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Ethnographic research in immigrant-specific drug abuse recovery houses

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Abstract

Access to study populations is a major concern for drug use and treatment researchers. Spaces related to drug use and treatment have varying levels of researcher accessibility based on several issues, including legality, public versus private settings, and insider/outsider status. Ethnographic research methods are indispensable for gaining and maintaining access to hidden or “hard-to-reach” populations. Here, we discuss our long-term ethnographic research on drug abuse recovery houses created by and for Latino migrants and immigrants in Northern California. We take our field work experiences as a case study to examine the problem of researcher access and how ethnographic strategies can be successfully applied to address it, focusing especially on issues of entrée, building rapport, and navigating field-specific challenges related to legality, public/private settings, and insider/outsider status. We conclude that continued funding support for ethnography is essential for promoting health disparities research focused on diverse populations in recovery from substance use disorders.

Keywords

Alcohol; drugs; ethnography; immigrants; Latinos; recovery

Introduction: Ethnography in drug abuse treatment research

Access to study populations is a major concern for drug use and treatment researchers. Spaces related to drug use and treatment have varying levels of researcher accessibility based on several issues, including legality, public versus private settings, and insider/outsider status. *Legality* denotes the extent to which activities taking place in the research site are subject to law enforcement, for example, observing drug deals or the use of illicit drugs (e.g., in shooting galleries [Bourgois & Schonberg, 2009]). Legality can also become a concern when members of the research population are being sought by law enforcement or when they are in the country without proper authorization. In these cases, researchers must reassure study participants that their collaboration with research will not result in legal

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sanctions. In some cases, a certificate of confidentiality may help to reassure them, but these may not hold up in court (Beskow, Dame, & Costello, 2008).

Public versus private refers to the freedom researchers have to access a given research site without obtaining special permission. Examples of “public” spaces include street corners, parks, and perhaps bars or nightclubs. Unobtrusive observation can take place in these locations, and researchers may not need to declare their purpose if no identifying information is being collected during observations. Interviewing in a licensed premise such as a bar or nightclub, of course, necessitates obtaining permission from the owner. Examples of “private” spaces may include single-room-occupancy (SRO) hotels (Knight et al., 2014) or drug treatment facilities where patient confidentiality is a concern. Again, these involve different levels of access from different sources; in the case of an SRO, individual occupants may be able to give consent and grant entry to a researcher, while clients in a residential treatment facility cannot grant access or decide to participate in the study without previous clearance by facility personnel.

Finally, *insider/outsider* status denotes the degree to which a researcher “belongs” to, or is a plausible member of, a given research site. The researcher's personal characteristics can affect his or her legitimacy vis-à-vis potential study participants, for example, gender, ethnicity, language, and identity as a person who uses drugs or is in recovery from drug use. As signaled by the emphasis on reflexive understanding within anthropology (Geertz, 1973), the researcher's identity inevitably becomes part of the research. Researcher identity shapes every aspect of research, including the type and quality of data collected, and interpretation of study findings. For this reason, many contemporary anthropologists have stressed the need for reflexivity (i.e., explicit awareness of how one's own identity affects the research). It is also important to consider how the research site itself can interact with the researcher's own identity and background, encouraging certain specific forms of self-presentation on the part of the researcher (Harrington, 2003). Identity work and impression management are undertaken constantly by the ethnographer in response to stimuli that arise during fieldwork situations (Berreman, 2007).

Given issues of legality, public/private settings, and insider/outsider status, ethnography has emerged as a critical methodological tool for conducting research with people who use drugs or who are in recovery from drug use disorders (Lambert, 1990). Ethnography is often highlighted as a necessary tool for gaining access and establishing rapport with these “hard-to-reach” or “hidden” populations (Cepeda & Valdez, 2010; Sifaneck & Neaigus, 2001). The hallmark of ethnography is participant observation followed by the production of field notes. Participant observation is often emphasized as a first step to facilitate entry into a new research site and is carried out over several weeks or months before any formal interviewing is attempted. Ethnographers such as Carr (2011), who conducted long-term participant observation in an addiction treatment program, have found that the data provided by study participants at the beginning of the researcher-participant relationship often differ from what they divulge to researchers later, after trust has been established. For this reason, ethnography—despite being time and labor intensive—is indispensable for determining the validity of study findings.

Despite growing ethnographic research on drug use and people who use drugs, ethnographic attention to drug abuse treatment has been more limited (Stahler & Cohen, 2000). This is due in part to the difficulty of accessing in-treatment populations, especially those in residential clinical settings, and maintaining contact once they leave treatment. Existing ethnographic treatment studies have analyzed uses of language in the therapeutic process in Denmark (Andersen, 2015) and the United States (Carr, 2011); community-based therapeutic techniques in China (Hyde, 2016); social control in programs linked to the criminal justice system (Skoll, 1992); and intergenerational trauma among clients of an opiate detoxification facility in New Mexico (Garcia, 2010). Some of these researchers had enhanced access to the people they were studying due to simultaneous roles as treatment personnel. Skoll (1992), Garcia (2010), and Carr (2011) had alternative roles as counselor, night attendant, and social work intern, respectively, in the treatment programs they studied.

Sometimes, ethnographers become active participants in their own research, especially in the case of informal, nonclinical recovery settings such as mutual-help groups. These groups have varying levels of access for nonmembers, but entrée may be easier to negotiate than in clinical programs. For example, Wilcox (1998) approached his research on AA as a recovery community “insider.” Brandes (2002) was initially an AA “outsider” but often spoke at the AA meetings he visited in Mexico and grappled over whether social drinking might constitute a drinking “problem” given AA’s emphasis on abstinence. The latter is an instance of what is affectionately termed “going native” in anthropological circles—that is, internalizing the mores of the group being studied such that the researcher begins to question his or her own cultural beliefs upon intense immersion into the fieldwork context.

Our research on anexos

In this article, we discuss our research team’s experiences with gaining and maintaining access to an underground network of recovery houses, created by and for male Latino migrants, since 2011. These houses are called *anexos* and originated in Mexico in 1975 as part of a splinter Alcoholics Anonymous movement called the “24 Hour Movement” (*Movimiento 24 Horas*). The original anexo recovery model was imported into California by Mexican migrants beginning in the 1980s. Since then, migrants and immigrants have adapted the model to fit new sociocultural and sociopolitical environments around the United States (Pagano, García, Recarte, & Lee, 2016). In our research site, anexos are for males only, and most residents are in recovery from polydrug use (Alcoholics Anonymous is the most popular self-help movement in Mexico for recovery from both alcohol and other drugs).

The anexos in our research site function similarly to highly structured sober living houses (Polcin, 2001), but there are a few key differences. First, anexo residents do not utilize the anexos as aftercare following formal drug abuse treatment, as is often the case with sober living house and Oxford House residents (Jason, Davis, & Ferrari, 2007). Anexo residents tend to be undocumented migrants or immigrants from Mexico or Central America (e.g., El Salvador, Guatemala, Honduras) and monolingual Spanish speakers who are unable to access the formal treatment system. As a result, those who access anexos undergo detoxification upon arrival (usually at the county hospital) and begin their recovery at the

anexo. Second, anexos have a hierarchical structure of authority with volunteer directors and assistant directors who enforce strict rules and make the bulk of house decisions, unlike the more horizontal structure characteristic of sober living houses. Here, we use our experiences with ethnography of anexos as a case study to examine challenges of conducting ethnography in informal recovery settings.

Ethnography of informal drug abuse recovery houses

Entrée

Since the anexos are populated primarily by undocumented immigrants, they are “off the grid.” They are not registered as recovery houses and are largely unknown to the treatment provider community. For these reasons, our research team had to tread carefully and rely on privileged access community members (Griffiths, Gossop, Powis, & Strang, 1993) to gain entrée. The first author (Pagano) was introduced to the anexos when she was a long-term volunteer in a free community clinic for recent Latino immigrants. Long-term volunteers performed not only basic health screening, but also health system navigation for patients who needed more complex or continuing care. When Pagano attempted to refer patients to publicly funded addiction treatment programs, she noted that many seemed hesitant to access these programs. After conferring with other volunteers, she learned that their hesitancy stemmed from their lack of immigration-related documentation. Not only were they fearful of being deported, but they were also ineligible for MediCal (publicly funded California Medicaid). Even if the programs were able to admit patients without social security numbers, the patients would not be able to cover the cost of treatment. To compound the problem, treatment services delivered in Spanish were few and far between.

Pagano soon learned, however, that there was an alternative recovery resource available to these patients: the anexos. Her fellow volunteer, a Mexican immigrant, was a current resident in a local anexo. He introduced Pagano to the anexo community by inviting her to his first sobriety anniversary held at his anexo. Over the years, we built on that initial experience by visiting the other anexos, interviewing the anexo directors, and slowly gaining the trust of directors and residents.

Establishing rapport

As a first step toward setting up a research project, Pagano interviewed each of the anexo directors. In the interviews, they shared details about their own experiences with drug abuse and recovery, in addition to their immigration trajectories. To enhance rapport, Pagano would occasionally mention her own immigrant family and some family members' battles with addiction. She also began to attend nightly AA meetings and anexo residents' sobriety anniversaries, in addition to anexo house anniversaries that were held at church community halls and school gymnasiums.

However, it soon became apparent that as a woman and nonnative Spanish speaker, Pagano's rapport with the anexo residents and directors had limits. She enlisted the help of two male colleagues, a Mexican American anthropologist and a Mexican ethnographer who are both native Spanish speakers. They often visited the anexos together and conducted resident

interviews in pairs. The male team members were able to establish credibility and rapport by identifying with the residents and directors on a deeper level, as illustrated by the following field note excerpt:

[The director] introduced us, saying we wanted to speak to some of the men. Then, [researcher] took the *tribuna* [podium] and explained about the project He also spoke a little about his own family history, saying his parents are from Jalisco, that his father was born here, and that when he was a teenager his father made him harvest tomatoes so he would learn to value his education When this researcher said his family was from Jalisco, a young man in the front row pumped his fist in the air and said “*Mi tierra!*” [My land!] along with the name of his *municipio* [city]. He was grinning and seemed very happy to hear someone talk about Jalisco. (8/7/2014)

This type of interaction led naturally to further conversation outside the meetings and, in many cases, to in-depth interviewing and ongoing field-based relationships. Speaking at the tribuna in front of the room during AA meetings was a key “initiation” ritual for research team members and became a way to periodically rearticulate our connection to the anexos' AA fellowships—which were attended not only by anexo residents and directors, but also by local members of Spanish-speaking AA groups. Other important participatory behaviors included shaking the hand of each man prior to and after meetings, reciting the Serenity Prayer in Spanish at the beginning and end of each meeting, greeting each new speaker with motivational phrases such as “*échale ganas*” or “*ánimo*” (i.e., “go for it” or “keep it up”), ending one's tribuna speech with phrases like “*felices 24 horas*” (happy 24 hours of sobriety),” and having basic knowledge of the Twelve Steps and Twelve Traditions.

The content of research team members' tribuna speeches was also an important factor in building rapport. Since none of us were in recovery from alcohol or other drug addiction, we spoke about our families experiences with addiction, our own experimentation with substances, or about addiction in general, as in the following two field note excerpts:

[Excerpt I] One man raised his hand and said, “Since you want us to share things with you, how about you tell us some more things about yourself?” ... in response [researcher] went behind the tribuna and spoke a bit about binge drinking in college and his current addiction to caffeine. During his speech, many of the men called out, “*Puente!*” [Me too!] (7/4/2014). At another point another resident, Jose, invited another of the research team to the podium.

[Excerpt II] I went to the tribuna and told them that I was not an alcoholic but that I have close family members who were/are alcoholics and involved with AA. Then I told Gustavo, a resident, that his accomplishment was inspiring and that I hope he continues on this path. Then I stepped down and embraced him while the audience clapped. When I returned to my seat, Martín [an anexo member] said I had done a good job. (07/19/2014)

The first excerpt demonstrates the importance of reciprocal sharing for building rapport in ethnographic contexts. The second excerpt shows cultural transmission in action; “Martín” was a respected elder among the Latino AA community in our field site, and he often

instructed this researcher on emic or local cultural norms. On this occasion, he evaluated her behavior on its appropriateness to the group and setting.

Navigating ethnographic access challenges

In this next section, we discuss how our research team confronted challenges raised by issues of legality, being in public versus private settings, and having insider versus outsider status.

Legality

As mentioned, working with undocumented immigrants, many of whom had criminal justice involvement, in an unregulated recovery house environment presented some access challenges for research. These stemmed from anexo residents' and directors' concerns that participating in the study might be too risky for them. During Pagano's first encounters with directors, they frequently mentioned the uncertain legal status of their recovery houses. The following excerpt illustrates one director's initial wariness during Pagano's impromptu visit:

Pedro, a director, approaches me cautiously and I rise and introduce myself. I explain to him what I'm doing here and tell him I've already spoken with the other [anexo] directors. I add that I know it's weird for someone to just show up unannounced here, and apologize. He nods, apparently agreeing with me, and starts to explain some things about the program ... Pedro starts off by saying “*no tenemos permiso*” [we don't have permission]. He says the fire inspector came here a few times, that the police have come here looking for residents a few times (Pedro turned them in both times because they had committed crimes and were trying to seek asylum in the house), and that they could shut him down at any time (but have not done so yet). He stops to ask a resident, Javier, to bring him some tissues because he's sweating profusely. (11/4/2012)

The director was visibly nervous during this initial encounter, but he relaxed during his subsequent interview with Pagano later that week. Like other directors, he lived in fear of his anexo being closed by authorities.

Another director, Gustavo, found unexpected support from a legal authority. Some years earlier, neighbors had circulated a petition to force the anexo out of the neighborhood since they did not want to live next to a recovery house. In response, Gustavo instructed anexo residents not to hang out of the window, yell to people down on the street below the second-story anexo, or congregate on the street corner below the anexo. Nevertheless, the neighbors alerted the fire department and an inspector came to the anexo. It turned out that the inspector belonged to Alcoholics Anonymous and was supportive of the anexo's recovery mission. Instead of closing down the anexo, he advised Gustavo on how to comply with fire codes.

After consulting local, state, and federal housing policies and the Americans with Disabilities Act, the research team learned that informal recovery houses are permitted in the research site as long as they do not claim to offer professionalized treatment or charge residents for services. As people in recovery from addiction (which is included under the

ADA), anexo residents and their voluntary directors have the right to live together as a family. Another protective legal factor lies in the research site's status as a “sanctuary jurisdiction” that does not cooperate with federal immigration authorities in matters of immigration detention or “holds.” We did not use a Department of Health and Human Services Certificate of Confidentiality due to concerns about its enforceability, but as an added protective measure, we refrained from asking interviewees' full names or permanent addresses.

Public versus private settings

AA meetings are either “open” to the public or “closed” to nonmembers, a distinction that may affect ethnographers' access. After the research team established rapport with the anexo directors and residents, we were invited to attend AA meetings at the anexos whenever we wished. Occasionally, directors would call or send us text messages to apprise us of upcoming celebrations or *planificadas*, meetings that featured guest speeches on a particular theme from members of other Spanish-language AA groups. Still, our presence was sometimes challenged by meeting attendees from other AA groups who did not know us. During one anexo AA meeting, one such attendee asked if we were alcoholics. When we answered “no,” he replied that visitors should announce themselves before the meeting so group members could decide how much to disclose in their speeches. Although we had attended that anexo's meetings for some time and were invited to be there, we again asked the group and the director for permission to be present. After the director assured the man that we were “OK,” he relaxed and the meeting continued.

In this case, the director's support was critical to our privileged access to the anexo and our good reputation among the residents. This is an example of the “gatekeeper” role within ethnographic research (Reeves, 2010); the gatekeeper is a powerful community member with enough social capital to legitimize or bar the presence of outsiders. This director's willingness to vouch for us was built upon years of mutually respectful interactions.

Although we were mostly welcomed at meetings, there were some spaces and practices in the anexo that we did not witness until after we had attended the anexos for some time. One such space was the *colchones* (mattresses) where one undergoes detoxification. The term *colchón* refers both to a program phase and a physical compartment of the anexo that is stocked with one or more mattresses. When a man arrives at the anexo, he is kept *en colchones* (literally, “on mattresses” or in the colchones room) for a minimum of three days while he adapts to the program environment, learns program rules, and deals with minor withdrawal symptoms related to abstinence (if he experiences any physical or psychological distress, he is taken immediately to the local county hospital's emergency department). The colchones are an example of a liminal state (Turner, 1977), or a “betwixt-and-between” phase that helps the new arrival transition from being “in the street” (or *debajo de la puente* —“under the bridge,” as our participants often say) to “anexado” (an anexo resident).

Each anexo appoints a resident to care for new arrivals. This resident washes the new arrival's feet with alcohol when he arrives—a symbolic practice that several study participants interpreted as Biblical—gives him food and hot tea (never water, which community members believe to be harmful during detoxification), and motivates him to stay

during this difficult and often uncomfortable time. Our research team was only invited to speak with men en colchones after we were well known to the anexos. Participant observation of men en colchones was often intense and required careful consideration of the new residents' current physical and emotional state, as described in the following field note excerpt:

This man nearly cries as he tells me he has no family, no parents, and no wife. He repeats this a few times. I ask him if he came on his own and he says yes. The caretaker relates that the man was much worse last night, and the man nods, saying he's better now. The man en colchones rarely made eye contact with me; he stared at the ground. Then he turned away a bit and tells [the resident caretaker] he's embarrassed to be seen like this. (11/4/2012)

Occasions such as this one presented an access dilemma. Although the caretaker had invited us into the colchones room, the new resident was not comfortable with our presence. This is a common problem with ethnographic studies conducted in institutions or organizations with a hierarchical structure of authority (Plankey-Videla, 2012). Although gatekeepers such as the director may consent to the ethnographer's presence, community members may not wish to be observed. We paid careful attention to residents' body language for signs of discomfort, and if present, we politely withdrew.

Insider/outsider status

Insider/outsider status is an important determinant of ethnographers' access to potential study participants. As with public “versus” private, insider “versus” outsider statuses are fluid states of being in the field rather than fixed dichotomies. Ethnographers constantly make adjustments in the ways they express their identities. They may emphasize certain aspects of language, gender, ethnicity, and/or culture while minimizing others in response to shifts in the social environment. This “identity work,” which is generally performed to increase rapport with community members, emerged in a research team member's field notes:

After [resident], I went up to speak, since [the meeting coordinator] once again asked “if another visitor would like to come up to speak?” I got up and introduced myself as an ACOA [adult child of alcoholic(s)], and shared that I was from [a nearby city]. When I added that [that city] is “*la tierra de pandillas y drogas*” [the land of gangs and drugs], most if not the entire group started to laugh out loud. Upon hearing this, two or three of the men also responded out loud with “*Puente*” ... I informed the residents of my family's history with alcoholism in particular, and told them of my own experience with alcohol abuse in my younger days ... The men listened attentively. (3/12/2015)

In this example, the researcher mentioned his hometown, which is home to a large Latino population, in a humorous, self-deprecating manner that he rightly assumed would resonate with the anexo residents. This empathic speech act (Austin, 1975) allowed the researcher to minimize his academic role and forefront his ethnic and geographic background, thus reducing perceived social distance between himself and the residents.

Other research team members also grappled with insider/outsider status and self-presentation. Pagano was in a unique position due to being a female, nonimmigrant, and nonalcoholic. Unlike her male colleagues, she was unable to relate to anexo residents or directors on the basis of shared geography or cultural references. She invariably attracted attention during anexo visits for being one of the only women present. While being a misfit produced some social barriers to the anexo population, it also increased the residents' (and initially directors') curiosity about her presence in the anexo. Sometimes, this curiosity led to an increased willingness to be interviewed. To minimize unwanted romantic/sexual attention, Pagano visited anexos and conducted interviews with a male colleague present. Residents tended to categorize the relationship between Pagano and her male colleagues as one of spouses or boyfriend/girlfriend, although she constantly introduced them as colleagues. The categorization of alcoholic versus nonalcoholic also proved salient in her case since, as many residents and directors explained, women who used (or had used in the past) alcohol or illicit drugs were seen as *putas* (whores) within the highly masculinized immigrant Latino AA community (and to some extent in their home countries). The few times that Pagano was approached in a sexually suggestive manner during fieldwork, directors or other residents quickly intervened, explaining to the offending party that she was not an alcoholic. The implication, as they explained later to her, was that women in AA were available to “thirteenth steppers”—a slang term for established AA members who sexually approached or harassed newer (usually female) members (Bogart & Pearce, 2003).

Discussion

Ethnography is indispensable for gaining access to hidden and hard-to-reach populations. The examples from this fieldwork case study demonstrate ethnographic strategies and challenges to gaining access and provide a framework for discussing how our research team engaged with them and negotiated access to a “hard-to-reach” population.

Our study population was vulnerable and thus reluctant to interact with researchers due to immigration status, criminal justice involvement, substance abuse and mental health problems, and maintaining/residing in an underground network of recovery houses. Without taking an ethnographic approach, we would have been unable to learn about this community's vibrant recovery culture. This study has taught us valuable lessons about what recovery looks like—at least, in our field site—when it is constructed by Latino immigrant communities themselves, from the “bottom up.” It has also exposed the stark marginality lived by members of this population, who are excluded from much-needed services. The anexos are a “safety net” for a public health safety net that is full of holes.

In the current health research funding environment, ethnographic studies of drug-using and in-recovery populations face an uphill battle. Ethnographic research methods are time and labor intensive, which makes them costlier than some other methods. However, they provide context and depth that are necessary for formulating sound research questions, generating well-informed hypotheses, and generally improving the quality of research conducted with hard-to-reach populations. Ethnographic approaches are an absolute necessity for understanding the root causes of health disparities and how these affect the everyday lives of people from hard-to-reach populations. This case study, therefore, is not only an example of

ethnographic contributions to drug abuse research, but also an argument for their absolute necessity.

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