrevenCasa dedicated its work to the prevention of STIs, HIV, Hep C, and other infectious diseases. Their goal has always been to promote health education to vulnerable communities. At the core of their work, PrevenCasa recognizes the importance of centering their care around the patient's needs. PrevenCasa was founded on the belief that everyone's medical access is a human right. Still, their work philosophy focuses on approaching a patient's care from a harm-reductionist perspective. This mission has been critical in their delivery of services to marginalized communities such as migrants, deportees, and people who use drugs. While PrevenCasa has focused on providing free healthcare assistance, the organization has continuously grown to adapt to the specific needs of its community. The following information has been obtained and provided by PrevenCasa.

#### *Clients' Demographics*

According to data obtained by PrevenCasa within the last two years, many of their patients are male (82%). On the other hand, women only account for 18% of the population they serve. One limitation of this dataset is that it only includes two genders and does not encompass others.

Sociodemographics	Percentage
Male	82%
Women	18%
Age (average)	29 yrs old
Place of Birth: Mexico	91%
Previous Deportation	66%

*Table 1. PrevenCasa client demographics. Gender and Age. 2022. Source PrevenCasa*

The age average of their clientele is 29 years old and younger. In previous conversations with staff members and administration, it was observed that fewer people make it to later ages,

which is linked to their health and living conditions. In conversations, some staff members provided specific examples of why this is the case in the Zona Norte. Staff pointed out that structural barriers such as lack of access to overdose prevention tools, safe drug supply, HIV and diabetes medications, secure housing, nutritious food, and comprehensive primary health care contribute to people not aging adequately, highlighting the urgent need to address these issues to improve the health and well-being of the patient population.

Meanwhile, 91% of the patients have stated that their birthplace is México. Unfortunately, no data is available to understand where other patients come from. However, in conversations with staff, it was mentioned that they serve a significant population of migrants coming through Tijuana. As noted, Tijuana is a big border city since it is a port of entry where individuals can claim asylum. A few years ago, PrevenCasa was not located near any significant migrant shelters. Casa del Migrante, a shelter for migrants, is in Zona Rio, 12 minutes away from driving and walking, which is 1 hour and 17 minutes. However, Mosque Taybah has been open in the Zona Norte for two years. The mosque is 12 minutes (walking) away from PrevenCasa. Indeed, throughout my time volunteering at the organization, I observed multiple migrants who came from Turkey, Ukraine, and Russia. Another significant migrant population is Haitian. In 2016, following Haitians arriving in Tijuana with aspirations of seeking asylum in the United States, some remained in the city. Just two blocks from PrevenCasa, there are mobile carts, also known as “sobreruedas,” owned by Haitians who sell food and thrifted goods and offer haircuts. For some locals, this street is now known as Little Haiti. Central Americans are a significant portion of the clients they serve at PrevenCasa.

Meanwhile, according to data from PrevenCasa, 66% of their clients have had at least one previous deportation. However, this data does not detail if clients have had more than one

deportation, indicating a need for more comprehensive data collection. As well it would be interesting to know the percentage of deportations among women and men, as this could provide valuable insights into gender disparities in deportation rates. Lastly, since Baja California is a deportation hub, it would also be essential to know the origins of those deportees, highlighting the need for more detailed data to understand the patient population and their unique challenges fully.

*Living Conditions*

Per PrevenCasa, 35% of their patients rent a room, 13% are staying at a shelter, and 35% are unhoused.

Living Conditions	Percentage
Renting a Room	35%
Shelter	13%
Unhoused: * Alleys * "El Bordo" * Under Bridges * Parks or "Picaderos"	35%

*Table 2. PrevenCasa client demographics. Living conditions 2022. Source PrevenCasa*

Renting a room in Tijuana may not seem as expensive compared to the United States. Renting a room can vary from 20 to 250 pesos a day, equating to \$1.50 to \$13. However, it is essential to note that the size of these rooms can be tiny, and for some, these rooms are in unsafe neighborhoods or houses. For example, throughout my focus groups, numerous participants shared experiences

of hazardous situations in which the women had been assaulted by the person who managed the house in which they were renting a room. Conversely, 13% of their patients are staying at a shelter.

Meanwhile, it was noted that 35% of unhoused patients live under a bridge, in alleyways, at “El Bordo,” parks, or “picaderos.” For better reference, El Bordo is a sewage stream just a few yards from the US-México border. Inside El Bordo, people have built underground dirt houses, also known as ñongos. My first introduction to El Bordo was in 2015 when I volunteered at a street Wound Clinic. At that time, multiple individuals were living at El Bordo under the bridge that crosses from it. Some of them also built underground homes made from dirt and cardboard.

However, living inside El Bordo can be extremely dangerous. For instance, during heavy rain, El Bordo can overflow, and police have intentionally set fire to the cardboard houses. On the other hand, “picaderos” refers to houses where people go to use drugs. Picaderos can be dangerous because people can overdose or poke themselves with used needles. As well, women had reported getting assaulted at some picaderos.

*Type of Employment*

As reported by PrevenCasa, 35% of their patients stated they have an informal job. Some patients said they get money by recycling cans, and others clean cars. I also witnessed this during my time there. At least two patients consistently showed up to ask staff members if they needed their cars washed.

Employment	Percentage
Informal: * Recycling * Cleaning Cars * Selling Thrifted Goods * Helping Small Businesses * "Taloneando"	35%
Without a Job	13%
Sex Work	35%

*Table 3. PrevenCasa client demographics. Employment. 2022. Source PrevenCasa*

Meanwhile, other patients stated that they make money by selling thrifted goods. Per my observations during my time in Tijuana, patients will set a tent on the side of the road and sell thrifted clothes. Some of them sell electronics or furniture. Some patients stated they made money by helping small businesses. This means patients would run errands for small businesses. However, there needs to be a specification for what type of small businesses they work for. Meanwhile, other patients stated they were “taloneando” to make ends meet. Taloneando refers to working as anything to make money.

Furthermore, 13% of their patients stated they had no employment. Finally, 35% of their patients said they work as sewers. As previously mentioned, the red district is in the Zona Norte. As well, sex work in the Calle Primera is legally permitted. The Hong Kong Club, a well-known strip club, is in Zona Norte. This club has been a popular destination for locals and tourists.

However, due to its location and the nature of the business, it has been involved in controversies regarding human trafficking. While none of my focus group participants stated they have worked in Hong Kong, at least four of them are sex workers who work in the Zona Norte.

### *Services*

During my interview with a staff member named Ana, who has been at PrevenCasa the longest, she stated that PrevenCasa focuses on responding to the HIV epidemic. Ana noted that, at that time, HIV treatment was not provided to people in Mexico. However, PrevenCasa's founders vigorously advocated for sex workers, migrants, and people who use drugs to gain access to HIV treatment. Therefore, PrevenCasa started offering free rapid HIV testing while connecting patients to the HIV clinic in Tijuana. However, throughout the years, PrevenCasa began to partner with local and foreign universities to work on HIV/AIDS projects. For example, when I initially went to volunteer in 2015, PrevenCasa partnered with the University of California San Diego (UCSD) and Colegio de la Frontera Norte (COLEF). At the time, UCSD and PrevenCasa were working on a project that focused on testing for HIV women who used drugs. Some of my focus group participants recounted times in which this project, "El Cuete," would routinely test them for HIV and give them money for their blood samples. During my interview with Ana, she shared that PrevenCasa has contributed to organizations such as the World Fund and Open Society Foundation. Ana worked on a World Fund project focusing on HIV, Tuberculosis (TB), and Malaria prevention. However, Ana also mentioned that, at that time, they had partnered with the Mexican governmental organization CENSIDA for this project.

As PrevenCasa continued to grow in its HIV prevention strategies, it also implemented telemedicine. Around eight years ago, PrevenCasa partnered with UCSD and the local government to provide in-house HIV testing and treatment. This meant that the organizations would take the

patients to the Centro Ambulatorio para la Prevencion y Atencion en SIDA e Infecciones de Transmisi3n Sexual (CAPASITS) to get their tests and viral loads for HIV. After that, patients would be able to receive their HIV medications at PrevenCasa. This was due to some patients' limitations in going to CAPASITS. For reference, CAPASITS is 28 minutes away (driving) from PrevenCasa. A person who participated in this study shared with me that PrevenCasa was the place where they would come to get their HIV medications after being diagnosed. This participant stated that whenever they went to the organization, they could observe how much PrevenCasa was doing for patients who were diagnosed with an AIDS case. The participant indicated that PrevenCasa not only contributed by meeting people where they were or by providing people with accurate HIV information but that they provided the medications for people who could not drive to CAPASITS. Unfortunately, the money for this project ran out, and the Mexican government decided that this was not a necessary service. Instead, the Mexican Public Health System decided that patients needed now to get all their HIV medical care at CAPASITS. Therefore, the organization worked on a governmental project that focused on connecting HIV + patients CAPASITS. Some community health workers at the clinic oversaw picking up, driving to, and accompanying patients to CAPASITS.

On the other hand, PrevenCasa also focuses on TB prevention. PrevenCasa received a donated machine to test patients' sputum for Tuberculosis. Due to these services, PrevenCasa has connected patients to essential services. During my time in Tijuana in 2015, I visited the shelter "Las Memorias." The shelter houses women and men who are diagnosed with AIDS and Tuberculosis. People in Tijuana know Las Memorias as the shelter in which people are sent to die because of AIDS. Hence, touring that facility was extremely hard due to the poor conditions in

which patients are treated. On the first floor, AIDS patients are sheltered. However, half of the building is destined for men, while the other is for women and their children.

Meanwhile, the top floor, an enclosed room the size of a small room, is where the TB patients are placed. The lack of support and resources not only makes it challenging to provide proper care to AIDS patients but also to TB patients. Therefore, PrevenCasa has been able to provide TB care for people residing in the Zona Norte. This would eliminate the need for people to travel to a shelter located 32 minutes away by car from PrevenCasa. During my time in Tijuana this summer, I was able to observe how an unhoused patient was tested for and given TB treatment. This patient came daily wearing his N95 mask to receive his treatment.

Additionally, during my interview with Ana, she noted that along with the HIV/STI and TB treatments, the founders of PrevenCasa also implemented a needle exchange program. Per Ana, the founders, staff members, and volunteers at PrevenCasa have always understood the intersectionality between harm reduction and HIV treatment. Indeed, PrevenCasa was, and is still currently, the only non-profit organization offering free syringes. Throughout the years, PrevenCasa has advocated for the growth of its Harm Reduction program. Hence, they have provided free resources such as tourniquets, cotton balls, sterile water, and cookers through grants. These services have been crucial for people who use drugs, aiding in the prevention of infectious diseases and supporting a dignified livelihood. Ana stated that PrevenCasa could also have done community street outreach in previous years. This means their Community Health Workers would walk throughout the Zona Norte and distribute needle exchange kits.

However, Ana recounted that the current Mexican president stopped economic support for non-profit organizations. Since then, it has been challenging not to meet the community's needs regarding harm reduction. Before this current administration, PrevenCasa could give ten syringes

per day. Now, they are only able to provide 3 per day. Due to the lack of governmental funding and the significant stigma that the government has created around drug use, PrevenCasa must rely on foreign partnerships and private donations to sustain those essential services.

Nonetheless, Ana stated that this partnership has allowed them to provide other services that were not available before. For example, PrevenCasa has often donated nasal and injectable Narcan throughout their new collaboration. Currently, in México, Narcan is a controlled substance that requires a prescription to be purchased. Also, while Narcan isn't as expensive in the United States due to insurance coverage, it is still not cheap in Mexico. According to another interviewee, Renata, half a dose can cost 600 pesos (31 dollars), while the total dose costs \$1200 (63 dollars). The price and process to obtain it can result in an obstacle for people who use drugs.

On the other hand, PrevenCasa has also been able to provide patients who do not inject with free pipes. Pipes are only distributed on Fridays to make them last longer. At the same time, they have also purchased foil paper for patients who prefer it over pipes. The most recent addition that PrevenCasa has made is the opening of their first Safe-Consumption-Site (SCS) with a smoking-designated area. This SCS is the second of three designated safe spaces in Latin America for people who use drugs. La Zona has become a safe space for women who use drugs. When speaking to Ana about this SCS, she said it has been an essential addition to the works for years. Primarily, Ana recognized that it was necessary to open a space for women who use drugs due to the vast vulnerabilities that they face day to day.

Furthermore, within the last two years, PrevenCasa has also been able to implement free showers and change of clothes. PrevenCasa had two small empty rooms that could be converted into showers. PrevenCasa can only provide eight spots for daily showers. Women, however, will always be prioritized and can shower even if all the spots have been filled. Due to a limited budget,



PrevenCasa had to rely on community partners to donate towels and soap bars. A current need is shampoo donations. However, PrevenCasa does need shampoo donations.

Additionally, the organization has been able to ask the community for clothing donations. This has been very successful, although PrevenCasa does acknowledge they need more male clothing. Lastly, the US non-profit organization Al Otro Lado partnered with PrevenCasa and donated the required equipment to provide patients with potable water. PrevenCasa understands that for communities to be safe and healthy, they must have access to essential services.

Additionally, along with the importance of harm reduction and the prevention of infectious diseases, PrevenCasa also provides free condoms. Ana recounts that in previous years, thanks to some governmental grants, they could give the patients 60 free weekly condoms. Indeed, during my focus groups, participants were adamant that this was an essential service. A participant stated that 60 condoms were more than enough to last her for two weeks, and there was no need to ration them. However, since the current administration decided to remove all the funding directed towards non-governmental organizations, keeping up this service has been a challenge. Currently, PrevenCasa relies on community partners and organizations to donate condoms. One staff member noted, "We may be able to provide much, but will not stop supporting our community." Sometimes, if the budget allows it, they can purchase condoms.

Meanwhile, PrevenCasa also provides mental health services. Before last year, PrevenCasa relied on psychology interns from the COLEF to provide patients with free counseling. However, last year, they were able to partner with another organization, Verter, and researchers to obtain a grant that studies the importance of mental health services among people who use drugs. Therefore, they hired a psychologist who could talk to patients even if they did not have an appointment. For example, during my time in PrevenCasa, we had a patient who was suicidal and

needed immediate intervention. This hired psychologist was able to assess the patient and make sure to create a follow-up plan. Most importantly, he was able to make the patient feel listened to.

Another essential service that PrevenCasa has provided throughout the years is its free primary health care services. As noted by Ana, SENCIDA's support allowed them to diversify their programming and ensure people had access to health care, especially those who use drugs. An important service they provide is wound care. Through the expansion of their funding, the organization hired a lead doctor and nurse. At the moment, PrevenCasa has nine paid staff members. The organization sometimes has between 4 to 5 medical and nursing interns. Every two weeks, the medical faculty and their students from UCLA come for one day to provide OB/GYN services such as prenatal care. Also, on that day, a doctor from Haiti came to support the UCLA doctors and gave them translation and assistance. Indeed, the primary healthcare service that PrevenCasa offers is essential for such a vulnerable population. While volunteering with PrevenCasa, I witnessed how busy the clinic is throughout the day. It is also important to note that while PrevenCasa has focused a lot of its services on people who use drugs, it also aims to serve other vulnerable populations. Throughout my research, I observed that some of the patients who came to seek services at PrevenCasa were seeking help with having their glucose checked, administering an injectable medication, or talking to doctors about how to better cope with their chronic conditions. Lastly, one of the other services that PrevenCasa provides is free food for people's pets. While this is not part of the budget, staff members often help patients cover emergency veterinary bills.

The services that PrevenCasa provides vary depending on the current administration. However, many of their services have had to adapt to the non-existent funding and support the president of Mexico from 2018 to 2024, AMLO, provides for non-governmental organizations and

harm reduction strategies. Nevertheless, PrevenCasa has prevailed and adapted to the growing needs of their community. PrevenCasa recognizes the importance of approaching people's well-being from a socio-ecological model. An example of this is the wide variety that their services encompass. As an organization, they recognize that providing needed services for those highly marginalized communities is essential. While PrevenCasa was founded on the belief that everyone's medical access is a human right, their work philosophy emphasizes the importance of approaching a patient's care from a harm-reductionist perspective. Hence, the services they offer are diverse, from medical to showers.

## CHAPTER V

### Data Analysis

This section details the demographics of the focus group participants and staff members involved in the study. It also provides information on the focus group participants' attendance rates.

#### Focus Groups

At the time of the research project in 2023, there were 14 unique participants in these focus groups. Among them, 11 identify as women, including three who identify as trans women. Of the 14 participants, 10 stated that their birthplace and locality was Mexico. One trans woman mentioned she was from El Salvador, and another woman indicated she was from the United States. This participant, nicknamed Rosa, explained that although she was born in Mexico, her parents took her to the United States as a baby, so she considers the U.S. her home. All participants had previously been deported from the United States to Mexico.

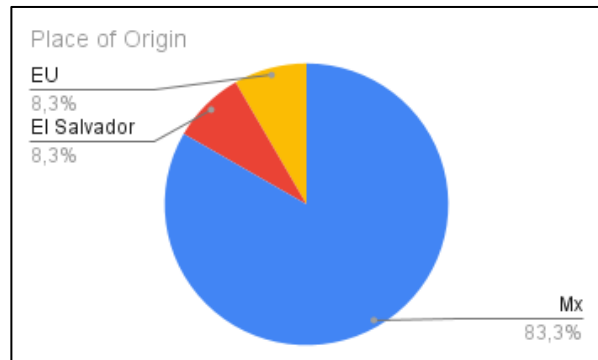


Figure 2. Demographic data from research project 2023. Place of origin. Focus group participants.

The average age of the participants was around 40. The oldest participant was 62; however, after my latest trip to Tijuana in December, I learned this participant is now deceased. The youngest participant is a 23-year-old woman seeking services from PrevenCasa

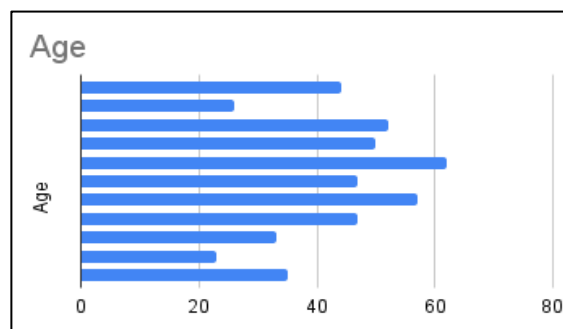


Figure 3. Demographic data from research project 2023. Age. Focus group participants.

within the last year. This participant was recently deported to Tijuana from San Diego and has

been unhoused along with her male partner. Among all the 14 participants, only 10 people accepted to answer which drug they use. Out of those ten people, four stated they had used Goma Negra. In México, Goma Negra is known as black tar heroin. Meanwhile, 3 participants said they use China White. In

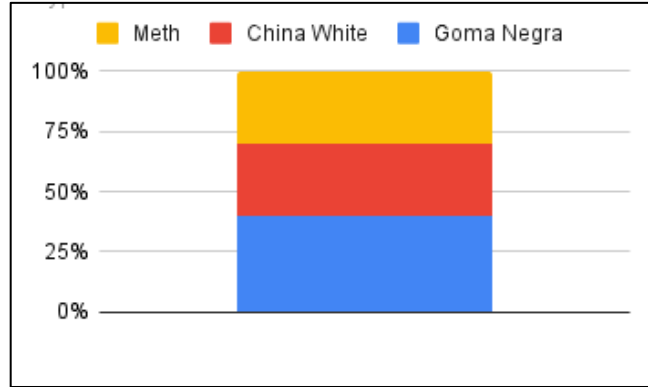


Figure 4. Demographic Data from research project 2023. Drug of Choice. Focus group participants.

México, China, White is known as heroin with fentanyl. While sometimes heroin can be laced with fentanyl, some people do choose to buy China White due to their mixed substances. However, one of the 10 participants stated they use China White and Goma Negra. Lastly, only 3 participants said they use meth as their substance of choice.

Meanwhile, out of those 10 participants who answered their substance of choice, only nine felt comfortable answering if they smoked it or injected it. Out of those 9 participants, seven stated they smoked their substances, while two said they injected. It's important to note that this observation doesn't reflect the overall frequency or majority behavior at the SCS. Instead, it highlights that focus group participants prefer smoking their drug of choice over injecting. Additionally, some participants choose to smoke because they no longer have viable veins for injection.

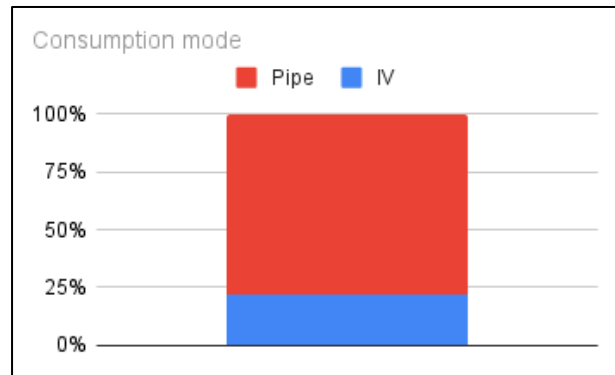


Figure 5. Demographic data from research project 2023. Consumption Mode. Focus group participants.

The average attendance of focus group participants was eight people per group. The second and fourth groups were the most attended, with 9 participants, while groups one and three had 7

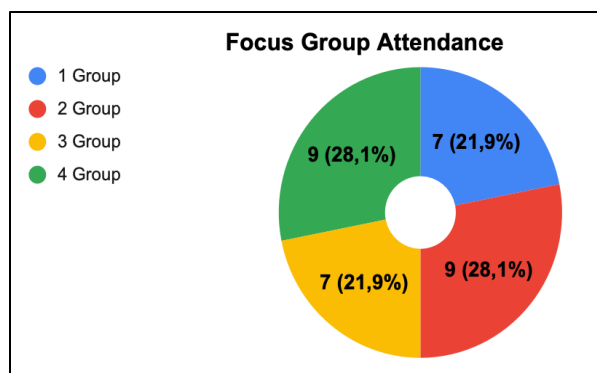


Figure 6. Attendance research project 2023. Focus group participants per group.

participants. Among the four focus groups, 3 participants participated in all four sessions. Meanwhile, 2 participants attended three sessions, 5 participants attended two, and 4 participants attended only one.

### Overall Participants

Nickname	Age	Gender		Birth Place	Previous Deportation History	Ultima droga consumida			IV		Fumado	
		woman	trans woman			Goma Negra (heroin)	China White (Fentanyl and heroin)	Meth	Yes	No	Yes	No
Carmen	44	x		Mx	x	x			x			x
Karina	26		x	Mx				x		x	x	
Veronica	-	x										
Juana	-	x										
Maria	-	x		Mx								
Marta	52	x		Mx	x	x				x		x
Cristina	50	x		Mx	x			x		x	x	
Raquel	62	x		Mx	x						x	
Barbara	47	x		Mx	x	x				x		x
Victoria	57	x		Mx	x	x	x		x		x	
Erica	47		x	Mx						x		x
Laura	33		x	El Salvador	x			x		x	x	
Rebeca	23	x		EU			x			x	x	
Rosa	35	x		Mx	x		x			x	x	

Table 4. Overall collected data focus group participants. Research Project 2023.

Staff Interviewee	Nickname	Time in PrevenCasa (years)
1	Ana	14
2	Karen	8
3	Sofia	7
4	Karla	8
5	Renata	1
		average: 7.6

Table 4. Overall collected data focus group participants. Research Project 2023.

### Staff Interviews

Five staff participants were interviewed. Due to the number of participants and to ensure their names are protected, nicknames have been assigned. Also, I have not included which specific area they work in as an attempt not to identify the interviewee.

These participants' average time working at the organization is around seven years and six months. The participants interviewed worked in administration, including writing grants, working with community organizations on projects, hiring employees, and ordering supplies. Another area that some participants work in is health. The participants in health perform duties such as wound care, providing medications, and triaging patients to doctors. The third area in which participants work is harm reduction programming. Some of these participants work in the needle exchange program. Other participants supervise the safe-consumption site, assist with providing showers, attend overdoses, and do street outreach to provide Narcan and testing strips.

## CHAPTER VI

### **PrevenCasa and Women Who Use Drugs**

*How has the War on Drugs marginalized women who use drugs in Baja California?*

The War on Drugs has also hurt the daily violence and human rights violations people suffer. People have gone missing or have been killed indirectly or directly by the War on Drugs. With this, I refer to people who have been extorted, kidnapped, and disappeared directly by drug cartels. As well people have also died from overdoses from the drugs that are produced and imported by cartels. While everyone is exposed to violence from the cartels and the government, migrants, women, and people who use drugs are at a higher exposure and threat due to the multiple levels of violence they suffer.

In this section, I coded conversations done in the focus groups and in the individual interviews to understand the lived experiences of self-identified women who use drugs in Tijuana, Baja California. More specifically, in the Zona Norte neighborhood of Tijuana. It is important to note that participants reside in multiple areas of Tijuana. However, the study took place in the community organization PrevenCasa in 2023. During the first and second groups, I asked participants to share their lived experiences with me, relating some of the challenges they have encountered as women who use drugs. Also, during the individual interviews with PrevenCasa staff members, I asked them to share what are some of the experiences women who use drugs face in their everyday lives based on their observations. The main difference in the gathered data is that one is from lived experiences, and the other is perceived from someone's perspective. However, most staff interviewed have worked at PrevenCasa for more than five years; one interviewee identifies as a person who used to use drugs, and another one identifies as a person who grew up in Zona Norte.



A consistent and highly prevalent theme was violence. Women who use drugs in Tijuana are vulnerable to different levels of violence. To understand and analyze how the War on Drugs in México has marginalized women who use drugs in Tijuana, the Socio-Ecological Model helps us to break down the impact at each level: individual, interpersonal, institutional, community, and policy.

At the time of the study in 2023, in both the focus groups and individual interviews, it was noted that women who use drugs suffer heightened violence compared to men. This is due to multiple reasons. Through their personal stories and observations, they were all referencing a type of inflicted violence. I coded this data by putting quotes into each related theme. The theme was divided into three main categories: 1) Structural Violence, 2) Gendered Violence, and 3) Community Violence. The following graphs will break down the prevalence of each theme and sub-theme that was coded.

### Overall

The theme of violence emerged consistently in focus groups and individual interviews. Women who use drugs are more vulnerable to violence than their male counterparts. Participants noted that women experience violence on structural (92 mentions), gender-based (26 mentions), and community (9 mentions) levels as common challenges in their lives.

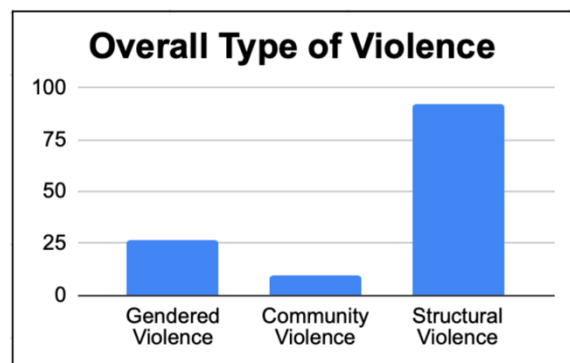


Figure 7. Data coded during the Research Project 2023. Overall type of violence mentions.

At the time of the study in 2023, different types of structural violence were mentioned. Within the research, the four sub-themes that arose from structural violence were the criminal

justice system, overall health, services, and education. However, the most mentioned was the violence inflicted by the criminal justice system with 48 mentions throughout the study. On the other hand, institutional violence had 44 mentions. However, it is important to note that while criminal justice can constitute as an institution, since it is a governmental branch, I have chosen to put it separately.

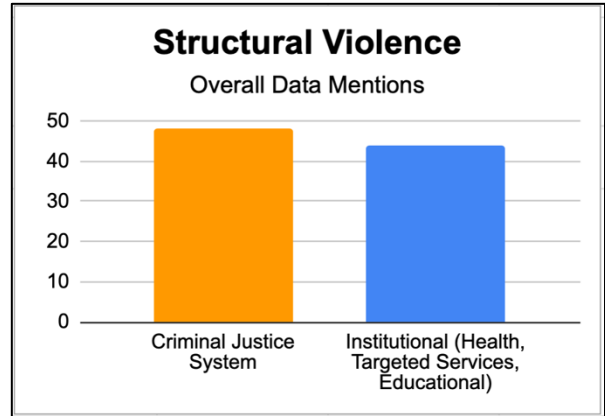


Figure 8. Data coded during the research project 2023. Overall type of violence. Structural violence breakdown.

### Organizational-Level: Structural Violence

At an organizational level, participants in this research stated that women who use drugs suffer violence perpetrated by the criminal justice system and other governmental institutions. Within the SEM, at an institutional level, individual’s behaviors and health outcomes can change based on the level of resources and organizations that exist to help foster a nurturing environment. However, the SEM framework also allows us to analyze how the War on Drugs, at an institutional level, has hindered the violence to which participants constantly referred throughout this project.

#### *Criminal “Justice” System: The Police, National Guard and Reporting*

Criminal Justice encompasses the times participants recounted or stated they were assaulted and harassed by the police and National Guard. Participants in this study identified three areas of the criminal justice system that have affected them negatively: police, National Guard, and reporting.

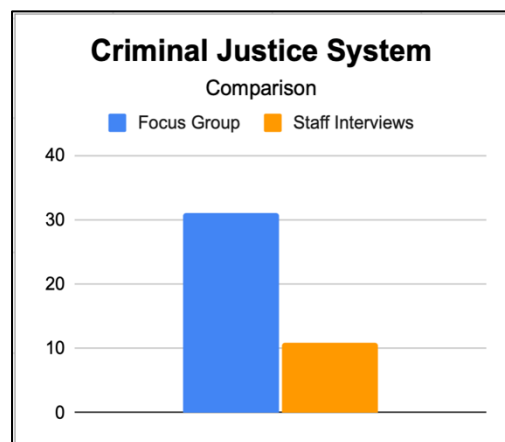


Figure 9. Data coded during the research project 2023. Criminal justice system mentions.

Both staff members and focus group participants identified several instances in which the police have harassed women who use drugs in Tijuana. Within the focus group coding, there were 31 mentions of harassment inflicted by the police towards them. As mentioned, each weekly focus group had a specific theme and questions. However, participants kept recounting how the criminal system, the police, kept physically assaulting them. The first group focused on understanding the lived experiences and challenges of women who use drugs in the Zona Norte, Tijuana. They also talked about lived experiences. However, during the second focus group, in groups 3 and 4, which focused on the services provided by PrevenCasa and the need for future resources, participants kept talking about police violence.

On the other hand, staff members only had 11 mentions of police violence. However, it does not diminish the experiences shared by participants in the focus groups. Indeed, they are highly susceptible to violence by the police, mainly because it is not as visible as when a man suffers it.

The Mexican government disregards women's rights and perpetuates violence by turning a blind eye to the assaults committed by police officers. One participant stated that the police does not respect drug users, especially women:

*“Todos esos abusos de la policía... No hay respeto para los adictos. Necesitamos un espacio”*  
Erica, Focus Group 1

*“All of the abuses by the police... There is no respect for addicts. We need a space”*

As stated, participants are aware that the police harass them because they are women, and they use drugs. Another participant shared the following quote:

*“Yo nomas porque le pregunte ‘oye porque me estás llevando’... Por ‘hija de tu puta madre, por preguntona, por esto y por lo otro’... No respetan ni porque tengo canas, no respetan nada”*  
Victoria, Focus Group 1

*“I just had asked her ‘Hey, why are you taking me?’... Because ‘motherfucker, because you are asking questions, because of this and that’... They do not respect me, not even because I have gray hair, they do not respect anything”*

Consequently, the previous quote shows how a participant, Victoria, had suffered violence from the police when she had prevented police officers from detaining her friends. Victoria stated that the police are a corrupt institution and that they do not protect the well-being of the community. If not, they further harmful damage that causes women to experience violence and furthers their trauma. Another interesting and important comment Victoria was the following:

*“Mucha gente les tiene terror a los policías... Son placas [policía] que están en contra de todos nosotros... Somos como dos gremios. Los buenos, que son según ellos y los malos, que somos nosotros [usuarios]. Bueno ellos son los que cometen el primer paso de maltratar a la gente, y de no darle su espacio para que se defienda”*

Victoria, Focus Group 1

*“Many people are terrified of the police... They are placas [police] that are against all of us... We are like two groups. The good ones, which they are, according to them. And the bad ones, which are us [users]. Well, they are the ones who commit the first step of mistreating people, and not giving them space to defend themselves.”*

Victoria’s quote resonated with other focus group participants who reported having similar experiences with the police when questioning the reasons for being stopped and searched. Participants stated that they were more likely not to defend themselves when the police had taken advantage of them. For example, another participant in the first focus group, Erica, shared with the group the following story:

*“Pero, todavía te quitan tu dinero. Cuando te ponen de espaldas, te quitan tus bolsas, te quitan el celular y te sacan las monedas. Cuando ya te dicen, vete, si es que tuviste suerte, y te regresan tu bolsa, no traes tu celular, no traes tu dinero. ¿Y les quieres reclamar, te dicen “crees que soy ratero?”. Y si te les pones al brinco, te van a encerrar. Entonces, no queda nada, porque no nos hacen valer”.*

Erica, Focus Group 1

*“But they still take our money. When they [the police] put you on your back, they take your bags, they take your cell phone, and they take your coins [money]. When they tell you to go, if you're lucky, and they return your bag, you don't have your cell phone anymore, you don't have your money either. And you want to complain to them [the police], but they tell you “do you think I'm*

*a thief?” And if you confront them, they're going to lock you up. So, there is nothing left, they do not value us”.*

Another participant in the same focus group, Laura, shared with us a similar story. Laura shared with the group a similar story:

*“Un día andaba en Otay, y andaba caminando. Una patrulla me paro. Quizás le caí mal a la muchacha y me paro y me dice; ‘date vuelta’. Pues yo estaba parada. Y que me dice ‘Ok, dame tu bolsa’, y pues se la doy y quería ver qué es lo que iba a hacer. Entonces la policía me dice, ‘No, date vuelta, no mires’. Saco todo lo de mi bolsa y ahí me la regresó. Me saco lo que traía, sin un peso me dejó, me quitó la pipa y el celular y \$100 pesos”*

Laura, Focus Group 1

*One day I was in Otay, and I was walking. A police car stopped me. Maybe the girl [policewoman] didn't like me. She stopped me and told me; 'turn around'. Well, I was standing. And she tells me 'Ok, give me your bag', and I give it to her, and I wanted to see what she was going to do. Then the policewoman told me, 'No, turn around, don't look.' She took everything out of my bag and returned it to me without anything. She took what I had in my bag, she left without a peso... she took my pipe and cell phone and my \$100 pesos”*

Laura and Erica’s story resonated with other participants who shared similar instances with the police. Some participants mentioned that when they tried to earn a living by selling thrifted clothes on the street, the police would intervene and tell them to stop. Laura stated that her solution to prevent this was to permanently hide her money in her shoes and put her cell phone inside her bra. In fact, after this, participants started to talk about good places to hide their belongings when walking on the streets. Participants in the third focus group stated that at least four out of the seven participants had had their documents stolen by the police. Participants in the study also indicated that they were stopped whenever they came out of PrevenCasa or on their way to PrevenCasa. Therefore, focus group participants were adamant that it was important for the organization to give them a type of clinical identification. A staff member who was interviewed, Karla, stated the following:

*“A veces yo citaba a las muchachas para llevarlas a los análisis, para llevarlas a todos... Tienen mucho problema para ir a los centros de salud porque siempre los anda levantando la policía”*

Karla, Staff Member

*“Sometimes I would meet the girls to take them to the tests, to take them all... They have a lot of trouble going to the health centers because the police are always picking them up”*

Karla's quote goes to explain how the police harass women who are trying to take care of their health. This goes to show that the police perpetuate extreme violence and place people in much more vulnerable conditions.

Meanwhile, an interesting finding was the perception and actual harassment participants had about the National Guard. During the second focus group, Rosa shared with the group that she has suffered harassment by the National Guard. Rosa shared with the group that she and her partner had been stopped and physically assaulted by them. However, when I asked the other participants in the second group, they stated that the National Guard did not harass them. The National Guard was an entity that they trusted. But, Rosa, an unhoused and recently deported participant, noted that the National Guard harassed them for being homeless. In fact, out of the 9 participants in the 2nd focus group, only one stated that the National Guard harassed them. However, 8 of those participants had some housing. In my two months in Tijuana, while I did not visually observe the National Guard assaulting women, I did observe them assaulting drug users in the Zona Norte.

For example, as usual, clients would hang out outside PrevenCasa's premises one day. And while some patients do engage in substance use right outside of the clinic, nothing was occurring at that moment. However, five National Guards approached the group of men and started asking them to turn around to be patted down and checked for drugs. As the Guards were confiscating their doses, two staff members from PrevenCasa stepped in to intervene. One staff member started to tell the Guards that, according to the 2006 Narcomenudeo Law, small personal quantities of drugs were decriminalized. As well, having syringes was not against the law. After arguing about the moral practices of consuming drugs, the Guards left the patients alone. However, one of the clients

approached the staff member and thanked them. The client stated that thanks to his intervention, while the Guards took his drugs, at least they did not take his money as usual. Meanwhile, another staff member, Karen, shared that militarizing the country and explicitly deploying the National Guard on the streets harms the communities. She stated the following:

*“Hay gente que está muriendo en la calle, otra consecuencia de este sexenio también ha sido el tema de la militarización o las fuerzas de seguridad, que es algo que también nos tiene muy marcados hoy en día y todo este abordaje con un tema de seguridad”*

Karla, Staff Member

*“There are people who are dying in the streets, another consequence of this six-year term has also been the issue of militarization or security forces, which is something that also has a strong impact on us today and this whole approach with a security issue”*

Meanwhile, at the time of the study, participants stated that the police would also destroy their harm-reduction tools such as syringes, pipes, and Narcan. During my first month volunteering at PrevenCasa, I knew that the police and the National Guard would often confiscate the harm reduction resources given to clients. Firstly, the police and National Guard would try to step on the needles to prevent people from using them. During an outreach day, I also walked with two staff members and another volunteer to distribute harm reduction kits. However, in our walk, we saw how a military man asked a person to show him what he was heating and to place the meth pipe on the concrete ground. The military man then stomped on the pipe, breaking it into pieces in front of the person. And while these experiences that I observed were all observed in men, women in the focus group mentioned similar ones. For example, Victoria shared with us the following story:

*“Pues la pipa te la quiebran ahí en los pies... ¿Y si no, sabes a quien se las dan? A mí me han pasado policías que me han ofrecido las pipas cargadas. Y les digo, ‘Y a mí, ¿porque me das eso?, me dicen que le fume [a la dosis] y yo les digo, “nombre, fúmale tu primero”*

Victoria, Focus Group 1

*“Well, they break your pipe right there on your feet... And if not, do you know who they give it to? The police have offered me loaded pipes. And I tell them, ‘why are you giving me that?’ They tell me to smoke [the dose] and I tell them, “no way, you do it first”*

Another participant, by the pseudonym of Cristina, stated that the police also started confiscating their naloxone. This also correlates with another story I heard during street outreach. Another day, the team and I walked by the comedian Padre Chava. This place is a charitable organization that provides free food and help to migrants. During our walk, we stopped to give people Narcan and testing strips; however, a woman shared with us that the police began to confiscate the Narcan and started to sell it to people. The previous quote and my observations correlated that the police would often take advantage of those who were unable to defend their human rights, especially women. As a way to avoid this type of violence by the police, Victoria stated in the groups that she would ask a man to go and buy her doses. For Victoria, this was not only a way to not be stopped by the police but to not be constantly harassed by them.

On the other hand, other participants also shared with us sexual assaults perpetrated by the police. These are their stories:

*“Ahí a mí el otro día un policía me atacó. Me quiso como que jalar, estaba ahí por la iglesia y por abajo de ahí de lado la iglesia, estaba medio solo y como que me agarró del hombro y me estaba lastimando y me pegó... yo creo como para que me calmara o me asustara... pero como que estaban piteando [tomando] y como que había botellas en el piso y había una que estaba como cortada y la agarré y como me estaba agarrando mi brazo, lo corté y le empezó a salir mucha sangre, como que se desmayó y ahí yo ya salí corriendo. Pero ya me había dejado el ojo como morado, como si quisiera pasar de lanza”*

Rebeca, Focus Group 4

*“The other day a police officer attacked me. He wanted to pull me towards him, I was there by the church. There were not a lot of people around. He kind of grabbed me by my shoulder. He was hurting me and then he hit me... I think he wanted to calm me down or scare me ... but like... they were drinking and like, there were bottles on the floor and there was one that was like... broken. And then I grabbed it, and since he was grabbing my arm, I cut him with it, and he started bleeding a lot. I think he fainted and then I ran away. But he had already left my eye looking black”*



Rebeca was able to escape from her assailant. However, she was punched by a policeman who was wanting to rape her. After hearing Rebeca's story, another participant shared her experience with us. Juana shared with the group a very traumatic story. This is her story:

*“A mí también me pasó algo similar... A mí también un policía me quiso hacer el amor hace como unos veinte días. Estaba yo haciendo fila con el padre Chava. Y un policía me paró y me dijo que me subiera a su camioneta. Me llevo bien lejos. Pues empecé a gritar. ¿Me dijo que si no me callaba... que si no me callaba me iba a poner la bolsa... cómo empecé a gritar se paró un carro y le dijo ‘que hizo la muchacha, que hizo la señora? ¿Que no ve que está embarazada?’ Y entonces el policía le dijo que se fueran, porque si no les iba a meter una infracción. Fue entonces que su compañero le dijo que se diera cuenta que estaba embarazada. Y solo por eso me dejó ir”*

Juana, Focus Group 4

*“Something similar happened to me too... A police officer also wanted to make love to me twenty days ago. I was standing in line to eat at Padre Chava. And a police officer stopped me and told me to get into his car. He drove me very far. Well, I started screaming. He told me that if I didn't shut up... that if I didn't shut up he was going to put a bag on me... Since I started to scream, a car stopped and asked the police 'what did the girl do, what did the lady do?' Don't you see that she is pregnant? 'And then the police officer told them to leave, because otherwise he would give them an infraction. It was then that his partner told him to realize that I was pregnant. And just for that reason he let me go”*

Perhaps something more about her story is that this participant was an older woman in her 50s. This story was marked in my memory because I could not believe how this 50-year-old woman had been traumatized over and over. While the police officers did not rape her, she was still assaulted. I was amazed at her resilience when telling us her story because while she denounced this atrocious event, she also seemed accustomed to these actions.

As well, some participants in the focus groups commented that they were not likely to report cases of abuse perpetrated by the police due to fear of repercussions. 4 out of the 9 participants stated they could not make a report. Cristina, a focused participant who tended to be very quiet during the focus groups, shared with us the following story:

*“A mí me dijo [el policía]. ‘Si vas y reportar, yo sé quién eres tú, te voy a mirar bien la cara y donde te vea, te voy a agarrar y te voy a aventar a las aguas negras, y vas a amanecer toda hinchada”*

Cristina, Focus Group 4

*“He [the policeman] told me. ‘If you go and make a report, I know who you are, I’m going to take a good look at your face and wherever I see you, I’m going to grab you and throw you into the sewage waters, and you’ll wake up all swollen”*

Carla explained this story by stating why she was uncomfortable making a report to the police. This participant indicated that she sells thrifted goods on the side of the street and is always out and about; therefore, she wants to keep herself private. After Carla shared this with the group, Victoria encouraged her to make an anonymous report. Participants in the fourth group were unaware that they could make an online report. However, Carla kept asking, “Are you sure it is completely anonymous? Are they going to see my face? Victoria reinforced her comment and told the group that it was anonymous. After a minute of silence, another participant, Raquel, told the group they should go together to make the report because “*juntas somos más fuertes*” (together, we are more robust). Also, throughout all four groups, Victoria kept mentioning that the police car with the 996 number was often assaulting women in the Zona Norte. She told the participants the importance of maintaining a mental record of which police car number bothered them. However, this can be challenging due to how corrupt México’s criminal justice system is. Unfortunately, Carla’s story was not the only instance of sexual assault perpetrated by the police that I heard throughout the research. Karla shared with me the following story:

*“Ósea, la misma pinche cárcel comete violaciones. Ósea, porque a veces yo hago pruebas [de VIH] y las preguntas son muy abiertas. Me han dicho, ‘tuve que tener relaciones con un hombre, pero fue por esta situación’ y empiezan a cortarme de ‘si un juez...de hecho me decía que me iba a dejar ir, pero me tenía que subir en tal parte [en su coche] para irnos a un hotel para... [tener relaciones]”*

Karla, Staff Member

*“I mean, the same fucking prison commits rape. I mean, because sometimes I do [HIV] tests and the questions are very open. They told me, ‘I had to have relations with a man, but it was because of this situation’... and then they began to tell me. ‘A judge... He told me he was going to let me go, but I had to get in [in his car] and go to a hotel [to have sex] with him”*

The previous quote discusses how the same criminal system violates people’s rights. However, that exact quote proves why Carla is reluctant to make a report. In México, corruption within the criminal system is a big issue. The police, judges, and courtrooms are known for taking bribes, colluding with organized crime, and abusing their power. As a result, stories like Carla’s are likely to happen to other people. At an institutional level, the criminal system in México has constantly inflicted more violence on women, especially on those who use drugs.

*Institutional Violence: Health, Services and Education.*

Meanwhile, at the time of the study in 2023, it was also identified that at an institutional level, the government institution had inflicted more harm on women who use drugs due to the lack of proper resources. All the instances illustrate how the criminal justice system perpetuates violence against people who use drugs, especially women. Nonetheless, the government's implementation of the War on Drugs has led to the stigmatization of drug

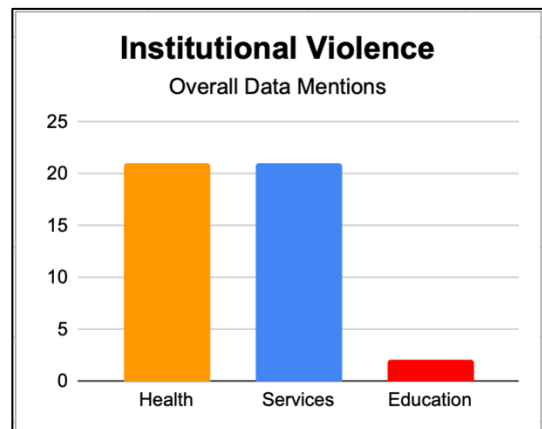


Figure 10. Data coded during the research project 2023. Institutional violence mentions.

use, a surge in overdoses, and heightened vulnerability among women who use drugs. Participants in the research study reported experiencing institutional violence through the health system (21 mentions), offered services (21 mentions), and educational campaigns on drug use (2 mentions).

A) Health

Participants disclosed that they experience violence from the Mexican health system due to the lack of funding for condoms, needles, HIV tests and medications, and methadone. For example, a recurring theme in nearly every focus group was the need for more condoms at PrevenCasa. As stated previously, Tijuana has a red-light district in which sex work is tolerated.

According to the law, sex workers in Tijuana need to be registered. As a result, sex workers need to do regular health check-ups for sexually transmitted infections (STIs). Sex workers are given a health card known as the “cartilla de salud.” The local government in Tijuana began implementing this health card to reduce the number of STI cases in Baja California. While there are no current numbers on how many sex workers have been positive for an STI, a study done in 2010 by Stradthee, it is noted that the red-light district has the “city’s highest concentration of injection drug use, HIV infection and STIs...Females Sex Workers who inject drugs in these cities [Tijuana and Ciudad Juarez] had a prevalence of HIV (12%) and 46% had at least one STI” (2010, Stradthee et al.). Participants in the study recognize the importance of using a condom as a way to protect themselves from acquiring HIV, not necessarily other STIs. Victoria, who identifies as a sex worker, stated that thanks to all the resources that PrevenCasa has provided, she has been able not to contract HIV:

*“Yo, gracias a Dios y a PrevenCasa, no me he contagiado de HIV. Por eso los condones son muy importantes. Es una muerte muy fea”*

Victoria, Focus Group 4

*“Thanks to God and PrevenCasa, I have not been infected with HIV. That's why condoms are very important. It's a very ugly death”*

Victoria shared with the group that previously, PrevenCasa was able to provide her with 50 condoms per week. She identified this as an essential resource. However, since the Mexican president, AMLO (2018-2024), cut all funding streams for non-profit organizations, PrevenCasa has needed more funding. Now, the organization can only distribute ten condoms per person each week. In fact, according to Karla, condoms are very scarce:

*“A las chicas trabajadoras [sexo servidoras] les dábamos condones, unas buenas porciones. Llegamos a un punto en que no había condones, o sea, y hasta la fecha. Están muy escasos los condones ahorita”*

Karla, Staff Member

*“We gave to the girls [sex workers] condoms, some good portions. We reached a point where there were no more condoms, and to this day there are very scarce”*

Indeed, during my time there in 2023, I observed how patients would request condoms and stated how ten condoms per week were not enough. This is because some of the patients who come for condoms are sex workers who depend on safe sex materials to avoid acquiring or transmitting HIV or any other sexually transmitted infection. During my interview with Ana, a staff member, she noted that they have had to limit their supply of resources to be able to provide them throughout the year. I especially observed this when administering the quantities of condoms distributed. When I arrived in late June, I helped distribute the condoms. After a month, we were out of condoms and did not know when we would be giving more to distribute to patients. Thankfully, a few months later, Ana got some monetary donations to buy more condoms.

Participants in the focus groups in 2023 also stated that they felt more comfortable going to PrevenCasa for condoms because of their location, and they were not judged. For example, in the third focus group, five out of the seven participants stated that at some point, they were considered by the health personnel at the Hospital General whenever they requested condoms. As well, Victoria noted that they were only given 20 condoms per month. Other participants shared that PrevenCasa was within walking distance from their workplace or home, and they did not have to travel further away to obtain condoms. Unfortunately, due to the lack of governmental funding, PrevenCasa has had to limit its condom distribution, which puts women at risk for HIV. Through this example, we can see that the lack of funding for non-governmental organizations inflicts further violence on vulnerable populations like women who are sex workers and use drugs.

Additionally, as previously mentioned, HIV has a high prevalence among people who use drugs in Tijuana. Another identified health violence was the lack of prevention and access to treatment for HIV. Firstly, during our second group, one participant, Carmen, a trans woman, had

asked the group if they were not taking PrEP. Pre-exposure prophylaxis is a preventative treatment for people who do not have HIV but may have a risk of contracting it. For example, here in the United States, individuals with an HIV+ partner, men who have sex with men (MSM), some sex workers, and injection drug users may opt to take PrEP. for HIV prevention. This pill must be taken every day. PrEP. is not widely available in Mexico, and even less so in Tijuana. However, after Carmen asked us about PrEP., we discovered that a local community organization sometimes provides PrEP. However, the organization only works to serve trans individuals. The lack of access to life-saving medications is an act of violence against people who use drugs, especially women and trans women. Secondly, participants also identified that the health system creates systemic barriers for individuals who have been diagnosed with HIV. For example, Karla identifies as a person who lives with HIV and was a previous drug user. She shared with me that when she was initially diagnosed, she was overwhelmed by the misinformation and mistreatment that she experienced when she went to CENSIDA to get connected to care:

*“Cuatro veces me rechazaron...Hay gente muy ignorante en el sector de salud... Bueno, además de que es muy complicado el diagnóstico. Tienes que navegar por el sistema de salud, para donde ir, donde hacerte las pruebas de laboratorio. Para que todavía en estos centros te digan que tiene que ir a otra parte o te rechacen”*

Karla, Staff Member.

*“Four times they rejected me... People in the health sector are very ignorant ... Well, besides the fact that the diagnosis is very complicated. You have to navigate the health system, where to go, where to get labs done. But still, at those centers they either tell you that you have to go somewhere else, or they reject you”*

Karla shared with me that once she was diagnosed and was hoping to access treatment for HIV, she kept being told to go and get more labs or that they could not see her at the HIV clinic because of missing paperwork. For her, this was very frustrating, and she felt lost amidst her new diagnosis. Another participant in the focus group stated that many sex workers who had contracted HIV had died of AIDS due to being unable to get the proper care they needed. During my time in

Tijuana, one trans woman who was a sex worker came to PrevenCasa in hopes of getting HIV treatment there. The trans woman stated that CENSIDA had sent her to PrevenCasa. She said that CENSIDA had told her that to get seen at their facility, they needed a positive HIV lab test with her viral load. Unfortunately, PrevenCasa does not provide this test. The woman then said that she would need to go to another clinic that was further away, and it was complicated because they were only open during the day when she was to be working. This same woman started to share with us that she was very frustrated at the system and that she was trying to do everything for her to be on HIV medications, but it seemed almost impossible to do so.

Meanwhile, a staff member and a focus group participant identified that the current health system also perpetuates violence by denying them access to proper health care. For example, Ana shared with me that women who use drugs are highly vulnerable to being forgotten by public health campaigns regarding the prevention of other infections. She shared the following statement with me:

*“Si preguntamos cuándo fue la última vez que se hicieron [las mujeres usuarias] un Papanicolau, muchas de ellas dirán, nunca me he hecho uno. Entonces ahí es donde vemos esta deficiencia, nuestras estrategias de salud pública para alcanzar a las mujeres vulnerables como son las que usan drogas”*

Ana, Staff Member

*“If we ask them [women who use drugs] when was the last time they had a Pap smear, many of them will say, ‘I’ve never had one’. So that is where we see this deficiency, our public health strategies do not reach vulnerable women such as those who use drug”*

Ana's statement demonstrates that the public health system in México often ignores that vulnerable populations, especially those who use drugs and are women, lack access to primary health care. As previously stated, they lack access because they are stigmatized by their providers, who then refuse to provide them care or are judged on their drug use. As well, women who use drugs have a poor conception regarding the public health system, one of those being the public hospital. Several of the focus group participants stated that they did not trust the Hospital General

(General Hospital) because they felt drug users always died there. They perceived that since their drug use judged them, doctors and nurses ignored them whenever they came in pain. Erica shared with the group that at the Hospital General "*ahí te matan*" (they kill you there). As well another participant, Victoria, told us that she once had to take her daughter there because of a medical emergency, and they were taking a long time to admit her into the hospital. Victoria had to advocate for her daughter's care with the nurses and doctors.

Meanwhile, at the time of the study in 2023, the focus groups and staff members identified that the lack of access to methadone was another failure and a way to inflict violence on people who use drugs. In 2023, Lopez Obrador decided to halt the production of methadone, a medication utilized to aid individuals in reducing or ceasing their substance use. Consequently, many individuals who had relied on this medication for years were abruptly informed that it was no longer available. This led to a significant number of these individuals either experiencing relapses or succumbing to overdose deaths. This was the case for Erica, a woman who had not used drugs for seven years. Erica shared with me that she had been on methadone for seven years, and after there was a shortage of methadone, she had relapsed. She recalled that once she was out of methadone, she felt as if she was dying, but she abstained for a long time to use it again. However, she relapsed again. As well, Karla stated the following:

*“Sí, he oído los comentarios de que hubo personas que murieron. Tuvimos aquí a una señora usuaria de metadona y la verdad la vimos cómo sufrió al desintoxicarse. Y aquí pues la verdad tenemos muy buenos doctores que se han capacitado sobre el tema”*

Karla, Staff Member

*“Yes, I have heard the comments that people died. We had a lady here who was a methadone user and we really saw how she suffered when going through withdrawal. And the truth is, we have very good doctors who have been trained on the subject [drug use]”*



Karla reflected on the condition in which Erica arrived at PrevenCasa. Besides Karla, other staff shared with me that this participant had struggled after the closure of the methadone clinics. Later, Erica shared with me that obtaining her daily dose of methadone was itself a struggle. Erica stated that she had to make it to the clinic and take two buses. This would take her half an hour each way. This made it hard for her to sustain a job that did not require her to work an early shift. As well, another staff member, Renata, stated that the cost of methadone was very high for some patients. She said that patients were requested to pay for their medicine in advance. This required people to pay a whole week's worth of treatment. In some cases, this could be 500 pesos (26 dollars) per week, while for others, it could be \$1250 per week (65 dollars). Renata recalls that while some clinics did not stop right away providing methadone, they started to ration people's treatment:

*“les empezaron a bajar un cuarto por día de las dosis y eso es mucho, entonces fue como que varios empezaron a usar metadona y usar sustancia o así o luego pura sustancia y entonces era como que varios iban como usando otra vez. Varios era como que los que probaban, querían ya probar como nuevo como por ejemplo la china es más barata que el cristal, pero pega más fuerte, pero también te puede dar una sobredosis si no era lo que usabas. entonces obviamente iba a caer una sobredosis la persona”*

Renata, Staff Member

*“They started to lower their doses a quarter a day and that's a lot, so it was like... several patients started using methadone and using drugs... and then they just started using drugs again. Many people thought that they could try new drugs like China White since it is cheaper than crystal and is stronger. But you can also get an overdose if you are not used to it. So obviously people were overdosing”*

Renata's story shows how systematic violence can lead to dangerous situations, and some of those endanger people's lives. Renata also recalls when Erica began to use the services at PrevenCasa after she was off methadone. During her relapse, Erica found out about PrevenCasa and the Safe Consumption Site (SCS). The first time she began using again, she did not overdose. However, as the months passed, she had her first overdose at La Zona. Luckily, she was at their

SCS, where a nurse was prepared to administer Narcan and triage with the doctors. However, this woman still recalls that the government-induced shortage of methadone nearly led to her death from an overdose.

Meanwhile, another institutional failure that caused a rise in overdoses was the lack of access to Narcan. As noted before, focus group participants shared that the police would confiscate their harm-reduction tools such as needles, pipes, and Narcan. In one of the staff interviews, Renata shared that it is tough for patients to access Narcan outside PrevenCasa. She stated that Narcan is classified as a controlled substance in México. Hence, patients need a prescription. Another identified obstacle was that Narcan is also not widely available at every pharmacy. Finally, Renata also shared that it is costly even if pharmacies have it. Hence, Narcan is not accessible for someone who uses drugs and is unhoused. In fact, in another staff interview, Karla shared that other organizations rely on them providing them Narcan:

*“Tengo entendido que la naloxona aquí en México es difícil de adquirir. De hecho, viene cruz roja, vienen bomberos, vienen aquí a pedirla la naloxona porque no les dan”*

Karla, Staff Member

*“I understand that naloxone here in Mexico is difficult to acquire. In fact, the Red Cross comes here, firefighters come here, they come here to ask for naloxone because they don't [the organizations] give them”*

After Karla's interview, I witnessed throughout my time volunteering during the summer of 2023 how some paramedics (from the Cruz Roja and a private one) would come to ask them for more doses. Mainly, I recall when an EMT from Cruz Roja came to PrevenCasa for Narcan, stating that they were only given four doses per shift. The EMT noted that this was not enough since sometimes they would have to administer two doses per overdose. Also, those four doses were not sufficient because there were more than two overdoses a day. Another private company EMT came to the organization another time to ask for more Narcan. From the interaction I observed, it seemed

the EMT had already come routinely to ask them for Narcan. When I asked the staff about this, they stated that, indeed, while they have a limited supply, they believe it is essential to distribute it as widely as possible.

The sudden cutoff of methadone and lack of access to Narcan by the government and health system has inflicted violence on vulnerable communities, especially women, resulting in a rise in overdoses. This is due to the lack of access to Narcan. During my time there in PrevenCasa, I witnessed at least an overdose per day. These memories struck me throughout my time in Tijuana; perhaps it was the most challenging part of this research study. The first time I attended an overdose during my time there in 2023 was after a patient ran to the clinic asking us for help to alert us that they needed Narcan because someone “*se esta doblando*” - someone was dying. The team of two doctors and I ran four blocks in the middle of a heatwave and were able to administer the Narcan to the person. Luckily, this person survived. Another time, we went to administer Narcan to a person in the middle of the road who overdosed when suddenly a significant National Guard truck stopped to randomly check people instead of helping us. Karla shared with me the following story:

*“El otro día, esta chica que está en el centro tuvo, en menos de un mes, tuvo siete sobredosis y, o sea, sí, tienen también sobredosis, claro que sí. Pero no son más visibles aquí”*

Karla, Staff Member

*“The other day, this girl who was in the rehab center had, in less than a month, seven overdoses and, I mean, yes, they [women] also have overdoses, of course they do. But they are not as visible here”*

To me, it was shocking how a person could have seven overdoses in a month. Besides inflicting violence by increasing the number of overdoses, the Mexican government has furthered people's trauma. According to the article "Conceptualizing Overdose Trauma: The Relationships between Experiencing and Witnessing Overdoses with PTSD Symptoms among Street-Recruited

Female Sex Workers in Baltimore, Maryland" by Kristin E. Schneider et al., people who witness and experience an overdose are likely to develop post-traumatic symptoms. This was something I could witness during my time in Tijuana. For me, every overdose and death represent a failed policy, a failed War on Drugs.

On my last day in Tijuana, a woman approached the clinic staff and informed us that another woman nearby had fainted. This occurrence wasn't uncommon. Throughout those two months, there were numerous occasions when individuals rushed to the clinic, seeking Narcan or asking for assistance in administering it. However, all, except for this instance, were men who had overdosed. After this woman had notified us of someone needing medical help, I grabbed the overdose equipment box (a box that contained syringes, injectable and nasal naloxone, gloves, and an oximeter). Per the clinic policies, I also asked a doctor in the clinic to go with me.

The woman who had overdosed, luckily, was not too far from us. She was just two houses down from where the clinic is located. When the doctor and I arrived, her partner started yelling at us in despair. He started crying. Per the training I had gotten a few weeks ago regarding what to do and how to attend an overdose, I asked him what she had used. While the doctor put the oximeter on her finger, I administered a nasal naloxone, a medication that remains a controlled substance in México, but it is a life-saving medication. After a minute, we realized that her oxygen level was decreasing. It was then that I rushed to prepare the second dose, an injectable naloxone. After administering the first dose and waiting two minutes per protocol, her oxygenation was still declining. Luckily, the day before, we received an oxygen tank donation from Emergency Preparedness, an organization in Eugene, Oregon.

Another doctor from the clinic came running to us with the oxygen tank ready to be used. And, thanks to that tank, within seconds, she started having a pulse again. Once the woman woke

up, we brought her into the safe zone in the back and had her relax after the traumatic events. However, she began crying and calling herself *stupid the moment she woke up!* (stupid). The patient not only seemed scared from the overdose but was disappointed with herself for overdosing again. We then learned from her partner that this was the third time in the week that she had overdosed. However, she fortunately had her partner, who had administered the naloxone during all those previous times, and thanks to that, she was not dead.

I was also able to witness how the rise in overdoses burned out staff members in PrevenCasa. During my interview with Karen, a staff member, she shared something with me that was very striking:

*“Yo siempre he dicho que el COVID no significó mucho. En realidad, para la comunidad, o sea, significó más la muerte del compañero de consumo por sobredosis... hubo realmente una epidemia fuerte, fue la llegada del fentanilo, COVID en realidad no significó mucho”*

Karen, Staff Member

*“I have always said it, COVID didn't mean much. For the community, the death of a fellow drug user due to an overdose meant much more... there was a really strong epidemic, it was the arrival of fentanyl, COVID didn't really meant much”*

In all honesty, I felt very oblivious about this. I worked at the public health department during the pandemic and was part of the initial COVID response. I remember the day we were told COVID-19 would probably arrive in the U.S. soon. I still remember speaking with my sibling and telling him that all services would probably stop at PrevenCasa. My brother responded, *“harm reduction in Tijuana does not stop.”* To me, COVID has always meant the most significant tragedy we have experienced. But, after my interview with Karen, I was shocked. It was true; the opiate epidemic in México has taken so many lives and caused so much trauma. In her interview, Karen shared that COVID did not mean much to them because the message was always, *“Wash your hands, keep your distance, stay home.”* Karla said, *“But, what if people do not have access to water, a house, then, what?”*. Karla's comments were powerful yet chilling because, while I do not want

to diminish the COVID pandemic, the opiate pandemic has also taken many lives. We also need to keep in mind that those memories are highly marked by people who witnessed their peers either overdosing or dying. Throughout my time in PrevenCasa in 2023, I often saw how staff members were burned out after losing so many people due to these failed policies. Hence, at an institutional level, the lack of access to HIV tests and treatment, methadone, condoms, syringes, and Narcan creates a rise in overdoses and improper health management.

#### B) Educational Resources

Additionally, participants in the focus group also identified that there is a lack of accurate educational information regarding drug use. Staff members in PrevenCasa stated that the president of México, AMLO, has promoted a misinformation campaign that hinders the lives of people who use drugs. At an institutional level, this failure causes more harm by spreading stigma. For example, Renata stated:

*“Veo mucha desinformación, no veo que el gobierno esté interesado en saber del tema... pero pues el presidente niega el uso de varias drogas, cuando en realidad hacen como si no hicieran limpias de todas las zonas de las personas que usan sustancias. Y todas las estrategias se me hacen muy inhumanas. Más de los centros, que a veces es como que nada más como tener a la persona en abstinencia hasta que aguanten y los sacan”*

Renata, Staff Member

*“I see a lot of misinformation, I don't see that the government is interested in knowing about the issue [drug use] ... but then the president denies the use of various drugs, when in reality they pretend they are not cleaning all the areas where people who use drugs are at. And all the strategies seem very inhuman to me. More from the rehab centers, which sometimes they just wait for the person to go to withdrawal, and they let them go”*

Renata and other staff members state that the current drug policy in México is creating more stigma regarding people who use drugs. While President A.M.L.O. noted at the beginning of his campaign he was not going to enforce the War on Drugs, he broke his promise. Instead, he implemented a strategy similar to D.A.R.E. during his administration. However, instead of only doing it at school, he is expanding the campaign at a community level. As stated in the literature

review, A.M.L.O. has even created ads and musical songs that focus on highlighting the wrongs of doing drugs. Those stigmatizing campaigns are motivating the local government in Baja, California, to “clean” the streets and make sure no drug users are visible. For example, some of PrevenCasa’s clients lived at El Bordo, the sewer water bridge that divides the U.S. and México. However, the local government has chosen to incarcerate the people living there. While education was not a significant trend, mentioning how misinformation hurts people was still necessary.

### C) Resources

Meanwhile, it was also identified that another type of institutional violence was the lack of support and funding for organizations that perform crucial public health work, as well as the absence of services specifically targeting women. This is also under the institutional level due to the failure of the governmental agencies to properly provide support to a marginalized community. Firstly, at the time of the project in 2023, staff members identified that there was a lack of safe spaces for women who use drugs. For example, Karla stated that women who use and have children do not have access to a lot of services. Karla says that some women who have been interested in getting into treatment often have to choose between getting sober or staying with their kids. Many of those women are single parents who will be targeted by family services and can jeopardize the custody of their children. However, Karla also stated that not allowing women to be with their kids during rehab, especially young kids, was hurtful. Karla draws on her own experience as a mother and a former drug user. She also shared that she has seen women going into treatment centers just moments after they gave birth and are asked to turn in their babies to family services and head to rehab. Karla told me, “*How can people not expect them to be depressed and find their rehabilitation more challenging?*”. While I am not advocating for children to be allowed to stay in rehab centers, I do believe women should be able to have visitations with their children

throughout their time there. Rehab treatments in México are known to be cruel and force any contact with the outside world. People are scared of rehab facilities. There is a need for more comprehensive services according to the needs of women. That same participant, Karla, also pointed out that there are no specific shelters for women, especially for those with kids. Therefore, there is a need to have more housing dedicated to women and their children. The lack of these services continues to seclude women who use drugs.

Meanwhile, staff members also identified that the lack of funding they are currently experiencing is a direct act of violence on people who use drugs, specifically on women. Since the beginning of this current administration, PrevenCasa has had to change not only the number of condoms that they provide but also the number of needles they exchange. According to Ana, this current administration stopped all harm reduction funding because the government saw it as encouraging people to use drugs. For her, it was shocking to see how the government would not back-provide the needed services such as methadone, condoms, and HIV medication to people. Ana stated:

*“Hay países es donde hay pena de muerte por uso de drogas, pero yo considero que en México eso también es aplicar una pena a muerte, porque el no tener acceso a servicios es darle la pena de muerte”*

Ana, Staff Member

*“There are countries where there is a death penalty for drug use, but I consider that in Mexico that is [not providing harm reduction services] also applying a death penalty, because not having access to services is giving the death penalty”*

Ana’s quote reflects the lack of proper funding and services to provide life-saving resources. She referred to the death penalty due to feeling like the government was abandoning people in need. As we have seen throughout the chapter, focus group participants have stated that, indeed, they need harm reduction services; without them, they would be exposed to overdoses, HIV, or other STIs. In the meantime, PrevenCasa has also been affected by the lack of funding.



Staff members recognize that this has limited their resources to be distributed but has put them in a position to fill the gap that the government should be in charge of providing.

*“A la organización le ha tocado recibir todos estos golpes... A veces las organizaciones sienten que estamos salvando a la gente y en realidad no, no estamos salvando nada. Simplemente estamos lidiando y amortiguando que el golpe sea más cabrón, pero en realidad la gente sigue muriendo de VIH, de falta de atención médica, sigue muriendo de muchas cosas y las organizaciones no salvamos nada”*

Karen, Staff Member

*“The organization has had to take all these blows... Sometimes organizations feel that we are saving people and in reality no, we are not saving anyone. We are merely managing and softening the impact to prevent it from becoming worse, but in reality people continue to die from HIV, from lack of medical care, they continue to die from many things, and we do not save anyone”*

Karen stated that the lack of proper harm reduction services was killing people who use drugs. However, she also recognized that they can only help so much due to their limited funding. While I disagree with Karen because I believe PrevenCasa is doing important work, I understand where her comment is coming from. From someone who has been working at PrevenCasa for a couple of years, she has been unable to see significant changes. Significantly, after AMLO cut NGO funding, seeing a positive change has been challenging. Staff members recognized that people do not die of old age but from preventable causes such as gun violence, overdoses, or poverty. At an institutional level, participants identified the lack of funding and targeted services as an act of violence against women who use drugs.

#### Community-Level: Community Violence

All the instances illustrate how institutions, such as the police and others, contribute to these issues. Nonetheless, the government's implementation of the War on Drugs has led to the stigmatization of drug use, a surge in overdoses, and heightened vulnerability among women who use drugs. However, both participants in the focus group and individual interviews identified that the community also inflicts violence on women who use drugs.

The community level in the SEM focuses on the settings and the contexts in which social relationships occur and how these environments can impact the individual's health outcomes. For example, Juana shared with the group that the man who oversees the building where she rents a room has previously attacked them. She said this was to intimidate them after another resident said someone stole some of their valuables. Juana recounts that the manager of the building then asked everyone to lie on the ground and placed a gun on their head in hopes of getting a confession. She also stated that another time, she had been hit by him because she talked back at him during an argument. To my surprise, other participants started to agree with her. All the eight women in that 3rd focus group decided that this type of violence was common. Another participant, Rebeca, noted that she was hesitant to go to a rehab center because of the stories she had heard. Rebeca shared with the group that she had been told about a shelter the owner ran as a rehab center.

*“Ahí en su sala puso literas y cuando están pasando la malilla, les quita su dinero que traen y después los corre y no les quiere dar sus cosas. Según él es como casa de rehabilitación, y según él es pastor”*

Rebeca, Focus Group 4

*“He puts bunk beds in his living room and when they are going through the malilla [withdrawal], he takes people's money away and then he kicks them out. He then refuses to return his things. According to him, it is like a rehabilitation house, and according to him he is a pastor”*

Rebeca's story shows how community members, even those who claim to be pastors, take advantage of people in need, especially women who use drugs. Renata, a staff member at PrevenCasa, mentioned another example of community violence. She told me during our interview that clients sometimes have difficulty getting places because they are often denied the right to get on a bus.

*“Los del transporte les niegan el servicio. Porque muchas veces cuando vienen sucios, así no los quieren subir, y son muy discriminatorios, y pues tienen que ir a veces hasta pie”*

Renata, Staff Member

*“The bus drivers will deny them [drug users] the transportation service. Because many times when they [drug users] are dirty, they don't want to drive them, they are very discriminatory, and so sometimes they [drug users] have to go on foot”*

Renata identifies that the women, and any other drug user, being denied transportation is a way to inflict violence because users are being discriminated against. This not only prohibits them from getting to critical medical appointments like HIV but also makes them feel as if they are not part of the community. Lastly, another identified form of community violence is the requirement for women and all applicants to undergo HIV and drug testing when applying for a job. If they test positive, they are not hired. This constitutes community violence as it inflicts discrimination based on substance use and health status. Therefore, at a community level, the violence that women experience within their social networks and environment heightens their exposure to violence and stigma.

#### Interpersonal-Level Violence: Gender-Based Violence

While not directly noted, participants in the study shared with me instances in which they felt they were exposed to a higher degree of violence due to the societal expectations around womanhood and the stigma associated with drug use. The interpersonal level of the Socio-Ecological Model (SEM) examines the relationships and interactions between individuals and their immediate social circles, such as family, friends, intimate partners, and peers. This level focuses on how these relationships influence behaviors, experiences, and health outcomes. Ana shared with me throughout her interview that women who use drugs are stigmatized because they are not supposed to use drugs:

*“Acuérdate de que la mujer tiene que ser, desde que nace, tiene que ser una buena niña, una buena mujer. Las mujeres no deben usar ni drogas, ni sustancias, ni alcohol, ni fumar. O sea, siempre va a ser más estigmatizada la mujer en todos los aspectos”*

Ana, Staff Member

*“Remember that a woman has to be, from birth, a good girl, a good woman. Women should not use drugs, substances, alcohol, or smoke. In other words, women will always be more stigmatized in all aspects”*

Additionally, women in México are at significant risk of femicides. Femicides are defined as the killing of women based on their gender. This has become a constant and growing issue in the country. As previously shared throughout this chapter, participants in the focus groups identified that the harassment of the National Guard, police, and community makes them feel uncomfortable or constantly assaulted. In the second focus group, I asked participants if they thought the police harassed them because of their gender. All the 9 participants stated that they did. When Laura shared their story regarding how the police randomly stripped and searched her, she told us she felt it was because of her gender and sexuality:

*“A las personas homosexuales, nos rechazan. Nosotras sufrimos mucho. Un maltrato. Hace poco sufrí de una amenaza y golpes, pero aquí estoy, no pasa nada, yo sigo aquí... la calle me da miedo”*

Laura, Focus Group 2

*“People reject us, the homosexuals. We suffer a lot. A lot of abuse. I recently suffered a threat [by a policeman] and a beating, but here I am, no worries, I'm still here... the street scares me”*

Laura identifies as a trans woman who migrated to México, hoping for a better life. However, since she arrived in Tijuana, she has experienced different levels of violence. Primarily, at the time of the research project, she stated that she recognizes she is at risk of enduring more assaults and harassment because she is a trans woman. Another participant, Victoria, acknowledges that the police tend to use more force when they are dealing with a woman. She shared with the group that this was a power trip. Police officers in México feel they have the authority to abuse women. As previously mentioned, under the criminal justice system section, participants identified that they were at risk of being sexually assaulted by the police. Women in these groups often described feeling disappointed and angry when they could not seek justice.

However, focus group participants stated that community members and partners have also inflicted violence because of their gender. During the fourth focus group, I asked participants if they ever felt harassed by men in their community. All 9 of the participants stated they did. A staff participant, Renata, said being a woman in México is already very vulnerable. So, then, being a woman who uses drugs and is unhoused places you at a higher vulnerability for violence. Some participants shared that to secure a place to spend the night, they would have to trade it for sex. Karla shared with me that when she was actively using, she was also unhoused. She then began working as a sex worker, and whenever she did not have a place to spend the night, she would trade sex for a room to sleep in. Karla also identified that women in those circumstances are exposed to having their belongings stolen and being hit or raped. She stated:

*“Si, por eso siempre te digo que no todos los hombres, pero sí hay muchos pasados lanza, de qué ‘ah te vas a quedar aquí pero así está el pedo’... ósea tienes que acceder. O a veces sufre violencia física. De hecho, se podría decir que casi todas mis pinches relaciones fueron de golpes, maltratos, cuchilladas y demás... Me junte [case] con la primera persona y golpes, cuchilladas, quemadas y demás”*

Karla, Staff Member

*“Yes, that's why I am telling you that not all men [are bad], but there are many ones that are bad. They [the men] tell you 'Oh, you're going to stay here but you have to do this [have sex]'... well, you have to agree. Or sometimes one suffers domestic violence. In fact, you could say that almost all my relationships involved beatings, abuse, stabbings and so on... I got together [married] with the first person I was with, and I was hit, stabbed, burned and so on”*

Karla shared that in her own experience as a previous user, she had experienced all kinds of violence inflicted by her partner. Therefore, she states that women who use drugs are exposed to gender-based violence inflicted by either their community or significant other.

Another type of consequence of gender-based violence is the likelihood of overdosing and dying among women who use drugs. At the start of my project, I noticed that most of PrevenCasa's clients were men. I wondered why women weren't coming to PrevenCasa. Were there simply more male users than female? Throughout the research project, I asked staff members to let me know

their reading behind. Renata stated that while there were women who were drug users, however, they were not as visible because they tended to hide their use. As well, I had asked Renata why then women's overdoses were not as visible. Although witnessing a woman overdosing on the streets was a rare occurrence for me, it doesn't imply that women don't experience overdoses. Instead, these incidents likely occur in more private settings like their homes. In my interview with a staff member from PrevenCasa, I inquired about the absence of women overdosing on the streets, similar to the cases we had been responding to throughout the week. She explained that women are often confined to their homes or the rooms they rent by their partners. As well we can also add that women who use drugs are highly stigmatized. Therefore, their use will not be as visible, and as a result, it puts them at a higher risk of dying from an overdose. One of the female patients who came to the clinic disclosed that she regularly visited the bathroom in her rented building to inject heroin. However, she expressed fear that she might overdose during one of these occurrences, with no one available to assist her. The staff at the clinic told her about the safe consumption site, "La Zona," a protected space in which women could safely use drugs. After learning from this service, she began using the safe area to use drugs. As well another staff member, Sofia, stated that women suffered much more vulnerability because of the stigma they carry as drug users:

*“Pues yo creo que no es tan visible [sobredosis en mujeres] porque todavía hay mucho estigma, o sea las mujeres hasta ellas mismas como que les da, no sé, cómo pena o hacerlo fuera o andar en la calle, entonces muchas se quedan guardadas. Siento que las mujeres se esconden más o lo hacen como más en privado”*

Sofia, Staff Member

*“Well, I think that it is not so visible [overdose in women] because there is still a lot of stigma, even women themselves are shy about doing drugs outside or on the street. Therefore, they stay hidden. I feel like women hide more or do it more privately”*

Sofia explains in her quote the reasoning as to why women overdoses are not as visible as the male users. Throughout my two months in México, I only witnessed two overdoses on two

women. However, this only reinforces that women who use alone may have a higher risk of overdosing.

#### Individual-Level: Experiences

At the beginning of my project, I assumed that the participants in this study would share more in the focus groups regarding their lived experiences as deportees. As noted at the beginning of the chapter, out of the 14 participants, only eight had shared during their intake paperwork that they had a previous deportation. Of those eight, seven stated they were born in Mexico, and one in El Salvador. While the first focus group focused on understanding their lived experiences and how they ended up residing in Tijuana, only four participants felt comfortable sharing with the group that they had been previously deported from the United States. Out of those four participants, only two stated that they had a previous history of incarceration in the U.S. In fact, at the time of the first focus group in 2023, Karla, a focus group participant, shared with the group how she was in a U.S. jail due to stealing a car and trying to cash a stolen check. When Karla shared with the group, she began to laugh when telling the group how she escaped the jail. Everyone in the group laughed and was amazed at her story. Karla was the only participant who, in front of everyone, felt the need to share more than mere yes or no answers to my interview questions. I had assumed that participants in the group would detail to me, at an individual level, how migration policies and the War on Drugs have impacted their lives. This does not mean that focus group participants do not have meaningful personal lived experiences. However, this means that, in a focus group setting, participants are more hesitant to share personal details about themselves, especially if they are getting to know each other.

Throughout this research project community, structural and gender-based violence were a common experience among women who use drugs. However, throughout the SEM, we can

understand and analyze how their surroundings at an interpersonal, communal, and institutional level expose higher and distinct degree of violence than other people who use drugs. Most of the violence participants spoke about in the groups and individual interviews appeared not immediately visible to everyone. Participants in the focus groups recognized that they shared similar experiences regarding their exposure to violence. Consequently, the violence they endure is even more dangerous due to the lack of people acknowledging and normalizing it. This chapter aims to shed light on the different levels of violence women who are drug users in Tijuana face day to day. The War on Drugs has not only heightened violence, but it has perpetuated governmental and institutional violence towards women. During my ethnographic research in 2023, I heard stories from resilient women who shared traumatic events.



## CHAPTER VII

### PrevenCasa: Safety, Advocacy, and Community for Marginalized Women

*What are the social impacts of PrevenCasa's services for women who use drugs?*

In the previous chapter, my research delved into how women who use drugs were marginalized. Throughout the interviews and focus groups, it was noted that women who use drugs experience gender-based, community, and structural violence. Therefore, I wanted to know which services the participants considered essential and the reasons behind their significance.

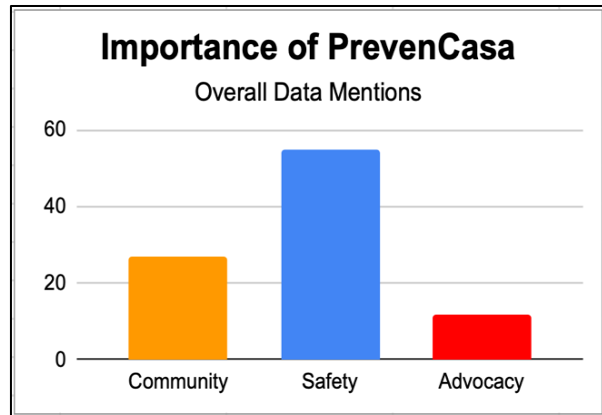


Figure 11. Data coded during the research project 2023. Overall importance of PrevenCasa.

Overall, I wanted to understand how the services in PrevenCasa helped them amidst the War on Drugs. Participants in the study identified that PrevenCasa was an important organization that provides essential services and does important work. Participants shared which services were necessary and why throughout the interviews and focus groups. The services were categorized into three primary areas: Safety, Advocacy, and Community. This chapter explores the significant services provided by PrevenCasa and their social impacts through the lens of the Socio-Ecological Model. Consequently, the chapter will delve into

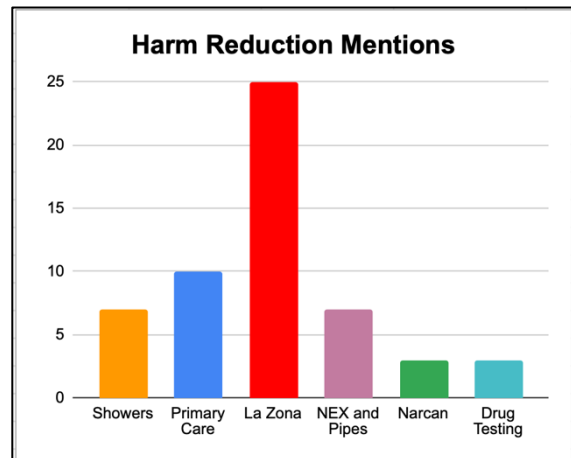


Figure 12. Data coded during the research project 2023. Overall importance of PrevenCasa. Harm Reduction mentions breakdown.

these three categories, explaining them at the individual, interpersonal, community, organizational, and policy levels.

### Safety: Harm Reduction Services

Participants in this study stated that they felt physically and emotionally safer due to the harm reduction services offered at PrevenCasa. Participants identified five critical harm reduction services: showers, primary health services, La Zona, needle exchange and pipes distribution, Narcan distribution, and drug testing.

#### Individual Level: Showers and Primary Health Services

##### *Showers*

At the time of the study in 2023, focus group and staff participants identified that, at an individual level, the free showers are an essential service that provided them individual safety. In 2021, PrevenCasa decided it was necessary to offer this service due to the need for more access to showers, especially among the unhoused population. Per day, the organization provides about six to ten spaces for daily showers (except Saturday and Sunday). Within the neighborhood of the Zona Norte, there are no other organizations that provide free showers to unhoused people. To have access to it, someone would have to seek access in a temporary shelter, in which drug use is not allowed and highly stigmatized. When I arrived in June in Tijuana, the forecast for the weather exceeded 90 degrees Fahrenheit. Throughout my time there, I often tried to hide from the shade due to how hot it was. Tijuana is a city made of complete concrete and lacks green spaces, making it nearly impossible to catch a break from the heat. Hence, a person without a proper home needs to have not only access to a safe space but also a shower. The shower service was one of the most requested throughout my time at the clinic. Often, when we take clients to the shower space and provide them with shampoo, soap, and a towel, they would be very grateful to access these

services. While the showers were offered to everyone, priorities were given to women who needed one. PrevenCasa's reasoning behind it was that women, especially those who are drug users, tend to be highly vulnerable to different types of violence. For example, as previously stated in another chapter, one of my participants, Laura, noted that the most significant service she accessed was the showers. This participant said that it was vital for her to shower daily since this would reduce any possible harassment from the police. She stated:

*“Cuando me baño y me dan un cambio de ropa, es menos probable que la policía me hostigue”*  
Laura, Focus Group 2

*“When a shower, and have clean clothes [those are also given by PrevenCasa], it is less likely I will be stop by the police”*

In these words, Laura explained that the opportunity to shower would help her avoid unnecessary encounters with the police. Meanwhile, other participants also stated that the showers at PrevenCasa were a safe space to shower. At least two participants said that they shower at PrevenCasa because they know no one will assault them. Erica noted in our fourth focus group that she had nowhere to sleep or shower after her house burned. Therefore, the first thing she does early in the morning is head down to PrevenCasa and shower. Another participant, Babara, mentioned that showering allows her to feel good about herself.

*“no por usar una sustancia vas a dejar de tener la higiene”*  
Barbara, Focus Group 4

*“Not because you use drugs, you will stop having hygiene”*

Within this quote, Barbara referred to the fact that all people, whether they use drugs or not, have the right to shower. She recognized that she must come and shower at PrevenCasa, wash her teeth, and get a change of clothes to feel like herself again. Indeed, Barbara was a frequent client who would spend a long-time showering. However, after she shared with us, I understood how vital a shower was for her and why she would take a long time. For her, showering was her

self-care; it gave her a sense of normality amidst being unhoused. Additionally, a staff member, Ana, stated that access to a shower is essential for unhoused women.

*“La higiene de la mujer es importante, y si hablas con cualquiera de ellas, te va a decir: ‘es que yo busco un espacio donde al menos lavar mis genitales’... Y es algo que a mí me ha impactado durante mucho tiempo. El hecho de que la mujer diga ‘sí, pues parece ser que no tengo un espacio donde bañarme, pero yo busco en la gasolinera donde al menos lavar esta zona’. Sobre todo, cuando está teniendo relaciones sexuales o en sus periodos menstruales. Entonces pues es muy, muy importante”*

Ana, Staff Member

*“Women's hygiene is important, and if you talk to any of them, they will tell you: 'I'm looking for a space where I can at least wash my genitals'... And it's something that has impacted me for a long time. The fact that the woman says 'yes, it seems that I don't have a place to bathe, but I'm looking at the gas station where I can at least wash this area [genitals].' Especially when she is having sex or during her menstrual periods. So, it is very, very important”*

The participants in this study in 2023 stated that there were no other organizations, except shelters, where they had the opportunity to take showers. However, in some shelters, they also felt unsafe since those were not private showers. As stated by another staff member, there are only a few free showers available to drug users. Primarily, if they are available, they are meant for migrants who have just arrived in Tijuana. Therefore, PrevenCasa thought this service was essential to implement. However, throughout the progression of this project, focus group participants recognize the showers as a vital harm reduction service that helps them feel physically and emotionally safe.

### *Primary Health Services*

Another vital service that participants identified as providing them with individual safety was the primary health care services at PrevenCasa. As noted previously, PrevenCasa is a non-governmental organization that was founded to provide free medical care for vulnerable populations such as drug users. Participants in the focus groups and individual interviews stated

that they seek medical care services there because they make them feel safe and are treated with dignity.

*“Si, yo estoy segura de que estoy limpia porque aquí hice mis pruebas. Aquí también te dan medicamentos si necesitas. A veces, en el hospital vas y no te lo dan. Y aquí te haces un cuerazo y te atienden rápido y bien”*

Erica, Focus Group 2.

*“Yes, I am sure that I am clean because I did my tests [HIV] here. They also give you medicine if you need it. Sometimes, if you go to the hospital [public hospital] they don't give it [the meds] to you. And here, if you come with a cuerazo [wound] they triage you quickly and treat you well”*

Erica's quote reflects on the structural violence that they suffer when seeking services at the public hospital. Therefore, she shared that she continues to come to PrevenCasa because people are treated with dignity and respect. Most importantly, people are not judged based on their drug use, whether they deserve medical care or not. Participants know that they are safe by seeking medical care at PrevenCasa. Another participant stated that drug users are harassed at other clinics. As a result, they only want to seek care in PrevenCasa.

*“Hay gente que les han dicho, "te van a cortar el pie". Vienen aquí a diario, y no, su pie está súper bien. Pero ósea, llevan una buena curación, porque aquí se les hace más fácil... Se sienten protegidos, se sienten comprendidos más que nada”*

Karla, Staff Member

*“There are people who have been told, ‘they are going to cut off your foot.’ They come here every day, and no, their feet are doing well. But I mean, they come here to have good wound care, because it is easier for them... More than anything they feel protected, they feel understood”*

Karla mentioned during her interview how people would be turned away scared by doctors at the public hospital. According to Karla, doctors and nurses in public hospitals don't like working with patients who use drugs because they assume that they will not take care of their wounds. Hence, doctors and nurses at the Hospital General tend to tell patients that they will have to amputate the area where the infection is as an attempt to make patients care for their wounds. Karla shared that this is ineffective because it drives patients away from care instead. Luckily, patients

do feel safe and comfortable seeking wound care at PrevenCasa. Victoria shared in the third focus group that she likes coming to PrevenCasa because they treat them well. She shared it with us:

*“Aquí el trato es diferente, nos dan el trato que nos merecemos. Y aparte nos dan el medicamento, que es de gran ayuda porque ahorita el medicamento está muy caro”*

Victoria, Focus Group 3

*“Here the treatment is different, they give us the treatment we deserve. And they also give us the medicine, which is a great help because right now the medicine is very expensive”*

Victoria stated that she seeks almost all her services at PrevenCasa because she does not feel judged or like she will be discriminated against. Victoria also noted that the fact that PrevenCasa provides her with free medication also gives her a sense of security because she does not have to worry about trying to come up with the money. Overall, the primary health care that PrevenCasa offers makes women who use drugs feel safe compared to other public institutions where they are marginalized.

For the participants in this research, shower and primary health care services provide individual-level interventions within the SEM because they address their needs and impact their overall well-being. While showers can help women who use drugs maintain their hygiene and prevent wound infections, showers can also provide a safety net by boosting their mental well-being. Participants reported that having access to showers reduced their exposure to violence by offering a safe space and minimizing random police stops. Also, being able to seek primary health care services aided them at an individual level because the primary health care services offered at PrevenCasa offer an opportunity to educate women who use drugs on the importance of addressing immediate health concerns and the importance of preventing other infections such as STIs, TB, and wound infections. Both showers and primary health care services directly impact a person's overall health and quality of life.

### Interpersonal Level: Harm Reduction Interventions

Participants in this project also identified that La Zona, condoms, Narcan, needle exchange and pipes, and testing strips are resources that provide not only individual-level safety but also interpersonal safety. This is because they involve interactions between people and their community.

#### *La Zona: More than a Safe Consumption Site*

La Zona has become an essential service within PrevenCasa. While ideally, the SCS would be open to everyone, PrevenCasa focused on providing this service for women because they face higher risks of experiencing violence. Throughout my interviews with the staff, there was a consensus regarding the lack of services targeted to women, especially those who use drugs. Hence, PrevenCasa opened this SCS targeted to women. While it is mainly for women, participants are allowed to bring their partner or friend to La Zona if they choose to do so. Inside this SCS, women can test their substances, obtain Narcan, condoms, pipes, menstrual products, lip gloss (important for pipe smokers -- since the glass can break their lips), hand soap, information regarding safe drug-using methods and, above all, a safe space to hang out. La Zona has worked as an overdose prevention center, but it also has worked as a safe space in which women support each other, are empowered, and are protected from further exposure to violence. Hence, participants in this study stated that La Zona was thriving towards providing a safe space to women.

Primarily, La Zona was identified as a safe space where women could use their drugs and be helped in case of an overdose. For example, Erica shared with me that she learned about PrevenCasa when she came to seek medical care after experiencing severe withdrawal symptoms. It should be emphasized that Erica not only went through withdrawal but also ended up relapsing

due to the abrupt cessation of methadone. Before this, Erica had been on methadone for seven years. However, after relapsing and learning about PrevenCasa, the staff at the clinic told her about the SCS and the available resources. Indeed, her first overdose was at La Zona. However, the SCS supervisor assisted her, and the Narcan was administered. After that, Erica understood the importance of testing her drugs and not using them alone. Erica would attend La Zona daily. Sometimes, two times per day. She rarely used alone anymore because she was afraid of overdosing. She even told me that she made sure to have a home needle with naloxone that says:

*“En caso de verme sin respirar, por favor de utilizar”  
“If you see me not breathing, please use”.*

Erica recognized that La Zona has played an essential part in her staying safe because people can assist her if she happens to have another overdose. As well she has learned the importance of testing her drugs and always carrying Narcan. As well, staff members identified La Zona as a safe space for women who use drugs because they are protected from experiencing an assault while high. For example, Ana, a staff member, shared the following story with me:

*“Bueno, primero regresó cuando pensamos en abrirla. Creo que me preocupaba mucho ver mujeres afuera con alguien, a quienes ellas le llaman como el doctor, que es un hombre que sabe dónde encontrar una vena para poder inyectar droga. Entonces me preocupaba mucho ver a las mujeres allá afuera utilizando sustancias inyectables y así... en algún momento teníamos que abrir este espacio”*

Ana, Staff Member

*“Well, I should start with when we thought about opening it. I think I was very worried about seeing women out with someone, whom they call “the doctor”, who is a man who knows where to find a vein so he can inject the drugs. So, I was very concerned to see women out there using injectable substances and so... at some point we had to open this space”*

Ana states that often, women who use drugs have a hard time finding a vein where they can inject. Plus, due to the criminalization of people who use drugs, some of them may feel rushed to shoot quickly to avoid being seen by the police or National Guard. Hence, it was essential to open a space dedicated to women so they could safely use drugs, but in case they needed someone



to assist them, they would get to choose who could come with them. Also, during my time in PrevenCasa, I had gone with the SCS supervisor to help her with a couple who wanted to use La Zona. The SCS supervisor asked for my support because two patients wanted a backup in case of an overdose. While no overdoses occurred, after using, the male partner started arguing with the female. At that moment, the SCS supervisor interjected and asked the male client to respect each other. Through this observation, it was clear that the primary purpose is to ensure clients, especially women, are safe.

On the other hand, La Zona was also identified as a safe space where participants could gather, hang out, or come to seek help. Firstly, focus group participants stated that La Zona became a space where they could go and seek advice or rest. Victoria shared with the group that:

*“La Zona sirve para descansar y para analizar la situación... tal vez algunas necesitamos que al menos se nos escuche y nos den un consejo porque, aunque ya tengamos años a veces nos agarran de bajadita”*

Victoria, Focus Group 3

*“La Zona serves as a space to rest and to analyze the situation... perhaps some of us need to at least be listened to and given advice because, even though we are already old, sometimes we are sad”*

Victoria’s quote reflects upon the importance of having spaces dedicated to women who use drugs. Her quote highlights how often, like any other person, they need to feel heard and may need some emotional support during tough times. For example, Rosa, the participant in the 2nd focus group, shared with the group how the National Guard physically assaulted her and came to La Zona asking for a hug. One day, I was asked to assist the clinic and help them supervise La Zona. Rosa came in that day and told me, “I’m not here to smoke, can I just hang out, I just had a fight with my partner.” I told Rosa she was welcome to hang out and that we had some art materials. Rosa then began coloring and telling me about her fight with her partner. In another second instance, the SCS supervisor and I were at La Zona, and I was asked by another client who

did not participate in the focus groups if I could hug her. To my surprise, female clients would not only come to La Zona to use but also seek emotional support and hope to decompress. In fact, it was also surprising for staff member Ana to see that women were coming to La Zona to decompress, not necessarily to use.

*“Pero también me llama la atención que no todas vienen aquí a usar una sustancia porque, también eso queríamos que ellas tuvieran un espacio seguro. Un espacio en el que ellas pueden llegar y descansar, llegar a platicar con alguien más, maquillarse, leer un libro, colorear, es decir un espacio donde ellas se sintieran seguras, tranquilas así que no todas vienen a usar una sustancia”*

Ana, Staff Member

*“But it also strikes me that not everyone comes here to use drugs because that’s also what we wanted, we wanted them to have a safe space. A space where they can come and rest, talk to someone else, put-on makeup, read a book, color, that is, a space where they feel safe, calm, so not everyone comes to use a substance”*

Similarly, to Ana, the other four staff interviewed stated that La Zona had become a space where women would come to seek help. For Ana and the rest of the staff, La Zona became an SCS and a space where staff could connect women with resources.

*“es que para nosotros La Zona no significa solamente el espacio, significa que él también gestiona otros servicios de salud... Hacemos gestiones como de vinculación en otros aspectos que puedan mejorar la salud y la calidad de vida de las mujeres. En el tema de la violencia, lo que gestionemos ahorita con policías, con el Instituto de la Mujer, con esas otras instancias para evidenciar que hay violencia, que existe violencia y que se necesitan tomar acciones y sanciones severas para aquellos quienes violenten los derechos de las mujeres, quienes ejercen violencias sobre ellas, específicamente seguridad pública”*

Ana, Staff Member

*“For us, La Zone does not only mean the space [SCS], it means that it also allows us to offer other health services... We make efforts to connect them [the women] with other aspects that can improve their health and quality of life for women. On the issue of violence, we are working right now with the police, with the Women's Institute, with other institutions to show that there is violence, that there is violence, and that severe actions and sanctions need to be taken for those who violate the rights of women, those who exert violence on them, specifically public security”*

Ana shared with me that the organization is actively trying to present a case to the state to demonstrate how women who use drugs are assaulted and violated by the police and, in some

cases, by the National Guard. However, in Ana's statement, it is also important to note that La Zona has worked as this safe space that women who use drugs have requested. The staff also takes the opportunity to offer wrap-around services.

On the other hand, La Zona has also become a safe space for women to hang out and share. After the focus group concluded and the women asked for more opportunities to hang out with each other, PrevenCasa decided to organize "Viernes de Películas" (Friday of Movies). According to two staff members, Sofia and Karen, the women who had come had truly enjoyed these sessions. Karen told me that one woman could not remember when they last saw a movie. Karen also observed that women were laughing and simply relaxing during that moment. They were safe. Sofia shared with me:

*"sí, nos han dicho, que tenían años sin ver una película o años sin escuchar tal canción ósea, cosas así bien que... que pues para uno es bien normal. Pero para ellas sí es como de que 'que loco, tenía mucho tiempo sin hacer esto... sin sentarme a comer unas palomitas. Pues las hace despejarse, si, salirse de esa de esa rutina, de la violencia que llegan a ver todos los días"*

Sofia, Staff Member

*"Yes, they have told us that they had not seen a movie in years or years without listening to a song, things like that, well... for us is very normal. But for them it's like 'that's crazy, I haven't done this for a long time... I have not sat down to eat some popcorn in a long time.' This makes them get their heads clear, yes, to get out of that routine, of the violence that they see every day"*

The main goal was to allow women to hang out and decompress. While watching a movie may not seem like a big deal to some, it provides comfort and a sense of normalization to women who are highly marginalized and vulnerable.

Lastly, focus group participants identified that La Zona has become an important space that provides them safety because they can share their experiences with each other. These experiences, often unheard and overlooked, are crucial in understanding the challenges these women face. Prior to the start of this research project, there were few attempts to hold workshops at La Zona. While

this is not the fault of PrevenCasa, it is tied to the limited staffing they have and funding. However, Barbara shared that these "gatherings," the focus groups, were essential because they allowed her to hear her peers' experiences.

*“a veces pensamos que nada más a mí me pasa, que a nadie le pasa nada, que yo soy la que está después... salada. Y en realidad cuando ya nos unimos en grupo pues obviamente nos compartimos y nos damos cuenta de que también otras pasan por cosas”*

Barbara, Focus Group 4

*“Sometimes we think that [bad things] this only happens to me, that nothing happens to anyone else, that I am the one who has... bad luck. And, when we join in a group, and we share with each other, we realize that others also go through things”*

While Barbara did not mention this during the 3rd focus group, where we discussed the importance of PrevenCasa, she shared in the last group that these focus groups had been vital for her because she feels supported by her peers. Hence, after the focus group ended, more participants wanted to continue them so they could get together and share about their days. While La Zona was intended to be a SCS, this has indeed become a safe place for women who use drugs. Women have not only been able to be helped during overdoses, but they have been provided a space in which they are welcome and cared for.

La Zona has not only provided a safe space at an individual level, but it has also fostered a strong sense of community. Participants in the focus groups stated that La Zona has not only helped them to learn safe harm reduction practices, but it has created a community in which they do not feel alone and are supported by each other. Therefore, La Zona has been successful at fostering a safe space in which women who use drugs feel safe to share with each other and seek community support.

#### *Narcan*

Also, study participants stated that another vital resource that helps them stay safe as a community is the access and distribution of Narcan. Throughout my time there, there were infinite

times that I observed patients asking for Narcan. Sometimes, even though there was no one overdosing, patients understood the importance of carrying Narcan with them. For example, Victoria, who attended all my focus groups, would come, and obtain a batch of injectable Naloxone to distribute to her peers. Victoria is a sex worker who has lived in Tijuana and the Zona Norte for more than a decade. She stated that she distributes the Naloxone to her peers because overdoses have become more frequent at the hotel where she works. Victoria also said she began stashing extra doses in her room if someone else needed them. She shared with the group that sometimes their clients would overdose, and if they did not have Narcan, they would have to resort to other methods. For example, participants shared that due to the lack of access to Naloxone, they would inject water with salt.

*“No, yo si voy y la guardo en mi cuarto. A nosotras se nos pasó alguien, y le pusimos sal inyectable. ... A otros para levantarlos, les daban tablazos en los pies, les ponían hielos en los testículos”*

Victoria, Focus Group 3

*“No, I keep it in my room. Someone that was with us overdosed, and we injected him with salt. ... To “awake” others up, they would hit their feet with boards, or put ice on their testicles”*

Victoria has taught other sex workers the importance of carrying Naloxone and how to use it properly. Other participants also agreed they had used it to help revive someone who is having an overdose. However, due to the lack of access to Narcan, sometimes people are desperate to help someone who is overdosing. While people could call an ambulance, it is often known that the EMTs take a long time to arrive and assist. Therefore, people rely on cruel methods to help a peer who is dying. Thus, the distribution of Narcan among the Zona Norte has become critical. PrevenCasa tries to distribute Narcan widely, so no one must be injected with salt or hit when they are overdosing.

The organization understands that besides providing Naloxone at the clinic, it is essential to distribute it throughout the Zona Norte neighborhood. For example, the Harm Reduction team dedicates one to two hours to street outreach every Thursday in Tijuana. During those hours, we would walk around the Zona Norte neighborhood, the Red District, the Pink District, and the edge of downtown Tijuana.



Figure 13. Google map marking Zona Norte (Blue) neighborhood and downtown (Red). Green lines indicate outreach route done by PrevenCasa Harm Reduction team. Created by Carolina Arredondo.

The purpose of our outreach efforts was to drop Naloxone in “high” spot areas where there have been more overdoses occurring. Some places where we dropped them off would be hotels, “picaderos” -- houses in which people would live. Still, there is a high percentage of people using drugs, and with known unhoused individuals who were always helping their peers at moments of overdoses. As previously stated, having Narcan quickly and easily available allows for a fast response when someone is overdosing. During my time in Tijuana, I observed how many clients would come to PrevenCasa asking us to either give them Narcan or go with them to assist someone who had overdosed. Providing Narcan to people, especially women who use drugs, not only helps

them individually but also keeps their community safe. Hence, on an interpersonal level, Narcan is a vital resource that secures community safety.

### *Condoms*

As noted previously, another essential resource identified during this research project in 2023 was the access to condoms. Since the start of the current administration under AMLO, PrevenCasa has struggled to provide consistent resources. One of them was condoms. Still, up to this day, patients keep complaining that they need more than 10-20 condoms per week. For participants in the groups, being able to obtain condoms at PrevenCasa allowed them to feel protected whenever they had intercourse. Especially for sex workers, it was essential to have this resource at PrevenCasa because it was located close to where she works, the Red-Light District. Participants in the focus group also stated that they did not feel judged for what they requested at the public hospital. While Victoria had previously complained about the lack of condoms, she still noted that 10 to 20 condoms, depending on the availability, were better than not having none. As well another participant, Maria, shared on our 3rd focus group that she also felt that it was much more convenient to come to PrevenCasa for condoms because it was within walking distance from her house. Throughout this study, focus group participants noted that condoms were a critical need. However, while sometimes it is challenging to obtain condoms at PrevenCasa because of availability, focus group participants stated that they helped them feel safe because they have the necessary tools to prevent acquiring HIV. While access to condoms can also be seen as an intervention at an individual level, women in the focus groups recognized that for them and the community to stay healthy and protected, it was beneficial and necessary to have condoms readily available at organizations such as PrevenCasa.

### *Needle Exchange and Pipes*

During López Obrador's presidency, many governmental programs and community organizations were stripped away from monetary funding. Despite the Mexican government's lack of funding and support, PrevenCasa has continued to provide necessary services to a vulnerable population in Tijuana. Hence, participants in this group identified that needle exchange and pipes were essential in helping them and their community stay safe because it reduces their risk of acquiring HIV and Hep C, as well as other infectious diseases such as Tuberculosis.

Currently, PrevenCasa can only provide clients with three needles per day. PrevenCasa is also the only needle exchange program in the city of Tijuana. According to the Mexican census, Tijuana had registered a total of 2,157,853 inhabitants in 2020. Due to its location, this number only continues to increase. Therefore, more harm reduction services are needed nationwide to serve the community properly. However, participants in the study still found it helpful that the organization continued to make the effort to provide needles and pipes to them despite the limitations. Victoria shared that it is beneficial to have the needle exchange, despite the changes in how many they can get, because they cannot buy needles at a pharmacy.

*“Porque saben que son para eso, te las venden cuando saben que eres diabético, pero cuando no, no”*

Victoria, Focus Group 3

*“Because they know what they are for, they will sell them to you when they [pharmacist] knows that you are diabetic, but if not, they won't”*

When Victoria shared with the group that sometimes she has a hard time buying needles, other participants agreed. I asked the group the reasoning behind it, to which they stated that it is because pharmacists will not sell needles to people they know who use drugs. Therefore, PrevenCasa needs to continue its needle exchange.

Erica also shared that she needs a new needle every time she uses it because of her veins.



*“Pues, yo, lo que tengo es que como no tengo venas, necesito usar una nueva. Entonces, vengo aquí”*

Erica, Focus Group 3

*“Well, what I have is that since I don't have any veins, I need to use a new one [needle]. So, I come here”*

Erica stated that for her, it was also essential to have access to new needles because it was hard to inject since her veins started to blow up. The tip of a needle becomes dull after each use, so to avoid abscess and hurting herself, Erica relied on the needle exchange that PrevenCasa has. Other participants in the research project also stated that the distribution of free pipes was important. When I asked people in the 3rd focus group how many came to obtain pipes, 4 out of the 7 participants stated they came to PrevenCasa for pipes. Primarily, PrevenCasa is the only organization in Tijuana that provides free needles and pipes. Participants said that having access to free pipes allowed them to save some money. They also stated that having these resources free and readily available helps them reduce their risk of acquiring other contagious infections. Erica stated:

*“Yo, pues no es que no me ahorre los 25, si no que no me infectó. A mí me gusta tener esto disponible porque motiva a no compartir”*

Erica, Focus Group 3

*“Well, it's not that I will save \$25 pesos, but that I didn't get infected. I like to have this available because it encourages me to not share it”*

For Erica, having these services available allows her to adopt better use practices in which she reduces her risk of acquiring HIV and Hep C, both prevalent infections in Tijuana. As a result, needle exchange and pipe distribution are essential harm reduction services that provide women who use drugs safety. Needle exchange and pipes can also be seen as an intervention and benefit at an individual level. However, whenever participants talked about the importance of having access to these, they stated that its benefit was at an interpersonal level.

### *Testing Strips*

Lastly, while this was not identified by focus group participants that took place in 2023 as an essential resource, staff members did identify fentanyl testing strips as a vital interpersonal-level resource that provides safer drug use practices. Renata told me that half of the women who use La Zona will take testing strips after learning how to use them. Renata also shared that while some of the tests will come back positive for fentanyl, women will use their drug. However, they will change their use and shoot a little bit less and slowly. Per Renata, patients have begun to adopt safer practices.

Additionally, during the focus groups, I noticed that participants frequently had questions about the purpose and use of fentanyl testing strips. Participants decided that they wanted to hold workshops about drug testing and fentanyl. Also, staff members at PrevenCasa shared with me that sometimes, women would ask for more testing strips so they could distribute them to their peers. Indeed, there was one occasion in which I observed a woman at the SCS asking the program coordinator to help her teach her peers how to use the fentanyl testing strips. While this does not directly show how women change their use, it does show that patients are interested in those resources, and when they learn about how to use them, at least half of them will likely adopt safer use practices. Testing strips have an intervention at an individual level by keeping the person safe and educating them about safer practices. However, it also has an interpersonal intervention by having peers teach each other, making sure the community is staying safe and preventing fentanyl overdoses.

### Advocacy: Empowering through Education

Another finding throughout this project was the critical work that PrevenCasa does regarding advocacy work—the clinic advocates for people who use drugs at an organizational

level. For example, at the forefront of its mission, PrevenCasa seeks to empower patients through education.

#### Organizational-Level: Community and PrevenCasa's Clients

##### *PrevenCasa's Clients: Women Who Use Drugs*

Focus group and staff member participants identified the importance of the education regarding harm reduction practices that PrevenCasa provides. While education can also help a single individual, it is thanks to the organization that women who use drugs have a safe space where they can be taught safe harm-reduction practices. However, the organization's education empowers the individual and their community. For example, during her interview, Karla shared with me that she learned about PrevenCasa in a rehab center. The organization had come to provide free HIV testing to the women in the center. At that time, Karla had learned that she was HIV+, and she recalled being overwhelmed by this diagnosis. Karla shared with me that due to the incredible misinformation that exists in México regarding HIV+, she thought she was soon going to die from AIDS. However, a previous staff member from PrevenCasa sat down with her and started to debunk all the myths about HIV that Karla had. The staff member made sure to assure Karla that HIV was a manageable condition as long as she took her medications. As well this same staff member advocated for her when she kept getting turned away at the governmental HIV clinic in Tijuana, CENSIDA. Now, Karla is open to sharing her experience with other clients and encourages them to be empowered through the education of HIV. Now, whenever a client comes to PrevenCasa and has questions about HIV, she is quick to help them answer any questions or issues they may be facing.

*“Yo ya estaba bien empoderada, ya traía todo el conocimiento y es como de que ‘no te preocupes, yo voy a estar ahí contigo’, ‘no es que a veces como me ven y que no sé qué’, ‘no, no, no, vente, vamos, yo te voy a acompañar y no’... En lo personal pues me sirvió mucho y más que nada he aprendido muchísimo sobre el tema y ahorita estoy bien empoderada en el tema, ¿no?”*

Karla, Staff Member

*"I was already very empowered, I already had all the knowledge so it was like 'don't worry, I'm going to be there with you', 'No, sometimes they [people] look at me and so on'... 'no, no, come on, come on, I'm going to accompany you and no'... Personally, it helped me a lot and more than anything I have learned a lot about the subject and right now I am very empowered [educated] on the subject, right?"*

Karla shared with me that when she began working at PrevenCasa, she continued to learn about HIV. Up to this day, she can take that knowledge, which she describes makes her feel *empoderada* (empowered) because she can advocate for her and for others.

Another topic regarding education and empowerment was regarding the use of Narcan. As previously stated, Narcan is not widely available in México, and despite their controlled use, people are unaware what Narcan is used for. Karen shared with me the following statement:

*"La naloxona no tiene mucho que está aquí, pero la verdad ha salvado muchas vidas mucho ... antes era de que "murió de sobredosis" y ahora no, vienen corriendo, dicen "ocupamos naloxona" y ahí van y está bien el chico y ya se lo traen acá para que se estabilice y ya no es como..." ya se murió" ... Mucha gente no sabe de la naloxona ni como se usa, ni en qué momento. Pero lo hemos estado educando acerca de eso"*

Karen, Staff Member

*"Naloxone has not been here for a long time, but the truth is that it has saved many lives... Before it was here [naloxone] people would come and say, 'he died of an overdose' and now they don't, they come running and they say, 'we need naloxone' and there they go, and the person is fine. And now they bring him here so that he can stabilize, and it's no longer like..."he already died"... Many people don't know about naloxone or how it is used, or when but we have been educating them about it"*

Indeed, since they started to see people overdosing due to the introduction of fentanyl into the drug market, PrevenCasa was able to secure monthly Narcan donations for community partners. And ever since they got those donations, they started organizing community workshops to teach all clients how to administer Narcan. However, as previously mentioned, there are some barriers that women who use drugs do not necessarily come to these workshops. For example, Ana shared that women tend to either hide that they use drugs, do not feel comfortable around bigger

groups, or can come simply because they are working. Victoria told me she could only attend the focus groups because she was off work on Fridays. Meanwhile, her friend Karina only attended two groups and was too tired to talk during the groups. Hence, staff in PrevenCasa have also highlighted the importance of providing street outreach so the information could reach those who cannot come to PrevenCasa.

*“Necesitamos ahora salir acá y poder educar a la población en prevención de sobredosis, pero también en respuesta y en prevención de muerte por sobredosis”*

Ana, Focus Group

*“We now need to get out and be able to educate the population on overdose prevention, but also on response and prevention of death from an overdose”*

When I would go with the team to do street outreach, one of the staff members would take that as an opportunity to explain to people what Narcan is and how to use it. An important area we made sure to cover was the Red-Light District. The team would make sure to leave Narcan at the Motel where some sex workers would work. As well they would leave them at sex shops and convenience stores. The owners of a sex shop thanked the staff for providing Narcan, as they had experienced an increase in overdoses in the rooms above their store, which sex workers rented to meet clients. They have access to Narcan and are educated about how to use it and when it allows sex workers and other people in the community to help someone who is overdosing. Karen stated that while it is a slow process, she has seen how people have become more familiar with it, which has proven effective.

*“Llegar ahí a ese punto en el cual la gente ya sabe que es una naloxona, ya sabe cómo aplicarla, cómo intervenir, la misma gente ha proporcionado naloxona a los servicios de emergencia, a las policías, etcétera, entonces eso ha sido como que también si siento como que un logro importante para la comunidad”*

Karen, Staff Member

*“Getting to that point where people already know what naloxone is, they already know how to apply it, how to intervene... the same people have provided naloxone to the emergency services, the police, etc., so that has been like, an important achievement for the community”*

Staff members at PrevenCasa see that providing clients with education about drug use, Narcan, and other harm reduction strategies not only provides them with safer techniques but also empowers them. For example, while participants in the group did not directly state that education empowers them, they did state that having workshops about STIs, safe injection techniques, and drug testing allows them to be safer. Participants in the focus groups identified that having a space like La Zona was necessary to provide more tailored workshops for women. In fact, after finishing the focus groups, participants would reach out to me and the SCS supervisor to teach them how to test their drugs. As a result, some of them would ask us to give them more testing strips to distribute to their peers at the motels or friends. The Mexican government has refused to allow Narcan to be more accessible and be removed from the controlled substances list in México. Primarily because the president, AMLO, has stated that access to Narcan prolongs people's pain. As a result, PrevenCasa has not only had to educate the community and debunk those myths. However, they have had to teach the community the importance of Narcan and its use. This is extremely important, especially for women who use drugs and are sex workers.

### *Community Education*

Meanwhile, as previously stated, PrevenCasa has had an essential role in providing resources and education to the community in the Zona Norte. However, this last year, they have tried to expand their education to other areas in the community. For example, staff in PrevenCasa believe it is essential to organize events on specific days such as Overdose Awareness Day or Support Don't Punish. The organization would organize an event at the clinic. They



*Figure 14. "Bloqueadores". 2023.  
Created by Stephanie Yamaguchi,  
Mariana Gonzalez, Carolina Arredondo,  
and Alfonso Chavez. Picture taken by  
Carolina Arredondo.*

would hold extra training at another location outside Zona Norte, where not everyone is comfortable. For instance, for Overdose Awareness Day on August 31st, a PrevenCasa staff member organized an event to create awareness. For this occasion, the staff member was offered free space at a local cafe gallery in downtown Tijuana. Throughout six months, he had gathered all the used nasal and injectable Narcan from overdoses in which people had unfortunately died. When possible, he labeled the doses with the person's name. He hoped that he could use them in a meaningful way to represent the innumerable number of people who had died from an overdose in the Zona Norte of Tijuana. Hence, he suggested the team create an artist's piece to display at the gallery. The hope was to bring awareness regarding the many deaths that occurred due to the failed drug policies in México. As well as to demonstrate that people who have died from overdoses are not Jane Doe.

After discussing what we would do with the collected nasal and injectable Naloxone, we developed two art pieces. Two other staff members and I created the image to the right. The nasal Naloxone would represent the lives saved with access to it. Before putting this piece together, we had to clean the used nasal Narcan. Removing any nasal residue was tough when cleaning them, and gloves and bleach were used to disinfect them. Therefore, this was very striking because it created a personal link to the person who used it and unfortunately died. After placing each nasal dose on top of each



*Figure 15. "Servir y Proteger".  
Picture taken by Carolina Arredondo.*

other, we put flowers to represent the saved lives. This was also hoped to imitate previous designs that display flowers coming out from the nasal Naloxone. Finally, we chose to use some purple flowers since that is the color used to represent overdose awareness day.

On the other hand, we used injectable doses in the second piece. The second piece, located on the right, sought to represent how our failed policies, but also by the extreme violence enforced by the National Guard, have caused people to die.

In this piece, we decided to have a pair of similar military boots to represent the ones used by the National Guard. We placed the shoes on top of the used injectable doses to portray a visual of how the National Guard will destroy the Naloxone patients have with themselves. It is vital to point out that these doses are not destroyed or confiscated because it is a controlled medication but instead, because the National Guard sees drug use as morally

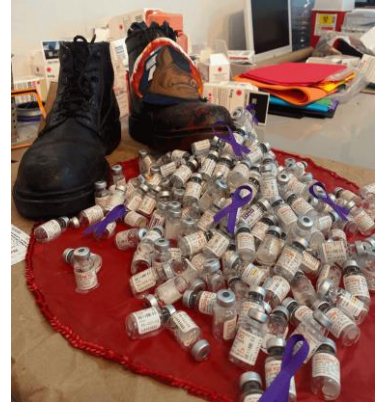


Figure 17. "Servir y Proteger".  
Picture taken by Carolina Arredondo.

incorrect. The Mexican president had said that Narcan only prolongs someone's pain, hence why it is vital not to provide it to drug users. As a result, the National Guard has been brainwashed to believe not only drug use is morally wrong, but Naloxone does not help drug users. As a result of their actions, drug users can not reverse overdoses and then tragically die. The bottom red drape is to represent the blood that is lost by this inhumane action of destroying Narcan. During the creation of these pieces, we sought it was essential to share with the community the other "side" of the War on Drugs and failed drug policies. While the War on Drugs has caused people to disappear or even die due to cartel violence, drug users have also suffered because they have been disregarded, especially those who are migrants.



Figure 16. "Servir y Proteger" –  
"To Serve and Protect". 2023.  
Created by Stephanie Yamaguchi,  
Mariana Gonzalez, Carolina  
Arredondo, and Alfonso Chavez.  
Picture taken by Carolina  
Arredondo.



On the day of the event, the staff member who helped put the event together mentioned that he hoped to see more of the community, besides the staff from PrevenCasa, come to the event. I had affirmed to him that this would be the case since it was an important topic and people were interested in it. He then replies that, unfortunately, people are only aware of harm reduction practices if they work in that realm. He also stated that people are oblivious to the many challenges drug users, especially women, experience day to day. Thus, he views these artistic events as an opportunity to create consciousness and become an education towards crucial social justice issues.

He began the event by introducing the pieces we created and having us explain them. Then, he did a training that focused on how to recognize an overdose and how to use Narcan. Towards the end of the event, we gathered as a community and engaged in a collective talk. And, while the majority of the attendants were harm reductionist workers, at least seven of them had just learned about the importance of testing drugs for fentanyl, how to use Narcan, and the importance of being compassionate towards unhoused drug users. Indeed, this event was an act of activism and a moment of education for communities not discussing these issues.

Overdose Awareness Day is not the only event PrevenCasa has organized. Throughout the years, PrevenCasa has believed that it is important to create spaces in which marginalized drug users and the rest of the community come together to understand how the War on Drugs has similarly affected them. Their artistic events seek to demand social justice while informing the community to educate themselves.

Both the education of women who use drugs and community members provide empowerment. For patients, knowing how to use harm reduction resources and their rights is a crucial intervention to keep themselves safe. As well, educating community members regarding the "other face" of the War on Drugs allows us to bridge the gap between the misinformation and

stigma that the Mexican government has created. Therefore, at an organizational level, PrevenCasa advocates for the safer livelihood of people who use drugs, especially women.

### Community

Lastly, participants throughout the three focus groups kept sharing that PrevenCasa provides them with something other organizations do not: community. Also, staff members recognize that much of their work promotes the importance of making patients feel part of the community. However, focus group participants stated this was important because PrevenCasa provides them with a safe space where they feel welcome and heard. Participants in the groups and individual interviews identified that PrevenCasa creates a community space by caring for them. At an organizational level, PrevenCasa's efforts are crucial in addressing the broader structural problems that affect women who use drugs.

### Organizational-Level: Collectivism and Resilience

#### *Collectivism*

Lastly, participants throughout the three focus groups kept sharing that PrevenCasa provides them with something other organizations do not: community. Also, staff members recognize that much of their work promotes the importance of making patients feel part of the community. However, focus group participants stated this was important because PrevenCasa provides a safe space where they feel welcome and heard. Participants in the groups and individual interviews identified that PrevenCasa creates a community space by caring for them. For example, Victoria shared with me that during COVID-19, she was unable to work. As well she had undergone major surgery, had no one to care for her, and barely had enough money to pay her rent.

*“ah bueno, ahora que me operaron me ayudaron mucho. Me llevaron a la doctora a la casa, y hasta despensa me llevaron”*

Victoria, Focus Group 1

*“Ah well, now that I had surgery they helped me a lot. They brought one of the doctors to my home, and they even brought me food [food for two weeks]”*

Victoria shared with the group that she did not have to worry about making ends meet thanks to PrevenCasa's extra support during a challenging time. Instead, she was able to focus on her recovery after surgery. Victoria appreciated the help that PrevenCasa has given her so much that she told me at the end of the focus group that she is always happy to help PrevenCasa in any way possible. Victoria described the care that PrevenCasa offers as "unconditional support." This means that even though the organization may not provide a specific help or service, they will always see a way to help them. For example, during my second trip to Tijuana in December, I learned Erica had gone to a rehab center where a PrevenCasa staff member works. Erica had told me before I left that she was hoping to stop using heroin because she knew her veins were not good anymore. After we learned that Erica had gone to rehab and that she had no winter clothing since she lost most of her belongings during a house fire six months before her entering rehab, we put a package together for her. We included winter clothes such as hats, sweaters, and socks in our package. We also made sure to include a toothbrush and toothpaste. But, per the staff member's recommendation, she asked us to write her a note to tell her we were happy for her and wished her the best at the rehab center. According to the staff member, Erica had been struggling during her first week there, so she almost decided to leave the center. Therefore, the staff member asked us to send her a note so she would feel supported.

Another participant, Carmen, stated that PrevenCasa makes her feel like she is part of the community because they accept her as she is.

*“Pues PrevenCasa me representa... como que lo hace sentir a uno como si se sintiera querido a pesar de ser... bueno, de usar drogas. Sentimos mucho apoyo y mucha aceptación y eso nos hace sentir un poco mejor y no estar tan negativa a pesar de todo... nos da una como que algo muy real”*

Carmen, Focus Group 3

*“Well, PrevenCasa represents to me... like it makes you feel like you are loved despite being... well, a drug user. We feel a lot of support and a lot of acceptance and that makes us feel a little better and not to be so negative despite everything... it gives us something very real”*

Similarly, to Victoria, Carmen felt that PrevenCasa makes them feel part of the community by accepting that they use drugs and not judging them for it. Victoria also shared with the group that having PrevenCasa represents her community because it gives them a better quality of life.

*“yo te voy a decir ¿qué representa para mí?, es una mejor calidad de vida si lo vemos así, y un buen trato para la gente, es lo bonito de aquí que nos tratan como seres humanos. No como menos”*

Victoria, Focus Group 2

*“I'm going to tell you, what does it represent for me? It's a better quality of life if we see it that way, and good treatment for people, it's the beautiful thing they [staff] treat us as human beings. Not badly”*

Victoria's words resonated with a few of the participants, who nodded their heads while she was sharing. Raquel also told me that PrevenCasa has always helped them, even when the police or National Guard stopped them. PrevenCasa's work touched Raquel because she started crying while she was trying to share. Indeed, during my months there, I observed how staff members in PrevenCasa interacted when the National Guard randomly checked someone. Also, if the staff observed that the National Guard or the police began to patrol the streets, hoping to detain people, they would ask their clients to step into the clinic to protect them. During neighborhood shootings, PrevenCasa would lock their doors with staff and patients inside, ensure everyone was safe, wait for a period, and arrange secure transportation for everyone, including clients, to their homes.

On the other hand, the interviewed staff members highlighted the importance of PrevenCasa fostering a sense of community even within their project implementations. Sofia shared with me the following statement:

*“sí pues yo creo que sí es muy muy importante para el trabajo que hacemos o el tema que hacemos porque rompe con todo esto de como muy medicalizado o académico o muy cuadrado entonces se sale de todo eso y nos hace que nos acerquemos más que ellos y ellos a nosotros... que podamos decirles oigan ustedes que creen no? nos adaptamos a ellos y ellos se adaptan a nosotros para así dar un mejor servicio. también siento que ha sido muy importante salirnos de ese molde y hacer actividades como estas fiestas o convivios con ellos, hacer pintura, hacer tardes de cine. No tanto como te voy a enseñar algo, te voy a dar datos o te voy a decir qué significa tal cosa, sino "vente vamos a hacer esto", entonces es como que fluye más y ellos nos agarran esa confianza y nosotros también.”*

Sofia, Staff Member

*“Yes, well, I think that it is very, very important for the work we do or the topics we do because it breaks with all this being very medicalized or academic or very square. So, it gets away from all that and makes us get closer to them, and they to us... that we can tell them, ‘hey, what do you think, right? We adapt to them, and they adapt to us in order to provide a better service. I also feel that it has been very important to get out of that mold and do activities like these parties or gatherings with them, painting, and doing movie afternoons. Not so much as ‘I’m going to teach you something, I’m going to give you data or I’m going to tell you what such a thing means, but rather “come on, let’s do this”, then it’s like it flows better and they trust us. and so do we”*

Sofia's comment meant that for PrevenCasa, it has always been important to focus on community-based projects that seek to put patients at the front of their decisions. A clear example of this was the opening of La Zona for women who use drugs. Since the opening of the SCS and my focus groups, the organization has also tried to organize more events targeted at women. For example, on my second trip to Tijuana, PrevenCasa had organized self-defense training for women. The training was held at La Zona, and everyone identified as a woman was invited to join. PrevenCasa also invites patients to help paint posters and participate in the Women's Day march. In México, on March 8th, people gathered to protest femicides and demand justice for all the injustices women suffer. In the last three years, female patients and female staff members have gathered to paint posters and head out together to march.

Karen also shared that the importance of creating community and holding protected space for people was significant because it is essential to recognize that there is a community that has been negatively affected by the War on Drugs.

*“Creo que los proyectos de investigación estaban como muy cuadrados, no te permiten... pues es una serie de preguntas- respuesta, pregunta - respuesta y nunca hay un enfoque más humano, sino es simplemente muy cuantitativo. Era algo que me incomodaba de los proyectos porque la persona te dice de su historia y para [la persona deja de grabar] la grabadora y ‘que te vaya bien’. Entonces nunca hay como un abordaje más allá de esa información. Y en caso contrario la organización me permitió como abordar todos estos otros aspectos... Cuando empecé a trabajar en esto para mí tenía otro significado porque había crecido acá... sentí como que estaba devolviendo algo al entorno donde había crecido... para mí no es como caminar la zona como un aspecto de ni siquiera antropológico... para mí es como ‘goey, ósea yo identificó la zona como... aquí jugaba, acá en esta calle me caí por primera vez, acá en esta calle hice cierta travesura, acá en esta calle salía a caminar con mi abuela’. sabes? ... Hay que reconocer que hay familias que llevan muchísimos años aquí”*

Karen, Staff Member

*“I think the research projects were very square, they didn't allow you... well it was a series of questions-answer, question-answer, and there not human approach, it is simply very quantitative. It was something that bothered me about the projects because the person tells you about their story and then the recording is stopped and is like 'good luck to you'. So, there is never an approach beyond that information. In contrast, the organization allowed me to address all these other aspects [other issues] ... when I started working here this work had another meaning for me because I had grown up here... I felt like I was giving something back to the community where I had grown up... for me I don't see it from an anthropological aspect... for me it's like "dude, I identified this area because... here on these streets I played, I fell for the first time, I got in trouble, I went for a walk with my grandmother' you know?... You must recognize that there are families who have been here for many years”*

Karen's quote highlights the importance of how PrevenCasa has approached its work. For her, it has been essential to provide community-based care. Especially for Karen, it was essential to focus on providing care to individuals rather than just exploiting them for data. While I understand the importance of researching to highlight gaps and needs, I also understand that projects must be community centered. The organization and patients are burned out of having to tell everyone about their struggles and not having anything changed. In this comment, Karen also highlights that she has been able to introduce new projects to the clinic. Indeed, since she started working there, the organization has focused on holding more events that provide clients with some sense of normalcy. Hence, it has been essential to have Movie Fridays where women can hang out and relax for a few hours of the day. Karen stated that it is necessary to hold community spaces,

to provide safe spaces, and to help women break away from the violence they experience day-to-day.

Throughout the focus groups and individual interviews, it was consistently noted that PrevenCasa's initiatives provide a profound sense of safety. Participants identified safety, community, and advocacy as the three important social effects of PrevenCasa's services. This reassurance of safety was particularly significant for vulnerable communities, with women being a key beneficiary. The feeling of security and reassurance that PrevenCasa's initiatives bring was a recurring theme in these discussions.

### *Resilience*

Although participants in the study did not mention this finding, I consistently observed it throughout my observations. Throughout the focus group and interviews, I noted that participants worked towards collective action, demonstrating resilience. Focus group participants and staff members recognize PrevenCasa as a safe space in which they will be supported and not judged, which fosters resilience. At the same time, staff members advocate for the protection of women who use drugs, which led to the decision to open La Zona. The collective action that is created by PrevenCasa showcases how a thriving, supportive, and safe environment can enhance resilience among women who use drugs.

In the book "Not One Less:" by Maria Pia Lopez, the writer describes how the *Ni Una Menos* movement, which started in Argentina but spread through Latin America, has created an empowered collective that has been unified through mourning and desire. Lopez states that "Public mourning allows victims of gender violence to declare themselves active, powerful women, to expand their freedoms and not their limitations" (Lopez, 2020, p. 203). When we march in solidarity or engage in conversations to condemn violence, we collectively mourn. As Lopez

suggests, when we fail to share our pain, leading to what she terms melancholy, we isolate our suffering on an individual level. Instead, it is essential to gather, mourn, and demand justice.

Indeed, this is something I have witnessed throughout my study. Throughout the sharing of stories, women in the support groups could collectively mourn and gather to devise a collective plan to protect each other. As previously stated, in our 3rd focus group, Rosa shared with the group how they have suffered assaults by the police and National Guard; Lizeth's noted the police had threatened her if she did a report; Juana told the group how at she almost was raped while pregnant, Victoria shared the many instances police has been rude and taken advantage of her, Laura explained how the police would stop her more often due to being a transwoman, and Rebeca shared how a policeman beat her up. At least 9 out of the 14 participants shared an instance in which the police or National Guard had assaulted them. 10 out of the 14 participants stated they suffered structural violence. And 9 out of the 14 experienced community violence. Only 4 out of the 14 participants mentioned interpersonal violence. However, what I observed throughout these groups is that through their mourning and denouncing of violence, women came together. For example, Victoria asked the group to write down the number of the police car that had assaulted them and, if possible, the name of the man so that they could make an anonymous report. While Cristina feared doing it since a policeman had already threatened her, she asked the group for support. She said, "*Si vamos todas, somos más fuertes*" - If we all go, we will be stronger together. This moment was not just moving but also profoundly impactful, witnessing how women united through sharing their lived experiences, mourning the violence, and desiring justice. Victoria said she would help Cristina make an anonymous report online or go to the police office so she would not be alone. And at that moment, everyone in the focus group said they would go with her to make the report. Therefore, to resolve this critical need, staff members at PrevenCasa agreed to create a pamphlet



explaining how to make an anonymous report. This pamphlet will be in La Zona. Reports can be made by phone, and PrevenCasa provides one for patients to make calls. They can also be made online, which can be much more convenient than waiting for someone to take your call. However, a current challenge that PrevenCasa has is obtaining a computer for women to use in La Zona.

Another act of collective action that enhances resilience is the support that focus group participants have given each other. For example, Rebeca had mentioned that she wanted to go to rehab, but she was worried about losing her house to people coming to steal her belongings. Hence, she kept emphasizing the need for a rehab center that would allow her to leave at night. However, Victoria offered to help her take care of her home for three months while she went to the rehab center. After that, Raquel told the group that if anyone needed help, even if they needed work, she was happy to help them. As well, Veronica shared that she needed condoms; at that moment, PrevenCasa had run out of condoms. Victoria offered and brought to La Zona some of the condoms that she had left over to share with the group participants. Again, all these examples of collective care reflect those participants, despite all the violence they endure, who are highly resilient and caring.

Indeed, the Ni Una Menos movement has gained massive traction in México and has simultaneously placed importance on the range of gendered violence women suffer daily. But, due to the stigma that women who use drugs carry with them, there needs to be more work regarding this. However, these groups proved to be a practical starting point for initiating discussions about the specific services required by women who use drugs in Tijuana to feel safe and create collectiveness. Hence, at the last focus group, participants stated they would like these groups to continue with different topics each week. For instance, participants in the group expressed interest

in workshops covering various topics, including drug testing, overdose recognition, self-defense, art, reporting procedures, sexual health, and group counseling.

Focus group participants lacked a space in which they could come and support each other. Therefore, La Zona has become an essential hub for women who use drugs. In our final group, participants were disappointed that the weekly groups were coming to an end. I asked the participants if they wanted to have these regular groups and what they wanted to discuss. To my surprise, all participants agreed that these "groups" had been helpful because they could hear those other women had experienced similar circumstances. In alignment with Lopez's observation on collective mourning and moving away from solitary suffering, participants in these focus groups could share their grief collectively. Most of the 8 participants stated that this benefited them. Carmen, a trans woman skeptical about coming to the groups, thanked the group for providing a safe space to ask questions and share her experiences. Another participant also shared that hearing these stories made her feel not as invisible and alone. Exactly after our conversations and hopes for the future, participants began to come to "La Zona" not only for drug testing or use but to meet with each other and gather. Lopez states that this collective action of "I believe you, and I see you" has made women supportive and resilient and helped create a political community (Lopez, 2020). They petitioned that the organization hold weekly groups that would give them dedicated time to gather and hang out with other women from the area.

These women became empowered by giving them a space to share, mourn, and desire collectively. Similarly, to Maria Pia Lopez's argument regarding bringing our mourning into a collective space, the participants in my groups found that sharing their stories had brought them together and made them brave by publicly denouncing the assaults. In México, we need to amplify

the voices of those women who are being stigmatized due to their drug use. Only then can we begin to dismantle our oppressive institutions.

The Socio-Ecological Model allows us to understand the multifaceted impact that PrevenCasa's services provide to women who use drugs in Tijuana. As it was mentioned in the previous chapters, women who use drugs stated in the focus groups that they suffered different levels of violence. However, PrevenCasa has been able to mitigate some of those issues and has provided a safety net that focuses on putting patients at the forefront of its mission. By addressing their needs at individual, interpersonal, community, and organizational levels, the clinic provides all-encompassing support that includes safety, promotes advocacy, and builds a strong sense of collectiveness. PrevenCasa's holistic approach for women who use drugs is necessary to support marginalized communities and foster social change effectively.

## CHAPTER VIII

### **Identified Needs in PrevenCasa**

*What are the needs to better serve women who use drugs in Tijuana?*

In my research project, one of my research questions focused on understanding the current need to serve better women who use drugs in Tijuana. As previously stated, there is a lack of targeted services for them, which is not unique to Tijuana or Baja California. In México, the stigma around drug consumption results in a lack of appropriate resources to support people who use drugs. However, as stated in other chapters, women who use drugs have a higher vulnerability to not experiencing structural violence. During the fourth focus group, participants were asked to identify two things: 1) organizations like PrevenCasa in which they sought similar services, and 2) strategies within PrevenCasa to serve better women who use drugs.

#### Outside of PrevenCasa

##### Institutional-Level: Needed Resources

Patients in the fourth focus group stated that they are unaware of other similar organizations to PrevenCasa. At an institutional level, it was noted that there is a need for more organizations to provide harm reduction resources. Participants understood where they could seek condoms or smoking pipes at a low cost, but not for free. Only one participant who identifies as a transwoman, Carmen, stated they seek services at Casa Arcoiris, an organization that focuses on providing a safe place to LGBTQ+ migrants. However, Carmen noted that this organization only serves LGBTQ+ clients. Among the focus group participants and staff members, it was reported that there was a lack of organizations that provide similar or additional harm reduction services directed toward women who use drugs. Therefore, at a community level, it was identified that there is a high need for these types of resources.

One participant, Rebeca, stated that she wished they could attend more treatment centers for the day and then go home. Rebeca shared with the group that her male partner had been recently taken to jail, and she was all alone, having to take care of their home. Primarily, for Rebeca, it was essential to be able to go home at night so she could ensure no one would squat or steal anything from their home. Meanwhile, a staff member in PrevenCasa, Karla, shared with me the importance of also allowing women to either have constant visits with their babies or enable them to enter the treatment center for the first month. Karla shared that she has witnessed how hard it is for patients to leave their kids with someone so they can go to a treatment facility. This participant shared that often, this separation is more damaging than helping. It is also important to note that when people enter a rehab center in México, they are not allowed to have any communication with anyone for at least six months.

Hence, according to the three participants' comments, more organizations and shelters should provide targeted services for women and understand the importance of providing services from a harm reduction perspective.

#### Within PrevenCasa

As indicated earlier, participants and staff members were asked when specific services are needed to serve better women who use drugs and seek services at PrevenCasa. In this section, participants identified that PrevenCasa, as an organization, does ample work to provide services for vulnerable communities. However, they stated that there is some work to be done to provide targeted services to women who use drugs. The following information is the findings that arose after the groups and interviews. Later, this section will be divided into the specific areas of focus group participants and staff members mentioned.

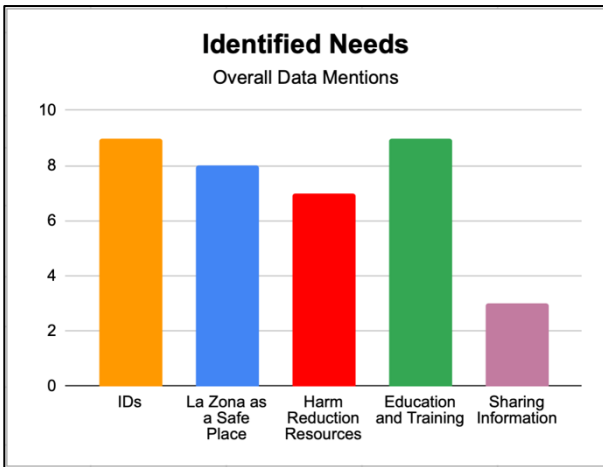


Figure 18. Data coded during the research project 2023. Overall data for identified needs.

Overall, five areas of improvement were noted throughout the individual interviews and the fourth focus group. Firstly, IDs were mentioned as being highly important. People in Tijuana, especially those who use drugs and are unhoused, get harassed. Throughout the research, it was also noted that women who use drugs frequently face harassment by the police.

Secondly, it was identified that La Zona should be established as a safe place. This refers to having a safe place to use drugs, avoid sexual and physical harassment, sleep, and engage in activities. Education and training were also identified. Meanwhile, it was also noted that more harm reduction resources were stated as needed. Finally, participants shared that sharing information was also something they lacked and needed.

#### Individual-Level: Identifications

At an individual-level intervention, participants noted they wanted an “official” identification given by PrevenCasa. Throughout the research, it was mentioned that the police constantly harass women. At the same time, only one participant in the focus group stated the National Guard also harassed them. However, the focus group participants only mentioned the need for identification provided by PrevenCasa. Even though the fourth focus group was dedicated to discussing needed resources, participants also stated in groups 1,2 and 3 the need to have an ID given by PrevenCasa. In the first and second groups, there was only one mention. In the third group, there were four mentions; in the fourth group, there were three. Participants stated that having an alternative ID given by PrevenCasa would help them avoid harassment when heading

or leaving PrevenCasa. A participant in the 4th focus group, Cristina, stated that she suffered harassment from the police when she left the clinic. Then, they found the harm reduction supplies she had gotten at PrevenCasa. Victoria noted that the IDs would help urge authorities to respect them and understand that PrevenCasa provides other services, such as primary health care and mental health services. Participants stated that having the ID would help show the police that they are seeking services that are beneficial for their well-being. As a result, women would be confident coming to PrevenCasa for resources. The following image is the design that a staff member created after receiving the input for creating IDs:

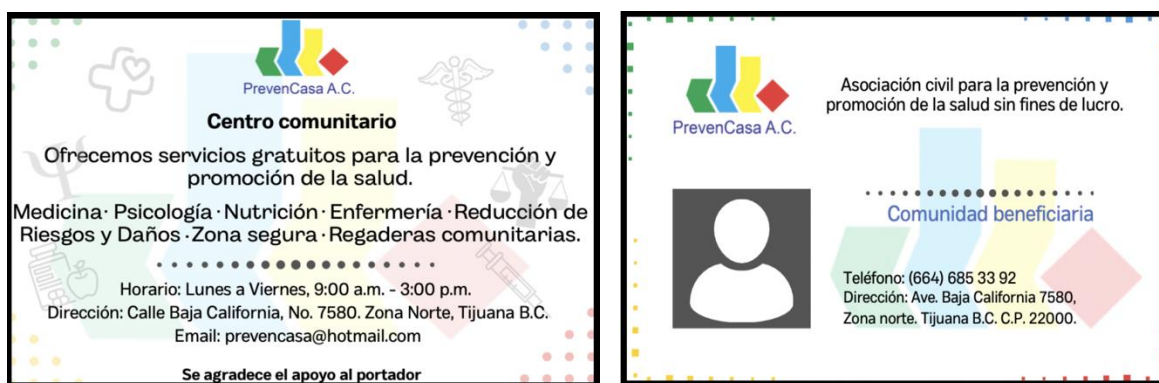


Figure 19. PrevenCasa Identifications. 2024

Additionally, participants stated that having an alternative ID provided by PrevenCasa would allow them to have a type of identification when they lacked other documents to identify themselves. Primarily, this is due because the National Guard and the police are constantly stopping people and checking for Mexican identification. This is in attempts to detain undocumented migrants who are passing through México. During the fourth focus group, I asked participants how many had lost essential documents such as their INEs (the national Mexican identification), passports, and birth certificates. 7 out of 9 participants stated they had lost their documents. Therefore, not having a type of identification puts them at risk of being stopped and taken to an immigration facility. Participants in the group even stated that "El Cuete," a UCSD

research project, granted them identifications that included basic information. Indeed, when I volunteered in 2025 with PrevenCasa and the Wound Clinic, I also obtained one as a precaution. While the card only includes a picture of the person, the name of the project, and their name, it provides people with a sense of security and validity. One of the reasons I was given one is so the police would not stop me from distributing harm reduction kits when we were doing street outreach. Also, this time around, when I came to volunteer with PrevenCasa, I was required to carry an ID that always identified me as a staff member. Hence, patients requested that the ID look like the blunders given to us. Also, participants stated that if they lost their identification, they could easily replace it since obtaining a governmental identification would not be as complicated. Hence, on a personal level, women who use drugs have stated they each want an ID that is easy to obtain and replace. Having the PrevenCasa logo and a community clinic will also reduce harassment from the police and the National Guard.

#### Interpersonal-Level: La Zona, A Safe Place

A second theme from the interviews and the focus groups was using La Zona, their SCS, as a safe place. Among participants, it was noted that, at an interpersonal level, there was a need for a protected space in which women who use drugs could safely use drugs and recreational activities. Most importantly, they need a safe space to protect them from harassment. One of the four sub-themes was the importance of a safe place to use substances. One participant stated that having La Zona as a SCS site was extremely important. For this participant, Erica, it was essential to have a space away from her home, family, and kids to use drugs without any judgment. A staff member also recognized the importance of having a protected area in which women were not rushing to inject their substances. Per this staff member, they shared with me that one patient told them:



*“ah! me agarre a la primera”*

This phrase means in English, "Ah, I was able to do it on the first try." The staff member stated that this was highly significant to him because it showed that the woman had not struggled to find her vein and insert the needle on the first try. For this staff member, it was important to remember that even though there were not many women using the SCS now, those interventions were still important.

However, participants also stated that there needs to be a place that protects them from harassment. La Zona should and can function as a space where they can hang out throughout the day. For example, a participant in the group, Erika, said:

*“Todos esos abusos de la policía...no hay respeto para los adictos, es un problema.  
Necesitamos nuestro propio espacio”*

In the previous quote, the participant stated: "All of the police abuse... There is no respect for addicts, it's a problem. We need our own space". The participant shared this with the group to express her frustration at the constant harassment that users, especially women, suffer when using drugs. Meanwhile, only one staff member identified this as a need. This participant, Karla, shared their own lived experiences as a previous person who used drugs and suffered constant harassment by the police and her partner. Therefore, she stated that women are deeply abused by the system, community, and significant others and that they need to have a space in which they can decompress or seek help. While I was volunteering last summer, a focus group participant came into the SCS and asked me if they could hang out in the space because they had just fought with their partner. Perhaps more women would be incentivized to come by creating and promoting La Zona as a safe place with harm reduction resources.

On the other hand, another sub-theme from these conversations was the need for a safe sleeping place. While this could have been incorporated under the need for a safe space, I put it

separately because of its importance. Karla, a staff member, identified this need. For her, having a room that could act as an emergency space for women who need to spend a few nights somewhere safe would be necessary. Karla understands that there are shelters for women, but sometimes, they do not want to go to them for fear of harassment or forced entry to a treatment center. In fact, during my time there, I observed a staff member offering one of the empty RVs parked inside the building to a woman sleeping outside the closed door of PrevenCasa. It's important to note that this woman is a current patient. The staff member said the woman had been kicked out of her partner's house after a fight. While this accommodation does not occur often, it shows that emergencies like those can arise anytime.

The final sub-theme from this 4th focus group was the need for activities at La Zona. Throughout the focus groups, many questions arose from specific topics. For example, at some point, a participant had to query about the purpose of the testing strips. A handful of them needed help with how to use them properly. Some participants also had questions regarding what Narcan was and how to use it properly. Other participants had questions about how to recognize when an overdose was occurring. Therefore, in the 4th focus group, participants noted they were interested in HIV workshops. As well another participant, Renata, had explicitly asked about wanting CPR and overdose prevention training. That same person stated she even was interested in having group therapy. Meanwhile, a third participant, Victoria, wanted to see painting or knitting workshops. Renata also shared the same sentiment and said:

*“Si, salir a pasear... Si, a pasear fuera de aquí, en un parque. Ver cosas diferentes, no solo la droga. Convivir.”*

Renata's words mean: "Yes, go out and walk... Yes, walk outside, away from here, at a park. See something different, not only drugs. Spend time together". Renata's words became very important to me. While it was essential to not only have a space that provided training regarding

best health practices, but it was also necessary to do other activities outside the "normal." As previously mentioned, the socio-ecological model understands that people need a balance to thrive in life. It is essential to create a space in which women are not only empowered but also cared for.

#### Community-Level: Harm Reduction Resources

Another common theme from our fourth focus group was the need for more harm-reduction resources. Participants identified Narcan, condoms, clothes, and mental health services. Therefore, due to their lack of access, PrevenCasa should prioritize its four harm reduction resources at a community level.

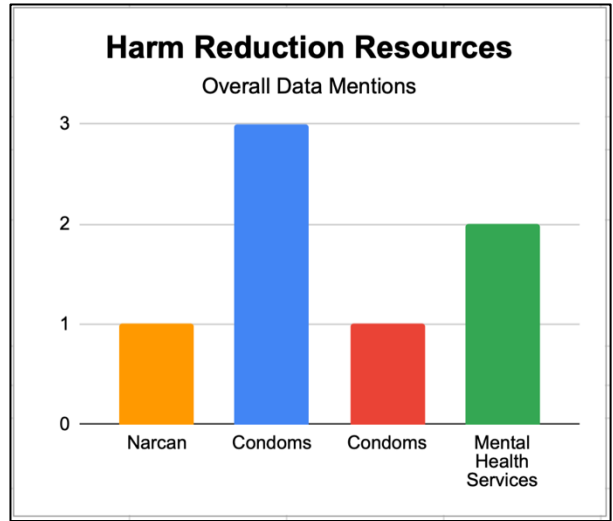


Figure 20. Data coded during the research project 2023. Overall data for identified needs. La Zona.

As previously stated, Narcan is highly controlled and not easily obtainable in México. PrevenCasa is the only non-governmental organization that can provide Narcan to community members for free. A staff member identified this as an essential need due to the limited hours that PrevenCasa offers its services. This staff member also stated that another important reason to ensure patients have access to Narcan all the time is that the ambulances take a long time to respond to an overdose. Also, EMTs have stated that at the beginning of their shift, they are only given four naloxone for a 24-hour ride. It is also essential to recognize that PrevenCasa is only open Monday through Friday.

On the other hand, the focus group participants and one staff member identified condoms as an essential resource. Before the current administration, PrevenCasa received free condoms from the government. They also counted with targeted money in their budget destined to purchase condoms. However, the current administration has removed that aid. Therefore, PrevenCasa must

ask other organizations for condoms, and when the budget allows, they purchase some condoms. One participant, Victoria, mentioned in the group 2,3 and 4 the need for more condoms. For participants, obtaining condoms at PrevenCasa is helpful because they do not have to travel further than the downtown area. More importantly, they are not judged by the personnel.

Meanwhile, one staff member, Karla, stated a high need for male clothing. While this is not an immediate need for women, Karla noted that it is essential also to be able to offer resources to their partners. Indeed, during my time there, male clothing was scarce. While no one identifies this aspect, having male or gender-neutral clothing would also benefit clients who identify as gender nonconforming.

Lastly, two mentions identified mental health services as an essential harm reduction service. A staff member, Renata, stated that PrevenCasa should adopt mental health services for people who use drugs. This refers to, perhaps, making the sessions shorter and not turning them away if they do not show up. For this participant, it was essential to understand that people who use drugs have a lot of trauma, especially if they are unhoused and constantly harassed by the law. As well, a group participant, Raquel, stated that she was highly interested in having mental health group therapies. The participant noted that group therapy would allow them to see that they are not alone and that there is an extensive support network among women who use drugs. To my surprise, participants seemed very receptive and interested in having a counselor or psychologist with whom they could talk about their daily struggles.

#### Community and Individual Level: Education and Sharing Information.

##### A) Education and Training

Compared to a previous chapter, it was noted that PrevenCasa did a lot of educational work at the community level in Tijuana. However, participants in the last focus group said that it is

essential to prioritize this harm reduction training in the Zona Norte neighborhood. However, participants also identified that they need more training in understanding how to use specific resources. For example, participants noted the need to have training regarding overdoses, Narcan usage, testing drugs, human rights, etc. A staff member stated in the individual interview that before this current administration, they were able to provide educational training regarding the safe use of drugs and human rights. However, this has recently changed and is barely done. Hence, participants stated they wanted training. Out of the 9 participants, six indicated that they wished to receive training regarding the proper use of Narcan. Some of them also had questions regarding what effect Narcan has on people. Some participants stated that they had observed someone aiding a person during an overdose by either putting ice on their genitals, slapping them hard on the face, or injecting them with water and salt; however, if people had easy access and the proper information regarding the safe use of Narcan.

Meanwhile, participants in the 4th focus group had a lot of questions regarding drug testing and safe use. Therefore, while these were observations, they prove that there is still a need to empower through education people who use drugs. Thus, this need can be recognized at the community and individual levels, as both the community and the user will benefit from the training and education.

#### B) Sharing Information:

The last theme from this 4th focus group was the importance of having a space where participants could share information. While some suggested holding regular meetings where people could hang out, some participants wanted a bulletin board. Participants identified that having a board on which they could share where to spend the night safely with other women

was necessary. As previously stated, women in Tijuana are harassed at the shelters or rooms they are staying in. Therefore, women could safely disclose safe spaces.

Secondly, another participant stated that sharing information regarding rehab centers would be beneficial. This participant wanted to know of a space where she would be treated respectfully and not tortured while withdrawing.

#### Overall

As noted throughout this chapter, PrevenCasa is a precious organization that provides essential care services. These very diverse and broad harm reduction services involve individual, interpersonal, and community interventions. Thanks to these interventions, people who use drugs have access to services that are not provided otherwise. In the last few years, PrevenCasa has devoted its time to creating an SCS for women who use drugs. However, as we can see from the needs stated by participants, PrevenCasa could benefit from more targeted services.

## CHAPTER IX

### **Conclusion: PrevenCasa and the Socio Ecological Model**

While people often tend to say that individuals have high-risk behaviors, it is essential to understand that the lack of resources leads to these "high-risk" actions, such as drug use. In this project, I was interested in understanding the lived experiences of women who use drugs in Tijuana and how the War on Drugs and PrevenCasa have come to interplay with their lived experiences. Before this research, I knew that the War on Drugs had negative consequences at every single level. I became passionate about drug policy work after I was personally affected by the War on Drugs. However, my own previous experience seems so minimal compared to the stories I later heard and witnessed when I began volunteering at PrevenCasa. Organizations like PrevenCasa have shown me the other face of the War on Drugs, one that not everyone sees and significantly impacts marginalized and vulnerable communities—especially those in border towns such as Tijuana.

Throughout my findings, I dissected how PrevenCasa, and the War on Drugs can shape someone's livelihood at an individual, interpersonal, institutional, and community level. The framework allows us to understand how behaviors are influenced by the multiple levels we interact with. Overall, the SEM framework can also be used as a design to form comprehensive interventions that address behaviors at various levels. Therefore, this framework allows us to understand how women who use drugs in Tijuana experience violence at multiple levels, and hence, there is this constant violence that prevents them from having a safe environment to thrive. However, it is also that through this framework we can understand that PrevenCasa's service provides a haven and nurtures women who use drugs by breaking away from the continuum of violence.

While in this study, not many participants noted interpersonal issues, it does not mean that women who use drugs do not experience these. However, participants in both focus groups and individual interviews highlighted that women who use drugs experience violence at the community, organizational, and policy levels.

In total, 8 out of the 14 participants stated they had a history of a previous deportation. This means that these women had been deported from the United States to México. Only one of the 14 participants identified as immigrants from El Salvador to México. Meanwhile, one participant identifies as Mexican, but their parents migrated to the U.S. when they were a baby; hence, now that she has been deported, she landed in Tijuana.

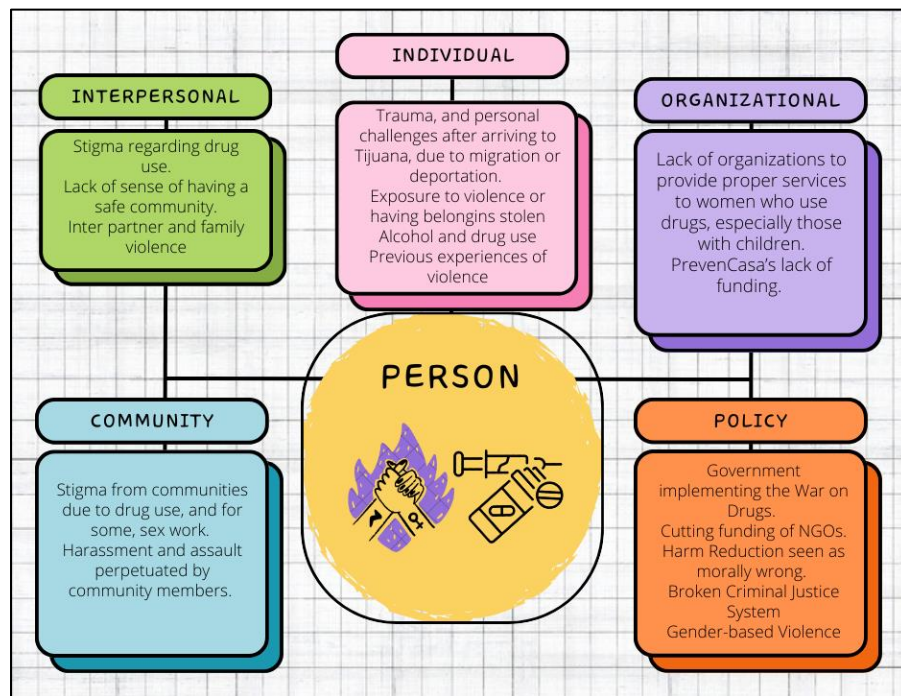


Figure 21. Socio Ecological Framework (SEM) using the data from the research project.

At an individual level, participants shared personal instances in which they suffered violence inflicted by the police and the National Guard. As generously, participants also shared that they have witnessed overdoses. However, participants were highly private regarding commenting if they had had an overdose. For example, Victoria never shared in the groups that



she has had multiple overdoses since she relapsed. However, she has shared with me after the groups that she has had overdoses and that those have marked her for life. Also, at an individual level, participants recognized that they were at risk of having their belongings stolen, especially their identification cards.

At an interpersonal level, few participants openly shared points of contention between their significant others. During the focus groups, there were only three participants who shared a little bit about family or partner violence. On the other hand, participants did share that they knew they suffered discrimination because of their drug use. Also, participants recognized that they were safe and needed to care for each other.

Meanwhile, at an organizational level, it was stated that PrevenCasa's lack of funding limits the resources and quantity of them that they can distribute. This puts a toll on their patients. An essential resource that was noted as extremely important for women who use drugs is condoms and other harm-reduction tools. Not having access to these resources, women are not only more likely to be vulnerable to violence but to acquire infectious diseases such as HIV. Finally, due to the stigma around drug use, women with children have a more challenging time accessing services such as rehab centers. This also makes them less likely to reach out for other services due to fear of their children being taken away.

Similarly, to the previous point, at a community level, women understand people may treat them differently due to their drug use. Participants noted that they are treated differently by the nurses and doctors at the public hospital because of their drug use. Other participants stated that they would also be treated negatively if they were sex workers.

Lastly, at a policy level, participants in the study noted that the current War on Drugs has inflicted more violence on women who use drugs by:

1. The militarization of the country through the use of police and National Guard.
2. Cutting the funding of NGOs that provide vital services.
3. They do not support harm reduction strategies due to the idea that they are morally wrong.
4. The gender-based violence to which women are exposed day-to-day.

By integrating the multiple layers of the SEM into public health theory, harm reduction strategies and practices become much more comprehensive by addressing individual behaviors and the wider socio-cultural and environmental factors that influence health outcomes. Overall, the SEM framework allows us to see the different levels in which women who use drugs are exposed to violence. Due to their surrounding environment, they need help to thrive. However, PrevenCasa has strived to care for patients not only from a medical lens but also from a socio-ecological one. The Socio-Ecological Model highlights the importance of considering the need for diverse resources to influence people's behaviors and health. For PrevenCasa, it has been essential to consider the needs and challenges of its patients, especially women. Hence, my interviews with the staff members all mention the importance of centering their programming around the community's needs.

As an example, PrevenCasa decided to open their SCS La Zona. This SCS provides women with a protected space in which they can be safe when using drugs. The main objective of La Zona is to educate women on the importance of never using alone, testing their drugs for fentanyl, and the importance of having Narcan easily accessible. Most importantly, La Zona provides space in which women can use drugs without fearing that they will not be able to have help in case of an overdose and protects them from being assaulted while they are under the effects of the substances they consume. However, La Zona has become much more than that. Throughout the focus groups,

it became apparent that women lacked a dedicated space to come together and talk with each other. Also, women lacked creative spaces to relax throughout the day. Hence, after the focus groups ended, the staff continued to organize a weekly space called "Movie Fridays" for women to hang out. For the staff members who initiated Movie Fridays, providing them with a space where women could destress was important. As staff noted, it is essential to take a break from the health education focus and give women a space to connect with cultural aspects such as art, movies, poems, or music. As Karen noted, "Access to art is a human right." However, through the combination of the same space for drug use and hanging out, women not only feel more comfortable using the space, but La Zona's works provide a break from the violence they experience.

On the other hand, PrevenCasa, as an organization, successfully cares for patients from a socio-ecological perspective. More specifically, through their harm reduction services such as condoms, needles exchange, pipes, Narcan distribution, HIV testing, and showers, participants can be connected to needed services. As well, women can reduce their risk of acquiring HIV. Overall, women who use drugs get medical care that centers on their current needs. PrevenCasa has stepped up to provide a haven for them despite failed policies. While it is important to note that PrevenCasa offers all its services to men who use drugs, and most of its clients are males, they prioritize serving women better. They recognize that women who use drugs are vulnerable to suffering extreme levels of violence by the community, their partner, and the institutions. However, they have sought to improve, even if it is for a few hours a day, women's lives.

Finally, PrevenCasa has also worked to create more community awareness about the negative consequences the War on Drugs has had on multiple levels. For some individuals, the War on Drugs has meant suffering from extortion, having someone kidnapped within their family, or witnessing a shooting in the city. Indeed, I have been a victim of two of these instances.

However, it is essential to understand that the War on Drugs affects everyone at different levels. For deportees, sex workers, women, and migrants, the War on Drugs has meant extreme violence. PrevenCasa aims to break the stigma and bridge the gap between La Zona Norte and the rest of the community in Tijuana.

### Future Directions

A current limitation of this research is that no external organizations or community individuals were interviewed. Therefore, the data provided in this research is limited to the views of staff members and 14 focus participants. Every focus group aimed to cover different weekly topics, some overlapping. Therefore, it would have been essential to understand each participant's background before they entered the focus groups. Another limitation is that this project has not provided individual interviews to capture each participant's background story. This would have been beneficial in understanding how their shaped environment influence them on their drug consumption.

A promising future direction for this study is to evaluate the potential impact of recent interventions by PrevenCasa, particularly the 'Friday Movies' initiative and the distribution of identification cards to clients, on women who use drugs. These initiatives have the potential to significantly improve the lives of these women by providing a safe and supportive environment. If PrevenCasa receives the necessary support, establishing La Zona as a dedicated space for women who use drugs to hold activities of their interest could be a crucial step. Equally important would be to assess the significance and effect of these interventions. Throughout this project, participants have expressed that the resources provided by PrevenCasa have created a safe space for them to seek assistance and access resources that promote safer harm-reduction practices.

PrevenCasa has indeed provided essential services despite the current War on Drugs policies that have been constantly implemented in México. PrevenCasa has not only worked to provide services to all patients, but they have stepped up to recognize women who use drugs need more targeted services. As well, PrevenCasa has become a significant advocate regarding the human rights of people who use drugs.

## APPENDICES

### Appendix A

#### *INTERVIEW QUESTIONNAIRE FOR FOCUS GROUP PARTICIPANTS ENGLISH*

##### 1. First Focus Group: Current Situation

- a. How long have you been living in Tijuana, and how do you feel about your time here?
- b. Where do you consider home, and how do you stay connected to it while in Tijuana?
- c. What challenges have you faced since arriving in Tijuana, and how have you managed them?
- d. Can you share how long you've been using substances and what led to your initial use?
- e. What are the most significant challenges you face personally due to substance use?
- f. Have you been persecuted by the police while using in the streets? How does this impact you?

##### 2. Second Focus Group: PrevenCasa and its Services

- a. How long have you been receiving services from PREVENCASA, and how did you first hear about it?
- b. What brings you back to PREVENCASA? Is it the staff, the services, or both?
- c. What services do you use when in PrevenCasa
- d. What are the most important services PREVENCASA provides for you?
- e. Of the harm reduction services offered (e.g., safe consumption site, needle exchange, Narcan, testing strips, wound care), which do you find most crucial, and why?
- f. Can you tell us more about the strategies you use to prevent an overdose?
- g. How often have you witnessed an overdose, and how have those experiences affected you?
- h. Have you used Naloxone? If so, did you receive training on how to use it, and have you administered it to others?
- i. Have you used the Safe Consumption Site (SCS) at the clinic? If so, what has your experience been like?
- j. What is your opinion on the newly opened SCS at this clinic, and what do you think could make it better?
- k. What difficulties have you encountered in accessing these services, and what do you think causes these challenges?

##### 3. Third Focus Group: Other Institutions and Community Members

- a. Besides PrevenCasa, which other organizations do you go to seek similar services?
  - b. What are those services you seek at other organizations?
  - c. Have you experienced any discrimination from the organizations/institutions outside PrevenCasa?
  - d. Are you aware of the various prevention and harm reduction strategies available in Tijuana? How did you learn about them?
  - e. Are there any challenges seeking those services outside PrevenCasa? If so, which ones?
  - f. Are there any community members you go to for help?
4. Fourth Focus Group: Needs and Envision for the future:
- a. What are some of the most urgent harm reduction needs in your community right now?
  - b. What steps should be taken first to support people who use substances in your community?
  - c. Besides medical care or harm reduction services, what do you think would most improve the overall well-being of your community?
  - d. What are the most pressing needs within PrevenCasa that should be addressed immediately?

## Appendix B

### *INTERVIEW QUESTIONNAIRE FOR FOCUS GROUP PARTICIPANTS SPANISH*

1. Primer grupo de enfoque: situación actual
  - a. ¿Cuánto tiempo lleva viviendo en Tijuana y cómo se siente con respecto a su tiempo aquí?
  - b. ¿Dónde considera que está su hogar y cómo se mantiene conectado con él mientras está en Tijuana?
  - c. ¿Qué desafíos ha enfrentado desde que llegó a Tijuana y cómo los ha manejado?
  - d. ¿Puede compartir cuánto tiempo lleva consumiendo sustancias y qué lo llevó a su consumo inicial?
  - e. ¿Cuáles son los desafíos más significativos que enfrenta personalmente debido al consumo de sustancias?
  - f. ¿Ha sido perseguido por la policía mientras consumía en las calles? ¿Cómo le afecta esto?
  
2. Segundo grupo de enfoque: PrevenCasa y sus servicios
  - a. ¿Cuánto tiempo lleva recibiendo servicios de PREVENCASA y cómo se enteró de ello por primera vez?
  - b. ¿Qué lo trae de regreso a PREVENCASA? ¿Es el personal, los servicios o ambos?
  - c. ¿Qué servicios utiliza cuando está en PrevenCasa?
  - d. ¿Cuáles son los servicios más importantes que le brinda PREVENCASA?
  - e. De los servicios de reducción de daños que se ofrecen (por ejemplo, sitio de consumo seguro, intercambio de agujas, Narcan, tiras reactivas, cuidado de heridas), ¿cuál considera más crucial y por qué?
  - f. ¿Puede contarnos más sobre las estrategias que utiliza para prevenir una sobredosis?
  - g. ¿Con qué frecuencia ha presenciado una sobredosis y cómo le han afectado esas experiencias?
  - h. ¿Ha utilizado naloxona? Si es así, ¿recibió capacitación sobre cómo usarla y se la ha administrado a otras personas?
  - i. ¿Ha utilizado el Sitio de Consumo Seguro (SCS) en la clínica? Si es así, ¿cómo ha sido su experiencia?
  - j. ¿Cuál es su opinión sobre el SCS recién inaugurado en esta clínica y qué cree que podría mejorarlo?
  - k. ¿Qué dificultades ha encontrado para acceder a estos servicios y qué cree que causa estos desafíos?
  
3. Tercer grupo de enfoque: otras instituciones y miembros de la comunidad
  - a. Además de PrevenCasa, ¿a qué otras organizaciones acuden para buscar servicios similares?
  - b. ¿Cuáles son esos servicios que busca en otras organizaciones?
  - c. ¿Ha experimentado alguna discriminación por parte de organizaciones/instituciones fuera de PrevenCasa?



- d. ¿Conoce las diversas estrategias de prevención y reducción de daños disponibles en Tijuana? ¿Cómo se enteró de ellas?
  - e. ¿Existen desafíos para buscar esos servicios fuera de PrevenCasa? Si es así, ¿cuáles?
  - f. ¿Hay algún miembro de la comunidad al que acuda en busca de ayuda?
4. Cuarto grupo de enfoque: Necesidades y visión para el futuro:
- a. ¿Cuáles son algunas de las necesidades de reducción de daños más urgentes en su comunidad en este momento?
  - b. ¿Qué pasos se deben tomar primero para apoyar a las personas que consumen sustancias en su comunidad?
  - c. Además de la atención médica o los servicios de reducción de daños, ¿qué cree que mejoraría más el bienestar general de su comunidad?
  - d. ¿Cuáles son las necesidades más urgentes dentro de PrevenCasa que se deben abordar de inmediato?

## Appendix C

### *INTERVIEW QUESTIONNAIRE FOR STAFF MEMBERS ENGLISH*

1. Demographics
  - a. What is your position here at PrevenCasa?
  - b. What type of work do you do?
  - c. How long have you worked at PrevenCasa?
  - d. Why you started working here?
  
2. War on Drugs and Drug use:
  - a. What are your thoughts on the Mexican government's approach to the War on Drugs?
  - b. Have you encountered any challenges with this strategy? If so, what are they?
  - c. What do you think would be an effective strategy for addressing drug use in your community?
  - d. In your view, what is the most critical need in your community related to drug use?
  - e. What do you think prevents people from seeking help or overcoming substance use disorder?
  - f. What challenges do you face in providing these services here, and why?
  - g. What areas or services could be improved, both within PrevenCasa and in general?
  - h. Are you familiar with all the prevention and harm reduction strategies available in Tijuana?
  
3. PrevenCasa
  - a. What are the most important services that PrevenCasa provides, and why are they important?
  - b. Among the harm reduction services offered (e.g., safe consumption site, needle exchange, Narcan, testing strips, wound care), which do you find most crucial, and why?
  - c. Can you share more about the strategies you use to prevent overdoses?
  - d. How often have you witnessed an overdose?
  - e. Do you receive assistance from paramedics or other institutions when an overdose occurs?
  - f. Have you used Naloxone? If so, have you received training on how to use it, and have you administered it to others?
  - g. What is your opinion on the newly opened safe consumption site at this clinic?

## Appendix D

### *INTERVIEW QUESTIONNAIRE FOR STAFF MEMBERS SPANISH*

#### 1. Demográficos

- a. ¿Cuál es su puesto aquí en PrevenCasa?
- b. ¿Qué tipo de trabajo hace?
- c. ¿Cuánto tiempo lleva trabajando en PrevenCasa?
- d. ¿Por qué empezó a trabajar aquí?

#### 2. Guerra contra las drogas y consumo de drogas:

- a. ¿Qué piensa sobre el enfoque del gobierno mexicano en la guerra contra las drogas?
- b. ¿Ha encontrado algún desafío con esta estrategia? Si es así, ¿cuáles son?
- c. ¿Cuál cree que sería una estrategia eficaz para abordar el consumo de drogas en su comunidad?
- d. En su opinión, ¿cuál es la necesidad más crítica en su comunidad relacionada con el consumo de drogas?
- e. ¿Qué cree que impide que las personas busquen ayuda o superen el trastorno por consumo de sustancias?
- f. ¿Qué desafíos enfrenta para brindar estos servicios aquí y por qué?
- g. ¿Qué áreas o servicios podrían mejorarse, tanto dentro de PrevenCasa como en general?
- h. ¿Está familiarizado con todas las estrategias de prevención y reducción de daños disponibles en Tijuana?

#### 3. PrevenCasa

- a. ¿Cuáles son los servicios más importantes que ofrece PrevenCasa y por qué son importantes?
- b. Entre los servicios de reducción de daños que ofrece (por ejemplo, sitio de consumo seguro, intercambio de agujas, Narcan, tiras reactivas, cuidado de heridas), ¿cuál considera que es el más importante y por qué?
- c. ¿Puede compartir más sobre las estrategias que utiliza para prevenir las sobredosis?
- d. ¿Con qué frecuencia ha presenciado una sobredosis?
- e. ¿Recibe asistencia de paramédicos u otras instituciones cuando ocurre una sobredosis?
- f. ¿Ha utilizado naloxona? Si es así, ¿ha recibido capacitación sobre cómo utilizarla y se la ha administrado a otras personas?
- g. ¿Cuál es su opinión sobre el sitio de consumo seguro recientemente inaugurado en esta clínica?

Appendix E

TABLE OF OVERALL PROJECT PARTICIPANTS

Overall Participants												
Nickname	Age	Gender		Birth Place	Previous Deportation History	Drug Preference			IV		Fumado	
		woman	trans woman			Goma Negra (heroin)	China White (Fentanyl and heroin)	Meth	Yes	No	Yes	No
Carmen	44	x		Mx	x	x			x			x
Karina	26		x	Mx			x			x		
Veronica	-	x										
Juana	-	x										
Maria	-	x		Mx								
Marta	52	x		Mx	x					x		x
Cristina	50	x		Mx	x					x		
Raquel	62	x		Mx	x							
Barbara	47	x		Mx	x							x
Victoria	57	x		Mx	x					x		
Erica	47		x	Mx								x
Laura	33		x	El Salvador	x							x
Rebeca	23	x		EU							x	x
Rosa	35	x		Mx	x						x	x
Ana	STAFF			Mx								
Karen	STAFF			Mx								
Sofia	STAFF			Mx								
Karla	STAFF			Mx								
Renata	STAFF			Mx								
	average: 43	11	3			4	3	3	2	7		
						10 people answered			9 people answered			

**Appendix F**

*TABLE OF FOCUS GROUP PARTICIPANTS*

OVERALL PARTICIPANTS					
Nickname	FG 1	FG 2	FG 3	FG 4	Total FG
Carmen		X	X	X	3
Karla	X		X		2
Veronica		X	X		2
Juana		X			1
Maria				X	1
Ana	X			X	2
Cristina	X	X	X	X	4
Raquel	X	X		X	3
Barbara			X	X	2
Victoria	X	X	X	X	4
Erica	X	X	X	X	4
Laura	X	X			2
Rebeca				X	1
Rosa		X			1
<b>TOTAL: 14</b>	<b>7</b>	<b>9</b>	<b>7</b>	<b>9</b>	<b>Total: 32</b>

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