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Sociopolitical Contexts for Addiction Recovery: *Anexos* in U.S. Latino Communities

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Abstract

Background—*Anexos* are community-based recovery houses that were created in Mexico to serve people struggling with addiction to alcohol and other drugs. Brought to the U.S. by Mexican migrants, anexos provide residential care to primarily male Latino migrants and immigrants who are unable or unwilling to access formal treatment. While some Mexican anexos have come under fire for coercion, confrontational treatment methods, and corporal punishment, little is known about treatment practices in U.S. anexos.

Methods—We conducted a two-year ethnographic study of three anexos in urban Northern California. The study included over 150 hours of participant observation and semi-structured interviews with 42 residents, 3 directors, 2 assistant directors, and 3 former directors (N = 50). Qualitative data were analyzed thematically using ATLAS.ti software.

Results—The anexos in our study differed in important ways from Mexican anexos described in the scientific literature. First, we found no evidence of corporal punishment or coercive internment. Second, the anexos were open, allowing residents to leave the premises for work and other approved activities. Third, the anexos were self-supported through residents' financial contributions. Fourth, collective decision-making processes observed in the California anexos more closely resembled sober living houses than their authoritarian counterparts in Mexico.

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CONFLICT OF INTEREST STATEMENT

None of the authors have any conflicts of interest to declare.

¹Latinos, defined by the U.S. Census Bureau as people of "Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin," are the largest minority group in the United States, currently estimated at 52 million (U.S. Census Bureau, 2011).

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Conclusion—Anexos may operate differently in the U.S. versus Mexico due to variations in sociopolitical context. This exploratory study suggests that anexos are addressing unmet need for addiction treatment in U.S. Latino immigrant and migrant communities. As a community-created, self-sustained, culturally appropriate recovery resource, anexos provide important insights into Latino migrants' and immigrants' experiences with substance abuse, help-seeking trajectories, and treatment needs.

Keywords

drug; alcohol; addiction; recovery; immigrants; Latinos

1. Introduction

While millions of Americans have benefited from drug addiction treatment, most transnational migrants at high risk for substance use disorders (SUDs) do not have this option. There are currently 3 to 4 million male Latino migrants in the United States (Passel & Cohn, 2014).^{*} Most come from Mexico and Central American nations, and many are forced to leave their families behind when they migrate. In the U.S., they encounter difficult working conditions and social isolation. Many develop depression, anxiety (Alderete, Vega, Kolody, & Aguilar-Gaxiola, 2000) and substance abuse disorders (SUDs) (Daniel-Ulloa et al., 2014; Zhang et al., 2015). Regional studies of migrant laborers reveal prevalence rates as high as 80% for regular binge drinking (García, 2008), 39% for alcohol dependence (Grzywacz, Quandt, Isom, & Arcury, 2007), and 25% for methamphetamine and/or cocaine use (Hernández et al., 2009).

When Latino migrant men seek help for SUDs, they encounter individual-level barriers such as limited English proficiency, financial constraints, and lack of documentation (Pagano, 2014); and system-level barriers such as few Spanish-language treatment services (Guerrero, Pan, Curtis, & Lizano, 2011) and programs' inability to admit unauthorized immigrants. As with other health services (Ortega et al., 2007; Vargas Bustamante et al., 2012), Latino migrants' fear of deportation presents a major barrier to accessing SUD treatment (Moya & Shedlin, 2008). When they are unable to access treatment, Latino migrant men are at high risk for occupational accidents (Steinhorst, Dolezal, Jenkins, Snyder, & Rotondo, 2006), intoxicated driving (Caetano, Ramisetty-Mikler, & Rodriguez, 2008), and long-term health consequences including cirrhosis (Caetano, 2003).

To address their need for treatment, Latino migrants throughout the United States have created an alternative recovery infrastructure called *anexos* ("annexes") or *grupos 24 horas* ("24-hour groups"). These migrant- and immigrant-serving recovery houses originated in Mexico and are based on Alcoholics Anonymous (AA) principles and practices, although they are not registered with Alcoholics Anonymous World Services, Inc. or the Mexican Central AA Office (Central Mexicana de Servicios Generales de Alcohólicos Anónimos) due to their residential model. In the U.S., Latino migrants have adapted the anexo model culturally and organizationally to suit their needs.

Despite their importance to Latino migrant and immigrant communities, anexos are largely absent from the addiction treatment literature. While there are some studies of anexos in

Mexico (Garcia, 2015; Marín-Navarrete, Eliosa-Hernández, Lozano-Verduzco, Turnbull, & Tena-Suck, 2013; Rosovsky, 2009), and of non-anexo AA modalities utilized by Latino migrants in the U.S. (Anderson & Garcia, 2015; Garcia, Anderson, & Humphreys, 2015; Gordon, 1981), the present study is the first multi-year ethnographic study of U.S.-based anexos.

Our overarching study objective was to learn about local anexo routines, recovery practices, and residents' characteristics and circumstances. Our objective for the study component reported here was to compare disciplinary and organizational aspects of U.S. anexos to those described in the literature on Mexican anexos. In this paper, we first describe the origins and development of the anexo model in Mexico and the United States. We then consider how differences between Mexican and U.S. anexos, especially regarding the use of confrontational or abusive practices, are related to the sociopolitical contexts in which they are embedded.

2. Background

2.1. Anexos in Mexico

The anexo model originated from the International 24-Hour Alcoholics Anonymous Movement in Mexico (*Movimiento Internacional 24 Horas de Alcohólicos Anónimos*). This AA “splinter” movement disassociated itself from certain AA traditions in the mid-1970s, and today maintains a Central Office in Mexico City. The founders of the 24-Hour Movement saw a need for AA groups with round-the-clock meetings for individuals who could not attend at regular times, or who needed to attend more than one meeting per day due to severe addiction (Rosovsky, 2009).

Founded in Mexico City in 1975, Grupo Condesa was the first 24-hour group to establish recovery spaces for those with limited resources needing a place to sober up and start their recovery. These spaces were called “anexos” because they were associated with, or “annexed” to, the 24-hour AA group. The 24-hour Movement also produced rehabilitation “farms” or warehouses (*granjas de rehabilitación*) for individuals who would remain in residential treatment for up to one year (Rosovsky, 2009). The 24-Hour Movement split again in 1979, when the 24 Hour and Intensive Therapy Movement (*Movimiento de 24 Horas y Terapia Intensiva*) was formed in protest of the physical punishment being practiced in some 24-hour groups (Rosovsky, 1998, 2009).

The original 24-Hour Movement comprises over 450 anexos across Mexico (Ledezma, 2015; Movimiento Internacional 24 Horas Alcohólicos Anónimos, 2015), while at least 400 anexos are registered with the 24 Hour and Intensive Therapy Movement (Rosovsky, 2009). Housed in rented or donated buildings or warehouses, anexo residents undergo detoxification and attend AA meetings several times per day. Residents are assigned work duty in the anexo, and they are not permitted to leave the premises. These anexos are sustained through family or anexo staff donations when possible, and the program leaders (*encargados*) are themselves recovering addicts.

Anexos arose to fill a gap in State-sponsored addiction treatment services in Mexico (Rosovsky, 2009). In the last few decades, illicit drug use in Mexico has risen alongside the explosion of narcotrafficking organizations that produce, distribute, and sell drugs domestically and internationally. Transnational migration routes and social networks have been harnessed by narcotrafficking organizations, and the flow of migrants back and forth across the U.S./Mexico border is associated with increased illicit drug use in sending communities (Borges, Medina-Mora, Breslau, & Aguilar-Gaxiola, 2007; García & González, 2009; Guerrero et al., 2014). According to Mexico's National Addiction Survey (Encuesta Nacional de Adicciones), Mexicans' lifetime prevalence of illicit drug use grew from 4.1% in 2002 to 7.2% in 2011; lifetime cocaine use increased 100% between 2002 and 2008 (Medina-Mora, Real, Villatoro, & Natera, 2013; Villatoro et al., 2012). Despite policy reforms in 2009 that called for expansion of the drug abuse treatment system (CONADIC, 2009), and funds allocated by the Mexican government for this purpose, the public treatment sector has been unable to keep up with the ever-growing demand for services (Marín-Navarrete, Medina Mora, & Tena-Suck, 2014).

For those with limited financial resources, anexos are an affordable and accessible alternative to costly private treatment programs (Módena, 2009). However, Mexican anexos have come under fire due to reports of corporal punishment and even “kidnapping” of addicts to coerce them into treatment. A 2009 survey of Mexican anexo residents concluded that nearly 40 percent had suffered physical abuse (Pulido, Meyers, & Martínez, 2009). A qualitative study of Mexican men's experiences in anexos revealed accounts of forced internment, rape, beatings, being made to sit for hours with one's hands extended, and being required to eat from the same bowl that functioned as a toilet (Lozano-Verduzco, Marín-Navarrete, Romero-Mendoza, & Tena-Suck, 2016). Another study of anexos in Mexico City reported punitive practices such as residents being made to kneel on bottle caps or hold heavy weights for hours; being deprived of sleep and food; being kicked, punched, and cut; and having cigarettes extinguished on their backs (García, 2015). In 2013, an anexo in Tijuana was accused of allowing sexual abuse of women residents (Betanzos, 2013). Anexos have also been associated with external episodes of violence related to drug trafficking. In 2010, anexos in Tijuana and Chihuahua were invaded by *narco* gunmen who killed anexo residents (CNN Expansión, 2010; Univision Noticias, 2010). These reports have produced a negative public image associating all anexos with abuse, regardless of individual programs' practices (Garcia, 2015). Anexos' reputation for harsh treatment may discourage people in need from seeking help (Harvey-Vera et al., 2016; Syvertsen et al., 2010). However, *anexados* (anexo residents) in Mexico report positive as well as negative experiences, depending on the type of anexo accessed (Marín-Navarrete et al., 2013).

The violence practiced in some Mexican anexos, although morally indefensible, is premised upon the philosophy that one must suffer in order to heal. As García (2015) observes, verbal abuse was once a common feature of residential treatment modalities in the United States, particularly in therapeutic communities like Synanon (Yablonsky, 1965). The justification for violence used in these treatment settings was that addicts needed confrontation to “shock” them out of denial and help them take an active part in their own recovery. García also connects the “sacrificial” suffering described by anexo residents in her study to Catholic traditions of self-sacrifice.

Although Mexico's 2009 National Policy for the Prevention, Treatment, and Control of Addictions (NOM-028-SSA2-2009) includes regulatory norms for residential "peer support" (*ayuda mutua*) programs like anexos (CONADIC, 2009, pp. 44–48), many Mexican anexos do not conform to them (Marín-Navarrete et al., 2013). Besides requiring "perfectly" maintained premises (Regulation 9.2.2.2.11), the Policy prohibits involuntary internment except in the case of court-ordered treatment (Regulation 9.2.2.1.5), as well as any mentally or physically punitive practices (Regulation 9.2.2.4.4). However, limited resources and the proliferation of anexos throughout Mexico complicate State oversight and regulation of these informal programs.

2.2. Anexos in the United States

In the 1980s, Mexican migrant laborers and immigrants began to open anexos in Los Angeles for male community members with substance use disorders. Anexos arrived in Northern California in 1995, introduced by a Salvadoran immigrant who had founded several anexos in Los Angeles. Currently, there are at least eight anexos in the San Francisco Bay Area and the San Joaquin Valley. The total number of U.S. anexos is unknown since many are not registered with either 24-hour Movement in Mexico City. Through interviews with anexo founders in northern California, exploratory telephone interviews in other states, and web-based research that included AA/anexo websites in the U.S. and Mexico, we have identified anexos in fifteen U.S. states. Internationally, anexos are active in El Salvador, Guatemala, Colombia, Ecuador, Peru, and Spain (Coatecatl, 2012).

According to our preliminary research, the U.S. state with the most anexos is California, where they can be found in both rural and urban areas and serve primarily day laborers and farmworkers from Mexico and Central American countries. The high concentration of anexos in California reflects the fact that anexos originated there and have had more time to proliferate than those in other states. It also may reflect a population-driven demand for services, as there are more Latino migrants and immigrants in California than in any other U.S. state (Pew Research Center, 2011).

Anexos occupy a legal "grey" zone in California. Although they are known to local courts, police, firefighters, and politicians, they are not formally registered as businesses or treatment facilities. Rather, they function informally as mutual-help recovery houses, which are exempted from licensing standards in California as long as the facility provides "no care or supervision" (California Health and Safety Code, 2016). At the federal level, the right of people in addiction recovery to live together is protected by their inclusion in the definition of "disabled" individuals under the Fair Housing Act (1988). However, anexos can come under legal scrutiny in other ways. Some occupy commercial zones, which places them at risk for improper occupancy citations during fire marshal inspections. They may also be investigated by local social service agencies in response to complaints by neighbors or residents. Although these scenarios seldom occurred among anexos in our field site, anexo directors expressed their concerns about potential regulatory oversight.

3. Methods

3.1. Researchers

Our research team comprises a female anthropologist who is fluent in Spanish, a male anthropologist who is Mexican American, and a male ethnographer from Mexico. The first author initially made contact with local anexos in 2011 while volunteering at a primary care clinic for Latino immigrants, and has conducted research on anexos since then. The second author had previously conducted research in anexos in Guanajuato, Mexico, and in Spanish-language AA groups in the northeastern U.S. He joined the current research team in 2013. The third author had visited Spanish-language AA groups in California and Mexico City prior to this study. He joined the research team in 2014.

3.2. Sampling and Recruitment

Our sampling frame of anexos was determined through a previous pilot study (Pagano, 2014). We invited 4 of 6 local anexos to participate in the study, and 3 agreed to participate. In 2014 the research team visited each of the 3 anexos, gave short presentations on the study, and invited residents to speak with us if they wished to be interviewed. We also attended subsequent AA meetings and events at the anexos and actively recruited interviewees.

We recruited a purposive sample of interviewees (N=50), including 42 residents, 3 current directors, 2 assistant directors, and 3 former directors. We oversampled Mexican-born individuals (68%) since this group predominated within each anexo (see Table 1). Nearly all interviewees were recovering from polydrug addiction, with alcohol and crystal methamphetamine being the most common drugs of choice. Participants' mean age was 40.5, but they ranged in age from 20 to 75 years old. Although 26% had an elementary school education or less, 36% had completed at least some high school and 22% had completed some college. Only 8% were currently married, and 58% lacked immigration documentation.

3.3. Data Collection

For this ethnographic study, we conducted over 150 hours of participation observation (distributed evenly by anexo) between July 2014 and August 2015. Observed events included anexo AA meetings, residents' and directors' sobriety anniversary celebrations, anexo anniversary celebrations, and "down time" during the day. Within 24 hours after each session, we produced qualitative field notes detailing our observations.

Second, we conducted semi-structured interviews with 42 residents, 3 directors (called "padrinos" or "encargados"), 2 former directors, and 3 assistant directors (referred to as "encargados" in this paper). Combining participant observation with interviewing, both methods central to ethnographic inquiry, allowed us to triangulate our data and improve validity and reliability (Patton, 1990, 1999). Our interview guide included questions about demographics, work and migration history, use and abuse of alcohol and illicit drugs, help-seeking trajectory, anexo structure and routine, and perceptions of the anexo's effectiveness. Because some respondents had experienced anexos in Mexico (first- or secondhand), we

invited them to describe their experiences and understandings of anexos in the U.S. compared to Mexico.

Prior to each interview, we gave the interviewee a consent form and either allowed him to read through it and ask questions, or we read it for him upon request. In order to protect interviewees' identities, we obtained verbal consent rather than requiring a signature and collected no identifying information. Interviews were conducted either in a private location within the anexo (e.g., an empty meeting room) or in a discreet location outside the anexo (e.g., a quiet corner in a restaurant or outdoor café). Each interview lasted between thirty minutes and three hours and was digitally recorded and transcribed. Interview excerpts were translated into English for inclusion in this manuscript.

Third, we reviewed the published literature on anexos in Mexico as well as relevant health and housing policies from Mexico and the U.S. Databases consulted for scientific literature included Scielo, EBSCO, and Google Scholar. Search terms included "anexo," "grupo 24 horas," and "alcohólicos anónimos 24 horas." Because we were aware of accusations of abuse and human rights violations in Mexican anexos, we focused our review on identifying specific elements of anexos' treatment practices that could be considered coercive or abusive.

Each anexo received \$400 for participating in the study. All study procedures were approved by the Institutional Review Board of the Pacific Institute for Research and Evaluation (PIRE). We use pseudonyms throughout the paper when referring to directors and residents.

3.4. Data Analysis

Thematic analysis of interview transcripts and field notes was informed by grounded theory methodology (Glaser & Strauss, 1967), according to which recurrent themes are identified as they emerge through repeated review of textual data. After 9 months of fieldwork, each member of the research team open-coded a set of field notes and interview transcripts. We met on several occasions to develop a consensus on which codes to include in the final codebook, which comprised 10 code families and 133 individual codes. Interview transcriptions and field notes were then uploaded into the ATLAS.ti software program (Muh, 2013) for coding. We continued to meet during the coding process to ensure agreement on the meaning and application of codes to specific text passages. After all documents were coded, the authors reviewed sections of text associated with the most frequently occurring codes. For the present article we analyzed materials across interviews and field notes coded for "Rules," "Program (in)effectiveness," and "Anexos in Mexico" and compared these texts with the literature on anexos in Mexico.

4. Findings

4.1 Differences between U.S. and Mexican Anexos

4.1.1 No evidence of corporal punishment—The most important difference we encountered in our study of Northern California anexos was a lack of evidence for corporal punishment, which has been described as a common therapeutic technique in some studies of Mexican anexos (Garcia, 2015). During interviews, when we asked about differences

between Mexican and U.S. anexos, violence was usually mentioned first. One director told us: “This program is very different from the ones in Mexico; there, they can take people against their will to residential recovery programs. Sometimes they torture, beat, and kill people in these institutions.” Several residents also recounted their own experiences in Mexican anexos. One example is Francisco, a 30-year-old man from Michoacán:

...if you spoke, you had to stand facing the wall...with your hands up, without moving, for at least seven hours...if people did not want to keep standing, they were tied up with a rope, with their hands tied behind them and their feet tied together...for like four or five hours. They cried a lot...Often there were people with...severe mental problems, and they hit those people.

When Leoncio, a 51-year old man from Nayarit, arrived at the anexo in our field site, he expected corporal punishment based on his experience in a Mexican anexo:

I thought they would beat me here. But my niece told [the encargado], “My uncle thinks [you’re going to beat him]” and he told me, “We don’t hit anyone here.” The [encargado] is strict, but we need that, if he spoke to us nicely it wouldn’t work, he needs to speak to us strongly. And they treat us really well here....the punishments are washing dishes, sweeping up and such, while in Mexico it was beatings—everything is different here.

Antonio, a 32-year-old Mexico City native, attributed the lack of corporal punishment in U.S. anexos to the stronger rule of law: “We are in a country where there are rules...and laws...and people think more before hitting someone: ‘[if I hit him] he’s going to sue me and then I’ll go to jail.’”

When speaking of their experiences in U.S. anexos, residents occasionally used the term “violence” to describe verbal abuse, but never physical abuse. Most reports of verbal abuse came from residents describing the “tough love” (*amor adulto*) treatment they received during their first few days in the anexo. Newly arrived residents were required to spend a minimum of three days with other new arrivals in a room with mattresses called simply “the mattresses” (*los colchones*). They were presided over by an existing resident who had been promoted to the status of encargado, or someone in charge of a specific area of operation (in this case, new arrivals). Some of the encargados felt that new arrivals needed to “react” (*reaccionar*), or fight against their addiction, and so they yelled at them and used profanity in an attempt to make the new arrivals angry. This practice differed substantially among encargados, however. Rodrigo, a 43-year-old from Jalisco, described the “tough love” he received upon his arrival:

When I arrived they told me, “You’re going to sleep on the floor on that mattress,” and they looked at me in an ugly way...the next day I said something like, “When I leave...” And [the encargado] said, “If that’s how you want it, then go. Pick up the phone and leave already, kid. *Tu madre*...if you want your sobriety, then stay. If you have plans like ‘I’m leaving’ and all that, then *ya chinga tu madre* [profanity].” That’s how he talked to me, with those words. They didn’t speak nicely to me.

This harsh style of initiation alienated some new arrivals to the point of leaving the program early. Others, like Rodrigo, ended up staying for several years. We witnessed several

residents' arrivals to the anexos during fieldwork, but did not observe any verbal abuse aside from aggressive speech at the podium during AA meetings. Aggressive speech in the context of Spanish-language Latino AA meetings is called "*terapia directa*" (direct therapy) and is discouraged by anexo directors. Even when residents spoke harshly to others from the podium, they often ended their diatribes with a good-natured laugh and hugged the target of their speech, or slapped him on the back. Emilio, a 30-year-old from Chihuahua, told the story of his arrival at the anexo and the *terapia directa* he experienced:

When I arrived they washed my feet and put me *en colchones* for 3 days... my first question was, "Why are they treating me like I'm in jail...?" It didn't occur to me that it was so I would meditate...think about what I was doing....I didn't have problems with the treatment in the program because I was already used to it. Where I lived in Los Angeles there was always that same kind of joking...with profanity, and you could barely stand the *terapia* they give you [in AA] there. And besides, afterward [the director] told me—because he was the first one who tested me to see if I was going to stay—he wanted to...make me react or make me angry....When the [AA] meeting ended, he told me not to worry, that [the harsh language] was only to test whether I was going to stay. He said, "Don't worry. I'm only saying these things [to test you], but I don't really feel that way. I like all of you [residents]."

4.1.2 No evidence of coercive stays—The second difference was the "open door" policy of the anexos in our field site. A former director contrasted the open environment of his anexo with the more "hermetic" (*hermético*) Mexican model: "We are open-door (*puerta abierta*). If you want to be here, OK, if you want to leave, you're free to go. There's no obligation, no commitment. Whoever arrives, we take care of him." Residents were also permitted to come and go during the day for work, court, errands, church, and/or leisure activities, as long as they went with another resident, did not miss their nightly AA meeting, and first obtained permission from an encargado.

Several interviewees attributed the open model to stricter regulation against compulsory internment in the U.S. According to one director: "Here it is voluntary. Whoever wants to come change his way of life, is welcome here. And besides, it's against the law [to hold someone against his will]....That would be kidnapping (*raptó*)."

This director went on to criticize compulsory internment in Mexican anexos, claiming it actually worsened people's addiction problems by making them resentful. Another director told us, however, that if the laws were not so strict in the U.S., he would open a larger anexo and forcibly confine homeless addicts until they had undergone detoxification and could make a clearheaded decision about committing to recovery. A third director, who had recently assumed his position in the anexo, was so concerned about being accused of keeping residents against their will that he had them sign a release form upon arrival:

[When new men arrive] I ask them: "Do you want to stay here? Do you want help? Because I don't want to force anything...in Mexico [the family] puts you in the anexo and leaves you there. Here, no...I have a form that they fill out, saying they are here voluntarily. And that they can leave at any time."

As García (2015) acknowledges, families in Mexico who forcibly intern their relatives in anexos do so not out of a desire to hurt them, but because they believe it is the only way to save their lives. In our study, residents who had been committed against their will in Mexican anexos tended to recall it as a traumatic experience. Camilo, a 51-year-old man from Jalisco, described his experience in an anexo there:

[My experience] was good and bad. Good because I was able to control my addiction, and bad because I was angry that they had locked me up against my will. I was so angry, full of hate, you could say. When I left I went all the way to the other side [and started using again]...they do it for your own good, but I became resentful. This place [in California] isn't really an 'anexo' anexo...here is free.

This comparison was echoed by many residents, several of whom referred to the anexos in our field site as halfway houses (*casas de medio camino*) or used the English-language term “sober living house.” Another verbal distinction many interviewees made between anexos in Mexico and in our field site was “open” (*abiertos*) versus “closed” or “locked” (*cerrados* or *encerrados*) anexos. Although none of the anexos in our field site were “closed,” a few interviewees recounted earlier stays in “closed” anexos located in another part of the state. In those anexos, they said residents were able to abandon the program at will, but had to stay on the premises as long as they were participating in the program. They reported that the length of stay in these “closed” anexos was usually 90 days, while the length of stay in “open” anexos, such as the ones in our field site, tended to be for at least a year.

4.1.3 U.S. anexos are financially self-supported—Anexos in Mexico are supported by donations of money, food, clothing, and bedding, often from residents' families. Typically, these donations enable Mexican anexos to house residents for ninety days or more. In the U.S., however, immigrant men in the anexos seldom have family members who are able to support them financially during a treatment stay. To the contrary, the men are often responsible for sending money to their families back home. These two critical differences reinforce the open anexo model in the U.S. by requiring residents to work outside of the anexo in order to pay weekly dues, or *prórrogas*. According to Vidal, a 30-year-old from Michoacán, anexos in the U.S. would not be successful if they did not allow residents to leave the premises for work:

Int.: Do you think it would be better for residents' recovery if they didn't go out right away to work?

Vidal: ...For me it wouldn't work, and I wouldn't stay, because I always send money to my mother...The guys who are married would always be thinking about sending money to their family, their children, their wives. So I think it wouldn't work. People would leave so they could work to send money to their family in their country.

Most resident interviewees agreed that it was important for them to be able to work outside the anexo, although a few reported relapsing as a result of leaving the premises for work before they were ready. For residents who were familiar with Mexican anexos, the financial self-sufficiency of U.S. anexos was another factor, in addition to the open-door policy, that

made them more similar to halfway houses. Antonio, the 32-year-old from Mexico City quoted above, expressed this opinion:

...this anexo is a halfway house, so we support ourselves through our own contributions. We all have to help each other because this is an Alcoholics Anonymous group that does not accept [outside funding], does not belong to any religious sect or political party or other organization, we bring in everything by ourselves...so we charge dues to live here. It isn't much and I think it's fair and they give us food. If we want to buy food outside [the anexo], it comes out of our pockets.

Resident dues were between \$65 and \$80 per week at anexos in our field site, and paid for room and board. Since many residents in our field site were day laborers with inconsistent access to work, others with more stable jobs covered them until they were able to pay. Frequently, anexo directors would make up rent or food shortfalls out of their own pockets. One director explained anexo economics in the following way:

I buy the food from what [the residents] pay. From everything we collect, each weekend I do the books, I put some aside for the rent...I'm paying \$600 per week in order to make the rent by the end of the month...sometimes I have to figure out where I can borrow money in order to pay. Sometimes we're in the red...we have fourteen people [living here] now and only four are paying...sometimes three. I never tell my wife, but I always put in some of our money so [the group doesn't] come up short...then I say [to the residents] "...You need to work so you can pay me back, because sometimes I can't cover my own expenses. You guys are responsible for your food, your bathroom, your bed. I'm not the only one who's responsible for this. There are people who sometimes bring stuff for the guys and they help us out that way. The other day a guy brought us a bunch of stuff he had in storage so we could have a yard sale to support the group.

In addition to relying on residents' dues and the odd donation, anexos in our study covered expenses through financial contributions from both residents and non-residents who attended nightly on-site AA meetings. Called '*la séptima*' for the seventh Tradition of AA, which states that AA groups are self-supported, meeting coordinators would pass around a basket twice during each meeting to collect donations. Anexos also held raffles to raise funds for house anniversary celebrations, in which they would sell chances to win AA literature or, occasionally, a larger item such as a big-screen TV or a *comal* for making tortillas. While the open anexo model may have increased vulnerability to relapse by allowing residents to work before some were ready, the anexos' financial self-sufficiency meant that men could stay in the anexos as long as they wished.

4.1.4. A range of decision-making processes—Mexican anexos have been portrayed in the literature as authoritarian institutions where residents have limited input into decision-making or rules, although exceptions may be made in the case of more established residents who take on leadership duties over time. In our field site, anexos displayed a range of participatory decisionmaking practices. Once again, the realities of immigrant life in the U.S. may have contributed to greater autonomy among the residents. Directors of each

anexo, as well as most other encargados, worked full-time off-site; all were volunteers who were in recovery themselves. One or two encargados were on-site at all times, often working part-time jobs and filling in for one another as work schedules allowed. Directors lived separately from the anexo with their own families, except for one director who lived in the same apartment building with his wife.

In all three anexos, most operational decisions were made by the governing board, or *mesa*, which included the director (padrino), other encargados, and former anexo residents or founders of that particular anexo. Each board member fulfilled a role such as treasurer or secretary, and board members were voted in by residents. The boards met periodically to review the anexo's finances and discuss any management problems. Meticulous minutes were kept and read aloud at the start of each meeting.

Organization of physical space and the size of the resident population also influenced the degree of autonomy among residents. In one anexo, residents lived in small individual apartments (with four to five men per apartment) and did their own cooking and cleaning. This anexo had the most participatory decision-making, with biweekly business meetings and democratic voting on issues such as which local AA groups they should invite to speak at the anexo during their anniversary week. Andrés, a 28-year-old from Palo Alto, described the business meetings in his anexo:

Yeah, basically all the coordinators that run the group, the treasurer, the founder, the person who is in charge of refreshments, they just give their report on how things are going, what's going on, how much money they would like to use for the group, et cetera. And at the end it's basically "do you guys have any suggestions on what we need or what we need to change, what changes would you like to see?"

In another anexo, where residents occupied a single large room and shared a large kitchen, the director would occasionally solicit their feedback on house decisions during nightly AA meetings. Decision-making was more centralized in this context.

5. Discussion

Based on our ethnographic data, we have identified four aspects of U.S. anexos that differ from their Mexican counterparts—at least those with punitive practices—in accordance with marked differences in sociopolitical context:

1. lack of corporal punishment in anexos due to greater regulatory oversight;
2. voluntary participation due to enforceable restrictions on compulsory internment;
3. more freedom to leave the anexo due to residents' status as migrants supporting families in their countries of origin; and
4. more democratic governance resulting from directors' need to work outside the anexo in order to maintain their own families in their countries of origin.

Of these four aspects, the first two speak to U.S. anexo directors' recognition of the stricter legal landscape in the U.S. Practices which some Mexican anexo directors may consider necessarily stringent, such as involuntary commitment and corporal punishment, are seen as abusive and coercive in the U.S. and are subject to prosecution. The third aspect, residents' greater freedom to come and go, is motivated by anexo residents' status as migrants or immigrants, far from the social support of kin. Indeed, residents' extended lengths of stay suggest that anexos provide them with social and economic support that kin would typically provide in the homeland. The fourth aspect, more democratic governance within the anexo, may have been related to directors' frequent absences due to work schedules. The Northern California anexos' emphasis on collective decision-making may also reflect broader cultural expectations regarding rights and civic participation in the U.S. (Pérez-Armendáriz & Crow, 2010) as well as AA organizational principles. These differences serve to reject and critique fundamental social constructs upon which anexos in Mexico were founded. Importantly, anexo residents have recognized that the anexo model is plastic and amenable to adaptation, and have rejected some practices while retaining others, as our data clearly show.

Published studies of anexos refer primarily to programs located in Mexico (e.g., García 2015). These institutions are the product of a particular sociopolitical context in which private treatment services are beyond the economic means of most citizens, public treatment services are not sufficiently available, and regulatory oversight of services is often weak. In this context of economic scarcity and families' desperation for services, anexos emerged as accessible but unregulated spaces that may deploy psychological and/or physical violence as part of their treatment philosophy.

In the United States, Latino immigrants also encounter a shortage of accessible recovery services based on the exclusion of unauthorized immigrants from the Affordable Care Act and Medicaid, prohibitively high service costs, insufficient availability of services in Spanish, and many immigrants' inability to stop working while undergoing residential treatment. In response to unmet need for treatment, Latino immigrants have imported the anexo recovery model from Mexico, but have modified it due to the risk of legal consequences in the U.S. and immigrants' need to financially support their families back home. In California, anexos have found a legal "niche" by functioning informally as sober living houses, which are protected by both state and federal law.

Rather than associating all anexos with violence, it is important to acknowledge the substantial variation in their operational practices, both inside and outside of Mexico. In a study of Mexican anexos, Marín-Navarrete et al. (2013) identify two categories of anexos: *fuera de série* (translated by the authors as "out of bounds") and *light*. The first type uses corporal punishment and involuntary commitment, while the second type uses confrontational dialogue rather than physical abuse and allows only voluntary stays. Marín-Navarrete and colleagues argue that anexos should be "de-stigmatized" in consideration of the large proportion that follows the second, non-violent model. As mentioned above, the 24 Hour and Intensive Therapy Movement (*Movimiento de 24 Horas y Terapia Intensiva*), which has spawned over 400 anexos throughout Mexico and beyond, has also rejected physically punitive practices.

It is in this same spirit that we present findings from this ethnographic study of anexos in California. This case study of anexos highlights the importance, within substance abuse treatment research, of considering variations in sociopolitical context and how these impact service delivery and characteristics of established recovery models. While some cross-cultural studies of addiction treatment attend to this need (Bartlett, Garriott, & Raikhel, 2014; Garcia, 2010; Makela et al., 1996), they are in the minority.

It is important to note that our study was exploratory, restricted to three anexos in a single geographic area, and included a relatively small sample of interviewees. We do not know how representative the three anexos are of others in the United States, and therefore cannot speak to generalizability. The effectiveness of anexo programs also remains to be determined. Nevertheless, this study represents a first step toward understanding anexos' recovery model and practices in transnational migrant communities in the U.S. and beyond.

6. Conclusion

Latino migrants and immigrants are at high risk for developing substance abuse problems in more than one country (Borges et al., 2009; Borges et al., 2007). In the U.S., there is an urgent need for residential treatment that is accessible to this population. Recovery services should also reflect and demonstrate respect for Latino immigrants' cultures, languages, and common experiences as transnational subjects.

Our findings indicate that Northern California anexos are meeting a need in underserved Latino immigrant communities. As in Mexico, U.S. anexos function as a "safety net" for marginalized populations who would otherwise have no options. Latino communities have modified the Mexican anexo model so that anexos can operate openly in their new sociopolitical context. The anexos have also been modified to accommodate immigrants' legal and socioeconomic reality and their need for greater autonomy while in recovery. More research is needed on anexos in other sociopolitical contexts in order to achieve a fuller understanding of this adaptable recovery model.

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HIGHLIGHTS

- *Anexos* are community-based addiction recovery houses created in Mexico.
- Latino migrants have established anexos across the United States.
- In Mexico, anexos are often associated with coercive stays and corporal punishment.
- Our ethnographic study of California anexos found no evidence of punitive practices.
- Anexos are an adaptable recovery model shaped by sociopolitical context.

TABLE 1

Sample Characteristics (N=50)

FEATURES	n (%)
Age (in years)	
Mean (SD)	40.5 (12.6)
Median	38
Range	20–75
18–24	4 (8)
25–34	15 (30)
35–44	13 (26)
45–60	16 (32)
over 60	2 (4)
Country of Origin	
Mexico	34 (68)
United States	6 (12)
Guatemala	4 (8)
El Salvador	4 (8)
Honduras	2 (4)
Education (years of school)	
None	2 (4)
Elementary (1–6 years)	11 (22)
Middle (7–9 years)	8 (16)
High (10–12 years)	18 (36)
College (12+ years)	11 (22)
Marital Status	
Single	29 (58)
Married	4 (8)
Separated/Divorced	16 (32)
Widower	1 (2)
Immigration Status	
Undocumented	29 (58)
Permanent Resident or TPS *	14 (28)
U.S. Citizen	7 (14)

* “TPS” refers to Temporary Protected Status.