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Alcohol use among Mexican American U.S.-Mexico border residents: Differences between those who drink and who do not drink in Mexico

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Abstract

The predominately Hispanic U.S.-Mexico border population is at an elevated risk for drinking and associated problems due to the area's low SES, poor services infrastructure, and drug-related violence. Among Mexican American residents, recent studies suggest this risk is particularly pronounced among younger age groups, and a key characteristic of this elevated risk involves crossing the border to drink in Mexico (where the legal drinking age is 18). However, few studies have compared the drinking behavior of U.S. residents who consume alcohol on the Mexico side of the border with those who do not. We address this gap in the present study. A multistage household probability sample of 1,307 Mexican American border residents was interviewed about their drinking and associated problems over the past year. The survey response rate was 67%. Among current drinkers who reported going to Mexico in the past 12 months (N = 468), 36.1% reported consuming alcohol in Mexico. Those who drank in Mexico reported significantly more drinks per week (12.8 versus 8.7, $p < .05$), were more likely to have binged (58.3% versus 35.4%, $p < .001$), and were more likely to report one or more alcohol problems (35.5% versus 19.5%, $p < .01$) than those who did not drink in Mexico. Among those who drank in Mexico, men reported significantly more drinks per day while in Mexico than women (6.2 versus 4.0, $p < .001$). Male gender and lower income were significant predictors of drinking in Mexico. These findings suggest that drinking in Mexico contributes to the heightened risk for drinking and associated problems seen in previous research among Mexican Americans living on the U.S.-Mexico border.

Keywords

Mexican Americans; U.S.-Mexico border; Alcohol consumption; Binge drinking

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Contributors
Dr. Caetano is the principal investigator of this study. He designed the study, wrote the initial draft of the manuscript, and was responsible for all statistical analyses. Dr. Mills and Dr. Vaeth assisted with revising the manuscript. All authors contributed to and have approved the final manuscript.

Conflict of Interest
All authors declare that they have no conflicts of interest.

1. Introduction

The U.S.-Mexico border is 1,969 miles long and spans a region that includes 24 U.S. counties in the four U.S. states of Texas, New Mexico, Arizona, and California. About 7.3 million people live in these 24 counties, of which nearly four million are Hispanic and mostly of Mexican origin (U.S. Census Bureau, 2010). This population lives in close contact with Mexican culture. In 2010, there were about 39.9 million pedestrian crossings in the main ports of entry along the border, suggesting substantial population contact across the U.S. and Mexico (U.S. Department of Transportation, 2011).

There are several characteristics of the U.S.-Mexico border area that are important to consider when thinking about alcohol use by residents there: poverty, health problems, drug trafficking and its associated violence, and the increased availability of alcohol in Mexico, where the legal drinking age is 18. The findings of previous alcohol research should also be considered. Each of these areas is briefly discussed below.

The border is an area characterized by poverty, under education, and lower than average health indices. Five of the seven poorest Metropolitan Statistical Areas in the U.S. are in the border region. In addition to high poverty rates, border residents also have low levels of education and high unemployment rates (Gerber, 2009; Soden, 2006).The border also has a higher death rate from chronic liver cirrhosis and diabetes mellitus than non-border areas in the Southwestern states of the U.S. (Texas Comptroller of Public Accounts, 2003).The prevalence rates for hepatitis A and tuberculosis are approximately two times higher than national rates (CDC, 2008a; 2008b; PAHO, 2007).

The border area is also affected by intense illegal drug trafficking. In 1990, the Office of National Drug Control Policy (ONDCP) designated the border, encompassing border locations in California, Arizona, New Mexico, and Texas, as one of 28 High Intensity Drug Trafficking Areas (HIDTA) in the U.S. (Office of National Drug Control Policy, 2011). Because of this drug traffic, the border is also well known for its high rate of violence. Although this violence has happened mostly in Mexico, it affects those living on the U.S. side of the border because of their familial, friendship, and economic ties with the population on the Mexico side. Finally, there is easy access to prescription drugs on the Mexican side of the border (Valdez & Sifaneck, 1997) and there is excessive tobacco and alcohol advertising in the area (Power, 1998).

The epidemiological picture that can be drawn from studies of drinking on the border is complex, with variation in drinking levels and problem prevalence dependent on sociodemographic factors. First, some studies suggest that heavier drinking and associated problems are more prevalent along the border (e.g., Caetano, Ramisetty-Mikler, Wallisch, McGrath, & Spence, 2008; Caetano, Vaeth, Mills, & Rodriguez, in press; Harrison & Kennedy, 1996; Holck, Warren, Smith, & Rochat, 1984; Wallisch, 1998; Wallisch & Spence, 2006) than in non-border populations. For instance, the 12-month rate of binge drinking once a month or more among Hispanic men on the border was 36%, compared to 6–7% among Hispanics outside the border (Caetano et al., 2008; Grant et al., 2004). Alcohol dependence (12-month rate) was also more prevalent among Hispanic men on the border (14.5%) than among Hispanic men nationally (5.9%). However, alcohol abuse (12-month rate) was 6.2% among Hispanic men nationally and 6.9% among men on the border (Caetano et al., 2008; Grant et al., 2004).

Previous analyses of the data set analyzed herein, comparing Mexican Americans on the border with those living in non-border areas (mostly Houston, Texas and Los Angeles, California), confirm some of these differences between border and non-border samples. For example, although men and women on the border report a higher volume of weekly alcohol

consumption than men and women off the border, rates of drinking, binge drinking, alcohol abuse and dependence, and social consequences of drinking are comparable for both genders (Caetano, Mills, & Vaeth, 2012; Caetano et al., in press; Vaeth, Caetano, Mills, & Rodriguez, 2012). However, these overall rates mask some important differences between border and non-border Mexican Americans in the 18–29 age group. Among 18–29 year old men, past-year rates of any binge drinking on and off the border are 48% and 36%, respectively. Among 18–29 year old women, rates of any binge drinking on and off the border are 26% and 14%, respectively (Caetano et al., 2012). Similarly, 12-month rates of alcohol abuse and dependence among men on the border (9% and 24%) are higher than among men off the border (5% and 19%) (Caetano et al., in press). Regarding alcohol-related social problems (e.g., belligerence, job problems, family problems), 12-month rates for one or more problems are also higher for men on the border (34%) than for men off the border (29%), and for women on the border (15%) compared to women off the border (5%) (Vaeth et al., 2012). Thus, drinking by Mexican Americans in their twenties on the border is certainly heavier than drinking by their counterparts in non-border areas, which also leads to higher rates of associated problems.

The most likely reason for this increased drinking among 18–29 year olds on the border is proximity to Mexico and the lower drinking age in that country. Further, drinking in Mexico compared to drinking in the U.S. is associated with infrequent drinking of larger amounts of alcohol per occasion, i.e., infrequent binge drinking. Thus, young adults crossing into Mexico find an environment where drinking is highly available and binge drinking is acceptable. For instance, Lange and Voas (2000) reported that 70% of pedestrians and 40% of drivers returning to the U.S. from Tijuana between 11 pm and 4 am were 18–25 years of age. Among 18–20 year olds and 21–25 year olds, 31% and 37% of the pedestrians and 6% and 12% of drivers in the respective age groups had a BAC higher than .08. In a phone survey of San Diego residents, Lange et al. (2002) found that 56% of 18–20 year old and 38% of 21–30 year old males reported visiting bars in Tijuana to drink in the past year. Border crossing was associated with being Hispanic, reporting binge drinking in the last four weeks, and reporting driving after drinking too much. In addition, those in these younger age groups reported that important reasons for drinking in Mexico were the lower price of alcohol and the easy ability to get drunk. Mumford et al. (2011) also reported high rates of past-month alcohol use and binge drinking in a sample of 18–25 year olds crossing into Tijuana. Prevention interventions on both sides of the border such as earlier closing hours for bars in Ciudad Juarez (across from El Paso), drunk driving prevention efforts in San Diego, and an effort to decrease border crossing by Marines also in San Diego (2002; 2002; 2006; Voas, Tippetts, Johnson, Lange, & Baker, 2002) have been implemented to address the problem raised by youth crossing into Mexico to drink.

With this as a background, the present study compares average number of drinks consumed, frequency of binge drinking, social problems, and alcohol abuse and dependence rates among border Mexican Americans who reported drinking in Mexico in the past 12 months with those who did not report such drinking. Places of drinking in Mexico as well as drinking companions are also reported. Given the results of previous papers in the literature, the hypothesis was that respondents reporting drinking in Mexico would drink and binge more, report more alcohol-related social problems, have higher rates of alcohol abuse and dependence, and would be younger than those who did not report drinking in Mexico.

2. Material and methods

Interviews were conducted among 1,307 self-identified Mexican Americans in the U.S.-Mexico border counties of California (Imperial County: N = 365), Arizona (Cochise, Santa Cruz, and Yuma Counties: N = 173), New Mexico (Dona Ana County: N = 65), and Texas

(Cameron, El Paso, Hidalgo and Webb Counties: N = 704) between March 2009 and July 2010. . About 55% of the border interviews were conducted in Spanish. The border survey utilized a multistage cluster sampling methodology. The weighted survey response rate was 67%. Unless otherwise noted, the sample was restricted to current drinkers, defined as all individuals who reported drinking at least one drink of an alcoholic beverage (wine, beer, liquor) in the 12 months prior to the survey interview (N = 691).

The questionnaire was pre-tested in English, then translated into Spanish, and then translated back to English. Trained bilingual interviewers conducted Computer Assisted Personal Interviews in respondents' homes that lasted about one hour.

2.1. Measures

2.1.1. Average number of drinks per week (past 12 months)—Respondents were provided with explicit examples of what was meant by a standard drink of wine, beer, and liquor (e.g., "a 12 ounce can of beer," "a mixed drinking containing one shot of liquor"). Average weekly alcohol consumption based on the self-reported frequency and quantity (in standard drinks) of drinking any type of alcohol was estimated using the "graduated frequencies" method (Clark & Hilton, 1991). For a more detailed description of the graduated frequencies approach to measurement, see Greenfield and Kerr (2008).

2.1.2. Binge drinking—This was defined as drinking four (women) or five (men) standard drinks within a two-hour period, with categories 1) did not binge in the past 12 months, 2) binged between one and 11 times in the past 12 months, and 3) binged once a month or more.

2.1.3. Drinking in Mexico—Respondents who reported crossing the border to Mexico were first asked, "On how many of these days did you have at least one drink of any alcoholic beverage?" Average weekly number of drinks consumed in Mexico was estimated from the question, "On these times that you drank in Mexico, how many drinks did you have on average?" Frequency of binge drinking was estimated from the question, "During these occasions when you drank in Mexico in the past 12 months, how many times have you had five (men)/four (women) or more drinks of any alcoholic beverages on one single occasion, that is, within two hours?"

2.1.4. Alcohol abuse and dependence (past 12 months)—These were identified through a series of questions that are part of the Composite International Diagnostic Interview-Substance Abuse Module (CIDI-SAM), DSM-IV version (Cottler, Robins, & Helzer, 1989). This operationalization covers the seven criteria for alcohol dependence as well as the four criteria for alcohol abuse described in the DSM-IV of the American Psychiatric Association. Respondents who reported one or more criteria for abuse in the past 12 months were considered alcohol abusers. Respondents who reported three or more dependence criteria were considered alcohol dependent.

2.1.5. Alcohol-related social problems (past 12 months)—Respondents were asked to report whether or not they had experienced various types of alcohol-related social problems within the previous 12 months (see Hilton, 1991). The following problems were covered: belligerence, police problems, accidents, health-related problems, problems with spouse, problems with one's children, and work-related problems. The alcohol problem items were coded "1" for "yes" and "0" for "no." The sum of these items exhibited substantial positive skew, and respondents were therefore divided into two groups: 1) current drinkers who reported experiencing no problems in the previous 12 months; and 2) current drinkers who experienced one or more problem in the previous 12 months.

2.1.6. Demographic variables—*Age:* Measured in continuous years and categorized into four groups for crosstabulations (18–20, 21–29, 30–39, 40+ years). *Marital status:* 1) married/living with spouse/living with someone, 2) married but not living with spouse/ legally separated/divorced, 3) widowed, and 4) never married/never lived with someone. *Education:* 1) less than a high school education, 2) high school diploma/GED, 3) technical/ vocational school 4) some college, and 5) four-year college degree or beyond. *Employment status:* 1) employed: full/part-time employment, 2) unemployed: temporary illness/ unemployed, looking/unemployed, not looking/in school, 3) retired 4) homemaker, and 5) disabled/never worked/other. *Religion*: 1) Protestant, 2) Catholic, 3) Jewish/other, and 4) no preference. *Income:* total household income with 12 possible responses ranging from < $4,000 to > $100,000. Respondents were asked which of 12 possible income ranges best reflected their current annual income. These 12 categories were converted to the numeric midpoint of the range, creating a continuous income variable. The lowest and highest categories ("< $4,000" and "> $100,000") were coded with numeric values of $3,000 and $110,000, respectively. For regression models, this variable was rescaled so that a unit change reflected a $10K change in income.

2.2. Statistical analysis

Analyses were conducted with Stata 11.1 (StataCorp., 2009) on data weighted to correct for unequal probabilities of selection into the sample. A poststratification weight was applied to correct for nonresponse and adjust the sample to known Hispanic population distributions on demographic variables (Lohr, 1999). Logistic regression was used to assess predictors of drinking in Mexico.

3. Results

3.1. Sociodemographic characteristics of U.S. only drinkers and U.S.-Mexico drinkers

Bivariate relations between various background characteristics and drinking in Mexico in the previous 12 months are shown in Table 1. There were age and income differences between drinkers who drank in the U.S. only and drinkers who drank both in the U.S. and Mexico. Almost half of drinkers 18–20 years old reported drinking in Mexico in the past 12 months. Conversely, rates of drinking in Mexico did not exceed 25.6% for any other age group. Drinkers who drank in the U.S. only reported an annual family income 30% higher than those who drank on both side of the border. Regarding the other sociodemographic variables, between two-thirds and almost 96% of the sample in each category of the characteristics in Table 1 drank only in the U.S. An exception is the group who reported "Jewish/other" religion. This group was almost equally split between those who drank in the U.S. only and those who drank both in Mexico and the U.S.

3.2. Average number of drinks per week, binge drinking, and drinking consequences of U.S. only drinkers and U.S.-Mexico drinkers

Bivariate relations between various alcohol-related outcomes and drinking in Mexico are shown in Table 2. The average number of drinks per week for drinkers who drank in the U.S. and Mexico was higher than the average for drinkers who drank in the U.S. only. The rate of binge drinking at least once in the past 12 months was 1.7 times higher among drinkers who drank in the U.S. and Mexico than among those who drink in the U.S. only. Rates of alcohol abuse and dependence were not different for these two types of drinkers, but the rate of social problems was higher for drinkers who drank both in the U.S. and Mexico.

3.3. Characteristics of drinking in Mexico

Bivariate relations between various characteristics of drinking in Mexico by gender are shown in Table 3. About half of the men and a quarter of the women in the sample reported visiting Mexico in the 12 months prior to the survey interview. These proportions increased to almost two-thirds of the men and a little over half of the women if current drinkers only were considered. However, only about a third of these current drinkers drank alcohol in Mexico when they visited there, irrespective of gender. The average number of drinks consumed in Mexico was relatively high for both genders, and so was the proportion of these drinkers who reported binge drinking while in Mexico. Both men and women who reported drinking in Mexico did so mostly with family or friends, and the place of drinking was generally a private setting (own home, friend's or relative's house, party, wedding), although about a quarter of the men and over a third of the women reported drinking in public places such as bars, taverns, clubs, hotels, and restaurants.

3.4. Predictors of drinking in the U.S. and Mexico

The multivariate logistic regression in Table 4 showed that two sociodemographic variables were significantly associated with drinking in Mexico and the U.S. versus drinking in the U.S. only. Men who were current drinkers were about three times more likely than women to drink in the U.S. and Mexico. Those with a higher income were less likely to drink in the U.S. and Mexico. Omnibus tests of differences across levels of polytomous predictor variables revealed no differences at a nominal p value of .05. However, the likelihood of drinking in Mexico was marginally lower among 21–29 year olds (relative to 18–20 year olds; $p = .06$) and among those 40 or older (also relative to 18–20 year olds; $p = .08$).

4. Discussion

The U.S.-Mexico border has been seen as a relatively high risk environment for drinking for many reasons. It is a poor area with a high concentration of ethnic minority population, poor social services infrastructure, high violence due to drug trafficking (so far mainly on the Mexico side of the border), and easy access to alcohol in Mexico for those who are 18 years of age and older. Indeed, previous research has documented that most of those returning from Mexico late in the evening are young drinkers with high BACs (Lange & Voas, 2000). Further, those who cross the border report high rates of binge drinking and driving after drinking (Lange et al., 2002).

Previous papers based on the data set analyzed herein confirmed that the border is a place where there is heavier drinking especially among young adult Mexican Americans. For instance, among 18–29 year old men, the rate of binge drinking at least once a year was 48% among those on the border versus 36% among a comparison sample of Mexican Americans living off the border, mostly in Houston, Texas, and Los Angeles, California. Among women in the same age group, the percentages for border and off border binge drinking were 26% and 14%, respectively. Data for alcohol-related health and social problems, as reviewed in the Introduction, point in the same direction (Vaeth et al., 2012).

The results emerging from the analyses described in this paper add complexity to this picture of drinking on the border. First, apart from income and age, Mexican Americans on the border who drank in the U.S. and Mexico were not different sociodemographically from those who drink in the U.S. only. Those who drank in Mexico, however, reported lower income, and 18–20 year olds are particularly likely to have drunk in Mexico in the previous year. Those who drank in Mexico also tend to be heavier drinkers, for they reported a higher average number of drinks per week and a higher rate of binge drinking. The average number of drinks per day consumed in Mexico qualifies as binge drinking if done within about two hours. So, it is not surprising that a considerable proportion of the men (61.6%) and women

(34.7%) who drank in Mexico reported at least one episode of binge drinking while in that country. In comparison, among current drinkers, 46.2% of Mexican American men and 26.1% (rates recalculated by the authors) of Mexican American women interviewed in the HABLAS study (mostly in Houston and Los Angeles) reported binge drinking at least once a year (Caetano & Mills, 2011).

Drinkers who drank in Mexico also reported a higher rate of health and social problems related to alcohol, although their rates of abuse and dependence were not different from drinkers who drank only in the U.S. Two factors may explain these differences. First, although there is some overlap between the assessment of abuse and the seven-item measure of health and social problems, the latter assessment is more detailed than the four DSM-IV criteria for alcohol abuse. Likewise, although it has some overlap with dependence criteria (e.g., alcohol-related health problems), it was designed to measure social consequences of alcohol use rather than DSM-IV dependence. As such, it may lead to a higher rate of reporting. Second, it is also possible that the problems reported would not qualify respondents to be diagnosed as abusers or dependent, placing them as diagnostic orphans (see Hasin & Paykin, 1998). National data for the U.S. shows that about 15% of Hispanic men and 6% of the Hispanic women are diagnostic orphans, reporting one or two indicators of DSM-IV alcohol dependence (Caetano, Baruah, & Chartier, 2011).

The results also show that Mexican Americans on the border who drank in Mexico did such drinking mostly with family members in a private setting (i.e., at a friend's or relative's home, or during a party or a wedding). It is difficult to assess whether drinking in these private settings in a Mexican border town would be more controlled than drinking at a bar or tavern in the same town. Drinking in private settings is controlled by family and friends, while drinking in public settings is controlled by employees in that setting or, in some cases, the police. A number of complex factors come into play to determine which setting will be more or less lax about drinking.

Finally, the only two sociodemographic factors that significantly predicted drinking in Mexico were male gender and lower income. Given the variety of controls included in the logistic analysis in Table 4, this effect of male gender may reflect more lax attitudes and norms that regulate men's lives in general and drinking by men compared to women. These factors operate in the same direction in Mexico and the U.S. That is, in both countries men have more freedom to drink than women do. Regarding income, perhaps the explanation is that drinking in Mexico is, in general, cheaper than drinking in the U.S. The lower price of alcohol on the Mexico side of the border was a major factor in decision making about drinking in Tijuana among a sample of young adults interviewed by phone in San Diego, California (Lange et al., 2002). Age differences did not quite reach significance once other effects were controlled, but marginal age differences remained and mirrored the unadjusted pattern, with the rates being particularly high among those 18–20 years old. Mexico's lower legal drinking age may make it an attractive location where U.S. residents under the age of 21 can legally consume alcohol.

4.1. Strengths and limitations

This study has many strengths. It analyzed data collected from a representative sample of Mexican Americans living in the four U.S. states bordering Mexico. The sample was representative of the more heavily populated areas of the border where the majority of the border population resides, however, it is important to note that much of the geographic area adjacent to the border is sparsely populated desert. Comprehensive data on alcohol use was collected during face-to-face interviews, and the study employed bilingual interviewers, thus including Spanish speakers. The study also has some important limitations. Although our regression analysis predicted the probability that drinkers consumed alcohol in Mexico, this

variable may be related to the probability of crossing into Mexico. The data were cross-sectional, which limits our ability to interpret observed relations as reflecting causal links. In addition, the sample on the border had a 67% response rate, mostly due to refusals to be interviewed that may be associated with the increased fear of drug-related violence on the border.

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Highlights

- The impact of drinking in Mexico among U.S. Mexican American border residents is described.
- Those who drink in Mexico report more drinking, binging, and alcohol problems.
- Drinking in Mexico is related to elevated risk for alcohol problems on the border.

Table 1

Sociodemographic characteristics of drinkers who drank only in the U.S. versus those who drank in the U.S. and Mexico

	Drank only in U.S., %	Drank in U.S. and Mexico, %	n	Sig.
Gender				ns
Male	75.5	24.5	396	
Female	82.6	17.4	295	
Age				**
18–20 years	52.7	47.3	56	
21–29 years	78.9	21.1	176	
30–39 years	74.4	25.6	136	
40+ years	84.4	15.6	317	
Marital status				ns
Married/living w/someone	78.7	21.3	393	
Married not living w/spouse, separated, divorced	86.2	13.8	101	
Widowed	96.1	3.9	18	
Never married/lived with someone	72.2	27.8	177	
Employment				ns
Full/Part time	77.4	22.6	391	
Temporary illness/Unemployed looking, not looking/In school	79.0	21.0	153	
Retired	89.0	11.0	44	
Homemaker	74.0	26.0	65	
Disabled/Never worked/Something else	86.4	13.6	38	
Education				ns
< High school	79.8	20.2	204	
High school diploma/GED	78.4	21.6	209	
Technical/Vocational school	69.6	30.4	41	
Some college	75.3	24.7	155	
Four-year college, beyond	84.6	15.4	82	
Religion				ns
Protestant	73.3	26.7	83	
Catholic	80.5	19.5	526	
Jewish/Other	55.4	44.6	7	

	Drank only in U.S., %	Drank in U.S. and Mexico, %	n	Sig.
No preference	72.3	27.7	74	
Income, mean ± SD	38.2K ± 3.3	29.3K ± 2.7	620	*

Notes: Weighted percentages, unweighted n's; Sig. = significance; GED = general equivalency diploma; SD = standard deviation; ns = not significant;

* $p < 0.05$,

** $p < .01$.

Table 2

Average number of drinks per week, binge drinking, alcohol abuse and dependence, and social problems among drinkers who drank only in the U.S. versus those who drank in the U.S. and Mexico

	Drank only in U.S.	Drank in U.S. and Mexico	Sig.
Average number of drinks per week, mean ± SD (n)	8.7 ± 1.1 (503)	12.8 ± 1.4 (188)	*
Binged 1+ times in past 12 months, (n)	(490)	(186)	***
Yes, %	35.4	58.3	
Alcohol abuse, (n)	(497)	(185)	ns
Present, %	6.0	4.5	
Alcohol dependence, (n)	(500)	(188)	ns
Present, %	13.5	21.7	
Alcohol-related problems, (n)	(503)	(188)	**
1+, %	19.5	35.5	

Notes: Weighted percentages, unweighted n's; Sig. = significance; SD = standard deviation; N/A = not applicable; ns = not significant;

* $p < 0.05$;

** $p < 0.01$;

*** $p < 0.001$.

Table 3

Characteristics of drinking in Mexico by gender

	Men	Women	Total	Sig.
Proportion of total sample who went to Mexico at least once in past 12 months, % (n)	47.8 (567)	25.9 (738)	34.5 (1305)	***
Proportion of current drinkers who went to Mexico, % (n)	63.1 (395)	54.3 (295)	59.2 (690)	ns
Proportion of current drinkers who went to Mexico and drank there, % (n)	38.9 (274)	32.0 (194)	36.1 (468)	ns
Average number of drinks drank on a single day among those who drank in Mexico, mean ±SD (n)	6.2 ± 0.5 (127)	4.0 ± 0.4 (61)	5.4 ± 0.4 (188)	***
Proportion of those who drank in Mexico who binged there at least 1+ times in past 12m, % (n)	61.6 (126)	34.7 (61)	51.8 (187)	ns
Distribution of who they reported drinking with among those who drank in Mexico, (n)	(127)	(61)	(188)	ns
Drank alone/with date/spouse or significant other/co-worker, %	8.1	16.2	11.0	
Family member, %	63.2	53.7	59.7	
Friend, %	28.7	30.1	29.2	
Distribution of where they reported drinking among those who drank in Mexico, (n)	(126)	(61)	(187)	ns
Bar/tavern/club/hotel/motel/restaurant, %	27.8	36.5	31.0	
Friend, relative house/party/wedding, %	54.8	54.8	54.8	
Your home, %	14.7	6.1	11.5	
Other, %	2.7	2.6	2.6	

Notes: Weighted percentages, unweighted n's; Sig. = significance; ns = not significant; SD = standard deviation;

*** $p < 0.001$.

Table 4

Multivariate logistic regression predicting drinking in the U.S and Mexico (versus U.S. only) from sociodemographic characteristics

	OR (95% CI)
Male (Ref: Female)	2.71 ** (1.54 – 5.24)
Age (Ref: 18–20)	
21–29	0.41 (0.16 – 1.05)
30–39	0.60 (0.20 – 1.83)
40+	0.41 (0.16 – 1.09)
Marital status (Ref: Married/Living w/someone)	
Married not living w/spouse, separated, divorced	0.73 (0.35 – 1.53)
Widowed	0.31 (0.07 – 1.44)
Never married/lived with someone	1.12 (0.57 – 2.24)
Employment (Ref: Full/part-time)	
Unemployed & looking/not looking/temporary illness/in school	0.67 (0.35 – 1.28)
Retired	0.59 (0.16 – 2.20)
Homemaker	1.45 (0.62 – 3.37)
Disabled/never worked/something else	0.60 (0.18 – 2.06)
Education (Ref: < High school)	
High school diploma/GED	1.21 (0.55 – 2.67)
Technical/Vocational school	2.91 (0.94 – 9.03)
Some college	1.52 (0.63 – 3.67)
Four-year college, beyond	0.86 (0.28 – 2.65)
Religion (Ref: Catholic)	
Protestant	1.53 (0.68 – 3.48)
Jewish/other	5.04 (0.36 – 70.55)
No preference	1.51 (0.67 – 3.42)
Income (in $10,000 units, continuous)	0.88 ** (0.79 – .97)

Notes: OR = odds ratio; CI = confidence interval; Ref. = reference; GED = general equivalency diploma;

** $p < 0.01$.