



Texas Commission on
Alcohol and Drug Abuse

An Ethnographic Study of Mexican American Inhalant Abusers in San Antonio, Texas

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Introduction

This report is based on an ethnographic study of 80 active out-of-treatment Mexican American inhalant abusers in San Antonio, Texas. Throughout the report, the term inhalant or solvent abuser will be used to denote individuals who inhale volatile solvents (e.g., spray paint, toluene, gasoline, freon gas, among others). This study was supported by a contract with the Texas Commission on Alcohol and Drug Abuse (TCADA) in early 1997. Data were collected during the spring and summer of 1997 by the author, who is an ethnographer, and two research assistants who are recovering addicts.

Objectives

The objectives of the study were the following:

- To identify the specific inhalants abused.
- To describe inhalant abusers and their use of volatile solvents, identifying and discussing (a) user characteristics, (b) usage behaviors and methods of ingestion, (c) frequency and duration of solvent use, (d) drug abuse treatment histories, (e) arrest histories, (f) types and frequencies of adverse consequences experienced, and (g) amount, type, frequency, and methods of polydrug abuse.
- To identify behaviors that place individuals at risk of suicide and/or homicide.
- To describe subjects' perceived health problems which may be associated with inhalant abuse, including problems associated with drug-addicted babies and sexually transmitted disease (STD) and/or HIV infections.
- To identify and describe the significant structural, environmental, cultural, linguistic, behavioral, and psychosocial factors which either facilitate or function as barriers to inhalant abuse treatment and STD/HIV risk reduction, including (a) sources and patterns of communication and social influences surrounding the initiation and maintenance of risk reduction behavior, (b) individual and network (i.e., gang) and/or solvent using community beliefs and attitudes regarding the acceptance of drug treatment and STD/HIV risk reduction behaviors, (c) cultural (drug and/or ethnic), familial, linguistic, religious, and other influences on solvent use intervention, prevention, and treatment, and (d) incentives and disincentives to treatment.
- To develop an inhalant abuser's argot or slang terms glossary.
- To develop recommendations for improving inhalant abuse prevention, intervention, and treatment strategies.

Background

Different indicators present widely different pictures of inhalant abuse in Texas. Data on adolescent admissions to publicly-funded treatment centers statewide show that inhalant abusers comprised 8 percent of those admitted in 1995, 9 percent in 1996, and 5 percent in 1997. Most adolescents entering treatment in 1997 were male (65.5%), and the majority of these individuals were Hispanic (77%).¹ The overrepresentation of Hispanics is heavily influenced by the location and orientation of the treatment programs, which were specifically funded in the past to work with Hispanic youth.

Furthermore in 1997, 0.3 percent of adults (50 individuals) entering publicly-funded treatment centers did so for inhaling solvents. Of these, most were male (56%), and 64 percent were Hispanic. These individuals had the lowest level of education (10.2 years) and an average annual income of only \$4,228.²

TCADA's secondary school survey of public school students found that Hispanic students had the highest lifetime rate (22.5%) of inhalant abuse trailed very closely by Anglo youth (20.8%). African American students reported the lowest lifetime prevalence of inhalant use at 11.3 percent.³

Among all Texas adults in 1996, 5.1 percent reported they had ever used inhalants with only 0.3 percent reporting use within the past year. That number was quite a bit higher for younger adults, especially those aged 18 to 24 whose past year or current inhalant use hovered just above 1 percent with 8.5 percent reporting having ever used inhalants. Adults aged 25 to 34 reported lifetime rates of 7.8 percent (0.5% current use) and that number fell off for adults aged 35 or over who reported 3.1 percent of lifetime use (0% current use).⁴

In general, inhalant prevalence rates among adults are higher in Texas metropolitan areas (5.1%) than for non-metropolitan areas (3.7%). Although evidence points out that inhalant abuse is a problem among Hispanic populations and Hispanic respondents may underreport their use of substances, it would be misleading to continue the stereotype that the majority of solvent abusers in Texas are typically Hispanic in ethnicity. In fact, the prevalence rates for Anglo adults are as high if not higher in some metropolitan areas than that of Hispanics. In San Antonio, for example, 5.5 percent of Anglo adults reported they ever used inhalants, whereas 5.4 percent of Hispanics report lifetime use of solvents. To contrast this picture, Austin adults reported more dramatic rates of lifetime inhalant use among Anglo adults (11.7 percent) versus only 7.6 percent for Hispanics and 2.2 percent for African Americans.⁵

Inhalant abuse rates are dramatically higher among persons in the criminal justice population. In the 1994 TCADA survey of youth admitted to the Texas Youth Commission correctional facilities, lifetime use of inhalants was reported by 33.4 percent of the respondents, and past month use prior to entering reform school was 11 percent. Anglo youth reported only slightly higher prevalence rates than Hispanic youth (51.8% lifetime and 16.9% past month use for Anglos v. 50.1% lifetime and 14.7% past month use for Hispanics).⁶

Among incoming adult male prisoners in Texas, lifetime use was 17.7 percent and past month use while on the street was 0.7 percent, well above the use levels observed in the non-incarcerated adult population. Among males, Hispanics (27.9% lifetime; 1.2% past month) reported a greater prevalence of inhalant use than Anglos (23.3% lifetime; 0.4% past month).⁷ However, this situation is reversed in the female incarcerated population where overall lifetime prevalence of inhalant use (15.4%) was slightly lower than that of the male inmates. Anglo female inmates reported use rates (23.1% lifetime; 2.0% past month) slightly higher than their Hispanic counterparts (21.4% lifetime; 0% past month).⁸

Data collected from Texas death certificates from the years 1988 to 1996 show that 73 persons died from direct use of inhalants. Of these, 80 percent were Anglo, 13 percent were Hispanic, 92 percent were male, and 8 percent were female. The average age of the decedents was 25.9 years, and the substance most likely to have caused death was freon, which caused 55 percent of the deaths.⁹ An important point to remember in the analysis of death statistics is that routine screens to detect solvents use are not generally performed at the time of death unless solvent-related paraphernalia is present. Some cases of deaths where solvent intoxication may have played a role in risky, violent, or suicidal behavior may not be documented on the death certificate making a complete analysis of solvent-related deaths difficult.

In San Antonio, inhalant abuse is a problem in poverty-stricken Hispanic neighborhoods. In the nation's tenth largest city with a population of 1,052,900 people, the majority of residents are Hispanic (55.6%) with 35.9 percent Anglo (non-Spanish-speaking Whites) and 7 percent African American residents.¹⁰ When compared to Anglos and African Americans, Hispanics tend to be poorer, less educated, and younger. Hispanics report a median age of 26 years, compared to 29 and 31 years for African Americans and Anglos, respectively. While nearly three-fourths of Anglos (73%) and African Americans (73%) have completed high school, just over half of Hispanics (53%) report this level of educational attainment. Furthermore, Hispanics reported the lowest per capita income of the three groups at \$7,032. African Americans reported \$8,730, and Anglos reported \$12,322 in per capita income.¹¹

In 1996 in San Antonio, there were 107 adolescents arrested for inhaling solvents. Of these 107 cases in 1996, most were Hispanics (92%), and of the Hispanics, the majority were male. The Bexar County Juvenile Probation Department reported 95 cases of solvent abuse in 1995. Of these 95 cases, most were Hispanics (71 males and 16 females). For the first six months of 1996, the Bexar County Juvenile Probation Department had 31 cases. Again, most cases were Hispanic, and the majority of the cases were males (i.e., 23 males and eight females).¹²

In his study of inhalant abuse-related deaths that occurred in San Antonio between 1982 and 1988, Garriott (1992) found that most victims were Hispanic (79%) and that the majority of the victims were males. Of the 39 cases studied, 18 percent of the deaths were directly related to inhalant abuse.¹³ As Garriott stated:

Although few deaths were found to be due to inhalant toxicity, many inhalant users met with a violent death, possibly related to but not directly caused by these volatile substances. Suicide and homicide were the most prevalent means of death

in solvent inhalers, and the predominant method of suicide was hanging. This new analysis demonstrates a potential association between solvent use and violent death and implies a new relationship to suicide.

In a more recent study, Garriott found that in San Antonio there were seven deaths indirectly related to use of solvents from 1993 to 1996. Of these seven deaths, three were suicides and four were homicides.¹⁴

From data on youth who are the children of San Antonio injecting drug users (IDUs), and who are solvent inhalers and members of youth gangs, Ramos also found that these youths talked of killing themselves and that they were often excluded from most gang activities because of their unpredictable and "crazy" behavior. However these individuals, referred to as "crazies" by gang members, were included in violent confrontations between rival gangs, because they had little regard for their physical safety and little compunction in committing a violent crime. As the leader of one youth gang reported, "When we want to pay them [other gangs] back real bad, we send in the suicide squad."

Statistics on San Antonio's Mexican American inhalant abusers tell only part of the story. A demographic profile on Mexican American inhalant abusers is important in order to develop effective solvent abuse prevention, intervention, and treatment strategies. The numbers alone cannot explain the social aspects of solvent abuse behaviors and the culture(s) which underlie them. To identify behaviors which put individuals at risk to solvent inhaling, suicide and/or homicide, and STD/HIV infection, the following questions must be addressed: 1) What are the characteristics and norms of the San Antonio solvent using cultures? 2) How does the solvent abuse culture influence: a) membership, size, structure, and function of social networks; b) types of solvents inhaled; c) male and female relationships; d) risky sexual behavior; and e) factors which either facilitate or

function as barriers to inhalant abuse prevention, intervention, treatment, and STD/HIV risk reduction? 3) What are the actual contexts within which risk-taking behavior, such as sharing volatile substances and having unprotected sex, occur? 4) With whom and under what circumstances are risks taken? 5) Is there an inhalant abuser argot in San Antonio?

Methodology

Two years prior to the initiation of this ethnographic study on solvent inhalers, the principal investigator concluded a study of San Antonio Mexican-American heroin users, or *tecatos*, as they call themselves.¹⁵ As a consequence of that study and an earlier ethnographic study of minority individuals at high risk of sexually transmitted diseases (STDs), he knew those areas of the city with a high density of solvent-inhaling individuals. He was also conversant in the *tecatos* argot spoken by members of the drug culture which includes inhalant abusers, most of whom are polydrug users.

Background of the Research Assistants

To gain access to a wide range of solvent users and to facilitate data gathering, the investigator hired as research assistants two recovering *tecatos* (female heroin users) who had assisted him on the heroin study. These women, Inez and Margie, had been active addicts most of their adult lives, and they were still seen as high status addicts by active drug users even though they no longer used illicit drugs. They had occupied various positions within the illicit drug business (i.e., as street dealers, distributors, and smugglers). Although these two women had not inhaled solvents, they knew the subject population and community well. Because they had been an integral part of the San Antonio drug culture in the past, they could call up active addicts to help locate and speak with hard-to-reach inhalant abusers.

Inez is in her late forties and Margie is in her early

thirties. Both are single heads of households. Inez dropped out of school in the sixth grade, and Margie left school in the ninth grade because she got pregnant. Margie completed her GED while working on the heroin project. Inez was hired to identify and locate subjects, conduct interviews, and facilitate focus group discussion sessions. Margie was hired mainly to transcribe tape-recorded interviews and focus group discussions, but she occasionally helped recruit subjects for focus group discussions.

Inez lives in public housing and Margie lives in a rental apartment in the inner city. Because of the location of their homes, both women had good sites from which to observe the subject population at any hour of the day or night. By living in the midst of an area with a high density of solvent and drug users, both women had the opportunity to talk with and observe respondents and respondents' relatives and friends over time.

There was an occasion when Inez's friends helped her recruit subjects. During the data collection phase, Inez and her children were involved in an automobile accident. Within minutes of the accident, a heroin addict who witnessed the accident called the principal investigator to inform him of the accident and Inez's condition and to assure him that, if Inez were to be hospitalized for a long period of time, he and others would help recruit study subjects while Inez recuperated. The caller, who reported that Inez's friends would help so Inez would not be embarrassed by her inability to complete her work, used the phrase, "*para que no quede en vergüenza.*" The term *vergüenza*, which conveys a stronger meaning than the English word "embarrassed," denotes pride and honor.

Data Collection

Prior to the data collection phase, the principal investigator and Inez made site visits to the homes and areas, such as behind certain buildings and wooded areas, used by known inhalant abusers. In locations that were unfamiliar to the researchers, they took a

community gatekeeper known to the inhalant abusers. The purpose of site visits was not so much to meet inhalant abusers, but rather to give inhalant abusers the opportunity to meet the researchers. Past field research experience has taught the principal investigator that it is best to let potential research subjects know who you are and why you are in the community to minimize rumors that the researchers are from the police.

Data were collected through observation, in-depth interviews, and focus group discussions. The importance of using these three qualitative methodologies to study “hidden” populations has been well documented in the substance abuse literature.¹⁶ Observations were made in the private homes of study subjects and in places where inhalant abusers gathered. In-depth interviews were conducted in similar areas. Subjects were interviewed in sites where they could talk freely. Focus group sessions either were held in an individual’s apartment where inhalant abusers gathered or in the research assistant’s public housing apartment located on San Antonio’s west side. Each focus group session was led by the principal investigator who was assisted by his research assistant.

Research Design

A total of 80 Hispanic solvent abusers (50 males and 30 females) were asked to participate in the study. Initially, sixty individuals (50 males and 10 females) were to be recruited for in-depth interviews, and twenty individuals were to be invited to participate in focus group discussion sessions. The data plan was to have four focus group sessions (two for each gender) with at least five people in each group. An initial wave of in-depth interviews (about five from each gender group) was to be followed by a corresponding focus group session. These in turn were to be followed by more in-depth interviews and then by the last set of focus group sessions. Through this process, the reliability of what was being learned through each data collection method was to be assessed.

However, the proposed data collection design was

altered once the study began to correspond to the natural gathering patterns observed among solvent abusers. The natural gathering pattern of Mexican-American solvent users was in small co-ed groups consisting of three to eight members. To accommodate the reality of the target population, fifteen focus group sessions were held instead of the planned four. Furthermore, these sessions were co-ed and not single gender sessions. Study participants were paid a \$10 incentive fee for their participation.

The field researcher and the principal investigator, who was the focus group facilitator, asked respondents a set of open-ended questions for discussion (See Appendix A). Focus group sessions were then recorded for later analysis. Whenever possible, in-depth interviews were also recorded. Otherwise, respondents’ answers were written soon after the interview. Audio recorded data from in-depth interview and focus groups were transcribed and analyzed with “Ethnograph,” a program for computer-assisted analysis of text-based data.

Respondents were recruited in a two-step process. Reliable informants recommended initial participants, and then these participants recommended others. This process was a variation of “snowball” sampling.¹⁷ Every attempt was made to get an adequate sample of people from the different areas of the community which have a high density of Mexican American solvent abusers from the inner city, south side, and west side of San Antonio.

In addition to the 30 active inhalant abusers, five women who do not inhale volatile solvents were interviewed. Four of these women were mothers, and three of these women were mothers of active inhalant abusers. The fourth woman was the mother of two teenage girls at risk of becoming inhalant abusers. The fifth person was a fourteen year old former inhalant abuser. These individuals were also paid a \$10 incentive fee for their participation and were each interviewed two or three times.

Data Presentation

To provide anonymity, all of the names used in this report are pseudonyms. Most quotes are presented in English after having been translated from the tecato argot to English. The next two excerpts illustrate how data was translated. The first excerpt is what Mauro said (transcription of audio recording):

Yeah, but right now it's nothing big. But if I don't do it, *me pongo malillas gacho*, and I can't help it. *Me aguanto* for two, three days, and then I can't stand it. It gives me a headache. Es como *carga*. It gives you chills. *Te pones malillas*, and you want to vomit. *Yo me pongo* nervous, you know. *Yo voy para fuera, y me desquito con alquin*. *No se, como se me subio la sangre. A veces no me acuerdo de todos estos jales*. Like, I get angry, and like I black out. I don't even know what I'm doing, but I've done some bad stuff that way. *La cosa es que* I don't even know that I did it.

The following is a repetition of Mauro's statement including an English translation of the tecato and Spanish terms:

Yeah, but right now it's nothing big. But if I don't do it, *me pongo malillas gacho* [I get sick bad], and I can't help it. *Me aguanto* [I stand it] for two, three days, and then I can't stand it. It gives me a headache. Es como *carga* [It's almost like heroin]. It gives you chills. *Te pones malillas* [You get sick], and you want to vomit. *Yo me pongo* [I get] nervous, you know. *Yo voy para fuera, y me desquito con alquin*. *No se, como se me subio la sangre. A veces no me acuerdo de todos estos jales*. [I go out into the street, and I hit someone. I don't know, like I got angry. Sometimes I don't remember about all this stuff that I do.] Like, I get angry, and like I black out. I don't even know what I'm doing, but I've done some bad stuff that way.

La cosa es que [The thing is that] I don't even know that I did it.

Part of what Mauro said is in Spanish, and it can be translated either by a Spanish speaker or by someone with a Spanish-English Dictionary. However, there are words such as *carga*, *desquitar*, *gacho*, *jales*, and *malillas* that are not found in an Spanish-English Dictionary because they are not standard Spanish terms, but terms from the tecato argot or slang terms (see Appendix A). An understanding of what Mauro said is not possible without knowledge of the tecato argot. Most of the respondents (95%) spoke this mixture of English, Spanish, and tecato argot. For readability, the quotes presented are primarily English translations with a few samples of the most common Spanish and tecato argot terms to remind the reader of this mix. Knowledge of the tecato argot is important to conduct research among Hispanic inhalant abusers and to counsel Hispanic inhalant and drug abusers.

This report is divided into six chapters. The respondents' demographic characteristics are discussed in Chapter 2. The adverse consequences experienced by solvent and drug users are described in Chapter 3. The respondents' behaviors that place them at risk to suicide and/or to homicide are discussed in Chapter 4. Chapter 5 is a presentation of two case studies which describe the family life of two inhalant abusers. In conclusion, chapter 6 presents recommendations on prevention, intervention, and treatment strategies.

¹ See *1995 Indicators of Alcohol and Drug Abuse in Texas* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1996), *1996 Indicators of Alcohol and Drug Abuse in Texas* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1997), and Jane Maxwell, *Substance Abuse Trends in Texas: December 1997* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, TCADA Research Brief, 1997).

² Maxwell, *ibid.*

³ Liang Liu, *1996 Texas School Survey of Substance Use Among Students: Grades 7-12* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1997).

- ⁴ Lynn Wallisch, *1996 Texas Survey of Substance Use Among Adults* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1997).
- ⁵ Wallisch, *ibid.*
- ⁶ Eric Fredlund, et al, *Substance Use and Delinquency Among Youths Entering Texas Youth Commission Facilities: 1994* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1995).
- ⁷ David Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice - Institutional Division: 1993* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1994).
- ⁸ David Farabee, *Substance Use Among Female Inmates Entering the Texas Department of Criminal Justice - Institutional Division: 1994* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1995).
- ⁹ Data from Texas death certificates comes from the Texas Department of Health, Bureau of Vital Statistics. The analysis was performed by the Texas Commission on Alcohol and Drug Abuse, Needs Assessment Department.
- ¹⁰ Population estimates come from the City of San Antonio, Planning Department found in *The Government Official's Directory* (San Antonio, TX: San Antonio Chamber of Commerce, April 1995).
- ¹¹ Bureau of the Census. *1990 Census of Population and Housing* (Washington, DC: U.S. Department of Commerce, 1990).
- ¹² Personal communication with the records clerk, Bexar County Juvenile Probation Department, December 18, 1996.
- ¹³ James Garriott, "Death Among Inhalant Abusers," in *Inhalant Abuser: A Volatile Research Agenda*, eds. Charles W. Sharp, Fred Beauvais, and Richard Spence (Rockville, MD: National Institute on Drug Abuse, Research Monograph 129, 1992).
- ¹⁴ James Garriott, Personal Communication, December 18, 1996.
- ¹⁵ Reyes Ramos, *An Ethnographic Study of Heroin Abuse by Mexican Americans in San Antonio, Texas* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, June 1995).
- ¹⁶ Patricia Adler, *Wheeling and Dealing: An Ethnography of an Upper-Level Drug Dealing and Smuggling Community*. (New York: Columbia University Press, 1985) and Elizabeth Lambert and Wayne Weibel, *The Collection and Interpretation of Data from Hidden Populations* (Rockville, Md: National Institute on Drug Abuse Research Monograph 98, 1990).
- ¹⁷ Charles Kaplan, D. Korf, and C. Sterk, "Temporal and Social Contexts of Heroin-Using Populations: An illustration of the Snowball Sampling Technique," *The Journal of Nervous and Mental Diseases*, 175, No. 9 (1987): 566-574.

Ethnographic Sample

To meet study objectives, the research plan called for interviewing 80 respondents (50 men and 30 women) eighteen years and older. However, several individuals under eighteen years of age were included in the study. In all of these cases, the guardian of these minors not only granted permission for their participation, but also had recruited the individual. In all cases, data on these juveniles was gathered in the home of their guardians and with their guardians present during either the focus group session or in-depth interview. The guardians of these juvenile inhalant abusers were also study subjects.

Tables 1-9 depict the sample population's characteristics. The numerical data presented in these tables describe half the story. The rest of the story is told with ethnographic excerpts. These excerpts are in the respondents' own words and are representative of what most respondents said about their life circumstances.

User Characteristics

Inhalant and Drug Use

All the respondents were or in the recent past had been active polydrug users. The substances abused are listed in Table 1.

	Total	Men	Women
Inhalants			
Paint	80 (100%)	50 (100%)	30 (100%)
Toluene	14 (17%)	9 (18%)	5 (17%)
Freon Gas	4 (5%)	4 (8%)	0 (0%)
White Out	11 (14%)	7 (14%)	4 (13%)
Licit Substances			
Beer	80 (100%)	50 (100%)	26 (87%)
Alcohol	29 (36%)	21 (42%)	8 (27%)
Illicit Substances			
Marijuana	80 (100%)	50 (100%)	30 (100%)
Cocaine	38 (47%)	22 (44%)	16 (54%)
Heroin	20 (25%)	12 (24%)	8 (27%)
LSD (acid)	8 (10%)	5 (10%)	3 (10%)

While all respondents used paint, marijuana, and beer, a sizable number of the respondents also used cocaine (47%), alcohol (36%), and heroin (25%). Few respondents used toluene (17%). The paints of choice were either instant gold, instant silver, or aluminum. Respondents were evenly divided in their preference for gold or silver paint. Those who used instant gold liked gold because it was stronger and it gave them a better high. Those who preferred instant silver liked silver because it was milder and gave them a smoother high.

Gerardo, an eighteen year old who started inhalant abuse at the age of eleven, described the difference between the two paints. “. . . Gold hits you faster and stronger. I like that, but some other people, you know, don't like a strong hit.”

Mauro, a twenty-one year old who also started inhalant abuse at age eleven, described the effects of the two paints by comparing silver to marijuana:

The gold is a stronger rush to your head. Silver is mellow. It's [silver] like *mota* [marijuana], so if you like *mota*, you get better *mota* with silver. You got good spray [silver] and you got the better spray with gold . . . Like, if you were a spray head and you were going to go buy it, you'd ask them for instant gold, so that you wouldn't get it confused with the regular gold. But you got to watch it, like what kind of gold it is, because there are different name brands. You got to make sure that the gold has enamel because that's what's hitting you. That's what is giving you the buzz.

Age

The respondents ranged in age from thirteen to fifty. The youngest respondent was a thirteen year old girl who was introduced to paint inhalation at the age of twelve and to beer and marijuana at the age of ten.

As shown in Table 2, most respondents (68%) were under the age of twenty-five.

Age Range	Total	Men	Women
Under 15	6 (7%)	4 (8%)	2 (7%)
16 - 20	30 (38%)	24 (48%)	6 (20%)
21 - 25	18 (23%)	8 (16%)	10 (33%)
26 - 30	11 (14%)	9 (18%)	2 (6%)
31 - 40	9 (11%)	4 (8%)	5 (17%)
41 - 50	6 (7%)	1 (2%)	5 (17%)
Total	80 (100%)	50 (100%)	30 (38%)

Education

As illustrated in Table 3, none of the respondents graduated from high school. The majority of the respondents (54%) dropped out of school before reaching high school. Many respondents left school because of academic and behavior problems. They attributed their school problems to their inability to remember things, which produced conflict with teachers. Most respondents (89%) reported having trouble remembering things (Table 10).

Level Completed	Total	Men	Women
Under 6th Grade	10 (12%)	3 (6%)	7 (24%)
7 - 9th Grade	43 (54%)	30 (60%)	13 (43%)
10 - 12th Grade	27 (34%)	17 (34%)	10 (33%)
High School Grad.	0 (0%)	0 (0%)	0 (0%)
Total	80 (100%)	50 (100%)	30 (100%)

Tito, an eighteen year old in the tenth grade, discussed the academic and behavior problems he experienced due to memory loss. The following comments are representative of what respondents said about the academic problems due to memory loss:

I'd like to stay in school, *vato* [guy], but I read, you know the book or whatever stuff the teacher has us do, and I read it, and I read, and I read, and I still can't remember what I read ten minutes, five minutes later. Then, the teachers and even my

jefita [mother] don't think I try to do my school work. I do try. I'm out of school now because of a suspension I got when the teacher got on my case. She didn't believe me that I was trying but I couldn't remember anything of what was going on. I told her that I was trying, and she told me that I wasn't. She then threw this stuff about my being hyper and not staying in my seat, and I told her that she was full of stuff. I mean, you know, we're putting each other down in front of everybody, and I was getting more and more angry. I got so mad I threw my book at the wall. She told the principal that I threw the book at her. I didn't.

In some cases, respondents were taken out of school by a parent, usually the mother, because they could not learn or they were "stupid." Lorena, a seventeen year old who was taken out of school in the eighth grade, described why her mother took her out. "I always tell [ask] her [mother] about my going to school, but she says no. She puts me down, and she tells me that I'm not smart enough and that I'm stupid. She tells me a lot of stuff like that."

In other cases, individuals were taken out of school because their behavior problems made trouble for the parents. Manolo, a sixteen year old who left school in the seventh grade, described this situation:

That's what my mom tells me too, that I'm stupid. She don't want me in school because she lost a lot of jobs. I'd get into trouble in school, and she had to come all the time to school to see about it. Then, she'd get fired because she'd miss work. You know, she also had to go to court and all of that.

Marital Status and Living Arrangements

Most of the respondents (51%) were single (Table 4). All married individuals had a common-law marriage. Of the married respondents (14%), most were having trouble with their partners either because one

or both of them were abusing inhalants. All of the respondents had somewhere to live.

Table 4. Marital Status of Respondents

Marital Status	Total	Men	Women
Single	41 (51%)	27 (54%)	14 (47%)
Married	11 (14%)	6 (12%)	5 (17%)
Divorced	15 (19%)	8 (16%)	7 (23%)
Separated	13 (16%)	9 (18%)	4 (13%)
Total	80 (100%)	50 (100%)	30 (100%)

As shown in Table 5, slightly less than half of the respondents (48%) had their own places to live, and the remainder (52%) lived with a relative or a friend.

Although all of the respondents had a place to “stay,” some of these individuals floated between two or three places. In a sense, these floating individuals were not homeless, but they did not have a stable residence.

Table 5. Place of Residence of Respondents

Residence	Total	Men	Women
Own Place	38 (48%)	20 (40%)	18 (60%)
With Relatives	29 (36%)	23 (46%)	6 (20%)
With Friends	13 (16%)	7 (14%)	6 (20%)
Total	80 (100%)	50 (100%)	30 (100%)

Eighteen year old Rubén’s comments on his living arrangement were representative of what others said about their housing situation:

I live with my *abuela* [grandmother], but I stay with my cousin over here [public housing] most of the time. And, I’m over here with my *camarada* [buddy] or some other *camarada*’s place when I’m doing *duro* [spray paint]. You know, I sometimes stay with my *camaradas* for a few days and then I go to my cousin’s place for a while or my grandmother’s when I need clothes.

In the process of data collection, we learned that often a *camarada* was not someone known for a lengthy period of time, even though the term

camarada usually implies “best friend.” A *camarada* for these respondents could be someone an individual had met an hour before when they got together to party. In a sense, when respondents reported that they stayed or partied with *camaradas*, most respondents had been with people whom they barely knew. For example, one morning about eleven o’clock, we went to an apartment reputed to be the home of “spray heads” or inhalant abusers to pick up subjects for a focus group discussion session. The twenty year old who rented the apartment had asked us the day before to come get her and her partner and two other couples for the focus group. When we got there, a young man opened the door and invited us into the living room which was filled with about eight people sleeping on the floor. The young man, Mauro, told us that Berta, who had agreed to recruit people for the focus group, had passed out from partying until five that morning. He agreed to participate in the focus group discussion with two other *camaradas* [buddies], who were “awake” with him. We took Mauro and the two buddies, Gerardo and Jerez, to the research assistant’s apartment for the focus group discussion.

When Mauro used the term *camarada* [buddy], we initially thought that Gerardo and Jerez were friends of long standing, but that was not so. Mauro described how long he had known Gerardo and Jerez:

I barely met this guy [Gerardo] not too long ago, last night, but I always used to hear about him *en las calles* [on the streets]. This other guy [Jerez] I always used to see him around.

In turn, Gerardo described how he met Mauro and Jerez and why he did not know them:

I just came out of the state [penitentiary], so I hadn’t been around. *Andaba moviendo y me torcieron por un año*. [I was selling drugs and they put me in prison for a year.] Jerez was over here [Berta’s apartment] when we got here. I was with

some people downtown when I met Mauro and some other *vatos* [guys]. They were drinking when Mauro or somebody said that we should come over here and party, so I just came.

Number of Respondents' Children

As shown in Table 6, 90 percent of the respondents had children.

No. of Children	Total	Men	Women
None	8 (10%)	5 (10%)	3 (10%)
One	32 (40%)	27 (54%)	5 (17%)
Two	14 (17%)	7 (14%)	7 (23%)
Three	9 (11%)	4 (8%)	5 (17%)
Four	7 (9%)	3 (6%)	4 (13%)
Five	5 (6%)	2 (4%)	3 (10%)
Five +	5 (6%)	2 (4%)	3 (10%)
Total	80 (100%)	50 (100%)	30 (100%)

Most men (54%) had at least one child. In most cases, the male respondent's children were living either with their biological mother or with a relative such as grandparents, biological parent's sibling, cousins, or aunts. With the female respondents, if their children were not with them, the children were either with a relative or in foster placement because of the parents' deviant lifestyle. Male and female respondents started having children at an early age. Most of the respondents with one child were in their middle teens. It was not unusual for twenty year old female respondents to have two or more children. There were two twenty-four year old women who had five children, and their children were in foster placement.

Employment

Most of the respondents (85%) were unemployed (Table 7). The few employed males worked mainly in

	Total	Men	Women
Employed	12 (15%)	8 (16%)	4 (13%)
Unemployed	68 (85%)	42 (84%)	26 (87%)
Total	80 (100%)	50 (100%)	30 (100%)

construction, and generally their employment was on a day-to-day basis. The same situation occurred among the few employed women. They did not have regular full-time jobs, and they mainly worked as dishwashers or as hotel maids. These women went to work whenever they were called by their employers. In a sense, these working individuals were more unemployed than employed, but they considered themselves employed because they worked occasionally.

Location of Use

All the respondents used paint and drugs with other individuals. Occasionally, women with children might also use inhalants and drugs while alone. Inhalants and drugs were used usually in small groups ranging in size from three to ten people. Women with small children often were more likely to have an apartment, so others would come visit. If a woman was not having company, she might visit a girlfriend and fellow inhalant abuser. Generally, individuals with apartments had others dropping in for a visit, and as a consequence respondents were always on the move. The respondents' visiting pattern made it possible for them to find, use, and share solvents and drugs with others.

Methods of Ingestion

As indicated, all of the respondents are polydrug users of some or all of the following: solvents (paint and toluene), drugs (cocaine, heroin, and marijuana), and hallucinogens (acid and mushrooms). Each drug is used in a specific way.

Solvents

The respondents inhale instant gold and silver paint. They buy ten-ounce cans of paint which respondents call tanks (or *tanques* when they refer to them in Spanish). They pay from two to four dollars per can, depending upon where they buy them. Many respondents get their paint at one of three places: Kmart, Wal-Mart, and Auto Zone.

The paint is inhaled through the mouth. About a quarter or third cup of paint is poured into an empty soft drink can. The individual places his or her mouth on the can opening and inhales the paint fumes. An experienced user generally takes a pull on the fumes and removes the can from his or her mouth. The user then moves the can in a circular motion to stir the paint and keep the paint from forming a film. He or she then brings the can up to the mouth again to repeat the process. To help stir the paint, the soft drink can tab is usually dropped into the can so that the tab further agitates the paint.

Some experienced users may alter this process by holding the can to the mouth for longer than one pull on the fumes. Inexperienced users or beginners may hold the can to the mouth continually. This behavior often leads the inexperienced user to drink some of the paint. As one subject reported, “I don’t know if these guys drink it because they got so high that they blacked out and tipped the can so paint got to their mouth or because they just forgot and thought they were drinking a coke.”

Toluene (“tolly,” the main ingredient in octane booster) is inhaled through the mouth and nose. Toluene is poured on a cloth which is held against the mouth and nose.

Drugs

Cocaine is either injected, snorted, or smoked. If it is smoked, it is combined either in a blunt [small cigar] with marijuana or in a marijuana joint. If it is injected, the cocaine may be injected by itself or in combination with heroin, which is called a speedball. Marijuana is smoked by itself or in combination with cocaine. Heroin is either smoked or injected. Most subjects inject the heroin intravenously. Five subjects reported that they either had smoked heroin or “shabanged” it by squirting the heroin diluted in water up a nostril with a syringe or nosedropper.

Hallucinogens

Psilocybin mushrooms were eaten. The LSD or acid was taken through the mouth, except in two cases where it also was taken through the eyes. Those who used acid usually placed the little paper square on their tongues. In the two cases where it was taken through the eyes, the acid was placed in a Visine bottle, and the liquid was squirted into the eyes. As fourteen year old Little Loca stated:

Like I told you, I also did acid. It’s a little square that makes you hallucinate. You see things that are not even there. The way you do acid is that you can put the square on your tongue or you can put the square in a bottle of Visine and squirt the Visine into your eyes. I like it better in my eyes because it made me trip out more.

Patterns of Use

Respondents did not have a set pattern of what substance they used first. Economics and chance opportunities dictated sequence of use. For example, if an individual had spray paint on hand, he or she would start with it and then add the other substances as they became available.

According to most subjects, marijuana was more often on hand than spray paint, so they started with it. This was the case for the younger inhaler who was fourteen or fifteen years old. As Maria, a sixteen year old who initiated substance abuse at age twelve, reported, “My older brother sold marijuana, so I always had a dime bag [\$10 bag of marijuana] and I could, you know, fire up a joint early in the morning or before school anyways. I won’t say that I did it every-day, but I would do that before I did the spray later in the day.”

Marijuana and spray paint were used at any time of the day or night, whereas beer was consumed from late morning until dawn of the following day. Respondents rarely reported waking up at eight in the morning and drinking a beer, whereas most individuals reported

waking up and either huffing on their can or smoking a joint.

Frequency and Duration of Abuse

All respondents had abused spray paint for a year or more, except for three individuals who had stopped because they were disabled from abusing inhalants. Although these three individuals did not abuse inhalants, they still abused beer and marijuana daily. One of these three individuals, a thirty-two year old mother of three, also took Xanax (alprazolam) a depressant, periodically.

Respondents between the ages of thirty and fifty used solvents minimally. They estimated that they used about half a can of solvents a week because they were disabled from inhalant abuse. These individuals mostly consumed beer and marijuana on a daily basis.

Initiation

Many respondents (73%) started abusing inhalants at an early age, some as young as ten. Several of the female respondents started using inhalants in their early twenties. All of the respondents were introduced to inhalants either by friends or by relatives. In the case of the women, the individuals who started them on inhalants were often their boyfriends or husbands. In the next three ethnographic excerpts, respondents described how they were introduced to inhalants by boyfriends, relatives, siblings, and friends.

Consuelo, a twenty-nine year old woman and mother of four children, was initiated into inhalant abuse at the age of twenty-four by her boyfriend. Women who got started in their late teens and early twenties told similar stories:

I was twenty-four and divorced when I got started. I met this guy, and he told me that the spray would help me take my worries away. You know, I was all depressed and everything, so I tried it. I liked it, and I started doing it all the time, but it didn't take

my worries away. The spray made it worse. I lost my kids and everything. They are still in foster homes and everything, and I'm all messed up. Look at me! I'm pregnant and all messed up.

Chuy, an eighteen year old, was initiated into inhalant abuse at the age of eleven by a relative:

I started when I was eleven. My cousin, he was about fourteen, he and his buddies would go down by the creek, and do it, so I would go with them. I started doing it with them. I saw how they did, so I just did what they did. That's how I learned how to do it.

Julia, a seventeen year old, started inhalants at the age of thirteen. She was initiated by friends:

I started at thirteen. I ran away from home because my family was all messed up. My mother was doing a lot of stuff, *carga* [heroin], *soda* [cocaine], and *mota* [marijuana]. People came to party at the house [public housing apartment] all the time, and you know, they shared with her. I didn't care because that was her thing. I'd smoke a joint now and then, and it was okay, but then some of the *tecatos* [heroin addicts] who came over wanted to mess with me [have sexual intercourse]. I didn't want to mess with them because they were old. I ran away, and I was hanging around with people who did spray, so I started doing spray. They didn't offer it to me. It [spray] was there. I wanted to do it myself. At first I didn't want to, but then after awhile I started. I was staying with them, since I was a runaway, and I did not have nowhere to go. You know, they would party, so I thought that I should join them because it didn't look right for me to be there and not be doing nothing.

Mántica, a thirteen year old, was initiated into solvent use by her sister who is four years older:

I started smoking weed at [age] ten. I was there with my sister and her friends behind the house. They asked me if I wanted a hit, and I said yes. Then, when they did the spray [paint], I did it too. I do silver now, and we get it from Kmart.

Daily Practice

Novices in their early teens and older respondents in their thirties, forties, and fifties used spray paint once or twice a week. Experienced users, regardless of age, abused spray paint, toluene, beer, and marijuana daily. In many of these cases, heroin and cocaine were also abused. The amount used was influenced by the individual's economic situation and by chance encounters with people who would share their money, drugs, and solvents.

To get a sense of their daily consumption of solvents and drugs, respondents were asked to describe an average day. Jorge, thirty-eight years old, was one of the older respondents. He was disabled and had started using solvents at the age of fourteen. In the next excerpt, he described an average day:

What do I do all day? I get up about ten or eleven. If I stayed up with friends, I might get up at two or three in the afternoon. I might eat something. It all depends what I do. Look, if I was out the night before and if I have a hangover I'll take something for that like drink a beer or do some marijuana or hit the tank [spray paint]. I'd say that, however the day starts, by the afternoon or evening I'll be doing the *duro* [spray paint]. It won't be like I used to do it because I'm a little messed up by it, but I'll do a little bit of a tank and smoke marijuana. That's what my day is like, sitting here watching T.V. or sitting outside and doing a little bit of this and that [i.e., beer, marijuana, and spray paint]. You know, staying out of trouble.

Most respondents (male and female) used solvents and drugs in front of children, even though they

reported that they did not and that they tried not to use solvents and drugs while children were in the house.

Dora, an inhalant abuser since the age of fifteen, was a twenty-four year old mother of five children who were in foster placement because of her use of inhalants. In the following excerpt, Dora described an average day of solvent use when there were children in the house:

When I had the kids, I would do it every day. I would get up by seven, hit it [spray] to get them ready and to take them to school. Then, I would come home and start doing it again. I would eat and do it, and then clean the house. I would be cleaning and doing it. I would do it until three o'clock, you know, when the kids would come out of school. Then by eleven or twelve at night, when they went to sleep, I would do it for a while more, and then I would go to sleep. I would wake up with my can and do it. Then, I would start my day by waking up the kids and getting them ready for school. This schedule would change if my girlfriend and her boyfriend came over. They would bring the spray. If they came during the day, you know, like ten o'clock in the morning, we'd do it until the kids came home. Then, if they were still at the house, I would send the kids out to play, and we'd keep doing it. I'd try not to do it in front of them, but I couldn't keep them out because they had to come in and use the bathroom and because they also had to come in to eat. You know, I'd try to send my friends away while the kids were awake. Most of the time they would go away, and then, they would come back when the kids were asleep. Then, we'd do it. We'd just watch T.V. and sit and talk, mostly *chisme* [gossip]. Besides the spray, we might also smoke marijuana or drink beer, but you know, we'd stay with the spray. You know, it all depends what you are doing. For example, they might come with marijuana, and I got a little bit of spray. I will do the spray, and

when we finish it, we'll do the marijuana to keep the high.

Although female respondents who were pregnant tried to stop their use of solvents during their pregnancy, they continued their use of solvents, beer and drugs, mainly marijuana. Cata, an inhalant abuser since the age of fifteen, was five months pregnant and the mother of a six year old boy and a four year old girl. She described her attempts to stop her use of inhalants:

Right now I'm trying to stop, so I don't do it like I used to. I used to do a little more than a half a tank a day. I want to stop before the baby comes. I'm five months already and I don't want to be doing it [spray paint] when the baby comes because they might take it [baby] away from me. So, now I just get up and watch T.V., and if somebody comes over with a tank I will do a little bit, you know. I don't go out and look for any. To help me stop, I smoke *mota* [marijuana]. Now, I just stay home and do marijuana and drink beer. I guess I do a little of those two things everyday.

Treatment History

As shown in Table 8, less than a third of the respondents had been in treatment. Proportionately, more women than men had been in treatment. Many of the women (40%) reported that they had gotten into treatment either because they were pregnant and they were reported by the doctor and/or hospital, or because a relative reported them to Child Protective Services for child neglect.

	Total	Men	Women
Treatment	25 (31%)	13 (26%)	12 (40%)
No Treatment	55 (69%)	38 (74%)	18 (60%)
Total	80 (100%)	50 (100%)	30 (100%)

Of the respondents who had been in treatment, most reported that treatment did not help them for the following reasons: because it did not give them the tools to deal with their life circumstances once they returned home, because treatment counselors used scare tactics, and because treatment counselors did not communicate with them in their language and treated them as if they were stupid.

Mauro, who was introduced earlier, described how treatment did not prepare him to cope with his life circumstances once he returned home:

Interviewer: Did counselors connect with you?

Mauro: Yeah, for a while, but I came back out here. [I came home and] we were always throwing rounds [i.e., fighting]. My mother, being a prostitute, was always drinking. My father wasn't around. I barely met my father when I was seventeen. You know, all this stuff happened. I was living with my woman. I was in love with my woman, but I caught her with some other guy. So, I forgave her because we were going to be married, but she did it again, and she left me.

Mauro further explained that they were shown photographs of the damage inhalant abuse caused internal organs and that these pictures did not have the impact intended because knowledge of damaged internal organs did not help him cope with family problems at home:

So, all the pictures of what spray paint does to you, people scaring you, and all that stuff didn't help me [how to deal] with my mother, my father, or my woman who left with my daughter and with some other guy.

In the next excerpt, Dora discussed how treatment did not prepare her to deal with the life circumstances faced by a female client who has had her children placed in foster care. As she pointed out, she needed a job and an advocate to help her manage her problems:

Dora: They try, but telling you about triggers to drug use and showing you movies about what spray does to you doesn't help me. I need a job, and someone to help me out here. I'm out here again without my kids and without a job or nothing. I'm living with my sisters. One day at one place and the next day at another place. I need to get a place of my own, and for that I need a job.

Interviewer: What kind of job do you want?

Dora: Anything.

Interviewer: What can you do?

Dora: Putting things together, you know, assemble stuff. Like, I'm out looking for a job in my sister's car, and I get stopped because the car doesn't have a sticker on the windshield. I get a ticket for that, for not having insurance on the car, and for driving for an expired license. None of this gets talked about in the counseling sessions. It's out of their mind and it is out of my mind while I'm there with them. Is all this trouble with the cop a trigger? Maybe. But, while I'm in there with them, none of this stuff about getting my kids back, getting a job, and getting an apartment gets talked about. Now on top of all this stuff, I got the traffic tickets, about \$400 in fines. How am I

going to pay? See, all that talk on the movies they show sound good while you are there, but it don't help you for nothing once you are out here. I need someone to front [i.e., advocate] for me. You know, someone to help me put it all together for me.

Jerez, also introduced earlier, described how the use of scare tactics by treatment counselors had the opposite results:

Interviewer: What was treatment like?

Jerez: Well, you talk about your problems. They send you counselors, and they ask you why [you got into drugs]. They'll get it out of you and sometimes you'll get emotional when you start talking about some part of it. You'll be like this happened and this happened, and you'll start thinking about it. It gets all emotional and everything. Crying clears out your system. You'll think back, and sometimes they'll bring other people in that have been through it or they'll take you out to places where there is a guy messed up on it [spray paint] who used to do it when he was smaller. You look at them, and you say, "*pobrecito* [poor little person]." And, you don't want to end up like that. It just scares you. But, you know what? That scares you for a little while, and then it pisses you off because they [staff] think that you are dumb like the guy who got all messed up. I'm not dumb and stupid like those guys that get all messed up by the spray paint.

In the following excerpt, Gerardo discussed how treatment staff did not communicate with clients in a language clients understood. He also supported Jerez' comment on clients being treated as if they were dumb:

I was in the state hospital for treatment. I never paid attention. It was too ugly for me there. To me, it was like a job that they [staff] had to do. You know what I mean? Like, it is something that they have to do, so they are right there making *caras* [faces]. I just blew everybody off. I didn't talk to nobody. [By *caras*, he means that they were playing the role of being interested when they were not.] The people at the hospital, like the people at the prison, they talk to you like you're dumb. And then, they also don't talk to you in our language, *como tamos tirando rollo* [like we are talking now].

By using terms from the *tecató* argot (the Mexican American heroin addict's language), he implied that communication between treatment and clients would be effective if treatment staff used the *tecató* argot or slang terms to communicate with clients. As he said, "... And then, they also don't talk to you in our language, *como tamos tirando rollo* [like we are talking now]."

Arrest History

Although 40 percent of the respondents were arrested for inhalant use, most respondents were more often arrested for assaults, shoplifting, selling drugs [marijuana, cocaine, and heroin] and prostitution. As Mando, a nineteen year old male, stated:

I've been arrested for being high a few times, but I've been arrested more times for fighting. I got a case pending for assault. That's what they get me for all the time. I hit someone or somebody hits me and I hit him back. You know, sometimes I'm

blacked out and my buddies tell me that some *vato* [guy] slapped me around or kicked me or something, so when I'm back from my trip I go and pay back the guy who hit me.

Forty-three percent of the respondents reported that they made their money from shoplifting. As a consequence, many of these individuals were arrested for shoplifting. Badojas, a twenty year old, pointed this out when he discussed his arrest history. "The three of us get our money for the spray paint from *fardeando* [shoplifting]. They always arrest us for that."

Respondents arrested for selling drugs, in particular heroin and cocaine, were usually in their late teens and early twenties. Older individuals generally did not sell hard drugs such as heroin and cocaine because they were not considered to be dependable people by drug suppliers. The principal drug supplier in San Antonio is the adult, Big Boy prison gang. As Gerardo, who was seventeen when he was arrested, pointed out:

I have never been arrested for using spray paint. I was arrested for possession. I was seventeen when I was arrested and sent to prison. They gave me one year for an ounce of heroin. I was with this chick when the cops pulled us over. I could have stashed the *jale* [thing] in her car, *pero no la quería muletear* [but I didn't want to put the burden on her], so I kept it in my pocket. They checked me and found it. I was moving [selling] for the Big Boys [adult gang] then. They like to use young guys who are not into the *duro* [spray paint] too much. You know, guys burned by spray paint are too messed up to do any kind of business, so the Big Boys don't use them. Some guy might use a brother or cousin who is burned by spray paint, but that's not the way it's supposed to go.

Most respondents (77%) were either on parole or probation. As shown in Table 9, most of the women (80%) were on parole or probation.

Many of the female respondents who were mothers reported that they were arrested and placed on probation as a result of being reported to Child Protective Services. As Dora, the mother of the five children in foster placement, who was introduced earlier stated:

It always happens. I'm sitting there coasting with my friends, you know. Everything is good until someone gets into a fight, you know. It always happens. Spray messes you up, and you or somebody gets into a fight over nothing. Like, someone thinks you are looking at them funny. You know, I'm coasting. We're all coasting, and some fool starts throwing *chingasos* [blows] because I'm looking at him funny. The spray makes some people violent. The fight brings the cops, and the cops take my kids away. That's how I always end up in jail, probation, and at the PM [Patrician Movement, a drug treatment center].

Table 9. Respondents on Parole and/or Probation

	Total	Men	Women
Parole/Probation	62 (77%)	38 (76%)	24 (80%)
No Parole/Probation	18 (23%)	12 (24%)	6 (20%)
Total	80 (100%)	50 (100%)	30 (100%)

Adverse Physical Consequences of Substance Use

All of the respondents, and the children of female respondents, experienced adverse consequences as a result of their inhalant and drug abuse. Mothers were questioned about their inhalant and drug abuse prior to, during, and after pregnancy. Data on the children of male respondents were not gathered because in most cases male respondents did not live with their children and consequently did not know much about their children.

Type of Adverse Consequences

As seen in Table 10, the type of adverse consequences experienced by respondents were hyperactivity (100%), memory loss (89%), stuttering (69%), violent behavior (55%), paranoia (54%), and suicidal tendencies (21%).

Table 10. Types of Adverse Consequences Reported

Problems	Total	Men	Women
Hyperactivity	80 (100%)	50 (100%)	30 (100%)
Memory Loss	71 (89%)	43 (86%)	28 (93%)
Stuttering	55 (69%)	30 (60%)	25 (83%)
Paranoia	42 (54%)	26 (52%)	16 (53%)
Violence	44 (55%)	26 (52%)	18 (60%)
Suicide	17 (21%)	9 (18%)	8 (26%)

Frequency of Adverse Consequences

Hyperactivity and stuttering were experienced frequently by both beginners and experienced inhalant abusers. All of the respondents reported that they became “hyper” while under the influence of spray paint and that they became more “hyper” when they used cocaine in combination with spray paint. Experienced users reported that their hyperactivity and

stuttering became more pronounced and lasted longer with continued use of inhalants. Experienced users, who had abused spray paint and/or toluene daily for more than three years, reported that they experienced memory loss and that they experienced with some frequency paranoid, violent, and suicidal tendencies. Cocaine-abusing respondents did not attribute their paranoid tendencies to their use of cocaine, even though heavy and continued use of cocaine often makes individuals feel paranoid.¹

Many respondents, in particular those who reported being violent while under the influence of spray paint, also reported experiencing “blackouts,” after which they had no memory of what had happened to them or of what they had done. Most respondents reported that they suffered injuries during these blackouts.

Adverse Consequences of Respondents

The following ethnographic excerpts illustrate the different adverse consequences respondents experienced. Some inhalant abusers’ argot and Spanish words are left in the text to convey the respondent’s meaning.

Memory Loss

Luis is thirty-five years old, divorced, unemployed, and has been a drug and solvent user since the age of fifteen. He lives with his older brother’s family. Except for time spent in prison and short periods spent in the county jail for robbery and shoplifting, Luis has inhaled paint daily. In the following excerpt, Luis describes his memory loss and how it has an impact on his brother’s family:

Right now I'm doing about a tank a week. I have cut down. It's not like when I was young. I could do a tank a day. But, now I'm disabled. I can't work because I forget too many things. My brother and his wife and his girls [teenagers] help me out. I stay with them, right here, you know. They help because they remember when I have an appointment. One of the older girls takes me. She knows *adonde* [where]. I forget a lot.

Deedee is another twenty-four year old respondent with five children in foster placement. She started inhalant abuse at the age of seventeen. She describes how solvent use affects her child rearing:

. . . It hasn't bothered me much, not like this guy I know. I mean he's all messed up. He can't talk right, and you tell him one thing when you are talking with him and he forgets it a minute later. I mean, you can't talk [have] a conversation with him because he don't remember what you are talking about. I can talk with people. Well, I sometimes forget things. I mean the kids would not listen to me. But I was, like you know, distracted. I couldn't keep it together. I would tell them something and then I couldn't remember what the heck I'd said to them. Like I mean, they didn't behave, and I'd forgotten what the heck I had said or what I was trying to do with them. I don't know. I mean, you know, I sometimes think it was because of the spray.

[Why do you think that?] Because when I was doing it a lot, most of the day and for a few days, you know, I'd be forgetting too many things. I'd forget what I was going to do or something. That happened a lot, but like now, I forget some things, but it's not like when I'm doing spray. Then, I'd be thinking or doing something and I'd have to stop and try to remember. You know, I mean, how it is when you have to stop and think because like your

mind is empty and you are trying hard to remember, but you can't. Now, I can remember better, but I still will forget things. You know, you can tell me something right now and later on I won't remember. By the next day, I will forget.

Fernando is twenty years old, and he has been inhaling paint since the age of thirteen. He describes how memory loss negatively affects his employability:

Fernando: . . . I lost my job, *vato* [guy]. My supervisor said I messed up too much, and he got tired of telling me the things I had to do. [Pause.]

I like to work. [Pause.]

Hell, I can work, but I can't get no job. [Pause.]

Mire [look], I need a job.
[Pause of about a minute.]

Interviewer: [During this long pause, he kept looking past me. I asked him a question to get him back.] Why did your supervisor have to keep telling you what needed to be done?

Fernando: About what?

Interviewer: You were telling me about losing your job and your supervisor saying you messed up too much.

Fernando: Oh, yeah, he'd say I couldn't keep anything in my head. You know, I had to put boxes in different parts of the warehouse. I couldn't remember where he wanted the — boxes. He'd get pissed.

Interviewer: Pissed about what?

Fernando: Because he'd have to come tell me again or I'd ask him where he wanted the boxes, and he'd get pissed because he'd say he'd already told me where the boxes went. [Pause.]

Interviewer: Would he get mad because you put them in the wrong place?

Fernando: He was just a bad ass, and he was *raza* [Mexican American] too *vato* [guy]. The supervisor job went to his head. You know how some *raza* [Mexican Americans] are. They get a good job, and it goes to their head.

Fernando, like other respondents, made interviewing a challenge. He kept losing track of the conversation. I soon learned that when he paused he was trying to keep the topic in mind, so to manage the interview I repeated statements to help him keep track.

Some respondents experience more than one adverse consequence as a result of their inhalant abuse. Consider Mariana. She is twenty-four years old, and the mother of five children who live with Mariana's mother. She describes memory loss that sounds like blackouts:

It [spray] makes me forget a lot of things. I can't remember the things that I say. I have done a lot of stuff *que no se que hice* [that I don't know what I did]. Like, I can be here talking with you this morning, and then later, I will be somewhere else doing something else. I won't know what happened in between now and later in the day or night. Sometimes I won't know what happened to me all day. It scares me when I think about it. Sometimes people, you know, friends tell me that I got into a fight because I will be all scratched and

bruised. I'll ask what happened to me because I won't know.

Some respondents reported on friends and relatives who had appeared to have lost their thinking capacity. In the next excerpt, Mauro described how inhalant abuse destroyed the mind of a twenty-two year old man whom Mauro calls his brother:

... Like, my brother, he is in between being a vegetable and knowing what's up. Sometimes, whenever he has a good day he remembers who he is, if not he'll just sit there all day by the wall. *Se ensucia todo* [he soils himself], and everything. He just sits there by the wall.

He had been doing spray for a long time. He started hitting the spray more younger than you [Jerez] and me. He would hit up to four *tanques* [tanks] a day by himself. Right now he is in a rehabilitation center. He's going to die. He's twenty-two years old. He's not my real brother. We just grew up together because my *jefita* [mother] took him in when he was thirteen. That was when I met him. Like me and the guy, we started doing it heavy. We started doing spray heavy, *gacho* [bad]. He was already a burned out spray head. *El sabía más, como taparle* [He knew more, like how to cover the hole in the can], so that it would hit you better.

Speech Problems

Beginning and experienced inhalant abusers reported that solvent use affected their speech soon after they inhaled the solvent. It made them stutter. Beginners reported that their stuttering would only last for two or three hours after they stopped inhaling paint. However, experienced users reported that their stuttering lasted longer than a few hours.

Raymundo is a seventeen year old inhalant abuser who has been abusing beer, spray paint, marijuana, and

cocaine for three years. He uses solvents and drugs daily. He described how his stuttering lasts longer now than when he first started inhaling solvents:

The spray makes me stutter and talk slow when I'm doing it. Now, I think the stuttering stays longer. Before, you know, it would just affect me when I was doing it and a little bit after I did it. But now, I notice that I stutter more.

Veronica is twenty-one years old and the mother of two children. She describes how inhaling paint makes her verbally and mentally slower and how this condition makes it difficult to be an adequate mother:

The spray makes me talk slow. Besides the headache I get when I'm not doing it, it makes me slower. The high is good but it makes me slow. Like you know, when it is wearing off, it makes me like I am stupid. I have to talk slow because the words don't come out. All of this [i.e., slower speech, thinking, and headaches] makes it hard to take care of the kids. It makes me lose my temper, and sometimes I don't tell them nothing because nothing comes out and I just spank them.

To reiterate, inhalant abuse produces several adverse consequences simultaneously. In the following conversation from a focus group discussion, Gerardo, Jerez, and Mauro describe the effects of spray paint on physical movement, mental faculties, and speech:

Gerardo: It messes up your speech.

Jerez: You stutter a lot, and you can't even talk when you are doing it. Even three hours later when you are not doing it, you still stutter. For some people it might last longer.

Mauro: Also, there are those that get depressed, and they'd be walking all slow, like zombies.

Gerardo: There are those who just get up and take off by themselves. They don't say nothing, like "see you later." If you tell them something, they totally ignore you because they are on a trip.

Paranoia

More than half of the respondents (54%) experienced feelings of paranoia from solvents and drug use. As might be assumed, individuals who felt paranoid were a problem to themselves and to others, including this researcher. There were three occasions during the data-gathering phase of this research project when an individual refused to take part either in a focus group discussion session or an in-depth interview. For example, Manuel, a twenty-two year old who inhaled gold paint and toluene and who smoked marijuana laced with cocaine, left a focus group discussion session due to his feelings of paranoia. He described his situation as follows:

. . . Right now it's not bad, but sometimes I get very nervous because I know somebody is going to mess me up. These guys don't believe me. They get a kick out of me. Other people are going to come [in here] and get my *jale* [can with paint] and mess me up. Who are you, *vato*? [He was referring to principal investigator.] I don't know you. These guys let you in here. You come to do something. [He was getting very upset; the individual who recruited the group suggested that he leave the group and he did.]

Tony, a friend of Manuel, described how Manuel's symptoms of paranoia were getting worse and were going to create problems for them:

The guy is getting worse by the day. He lives with his sister on the other block, and he comes over here, you know. He was all right. The guy would arrive with money, but he's a problem now. One of these days, he's going to get on someone's nerves and stuff is going to happen.

Pedro, another member of the focus group, described how Manuel's paranoia caused a fight:

Like today, what if you was the type of person that didn't put up with his type of stuff. I mean you or him could get down [i.e., fight]. That's going to happen one of these days, and I don't want the *vato* [guy] here because it can get bad. The guy already got into a fight with some *camaradas* [buddies] last Sunday. We were like we are right now and then Manuel starts saying stuff to them and this buddy shut Manuel's mouth with a blow. We got the *camarada* to stop before things got worse and somebody called the cops.

Most individuals were aware of their feelings of paranoia, especially those who still had some touch with reality. Raul, a nineteen year old and daily spray paint inhaler and cocaine user, said:

I don't got it as bad as some guys, but to tell you the truth I think that people are out to get me all the time. Sometimes when I'm just sitting, you know not doing spray or *soda* [cocaine] or nothing, I get nervous and scared that some *gente* [people] are going to break into the *canton* [house] and mess me up. It's weird, but I get that way. I don't know, but I get that way.

Individuals were also made aware of their symptoms by significant others, such as parents and girlfriends. Juan, a twenty-one year old who had used spray paint and marijuana for six years, said his

mother made him aware of his problem and that it was a problem for her as well:

My mother tells me that I'm sick in the head because I'm always locking doors and windows and because I don't trust anybody. And, I'm always hiding behind doors when people come over. The other day my mother's friend came, and I hid in the bathroom all the time he was there. She got mad at me because they couldn't use the toilet because I was in there. The guy had to leave so he could use the bathroom.

Violence

Violent behavior was another adverse consequence experienced by more than half of the respondents (55%), particularly individuals who had used inhalants and drugs daily for more than three years. Goya, twenty-nine years old and mother of three, described her violent tendencies and how she became an inhalant abuser:

Goya: I started when I was twenty-four. My boyfriend introduced me to it. He said that if I tried it I could forget my problems. I was having a lot of problems with my kids, and I couldn't pay my bills. You know, doing it alone was a bitch. I tried it (spray paint) and liked it, but it just made my life worse. I just kept on doing it and doing it, and I started hallucinating things. I got used to it, and I would do it every day. I still do, and I do about two or three cans a week. Because of it [inhalant abuse] I lost the kids. They are in foster homes. They have been there for two years.

Interviewer: You started using what kind of paint?

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Goya: Gold because it's not as strong as aluminum.

Interviewer: Besides the spray, do you do drugs?

Goya: Cocaine.

Interviewer: Do you snort or inject it?

Goya: I inject.

Interviewer: Is that why your arm is swollen?

Goya: Yes.

Interviewer: It looks infected. Did you have an abscess?

Goya: Yes, someone hit my arm, and it burst.

Interviewer: You look pregnant.

Goya: I am four months.

Interviewer: Did you say that you do spray every day?

Goya: Yes.

Interviewer: Aren't you afraid that they will take this baby away?

Goya: Yes, but it's hard for me to come off of it. Because when I try to come off of it, I hallucinate too much. I start getting headaches, and I start seeing black. And, I start being violent. I get mad at everything if I don't have it [spray]. Sometimes I hit people for nothing, that's what they tell me because half of the time I don't

remember. That's how I got hit on my arm. I didn't even know it until later when someone told me that I had my arm all bloody and ugly. You know, like I go crazy for nothing.

. . . The doctor told me that I have brain damage. Anything that hits me on the head, I can just collapse. They [doctors] have already told me that's because of everything that I have used and because I did drugs to commit suicide. I don't know if I tried to commit suicide or if things went black from the spray, and I just kept using cocaine. You know how it is, you are coasting and you just want to stay there. You just don't care what happens because it feels good. I have ruined the inside of me. I am epileptic now.

Violent behavior and blackouts appeared to be related. What Goya reported about her violent behavior and blacking out was similar to what others reported. For example, Gerardo, Jerez, and Mauro's comments mirrored Goya's:

Interviewer: You see your *carnal* [brother], and he is like a vegetable. One thing that's keeping you from doing it a lot — if I understood what you were telling me — is your *chavalona* [daughter], but you are still doing it.

Mauro: Yeah, but right now it's nothing big. But if I don't do it, *me pongo malillas gacho* [I get sick bad], and I can't help it. I stand it for two, three days, and then I can't stand it. It gives me a headache. It's almost like *carga* [heroin]. It gives you chills. You get

sick, and you want to vomit. I get nervous, you know. I go out into the street, and I hit someone. I don't know, like I got angry. Sometimes I don't remember about all this stuff that I do. Like, I get angry, and like I black out. I don't even know what I'm doing, but I've done some bad stuff that way. The thing is that I don't even know that I did it.

Later in the discussion, these individuals commented further on blackouts. This time they described the blackout as a trip brought on by the spray paint high.

Interviewer: All of you were telling me that you have seen people who have problems because of the *duro* [spray paint], like your brother. Does it bother you when you think about what you are doing to yourself, especially when you are doing it?

Mauro: Yeah, because I sometimes go on a trip [high] and like when I snap, I don't know in that time what happened. What happened during that time? I don't know because I cannot remember.

Interviewer: How many times have you gone on a trip?

Jerez: All the time.

Mauro: That's your high. When you do the spray [paint], you go on a trip.

Jerez: You don't even remember sometimes. You just sit there with your can in

your mouth. You'd be thinking and all of a sudden, "poom," you black out. And "poom," you're somewhere else doing something else.

Mauro: If not, you'll drink it. [The others groan to signify awful.]

Jerez: Then, you snap. [He implies that the shock of drinking the paint brings them back.]

Interviewer: Have you blacked out, Mauro?

Mauro: A lot. We were hitting the spray [paint] inside the tunnels over there in the *arroyos* [ditches] where the best stores are. We went all the way there where it is dark, and we start hallucinating. I don't know. I just poom! I blacked out and when I came back out I was all wet bad. I didn't even know what happened. I saw that four or five hours had passed.

Jerez: Yeah. I was in the middle of the street, and I almost got hit by a car.

Suicide

About a fifth of the respondents (21%) reported having suicidal tendencies, especially after they stop inhaling solvents for a short period. Deedee, who earlier described her memory loss, also associated her suicidal tendencies with the depression and nervousness brought on when she did not inhale a solvent. She described her situation as follows:

The truth is that I tried to kill myself two times. Once I tried to cut my wrists. The other time, I was going to crash my sister's car. I was going faster and faster, and I started hitting things, and my

sister stopped me. You know, she was in the car and she thought I was going to kill her too. I guess I was, but I was depressed. *Estos jales* [i.e., spray paint] make me nervous, and it doesn't help me that they [Child Protective Services] take my kids away. And, I get real depressed, big time.

Like the other day when you came and I ran and got in your car with that big plastic bag [full of clothing], I was very nervous. You gave me a ride to my friends. I was depressed then because I couldn't stay at my sister no more, and my mother didn't want me in her place because there was a warrant for my arrest. You know what she does, and she didn't want cops coming and asking for me. [Her mother sells heroin and cocaine for the Big Boys gang.] I didn't report to my probation officer, and you know, it all got too much for me.

Liz, a twenty-three year old and mother of four, attributed her suicidal tendencies to the headaches brought on when she stopped using inhalants.

Sometimes I get suicidal. I don't know why. I just do. I just don't give a damn. These people here can tell you, I just get out in the street in front of cars. Sometimes I remember that I'm doing that and sometimes I don't know it. When I do know it [aware that she is out in the middle of the street], I don't give a damn. I just want to stop my life because the headaches I get when I stop the *duro* [spray paint] just make me crazy.

Health Problems of Inhalant Abusers' Children

The children of inhalant and drug abusers were also affected adversely by their parents' life style. All of the female respondents (N = 27) who were mothers reported that their solvent and drug use affected their children adversely, in particular fetuses they carried when they abused substances during most of their

pregnancy. As shown in Table 11, the type of adverse consequences experienced by the children of substance abusing mothers were: hyperactivity (59%), physical problems (11%), respiratory problems (19%), and retardation (11%).

Table 11. Types of Adverse Consequences Experienced by Respondents' Children

Problem	No. of Mothers	
Hyperactivity	16	(59%)
Physical Problem	3	(11%)
Respiratory Problem	5	(19%)
Retardation	3	(11%)
Total	27	(100%)

Adverse Consequences Experienced By Children

The numerical data in Table 11 indicate the extent of the various adverse consequences experienced by the children of inhalant and drug abusing mothers. However, it does not provide the information needed to understand why these mothers continued a life style that placed their fetuses at risk to adverse consequences. It might be assumed that a mother would learn not to place her unborn child at risk to injury after already having produced a child with mental and physical problems. Inhalant and drug abusing women continue to abuse substances while pregnant.

Hyperactivity

As indicated in Table 11, slightly more than half of the female respondents (59%) had hyperactive children. Most women tried to stop their solvent and drug use while they were pregnant. However, many continued their inhalant and drug use during pregnancy. In the following excerpt, twenty-one year old Connie described why she continued her drug and solvent use, even though she was the mother of two hyperactive children (a six year old son and a four year old daughter), and she was five months pregnant. She also described her strategy to stop inhalant abuse:

Yeah, they [children] came out hyper. My little boy is more hyper than my little girl. I can't control him. He lives with my mom because she got custody of him after he was born because he was hyper since the beginning. My little girl is hyper, but not like him. Right now, I'm trying to stop before the baby comes, so I'm just doing more marijuana than spray. I take my little girl with me when I party because I want to slow down before the baby comes. I look at her and I try to remember that I should not be doing so much. You know, I want to stop. Having her with me, I sorta slow down because I can't stop just like that [suddenly]. I get headaches bad.

Connie's strategy was to substitute marijuana for spray paint and to take her daughter to parties. Despite her strategy, however, she continued her inhalant and drug abuse. Furthermore, Connie continued to expose the child to the paint fumes that permeate the places where the parties were held. Connie also placed her daughter at risk to physical and sexual abuse, if Connie were to black out and not be available to protect her child.

Other respondents with hyperactive children reported that they continued inhalant and drug use because of peer pressure. This was especially true for younger female respondents. In the next excerpt, eighteen year old Jessica described her situation. Although she was not pregnant at the time of the interview, she described why her three year old son was hyperactive.

My little boy was born hyper. After he was born, he cried a lot, so they asked me if I'd taken any drugs or anything before he was born, so I told them that I did spray and that his father also did spray. I think that I also told them about doing *soda* [cocaine]. They said that he didn't come out *prendido* (addicted), but that something was making him very hyper. The doctor gave him some

medicine to make him not so hyper. [She could not remember the name of the child's medication.]

The doctor got mad at me because I used spray and cocaine before the baby was born, like it was my fault the baby was born hyper. You know, they were all mad because they thought I did it on purpose. I thought about stopping, but it was hard, you know. I was living with my boyfriend. We'd party with *camaradas*. We'd hit spray, cocaine and marijuana, and we'd drink beer. I didn't even know *que estaba gorda* [that I was pregnant] at first. We'd be all high for days, you know how it is. You don't think about your period. Then, when I did find out I was *gorda* [pregnant], I was two months already [pregnant]. I think. And, then my boyfriend and the *camaradas* were always doing it, I mean I just could not say, 'I ain't going to party with you. So, I just did it, not too much at the end [of the pregnancy] because I didn't want the baby to come out *prendido* [addicted], and he wasn't. Thank God.

Physical Problems

Some women (11%) had children with physical problems which were attributed by physicians to the mother's inhalant and drug abuse. In the next excerpt, Emma described her children's problems and her inability to stop her solvent and heroin use while pregnant. Emma was twenty-two years old, and she had three sons (ages 9, 4, and 2), and a seven month old daughter. She had been using inhalants since the age of twelve. The first two children were with Emma's mother, and the last two children were with Emma's cousin. At the time of the interview, Emma was using a can of gold spray paint a week, injecting four dimes (or \$40 worth) of heroin a day, and drinking about two quarts of beer a day. She earned her money from prostitution:

[Have any of your four children been affected by the spray?] Yes, the three youngest. One of them [four year old] came out with one leg *mas chiquita que la otra* [shorter than the other]. The other one [two year old] came out with asthma, and my last one she was born premature. She also had a problem breathing, but I think she's okay now. I don't know because she's with my cousin. I don't see her too much because my cousin, like my mom, are mad at me because I kept using when I had them. The truth, the real truth for the last three, I didn't know I was carrying them at first. You know [she refers to Irma, the research assistant and ex-addict]. I was hooked on heroin. You don't know that you are pregnant when you are on heroin. Well, you know how it is. Also, I was on spray then too, like now.

I know that you never did spray, but I want you to know that it's a bitch to stop heroin and spray use. You get *malillas* [dope sick] from the two. The spray gives me big headaches, and you know how heroin makes you when you're *malillas* [dope sick]. I tried to stop when I was pregnant, but I just couldn't stop completely. I'm not going to lie to you. I didn't do as much, but I still did it because I didn't want to get sick. And, I also didn't want to think. You know, how everything builds up, and you just don't want to face your messed up life. You know, when I was pregnant I slowed down because I didn't want them to come out addicted. Thank God, they didn't. But, they took them away anyway.

Cleft lip was another physical problem respondents identified. Three women had a child with a cleft lip. These women attributed their children's problems to their using spray paint daily throughout the pregnancy. Carmen, twenty-one years old and mother of two sons (ages five and four), was one of the three women. At the time of the interview, she was four

months pregnant and still using inhalants, marijuana and cocaine. In the following excerpt, she described her situation during her pregnancy with the child who was born with a cleft lip:

My son came out with a harelip. The doctors fixed it. You know, my mother took him and they operated on him two times. I don't know if it was two times or more because I was in jail for one of the times, so I don't how many times he had to go to the doctor.

He came out that way because I did it [spray paint] *machine* [i.e., a lot] when I was pregnant with him. You know, I thought I was doing as much as I did with the other one. Nothing happened to the other one, so I thought nothing was going to happen because the other one didn't come out *prendido* [addicted] or nothing. I wasn't doing no *carga* [heroin] or *soda* [cocaine], well not a lot. With this one [current pregnancy], I'm already cutting down on the spray and I don't do no drugs. I just smoke a joint to get mellow with the spray. So, I'm being careful.

Respiratory Problems

Five women reported that they had a child with respiratory problems. Four of these women saw their child's problem as a punishment from God. In the next excerpt, Yoli described how she drew this conclusion. Yoli, at twenty-eight, had four children (ages 12, 10, 8, and 4). She had been abusing inhalants since the age of sixteen. Her first three children were living with Yoli's aunt, and the youngest was in foster placement:

The state took my baby away. They put her in a foster home for what I did to her. You know, I did spray paint when I was pregnant with her. She came out messed up, the poor child. She got breathing problems, asthma or some stuff like that. You know, her lungs are messed up, and she can't

breathe right. God punished me because I told my mother I was going to stop and I didn't. Now I don't see her because the state took her away.

You know, I wanted to stop, but I was living with this guy. We were married and everything [i.e., a relationship of more than a year]. He was working and everything, but we were still doing spray paint. So, I couldn't stop because he always had it, and people were always coming over to party. He also told me that I worried too much because I was always saying that I shouldn't be drinking and doing spray. He told me that babies only come out addicted from cocaine, so I didn't stop.

Retardation

Two of the twenty-seven mothers interviewed had a retarded child, and a third mother had two retarded children. In all three cases, the children's condition had been diagnosed by a physician. All three women either were or had been heavy drug and solvent users. As a consequence of their heavy addiction, these women found it difficult to quit their solvent and drug use even while pregnant. Goya described her substance use during each of her pregnancies with her two sons (now ages 9 and 5) and her fourteen year old daughter. She started inhalant abuse and drug use at the age of fifteen:

With the first two, I only used marijuana and beer. I didn't do any spray or drugs then. Like I told you, I did use [spray and cocaine] when I was [pregnant] with the last one, the five year old. My son came out addicted to the spray and drugs [cocaine] that I was using. They kept him in the hospital for a week, but they gave him to me after that. I took him home. But, after six to seven months, they [doctors] found out that he was doing things too slow. They noticed that he was going through stages of some other age. You know, like he was retarded. They told me that he was like that

because he came out addicted. So, they took him away from me because of what I did to him. They also came for the other two and they took them away.

Mary was another woman with a retarded child. She was twenty-five years old, and she had five children whose ages were nine years, seven years, four years, three years, and eight days old. She started using spray paint and drugs at the age of sixteen. Child Protective Services had removed all of Mary's children because of her use of solvents and drugs. Her first four children were placed with Mary's sister-in-law. Her eight day old child was placed with Mary's mother. While describing her substance abuse and life circumstances, Mary presented some of the reasons she continued her inhalant abuse and drug use while pregnant:

My last baby didn't come out hooked on spray because I was not doing spray during my [whole] pregnancy. I did spray only until I was five months pregnant.

Right now that I have the baby with me I feel happy and everything because I didn't do spray during my pregnancy. I feel happy because she didn't come out hooked or anything. One of my kids did come out hooked. The last one, the three year old, did come out very hooked on spray. Her liver came out bad, and she is going to be that . . . how do you say that mental?

Yes, she is going to be mentally retarded. The doctor is going to help her and everything. I get money from SSI [Supplemental Security Income].

Well, when I went to the psychiatrist, because like I don't know how to read or write or catch buses. I can only catch buses that don't go very far or nothing like that. But, I don't know where the

streets are or anything. The doctor gave me a checkup. He gave me a paper to fill out, and then, he gave me some things to do, but I did not do them well. I saw the psychiatrist three times, and after that he said that I was mentally retarded.

I went to the psychiatrist for the last one. Because when they took my daughter, the three year old, they took all of my kids because of my daughter. My other kids did not come out sick or nothing. They are very smart, and they go to Catholic school. But, because of the last one, they took all of them away. Then, when I went to see the psychiatrist, I told him that I did spray, and because of that, he told me to stop the spray because I could get brain damage, and I could end up like a vegetable and everything.

Related Observations

In collecting ethnographic data on inhalant abusers, there are three ubiquitous aspects of the research setting that may go unnoticed, but which are important for understanding the larger and long term adverse consequences of inhalant and drug abuse. These aspects of the setting are the smell of paint, the presence of young children, and the shouting at children. These three aspects of the setting would have gone unnoticed if the principal investigator had not gotten a terrific headache after a three-hour focus group session in an apartment with the doors and window closed.

As the principal investigator and his assistant left in the car, he mentioned his headache, and she responded with, "I'm glad we are out of there." As he celebrated their good fortune and their ability to be able to leave such a place, he realized the toddler in the room where the focus group discussion had taken place and the infant in the baby seat who was brought in to keep him quiet were not as fortunate. They lived there, and they were too little to be able walk out into the fresh air.

This adverse experience sensitized the principal investigator to observe the children in the research setting. As a consequence, he learned that these children were not only exposed to the fumes of paint, but that they were constantly being screamed at in very demeaning terms. It was not unusual to hear a mother or another adult shout at a child: you dumbshit, *cabrona* [bitch], and get your f_ _ king little ass out of here. The principal investigator observed that for these children, there rarely was either a nap or snack time. These children, like their parents, also had an irregular eating schedule.

In conclusion, it may be important to study the long-term adverse affects of being exposed to paint fumes at an early age.

¹ R. Battjes, Z. Sloboda, and W. Grace, eds., *The Context of HIV Risk Among Drug Users and their Sexual Partners* (Rockville, Md.: National Institute on Drug Abuse, NIDA Monograph 143, 1994).

Solvent Abuse and Violent Deaths

The physical harm inhalant abusers inflict upon themselves is well documented.¹ Less known is the relationship between inhalant abuse and violent deaths. Garriott finds that a relationship exists between inhalant abuse and deaths brought about either by homicide or suicide.² Garriott contends that inhalant abusers do not die from inhalant toxicity, but rather that they meet a violent death, possibly related to the volatile substances inhaled. He further suggests that the predominant method of suicide among inhalant abusers is hanging. This ethnographic study supports Garriott's findings, and it identifies the conditions, such as paranoia, blackouts, nervousness, and gang membership, that place inhalant abusers at risk of violent death.

Physical Conditions' Effect on Violent Behavior

More than half of the respondents experienced hallucinations, paranoia, blackouts, and nervousness. These conditions influenced the inhalant abusers who committed violent acts, and thus by engaging in violent acts placed themselves at risk of killing another person, being murdered, or committing suicide. As Silviano, a twenty-five year old, described:

I've gotten into trouble because of it [inhalant abuse]. I've been arrested for assaults. I cannot help it sometimes. Sometimes I get all nervous and I go out and unload on someone. I mean I get all pissed off and anything will get me into a fight. I've gotten the shit kicked out of me, and I've messed up some guys bad. The nervousness and headache get me all crazy, and I do that kind of stuff, fights. Also, being on a trip, you don't know

what you're doing. I have done some bad stuff too. I beat up my girlfriend when I'm like that [i.e., on a trip]. She left me for that.

Almost all respondents reported that fist fights often occurred at their parties when individuals were "coasting" [pleasantly high] and on a trip. Fights happened either because one individual felt paranoid and accused another of wanting to do him or her harm, or because one person was staring into space and another interpreted the stare as making eyes at his girlfriend or her boyfriend. Domingo, a seventeen year old, described what happened to him at his last party:

I smoked marijuana in the morning. Later in the day, I was with my buddies and we were doing spray [paint]. You know, I was there coasting. You know, how you get. You are seeing things and just feeling good. You don't know which way you are looking or anything. Anyway, I'm like that when this guy, and he is my friend too, starts hitting me bad. I hit him back, but I didn't hit him hard because I was all messed up. My cousin came in and got him off of me or else he would have killed me or else really messed me up.

He was all mad because he thought I was looking at his *ruca* [woman]. He said that he told me to stop and that I didn't answer. Because I didn't answer him, he thought I was throwing him to the lion [ignoring him], but I wasn't. I was just coasting.

Among other individuals, 21 percent of the respondents reported that they became extremely

anxious and depressed and that they tried to commit suicide. As Christina, a nineteen year old, described this condition:

Sometimes I get depressed big time, and I want to kill myself. I don't have to be doing spray [paint] or nothing. I can just be sitting, and I start thinking *y se me carga todo* [and everything becomes overwhelming]. My mom is really scared. She thinks that I'm going kill myself one of these days because I tried to choke myself. I got some rope from the window thing [blinds] and put it around my neck. It broke. I was outside and I was doing from a tree in the evening. It wasn't too dark then and my neighbor saw me. When I fell, she came screaming and everything. They [family] told me what happened because I don't remember it all. Maybe I was on a *viaje* [trip brought on by inhaling paint]. I just remember getting depressed.

You know, I tried that [suicide] two times, or maybe three times. I don't remember how many times. But, I've tried it more than one time.

Relatives' Observations of Violent Behavior

The above excerpts illustrate that inhalant abuse appears to cause violent behavior. Another aspect of an inhalant abuser's life that influences behavior is the relationship with significant others, such as parents. The following case study on Pancho describes family influences on behavior. Eighteen year old Pancho is in the county jail for threatening his mother's boyfriend with a gun. He is an active paint inhaler who has inhaled volatile solvents for the past six years. His mother is an ex-inhalant abuser who inhaled volatile solvents when she was pregnant with Pancho and who had Pancho placed with her mother when he was born. She rejects Pancho because he is unstable.

The information on Pancho was provided by his mother's sister, Consuelo. She wanted to have him

transferred from the county jail to the state hospital for psychiatric treatment. She feared that either he was going to kill himself or he was going to be killed by another inmate. In her search for help, she contacted Inez, the project research assistant, who in turn contacted the principal investigator. He called the county jail and arranged a meeting between Consuelo and the jail social worker who was glad to help Consuelo because the social work staff were having problems with Pancho. Since his arrival in the jail, Pancho had gotten in a fight and had attempted suicide.

The principal investigator interviewed Consuelo three times. Consuelo described Pancho's situation as follows:

My sister, Fernanda, was a spray head until a few years ago. She used spray when she was pregnant with Pancho. Doctors say that Pancho is all messed up because she did spray when she was pregnant. You know, he is all hyper, paranoid, and he has tried to kill himself a bunch of times that I know of.

He ended up living with my mother until she died four months ago. Until he was sixteen, he lived with my mother most of the time, but there were times when he would stay with Fernanda. Last year he moved in with Fernanda when my mom got sick, but she didn't want him there, so he was coming back and forth between my mom's and Fernanda's place. Fernanda never really wanted him. She puts him down and everything.

You know, he thinks people are trying to kill him. He dug a hole in the ground under the apartment, and he would sleep there. He thought he'd be safe there. The closet floor in these apartments have a trap door to get under the building. [Public] housing workers can get to the pipes under the building this way. He slept there for a few weeks or months. I don't know.

This was in my sister's apartment. He moved in with her [his mother, Fernanda] when my mom got real sick, and she couldn't keep him. She [Fernanda] can't stand him. She's always putting him down. You know, she speaks bad to him, and he talks back to her.

It's really bad between the two of them. I try to tell my sister she needs to help him because she's his mother and because it's not his fault that he is the way he is. But, she doesn't listen to me. It's like he's a stranger who comes to the door, and she will not let him in.

Well, what happened is that Fernanda's boyfriend, Rafael, moved in with them. One day Fernanda and Pancho were fighting. They were always fighting. Rafael stepped in to stop all the shouting, and Pancho told him to keep his wetback mouth shut and to leave their apartment, get his ass back to Mexico. Fernanda get pissed, and she kicked Pancho out. He went away and came back with a gun. Fernanda called the cops, and they came and arrested Pancho. That's how he got into the county jail this time.

She shouldn't have called the cops on him. She should have gotten Rafael to leave for a while until she got Pancho under control. But no, she keeps her *ruco* [old man], and kicks her son out of the house. She has always sided with the guy she's with. Like they are more important to her than her son. You know, instead of understanding and helping him out, she's always running him away and putting him down. She tells him that he's stupid, crazy, stuff like that. She is sick because no mother should treat her baby that way.

I feel bad because I can't take him into my house. I have a disabled husband, and I just got well from having a baby. You know, with the baby, a sick

husband that I have to drive everywhere, I can't take care of another sick person. [Consuelo is thirty two years old, and she has five other children besides the new baby.]

I'm afraid for him. He shouldn't be in the county [jail]. He should be in the state hospital for the [mentally] sick. He's going to get hurt in the county [jail]. I mean, like now, he's in solitary because of a fight. You know, if he doesn't pick a fight, someone is going to pick a fight with him. That's what happened. A guy knocked his lunch tray from his hands, and Pancho hit the guy.

They have him in solitary again because he tried to choke himself when they took him to see the social worker. When the social worker left him alone for a little while he got the wire [telephone cord] and put it around his neck. They came back and found him turning blue. Now, they got him in a room with only a mattress. He hadn't been there a day when he made a hole in the mattress. They don't know how, but he ripped a hole and got the cotton or whatever out of the mattress.

I also told them [social work staff] that they should get his [state] hospital record. You know, he has tried to kill himself a few times. He has cut his wrist, and he always talks of killing himself. So, it's not something new [attempting suicide]. They should take it for real that he is going to kill himself or someone.

I'm afraid that if they put him back with the others [general jail population] he is going to get hurt. To keep him safe when he comes out of solitary and when he pulls chain [i.e., is chained to other inmates and transferred] to the state [penitentiary], I've asked the Big Boys [adult prison gang] to help me keep him safe. They've put the word out to their people in the county [jail]. I know they'll

help because I've helped the relatives of the leader, so I know that he'll keep his word.

In the process of helping Consuelo, the principal investigator learned that Pancho was illiterate, even though he had completed the ninth grade before leaving school. Knowledge of Pancho's illiteracy emerged when the principle investigator suggested to Consuelo that she get Pancho to write a letter in which he would give her permission to obtain his medical records, so that she could be assured Pancho's medical records would be available whenever Pancho appeared for his court hearing.

Gang Membership Among Inhalant Abusers

Membership in youth gangs also places inhalers of volatile solvents at risk to a violent death. In this study, nearly all of the teenage respondents (male and female) are in a gang, but they are not active members, since they get excluded from most gang activities because of their unpredictable and "crazy" behavior. Given that respondents are not active gang members, it might be assumed that these individuals are not as likely to meet a violent death as those who are active members.

However, these respondents may be in even greater danger of a violent death because active gang members who are aware of their disregard for physical safety recruit them to participate in violent gang confrontations. Gang leaders report that "spray heads" are recruited for gang fights because they are not afraid to die for their "home boys" or fellow gang members and their gang colors.

Many of the respondents were not aware that they were being manipulated and placed in harm's way by gang leaders. They believed that they were playing an important role whenever they were called in to defend their colors, turf, and home boys. Jorge, a sixteen year old, described his role in the gang:

I'm with Deep Browns [youth gang], but I'm not always with the home boys. I do my *jale* [thing], and my homies do theirs. You know, I'm with my other buddies partying. I party with my homies sometimes, especially when there is *pedo* [trouble] with the Blues from Las Casitas Courts or whoever. Then Pito, number one [gang leader], passes me a *cuete* [gun]. I can be messed up, but I get down for my homies. They're my family.

Sonya, a seventeen year old, describes further the participation of "spray heads" in gang confrontations.

The AGs [a gang] are here [in this barrio]. I been with them for a year. You know, I haven't been with them too much because I lived at the Big River Courts, over there on the Eastside. There are too many Negros over there. I don't get in with them [African Americans]. It's been here [in this barrio that I have been in a gang], more *raza* [Mexican Americans]. We have colors [gang colors]. They're blue and white. The guys have blue and white [baseball] caps, we have them too, but I have a large handkerchief. I got it somewhere. I lose it because I get high and I don't know where I leave things. I get messed up, and I can't remember where I am. Smokie, you know Smokie? She can tell you. I don't kick back too much with them [AGs]. They count on me when they get down [i.e., fight]. I go with them then. Smokie can tell you.

She brought me and some of my buddies back. We were backing up our colors [gang]. I got all bloody. I didn't even know we went to kick ass. They told me what we did. We went to see if the Damage Kings [rival gang] was going to back up their shit. Smokie came for us. You know, they [Damage Kings] came over here and they messed up [beat] a *chavalito* [little kid]. Smokie got us to go see what was up with those guys. To tell you

the truth, I don't remember. We were hitting it [spray paint] heavy. My buddies said she [Smokie] came for us. Thank God I didn't get hurt bad. I got hit bad on my face. You know, black eyes, and my ribs got hurt.

Smokie got all the jales [weapons]. She's in charge of that [weapons] So, we have guns to back up our shit. Smokie can tell you.

The principal investigator talked with Smokie, the leader in a co-ed gang, to confirm Sonya's role in the gang fight. Smokie described Sonya and the other spray heads' role in the gang fight:

The truth, those people [inhalant abusers] are crazy. But, you know, they are from the barrio, and they don't give a shit what happens to them. If they are going to be messing each other up and whoever anyways, we get them to help. *La Sonya is locota* [really crazy]. She thinks people are messing with her, but she's on a *viaje* [trip]. I'm in charge of getting the soldiers. I get her, and I give her a gun or a bat. I put her in front of the enemy and tell her, "They're the ones messing with you." She starts throwing punches and kicks and all kind of stuff. It don't matter if it's one guy or his whole army. She gets down. Spray heads do that. So, they help us out when we need them. They're going to get hurt anyways. So, why not get them [spray heads] to help us out? Do the *pedo* [trouble] for their colors. I don't give her a gun with too many bullets, just a few, because she's crazy. She might shoot us. We take it [gun] away from her when she's done because she can shoot us too. She don't know where she is sometimes. So, you can't depend on her too much.

Conclusion

These ethnographic data and Garriott's toxicology data have policy implications in examining death rates.

A death may not be due to inhalant toxicity, but the death may be related to the inhaling of volatile substances. Garriott has found a relationship between inhalant abuse and violent deaths, and this study identifies specific behavior that can lead to a violent death, as Goya, Silviano, and other respondents described when they talked about blackouts, hallucinations, headaches, and nervousness.

The data from this ethnographic study calls attention to the possibility of violent deaths occurring as an adverse consequence of inhalant abuse. In conclusion, it may be important to design a study that works backwards from a violent death in which inhalant abuse may have been involved, and then to examine more closely the role inhalant abuse played in the cause of death.

¹ Eric Fredlund, *Volatile Substance Abuse Among the Kickapoo People in the Eagle Pass, Texas Area, 1993* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, TCADA Research Brief, November 1994); James Garriott, "Death Among Inhalant Abusers," in *Inhalant Abuser: A Volatile Research Agenda*, eds. C. W. Sharp, F. Beauvais, and R. Spence (Rockville, MD: National Institute on Drug Abuse, Research Monograph 129, 1992,); Charles Sharp, Fred Beauvais, and Richard Spence, eds. *Inhalant Abuser: A Volatile Research Agenda* (Rockville, MD: National Institute on Drug Abuse, Research Monograph 129, 1992).

² Garriott, *ibid.*

Two Case Studies of Grace and María

Two case studies are presented in this chapter to provide detailed information on the circumstances surrounding three issues that have only received peripheral attention until now. These three areas are initiation to inhalant abuse, managing daily life with the help of others, and stopping inhalant abuse. Case study data can provide insights useful in the development of effective treatment, prevention, and intervention strategies. The subjects of the two case studies are Grace and María. Grace is the subject of the first case study. She is disabled from years of inhalant and drug abuse, and she is one of the older study subjects who provides information on what life is like for older and disabled inhalant abusers, in particular, women.

Grace was interviewed three times. There was an initial three hour interview followed by two shorter interviews conducted on two different occasions a week after the initial interview. An unstructured interview guide was used for the initial interview. She was interviewed in her apartment which is located in one of San Antonio's large public housing complexes. The interviews were conducted in Spanish and in the *tecató* argot. Her remarks were rearranged to highlight what she said about starting and stopping inhalant abuse and about managing daily life with the help of others.

Grace

My name is Grace, and I'm thirty-two years old. I live with my boyfriend. I should say husband because we've been together a long time, eight years. I have three children, Manuel, Lupe, and Carlos, and they are seventeen, sixteen, and thirteen years old. Carlos lives with my mother, and he has lived with her since he was a baby. The

two oldest children live with me and my husband. My mother is the one who took the kids when Child Protection [i.e., Child Protective Services] took them away from me and who has kept Carlos since then because he is *enfermito*. [Low income Hispanics in San Antonio use the term *enfermito* to denote mentally retarded.] I have been thirteen years without him (Carlos), well all his life, because Child Protection left him at my mother's. The other two have come and gone between my place and my mother's, but now as grown-ups they have decided to be with me.

I am, as you can see, in public housing. I have always lived in public housing. I have always dreamed of leaving this place [public housing], not because I think I'm too good to live here, but because there are too many problems here and because I would like to have a house with my own yard. I don't mind the drugs, well I do in a way because there are too many connections in this barrio and *este* [this one, her son] sells for some of them and I worry too much about it. You know, he is going to get into trouble. Well, I don't think that I'm going to have my dream. I'm too messed up. I'm just going to die here.

Initiation of Inhalant Abuse

I hit the spray paint at a very young age. I must have been about nine. I'd go out with my girlfriends, and they'd be with the can coasting. Some of them were about my age and others were older, like fourteen and fifteen. They would be doing it all the time.

Peer Pressure

It looked like everybody was with the can, and having a good time, so I joined them. I liked it right away. They didn't force to me do it or nothing. I just wanted to do it like them and have a good time. You know, my friends and me when we went to somebody's house, we would party with the spray because we were too little to drink beer. Later, we started with the beer and the marijuana. Then, I didn't think that the spray would do me any harm. It was all partying and having fun. One does not think at first. Then, you get hooked and you only worry about feeling good and being high.

I'd hit it hard when I started. I'd be doing it all the time. I'd do two or three cans a day. I was really hooked. When I married the kids' father, I had enough cans, even enough to throw up into the air. He supplied me with all that I wanted. You know, he used to do it too. I met him after I'd already started. Like I told you, I was already doing it when I was nine.

I met him at one of the parties. We were always in a group of friends or people who came around to party. You're with your friends as if they were your family. For me, they were my family. That [i.e., the gang, my network] kept me going.

They are always around, and you always have something to do. You are never alone, and you always have somewhere to go. And, when you are not with them, you miss them because you get used to having them being around.

He [first husband] always brought us the marijuana, and you know, he always had money and marijuana. We got together after we met, and besides getting me *gorda* [fat, i.e., pregnant] he got me all the spray that I wanted. He did a lot of spray too. His family blamed me for his doing

spray because he couldn't stop until he got paralyzed from the spray. They had to carry him to the hospital. He had a lot of paint in his lungs. He almost died, but he didn't. He stopped the spray when he got out of the hospital, but he started injecting heroin which is what he does now. He comes to that connection. You know, the one there in front of the house across the street. Lupe doesn't want to look at him when he is around. Manuel goes over there [to the connection] when his father is there. Like I told you, Manuel sells for them sometimes.

Kicked Out of the House

I was about fourteen or fifteen when I met the children's father. I'd been on my own for a few years because after I got started on spray, my mother ran me away from home. My father I never met because he was gone even before I was born. My mother suffered a lot with me.

Quitting Inhalant Abuse

I just got out of the hospital last weekend. They took a tumor out and they kept me there a week. I get these tumors, and I always have to go to get them out. See where they took it out. [She picked up her sweatshirt to expose a large bandage slightly below her waist.]

These tumors may come from all the blows that I have received. I got hit a lot when I was high, and then now a few years back my husband hit me. That's how I stopped the spray paint. He beat me into quitting. I had slowed down, but I was still doing it, and he made me stop. Every time he saw me with the can he beat me. Through blows he took my habit away. He did what the doctors and social workers couldn't do. He made me stop. It's not that I'm afraid of him, but in hitting me every time I did it, he showed me that he really loved me. Any other man would have left me because I

can really be a problem. But he loves me in spite of the fact that I'm short, fat, and ugly.

Now that I've quit, I stop and think. You know, life is more beautiful this way without the can [of spray], breathing clean air. I used to think that I would never be able to quit. I used to think that I would never be able to breathe without the can in my mouth. I don't know why I thought that way. Maybe it was because I started *de muy chiquita* [when I was very little]. I thought that I was used to it because of having the can in my mouth after so many years and because I didn't think that I could live without the can.

Institutional Failure

I go to the doctor, a psychiatrist, and to a family doctor. Is that treatment? We talk about how I am doing and all of that. You know, the things I have already told you about. I cannot really say that I have been in a treatment program. When I was young, I was in and out of the hospital. When I had the babies and when the state [Child Protective Services] took them, they put me in the hospital. No one said, you are going to a treatment program. Maybe they did, but I didn't hear it. But that I can say that somebody in an office [i.e., agency] did or said something to get me to stop? No, that did not happen.

Like I told you, I went to the state hospital a few times, but I ran away. Like my mother, they gave up on me because I would be put there [hospital] and I'd run away. After awhile, like I told you, the police would come and take me to jail because I was fighting or somebody was fighting at my house. Or, a lot of times they would see the paint in my mouth or smell it and say, "spray head" and leave me alone. If I didn't have the children with me, they didn't give a damn, and they would drive off.

I don't remember much about back then, just that I would run away. Or, if they released me after three days or a week in the hospital, I would go straight to buy a can of silver, because I loved it so much. You know, I lived in my own apartment since I was very young. There was no place for them to put me because my mom had the kids, and they couldn't put me there. Nobody else wanted me, so they would leave me alone.

Also, none of my buddies were in treatment, so nobody talked about it. You know, for anyone to say, "I went to this place for treatment and it helped me," or something like that. I never heard anything like that. Everything that I have heard all my life was, "Here's a can [of spray paint] or a marijuana joint and let's party."

Until now, I just go to the psychiatrist, the one who calls me "Match." [The doctor has given her the nickname "Match" because she blows up frequently and with little or no provocation.] That's my only treatment. The truth, I am already all messed up for anything to help me. It's too late for me, but maybe somebody can step in and help Manuel with a little job, school because he can't do paperwork, and some good advice. I pray for Diosito [God] to help him because the way he's going he's going to get arrested or get killed.

Managing Daily Life

My life is just like you found me today. My routine does not change. If I don't feel sick, I get up at five and get breakfast for my husband, and then I go back to bed. Around ten, I get up again. Then, I'm resting, watching T.V., asleep, or going to the doctor.

Like I told you, I smoke marijuana almost every day. I smoke about a \$10 bag every two or three days. It helps me get calm. My doctor knows that I

smoke marijuana because it calms me down. It makes me sleepy, and it helps me sleep. The doctor gives me Xanax to help but there are times it does not. You know, there are times that I don't know where I left the Xanax, so I have the marijuana to help me. I can say things, and I don't know what I've said. For example, the other day I ran my daughter away, and I didn't even know that I had done that. She went to my mother's house and stayed there a week. When I was under control, my mother brought her back, and she said, "Look Gracie, you talk a lot with the Xanax, and you don't know what you do."

More Than A Grocer

Like I told you, Joe helps me with my bills. [Joe and his family run a small Mom and Pop grocery store in the barrio.] He pays them and does whatever paperwork needs to be done. I have lots of paperwork because I'm always going to doctors and the government helps me with checks. The doctors helped me get the checks, and Joe helps me with them [i.e., the checks]. But, I can't get the checks. I can't sign them, and I don't receive them here at the apartment. The checks come to Joe at the store. He is responsible for me. He's my guardian because they [government] don't let me get the checks or cash them. They come in his name. He is not a relative or anything. He just knows my grandmother, my uncles, and everybody in the family. He got responsibility for me because my children are under eighteen. He [Joe] pays my bills.

A Helpful Social Worker

When the children were little, I didn't even know how to write their names. The caseworker who I had when they were little taught me how to write their names because I didn't know how to spell their names correctly. The caseworker sat me down, and he taught me how to write their names.

I was about sixteen or seventeen when he taught me to write the names of the two older kids.

The Good Daughter

One thing that Lupe [her daughter] has is that she is very smart, and she helps me a lot. She is the one who reads me the letters we get. She knows about the SSI (Supplemental Security Income), and what I need to do. She reads me the applications and papers they bring from school. Sometimes, she signs them for me or tells me, "Mommy this is for this, and you have to sign here so that we can get what we need." She also writes letters for her older brother because he cannot write. Look, here is a statement that she wrote for her brother because he got into a fight at school. [The statement was a three page narrative that consists of two long paragraphs with some misspelled words.]

I give her a lot of credit because she is the one who takes care of me. As soon as she gets to be eighteen, I'm going to take Joe off as my guardian and make Lupe my guardian, so that she can get everything. The doctor is the one who told me to make Lupe responsible because Manuel is too hard headed [i.e., not capable of learning]. He's turned out very slow [mentally].

She came out okay, not like her brothers who are hyper and who cannot learn. They take hyper pills, and she doesn't. Doesn't smoke marijuana or nothing. She has always had her regular school, regular classes. She has never been taken from her classroom to get special help like her brothers. Well, Carlos is in the retarded class, but Manuel has always been taken out of class to get special help. She's gotten straight "A's." With her I didn't do a lot [i.e., inhalants] as I did with the boys. The doctors told me that it affected them mentally because I did a lot [i.e., inhalants] when I was

pregnant with them. Lupe came out okay because I didn't do it when I had her.

As she says, "Mommy, I'm lucky that I'm not like you guys because you cannot learn or remember things." I tell her, "It's okay anyway because you are here [in this world] to take care of me."

In her narrative, Grace describes what her life has been and what it is like today. Moreover, she also describes an environment in which inhalant and drug abuse is endemic. It may be concluded that her son Manuel's young family will repeat the cycle of substance abuse started by Grace if he and his family do not receive help.

María

The subject of the second case study is María, a fourteen year old former drug and inhalant abuser who potentially could continue to be drug and inhalant abuse free, if some person or agency intervenes to help her family. María, much like her mother and the many other respondents, is looking for someone to love and value her and to take her away from a substance abusing and dysfunctional family and neighborhood where gangs and drugs are endemic. Unfortunately, she is only able to search for her "knight in shining armor" in the same environment that is producing her and where she only finds young men who are as much in need of help as she.

Lola is María's mother, and she is one of the five women interviewed in addition to the sample of 30 active inhalant abusing women. She is a thirty-three year old single head of household with four children. Of the four children, three have abused alcohol and drugs, and two, María and her older brother, have also abused inhalants. As yet, the youngest has not.

Lola was interviewed because she, like the other non-inhalant abusing women, could provide a mother's perspective on the problem of teenage inhalant abuse. Lola was interviewed in her home.

After Lola's interview, María, who was present in the home and who probably listened when her mother was being interviewed, came forward and volunteered to be interviewed. As she said to the Principal Investigator: "You want to know about all that jale [stuff]? Tolly, spray, soda [cocaine], and all that stuff, I've done it. I can tell you all about it. Right now."

Because the principal investigator did not have time to interview her at that moment, he asked María to write her experiences with drugs and inhalants. He also asked for Lola's permission to gather data from her daughter which Lola granted. A week after they met, María called the Principal Investigator and told him that she had his information.

The following is an unedited copy of what María wrote, including spelling and grammatical errors. It is presented unedited, so that the reader can see how she expresses herself and how she thinks. The only addition to her narrative is the translation into English of the Spanish and tecato argot terms that she uses.

María's Autobiography

My name is Maria, but people from the hood call me Lil Loca. Im fourteen years old and was born in Antonio, Texas February __, 19__ and since then I' ve been raised here in San Anto mostly westside. *Pero* [but] anyways while I was growing up my parents were always fighting and always arguing but in most relationships it's common but not this one. My dad use to beat my mom while she was pregnant, I guess thats why she hates him. But ever since I was a little girl I've always been attached to my *hefíto* [father]. I really didn't know why but it's just like that. Well as the years went by everything got worst my mom and dad would fight more and I would hate for my mom to hold me so I'd hide under something so my mom couldn't get me and wait til my dad came home to hold me in his arms, it was something about his hugs but I didn't know. Finally my mom got fed up with my dad's shit, and she left him. When she

did it hurt me a lot and I can't say it's my mom's fault I turned out the way I am it's just to see my parents separate tore me apart and I couldn't choose who I wanted to love cause I loved the both of them with all my heart. But, it was for the best that I went with my mom because if I would of stayed with my dad I wouldn't be here right now, maybe 6 feet is were I'd be.

Living with my hefita [mother] wasn't easy because at first we lived in the getto, but I'm not going to lie my mom tried hard to get us four kids what we needed and she always seemed to accomplish every time she tried, and if she fail she tried even harder. Growing up in the courts [public housing] wasn't easy, but at least we had a roof over our heads and food on the table. As several went by I started school and enjoyed it. I really didn't see my dad much cause he was always locked up, but like I was saying in elementary I would get good grades and had such a big goal I taught I'd achive, but from this point I don't think I'll ever reach my goal. My goal was to graduate and go to college with a scholarship and then go to law school and become a lawyer. I didn't just stay in one elementary I went to a lot more the names aren't important.

During elementary years my mom had fallen in love with this guy named Albert he helped my mom and us out a lot he was always there for us but what can you say when you love someone you'll try everything to help that person out when their in need when they need to be loved, comforted, and to know someone cares, that persons always there. I soon started realizing that my mom was happy with Albert and I went ahead and excepted him. Well our lives started getting a lot better ever since my mom met Albert and I felt my mom was safe with this man.

Well, as more years passed, I started getting into

trouble so much. After a while my mom and Albert separated and my mom met Raymond and she married him. During this time I was a 5th grader and in love with a 7th grader named Fernando, we were together for 3 years. He was my first love and he was a friend and my own someone who made me laugh when I was sad who helped me learn how to respect my mom and especially how it feels to be loved. When we broke up it was as if my world ended. I didn't want to go on any more, but like they say life goes. It wasn't easy getting over my first love it took time, but hey what can I say that's life and nobody said love was perfect.

Well, as time passed things at my house weren't doing to good my older brother got into a gang called 13ce [*Trece*, thirteen] and he was always fighting and chillin' with his boys. He would tell me thats his family and that all the love he needs and protection he needed he could receive it from them. I started getting worse in school and people always be wanting to fight me. I attended __ M.S. [Middle School] and I was a *nesia* [problem]. I was always talking shit but was never able to back it up so I started thinking about what my brother was telling me so I told him I wanted in. When he spoke with his boyz they told me either I roll the dices, what that means is you roll the dice and whatever # it lands on you times it by two. For example, if you get the number six, $6 \times 2 = 12$. The number it totals is thats how guys you have to sleep with one right after the other. My last decision was to get rolled in by the guys with bats and I had to fight back just to prove that I was down for my set. I'm not gonna to lie it did hurt to get hit with the bats, but I was a virgin so I prefered that instead. They rolled me in for about five minutes, but it seemed like it was for hours and hours. After the rolling had stopped, I ended up with a busted lip and two black eyes and was sore in many more parts of my body. All my home

boyz and homegirls hugged me and now respect me for fighting back to prove that I was down. Every one welcomed me it was the greatest feeling I felt in a long time I actually felt loved and wanted and I had my *raza* [race] taking care of me and keeping me under there wing.

At [sic] got into 13ce [*trece*, thirteen] at the age of eleven years and my mom little by little hated the idea that I got into 13ce [*trece*, thirteen] she would cry at night because she now had to fear for my life and my brothers to. It broke her heart to see me throwing my life away because I was an angel the turned into a devil and that was out of control. Every single day I would leave home to stroll with my homies now who I call my family.

My homeboy Fire and Shorty [home girl] got me started on most drugs but the first drug was mariwana (weed). It's a plant grows from the ground and some people use it for medicine. I remember the first day I tried weed we were at my home boy Tiger's house and we were all drinking Mickey D's and Old English [malt liquor], while Bar-B-Queing chicken on the grill.

Pero [but] anyways, my home boy Fire pulls out a dime a weed witch cost \$10.00 a rolled three blunts. My home boy sparked one up and started passing it around I skipped it twice til finally my home girl Shorty told me to at least try it so I did. I didn't get a buzz until after the third blunt was burned out. I had to stop and think several times twice before I said something getting high I guess you can say makes me feel good because I feel as if all my problems are over. I started getting into weed more and I also started doing other drugs such as cokecain, acid, and inhalence such as toley which is alcan boster something for cars and also spray paint especially the gold spray cause it's stronger and also air freshener. there was a saying

hit the air freshener three times real hard and you can here the getto bird cry. It sounds like a cry for help.

The first time I did coke it made me feel like if I was floating on air. I felt like I had a runny nose. The way you do coke is that you get a mirror and lay it flat and divide your coke into lines you use a straw to sniff it with your nose. It makes you feel like you got a burger stuck up your nostril. When your all coked up you call it wired.

Another drug I did was acid it's a square that makes you illucinate and see things that ain't even their. The way you do acid is that you can put the square on your tongue or you can put the square in a bottle of visine and put it in your eyes. I liked it better in my eyes because it made me trip out more. I remember when I first hit acid it was at a 13ce [*trece*, thirteen] gathering and I taught a tree was a person and I started telling the tree what's up and I would see all these creatures coming at me It was a trip because I got so messed up that I started fighting with my home girl, Shorty. Well anyways, as time passed, I got into my gang more I would sneak out and always skip school. Sometimes I wouldn't come home at all and if I did it would be about 3 or 4 in the morning and I was always all messed up. My mom would worry about me a lot and would cry.

Well, as time passed 13 ce [*trece*, thirteen] got into a war with twosix another rival gang. When this war happened it happened on an open Feild all hell broke loss. All I remember was seeing my home boy Fire get shot and fall to the ground. I ran strait for my home boy and held him in my arms and then this guy from the other gang shot him two more times. Before my boy died he told me that he was my guarding angel and he would watch over me no matter where I was. I almost died that night,

but because Diosito [God] was watching over me, all Chuy did was hit me with something on the back of my head. I cried when my home boy closed his eyes and layed himself to rest.

I didn't go to his funeral because it hurt to much, but I did go pay my respects to him at his grave. Some time later, we got into a territorial battle with the VGs and we won. Nobody got killed, but we did beat up a bunch of them. Some of our homies got broken noses, black eyes, and some cuts. Nothing serious really happened.

Well more time passed, and I stoped hanging with the 13ce [*treces*, thirteen] I got into tolly, and spray, and other inhalence. The tolly you would put in a 20 oz bottle, and the spray in a 12 oz can. It got to the point where I would hide in a corner just to hit my shit. I would go crazy for my drug. Well after time passed I settled down a little and started attending Allendale a met some guy named Johnny. I was with him for a several months until he raped me. He got all messed up and tied me my hands to the head board and started hitting me. He took advantage of me that night, and I will never forget that night. Now I with this guy named Jimmy and we've been together almost a year he treats me good and everything it's just that he deals drugs such as weed and coke. He usually makes about \$300 or more sometimes off of weed mostly. I tell him that he's killing people but he don't listen to me. He sells drugs to kids and mainly white folks but I can't say nothing. I don't need dirty money He gets his stash from Genaro who involved in the Big Boys [adult gang] but what can I say.

I stop doing drugs and I'm proud of myself I learned my listen. Now, I do much better in school and have a better chance of achiving my goal. But lifes hard and people sometimes don't want to live until their life is in their palm of their hands.

Interview with María

After reading her biography, the principal investigator asked María questions on her boyfriend and his drug dealing, her family, and her possibility of returning to inhaling volatile solvents. With her answers, María described her life circumstances and her boyfriend's drug dealing activities further. María's answers to the questions were edited for readability:

Interviewer: You talked about Jimmy, your boyfriend. Could you tell me a little bit more about him?

María: We're getting married. I'm not going to be here any more. He's buying me a diamond ring and a house. We're living with his *jefitos* [parents] until he saves up for what we need. We've been together almost a year. He treats me good and everything. I love him and he's the one I want to marry. You know, he's the one that I thought got me pregnant, but didn't. Jimmy is the one who came after Freddy, the one I dated a few times and who really got me pregnant.

I lost the baby. I stopped doing spray because of that and because my older brother got cancer of the throat from doing too much spray. That first pregnancy didn't last too long. Something happened and I lost the baby. Well, I guess it was a baby. This last time I thought I was pregnant because I missed my period for two months. My *hefita* [mother] took me to the doctor and after a bunch of test they told me I wasn't pregnant. That was too bad because I'm going to get married to Jimmy, and I want his baby. I love him, and he's more

- mature than my other boyfriend, Freddy. Jimmy, who I'm going with now, is fourteen. Freddy is thirteen. I'm also older than Jimmy because I'm going to be fifteen before he is.
- Interviewer: How does your mother feel about you getting married?
- María: My mom's happy because me and Jimmy are in love. She doesn't care about my getting married as long as we love each other and Jimmy takes care of me. My mother thinks that getting married is okay, if I can be happy like my brother and his wife, and keep going to school. I tell you my being married will be different than my mom's life. I fight back. No guy is going to beat me up because I was in the *Treces* [youth gang], and I got rolled in, so I can take it and kick ass too.
- Interviewer: What does his mom think about you getting married?
- María: She's happy. She says it's okay.
- Interviewer: In your biography you didn't sound too happy with Jimmy selling drugs. Will you talk about this more?
- María: He's going to buy me a house. He's going to buy all the things we're going to need for the house. Before he does all that, he's gonna get me a diamond ring and a car.
- Interviewer: Isn't that wishful thinking? That takes a lot of money.
- María: He makes \$300 a day. Last week he made \$1,000 in one day from selling *mota* [marijuana].
- Interviewer: Does he sell it by the bag or joint?
- María: He sells \$5 bags, \$10 bags, one-half ounce for \$30, an ounce for \$60, and a pound for \$960. He sells coke, but he makes most of his money from *mota* [marijuana]. He also sells an 8 ball of coke for \$60. Crack, he sells a rock and a half for \$15. He also has three rocks of crack for \$30.
- Interviewer: Do you go with him when sells?
- María: No.
- Interviewer: Does he sell every day?
- María: He says he doesn't, but he does.
- Interviewer: How do you know?
- María: Because he can't talk with me on the phone for a long time. His pager always goes off. Then, "I got to go." Last night I was talking with him when it went off. Right away he hangs up because Genaro called. He listens more to him than to me.
- Interviewer: How does it all work? Where does Genaro fit in?
- María: Genaro is his parent's friend. He gets his stash from Genaro. He's twenty-six or something like that. He's with the Big Boys. So, what can I say? Turn them in? That's crazy because I

- would lose my boyfriend and because the Big Boys would kill me. They'd probably have him do it for them. You know how they are.
- Interviewer: I'm not clear on all of this because no one gives *mota* [marijuana] for free. Doesn't someone have to pay 10 percent to the Big Boys?
- María: Genaro gives it him and they [Jimmy and Genaro] get 50 percent of the profit. The other fifty goes to the Big Boys. Yeah, but you see, Genaro is Jimmy's big sister's brother-in-law. So, it's like in the family. Genaro's dad helped start the Big Boys, but he is dead. He, the dad, didn't pay 10 percent. He got 10 percent from the people who sold for the Big Boys. When his dad died, the 10 percent went to Genaro. He doesn't have to pay 10 percent. He gets 10 percent. I don't know how it really all works, but it's something like what I just said.
- Genaro gives Jimmy the *mota* [marijuana] and *soda* [cocaine], and he goes out three days a week to sell. He's got customers, you know, so he can move a lot of stuff fast. Genaro fronts it for him. That's what he tells me, but I think he works more than three days a week because I can't even talk with him on the phone for ten minutes before he gets paged or we get interrupted on the phone. Then, he has to hang up because he has to go out and deliver. This is like all the time. I don't like it, but he tells me that I just have to wait until he does his business.
- Interviewer: You don't like that he sells. What do his parents think about it?
- María: His mother says she doesn't like it. They're rich, so they probably don't give a damn about it.
- Interviewer: What does his dad do for a living?
- María: I don't know. They just got money, big old house, cars, trucks, and a boat. Last weekend, they took me to Houston, to Katy, that's in Houston. We stayed with some of their friends, you know. They got money too. They took the boat, and I thought we were going to go to the water, but we didn't. We just stayed with their friends, kicking back in the back yard and stuff. Then, we just came back. We had a good time, but I wanted to go to the water and be on the boat.
- His mom is real nice. She takes me shopping and shit. I tell her that maybe Jimmy should stop selling shit, but she laughs and tells me, "You are a teenager. You know how teenaged boys are. They don't listen to anybody." Sometimes I think that I worry more about him than she does. Why are rich people like that? I guess because they got so much money she doesn't give a shit about how he gets his money.
- Interviewer: What does he do with his money?
- María: He's saving it up to buy me the diamond ring and the house.

Interviewer: How about your mom? What does she think about all this?

María: She's happy for me because Jimmy treats me nice and his mother likes me. She'd like me to finish school [i.e., high school]. I told her that I would even if I get married. You know, that's what my older brother is doing. They got the baby, but they are both in school. They got the parenting class at the school so they take the baby there. He's happy. Thanks to God, his [older brother] cancer is gone, and he is trying to make it now. My mom is proud of him. She tries to help them, but she can't do much because she has to work long hours and they only pay her \$5.50 an hour, so she don't have too much money to help them with.

Interviewer: I've forgotten what you said about your drug use now.

María: Like I told you, I stopped. I only drink OE [Old English malt liquor], and I'm very proud of myself for that. I tell Mario [sixteen year old brother] to drink OE if he wants to get high. That stuff makes you feel good, and it's not going to kill you like spray. He almost died. Thank God, the doctors took care of the cancer in his mouth, and he don't do no more spray. He did it a lot with his home boys. They did that [spray paint] and *mota* [marijuana] a lot. My mom's all happy for him because he don't do it anymore and he made her a grandmother.

Interviewer: Tell me more about your family. You've just moved in this house; is it different living in a house than in an apartment? [The family had recently moved into a three bedroom house.]

María: We live with my grandmother, my mom's mother, and my Aunt Matilde and her three sons. My mom, grandmother, and Aunt Matilde are supposed to pay a third of the rent each, but Aunt Matilde doesn't pay the rent because she doesn't have a job. She is gone most of the time with her drunk boyfriend or with whoever she picks up, so my mom has to take care of her kids. I don't know why my mom signed papers to get custody of her [Matilde's] kids because she can barely take care of us. My cousin who is my age sometimes doesn't come home at night and my mom gets all worried about him. She thinks that something bad is going to happen to him, but I tell her not to worry because it shouldn't be her problem. If his mother doesn't give a shit about her kids, my mother shouldn't put up with her *chavalones* [kids]. Sometimes when my Aunt Matilde comes home, she is all drunk, and she tells us and her kids that she didn't come home at night because she was out being a *puta* [prostitute] to make money to pay the rent and buy food. But, it's all bullshit because she never brings home any money. If she makes money, she drinks it.

Interviewer: How many are in your family now?

María: Just me, my mom, my little brother Beto [thirteen year old] and little sister Tina [twelve year old]. My brother Mario, his wife and baby girl live with her parents. Beto is with us now, but for a while he wasn't here because he shot somebody, and he was in juvenile. He and Tina are always in some trouble. They are always getting suspended from school for ditching and for fighting and stupid shit like that.

He didn't kill anybody, so they let him out. The little kid was messing with a gun, and it went off. That's what he told the cops, but the *pendejo* [dumb fool] was high on *mota* and *pisto* [liquor] when they started messing with the gun. Beto told the cops that they found the gun and that they went to his friend's house to look at it. But, the cops didn't believe him because the gun was stolen and because Beto and his *camarada* were high. So now the *pendejo* is on probation. They [police] didn't do anything to Beto's *camarada* because he was the one who got shot and who went to the hospital. He didn't serve time or nothing. He stole the gun too, so they also should have done something to him.

As of this writing, María has dropped out of school. She did not return to school after she was suspended for shouting obscenities at a teacher. This suspension following two prior suspensions for the same offense. While on suspension, she ran away from home. After two weeks of searching for her, the police found her in Jimmy's home. The police arrested

Jimmy for interfering with their taking María from his home and for resisting arrest.

Beto and Tina do not attend school regularly. Between being truant and being suspended for misbehaving, they spend more time at home than they do at school. Beto is awaiting a court hearing for a probation violation, and he and his mother assume that he will be sent to a juvenile facility because he does not attend school or report to his probation officer. As much as Lola professes to want the best for her children, she appears unable to control them. Because María is so angry for being returned home and for not being able to talk with Jimmy, Lola fears María will relapse into inhalant abuse.

Study Recommendations

Inhalant abuse intervention, prevention and treatment efforts are often discussed as three separate and distinct entities. For example, intervention efforts are designed to stop inhalant abusers from their continued use of inhalants while prevention efforts are designed to prevent individuals from starting inhalant abuse. This linear design is useful because it helps delineate the problems of intervention and prevention separately and without overlap between intervention and prevention efforts.

However, this linear design is also limited because it does not address the reality that both inhalant abusers and individuals at risk of starting inhalant abuse exist in the same dysfunctional and multi-problem families. An effective approach to inhalant abuse should therefore combine elements of intervention and prevention efforts. This chapter concludes the report with a discussion on such an approach and with a list of recommendations for treatment and research issues in inhalant abuse. The recommendations are based on the respondents' comments and the principal investigator's observations.

Prevention and Intervention Strategies

Prevention and intervention efforts should be interrelated. Consider the following three study findings:

- Respondents came from several different types of dysfunctional and multi-problem families. There were young two parent families with inhalant and drug abusing parents who had small children; there were two parent families in which older parents and some of their children were inhalant and drug abusers; and there were two parent families in which older parents did not abuse inhalants and drugs, but a child or children did

abuse substances. The variation to each of these family structures were those families headed by a single female.

- Individuals were initiated into drug and inhalant abuse either by a relative (i.e., sibling, cousin, aunt, uncle, spouse), or a peer.
- Parents exposed their infant children to paint fumes at an early age.

To have effective prevention, effective intervention must occur first. Most of the respondents (men and women) produced children who were placed at risk of inhalant and drug abuse. Therefore, effective intervention must occur to reduce the number of candidates for inhalant and drug abuse. A prevention and intervention model includes a variety of features mentioned below.

Ethnographic Research

Ethnographic data, such as the one collected in this study, are needed to learn the information subjects consider when they make decisions and identify the strategies inhalant abusers create to cope with events in their lives. As Ramos et al., have shown: 1) the formation of risk perception is an informed decision, 2) individuals create strategies to cope with the many roles they play, including that of inhalant abuser, and 3) the knowledge individuals use to define what is risky is limited and the client's knowledge needs to be extended to make it more effective.¹

Outreach

Outreach workers who speak the client's language, such as the tecato argot, need to work closely with clients to insure that their immediate needs are met. Individuals in need of prevention and intervention need a variety of services and resources to fill many of the most basic needs.

Employment

Most respondents needed and wanted a job, and they reported that a steady job would either prevent them from inhalant and drug abuse or from relapsing. They stated that a job would keep them from getting bored. All of the adults and even some of individuals in their early teens asked the principal investigator for a job, even if it only paid minimum wage. They wanted something to do that would earn them money. The respondents who had been in prison and the few who had been in other job training programs reported that job training was not effective because in their experience, job training rarely led to a job. As a consequence, they wanted a real job with job training, but not training by itself.

Education

All of the study subjects were dropouts. Even those who had reached high school before dropping out could not express themselves very well. Most respondents were aware of their limited education. However, they were unable to verbalize what they actually needed, other than to say, “something to get a job.” A prevention and intervention strategy must address the educational needs of this population.

Language Competency

None of the respondents spoke English fluently. Therefore, any prevention and intervention strategy must address the language limitation of the clients. The intervention and prevention strategy needs to be implemented by individuals who are fluent in the argot spoken by clients. Although obvious, it needs to be stated: “If outreach workers and counselors cannot communicate with clients, the prevention message is lost.”

Inhalant and Drug-Free Neighborhood

Many respondents would like to be away from the influence of their substance abusing peers. As some

respondents said, “There are too many people in the barrio doing spray and drugs to escape it. If you don’t have someone in the family doing it, you got *camaradas* [buddies] doing it.”

An Advocacy Program

Most respondents are in need of an advocate to help them obtain needed educational, employment, health, and housing resources. Most respondents are unable to navigate effectively the barriers of rules and regulations put in their paths by social service providers. As a consequence, inhalant abusers and their families do not seek help, and they do not appear in the files of service providers. A further consequence of their “disappearance” is that inhalant abusers, like injecting drug users, get labeled a hidden population that is unreachable.

Treatment

Few respondents had been in treatment and few asked about treatment. However, many respondents suggested that they needed to be taken away from their environment if they were ever going to stop inhalant abuse. In their own way, they asked for residential treatment. The few who had been in treatment requested that the waiting period between being accepted and being admitted be short, such as a day or two. For example, a female respondent waited four weeks between the time she was court ordered into residential treatment and the time she actually entered a treatment center.

An effective residential treatment center program needs to provide the following services:

- Counselors who can communicate in the client’s argot or slang terms.
- Basic adult education that leads to the completion of a GED.
- A safe place for women with children and access to childcare.

- Family counseling which covers non-substance abusing problems in addition to substance abusing problems, e.g., life skills, female and male relationships, and parenting skills.
- Decision-making exercises.
- An advocate who will help each client for at least six months after leaving the treatment center. The advocate should help clients in the areas of employment, housing, and health and mental services so that they can obtain a stable home life.
- An in-depth tactical approach to the physical harm caused by inhalant abuse is needed. Respondents who had been in treatment disliked the scare tactic approach.
- Training on use of leisure time in non-substance abusing activities, and
- STD/HIV information.

In conclusion, the above recommendations for intervention, prevention, and treatment must be tied together in one comprehensive program as the clientele for both treatment and prevention are the same.

¹ Reyes Ramos, Rochelle Shain, and Leonard Johnson, “‘Men I Mess With Don’t Have Anything To Do With AIDS:’ Using Ethno-theory to Understand Sexual Risk Perception,” *The Sociological Quarterly*, Volume 36, Number 3, (1995):438-504.

Appendix A:

Glossary of Tecato Argot

Acido:	Acid, LSD	Movida:	Strategy
Bola:	Network	Neta:	Truth
Camarada:	Comrade, buddy	Pegar al duro:	To inhale spray paint
Carga:	Heroin	Pericaso:	Cocaine snorting
Chavala:	Young girl, daughter	Pinta:	Prison
Chavalo:	Young boy, son	Prendido:	Hooked, addicted
Chiva:	Heroin	Rayarse:	Profit
Costeando:	Coasting	Ruca:	Woman; wife or girlfriend
Desquitar:	To kick someone	Ruco:	Guy, husband, "old man," boyfriend
Duro:	Spray paint	Shabanging:	Squirting heroin through the nose with either a syringe or nose dropper
Erre:	Syringe	Soda:	Cocaine
Estado:	State Prison	Talonear:	To prostitute
Esquina:	Support	Tanque:	Can of spray paint
Fardear:	To shoplift	Tecato(a):	Heroin addict
Federal:	Federal Prison	Tirar:	To inject
Filoriar:	To fix or shoot up	Tolly:	Toluene
Gacho:	Bad	Toque:	Toke; smoking a marijuana joint
Jale:	Thing [This is one of those terms that individuals can give any meaning. It is used to hide the meaning of what is going on. For example, if individuals are inhaling paint and an inhalant abuser can say, "Pass me the <i>jale</i> ," then <i>jale</i> means paint. In another context, <i>jale</i> might mean heroin.]	Torcet:	To arrest
Jefa:	Mother	Quebrar:	To kick
Jefe:	Father		
Malillas:	Withdrawal symptoms		
MM (Eme):	Mexican Mafia gang		
Mota:	Marijuana		
Mover:	To sell drugs		