

## Immigrant Mexican Women and Drug Use

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Recibido 23 Abril, 2015; Aceptado 18 Noviembre, 2015

### Resumen

Con el objetivo de explorar la relación entre la estancia migratoria en Estados Unidos y el consumo de drogas ilícitas en mujeres mexicanas que retornaron a su lugar de origen, se diseñó la presente investigación. Se eligió el estado de Michoacán/MX por tener una amplia tradición migratoria y donde el consumo de drogas representa un problema de salud pública. Se estimó una muestra en dos regiones con altos índices de migración femenina quedando conformada por 702 mujeres, con una edad promedio de 36 años. La razón primordial para migrar fue mejorar económicamente. La ciudad de Tijuana/MX fue el principal punto de cruce, California el estado receptor. Sólo veintinueve mujeres usaron alguna droga, las sustancias de mayor consumo fueron marihuana, cocaína y éxtasis. Antes de migrar, algunas de ellas habían usado además crack, alucinógenos, estimulantes anfetamínicos, heroína, rohypnol y depresores de uso médico. Durante la estancia migratoria aumentó en proporción mínima el consumo; al retorno, en general, disminuyó.

### Migración femenina, consumo de drogas, salud mental

### Abstract

For the sake of exploring the relationship between the immigratory stay in the US and the abuse of illicit drugs in returning Mexican women, an exploratory study was designed. Michoacan, a state with an enormous immigrant tradition where drug abuse represents a problem of public health, was chosen. A sample of 702 women was estimated at two regions with high levels of female immigration (Cuitzeo region and Patzcuaro-Zirahuen region). With a mean age of 36 years, these women migrated looking for an improvement in their income, to meet their couple and due to their family's immigration. Most women went across the border accompanied by their relatives. Tijuana was the main point of crossing, and California was the main receiving state. Most women arrived to their relatives' or their couple's home. A little more than half of them returned to Michoacan due to situations related to their mother or their children. Twenty-one women have used drugs occasionally. The most used substances were marijuana, cocaine, and ecstasy. Crack, hallucinogens, and other amphetamine stimulants, heroin, rohypnol, and medical depressors had also been used before traveling. The use increased in minimal rate during the stay and, in general terms, it diminished when going back.

### Immigrant women, drug use, mental health

**Citación:** ARELLANEZ-HERNÁNDEZ, Jorge Luis, SÁNCHEZ-HUESCA, Ricardo. Immigrant Mexican Women and Drug Use. *Revista de Ciencias de la Salud* 2015, 2-5: 127-135

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## Introduction

Almost half million Mexican citizens abandon their country year after year as a consequence of the difficult job conditions and the strong labor and economic attraction offered by the United States of America (Passel, 2005). In 2004, 5.9 (57%) out of 10.3 millions of illegal residents in the United States were estimated to be Mexican (Passel, 2005).

During the last ten years, the immigrant wave of Mexican in the United States has broken down any possible schemes and forecasts (Fernández de Castro and Ordorica, 2005), since young poor male peasants are not anymore the only immigrants. Currently, the immigrant's profile is similar to the average Mexican citizen, the places with the highest immigrant intensity are practically anywhere in Mexico, and the destinations are also practically anywhere in the US (Zúñiga, Leite and Nava, 2005). And, considering a border crossing which is more and more adverse, those people trying to cross are more and more frequently trying to establish their residence for either longer periods or permanently. This means that the pattern of circularity of Mexican immigration is also changing.

Up to the 1960's, women were not considered as active beings in this process. Migration was considered as a mostly masculine phenomenon, and the participation of women was understood only as a consequence of the family's displacement. At the end of the 1970's and the beginning of the 1980's, a series of studies began which aimed to analyze the situation of women and to underline women's invisibility within this process and their role within the US labor market (Castillo, 2001; Poggio and Woo, 2000).

This has been reflected in the last few years. It has been estimated that, during the period from 1995 thru 2000, 75.3% of the Mexican immigrants to the US were male and 24.7% were female (Instituto Nacional de Estadística, Geografía e Informática [INEGI; the National Institute of Statistics, Geography and Informatics], 2003).

As well, the Consejo Nacional de Población [the National Council of Population] (CONAPO, 2000) reported that during the period from 1998 thru 2000 half of the female immigrants came from the north of Mexico, almost 40% came from traditionally immigrant regions, and a little over 10% came from the center and the south of Mexico. A ratio of 41% of these women was between 12 and 24 years old, and 57% of them had studied at least one academic year of secondary school. A bit more than half (40%) of those women who reported being married or living in cohabitation (44%) reported being householders.

As to the labor environment, it could be seen that women, as compared to males, are experiencing less difficulties to find a job in the US: 39.1% of them worked at the sector of services, and the rest (60.9%) were working in activities related mainly to industry and agriculture. In spite of the fact that 56% of the female immigrant workers in the US are single and 60% are not householders, 42% of them sent money to their families in Mexico, a fact which makes it evident that the female immigration is going far from the traditional pattern.

The immigrant process generates an impact on the immigrant individual, fragments the family, as well as the original and the reception communities, and places the individual at least in a critical situation which might even generate a high level of risk or vulnerability before the adaptation requirements generated by the new living conditions faced by the immigrant.

One of the behaviors feasible to appear as a psychosocial adjustment strategy is the use of licit or illicit drugs.

Due to the scarcity of studies on the use of drugs in the immigrant population and particularly among female immigrants, a study was planned which aimed to explore the relationship between the female immigrant's experience in the US and the use of drugs.

For this purpose, the state of Michoacan was chosen, considering its long immigration tradition (one each of five individuals born in this state is living now in the US), since it is currently the state with the second highest immigrant flow, since only 8 out of the 113 town councils of Michoacan have no immigration to the US (Coordinación General para la Atención al Migrante Michoacano [General Administration for the Attention to the Immigrant People from Michoacan, 2003], and the use of drugs has been increasing during the last ten years (Bada, 2004; García Aurrecoechea, Gutiérrez López and Castillo Franco, 1999).

## Method

An exploratory, ex post-facto design was applied for this study. The size of the sample was estimated by considering the ten geographic regions of the state of Michoacan (Anuario Estadístico Michoacan de 2000 [Michoacan's 2000 Statistical Yearbook]; INEGI, 2000). This study reports the findings generated from the two regions having the two highest indexes of female immigration: Cuitzeo, a predominantly urban region where the state's capital is located, and Patzcuaro-Zirahuen, a region with a predominantly semirural and rural environment. A sample of 762 immigrant women was estimated for these regions, 643 of them for the first region and 119 for the second. The inclusion criteria here considered were: a) an age between 12 and 65 years old, b) having a background of immigration to the US during the last five years, and c) a stay of at least six months in the US. An ex profeso survey was performed to collect the following information: a) sociodemographic characteristics, b) immigrant process, and c) the use of drugs. Data were collected from June 2005 to January 2006, applying the "snowball technique," as follows: once a case had been contacted, the reference was requested regarding three immigrant women of similar characteristics who wanted to participate. The analysis of results is descriptive, considering only the valid answers of the cases in the variables here studied.

## Results

The definitive sample included 702 immigrants, 602 of them from Cuitzeo region and 100 from Patzcuaro-Zirahuen region. The difference between this and the original estimation was due to the elimination of some questionnaires because of some inconsistencies found therein or due to not fulfilling all the inclusion criteria. The average age was 36 years (SD=13.6); the youngest women are located in urban areas; 76.6% of them have or have had a couple (married, free union, separated, divorced). 47.2% of them study secondary school or high school, almost half of them work at home in nonremunerated activities, and 41.9% of them work at productive activities (Table 1).

	freq	%
Marital status		
Single	162	23.4
Married	457	65.9
Separated/divorced	74	10.7
Schooling		
No studies	54	7.8
Primary/Elementary school	256	37.0
Secondary/Middle school	199	28.8
High school and technological studies	127	18.4
Undergraduate and postgraduate studies	56	8.1
Main current occupation		
Student	55	8.1
Student and employee	95	13.9
Formal labor activities	139	20.4
Informal labor activities	52	7.6
Home activities	322	47.1
Unemployed/no occupation reported	20	2.9

**Table 1** Sociodemographic Characteristics.

## Immigration

72.9% of the female immigrants were born in an urban area; 84.1% currently live in urban areas, a fact which allows assuming immigration exists within the same state, principally from the countryside to the city. The mean age when immigrating for the first time was 26 years (SD=12.4), and they migrated for the last time at an average of 29 years (SD=17.0).

Only 3.3% of the female immigrants expected to stay definitively, the time to stay was not still clear for 29.3% of them, and 67.4% of them were planning to “go and go back,” following the traditional model of circular immigration.

31.3% of the sample had their legal documentation when they migrated, and some of them achieved their residence by themselves or by means of their children who have it (6.5%). They migrate mostly to improve their socioeconomic level, and the second and third reasons are to join their couple or due to the migration of their family (Table 2).

	freq	%
Improvement in income (purchase of a house or a car; making money for a business; earning more)	332	47.3
Couple (went along with him; went to the place he is living)	180	25.6
Family's immigration (she was taken to the US during childhood)	141	20.1
The “adventurous spirit of the traveler”	73	10.4
Immigratory tradition (friends or acquaintances who migrated; a tradition in the community)	27	3.8
Family conflicts (separation of parents, family problems)	18	2.6
Other (vacation, visiting her family, studies)	47	6.7

**Table 2** Main Reasons for Immigration.

72.8% of these women migrated along with someone else, 44.8% crossed the border with a relative of them (their couple or their son), 31.5% with their mother, with their father or with their brother.

A lower percentage of them did it along with members of the extensive family, such as cousins, uncles or aunts (13.7%). Less than 2% of them crossed the border along with friends, with polleros or unknown people.

Probably due to the fact of going along with relatives, most immigrants had no difficulties to cross the border (77.6%).

Those people who reported having troubles when crossing (22.4%) the migra (ICE and the Border Patrol), geographic difficulties at the border, or else situations that generated risk for their own integrity or their children's (fatigue, not having anything to drink or food). There are crossing points practically along the whole border line; however, the state of Baja California, mainly the town council of Tijuana. Second place is the state of Sonora and the town council of Nogales, one of the points with the higher immigratory dynamics during the last few years (Table 3).

States and main town councils	freq	%
Baja California (Tijuana, Mexicali, Tecate, La Rumorosa, other)	308	52.6
Sonora (Nogales, Agua Prieta, San Luis Río Colorado, Cananea, Naco)	96	16.4
Chihuahua (Ciudad Juárez, other non-specified)	55	9.4
Coahuila (Piedras Negras)	9	1.5
Tamaulipas (Laredo, Reynosa, Matamoros, Río Bravo, other)	49	8.4
Other non-specified	68	11.7

**Table 3** Crossing entities.

In addition to the diversification of the crossing points along the border, destination places have also been diversified. However, California (53.3%), Texas (11.5%) and Illinois (11.0%) are the entities registered as those having the highest percentage of people from Michoacán crossing the border, according to the Consejo Estatal de Población de Michoacan [the State Population Council of Michoacan] (COESPO, 2005).

Family nets play a relevant role in the transfer, insertion and immigratory stay in the US. 34.6% out of the 457 women having a couple (either married or in cohabitation) live permanently in the US, 34.2% arrive only on a temporary basis. 32.8% of women migrated to meet their couple, and a very similar ratio reported that their couple lives in the US.

In general, they arrive there to live with their couple or with another relative (82.4%), and they maintain the link with their family in Mexico, especially with their mother, with their father, and with their children (88.2%). 39.3% of immigrant women who were mothers took their son with them, and the rest of them (60.7%) left them in the care of the family, principally in the care of his mother.

A ratio of almost two thirds (64.0%) of the 702 women who were included in the survey worked in the US, mainly in the service sector: commerce, hotels, restaurants, nannies, and house cleaning tasks; second and third places, jobs related to the land and to the industry (Table 4).

	freq	%
Services	271	61.0
Land	72	16.2
Industry	70	15.7
Professional services and other occupations	28	6.4
Own/family business	3	0.7

**Table 4** Labor sector during the immigratory stay.

Regarding their reproductive health, 73.1% of women were pregnant sometime in life and had an average number of 4 children ( $SD=2.3$ ). 10.4% of them migrated while being pregnant, what makes us assume they were exposed to risks, depending on the way of crossing the border and the period of pregnancy. 38.0% of them became pregnant during their stay in the US, and 39.4% of them gave birth to at least one child in the US.

As to their sex life, 27.4% of them use a condom on a regular basis. Only 2.3% of them suffered some kind of sexually transmitted infections, and 19.7% made a test for the detection of HIV.

Little over half of them came back to Mexico due to situations related to their families, mainly to their mother and their children, in that order of relevance (Table 5).

	freq	%
Joining the family (mother, children, father)	364	52.8
Feeling of well-being in Mexico	180	26.1
Having "got it made"	49	7.1
Reasons beyond her control (death or sickness of a relative)	96	13.9

**Table 5** Reasons for going back to Mexico.

Finally, it is interesting to note that only half of the immigrants felt that the immigratory experience made them change in a way, mainly regarding their world's vision and their socioeconomic level.

### Drug abuse

21 out of the 702 women have lifetime used illegal drugs (3.0%). All users live in Cuitzeo, a predominantly urban area. This rate of consumption is higher than the one reported among females by the Encuesta Nacional de Adicciones 2002 [2002 National Survey on Addictions] (SS, 2002), which is 2.1%, and higher too than the one registered at the central region of Mexico (where Michoacan is included), which is 2.4%, although it must be considered that the sample is not representative. The most used drugs were marijuana (2.6%), cocaine (1.3%) and ecstasy (0.6%). Present-day consumption (last 30 days) appeared only in 3 women (0.4%), drugs used were marijuana and ecstasy.

The main reasons for drug use were: curiosity, emotional discomfort (depression, solitude, anguish) or to reduce the tension generated by their problems with their couple or their separation.

13 out of the 21 women who reported an occasional use of drugs started using them in Mexico, and 8 of them started in the US, mainly marijuana. They used this and almost all the reported drugs in an experimental way.

Cocaine, crack, ecstasy, hallucinogens, amphetamines, heroin, rohypnol and depressors for medical use. The use of almost all of these substances increased during their stay, although this increase was minimal.

When coming back to Mexico they started to stop using them. Only one woman started using inhalant solvents (Table 6).

	Before migrating		During the stay		Going back	
	freq	%	freq	%	freq	%
Marijuana	11	1.8	14	2.3	6	1.0
Cocaine	4	0.7	7	1.2	1	0.2
Crack	2	0.3	3	0.5	--	--
Other stimulants	1	0.2	1	0.2	--	--
Ecstasy	2	0.3	4	0.7	1	0.2
Heroin	1	0.2	2	0.3	--	--
Hallucinogens	2	0.3	--	--	1	0.2
Rohypnol	1	0.2	--	--	--	--
Depressors for medical use	1	0.2	3	0.5	2	0.3
Inhalant solvents	--	--	--	--	1	0.2

**Table 6** Use of Drugs Before/During the Immigratory Stay or when Going back to Mexico.

In almost all women the maternal role and the other's approval played an important role to stop using and to avoid an increase in the use of substances.

Some of them stopped using substances "because of their children," when getting pregnant, because their children "boxed their ears," when feeling "integrated, accepted and loved by their couple." It is important to point out that the use of ecstasy, crack and heroin is more associated with negative consequences, such as physical damage, depression, problems with the couple, and problems on the job.

### Perception of access to illicit drugs and social nets with drug users

More than one third of the 702 immigrant women included in the survey think that it is "easy and very easy" to buy drugs in Mexico and in the US (35.9% and 37.8%, respectively). The place where these substances are more frequently used is the street at both countries. The second most frequent place in Mexico is at school, while in the US it is the workplace (Table 7).

	In México		In the US	
	freq	%	freq	%
Availability				
Very easy	71	10.6	99	14.8
Easy	170	25.3	154	23.0
Difficult	285	42.4	250	37.3
Very difficult	146	21.7	168	14.4
Place to use drugs				
Street	338	48.1	327	33.8
Workplace	58	8.3	81	11.5
School	94	13.4	70	10.0
Other (parties, houses)	20	2.8	24	3.4

**Table 7** Perception of Availability and Place to Use Drugs in Mexico and in the US.

Regarding their proximity to drug users, 80.8% of female users have a close relative who uses or who has used drugs: their couple, 8.4% of cases; friends, 19.2% of cases and relatives, 19.2% (Table 8).

It is noteworthy that any of the illegal drugs was offered to 97 women (14.2%) of the sample, mostly by acquaintances.

	freq	%
Family	135	19.2
Couple	59	8.4
Friends	135	19.2

**Table 8** Proximity to drug users.

## Discussion

Most of these returning female immigrants are young, have an educational level similar to the state and national educational average (7.5 years and 8.4 years of scholarship), a fact which evidences the female immigration as a loss of trained human resources at their productive age. This profile is similar to the one reported in studies made during the last few years (Conapo, 200; INEGI, 2003). Some data that make a difference with male immigrants are the following: one third of these women cross the border with their documents, most of them along with close relatives, and go to a place where a relative of them is living; one third of them reported that they would meet their husband. The place to cross and the destination place are not randomly chosen: they prefer to cross the state of Baja California, mainly Tijuana, and the destination places in the US are California, Texas, and Illinois.

Family is a constant presence in the female immigrant. In almost half of them the reason to migrate was “to go with her husband,” “to go to her husband” or because his parents “took her there.” They generally cross the border along with their couple, their mother, their father or their brother; 40% of them took their son with them. Over 80% of them get to live with some relative or with her couple, and another 80% maintain the link with the “staying” family, especially the mother, the father and the children. It is interesting that the roles of woman-wife, woman-mother and woman-daughter do not untie from the role of female immigrant, a situation that can be observed among male immigrants, who uses to cross the border without the company of relatives, has a broader social net and finally lives in the US not necessarily with relatives but with acquaintances.

This female construction of immigration expresses itself in the type of activities developed during their migratory stay. Only 64% of them report having done a remunerated job, that is, almost 40% of cases reported a job involving housework with his family “from over there.”

The labor sector they started working in was services: stores, hotels, restaurants, house cleaning, nannies, all of these activities requiring a “female labor force” which repeats its knowledge within a public space: house cleaning, baby-sitting, serving and assisting others. There is however a difference, nowadays: there is a payment for that.

Family is a factor of attraction for female immigrants in both geographic spaces: they cross the border to live with their husband or with their family there, and this regulates their return to Mexico, too. They go back to Mexico mainly to join their mother and their children, in that order of importance.

All this context allows us to understand their answer to the question about having any changes in their migratory stay: half of them reported no changes, and changes reported were minimal. As to the abuse of illicit drugs, 3.0% of them reported lifetime use, a ratio that is higher than the one found among females at a national level (2.1%) and also at the center of the country (2.4%), where the state of Michoacan belongs.

Considering the findings of another study on drug abuse among immigrants with a temporary stay at the north border (Sánchez Huesca, Arellanez Hernández, Pérez Islas and Rodríguez Kuri, 2006), which reports also higher rates of drug use as compared with the general population, the following hypothesis might be advanced: immigration may take place in people with a higher opening attitude to experiences of risk, among which the use of illegal drugs might be included. The main illegal substances are marijuana, cocaine and ecstasy.

Only young females living in urban areas report the use of drugs; more than half of them (13 out of 21) started using drugs before crossing the border, but the 8 cases that started using them during the migratory stay allow us to think about the emotional vulnerability generated thereby, and about the use of drugs as a probable confrontation strategy before a new context.

The main reason to use drugs is curiosity, followed by depression, solitude, anxiety, and problems with the couple. 80% of female immigrants have a close relative who uses or has been using drugs, and 8% of them said it was her couple.

The role of women as both a mother and a wife is an influential factor in her decision to either suspend the use of drugs or to look for a treatment, placing themselves in the care of others, especially their children: it is their children's opinion what makes women abandon the habit.

Finally, it is important to emphasize the limitations of this study. This study talks only about female immigrants returning to a state with an immigratory tradition. It would be better to accomplish other studies in states sharing immigratory characteristics and with Mexican women during the immigratory stay in the US.

### Acknowledgements

The authors would like to thank the study participants and Michoacan's University of San Nicolas de Hidalgo [Universidad Michoacana de San Nicolás de Hidalgo], the General Department for the Attention to Immigrants from Michoacan [Coordinación General para la Atención al Migrante Michoacano], the civil society organization Jaruaiperakua (Ayuda Mutua) [Mutual Help], and Centers for the Reintegration of Youth (Centros de Integración Juvenil, A.C.)

### References

Bada, Xochitl (2003), *Historias de ir y venir y la Salud Mental: Manual para promotores/as de Salud*, Iniciativa de Salud México-California, Centro de Investigación de Políticas Públicas de California, Universidad de California, pp. 61, disponible en [http://www.popcouncil.org/migracion/ml/doctos\\_m1/irvenir\\_1\\_.pdf](http://www.popcouncil.org/migracion/ml/doctos_m1/irvenir_1_.pdf) [12 de abril de 2004].

Castillo García, Manuel Ángel (2001), "Mujeres y frontera: una dimensión analítica", en Esperanza Tuñón Pablos (coord.). *Mujeres en las fronteras: trabajo, salud y migración* (Belice, Guatemala, Estados Unidos y México), México, El Colegio de la Frontera Sur. Colegio de Sonora, Colegio de la Frontera Norte, Plaza y Valdés.

Consejo Nacional de Población (2000), *Mujeres en la Migración a Estados Unidos*. Boletín de migración internacional 5(13), pp. 16, disponible en <http://www.conapo.gob.mx/publicaciones/Boletines/PDF/13.pdf> [23 de marzo de 2005].

Coordinación General para la Atención al Migrante Michoacano (2003). "Migración en el Contexto de Michoacán". Informe Estadístico. Unidad de Planeación y Vinculación.

Fernández de Castro, Rafael y Ordorica, Ana Paula (2005), "Acuerdo Migratorio: ¿Una ambición desmedida?", *Revista Nexos*, no. 335, noviembre, pp. 29-34.

García Aurrecoechea, Raúl Valeriano, Gutiérrez López, Alma Delia, Castillo Franco, Pánfilo Isaías (1999), *Características Sociodemográficas y de Consumo de Drogas en Pacientes atendidos en Centros de Integración Juvenil entre 1990 y 1997* (Informe de Investigación 98-12, publicación interna), México, Centros de Integración Juvenil, 42 pp.

Gobierno del Estado de Michoacán, Consejo Estatal de Población de Michoacán, Fondo de Población de las Naciones Unidas (2005), *Informe de investigación sobre la situación de los michoacanos en Estados Unidos*, México, SEGOBM, COESPO, UNFPA, 187 pp.

Instituto Nacional de Estadística, Geografía e Informática (2000), "Anuario Estadístico Michoacán, Población Total e Índice de Masculinidad según Municipio, al 14 de febrero de 2000", INEGI/Gob. del estado de Michoacán.

Instituto Nacional de Estadística, Geografía e Informática (2003), "Comparativo hombres-mujeres. Quinquenio 1995-2000", INEGI.

Lara, María Asunción y Salgado de Snyder, Velia Nelly (2002), *Cálmese, son sus nervios, tómese un tecito... la salud de las mujeres mexicanas*, México, Pax-México, 240 pp.

Passel, J. S. (2005), *Estimates of the Size and Characteristics of the Undocumented Population*. Pew Hispanic Center, 21(3), pp. 10, disponible en <http://pewhispanic.org/files/reports/44.pdf> [1 de abril de 2005].

Poggio, Sara y Woo, Ofelia (2000), "La invisibilidad de las mujeres en la migración hacia Estados Unidos de América". Cambio en las relaciones familiares y de género como resultado de la emigración, México, EDAMEX, 136 pp.

Sánchez Huesca, Ricardo, Arellanez Hernández, Jorge Luis, Pérez Islas, Verónica y Rodríguez Kuri, Solvig Eréndira (2006), "Estudio de la relación entre consumo de drogas y migración a la frontera norte de México y Estados Unidos", *Salud Mental*, vol. 29 no. 1, pp. 35-43.

Sánchez Huesca, Ricardo, Pérez Islas, Verónica, Rodríguez Kuri, Solveig Eréndira, Arellanez Hernández, Jorge Luis y Ortiz Encinas, Rosa María (2006), "El consumo de drogas en migrantes desde una perspectiva de género. Un estudio exploratorio". *Región y Sociedad, Revista del Colegio de Sonora*, vol. 18 no. 35, pp. 131-164.

Secretaría de Salud, Consejo Nacional Contra las Adicciones, Dirección General de Epidemiología, Instituto Nacional de Psiquiatría, Instituto Nacional de Estadística, Geografía e Informática (2002), *Encuesta Nacional de Adicciones 2002. Tabaco, alcohol y otras drogas. Resumen Ejecutivo*, México, Secretaría de Salud, 32 pp.

Zúñiga Herrera, Elena, Leite, Paula y Nava, Alma Rosa (2004), *La nueva era de las migraciones. Características de la migración internacional en México*. México, CONAPO, 110 pp.