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Authors

Cheney, Ann M
Newkirk, Christine N
Nekhavambe, Vhuhwavho M
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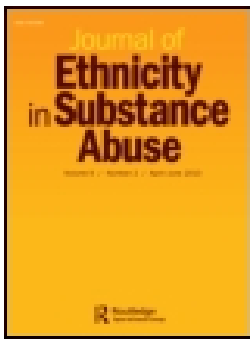
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Effects of social and spatial contexts on young latinás' methamphetamine use initiation

Ann M. Cheney^a, Christine N. Newkirk^a, Vhuhwavho M. Nekhavhambe^b,
Matthew Baron Rotondi^a, and Alison Hamilton^{c,d}

^aUniversity of California, Riverside, California; ^bUniversity of South Africa, Pretoria, South Africa;
^cUniversity of California, Los Angeles, California; ^dVA Greater Los Angeles Healthcare System,
Los Angeles, California

ABSTRACT

In this article, we examine methamphetamine (meth) use initiation as influenced by Latinas' social positions within institutions (e.g., family and economy). We conducted ethnographic fieldwork in five women's residential substance use treatment facilities in Los Angeles County with women who considered meth to be their primary drug of choice. Using an urban ethnographic framing, we demonstrate the effects of low-income young Latinas' spatial- and social-context rendered vulnerability to abuse and neglect, and the resulting emotional distress, on meth use initiation. When considering pathways to substance use intervention for vulnerable Latina girls and women, clinicians, researchers, and policy makers need to understand substance use pathways as dynamic processes to cope with psychosocial stress while living in communities with easy access to illicit substances such as methamphetamine.

KEYWORDS

Childhood sexual abuse; domestic abuse; economy; family; Latinas; methamphetamine; social institutions; sociology urban ethnography

Introduction

While girls and women abuse most illegal substances at rates much lower than men (Miech, Johnston, O'Malley, Bachman, & Schulenberg, 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014), adolescent girls are more likely than boys to use methamphetamine (meth) (Rawson, Gonzales, Obert, McCann, & Brethen, 2005), and adult women's lifetime meth use is only slightly lower than men's use (Cohen, Greenberg, Uri, Halpin, & Zweben, 2007; Durell, Kroutil, Crits-Christoph, Barchha, & Van Brunt, 2008). Women are attracted to meth initially because it facilitates weight loss (Brecht, O'Brien, von Mayrhauser, & Anglin, 2004), bolsters self-confidence (Lopez-Zetina et al., 2010), boosts energy and increases alertness (Semple, Grant, & Patterson, 2004), and enhances sexual experiences and pleasure (Rawson, Washton, Domier, & Reiber, 2002). However, women overwhelmingly report chronic meth use to escape emotional pain and cope

CONTACT Ann M. Cheney, Ph.D.,  ann.cheney@medsch.ucr.edu  School of Medicine, Center for Healthy Communities, University of California Riverside, 3333 14th Street, Riverside, CA 92501.

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with symptoms of anxiety and depression (Hser, Evans, & Huang, 2005; Lopez-Zetina et al., 2010; Semple et al., 2004).

There is reason to believe that a high proportion of women meth users have abusive histories (Morgan & Beck 1999) and that meth use may mediate the effects of sexual abuse on women's emotional and psychological health (Berg, Hobkirk, Joska, & Meade, 2016). For example, in a study among incarcerated drug-using women, nearly three fourths (72%) reported meth use and almost two thirds (63.5%) reported both childhood sexual assault (CSA) and adult sexual assault (ASA) (Vik & Ross, 2003). The Methamphetamine Treatment Project, a three-year multisite study that evaluated meth treatment programs, found over half (58%) of women meth users entering substance use treatment reported a sexual assault history. These women were also more likely than nonvictims to demonstrate psychological distress such as anxiety, depression, and suicidal ideation (Christian et al., 2007).

Previous work begs the question: How is sexual trauma exposure connected to women's meth use and adult sexual behaviors? We sought to answer this question through ethnographic work at female residential substance use facilities in Los Angeles (LA). The research began with the assumption that nearly all women in treatment would report CSA and/or ASA, and sexual trauma would drive women's meth use and sexual behaviors, particularly risk behaviors. As we show in this article, CSA was the root cause of meth use among many but not all women in the study. Broader macrolevel factors and women's marginalized positions within key social institutions (family and economy) created an environment of risk for CSA and adverse experiences that put and kept women's meth use in motion. Our analysis of Latina women's meth use histories illuminates how meth use and abuse arise at the intersection of individual psychosocial forces such as sexual abuse, neglect, and psychological distress and macrolevel forces including family- and community-level drug involvement and generational economic marginalization.

Urban ethnography: Application to latina adolescents' methamphetamine use

Historically, Latinas have reported lower illicit drug use compared to national population estimates (Lindenberg, Gendrop, Nencioli, & Adames, 1994); however, Latinas of lower socioeconomic status report two to three times higher rates of illicit drugs (Lindenberg et al., 2002). This pattern persists among Latina meth users. Mexican American women, who are among the most socioeconomically disadvantaged (e.g., poorer and less educated) Latino subgroup (Elder, Ayala, Parra-Medina, & Talavera, 2009), report higher rates of meth use than other Latino subgroups (SAMHSA, 2009).

We frame our research within urban ethnography. Urban ethnography, unlike classical ethnographic anthropological fieldwork, grew out of an intellectual curiosity toward the complexities of city life and human interaction in densely populated settings (Duneier, 2014; Jackson, 1985). Urban ethnographers have shown the adaptive nature of the antisocial, illegal, and violent behavior often typifying the modern urban landscape, behaviors developed in response to abandonment by unstable families and a lack of potential for social mobility exemplified by poor-paying and contingent work (Anderson, 1999; Duneier & Carter, 1999; MacLeod, 2009; Wilson, 1987).

We consider how two major social institutions, family and the economy, did not provide needed emotional, social, cultural, and material resources for the women in our study, contributing to a shared experience of marginality and vulnerability. By employing a critical perspective and situating our analysis within a framework of urban ethnography, we shed light on how institutional inequality disadvantages women of color, places them in marginal and precarious positions, and increases their vulnerability to CSA and adverse life stressors, contributing to poor emotional and psychological health and putting them on the pathway to substance use.

Methods

Setting

This study was based on one year (2006–2007) of ethnographic and qualitative data collection with 19 participants, conducted in five women-and-children-only residential substance use treatment centers in the Greater Los Angeles area. Over the past decades, meth use has increased substantially in the United States. In California, meth has surpassed alcohol and other illicit drugs as the leading cause of treatment admission (SAMHSA, 2014) and is women's primary substance of abuse at treatment admission (California Department of Alcohol & Drug Programs, 2011). Recent research mapping the spread of meth during the latter half of the 1990s and the first decade of the 2000s—the height of the meth epidemic in California—found its use spread most rapidly in low-income White and Hispanic communities with below-average employment rates (Gruenewald et al., 2013). In Los Angeles, treatment admissions for meth use among Latinas increased from 46% in 2001 to 77% in 2005 (Crèvecoeur, Rutkowski, & Rawson, 2007). Therefore, the analysis presented in this article focuses on the substance use experiences of Latinas, primarily of Mexican descent, who were adolescents coming of age in low-income areas of Southeast Los Angeles County in the late 1980s and early 1990s.

The majority of these women grew up in Southeast Los Angeles, also known as The Gateway Cities, in predominantly Latino communities of

persons of Mexican descent. The Gateway Cities are characterized by high unemployment rates, low labor-force participation, and low incomes correlated with low educational attainment. Nearly a quarter of households made less than \$24,999 per year—estimate based on five-year average (Mitchell, Bahl, Jackson, Taveras, & Young, 2015).

Recruitment

An organization directing several residential substance abuse treatment facilities in Los Angeles County agreed to allow recruitment in their women's residential facilities. Flyers were posted in each facility. Interested women called the senior author or told facility staff of their interest, and the staff contacted the PI (Principal Investigator). As word of the study spread through the facilities, more women indicated their interest in participating. Potential participants had to be 18 years or older, be English speaking, consider meth their primary drug of choice, and have been in residential treatment (at the current facility or elsewhere) for at least six months. Study procedures were approved by the UCLA Office for the Protection of Research Subjects.

Participant observation and person-centered interviews

Upon approval of the parent organization administrators and facility directors, the senior author and PI of the study (an anthropologist) spent time in the facilities, getting to know the staff and the daily routines at each Hamilton (2012). This period of participant observation allowed her the opportunity to develop the feasibility of the interviews and familiarity with the facility, staff, and clientele. This participant observation approach was consistent with what Clifford (1997) and then Geertz (1998) termed “deep hanging out,” that is, immersing oneself in groups on an informal level. This approach, which helps to establish trust based in part on the consistent physical presence of the researcher, can be especially useful when investigating sensitive topics such as the effect of meth on women's sexual experiences and behaviors. Because the settings were residential (rather than outpatient), ample opportunities existed for informal interaction and observation of the daily dynamics of everyday life (e.g., playing with children, cooking meals, listening to music, and watching television). Descriptive field notes (Sanjek, 1990) were taken at the end of every encounter at each facility, whether or not interviews were conducted.

Face-to-face interviews took place at the treatment facilities. Participants had to have at least six months of residential treatment to be eligible for the study; given the sensitivity of the primary topic (women's sexuality), it was important to ensure that (a) women had been “clean” (abstinent from meth) for a substantial period in order to articulate their experiences and

(b) that they had continual access to mental health professionals (available 24/7 in these facilities). The analysis is therefore limited by recall bias: women may not accurately remember aspects of their meth use initiation and the contexts in which initiation occurred. Furthermore, because we excluded Latinas whose primary language was Spanish from study participation, our findings likely reflect the experiences of more linguistically acculturated Latinas. Linguistic acculturation is strongly linked to substance use among Latina adolescents: as girls move through the acculturation process and their social networks change (e.g., from supervised bilingual to unsupervised English monolingual networks), their substance use risk increases (Kulis, Marsiglia, Kopak, Olmsted, & Crossman, 2012; Marsiglia, Kulis, Hussaini, Neri, & Becerra, 2010).

Written informed consent was obtained from all participants, and all participants provided consent to a follow-up interview. All participants completed a background survey and provided locator information for follow-up interviews. All interviews were conducted by the PI. Interviews lasted an average of 1.5 hours and ranged from 45 minutes to three hours. Interviews were digitally recorded and professionally transcribed. Participants received \$25 Target gift cards at the conclusion of the interviews.

Interviews typically began with an anchoring question about when the participant first started using any drug or alcohol—as typical in 12-step-oriented treatment facilities, they all had their “stories” about becoming addicted to drugs (Hänninen & Koski-Jännes, 1999). In a person-centered, psychological anthropology orientation (Levy & Hollan, 1998), the interviewer probed into topics and experiences that were especially salient for the participants. Although all participants answered the same range of questions, the length and detail of responses varied as they were encouraged to expound upon what was important to them in a conversational style.

We used an inductive approach to analyze texts and identify emergent themes (Bernard & Ryan, 2010; Ryan & Bernard, 2003). We then used constant comparison to understand the relationships between themes and to compare and contrast themes within and across women’s meth use experiences (Strauss & Corbin, 1990). This inductive approach helps to ensure hypotheses generated by the findings are grounded in, rather than imposed upon, the data (Kearney, Murphy, Irwin, & Rosenbaum, 1995).

Results

Description of sample

The average age of participants was 28.1 years, with a range of 18–39 years. All women in the analytic sample ($n = 19$) self-reported as Latina. Over half (58%) had not completed high school, 26% had a high school diploma or GED, and

16% had taken some college courses. Only one woman was employed; the remainder (95%) were unemployed and receiving public assistance. Over three quarters (84%) had never been married, 16% had been married, and 10% were divorced or separated. All had children, and approximately one quarter (26%) had more than 3 children. Less than one quarter (21%) of the women were on probation or parole or both (see Table 1).

Regarding substance use history, participants were an average age of 15 when they started using meth. Two started using when they were nine; eleven started using between the ages of 12 and 17; and six started using at age 18 or older (ages 18 to 23). Nearly all were introduced to meth by family members or friends; five were introduced by intimate partners (boyfriends). Sixteen participants progressed from snorting to smoking meth, although five women alternated between snorting and smoking. Only one participant injected meth; most did not inject because they were afraid of needles or felt they should stay away from injecting for fear they would like the feeling “too much.” Other

Table 1. Participant Characteristics ($n = 19$).

Characteristic	Total	Mean, percentage
	Race/ethnicity	
Latina	17	89%
Biracial	2	11%
Age		28 (range, 18–39)
< 30 years	13	68%
≥30 years	6	32%
	Highest education	
Some college	3	16%
HS/GED	5	26%
Less than HS	11	58%
	Marital status	
Married	1	5%
Never married	16	84%
Divorced/Separated	2	11%
	# of children	
≤3 children	14	74%
>3 children	5	
Age at first child		19.5 (range, 15–25)
	Income*	
Welfare	17	94%
Employment	1	6%
Probation/parole	4	21%
	Substance use history	
Alcohol	12	63%
Alcohol and illicit drugs	8	42%
Age at first meth use		15 (range, 9–18)
	Meth introduction	
Family member	5	26%
Friend	9	47%
Intimate partner	5	26%
Previous residential treatment	8	42%

HS = high school; GED = General Education Development; meth = methamphetamine.

*Missing data.

routes of administration, including rectal insertion of meth and mixing meth with alcohol, were noted, but were not the primary routes of use for any participants. Most participants used other drugs before meth use initiation. In the year prior to the interviews, 63% had used other drugs (typically alcohol and marijuana) in addition to meth. Almost half (42%) had been in residential treatment prior to the current facility (see Table 1).

Overview

Latina participants grew up in low-income communities of color characterized by multiple family households, visible drug use, and easy access to alcohol and drugs in Southeast Los Angeles. The women in our study grew up in unstable families with little protection from drug use situations or pro-drug use norms. Most women began using cigarettes, marijuana, and alcohol during their early adolescence and later tried meth.

The majority (84%) used meth to “numb” their feelings and escape the emotional pain associated with interpersonal violence (e.g., sexual assault and domestic violence) and loss (e.g., death of a close family member). Over half (52%) discussed a history of childhood sexual assault (CSA), which they typically referred to as molestation. Women’s experiences of molestation ranged from inappropriate touching, attempted penetration, and actual penetration perpetrated by known older males. Some of these women endured abuse over several years, whereas others experienced CSA once or twice. Of the women who described CSA histories, 70% experienced intrafamilial CSA perpetrated by brothers, male cousins, uncles, a grandfather, and/or their mother’s male partner.

As outlined in Figure 1, women’s emotional and psychological distress is linked to their marginalized social positions within two key social institutions: family and the economy. Latinas’ disadvantaged positions within these

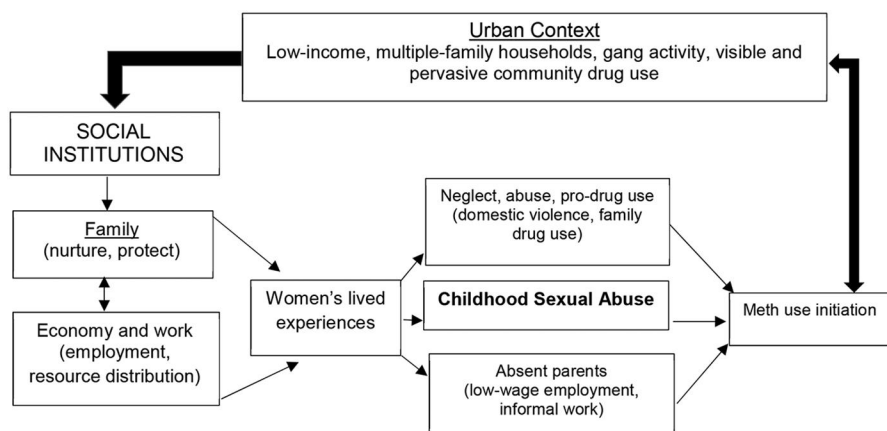


Figure 1. Conceptual model delineating Latina methamphetamine use pathways.

institutions heightened their vulnerability to abuse and neglect, resulting in emotional distress, which contributed to meth use.

How does CSA explain meth use?

Women with histories of CSA were aware that their drug use was intimately connected to their abuse, feelings of betrayal and shame, and desire to escape the lingering emotional pain. Mary, who experienced childhood sexual abuse, shared that her brother, “somebody that was supposed to protect” her, perpetrated the abuse. She began using at the age of thirteen. “I started with mostly hallucinogens, the whole acid, mushroom, heroin—the things that would just kind of like take me out, I guess, of myself,” she said. In her late teens (age 18 or 19), Mary’s brother and his friend introduced her to meth: “And, that [meth] like rocked my world.” She used meth to escape:

And that’s where drugs led me ... I could be like away from everybody and just be okay. It made me not think. I didn’t have to answer to anybody. I just could be Mary and, who I thought was Mary, and just be on my own.

Mari-carmen described a long and complex history of abuse. When she was 10, her uncle sexually abused her. The abuse continued throughout her childhood, adolescence, and adulthood. She explained why she endured years of sexual abuse:

We have a lot of girls in our family, so as long as I stayed victim, none of the other girls got touched. He was like the favorite uncle, the youngest, that every girl—all the girls would go to the movies with, ‘cause he has a daughter himself. And he was just Uncle [xx]. He was like the best u-, uncle in the world and—but I kept his interest.

Mari-carmen was aware that she began using drugs to cope with her sexual abuse history: “I started using when I was 10. I used pharmaceutical pills, my mom works for a doctor. And at the same time I was, I started getting molested, so I felt awkward.” She also started to use alcohol. “It gave me false courage,” she said. By using alcohol, Mari-carmen had “enough courage just to go on and not tell anybody” about the sexual abuse. When she was 14, Mari-carmen’s male cousin introduced her to meth. By the age of 17, she was using meth “full blown,” and before entering the treatment program she was “basting meth” (anal administration with a turkey baster) to get “instant gratification.” Meth use and its immediate effects, she said, “took me away from my problems.”

Why does CSA not explain all women’s meth use?

While women with CSA histories articulated a clear pathway from CSA to meth use, for nearly half the sample, CSA was not the cornerstone of their

meth use initiation. For most women (including the women with CSA histories), the entanglements of family disarray and economic marginalization set their meth use in motion.

Family disarray

Nearly all of the women (84%) discussed growing up within drug-using family contexts; many were exposed to intergenerational drug use (by siblings, parents, and grandparents) and some to drug manufacturing and selling. Many lived in unstable intergenerational and multifamily households with maternal-related siblings (i.e., siblings with same mother but different fathers). Women frequently described their fathers as absent (largely because of drug addiction, divorce/separation, or incarceration) and their parents as offering limited attention and care, being unresponsive to their needs, and not being physically or emotionally present in their childhood and adolescence.

The emotional turmoil emerging from family disarray (e.g., domestic violence, a troubled mother-daughter relationship) precipitated women's meth use. Socoro described the connections between her "dysfunctional" and abusive parents and her eventual meth use:

There was a lot of abuse in the house. My dad was an alcoholic and Maria, which is my mother—I don't call her mom—she was very mean towards me. And there was a lot of abuse between my parents—a lot of fighting, cops coming to the house—a lot of that stuff.

She began using marijuana and her father's beer at the age of 13. Her parents, who she described as "never home," were unaware of her substance use. To escape the dysfunction and abuse, one of her four sisters committed suicide, and Socoro entered a gang and began using:

I used because I wanted to get away from the situations at home. I was tired of having a controlling father, a mother that never cared, never gave a hoot about me—and she would always be sending me away. So, I guess, I wanted a family and I chose gang life.

As a gang member, she used heavily. With other gang members, Socoro used PCP, acid, mushrooms, heroin, and eventually meth. When she started using meth at age 20, she was immediately hooked.

Alma's experience provides insight into the dimensionality of women's pathways to meth use. For her, and many women in CSA histories, family disarray (neglectful and abusive parents) created an environment that put their meth use in motion. Alma shared how her experience of being "handed" away by her mother and history of abuse were connected to her meth use:

They [Department of Children and Family Services] ... told my mom: 'Either you ask [my mother's boyfriend] to leave or she's staying right here [in my aunt's

house]. And, a more permanent plan—so we know we don't have to come back—is for you to give guardianship to [my paternal aunt], if you're not gonna leave him.' And she signed me over. And I got up, I remember, it—everything was done in front of me.

She was on the cheering team at the time. Alma recalled watching her mother sign the paperwork, standing up, and leaving the house for her game. She described herself as a “product of the system” and explained how her anger, life problems, and drug use stem from maternal neglect: “[My mother] was codependent on a man who sexually molested me. She didn't wanna leave him so she signed me over to my aunt.” Her mother's boyfriend sexually abused Alma while her mother was in the room:

And, my mom was in the room, she was asleep and, but there was, you know, just it's like a lot of touching ... It wasn't like full-fledged penetration or anything like that, but it was bad enough to jack me up the way it did. And not necessarily the act [sexual abuse], but the way my mom didn't respond.”

With a sarcastic tone, she said: “So, now we know where all the issues stem from basically is my mother.” Alma began using alcohol at the age of 12, and marijuana and meth at age 15.

Economic marginalization

The women in the study grew up in households where their parent(s) were largely absent because of low-income, contingent, or informal employment (e.g., drug trade). Over half (52%) of women talked about their parents, namely mothers, working long hours and having more than one job. Specifically, 26% of women were raised by single mothers who were often absent because they worked two jobs. Consequently, as children and adolescents, these women were left unsupervised or in the care of other members of the household (e.g., mother's boyfriend, grandparents, or other relatives).

Women often talked about their parents as “hard workers,” describing long hours at shift work or in the service sector. They talked about their parents as being absent (physically and emotionally), which, for some, affected their emotional well-being and contributed to later drug use. Reflecting on her childhood, Sara said she felt as if she received no love or attention from her parents who “were always working”:

When I, when I was growing up as a little kid I felt like if I was like the oddball, you know? I mean, my mom and dad were there all the time, but the love wasn't there that I needed. You know, there was a big empty hole inside of me, 'cause I wanted attention and I wanted to be loved. And I didn't have that from my parents—they were always working or too busy, you know, doing this and doing that to provide for us ... All I wanted was love and attention from my mom and my dad, and I never did get it.

Sara's mother physically abused her and her siblings; she hit them and was emotionally abusive. Sara described herself as "always nervous" growing up. She bit her nails, her hands were always sweaty, and she never asked questions. In her later years of high school, she met her husband, who introduced her to meth. "And when he introduced me to meth, that was it—it was, you know, I fell in love with it and I was—I just got stuck on that."

Other women's experiences shed light on the precarious situation of children experiencing parental absence because of low-wage employment. Nadia, who was sexually abused by a male babysitter at the age of 12, said:

When I was molested, it wasn't—the reason why I got so angry at my mom and to resent [her], was because I would beg her to stay home from work and she wouldn't stay home. But I wouldn't tell her why. And that was happening to me, but I would never—I wasn't never able to open up to my mother.

The abuse continued for several months. When Nadia was 17, she began using meth with her boyfriend, who was physically and emotionally abusive. In addition to her CSA history, a series of later traumatic events, including a miscarriage and gang rape, perpetuated her meth use. Meth and getting high "took away" her pain.

Discussion

An in-depth examination of the Latinas' meth use histories illustrates the situation of their substance use initiation at the intersection of psychosocial factors and macrolevel social forces. The women in our study overwhelmingly began using meth to obtain emotional relief from histories of abuse (sexual, physical, and emotional)—histories illuminating the intimate connections between their suffering and broader social and economic inequalities (Baer, Singer, & Susser, 1997). These women grew up in contexts plagued by unstable housing, precarious employment, and pervasive family- and community-level drug use. The findings echo the work of others who have found that being born into and raised in drug-using families (Johnson, Dunlap, & Maher, 1998; Valdez, Neaigus, & Kaplan, 2008) and the collective stress of poverty, social disadvantage, and economic marginalization (Dunlap, Golub, & Johnson, 2006; Dunlap & Johnson, 1992; Garcia, 2010) contribute immensely to the intergenerational transmission of drug use.

Even though women in our study did not typically attribute initial meth use to interpersonal violence (e.g., weight loss was a common initial rationale), as their stories progressed and as they developed rapport with the interviewer, many articulated a connection between their trauma exposures and meth use. Over half of the women in our study experienced childhood sexual abuse, most commonly perpetrated by trusted male family members (e.g., uncles, mother's partner), and discussed the associated emotional and psychological

distress. Although there is limited knowledge on the effects of childhood sexual abuse specific to women meth users (Svingen et al., 2016), childhood sexual abuse is common among women substance abusers (Cheney, Dunn, Booth, Frith, & Curran, 2013; Palacios, Urmann, Newel, & Hamilton, 1999; Widom, Marmorstein, & White, 2006; Wilsnack, Vogeltanz, Klassen, & Harris, 1997). Similar to other women meth users, the women in our sample used meth to self-medicate and “erase” their emotional and psychological pain (Simpson et al., 2016; von Mayrhauser, Brecht, & Anglin, 2001); these experiential phenomena have well-established neurophysiological correlates (Dean, Kohno, Hellemann, & London, 2014; Thompson et al., 2004). Meth was a likely choice given its low cost and widespread availability in their family and community contexts.

Family systems for these women did not serve as spaces of support, but rather as the very space where drugs were introduced and encouraged. The majority of women in our study recounted stories of domestic violence and sexual abuse and the resulting feelings of anger, resentment, and betrayal. The experiences of the Latinas in our study corroborate other studies showing how childhood victimization and abuse are root causes of women’s meth use (Cohen et al., 2003; Dluzen & Liu, 2008; Hamilton & Goeders, 2010; Meade et al., 2012; Svingen et al., 2016). Furthermore, the economic system failed to provide sufficient wages to support a family, forcing parents to work long hours or find higher wages in the informal economy. Consequently, women grew up in households with limited parental presence and supervision, fostering feelings of neglect and placing women in precarious situations (e.g., sexual victimization) that heightened their vulnerability to meth use.

We surmise that these women’s meth use histories reflect those of other Latinas who came of age in the 1980s and 1990s in the high-poverty environments of Southeast Los Angeles. These women grew up during the height of the meth epidemic when national estimates of use were as high as 9% in 1999. Since then, meth use has declined, hitting a historic low of less than 3% in 2015 (Centers for Disease Control [CDC], 2015), due in large part to regulatory and policy changes related to methamphetamine manufacture (McBride et al., 2011). Youth continue to report meth use; however, opiates, inhalants, and amphetamines are now more commonly used (Miech et al., 2016). Nonetheless, meth use continues to be a primary reason for treatment admissions and drug-related incarceration, with meth accounting for most drug sentences in California (State Sentencing: How Drug Sentencing Varies Across the U.S., 2014). Internationally, according to the 2016 United Nations World Drug Report United Nations Office on Drugs and Crime (2016), amphetamines are the second most commonly used drug in the world (after cannabis).

Because all the women spoke fluent English, and several discussed the tension between Latino (e.g., “My parents were so protective of me”) and mainstream American values (e.g., “I wanted [to be] independent”), the

women seemed to be navigating two or more cultural systems. Latino cultural traditions (i.e., values and norms), including more conservative gender ideologies (e.g., strict parental monitoring of girls more than boys) and gender-specific substance use norms (e.g., stigmatizing attitudes around girls' and women's substance use), tend to protect adolescent Latinas navigating two or more cultural systems (e.g., Mexican American) from drug-using peers and situations (Kulis et al., 2012). Women raised in drug-using families were perhaps not exposed to these norms and values, whereas women raised by families characterized by strict parental monitoring of girls may have used drugs to reject more conservative Latino values, assert independence, and redefine their identity. More detailed information about the relationship between acculturation level and Latinas' substance use is needed to explore these ideas.

Conclusion

Ethnographic studies examine alcohol and drug use from a holistic perspective and place individual experience within macrolevel processes, structures of power, and symbolic meaning systems (Organista, Chun, & Marin, 2013; Page & Singer, 2010). Previous urban ethnographers have shown that low-wage, contingent work in the Black urban ghetto is a byproduct of globalization (Wilson, 1987, 2011); the violent "code of the street" is rooted in the absence of social service structure (Anderson, 1999); and sidewalk cultures of selling secondhand items and panhandling on city streets are byproducts of gentrification and political fiscal policies (Duneier & Carter, 1999). Using an urban ethnographic framing, we demonstrated the intimate connection between young Latinas' meth use and the pain of family disarray with economic marginalization.

The complexities of these women's meth use pathways demonstrate the value of using an urban ethnographic framing to more fully understand the effects of low-income young Latinas' spatial and social context on meth use initiation. Too often, clinical discourses of substance abuse pathologize individual experiences of dependence and addiction and overlook the social origins of substance abuse (Singer, 2006). Our analysis illuminates how institutional inequalities place adolescents of color in marginal spaces and how vulnerability to abuse and neglect can result in the emotional distress and underlying feelings of invisibility, prompting initiation of substance use.

Recommendations

Women's drug use tends to decrease with age, with the highest use among adolescent girls and young women (Greenfield et al., 2010). When considering

pathways to substance use intervention for marginalized Latina girls and women, clinicians, researchers, and policy makers need to understand the dimensionality of women's pathways and consider institutional support to increase Latinas' ability to cope with psychosocial stress while living in communities with easy access to illicit substances such as methamphetamine.

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