

WATER, SANITATION AND HYGIENE ACCESS AMONG PEOPLE WHO INJECT DRUGS IN TIJUANA AND SAN DIEGO

Summary of results based on UCSD research in collaboration with Border Health Commission.

Summary: A large population of people who inject drugs (PWID) live in the Tijuana-San Diego region. We conducted a cross-sectional study of WASH access among PWID in the border region. PWID often experience limited access to WASH services. Multilevel strategies are needed on both sides of the border to increase WASH access.

The study population: We described WASH access, insecurity and inequalities among PWID in the Tijuana-San Diego metropolitan area in 2020-2021. Data was based on the binational *La Frontera* cohort study (PI: Strathdee). We collected prospective survey data on drug use behaviors and the risk environment among PWID (18+ years old) in Tijuana and San Diego on a semi-annual basis.

Among 586 participants, 66% were from San Diego and 34% from Tijuana. Mean age was 43 years. Most were men (75%). More than 60% were people experiencing unsheltered or sheltered homelessness and 9% reported sex work in the last six months.

Findings: Participants had low access to basic WASH services. Only 56% of participants reported always having sufficient access to drinking water. More than half drank other beverages instead of water when thirsty (51%). Daily water intake was below medical recommendations for drinking water for 97% of participants. Many reported feeling thirsty without having access to water multiple times per week (25%)

Basic access to handwashing with water and soap was reported by 38%, but this service was always available only to 29%. Less than half (46%) had access to more than four showers per week.

Access to toilets (basic sanitation) was reported by only 28% of participants. Half use a toilet without a door or lock from the inside (which are important to prevent gender-based violence). Open defecation was reported by 38% participants in the last week.

Unsheltered homeless participants (vs permanently housed) experienced significantly higher WASH insecurity. Tijuana residents experienced significantly higher insecurity in accessing (vs San Diego) basic drinking water, and body and hand hygiene.



Policy Implications: This is the first comprehensive estimate of WASH access among PWID in the Tijuana-San Diego region and globally. This study was done during the height of COVID-19 when access to WASH should have been made more widely available in the interest of public health. However, WASH access was lower than internationally recommended standards & national averages in both countries. Housing status and city of residence were correlated with WASH insecurity.

Low water intake and water insecurity can lead to dehydration, impaired cognitive function and kidney diseases. Lack of access to 'always available' WASH services highlights accessibility gaps among people experiencing homelessness. Defecating in the open poses risks of fecal contamination not only to PWID, but also to public health in the wider community.

Multilevel WASH and housing strategies are needed on both sides of the border. Increases in 24-hr public restroom access in neighborhoods among PWID and people experiencing homelessness could reduce open defecation. Harm reduction programs should provide access to WASH services and education about hygiene practices around drug preparation.



Recommendations: Concentrated efforts are needed to ensure continuously available WASH—including showers—access for PWID:

1. Public WASH facilities that are always available
2. Housing First—affordable housing with WASH, not conditioned on behavior change
3. Mobile WASH programs
4. WASH promoted as a key component of harm reduction

Source: Calderón-Villarreal, A., Avelar Portillo, L. J., Abramovitz, D., Goldenberg, S., Flanigan, S., Quintana, P. J. E., Harvey-Vera, A., Vera, C. F., Rangel, G., Strathdee, S. A., & Kayser, G. L. (2024). Water, sanitation, and hygiene access among people who inject drugs in Tijuana and San Diego in 2020–2021: A cross-sectional study. *International Journal for Equity in Health*, 23(1), 79. <https://doi.org/10.1186/s12939-024-02163-x>

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