

**Women Who Self-Inject Drugs in Mexicali, Baja California:
A View from Self-Care****Mujeres que se inyectan drogas en Mexicali, Baja California:
una mirada desde la autoatención en salud**Bianca Vianey Acuña Valverde,¹ & María del Carmen Arellano Gálvez²

ABSTRACT

The objective is to analyze self-care practices of women who inject drugs and request harm reduction services in an NGO in Mexicali Baja California. Qualitative methodology was used through participant observation in 2021 and 10 semi-structured interviews in 2023. Results show that women put into practice their knowledge—and others that they have incorporated—when attending harm reduction services, to treat their conditions. Some limitations of the study are related to the field work conditions, as it is still difficult to access the analyzed population. Conclusions indicate that self-care is linked to structural processes such as displacement, stigma and gender, which make seeking professional attention difficult. The participation of this group of women in harm reduction programs has allowed them to adopt self-care practices in favor of their health.

Keywords: 1. injected drugs, 2. gender, 3. substance use, 4. harm reduction, 5. northern border.

RESUMEN

El objetivo de este artículo es analizar las prácticas de autoatención de mujeres que se inyectan drogas y solicitan servicios de reducción de daños a una organización civil en Mexicali, Baja California. Desde un abordaje metodológico cualitativo, se realizó observación participante en 2021 y 10 entrevistas semiestructuradas en 2023. Los resultados evidencian que las mujeres ponen en práctica sus saberes –y otros que han incorporado– para atender sus padecimientos. Una limitación de este estudio se presentó durante el trabajo de campo, debido a la dificultad para acceder a la población analizada. Las conclusiones señalan que la autoatención está vinculada con procesos y condiciones estructurales como el desplazamiento, el estigma y el género, las cuales les obstaculizan al tratar de solicitar atención profesional. La participación de este grupo de mujeres en programas de reducción de daños les ha permitido adoptar prácticas de autoatención en favor de su salud.

Palabras clave: 1. drogas inyectables, 2. género, 3. consumo de sustancias, 4. reducción de daños, 5. frontera norte.

Received: November 22, 2023

Accepted: February 9, 2024

Available online: September 15, 2024

¹ El Colegio de Sonora, Mexico, bacuna@colson.edu.mx, <https://orcid.org/0009-0006-2979-3843>

² El Colegio de Sonora, Mexico, marellano@colson.edu.mx, <https://orcid.org/0000-0001-9951-6960>



INTRODUCTION

The northern border of Mexico has the highest prevalence of opioid consumption (Fleiz-Bautista et al., 2019), with Baja California, Chihuahua, and Sonora among the states with the highest consumption rates (Comisión Nacional contra las Adicciones [CONADIC], 2020). This issue is further compounded by the recent presence of fentanyl (Goodman-Meza et al., 2022). Proximity to the United States is considered a determining factor in the consumption dynamics of these substances (Fleiz-Bautista et al., 2019).

In this border context, the use of injectable substances has led to discrimination against consuming populations, resulting in acute marginalization, social inequality, violence, and poor health service coverage. This is despite the high risk of acquiring HIV or hepatitis C and the limited access to treatment programs (Fleiz-Bautista et al., 2019). For women, these conditions are doubly exacerbated, as opioid consumption is associated with illegality and contradicts socially expected *female behavior* (Esquivel García et al., 2012).

In this scenario, civil society organizations (CSO) have responded by facilitating access to health services for people who inject drugs (PWID) through harm reduction interventions in community outreach settings. These actions include screening and prevention campaigns for sexually transmitted diseases (STDs) such as HIV and hepatitis C, wound care, syringe exchange programs, and overdose prevention programs to prevent deaths from overdoses (Goodman-Meza et al., 2022). Additionally, these interventions provide support for processing identity documents, educational certificates, and other procedures, including accompaniment in situations involving human rights violations (CONADIC, 2020).

This study starts with the premise that in contexts marked by stigma and exclusion towards injectable substance use, women who access harm reduction interventions develop self-care practices to manage their health issues and adopt safer consumption habits. Adopting a sociocultural approach, the analysis draws on Menéndez's theoretical framework (2020) on health/illness/care-prevention (h/i/c-p) practices, rooted in social sciences and health. This framework elucidates how individuals' health management is intertwined with their socioeconomic and cultural contexts (Menéndez, 2018). Therefore, this study contributes to understanding, from a relational perspective, both the micro and macrosocial dimensions of how drug users engage in healthcare practices.

To achieve its objective, this article is structured into five sections: 1) background on women who inject drugs; 2) self-care as a conceptual framework; 3) the methodological approach; 4) analysis of the results; and 5) conclusions.

WOMEN WHO INJECT DRUGS

Research highlights that contexts of vulnerability and exclusion worsen the health outcomes of women who inject drugs. The ramifications of substance use include legal, medical, economic, and social consequences shaped by factors like poverty and criminalization (International AIDS

Society [IAS], 2019). Furthermore, Frontline AIDS (2020) underscores that women who challenge gender norms by not adhering to traditional roles as mothers and caregivers encounter stigma and suffer specific health risks.

This inequality is evident in the prevalence of HIV, estimated at 10.2% among women who inject drugs and 3.4% among men who inject drugs (Ospina-Escobar & Juárez, 2019). Vulnerability to HIV is linked to the circumstances under which drug use begins, particularly among women who often start due to their partner's drug use or peer pressure (IAS, 2019). Consequently, women are more likely to share injecting equipment, wait to use the syringe second after preparation, thereby heightening the risk of HIV or hepatitis C transmission (Roberts et al., 2010).

Ospina-Escobar (2020) contends that women's use of injectable substances constitutes a challenge to social norms, as their life paths intersect with structural gender inequality and violence. This defiance of stereotypical femininity in the social imagination perpetuates institutional violence within healthcare settings and impedes access to services and treatments for various health conditions. Moreover, narratives and discourses stigmatize and marginalize women who use illegal substances³ (Romo Avilés, 2010), legitimizing their medicalization, criminalization, and the attribution of blame for their drug use (Jiménez & Guzmán, 2012).

Furthermore, barriers such as discrimination from healthcare providers, social stigma, programs primarily targeting men for treatment and harm reduction, and the lack of sexual and reproductive health services (Pinkham & Malinowska, 2008) impede access to these essential services. Therefore, it is crucial to analyze the self-care strategies employed by women in socially marginalized environments, where these barriers exacerbate their exclusion.

SELF-CARE

Menéndez's work (2003, 2009, 2012, 2018, 2020) on h/i/c-p practices illustrates the intricate practices and knowledge individuals employ to maintain their health. According to this theoretical framework, self-care entails the knowledge individuals and communities develop to "diagnose, explain, manage, control, alleviate, endure, cure, resolve, or prevent the processes affecting their health" (Menéndez, 2018, p. 106). Due to their social, economic, and political contexts, groups cultivate specific knowledge and caregiving practices they utilize to address health issues before seeking professional help. This knowledge encompasses technical representations and organized practices involving healers, laypeople, or community groups to address ailments (Menéndez, 2009). Thus, self-care encompasses: "diagnosis, care, and prevention performed by individuals themselves or by close family members and/or small groups [...] within their immediate social circles, without direct involvement of professional healthcare providers" (Menéndez, 2020, p. 94).

³ According to Romo (2010), the term "illegalized" describes the social and historical context of psychoactive substances, highlighting its cultural perception. In contrast, the term "illegal" reinforces discourses of criminalization and stigma directed at individuals who use psychoactive substances.

These groups play a crucial role in managing health issues, influenced by their adherence to social, economic, and cultural processes that shape various forms of caregiving. Self-care is a relational process integrated into the daily lives of the population (Menéndez, 2020).

Self-care operates at two levels: a broad and a narrow one. The broad level involves the biosocial reproduction of individuals and groups, particularly through domestic activities like hygiene, nutrition, and environmental care, which contribute to addressing and preventing ailments. The narrow level is focused on the treatment and prevention of various illnesses and diseases, emphasizing the interpersonal relationships within the groups to which individuals belong (Menéndez, 2003).

Self-care, as a relational process, encompasses the actions of individuals and the groups they are part of, along with other significant actors involved in managing ailments. Structurally, self-care is shaped by economic and cultural conditions that impact the frequency and recurrence of illnesses affecting individuals and their communities (Menéndez, 2009). Certain health issues may become integral to their identity, such as chronic diseases that involve caregiver roles or the autonomy individuals achieve through self-care (Menéndez, 2009, 2020).

Moreover, understanding self-care involves considering the actions individuals undertake to manage their health challenges. This process—from detection through to addressing or neglecting an ailment—is influenced by the social groups individuals belong to, the resources available to them, and the knowledge they acquire to comprehend, manage, and resolve daily health-related situations (Menéndez, 2018). Additionally, Menéndez (2009) acknowledges the role of social movements in enhancing self-care, including self-help or mutual aid groups that support various forms of self-care. These groups span from domestic settings to broader social and support networks, offering complementary care alongside professional medical attention (Haro, 2000).

For PWID, structural barriers such as stigma and limited healthcare access often lead them to self-manage their health issues and avoid seeking hospital or health center care (Ovalle, 2009). Consequently, they develop self-care practices within their social groups, including other users, male or female, and civil organizations. This study focuses on female users attending a civil organization in a Mexican border city where harm reduction interventions are implemented. These interventions are grounded in community-based principles and characterized by horizontal structures that cater to individuals' needs, emphasizing social justice and human rights (Harm Reduction International [HRI], 2021).

As highlighted by Menéndez (2020), self-care is a pervasive relational process across all societies, prompting its study from the perspective of subordinate social sectors who manage various ailments using their own knowledge and practices. Recognizing self-care as the predominant approach (Menéndez, 2020), this study aims to explore this practice further among women who inject drugs within a subordinate social sector. It seeks to understand how these women manage their illnesses and health challenges stemming from drug consumption, and how the border context shapes these caregiving practices.

METHODOLOGY

The qualitative approach adopted in this study involves exploring “natural situations, attempting to make sense of or interpret phenomena in terms of the meanings that people attribute to them” (Vasilachis, 2006, p. 24). This approach is pertinent for understanding how women address and manage their health concerns. The analysis presented here is part of an ongoing research endeavor that, through a sociocultural health lens, aims to examine the interplay between self-care practices, harm reduction strategies, and health promotion among women who inject drugs. This study will focus on analytical aspects related to the self-care behaviors of harm reduction service users, informing the development of observation and interview guides.

To achieve this objective, participant observation and semi-structured interviews were employed as research techniques. Participant observation, as outlined by Taylor and Bogdan (1992), involves the researcher interacting with informants in their natural environment, with systematic records kept of observations made during these interactions. On the other hand, semi-structured interviews, as described by Ruiz Olabuénaga (1999), provide a framework for gathering data through dialogue between interviewer and interviewee. The researcher aims to understand the interviewee’s perspectives, interpretations, and experiences of the world. Guides were developed for both participant observation and interviews to facilitate recording information and its subsequent systematic analysis.

The fieldwork was conducted in two phases: initially, from September to December 2021, at a harm reduction civil organization in Mexicali, Baja California. During this period, interactions with injectable substance users were documented through participant observation, focusing on harm reduction interventions. Based on these observations, analytical themes were identified to develop the semi-structured interview guide. The second phase of fieldwork took place in March 2023, involving interviews with women who inject drugs. The timing between the two phases was influenced by the academic schedule of the first author and external factors, including the COVID-19 pandemic.

These instruments were used to investigate self-care practices and consumption dynamics. Participant observation primarily focused on documenting the context in which women live and their living conditions. The interview guide aimed to collect: 1) sociodemographic data to identify ages, cities of origin, living arrangements, and family status; 2) data on consumption dynamics, including substances used, locations, and companions during consumption; 3) the harm reduction services they utilize at the civil organization; 4) their self-care practices;⁴ and 5) the risk context associated with being women who use drugs. Later on, the analytical axes and sub-axes derived from these instruments and their connection to self-care will be described.

The criteria for selecting interviewees were as follows: women aged 18 and older, who are injectable substance users accessing harm reduction services at a civil organization in Mexicali, Baja California. Ten women met these criteria and were interviewed. Each participant signed an

⁴ Details regarding the sub-axes of analysis based on this concept are detailed below.

informed consent form detailing the use of their data for academic purposes and ensuring confidentiality through the use of pseudonyms. Additionally, permission was obtained to audio-record the interviews.

From September to December 2021, potential participants were identified among women frequenting locations near the civil organization in downtown Mexicali, near the aforementioned civil organization. To locate these women during the subsequent field visit in March 2023, efforts focused on visiting places they typically frequent, such as vacant lots, low-cost hotels, or public areas where they engage in informal work like car cleaning. Despite their mobility, some women have been residing in the area for years and regularly access harm reduction services, which facilitated their engagement in the study.

Similarly, employing the snowball sampling technique, which “provides ways to connect with populations or groups characterized as difficult to access” (Alloatti, 2014, p. 1), one initial participant assisted in identifying other meeting places, enabling access to additional locations, including the home of a participant –who had previously been homeless but had recently moved into a borrowed house in exchange for maintenance duties–. This participant also facilitated the identification of others, creating a chain of referrals for the study.

The interviews were conducted in various settings, including private spaces, vacant lots, and abandoned houses. Some interviews also took place in public spaces, which presented challenges for building rapport but offered valuable insights into the participants’ living conditions and mobility within the city. In one instance during a public space interview, both the interviewee and interviewer were asked to leave the area, reflecting common experiences faced by the participants. Prior acquaintance with some interviewees helped facilitate communication and the flow of interviews.

The recorded interviews, ranging from 20 to 50 minutes in duration, were transcribed using a word processor. They were then analyzed based on thematic axes derived from self-care practices. Literal transcription of the audio, as advocated by Taylor and Bogdan (1992), enables the capture of social actors’ voices. Qualitative analysis entails a rigorous and systematic process of repeatedly reviewing empirical data within the context of the theoretical framework. This approach aims to explore the explanatory capacity of proposed concepts and identify emerging themes that elucidate the discourses and practices of social actors (Denzin & Lincoln, 2012; Ruiz Olabuénaga, 1999). Additionally, to facilitate the organization and systematization of empirical information, qualitative analysis software such as NVivo was employed, defining analytical axes and sub-axes.

According to the theoretical framework of this study, self-care was operationally defined as the primary analytical axis, encompassing the following sub-axes of analysis: 1) characteristics of the border context; 2) ailments or health issues; 3) consumption practices; 4) services sought from the civil organization; and 5) self-care practices. The definition of this last sub-axis draws from Menéndez’s theoretical proposal (2018), emphasizing practices related to prevention, self-care, social networks, and mutual aid groups.

As an analytical technique, the axes and sub-axes derived from the theoretical framework of self-care were structured within a database, represented as a main node (axis) and its corresponding sub-nodes (analytical sub-axes). Subsequently, empirical data from interviews and field notes were coded through thorough reading and analysis. During this process, additional axes related to gender and risks associated with substance use emerged. Building upon the conceptualization and operationalization of these analytical frameworks, the 10 interviews were systematically coded.

To characterize the interviewees, they ranged in age from 27 to 60 years old and had been injecting heroin for periods ranging from 8 to 30 years. Half of the participants live independently and reside on the streets, in abandoned houses, or vacant lots, while 30% live with a partner and 20% rent accommodations in low-cost hotels. They primarily engage in informal work such as cleaning windshields at traffic lights, collecting aluminum cans for sale, and undertaking temporary cleaning jobs. Although none reported engaging in sex work at the time of the interview, at least 50% indicated they had done so at some point in their lives. Of the interviewees, three were born in Mexicali, four migrated with their families from other states in Mexico and settled in this border city, one was deported from the United States, and two were born in El Centro, California, in the neighboring country to the north.

All interviewees are mothers, but none live with their children; some were taken in by state institutions or live with relatives. None have access to health services. The substances they consume include heroin, methamphetamine, marijuana, and pills known as M30; all interviewees report combining heroin with methamphetamine use. Table 1 below outlines these characteristics.

Table 1. Sociodemographic Characteristics of the Participants

Pseudonym	Age	Place of birth	Civil status	Occupation	Educational level	Children	Lives with	Substance they consume	Access to health services
María	40	Mexicali	Widow	Informal activities such as car washing, among others	University (three years)	3	Partner	Heroin with fentanyl, crystal meth, clonazepam, M30	No
Lorena	59	El Centro, California	Single	Cleans houses occasionally in El Centro, California	High School	5	Friend	Heroin, crystal meth, marijuana, pills, everything! (statement by the interviewee)	No
Jessenia	30	Guadalajara	Single	Informal activities such as car washing, among others	Did not attend school	2	Partner	Heroin, crystal meth	No
Marcela	28	Mexicali	Free union	Housewife	High School	4	Partner	Heroin, crystal meth	No
Zandra	30	Mexicali	Single	Unemployed, was searching in the trash	9th grade	2	Alone	Heroin	No
Gaby	32	Sonora	Single	Asks people for money	8th grade	1	Alone	Smoked heroin, crystal meth	No

(continues)

(continuation)

Andrea	55	Mexico City	Widow	Collecting cans, knick-knacks to sell	Finished Middle School	8	Alone	Heroin, crystal meth, marijuana, and pills	No
Selina	42	Ensenada	Single	Cleaning windows at the traffic light, mainly	6th grade	4	Alone	Heroin, fentanyl, crystal meth	No
Laura	60	Guasave	Widow	Cleans a house from time to time	Finished elementary School	4	Alone	Heroin, crystal meth	No
Phily	27	El Centro, California	Single	Worked in a store	7th grade	2	Alone	Heroin, crystal meth, marijuana, pills	No

Source: Own elaboration, based on field work.

During the interviews, certain limitations arose due to the women's locations, which in some cases restricted a thorough exploration of their narratives concerning self-care and their experiences accessing harm reduction services at the civil organization. As a result, one interview was excluded because the participant did not utilize these services.

According to the stated objective, the methodology employed enabled the identification of consumption patterns and the observation of the implications of fentanyl's introduction, which has raised concerns among drug users and healthcare professionals alike. This qualitative approach fostered a direct interaction between the interviewees and the interviewer, involving visits to their residences to document their daily living conditions.

RESULTS

According to Menéndez's theoretical framework (2018), understanding self-care practices requires analyzing the context in which they occur. Following the described methodological and analytical strategy, the results were examined and organized into two main areas: 1) the context and consumption practices among women, and 2) self-care among women who inject drugs.

Context and Consumption Practices of Female Users

The participants in this research reside in the central area of Mexicali, Baja California, where a civil organization offering harm reduction services has been located since 2013. This border region is characterized by security issues and deteriorated, disorganized public spaces, marked by inadequate lighting and the presence of trash. However, since approximately 2021, the state government initiated an economic revitalization project that included the renovation of buildings and main streets (Instituto Municipal de Investigación y Planeación Urbana de Mexicali, 2022). As the physical space began to change, new social dynamics emerged that affected vulnerable populations, particularly substance users and homeless individuals. These institutional practices can be analyzed as a process of social cleansing aimed at removing this subaltern sector from the border space. One participant described it as follows:

you couldn't enter the border, they would chase you away, you could hardly walk downtown because if they saw you, they [the police] would pick you up and take you straight to the [rehabilitation] center, I mean, even at the traffic lights (Selina, 42 years old, personal communication, March 6, 2023).

The social cleansing processes in the area have resulted in the displacement of the most vulnerable individuals. Similar to other contexts, these actions aim to eliminate minorities deemed undesirable and dangerous, favoring the restoration of a *healthy* social order that legitimizes the erasure of groups to *normalize* society (Reséndiz Rivera, 2016). This situation is compounded by police harassment of substance users, arbitrary detentions, and forced admissions into rehabilitation centers, as documented by the Comisión Estatal de los Derechos Humanos de Baja California (Baja California State Human Rights Commission) (Recommendation 5 of 2022). The Commission issued a series of recommendations to the municipal government regarding public security due to violations of liberty, acts of discrimination, and legal insecurity stemming from the economic revitalization plan in downtown Mexicali. Despite these recommendations, participants reported during the interviews that their relationship with the authorities remains tense:

They harass my friends; I've seen them take their money, they keep stopping them all the time, those they know are cleaning car windows [...] they take their money, they hit them... they get mad at many of the kids and bully them really badly... many have disappeared (Lorena, 59 years old, personal communication, March 5, 2023).

Another significant factor that has intensified the context of injectable substance use on the northern border is the sudden presence of fentanyl. The introduction of this substance is associated with an increase in fatal and non-fatal overdoses in multiple drug markets (Goodman-Meza et al., 2022). Although the women have limited information about fentanyl, they have learned to modify their consumption practices after noticing a rise in overdose deaths. One interviewee expressed that she has reduced her consumption as a strategy to avoid an overdose: "Honestly, I've cut back... because it's no longer heroin, a lot of people have died, and honestly, I'm scared" (Lorena, 59 years old, personal communication, March 5, 2023).

The decision to reduce and regulate the amount of substance in their bodies constitutes a primary level of care, prevention, understanding, and practice of self-care (Menéndez, 2018). Learning to dose the substances involves utilizing their knowledge to take care of their health. In addition to overdoses, the interviewees report experiencing other ailments since the arrival of fentanyl, such as frequent headaches and sudden diarrhea, as expressed by one of them:

We did not realize when they started mixing fentanyl into our drugs, except through our bodies. Several of us felt a difference, a reaction in our veins, it burned a lot when we injected the substance [...] our bodies would sometimes react with a headache, really strange, the brain felt very odd, and then the diarrhea would come suddenly, and we'd get awful restlessness in the legs, arms, the whole body (María, 40 years old, personal communication, March 5, 2023).

This recognition of bodily changes integrates into new knowledge and, consequently, practices are modified as a self-care strategy. It also highlights the population's vulnerability to the introduction of new drugs, whose health effects are yet to be fully documented. One of the conditions women identify with this drug is skin abscesses, which, although previously experienced, now manifest more intensely: "They seem to form more quickly, take longer to heal, and the skin seems to rot more" (Marcela, 28 years old, personal communication, March 7, 2023).

The experience of these conditions is related to stigma, which is crucial for understanding how they cope with ailments that, in some cases, become ingrained in their identity and subjectivity throughout their lives (Menéndez, 2018). The interplay between stigma and ailments shapes a range of self-care practices, often leading them to avoid seeking health services from professional caregivers due to the institutionalized violence they encounter in these settings (Osuna, 2013). As one participant expresses:

I can't go to the Red Cross or anywhere because I don't even know what I have, I know very well it's because of the drugs, [...] they don't receive you well to begin with, and if they do receive you, they give you an injection to kill you [...] several people went for certain things or abscesses and they would give them something and kill them, they wouldn't come back (María, 40 years old, personal communication, March 5, 2023).

The fear of dying in health services is expressed constantly by the interviewees, given the shared experiences of other members of this community of injectable substance users. Research indicates that the stigma faced by individuals with drug-related issues significantly impacts the care provided by healthcare personnel (Campa & Cantú, 2012). Distrust towards healthcare providers and the perpetuation of violence and stigma serve as barriers that prevent this population from accessing healthcare services, this is how Lorena expresses it:

They kill you because, I know for a fact that friends who went to get a sore cleaned up, they come in fine, not even high or anything, and they leave the doctor asking about who came in with so-and-so, because the guy died, had an attack when he wasn't even sick, you know? They always come out with attacks. I don't know what they inject, but they inject us with something. And more so if you're an addict, and if no one asks for you, if you don't have family, honestly (Lorena, 59 years old, personal communication, March 5, 2023).

These situations push PWID away from health services and professional healers, as Menéndez (2018) points out, given that these spaces often perpetuate discourses that pathologize substance users (Ospina-Escobar, 2020). Therefore, it is crucial to identify self-care practices and, drawing from their experiences, develop programs that promote health. This approach should consider both the material challenges and subjective barriers to facilitate PWID's engagement with harm reduction health services.

Furthermore, displacement and insecurity disproportionately affect female drug users compared to their male counterparts, as María points out:

Some people take over abandoned houses and go in there, but to me it seems more dangerous because other people could come in, and you're asleep, they rob you or do something to you, you know what I mean? And sometimes you're alone or something, you'd need to team up with someone (María, 40 years old, personal communication, March 5, 2023).

Teaming up with someone, as María describes, is analyzed as a strategy for self-care and safety, often referring to establishing a romantic relationship. While this may protect them from violence in public spaces, it also exposes them to other forms of aggression within the relationship, as reported in other studies (Folch et al., 2021; Ospina-Escobar, 2020).

In these studies, it has also been documented that the initiation of injecting drug use among women often occurs under the influence of a romantic partner, which exposes them to risks and difficulties in maintaining their health. Literature indicates that women are more likely to be injected by someone else, especially during the initiation phase, as mentioned earlier (IAS, 2019; Roberts et al., 2010). This research also documented the strategies that women have had to employ, particularly at the outset, to be injected, as expressed by Marcela:

I had to pay for them to fix me up, you know how? It was like that, every time I needed a fix up, I had to pay for them to shoot me up, because I didn't know how to do it myself [...] I had to go to the places where they live, or bring them to where I was (Marcela, 28 years old, personal communication, March 7, 2023).

In the social imaginary, the perception that injecting drugs is a masculinized practice persists, often leaving women to be the last to use a syringe, thus exposing them to the risk of HIV or hepatitis C transmission. Compounding this issue is the difficulty in persuading their sexual partners to use condoms, further increasing their vulnerability to other STIs (Kensy et al., 2012).

Therefore, the environment in which these users manage their health is marked by stigma, discrimination, and various forms of gender-based violence. These conditions heighten their vulnerability and compel them to develop self-care practices based on the resources and knowledge available to them, as examined in the following section.

Self-Care among Injectable Substance Users

The practices that encompass various forms of care are shaped by individuals and the social groups to which they belong (Menéndez, 2003). Despite living in a context of exclusion from mainstream health services, the interviewed women access harm reduction interventions that provide essential programs such as syringe exchange, detection and prevention of STDs, hepatitis C, and HIV, safe consumption rooms, and overdose prevention programs. These interventions help address their health concerns by integrating both lay and professional knowledge into their self-care practices. According to the women interviewed, one of the most prevalent health issues they face is abscesses, which they manage by using penicillin when available, or applying aloe vera to the affected area when resources are limited. This knowledge has been transmitted across generations among women, as one interviewee expressed:

I've struggled because sometimes I don't have the necessary things... and in an old-fashioned way, like my grandmother, using aloe vera with *yerba mansa*... I've healed several abscesses myself, I open them up, start picking at them so the pus comes out, and then it dries up (María, 40 years old, personal communication, March 5, 2023).

This lay knowledge and traditional medicinal practices are integral to the self-care routines of women, who also incorporate certain professional techniques, particularly in managing overdose cases. Women typically mention using saltwater injections until the person regains consciousness, but they also resort to naloxone when available. This integration of lay and professional practices underscores the intricate nature of self-care strategies and the contexts in which they are applied. Consequently, through overdose prevention programs, women acquire this biomedical knowledge, which, as described by one of the interviewees, has its advantages: "The difference between salt and naloxone... the medicine is measured, whereas with salt, you just throw a fistful and whatever you scoop up goes inside... until they wake up" (Selina, 42 years old, personal communication, March 6, 2023).

Thus, biomedical knowledge integrates and interacts with self-care practices (Menéndez, 2018), as evidenced in the previous testimony and the following one: "[First] with the naloxone [then] I loosen their shoelaces, their belt so they can get some air, I put water on their head [...] move their arms" (Laura, 60 years old, personal communication, March 3, 2023).

Additionally, the interviewee mentions that she ensures she has naloxone to use within her groups or in places of consumption, as others turn to her because she is one of the older women and someone many users trust. In this context, women often reproduce the role of health caregivers for others (Menéndez, 2009; Perusset, 2018). They employ lay knowledge to care for other users who have limited or no access to health services.

Access to naloxone is part of the overdose prevention program implemented for the opioid-using population. Although its use remains controlled in Mexico, the organization has secured donations through similar harm reduction programs from international entities also dealing with this issue. This program has helped prevent opioid overdose deaths in the border area (Goodman-Meza et al., 2022) and remains one of the civil organization's primary interventions in response to the increase in overdoses and the emergence of fentanyl.

Now, the experience of increased overdoses documented since approximately 2019 (Goodman-Meza et al., 2022) has altered consumption practices. The participants recognize their vulnerability in this situation and adopt certain care strategies with their peers, as Lorena recounts:

I never inject alone. I used to prefer calling someone, [sharing] a few lines [with a peer] rather than injecting alone because [...] if they weren't users [didn't inject], I'd tell them, "if I overdose, just don't let me die. If you don't know what to do, call the police, call the ambulance, but don't let me die" (Lorena, 59 years old, personal communication, March 5, 2023).

In her account, the interviewee acknowledges that the presence of fentanyl has altered her body's tolerance to substances. The recommendation not to use alone to avoid overdoses is part of harm reduction interventions, which explain the risks of fentanyl use. The interviewee demonstrates that she has adopted this measure to reduce the risk of overdosing.

Menéndez (2003) explains that various social, economic, and ideological processes drive certain forms of self-care, conditioned by access to necessary resources and social networks. In this case, the support groups of the users consist mainly of their peers, who live in similar conditions but are not injectable drug users, as one of the interviewees, who lives in a vacant lot with other users, recounts: "We help each other out... if it's for food, we help each other in whatever way we can, among all of us" (Laura, 60 years old, personal communication, March 3, 2023).

The way these women connect with their peers shapes self-care activities linked to the biosocial reproduction of the group, addressing basic needs like food, cleanliness, and shelter (Menéndez, 2020). Thus, the phrase "we help each other" underscores collective care among PWID. However, these support networks typically revolve around a few close friends or a romantic partner, individuals they trust to provide care in case of overdose risks. Other participants indicated a lack of emotional support in times of illness or discomfort, stemming from past experiences of abuse and theft by their peers, as one interviewee recounted:

Since they know I'm from the other side [born in the United States], I used to have a lot of money [...] they would give me more [referring to the drug dose], I mean, they would make the dose very strong because they knew I couldn't handle much, they would overpower me and take everything from me, my own friends (Phily, 27 years old, personal communication, March 7, 2023).

The decision to isolate oneself from the group of users can be seen as a self-care practice, characterized as an individual behavior aimed at minimizing or avoiding risky behaviors (Menéndez, 2003). From a structural perspective, self-care intersects with other forms of care and operates within socio-cultural contexts (Menéndez, 2018). This includes the choices women make to prevent and manage risks, as well as the relationships they cultivate within their microgroups.

According to Menéndez (2018), the interconnected nature of self-care encompasses both individual and collective dimensions, challenging clear distinctions between them. For the interviewed women, their precarious living conditions preclude such boundaries, given their lack of housing, health services, and even basic sustenance. Civil organizations function as mutual aid groups, playing a crucial role through harm reduction interventions by fostering solidarity within the community and addressing unmet needs left by health institutions (Haro, 2000). Participants emphasize that accessing these organizations and utilizing harm reduction services equips them with vital information to protect their health and adapt their consumption practices. Selina illustrates this:

They never interfere with your consumption, they respect that a lot... but they do provide comments about the harms of fentanyl, they give us information... or advise against injecting

in certain areas because it's riskier, or if you have an abscess, they refer you to doctors [...] they educate us on what is harmful (Selina, 42 years old, personal communication, March 3, 2023).

Another participant highlights the impact of needle exchange programs: "Since needle exchange programs started, there aren't as many people with abscesses as before [...] one needle was used by like 20 [people]" (Lorena, 59 years old, personal communication, March 5, 2023).

These insights are integral to the self-care practices of women, who prioritize avoiding needle sharing and exercise greater caution in their consumption practices compared to men. Another gender-specific aspect of health concerns maintaining physical appearance and bodily cleanliness to mitigate discrimination or harassment by law enforcement—a protective strategy in their living environment:

I don't get bothered by the cops [...] it's also a lot about appearance, because if they see you looking disheveled, people will call the cops, those in cars and such [...] that's why I always try to look clean, not with designer clothes, but at least neat and tidy. I've been cautioned for cleaning windows, but that's about it—they never threatened to take me downtown or anything like that (Selina, 42 years old, personal communication, March 3, 2023).

According to Romo Avilés (2010), women are considered more cautious and less risky, often taking care of their appearance as a form of self-care. In contrast, their male counterparts are perceived as disheveled and unconcerned about their appearance. This lack of care, according to the women's narratives, leads to increased acts of police persecution or discrimination.

Another aspect of self-care is related to accessing rapid tests for HIV or hepatitis C through the civil organization. However, one interviewee expresses reluctance to seek treatment:

I haven't wanted to go. I heard that the treatment is very strong. I have hepatitis C due to heroin addiction and, well, I'm scared. I don't like taking medication or treatment [...] if something happens to me, let it happen. I'd rather leave it that way [...] I know I have to go, I know they [the organization] can help me, but I don't want to go. I'm scared (María, 40 years old, personal communication, March 5, 2023).

This distrust towards health services and the lack of information about treatments, perceived as *strong* and potentially lethal, generate fear among the interviewees. They worry their bodies might not tolerate the treatments and could result in death. Thus, self-care following a diagnosis of chronic illness in the injecting population is linked to structural and institutional barriers to accessing treatment, as well as microsocial conditions, such as the decision not to consult a healthcare professional due to certain beliefs compounded by distrust.

As Menéndez (2018) points out, the processes that individuals undergo are complex, contradictory, and ambivalent. Therefore, it is necessary to observe their daily lives individually and within the groups they belong to, as well as the way representations and social practices persist, disappear, and change. This includes examining the *institutions* that address the processes of self-care, prevention, and health care, and how these changes develop based on the resources available to individuals.

As documented, contexts of vulnerability and exclusion exacerbate the health conditions of the interviewed women, with violence in various forms remaining a constant presence in their lives. Recent research highlights the ongoing discussion about groups experiencing high degrees of social marginalization. For women, this represents the recurrence of violence in their lives “in different settings and by various aggressors, experienced in silence, isolation, or extreme cruelty, without access to basic health or justice services” (Ospina-Escobar, 2023, p. 27).

The documented changes in consumption dynamics, the presence of fentanyl, and the increase in overdoses highlight the need to generate information from a harm reduction perspective that focuses on people rather than substances (Goodman-Meza et al., 2022). Studying the self-care practices of these marginalized groups in border contexts contributes to understanding the complex relationship between lay and professional knowledge, which is crucial for designing effective harm reduction programs. The accounts of the interviewed women provide insights into the challenges they face during the initiation stage of drug use and the power dynamics they experience in their closest relationships, such as with partners, and how these situations influence their consumption practices and dynamics. These risks are further compounded by acts of sexual and physical violence, which exacerbate their vulnerability.

Even so, women manage to develop self-care practices and show concern for maintaining their health and seeking treatment. Goodman-Meza et al. (2022) explain that in the northern border region, there are high rates of using saline water to treat overdoses. Furthermore, the incorporation of prevention programs through the distribution of naloxone has led to observable changes in how these groups provide care. This underscores the need to investigate the knowledge used by populations that inject drugs to address their ailments and to delve deeper into the h/i/c-p practices.

CONCLUSIONS

According to Menéndez (2020), self-care operates daily in all societies, encompassing specific forms of attention and illness prevention that are shaped by structural conditions experienced by social groups. For the interviewed women, survival in a hostile border context is compounded by economic projects that, like in other cities, displace the most vulnerable populations (Lanzagorta, 2020; Samaniego, 2018). These gentrification processes have become factors influencing the self-care practices of women, as they are pushed into new spaces, disrupting their access to support networks and mutual aid groups. This spatial and symbolic exclusion further hinders their access to various services, including healthcare facilities necessary for self-care and community h/i/c-p practices.

In the case of the interviewees, subordination and invisibilization persist through social cleansing efforts by state agencies, perpetuating stigma and systematic rejection of women who inject drugs. This marginalization is also evident in the lack of social and health policies addressing their needs. Despite these challenges, women have accessed harm reduction services through support groups, integrating medical model information into their knowledge and self-care practices. These efforts underscore women’s resilience in managing their health, despite medical and legal discourses that often undermine their agency (Markez, 1997; Romo Avilés, 2010).

Self-care as a relational process allows for the analysis of the biosocial reproduction of practices and knowledge during the h/i/c-p practices. Support networks are a key factor in how self-care occurs, as they highlight the importance of peers in covering basic needs such as food, a safe place to sleep, or receiving care in cases of overdose or abscesses. Additionally, attending the civil organization allows them to access harm reduction interventions and information that enables them to adopt safer consumption practices. However, the emergence of new substances has led women to reconfigure these self-care practices as new ailments have appeared. In this situation, women also implement these practices to address the ailments of their peers, especially men. This aligns with Menéndez (2009), who documents that women are responsible for addressing the h/i/c-p practices within their immediate groups.

Menéndez's theoretical framework (2018, 2020) provides valuable insights into the h/i/c-p practices, illustrating how women integrate both medical and lay knowledge to manage their health issues. These self-care practices operate within a transactional process influenced by the resources and support networks they are able to access (Menéndez, 2009). The context of subalternity where women who use drugs reside exacerbates their challenges in accessing healthcare services, emphasizing the need to explore their care trajectories and self-care strategies in response to their health conditions. Understanding and analyzing gender inequalities as a structural determinant perpetuating violence across the public and private spheres they inhabit is crucial. Future research should further investigate the interplay between self-care, stigma, motherhood, and the systemic violence experienced by women who inject drugs.

Furthermore, additional research is recommended to examine how women and individuals without access to harm reduction services manage their health conditions compared to those who do have access. This investigation would offer valuable insights into the diverse self-care practices and healthcare strategies across different populations.

Some limitations of this research are associated with the difficulties in accessing interview locations due to the pervasive stigma that forces these populations into secrecy. In conclusion, this study prompts a reevaluation of aspects pertinent to social research involving vulnerable populations intersected by multiple inequalities and conditions of marginalization. The work as a whole involves a continuous process of reflexivity (Bourdieu & Wacquant, 2005) as an ethical imperative in all scientific endeavors, acknowledging both its reach and constraints in influencing the realities of marginalized sectors, such as women who inject drugs in this border context.

ACKNOWLEDGMENTS

The authors extend their gratitude to each of the women who generously shared their experiences with them, as well as to Integración Social Verter, A. C. for their support and facilitation throughout the course of this study.

Translation: Erika Morales.

REFERENCES

- Alloatti, M. N. (2014, August 27-29). *Una discusión sobre la técnica de bola de nieve a partir de la experiencia de investigación en migraciones internacionales*. IV Encuentro Latinoamericano de Metodología de las Ciencias Sociales, Costa Rica. http://www.memoria.fahce.unlp.edu.ar/trab_eventos/ev.8286/ev.8286.pdf
- Bourdieu, P., & Wacquant, L. (2005). *Una invitación a la sociología reflexiva*. Siglo XXI Editores.
- Campa, T., & Cantú, P. (2012). Valores y actitudes del personal de salud ante la atención de la persona ante la violencia y el fenómeno de las drogas. *Revista Salud Pública y Nutrición*, 13(4), 1-6.
- Comisión Nacional contra las Adicciones (CONADIC). (2020). *Caracterización de los servicios para personas que consumen heroína, fentanilo y otros opioides en la frontera norte*. Secretaría de Salud. https://www.gob.mx/cms/uploads/attachment/file/558918/Estudio_Caracterizaci_n_de_Servicios_M_xico.pdf
- Denzin, N., & Lincoln, Y. (2012). *El campo de la investigación cualitativa* (vol. 1). Gedisa.
- Esquivel García, G., Ortiz Ruiz, L., & Ortiz Mondragón, R. (2012). Mujeres consumidoras de drogas inyectables y sus problemas de salud. *Archivos en Medicina Familiar*, 14(2), 47-58. <https://www.redalyc.org/pdf/507/50730963003.pdf>
- Fleiz-Bautista, C., Domínguez-García, M., Villatoro-Velázquez, J., Vázquez-Quiroz, F., Zafra-Mora, E., Sánchez-Ramos, R., Resendiz-Escobar, E., Bustos-Gamiño, M., & Medina-Mora, M. (2019). *Cuqueando la chiva: contextos del consumo de heroína en la frontera norte de México*. Instituto Nacional de Psiquiatría Ramon de la Fuente Muñiz. <https://www.issup.net/files/2020-11/Cuqueando-la-Chiva-Contextos-del-consumo-de-heroina-en-la-frontera-norte-de-Mexico.pdf>
- Folch, C., Casabona, J., Majó, X., Meroño, M., González, V., Colom, J., Brugal, T., & Espelt, A. (2021). Mujeres que usan drogas inyectadas y violencia: necesidad de una respuesta integrada. *Adicciones*, 33(4), 299-306.
- Frontline AIDS. (2020). *Advancing the sexual and reproductive health and rights of women who use drugs. A guide for programmes*. Women and Harm Reduction International Network; Partnership to Inspire, Transform and Connect the HIV Response; International HIV/AIDS Alliance; Ministry of Foreign Affairs. <https://frontlineaids.org/wp-content/uploads/2020/07/Guide-for-harm-reduction-programmes-Updated-July24-2020-web-ready.pdf>
- Goodman-Meza, D., Slim, S., Angulo, L., Gonzalez-Nieto, P., Cambou, M. C., Loera, A., Shoptaw, S., & Arredondo, J. (2022). Impact of an overdose reversal program in the context of a safe consumption site in Northern Mexico. *Drug and Alcohol Dependence Reports*, 2, 1-5. <https://doi.org/10.1016/j.dadr.2021.100021>
- Harm Reduction International (HRI). (2021). *What is harm reduction?* <https://hri.global/what-is-harm-reduction/>

- Haro, J. A. (2000). Cuidados profanos: una dimensión ambigua en la atención de la salud. In E. Perdiguer Gil, & J. M. Comelles i Esteban (Eds.), *Medicina y cultura: estudios entre la antropología y la medicina* (pp. 101-162). Bellaterra.
- Instituto Municipal de Investigación y Planeación Urbana de Mexicali. (2022). *Programa de desarrollo urbano de centro de población de Mexicali 2025*. XVIII Ayuntamiento de Mexicali; Secretaría de Desarrollo Social; Secretaría de Desarrollo Urbano e Infraestructura del Estado. <https://www.mexicali.gob.mx/24/pdf/AdministracionUrbana/pduc2025.pdf>
- International AIDS Society (IAS). (2019). *Las mujeres que se inyectan drogas: visibles pero olvidadas*. Retrieved on October 5, 2020: https://www.iasociety.org/Web/WebContent/File/2019_IAS_Brief_Women_who_inject_drugs_ES.pdf
- Jiménez, M., & Guzmán, R. (2012). Género y usos de drogas: dimensiones de análisis e intersección con otros ejes de desigualdad. *Oñati Socio-Legal Series*, 2(6), 77-96. <https://opo.iisj.net/index.php/osls/article/view/137/35>
- Kensy, J., Stengal, C., Nougier, M., & Birgin, R. (2012). Drug policy and women: Addressing the negative consequences of harmful drug control. *International Drug Policy Consortium*, 1-21. <https://doi.org/10.2139/ssrn.2186004>
- Lanzagorta, J. (2020). La conquista de la Glorieta de Insurgentes de la Ciudad de México: lo abyecto en los procesos de gentrificación. *Revista de Estudios Mexicanos*, 36, 192-215.
- Markez, I. (1997). Drogas y debates: ¿monopolio del discurso adictivo? (A fin de no psiquiatrizarse la dependencia). In X. Arana, & I. Markez (Eds.), *Los agentes sociales ante las drogas* (pp. 19-50). Dykinson.
- Menéndez, E. L. (2003). Modelos de atención de los padecimientos: de exclusiones teóricas y articulaciones prácticas. *Ciencia & Saude Colectiva*, 8(1), 185-207. <https://www.redalyc.org/pdf/630/63042995014.pdf>
- Menéndez, E. L. (2009). Modelos, saberes y formas de atención de los padecimientos: de exclusiones ideológicas y de articulaciones prácticas. In L. Citarella, & A. Zangari (Eds.), *Yachay Tinkuy: Salud e interculturalidad en Bolivia y América Latina* (pp. 87-126). Gente Común.
- Menéndez, E. L. (2012). Sustancias consideradas adictivas: prohibición, reducción de daños y reducción de riesgos. *Salud Colectiva*, 8(1), 9-24.
- Menéndez, E. L. (2018). Autoatención de los padecimientos y algunos imaginarios antropológicos. *Desacatos*, 58, 104-113.
- Menéndez, E. L. (2020). *Morir de alcohol. Saber y hegemonía médica*. Universidad Nacional de Lanús. <https://isco.unla.edu.ar/edunla/cuadernos/catalog/view/8/19/38-2>
- Ospina-Escobar, A. (2020). Violencia sexual y reproductiva hacia mujeres que se inyectan drogas en la frontera norte de México. ¿La frontera de los derechos? *Revista Cultura y Droga*, 25(30), 114-143. <https://doi.org/10.17151/culdr.2020.25.30.6>

- Ospina-Escobar, A. (2023). Cuerpos violables, cuerpos descartables: mujeres que se inyectan drogas y prohibicionismo en México. *Revista Interdisciplinaria de Estudios de Género de El Colegio de México*, 9, 1-38. <https://doi.org/10.24201/reg.v9i1.1018>
- Ospina-Escobar, A., & Juárez, F. (2019). Gender matters? How does gender shape risk environment syringe sharing among people who inject drugs in northern Mexico. Results from a cross-sectional survey. *Salud Mental*, 42(4), 165-172. <https://doi.org/10.17711/SM.0185-3325.2019.022>
- Osuna, M. (2013). Estigma social en madres puertorriqueñas usuarias de heroína: una exploración de las voces femeninas y el estigma social. *Revista Puertorriqueña de Psicología*, 24, 1-17.
- Ovalle, L. P. (2009). Engordar la vena: discursos y prácticas sociales de los usuarios de drogas inyectables en Mexicali. Universidad Autónoma de Baja California; Universidad Pedagógica Nacional.
- Perusset, M. (2018). Cultura de los cuidados: la influencia de los estereotipos de género en la cotidianidad de la salud. *Revista Científica de FAREM-Esteli*, 27, 52-58. <https://doi.org/10.5377/farem.v0i27.7058>
- Pinkham, S., & Malinowska, K. (2008). Women, harm reduction and HIV. *Reproductive Health Matters*, 16(31), 168-181. [https://doi.org/10.1016/S0968-8080\(08\)31345-7](https://doi.org/10.1016/S0968-8080(08)31345-7)
- Recomendation 5 of 2022 [Comisión Estatal de los Derechos Humanos de Baja California]. Detenciones arbitrarias e internación involuntaria en centros de tratamiento para la drogodependencia, derivadas del Plan Maestro de Reactivación del Centro Histórico en Mexicali. December 29, 2022. https://derechoshumanosbc.org/wp-content/uploads/2023/01/RECOMENDACION-05_2022.pdf
- Reséndiz Rivera, N. E. (2016). Violencia cotidiana, marginación, limpieza social y pandillas en Guatemala. *Revista Latinoamericana de Estudios de Seguridad*, 18, 111-127. <http://dx.doi.org/10.17141/urvio.19.2016.2414>
- Roberts, A., Mathers, B., & Degenhardt, L. (2010). *Women who inject drugs: A review of their risks, experiences and needs*. National Drug and Alcohol Research Centre. <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Women%20who%20inject%20drugs.pdf>
- Romo Avilés, N. (2010). La mirada de género en el abordaje de los usos y abusos de drogas. *Revista Española de Drogodependencias*, 35(3), 269-272. https://www.aesed.com/descargas/revistas/v35n3_ed.pdf
- Ruiz Olabuénaga, J. I. (1999). *Metodología de la investigación cualitativa*. Universidad de Deusto.
- Samaniego, M. (2018). Tijuana, una ciudad en constante proceso de gentrificación. *Urbis Boletín Científico Sapiens Research*, 8(1), 117-128.
- Taylor, S. J., & Bogdan, R. (1992). *Introducción a los métodos cualitativos de investigación*. Paidós.
- Vasilachis, I. (2006). La investigación cualitativa. In I. Vasilachis (Ed.), *Estrategias de investigación cualitativa* (pp. 23-64). Gedisa.