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INJECTING DRUG USERS' EXPERIENCES OF POLICING PRACTICES IN TWO MEXICAN-U.S. BORDER CITIES: PUBLIC HEALTH PERSPECTIVES

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Abstract

Background—Previous research has identified the impact of law enforcement practices on the behaviors and health of injection drug users (IDUs). We undertook a qualitative study of IDUs' experiences of policing practices in two Mexican cities on the U.S. border.

Methods—In 2004, two teams of Mexican interviewers conducted in-depth interviews with IDUs residing in Tijuana and Ciudad Juarez (Cd. Juarez), Mexico who had injected drugs at least once in the prior month. Topics included types of drug used, injection settings, access to sterile needles and experiences with police. Field notes and transcribed interviews were analyzed to identify emergent themes.

Results—Among the 43 participants, most reported that it is common for IDUs to be arrested and detained for 36 hours for carrying sterile or used syringes. Most reported that they or someone they knew had been beaten by police. Interviews suggested 5 key themes relating to police influence on the risk environment: 1) impact of policing practices on accessibility of sterile syringes, 2) influence of police on choice of places to inject drugs (e.g., shooting galleries), 3) police violence, 4) police corruption, and 5) perceived changes in policing practices.

Conclusion—Findings suggest that some behavior of police officers in Tijuana and Cd. Juarez is inconsistent with legal norms and may be negatively influencing the risk of acquiring blood-borne infections among IDUs. Implementing a comprehensive and successful HIV prevention program

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among IDUs requires interventions to influence the knowledge, attitudes and practices of law enforcement officers.

Keywords

Enforcement; Injection Drug Use; Mexico; Drug Policy

INTRODUCTION

Mexico is considered by UNAIDS to be a country of low HIV prevalence and ranks third in the Americas in reported AIDS cases behind the United States and Brazil (UNAIDS, 2002). Although the prevalence of HIV infection among injection drug users (IDUs) in Mexico appears low (CONASIDA, 2004; Viani et al., 2004), a recent study found that the prevalence of Hepatitis C virus (HCV) among IDUs was approximately 95% in Tijuana and Ciudad Juarez. The use of injection drugs has been on the rise during the past decade in these border cities, which are considered hot spots for heroin and stimulant use (K. C. Brouwer et al., 2006; DEA, 2003).

Tijuana, Mexico, sits across from San Diego, USA, along the busiest border crossing in the world (Lange, Lauer, & Voas, 1999). A major route for trafficking heroin, cocaine and methamphetamine into the USA passes through Tijuana (K. Brouwer et al., 2005; K. C. Brouwer et al., 2006). "Spillover" from drug shipments has created a local drug consumption market in Tijuana, a city reported to have three times the national average of individuals consuming illicit drugs (Magis-Rodriguez, Marques, & Touze, 2002). Tijuana is home to a growing estimated population of 10,000 IDUs and over 200 shooting galleries ['picaderos'] (Morales, Lozada, Magis, & Saavedra, 2004). Services for drug users are scant; there is no formal needle exchange program (NEP) and only two methadone clinics, both of which are privately operated.

Ciudad (Cd.) Juarez, Mexico, is situated at the approximate mid-point of the 2,000 mile long border between Mexico and the United States and is part of a metroplex with El Paso, Texas and Las Cruces, New Mexico. Cd. Juarez is ranked second only to Tijuana in the prevalence of illicit drug use and is estimated to have twice the national average (SSA, 1998). A mathematical model using capture-recapture methods conducted in 2001 estimated that there were approximately 6000 IDUs including 3000–3500 "heavy" heroin injectors (defined as having used heroin 2–3 times a day in the previous six months) and as many as 186 picaderos in Cd. Juarez (Cravioto, 2003).

Several important factors have been identified in settings worldwide that influence risk for blood-borne transmission among IDUs. At the individual level, syringe sharing is an important factor in the transmission of blood-borne viruses, which include HIV, HCV and Hepatitis B virus (Diaz, Chu, Weinstein, Mokotoff, & Jones, 1998). At the social level, personal networks form an integral part of the risk environment among IDUs because HIV is not homogeneously distributed and is present in systematically concentrated social and geographic pockets (Neaigus et al., 1996). Further, law enforcement practices that heighten fear of arrest or other negative interactions with police can discourage IDUs from carrying syringes. This in turn can lead IDUs to share syringes and can facilitate the formation of high-risk needle sharing networks (S. Burris, Gable, Stone, & Lazzarini, 2003).

While syringe purchase and possession by IDUs is not a crime in Mexico, little is known regarding the practices of police officers in relation to possession of syringes by IDUs. Research elsewhere has shown that laws on the books and practice on the street are not necessarily congruent and that the practices of police officers can greatly affect the self-efficacy of IDUs

to reduce the likelihood of blood-borne infection transmission. The economic disparities between cities situated on the U.S.-Mexico border likely provide additional dimensions to the experiences of IDUs in Tijuana and Cd. Juarez, particularly in regards to interactions between police and IDUs (S Burris et al., 2004). Studies of structural factors that influence multiple pathways of disease risk are needed to help inform the development of culturally appropriate interventions (T Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005).

The fact that HIV prevalence among IDUs in Tijuana and Cd. Juarez is low, despite a high prevalence of HCV infection, suggests conditions that facilitate HIV transmission are present and that a small window of opportunity to intervene exists before a large-scale epidemic occurs. We therefore conducted a series of qualitative interviews with IDUs in Tijuana and Cd. Juarez, Mexico which included questions regarding drug users' experiences with law enforcement practices in order to better understand the role of front line police officers in reducing or increasing the risks of blood-borne infection among IDUs.

METHODS

Between April and May 2004, a team of eight trained Mexican interviewers conducted guided in-depth interviews in Spanish with 43 IDUs (25 males, 18 females) in Tijuana and Cd. Juarez, Mexico. Participants were eligible for interviews provided they were aged 18 years or older, resided in Tijuana or Cd. Juarez and reported injecting illicit substances at least once within the prior month, identified through the presence of recent injection stigmata (i.e., track marks). In order to understand the variability in drug use practices, targeted sampling methods were used (Watters & Biernacki, 1989) to recruit a balanced number of males and females and IDUs from various parts of the cities.

Study personnel contacted potential participants and informally screened IDUs for eligibility in street locations known for drug use, shooting galleries and drug treatment programs. After providing written informed consent, a brief, structured screening form consisting of 20 questions was administered by the interviewer to collect socio-demographic information such as age, employment status, and primary drug used. To optimize rapport, interviewers were matched to respondents based on gender. Interviews were conducted in private locations based on availability and client preference (e.g. drug treatment programs, outreach offices and participants' homes).

In-depth, semi-structure, open-ended interviews

A general interview guide was developed to ensure that certain topics were addressed, but the interview was open-ended and conversational. Interview topics included types of drugs used, methods of using drugs, injection settings and venues, barriers related to acquiring sterile injection equipment, and environmental influences affecting drug use including experiences with front line police officers. Questions asked of participants regarding their experiences with police were:

1. Are there places drug users are allowed to hang out [and/or], have a coffee without being hassled by police?
2. Tell me about how the police treat drug users here. Do the police affect the ways people buy and use drugs, or how they get needles?
3. Do drug users get arrested for carrying used syringes in this city? Do they get arrested for carrying sterile syringes that have never been used?

The interview guide was modified as the interviewing process progressed to include new topics, investigation of topical themes arising from the interviews and to ensure that data were triangulated on an ongoing basis.

Each interview lasted approximately one hour and was tape-recorded for subsequent transcription and translation; interviews were anonymous, no identifiers were recorded. Participants in the study received 200 pesos (approximately \$20 USD) as compensation for their time. All interviews were taped, transcribed verbatim and translated from Spanish into English. A dictionary was developed to catalog various words and phrases used in the local drug culture.

Analyses of qualitative data

All interview data were hand-coded and analyzed to identify trends and emerging patterns. Content analysis was conducted to identify risk-related themes corresponding to the interview guide and in particular, the practices of law enforcement officers. In the first analysis of the data an initial set of codes was generated to capture key constructs. Subsequent analyses were undertaken to assign data segments to categories and examine negative evidence. Transcripts were coded for themes primarily by one investigator (CLM). A second investigator (MF) coded transcript extractions independently and the two codings were compared to check for consistency and accuracy of findings. Where there was inconsistency in coding, the discrepancy was discussed for clarification and the second investigator then coded another sample of transcript extractions. This process was repeated until consistency in coding was attained.

RESULTS

Socio-demographic characteristics of the 43 respondents are summarized in Table 1 and Table 2.

Qualitative Findings

Five major themes emerged from the interviews: 1) impact of policing practices on accessibility of sterile syringes, 2) influence of police on the choice of places to inject, 3) violence committed by police officers; 4) police corruption and 5) perceived changes in policing practices. These themes are explored in more detail below.

The impact of policing practices on accessibility of sterile syringes—Most of the participants in both cities discussed the negative influence that front line officers had on their willingness to carry their own sterile or personally used injecting equipment. Most of the participants reported that police detained individuals for carrying injection equipment, both new and used:

“They arrest you, even if it’s not a used [syringe]... they see everyone’s arms ... when they see the syringe and then look at your arms ... well that’s that ... even if you have just a few little pricks.”

(Male age 22, Tijuana)

“...even when I don’t have drugs, that cop is going to get me and arrest me, he is going to take me to judge and he is going to show that I had a syringe...even if it is a new syringe and has its wrapper they have arrested me...”

(Male, age 36, Juarez)

Many participants described being arrested and detained for 36 hours in a holding cell for various infractions, including possession of used and sterile syringes that did not include traces of drugs:

“They arrest you and if you have a syringe, they give you the maximum in jail for minor infractions, which is 36 hours. Just for having a syringe, even if you don’t have any drugs ...”

(Male age 30, Tijuana)

The fact that syringe possession is not a crime did not prevent the police from making an arrest. Once the syringe had marked the possessor as a drug user, police apparently felt licensed to manufacture an offense in order to get the drug user into jail:

“I have been caught for having a syringe in my pocket and when I go to the pharmacy to buy it,--the drug I have it hidden from the day before--but they don’t find it, just the syringe and they take me with the judge and say ‘well he was asking for money in the public space, harassing people,’ and that is not true”,

(Male, age 35, Cd. Juarez)

Possession of a syringe was not the only factor that reportedly increased the risk of arrest. Many of the participants suggested that appearance alone can influence a police’s decision to arrest an individual.

“‘Cause he [police officer] saw that I had an addict face, and he saw me dirty, the jacket that I had was dirty... but when I’m dressed up they don’t bother me at all, they don’t bother me at all, at all, they don’t even look at me, if they see my face and see that I’m wearing makeup, “that lady is a homemaker”. And if they have tracks, they take you, just with track marks they take you, and it’s 36 hours, just with the tracks...”

(Female, age 47, Tijuana)

Participants discussed in detail the ways in which they hid their drug use to avoid arrest or detention. Strategies included hiding track marks and injecting in less obvious sites including beneath the finger-tips, eyelids, and in the temple. Fear of drug withdrawal [‘malilla’] during detention was a motivating factor for these behaviors, as one female participant reported:

“...a tecato [heroin addict] will always have, their greatest fear, is “malilla”... so sometimes you prefer not to have your syringe with you on the street, if you get stopped by police, well if they find it on you they’ll put you in the patrol car and that will cause a problem [withdrawal], right? So sometimes you leave it [the syringe] anywhere and it’s easier to get a disease that way like AIDS or something, or if you share your syringes, thanks to that you can’t have your own syringe on the street, to not feel the pressure.” (Female age 22, Tijuana)

Another respondent talked about the timing of detention and risk of arrest:

“Sometimes the police get you in the morning and you don’t get a chance to buy the drug and one suffers from the malilla more ...”

(Male, age 38, Tijuana)

Influence of police on places where drugs were injected—The use of shooting galleries was ubiquitous in both Tijuana and Cd. Juarez. Respondents reported that fear of police influenced the establishment and use of shooting galleries. Some of the respondents suggested that the police were specifically targeting IDUs affecting where they inject their drugs. For example one woman reported that:

“the placas [police] affect where we inject, because as I’m telling you, right, the placas are just looking, they are “hunting” us, they are waiting so that they can take you...”

(Female, age 30, Tijuana)

Another woman described how police influence the establishment of shooting galleries. IDUs may seek out places to inject where they can avoid police thus establishing types of informal shooting galleries as reported below:

“We look for abandoned houses or an old car or an isolated place or something that, well, where not many people pass by, nor the police; they are known as shooting galleries...”

(Female, age 43, Tijuana)

One participant also suggested that police may indirectly facilitate shooting gallery use because of a financial relationship between police and shooting gallery operators:

“Well, the ... the police, once they get a drug addict, he’s mistreated, and we’re discriminated against. But in a certain way they protect us right? Because they’re close to the shooting gallery ... they don’t bother us at a connecta [dealer], they don’t bother one as long as, well, you know, as an addict I don’t have to bother the neighbors around the connecta, so that the neighbors don’t complain and don’t call the patrol car.” (Male, age 25, Tijuana)

Violence committed by police towards IDUs—In each city, many of the participants described at least one experience in which they or someone they were with had been beaten by the police:

“Well sometimes... when the person runs, when the person runs, they [police] get upset and they trap us and hit us and sometimes they make us wash their patrol car so they don’t take us with them...” (Female, age 30, Juarez)

“The police broke his teeth [the participant’s brother]; he’s toothless now, but no one does anything to the police, they say my brother was at fault ...” (Female, age 18, Tijuana)

Several women from both cities reported gender-specific forms of abuse at the hands of police:

“they [the police] beat the men and push the women, they’re not supposed to touch you but they put their hand in your pockets or they make you pull your pants down and take your shoes and socks off, just like that in the middle of the street and lift your blouse and pick up your bra and shake it and I don’t know what more, and I think this is not right.”

(Female, age 23, Tijuana)

Other women reported specific demands for sex:

“A police officer was chasing me once going to the Zapata, see, he picked me up once and then whenever I ran into him he would want to pick me up and he wanted me to, to suck his thing, so that he would leave me alone ...”

(Female, age 18, Tijuana)

Another woman reported that sexual and physical violence was covered up by other members of the police force saying;

...because they [the police] were going to rape me, and they were going to do it, one of them held me from my back and the other one was trying to take off my pants, and like, they broke my jacket, it had some buttons and a zipper, and they ripped it off, with force, and the zipper broke, and the buttons flew off, and they were ripping off my blouse, but I started to scream, and scream and then they started to beat me, he hit me like three times in the face, then the other one moved me and told him to not

hit me in the face “don’t hit her in the face dude, hit her wherever you want but the face”...I stopped another patrol... I just told him that I was almost raped, but I didn’t tell him they were cops, it was when we were there [at the police station] that he realized the reason I wanted to go there, and he told me “If I had known you were going to do this to my co-workers I wouldn’t have brought you here”.

(Female, age 34, Cd. Juarez)

Police corruption—Police ‘payoffs’ were reported in both Tijuana and Ciudad Juarez by almost all respondents;

“[the police]...are very violent, they never did that to me because, I always had money on me and I’d give them what I had.”

(Female, age 22, Tijuana)

Another participant reported that the police made specific demands:

“...and you try to get away but once they get you and you want to go away: “give me the money and you can go,” so we give them the money and escape” (Male, age 35, Cd. Juarez)

Approximately half of the participants discussed drug use by police or diversion of drugs by police to other drug users. One participant, a shooting gallery operator, explained a typical scenario in Tijuana:

“Some police know [about my shooting gallery], know what is happening but they’re corrupt, they don’t bother me in that sense because they come along, I give them a bit of money so they’ll leave us alone... like a police officer also comes to smoke and then goes to work...police ask for too much money and people don’t want to work to support the police, 99.9 % of the police are corrupt, I’m telling you because I deal with them.” (Male, age 44, Tijuana)

Other respondents suggested a more formal relationship sometimes existed between shooting gallery operators or drug dealers and the police:

“There’s shooting galleries where police are paid...it’s the only way to avoid being bothered, paying them, the person in charge pays some money to the cops to avoid being bothered.” (Male, age 44, Tijuana)

One participant discussed differential treatment depending on the level of police; federal, judicial and/or municipal:

“No, they [the federal judicial police] just harass the sellers to get their money. The judicial police doesn’t mess around with us much, the municipal police do, and the municipal cops are the ones that fuck us up, they are the ones that take our money... and the federal police hang out with the drug dealers, the ones with high status, the ones that sell a lot, a lot huh! And the police protect them, because they also get a lot of money....” (Female, age 25, Cd. Juarez)

Perceived changes in policing practices—Some participants suggested that changes in policing had occurred in both cities, ranging from a perceived increase in police presence to an increase in police violence or corruption.

“Well I think that it’s uglier, like before when I was with a ‘connecta’ [a dealer], the police took me in, they just handcuffed me and took me, now they don’t, now if you’re in a place where they sell drugs they beat you...”

(Female, age 18, Tijuana)

Other respondents in both cities reported an increase in police corruption.

“It has changed a lot, this business, that before they would catch somebody, a tecato [heroin injector], and send him to jail and now they don’t, since they know there are many of us, that now they catch us and take economic advantage, I mean money in their pockets, they get their 50, 100 pesos for each they get, to be honest, it has changed.”(Male, age 35, Cd. Juarez)

DISCUSSION

Police behaviour has been shown to influence IDUs’ ability to use protective behaviours against blood-borne infection transmission in numerous studies world-wide (Maher & Dixon, 1999) (Cooper, Moore, Gruskin, & Krieger, 2005) (Wood et al., 2003) (Cooper, Moore, Gruskin, & Krieger, 2004). In this qualitative study in two Mexican-U.S. border cities, participants reported that policing practices influenced whether they obtain and carry syringes, and where they inject. Some police in this setting appear to exercise broad discretion in dealings with IDUs and do not necessarily act in ways that promote the health and safety of this vulnerable population.

Although possession of a syringe by a drug user is not a crime in Mexico, discovering a syringe appears to provide police an opportunity to find a minor offense that will justify taking a drug user into custody. Thus, while the laws ‘on the books’ might be deemed supportive of at least some syringe access for IDUs, in practice on the streets it does not limit police discretion to arrest people marked as drug users by a syringe or other signs (e.g., ‘track’ marks on the arm). While the punishment may appear minor, 36 hours in jail typically amounts to painful, unmedicated opiate withdrawal for a drug user addicted to heroin. Upon their release, such individuals may therefore resort to high risk behaviors (e.g., needle sharing) in an effort to quickly ease their withdrawal symptoms (‘mallilla’). Previous studies have suggested that a high prevalence of incarceration and detention may facilitate the formation of dense social networks which may inadvertently lead to the spread of HIV/AIDS among IDUs in prisons, detention centers and also in the community upon release (Friedman & Aral, 2001; Kottiri, Friedman, Neaigus, Curtis, & Des Jarlais, 2002; T. Rhodes et al., 2002).

IDUs who avoided carrying syringes were also subject to arrest or harassment if they were identifiable as drug users. This led many respondents to adopt elaborate, and sometimes dangerous, strategies for hiding any sign of drug use. In addition, fear of police interference appears to lead some IDUs to use shooting galleries. Shooting galleries have been identified as environments that can increase the risks of HIV by increasing high-risk syringe sharing practices (Needle et al., 1998) and disrupting stable injecting networks that may be protective against acquiring blood-borne infections (Bastos & Strathdee, 2000; T. Rhodes et al., 2002) (Davis, Burris, Metzger, Becher, & Lynch, 2005).

In practice, the illegality of drug possession and the lack of meaningful judicial oversight gives police de facto power over IDUs, whereby police are reported to extract bribes, sexual favors or protect themselves against sanction for illegal violence. Forcing drug users to avoid possession of syringes and to inject furtively and quickly is a clearly demonstrated mechanism for influencing unsterile injection or syringe sharing that increases the risk for acquiring blood-borne infections (S Burris et al., 2004; T. Rhodes et al., 2003). Policing practices thus constitute risk factors that IDUs do not create and cannot fundamentally influence. It follows that the police are an important target of public health intervention in their own right. Such interventions can take many forms.

Formal cooperation between health and law enforcement agencies has been attempted elsewhere (Midford, Acres, Lenton, Loxley, & Boots, 2002). In Cd. Juarez and Tijuana, public

health programs have been working with law enforcement agencies to improve relations between police, IDUs and NGOs in order to reduce the harms associated with injection drug use. For example, the civil association Programa Compañeros in Cd. Juarez, has been implementing harm reduction and HIV prevention programs for the past 18 years. To gain the support of criminal justice personnel, Compañeros staff bring services, equipment and prevention messages directly to the IDU community as well as to front line police and prison officers. Other strategies used by Programa Compañeros include: HIV prevention education for police academy cadets and information sessions with prison and police authorities to inform them of community actions (including harm reduction education sessions). During community mobilization events, such as World AIDS Day or the Binational AIDS Vigil, Compañeros staff involves the police not only to provide security, but also to provide education materials to the community at large. In Tijuana, a member of the police department has been an active volunteer with CIRAD, a nongovernmental organization that caters to drug users and practices harm reduction. These measures have facilitated increased communication between local public health agencies and the police. While the general response among policing agencies has been positive, continual changes in government and the complexity of internal bureaucracy requires ongoing communication and training.

Some research and considerable anecdotal evidence suggests that police officers may be afraid of being infected with a blood-borne disease through needle-stick injuries (Beletsky, Macalino, & Burris, 2005; Dillon & Allwight, 2005). The risk of needle-stick injury can be reduced through training and the provision of equipment, such as impervious gloves, as well as by changing laws and law enforcement practices to increase IDUs' willingness to tell police they are carrying a syringe at the time of a search (Groseclose et al., 1995). Police officers can also be trained to avoid acts that could increase their risk of needle stick, such as confiscating or breaking syringes. Post-exposure prophylaxis programs that provide antiretroviral therapy can also be established for police who have suffered needle-stick injuries. Such interventions provide an opportunity for police and public health agencies to develop a common agenda and common ground on drug control issues, and may create the opportunity for broader education about HIV, drug use and how policing can reduce rather than increase risk in the environment.

There are limitations to this study that should be noted. The focus of the collected qualitative data was not primarily regarding policing practices and thus the analysis presented here regards an emerging secondary theme. We believe this strengthens the data as we present findings that have been initiated by the participants themselves and not investigator-driven. Additionally, the data represents findings from a small number of IDUs living in Cd. Juarez and Tijuana and may not represent the experiences of all IDUs living in these two cities.

Our findings support concerns that there may be widespread police corruption and collusion with drug dealers in these two Mexican border cities. Some of our respondents reported police violence and sexual assault that are contrary to Mexican (Political Constitution of the United States of Mexico: Article 22, 1917) and international law (United Nations, 1987). Corruption in policing appears throughout the world, and is commonly addressed as a problem of training, management and resources. A U.S. report on drug-related police corruption concluded that while many police officers do not participate in corruption, those who do are motivated by factors such as profit, power and the desire to mete out vigilante justice (United States General Accounting Office, May, 1998). In our settings, corruption may also be symptomatic of organizational policies and pay scales that are inconsistent with job expectations: a typical annual salary for a police officer in Tijuana is only \$11,000 USD. Interventions among law enforcement agencies that may help improve relationships between IDUs and police include positive incentives in the form of higher pay and better training, better management oversight and training. Intervention may also take the form of deterrent measures, such as greater

oversight and accountability through external civilian review panels (Cooper et al., 2004; Human Rights Watch, 2003).

Mexico is in a unique position: HCV prevalence is very high among IDUs, yet HIV prevalence is low. There is a pressing need for public health authorities to act immediately to avert a wide scale HIV epidemic among IDUs and into the non-IDU community. Our findings suggest the need for a comprehensive prevention plan that includes interventions to educate police and reduce the negative influences of policing on IDU behaviors.

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Table 1

Sociodemographic Data among IDUs in Tijuana and Ciudad Juarez, Mexico.

Variable	Tijuana (N=20)	Median	Ciudad Juarez (N=23)
Age (yrs)	30		32
Age 1 st injection (yrs)	18		16
Variable	Tijuana (N=20)		Ciudad Juarez (N=23)
Male	10		14
Presently employed	7		9
Born in Tijuana or Ciudad Juarez	13		17
Civil Status			
Single	5		10
Married	12		10
In last 6 months, lived or slept in any of the following places:			
Own house/flat	11		11
The house/flat of parent/relative/partner or friend	8		5
Rented room	5		3
Car, bus, truck or other vehicle	9		8
Abandoned building	9		8
Jail, prison or detention center	12		11
Drug treatment center	9		5
On the streets	8		5

Table 2**Injection and Sexual Behavior among IDUs in Tijuana and Ciudad Juarez , Mexico**

Behaviors Occurring in the Prior 6 months	Tijuana (N=20) N=	Ciudad Juarez (N=23) N=
Frequency of Injection:		
Every day	18	22
4–6 times/wk	1	0
2–3 times/wk	1	1
*Received money/drugs for sex	3 ^{**}	5
*Gave money/drugs for sex	1 ^{***}	7
*Sex partner is an IDU	10	3
*N=16 in Tijuana		

** All were female and reported receiving money in exchange for sex

*** Pertains to one male who gave drugs in exchange for sex with a female