# An Ethnographic Study of Heroin Abuse by Mexican Americans in San Antonio, Texas

Texas Commission on Alcohol and Drug Abuse
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# An Ethnographic Study of Heroin Abuse by Mexican Americans in San Antonio, Texas

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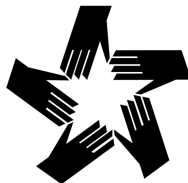

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# Chapter 1. Introduction

This report is based on an ethnographic study of 108 active and out-of-treatment Mexican-American injecting drug users (IDUs) in San Antonio, Texas. Mexican-American IDUs call themselves "*tecatos,*" although this name is rarely used in AIDS and substance abuse literature.[1] The origin of the term is unknown, but some tecatos claim that it was used in Mexico during the 1940s to distinguish heroin users from opium users. "Tecatos" now includes injecting heroin and cocaine users and people who "speedball" or use a combination of heroin and cocaine.

This study was supported by a grant obtained from the Texas Commission on Alcohol and Drug Abuse (TCADA) in late 1993. Data were collected during the winter of 1993 and spring of 1994 by the author, who is an ethnographer, and three research assistants who were recovering addicts. The objectives of the study were as follows:

- To describe the characteristics of heroin as found in San Antonio;
- To describe users and their use of heroin;
- To describe perceived health problems associated with heroin use;
- To identify and describe the significant structural, environmental, cultural, linguistic, behavioral, and psychosocial factors which facilitate or function as barriers to substance abuse treatment and risk reduction for sexually transmitted diseases (STDs) and HIV infection;
- To develop recommendations for improving heroin abuse prevention, treatment, and intervention efforts; and
- To use the data collected to modify and apply the already existing STD/HIV risk reduction intervention model to drug-using populations.

## Background

San Antonio was selected as the research site because of its geographic location near the U.S.-Mexico border and its high incidence of heroin abuse by some of its Mexican-American citizens.

San Antonio is the tenth largest city in the United States.[2] It has a population of almost 1.2 million people: 52 percent are Hispanic (mostly Mexican Americans), 42 percent are Anglo (Caucasians not of Hispanic origin), and 7 percent are African American. There are some demographic differences among the three ethnic groups.

When compared to Anglos and African Americans, Hispanics tend to be younger, less educated, and poorer. Hispanics have a median age of 23.2 years as compared to 26 and 28 years, respectively, for African Americans and Anglos. Whereas 66 percent of the Anglos and 65 percent of the African Americans have completed high school, only 40 percent of Hispanics have done so. The median annual income for Hispanics is $10,000; it is $15,900 for Anglos and $13,200 for African Americans.[3]

Because of its close proximity to the U.S.-Mexico border, San Antonio is a major site for drug trafficking. The U.S. Department of Justice Drug Enforcement Administration has a regional office in San Antonio, and the local police and sheriff's offices have active narcotics units. In 1991, nearly 5,000 individuals were arrested for drug offenses, and in 1992, 3,694 people were arrested for drug use.[4]

Heroin use has been endemic among the Mexican-American population since the 1940s.[5] Of those entering treatment programs in San Antonio in 1992, 71 percent of opiate addicts were Hispanic, 22 percent were Anglo, and 7 percent were African American.[6]

## Preliminary Studies

### *Statistical Data*

Between 1988 and 1992, the Frio Street Project, funded by the National Institute on Drug Abuse (NIDA), interviewed 2,292 IDUs in San Antonio.[7] Of this sample, the majority were male (79 percent) and Hispanic (60 percent) with a median age of 35 years. The majority were also unemployed (54 percent), and under-educated, with only 30 percent of the IDUs having graduated from high school. Of the Hispanics, 98 percent were of Mexican-American ancestry. Primary sources of income for the respondents were illegal activities (31 percent), wages (29 percent), and welfare (14 percent). Few of the respondents were homeless. One-third lived with parents or other relatives, 27 percent lived in their own residence, and 5 percent lived in either a homeless shelter or on the street. The median age of first drug injection was 18. Eighty percent of the respondents were primarily opiate users, whereas 14 percent were primarily cocaine users and 3 percent were primarily amphetamine users. Another 3 percent could not be identified by primary drug. At the time of the study, 70 percent injected daily. The drug injected most frequently was heroin with 64 percent injecting daily, followed by speedball (the combination of cocaine and heroin) with 16 percent injecting daily, and cocaine with 14 percent injecting daily.

Statistics on San Antonio's substance abusers tell half the story. In order to develop effective drug abuse and AIDS intervention and prevention strategies, it is critical to understand substance abuse behaviors and the cultures which underlie

them. To identify behaviors which put individuals at risk for heroin addiction and STD/HIV infections, the following questions must be addressed:

1) What are the characteristics/norms of the San Antonio heroin cultures?
2) How does the heroin drug culture influence
   - membership, size, structure and function of social networks;
   - needle-sharing practices;
   - male and female relationships;
   - unsafe sexual behavior; and
   - factors which facilitate or function as barriers to substance abuse prevention and intervention, and STD/HIV risk reduction.
3) What are the actual contexts within which risk-taking behaviors, such as sharing syringes and unprotected sex occur?
4) With whom and under what circumstances are risks taken?
5) Is there a specific heroin argot or dialect in San Antonio?
6) Do heroin addicts stratify themselves?

### *Other Ethnographies*

Other researchers have studied tecatos in Texas. Their ethnographies provide some answers to the above questions.[8] Mata and Jorquez described the social networks and needle-sharing practices of Mexican-American IDUs (i.e., tecatos) in several southwestern cities, including San Antonio. They identified two types of social networks: those which were barrio-oriented and closed to outsiders and other networks which were open, multi-ethnic, and intercommunity oriented. They differentiated between two types of tecatos as well: those who had control over their drug use and those who did not. Tecatos who had control over their drug use were older and they took fewer chances. Tecatos who did not control their drug use were labeled "novices," "gutter hypes," and "burnout." Mata and Jorquez suggested that these tecatos tended not to concern themselves with police surveillance and were more likely to share unsterilized syringes.[9]

In his study of tecatos in El Paso, Texas, Ramos expanded on the work of Mata and Jorquez.[10] He found that tecatos have their own culture, language, and system of stratification. He described how tecatos stratified themselves into *tecatos buenos* (high status), *tecatos medianos*(middle status), *tecatos cucarachos* (low status), and *tecatos chafa* (low status), how norms central to each status influenced how heroin is bought and used, and how these norms influenced the "hustles" (legal and illegal activities) tecatos engaged in to make money for drugs. He also described how drug-selling networks functioned and discussed the roles "straight" society members, some drug treatment counselors, and the parole system played in maintaining the El Paso drug culture.

### Risk Behaviors

The role of needle-sharing in HIV transmission is well documented.[11] However, the roles that drug-culture norms play in needle-sharing practices are not. There are other gaps in the drug and AIDS literature as well. For example, not much is known about a practice addicts call "backloading," where half of the drug mixture in one syringe is injected into a second syringe through the back of this second syringe. Nor is much known about how injecting equipment other than syringes (e.g., the cooker, cottons, and rinse water) are shared in the preparation of a fix and the role of this indirect sharing in HIV transmission.[12]

The sexual behavior of and condom use among IDUs is not well documented, and much less is known about the high-risk sexual behavior of tecatos. Consequently, there is a need for ethnographic studies which shed light on the high-risk behaviors of tecatos and other IDUs.

### Hidden Populations

Generally researchers consider tecatos a hidden population along with other groups of substance abusers, homeless people, and transients. These populations are often not included in large surveys because they are often more difficult to locate, befriend, and study than other populations.[13] While it is true that tecatos are involved in covert activities related to selling, smuggling, and using illicit drugs and that they insulate themselves from non-drug addicts by associating mostly with other tecatos, it may be that the lack of detailed information on tecato behaviors is not due to the tecatos' ability to hide, but rather because most social scientists do not get close enough to tecatos to learn their language, find out who they are, what they do, and how they form their perceptions of risk.[14] One respondent of the present study commented:

> *"People who are not tecatos don't know us because they don't get in with us. When do you see someone who is not a tecato with us? Our square relatives don't even want to associate with us. People who study us don't get in with us. . . .They ask you some questions and they split. You never see them again. Or, they invite you to their office, usually out of the barrio, and they ask you some questions for an hour. If you* (i.e., researchers) *really want to know about us, they need to be around to see us and to talk to us at different hours and days. By being around . . . you learn how to know a tecato. . . .not only to spot one, but to know what a tecato really is. That way, you learn our personalities, the good and the bad and the ugly."*[15]

### Methodology

To gather ethnographic data on San Antonio tecatos, the principal investigator

frequently visited the subjects, staying for more than five hours at a time where tecatos gathered and lived. This enabled him to establish a "peripheral" membership role[16] in the culture and to interview and observe the same tecatos on different occasions over time. This initial phase of the project allowed the investigator to identify possible research assistants, to practice speaking the tecato argot, and to establish rapport with some tecatos.

### *Background of the Research Assistants*

To gain access to tecatos in unfamiliar sections of the city and to facilitate data gathering, the investigator hired as research assistants three recovering tecatas who had been active addicts most of their adult lives. These women were still seen as high status addicts by active tecatos even though they no longer used illicit drugs. They knew the target population and communities well, spoke the tecato argot, and had the capacity to learn research methods. They had occupied various positions within the illicit drug business (i.e., as street dealers, distributors, and smugglers), but were unemployed and had poor work histories.

Inez and Ginger were in their mid-forties and Margie was in her late twenties. All three women were single heads of households. Inez was a sixth-grade dropout, and the other two were ninth-grade dropouts. Inez and Margie were enrolled in GED classes, but Ginger had obtained her GED before joining the project.

Inez was taking Trexan[17] at the time of project; she had stopped using and dealing drugs four years earlier when she got out of prison. She was hired to conduct interviews and facilitate focus group discussions.

Margie was hired mainly to transcribe tape-recorded interviews and focus group discussions, but occasionally helped recruit tecatos for the group discussions. She asked for a job and was hired after being interviewed by the principal investigator in a shooting gallery. The principal investigator believed she was committed to being drug free when she used the $10 incentive fee she received for the interview to get her hair cut and washed and then went to a friend's house to kick her drug habit.

Ginger was completing her seventh month of being off of illicit drugs, and was taking methadone. She was hired to help with tape transcription. Because Margie and Ginger had only recently given up drugs, they performed primarily clerical tasks in the office to help them avoid the temptation of drugs on the street.

### *Data Collection*

The principal investigator and Inez, with the assistance of Margie and Ginger, collected most of the data presented in this report. Because of the principal investigator's knowledge of the tecato culture and Inez's previous history, the researchers knew ahead of time some of the people they wanted to

observe and interview in the target communities. The investigators went to bars, shooting galleries in copping areas (areas where drugs are sold and used), an inner-city STD clinic, public housing apartments (some of which functioned as shooting galleries), and prostitute strolling areas to seek out knowledgeable tecatos who would discuss their drug-using habits. Although the researchers were not fearful, they were aware of situations that were unsafe. When visiting unfamiliar areas, they would have a knowledgeable informant accompany them.

Before living in San Antonio, the principal investigator had conducted extensive research on tecatos in El Paso, Texas for four years. Before leaving El Paso, several high-status tecatos gave him the names of several friends of similar status in San Antonio and told him that they would contact the San Antonio tecatos: *"Ponemos el alambre pa San Anto que les va caer un camarada de aquella"* or "we'll put out the wire (i.e. word) that a good friend is coming." On his arrival, the San Antonio tecatos readily accepted the principal investigator, though he was uncertain whether it was because they were indeed contacted, because he brought greetings from their friends, or because he spoke the tecato argot fluently and revealed that he knew the cultural norms. In addition to the many contacts of Margie and Inez, these individuals introduced the researchers to other tecatos. Most study subjects were recruited from the south and west sides of San Antonio.

The researchers observed and talked with informants many times throughout the data-gathering phase. In-depth interviews were conducted in bars, public housing apartments, and on street corners. The focus groups were conducted in the conference room of a community-based organization working with addicts. To insure comparability, the focus group discussion outline was similar to the in-depth interview outline (see appendices).

### Research Design

A total of 108 Hispanic heroin users (75 males and 33 females) were asked to participate in the study. Eighty-eight individuals (65 males and 23 females) were recruited for in-depth interviews, and 20 individuals (10 males and 10 females) were invited to participate in focus group discussions. There were 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), were followed by a corresponding focus group. These in turn were followed by more in-depth interviews and then by the last set of focus groups. Throughout this process, the reliability of what was learned through each data collection method was validated by comparison of in-depth interview data with focus group data. Each study partici-

pant was paid a ten-dollar incentive fee for an interview or for participation in a focus group discussion.

Field researchers and focus group facilitators asked respondents a set of open-ended questions. Most in-depth interviews and the focus groups were tape recorded. For those interviews that were not tape recorded, the respondents' answers were recorded soon after the interview. Audio-recorded data from in-depth interviews and focus groups were transcribed and analyzed with *Ethnograph*, a program for computer-assisted analysis of text-based data.

All interviews and focus group discussions were then coded according to the content of each sentence, and multiple codes were often used. *Ethnograph* was then used to collate all text with similar codes.

Respondents were recruited in a two-step process. Reliable informants were recommended by initial participants and then these participants recommended others. This is a variation of snowball sampling, which "is used when a population listing is unavailable and cannot be compiled by the researchers."[18] Every attempt was made to get an adequate sample of people from the various drug-using and dealing networks in the different areas of the community with a high density of heroin use, such as the south and west sides of San Antonio and the *colonias*, which are communities away from the city's center.

In addition to the 108 active heroin users, ten recovered tecatos were interviewed. They were friends of the research subjects and available to the research staff and were interviewed because they could discuss barriers to and facilitators of prevention from the perspective of a recovered tecato.

### Data Presentation

To provide for anonymity, all of the names used in this report are pseudonyms. Most of the quotes are presented in English after having been translated from the tecato argot to English. To give the reader examples of how tecatos use their language, some quotes are presented in the tecato argot, accompanied by a translation.

This report is divided into eight chapters. The demographic characteristics of this study population are discussed in Chapter 2. Heroin characteristics, distribution networks, purity and price of the various units sold in San Antonio are described in Chapter 3. The various aspects of the tecato lifestyle are discussed in Chapter 4, including socialization, stratification, network structure and functions, and methods of drug use. Chapter 5 provides a discussion on the health problems tecatos experience, and Chapter 6 presents the structural, environmental, cultural, linguistic behavioral and psychosocial factors which facilitate or function as barriers to substance abuse treatment. Chapter 7 discusses the life

of a recovering tecata and the problems she encounters. Chapter 8 concludes the report with a presentation of recommendations on research, outreach intervention, drug treatment, drug abuse and AIDS intervention and prevention.

## *Endnotes*

1 R. Ramos, *Black Tar Heroin Use in Three Southwestern Cities* (Rockville, Md.: National Institute on Drug Abuse, NIDA Report DHHS No. [ADM] 92-1909, 1992).

2 U.S. Census 1990.

3 U.S. Census 1990.

4 J. Maxwell and R. Spence, *The History of Drug Abuse in Texas: Selected Metropolitan Areas* (Austin, Tx.: Texas Commission on Alcohol and Drug Abuse, 1993), 59; Personal communication with the records clerk, San Antonio Police Department, August 10, 1993.

5 J. Maddux and D. Desmond, *Careers of Opiate Users* (New York: Praeger Publishers, 1980); A. Mata and J. Jorquez, "Mexican American Intravenous Drug Users' Needle Sharing Practices: Implications for AIDS Prevention," in R. Battjes and R. Pickens, eds., *Needle Sharing Among Intravenous Drug Abusers: National and International Perspectives* (Rockville, Md.: National Institute on Drug Abuse, NIDA Monograph 80, 1988), 40-58.

6 J. Maxwell and R. Spence, ibid.

7 K. Vogstberger, San Antonio AIDS Community Outreach Demonstration Project: A Final Report to the National Institute on Drug Abuse," unpublished report, 1992.

8 Mata and Jorquez, ibid.; R. Ramos, "To be in the Fire: Drug Use Trends in El Paso, Texas," in E. Lambert ed., *Proceedings of the Community Epidemiology Work Group* (Rockville, Md.: National Institute on Drug Abuse, 1989); R. Ramos, *Black Tar Heroin Use in Three Southwestern Cities*; R. Ramos, Needle Sharing within the Context of the Tecato Drug Culture: Sharing Patterns of Tecatos and HIV Risk Taking (unpublished manuscript, Department of Obstetrics and Gynecology, University of Texas Health Science Center, San Antonio, 1993).

9 Mata and Jorquez, ibid.

10 Ramos, "To be in the Fire"; Ramos, *Black Tar Heroin Use*; Ramos, Needle Sharing within the Context of the Tecato Drug Culture.

11 C. Leukefeld, R. Battjes, and Z. Amsel, *AIDS and Intravenous Drug Use: Future Directions for Community Based Prevention Research* (Rockville, Md.: National Institute on Drug Abuse, NIDA Research Monograph 93, 1990); W. Zule, K. Vogtsberger, and D. Desmond, Needle Risk Behavior in San Antonio: An Ethnographic Perspective, unpublished paper, Department of Psychiatry, University of Texas Health Science Center, San Antonio, Texas; R. Battjes and R. Pickens, *Needle Sharing Among Intravenous Drug Abusers: National and International Perspectives* (Rockville, Md.: National Institute on Drug Abuse, NIDA Research Monograph 80, 1988).

12 S. Koester, ""Indirect Sharing" (paper presented at the National Institute on Drug Abuse Cooperative Agreement Conference, Flagstaff, Arizona, August 1994).

13 P. Adler, "Ethnographic Research on Hidden Populations: Penetrating the Drug World," in E. Lambert, ed., *The Collection and Interpretation of Data from Hidden Populations* (Rockville, Md.: National Institute on Drug Abuse, NIDA Monograph 98, 1990); E. Lambert and W. Wiebel, "Introduction," in E. Y. Lambert, ed.,*The Collection and Interpretation of Data from Hidden Populations* (Rockville, Md.: National Institute on Drug Abuse, NIDA Monograph 98, 1990).

14 R. Ramos, "Field Methods," *Tecatos: An Ethnographic Study of Mexican American Injecting Drug Users*, unpublished monograph, 1994.

15 This excerpt was translated from the tecato argot to English.

16 P. Adler, *Wheeling and Dealing: An Ethnography of an Upper-Level Drug Dealing and Smuggling Community* (New York: Columbia University Press, 1985).

17 Trexan is an opiod antagonist used in treatment. While taking Trexan, users will not experience any effect from heroin or other opiates if they inject small doses. However, if users inject large doses of heroin or other opiates while on Trexan, the results can be fatal or send the user into a coma.

18 G. T. Henry, Practical Sampling (Newbury Park, Cal.: Sage Publications, 1990), 21. Se also, C. Kaplan, D. Korf, and C. Sterk, "Temporal and Social Contests of Heroin-Using Populations: An Illustration of the Snowball Sampling Technique," *The Journal of Nervous and Mental Disease*, 175, no. 9 (1987): 566-574.

# Chapter 2. Ethnographic Sample

To meet the objectives of the study, the research plan called for interviewing 100 respondents (75 men and 25 women) 18 years and older. However, an additional eight women were interviewed because they sought out Inez, one of the project research assistants, and asked to be interviewed. Five of these women came to support Inez as they thought she had to meet a quota regarding the number of people interviewed. The three other women came for the $10 incentive fee paid to respondents for the interview. Another six individuals were also interviewed, but they were not included in the sample because they were under the age of 18 and thus, out of the study age range.

## Ages and Education

All of the respondents were tecatos, active heroin users and/or speedballers (i.e., heroin/cocaine users). Table 1 shows the ages of the respondents by gender. They ranged in age from 18 to 65 years old.

As shown in Table 2, a majority of respondents (55 percent) dropped out of school in the ninth and tenth grades. Although most respondents reported attending junior high and high school, one-fourth of them had trouble filling out a simple one-page questionnaire. Five individuals who dropped out before completing sixth grade were illiterate, both in English and Spanish, and most respondents appeared unable to carry a conversation in either English or Spanish without lapsing into the tecato argot.

**Table 1.**
**Age Range of Respondents**

| | Number Sampled | Age Range | Median Age |
|---|---|---|---|
| Men | 75 | 18-65 | 31 |
| Women | 33 | 18-46 | 34 |
| **Total** | 108 | | |

**Table 2.**
**Education Level of Sample**

| | Grade Level Attained | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **3rd** | **4th** | **5th** | **6th** | **7th** | **8th** | **9th** | **10th** | **11th** | **12th** | **GED** |
| Men | 75 | 0 | 1 | 6 | 5 | 6 | 19 | 20 | 11 | 5 | 2 |
| Women | 33 | 1 | 0 | 2 | 5 | 5 | 10 | 5 | 2 | 1 | 2 |
| **Total** | 108 | 1 | 1 | 8 | 10 | 11 | 29 | 25 | 13 | 6 | 4 |

## Marital Status and Living Arrangements

Although 93 percent of the women and 65 percent of the men reported being married, most were not married in a church or by a justice of the peace. Most marriages were common law and short lived. Tecatos themselves used the term "common law" because it made it easier to visit a partner in the county jail.

Ninety-eight percent of the tecatos were unemployed, and they supported their drug habits through illegal means such as drug dealing, shoplifting, burglary, fraud, and prostitution, as depicted in Table 3. Most females (83 percent) received welfare benefits, but none of the males reported receiving welfare.

Although tecatos are portrayed as living on the street (as are IDUs of other ethnicities), most respondents had a place to live, as shown in Table 4. Respondents lived either in their own apartment or home, or with a relative. In many cases, the individual lived with his/her parent. However, since the lives of tecatos were unstable, there were periods when some individuals found themselves either homeless (i.e., on the street) or moving from place to place. Tecatas with children often helped each other by taking in a friend and her children temporarily because, as some women said, *"What goes around comes around."* In other words, "today she needs help, and tomorrow I will need it."

**Table 3.**
**Sources of Income of the Respondents**

| | **Number** | **Shoplifting, Burglary, and Fraud** | **Drug Dealing** | **Prostitution** |
|---|---|---|---|---|
| Men | 75 | 94% | 5% | 0% |
| Women | 33 | 86% | 14% | 86% |
| **Total** | 108 | | | |

**Table 4.**
**Residential Status of Respondents**

| | Number | % Homeless | % Had a Place to Live |
|---|---|---|---|
| Men | 75 | 10% | 90% |
| Women | 33 | 17% | 83% |
| **Total** | 108 | | |

## Substance Abuse and Treatment Experiences

As indicated in Table 5, most respondents injected speedball. The number of years spent as an IDU ranged from two to 35 years for men and from one-and-a-half to 32 years for women. All of the respondents were active injectors, injecting three or more times a day. The average number of years individuals had been injecting was 15 years for men and 13 years for women.

More women (22 percent) than men (6 percent) had been in drug treatment. The majority of respondents had not been in treatment and most of the respondents did not understand the concept of treatment, therefore it was difficult to collect information on drug treatment histories. Some respondents thought that drug treatment meant kicking their drug habit and attending educational and employment programs while incarcerated. Others thought that drug treatment meant having gone through a detoxification program. From what most respondents reported, it was concluded that individuals confused kicking their drug habit either cold turkey or in a detoxification program with drug treatment because they had not been in a treatment program. Although most tecatos used the term "rehabilitation" to denote drug treatment, they did not know what constituted drug treatment.

Interestingly, individuals who were on methadone or who had been on methadone did not associate being on methadone with drug treatment. Most of these respondents

**Table 5.**
**Injecting Drug Use of Respondents**

| | Number | % Who Inject Heroin Only | % Who Speedball | Range of Years as IDU | Number of Years as IDU |
|---|---|---|---|---|---|
| Men | 75 | 3% | 97% | 2-35 | 15 |
| Women | 33 | 4% | 96% | 1.5-32 | 13 |
| **Total** | 108 | | | | |

talked as if they went to the methadone center only to get their "medicine." One individual described methadone treatment this way:

> *"You pay for your medicine, and they hassle you about being clean. You know, you are not supposed to have a dirty UA* (urinalysis)*, so I try to manage that. But, to tell you the truth, like all these guys here can tell you, I don't relate to those people. So, I don't know what they are up to, except that they got the medicine and I want it. Look, their job is to hassle you. You know, they get paid for that. I can understand that. But, as far as a program, I don't know about that. I mean they tell you don't do drugs and don't get AIDS. I get that on the TV, from my old lady, and my mother. I know that stuff already. So, you know, you have to be respectful when you go there. You go as long as you can, like me, and then you can't get away with it any more, too many dirty UAs. Then, te hacen* (they make you a) *reject. Te tiran al leon* (They throw you to the lion)*."*

All of the respondents were either on probation or parole. As most respondents said, *"Traego cola"* (I have a tail, i.e., length of parole or probation time to serve). For most individuals, their initial violations were offenses other than drug possession and drug paraphernalia.

# Chapter 3. Heroin Use In San Antonio

All of the respondents knew heroin by several names. The most common names for heroin were *carga* (load), *chiva* (goat), *goma* or *chicle* (gum), *de aquella* (good), *piedrita* (little rock), and *mugrero* (dirt/junk). Most respondents did not know heroin by such names as black tar or Mexican brown. Heroin on the street was in powdered form, and it was what substance abuse prevention specialists call Mexican brown. Some black tar heroin, or *chicle*, appeared occasionally. Some respondents claimed that *chicle* was better (i.e., more potent) than the powdered heroin, while others claimed that it was not. Some thought *chicle* was better because *"...the connections cannot cut it as much,"* though in reality, black tar can be cut as many times as powdered heroin. The difference in potency between batches of heroin can be explained either by the way it is made or the way it is processed.[1]

Although drug prevention and interdiction specialists want to know the origin, manufacturing process, and purity of heroin, 98 percent of the respondents were not interested in this information. Tecatos only wanted the heroin and to know if it was good or not. Most tecatos were public school dropouts, and they did not have the knowledge or desire to ponder the chemical intricacies of how heroin was made or to talk about its purity and potency in terms of percentages. Most tecatos spent their time thinking about *jales* (jobs, i.e., illegal activities) that provided money or items necessary to obtain heroin.

### Respondents' Knowledge of the Origin and Purity of Heroin

Not surprisingly then, most respondents did not know for sure that the heroin they injected came from Mexico. Most respondents (about 76 percent) assumed that it came from either Mexico or South America, but they were not sure. The only people who knew from where their heroin originated were those respondents (about 15 percent) who had transported heroin from Mexico during some phase of their drug-using career. None of the respondents knew how heroin was made.

All respondents assessed heroin potency in terms of whether it was good or bad, weak or strong, cut or not cut a lot, and whether it had a "kick" or not. Active tecatos rarely estimated the purity of heroin in terms

of percentages. When probed, some respondents (about 10 percent) estimated that the Mexican brown on the streets was from 2-4 percent pure. Most tecatos shrugged their shoulders when pushed to talk about purity in terms of percentages. All respondents reported that the heroin on the street was "weak," not potent. Typical comments on potency were: *"Right now, it doesn't have a kick;" "It is so weak that I have to do two dimes to get well;"* and *"If it gets any weaker, I will be injecting out of habit and not because it's going to do me any good."*

The only way to determine the purity and potency of heroin ingested by a specific target population is to buy and analyze samples from the various street dealers who supply study subjects. Analysis of interdiction samples taken in major American cities may not give a realistic picture of what a specific target population is using because in most reports it is not specified where in the distribution process the samples were obtained. The same observation might be made about samples obtained from the local medical examiner's office and the local police department. For example, are the samples representative of heroin that had gone through its last cut? And, are the samples representative of what the various street dealers are selling? The purity and potency of heroin sold on the street can be obtained only when these basic questions are answered.

## Distribution Networks

Most respondents did not know and did not want to know about the organization of heroin distribution. They were only interested in knowing about one or two suppliers, or a possible third, in case the first two were arrested. One tecato explained:

> *"You don't want to know about those things because too much knowledge can be a bad thing. In this life, things go wrong all the time, and you don't want someone pointing a finger at you because you knew about their operation. Like I said, you are better off not knowing or better yet, not asking questions about who is moving* (selling). *In this job, you don't ask questions."*

About 15 percent of the respondents knew about the distribution networks. These individuals were the men and women who had either transported heroin from Mexico into the United States, or from U.S.-Mexico border communities to San Antonio and other points north.

### *Heroin Distribution from the Border to San Antonio*

Heroin distribution from a U.S.-Mexico border community to San Antonio was described as basically a two-step process:

1) A "mule" (i.e., transporter, usually a Mexican national or a Mexican-American) brought the heroin from a Mexican border town to a U.S. border city. The amount

could vary from a few ounces to a pound. The means for bringing it across also varied. If an individual brought it across the border, he/she often crossed illegally with a group of farm workers on their way north. If the individual crossed the border alone, he often dressed and acted the part of a farm worker. One individual explained, *"If they catch you, you are just another wetback looking for a job, and they send you right back."*

If the heroin was smuggled by car, the driver was not told where it was hidden so he/she would be less nervous at border check points. It was believed that if the hiding place was known, the driver would look to the hiding place when stopped and searched by custom or border agents, giving himself/herself away.

2) Another mule (either a Mexican or Mexican-American) transported 10 to 15 half-ounce bags of heroin to a San Antonio connection, *el chingon* or *el machine*. The number of connections who received these shipments was unknown, but it was estimated that there were from 12 to 15 connections in San Antonio. These major connections often were not addicts but business people. Again, if the heroin was transported by car, the mule would not know where it is hidden.

The only variation to this two-step process was that one individual sometimes brought the heroin directly from Mexico to San Antonio.

### *Distribution to Other Cities*

About 2 percent of the respondents reported that they had transported cocaine, heroin, and marijuana from the Texas - Mexico border (mainly from Laredo) to San Antonio, while other respondents (about 3 percent) had transported heroin and marijuana from San Antonio to other American cities. Heroin was generally transported to other cities by aircraft or automobile, or by an individual who would take a flight to the point of delivery. Some respondents had made deliveries to midwestern cities. They reported that they had taken a flight, were picked up at the airport, and were taken to a private home where they spent one or two days. Then, they flew back to San Antonio. The variation to this pattern was for a courier to fly in from the midwest to pick up the merchandise.

### *Heroin and Cocaine Distribution in San Antonio*

At the time of the study, two groups controlled the sale and distribution, and therefore the availability and quality, of heroin and cocaine in San Antonio. For the sake of anonymity, these groups will be called A and B. Group A served the city's public housing areas and the immediate residential areas around public housing. Group B served the residential areas away from public housing areas, often called *las colonias.* Group A managed its drug dealing activities in more violent ways than Group

B. Also, Group A was reputed to use some of its profits to hire lawyers for incarcerated members, and to provide commissary supplies to members and to potential new members who were incarcerated in the county jail. The group reportedly recruited new members by providing individuals help while they were incarcerated.

As indicated, about 15 percent of the respondents had sold illicit drugs and could describe the selling structure of San Antonio drug trafficking. The following description of selling patterns is a composite of what respondents said about heroin and cocaine distribution conducted by the two major distributors.

**Heroin Distribution**

As mentioned, the San Antonio connections or *chingones* get their supply from Mexico. These individuals cut the heroin four or five times with lactose, then packaged it in half-ounce bags.

Four or five individuals worked for each *chingon*. These individuals were called *trabajadores* (workers) by *el chingon*, and people below them called them *su gente* (his people). The *trabajadores* were two levels above the street dealers. Each worker/distributor received about 10 half-ounce bags which they in turn cut once with lactose and packaged in half-ounce bags. The heroin given to the workers was "fronted," meaning no money was exchanged at this point. These individuals often were active addicts.

The four or five distributors had from six to eight individuals to whom they delivered heroin in one-half ounce to one-ounce bags. These distributors paid for the heroin delivered to them. On average, the four or five *trabajadores* made from four to five deliveries daily, Sunday through Thursday, and from four to more than eight deliveries on Fridays and Saturdays.

The six or eight distributors ballooned, i.e., packaged in balloons, their half-ounce or one-ounce bag into individual hits without cutting it further. These individuals were active addicts and were the ones who supplied the street dealers. Each of these six or eight distributors had three street dealers, called *perlas,* working for them. A distributor would give each *perla* three packages with 13 balloons in each (or 39 balloons). Each balloon was a *daime* (dime) which sold for $10. The *perla* kept three of the 13 balloons. He could either pocket the money from the sale of those three balloons, he could use the heroin himself, or he could give one to an assistant. The money for the other 10 balloons went to his supplier.

To help him sell, each *perla* recruited one or two individuals. These sellers usually got one hit, and they would have to sell about 20 balloons before they got another hit. If the *perla* did not use, he/she would only get 12 balloons from his supplier. Within about three hours, the *perla* would have to pay his supplier $300 for the 30 balloons he had to sell. This selling process

was repeated from four to 10 times daily. If the *chiva* was good, it sold fast.

**Cocaine Distribution**

Almost all of the respondents (98 percent) either did not know or did not want to describe the cocaine distribution network from Mexico to San Antonio. However, six respondents were able to describe the cocaine distribution network within San Antonio which was not as elaborate as the heroin distribution network.

As with heroin, there were major players, *chingones*, who received cocaine from Mexico and from American cities located on the east coast, such as Miami. The respondents reported that they did not know if the same *chingon* distributed heroin and cocaine at the same time, or if different *chingones* distributed each of the drugs separately and at different times. *El chingon* distributed to several dealers, but the exact number of dealers was unknown. Two respondents estimated that there were "... *at least four times as many as there are selling heroin because they not only have to supply tecatos, but the yantas* (tires, i.e., African Americans) *and gavachos* (Anglos)."

*El chingon* distributed to each dealer from an eighth to half an ounce. Each dealer had to pay for the amount provided by *el chingon*. The dealer packaged it into individual hits, *daimes* (dimes), which sold for $10 each.

Each dealer had several *perlas*, or street sellers. A dealer would supply each *perla* with a package containing six bags. The *perla* sold five bags or five dimes, and he kept one bag for himself. Within 30 minutes, the *perla* had to pay his dealer the money ($50) for the five bags. This process was repeated until the amount produced by the eighth of an ounce or ounce was sold. Then, the dealer took the money to *el chingon*. The dealer, on average only visited *el chingon* twice a day.

Figure 1 illustrates the distribution patterns within San Antonio and between San Antonio and other American cities.

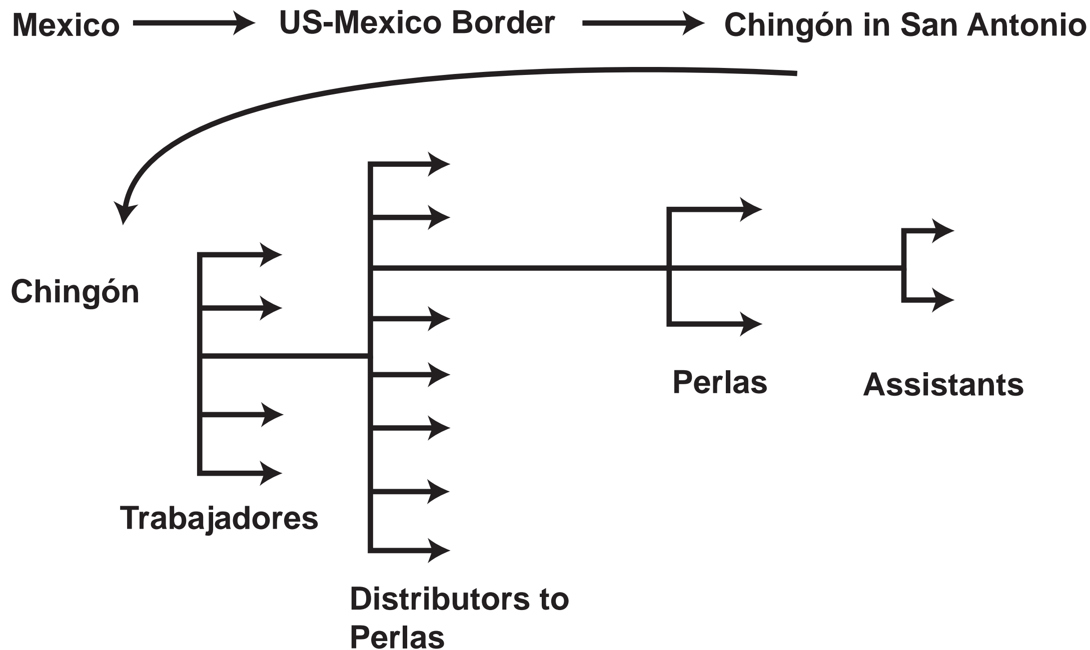
## Price and Selling Units for Heroin and Cocaine

Heroin and cocaine are sold by distinct units. The following list illustrates the selling units and their prices that were reported by all the respondents.

***Heroin Selling Units***

- *Daime* (dime) - Costs $10.
- *Cuchara* (Spoon) - Costs $20 and makes two and a half dimes.
- *Un quarenta* (a "forty", i.e., $40) - Makes about five dimes; availability limited since 1990. The *cuchara* is replacing *un quarenta*.
- *Un ochenta* (an 80) - Costs $75 and produces about 10 dimes.
- *Una quarta onza* (quarter ounce) - Costs about $150 and makes 30 dimes.
- *Una media onza* (half ounce) - Costs about $450-500 and makes about 100 dimes.

**Figure 1.**
**Distribution Patterns of Cocaine**




- *Una onza* - Costs $1100-1300, and makes about 200 dimes.

### *Cocaine (Soda) Selling Units*

- *El daime* (a dime) - Costs $10. There are little and big dimes. Tecatos report that African Americans tend to sell little dimes.
- *El veinte* (a twenty) - Costs $20 and produces about two and one-half dimes. Purchases above el veinte are usually for consumption and selling.
- *El treinta* (a thirty) - Costs $30, and produces about four to five dimes. Depending on size of the dime, it usually produces two dimes for personal use and two to three for selling.
- *Medio ocho* (half an eighth of an ounce) or *un diez y seis* (one sixteenth) - Costs from $75 to $80, and it produces about 12 dimes (or $120). Most of the time, the $75 to $80 is fronted by the distributor. A user/seller sells eight dimes for the distributor and keeps the rest as profit. A user/seller may use the extra four dimes and not save the money.
- *El ocho* (an eighth of an ounce) - Costs from $150 to $180 (price varies with seller), and it produces about 24 dimes. Again, the cost is financed by the distributor. The user/seller returns the cost of the *ocho* to the distributor which can be $150 or $180. The user/seller has the option of keeping the dimes for personal

use or keeping the money made from the extra six dimes.

- *Medio ocho* (half an eighth) or *media onza* (half an ounce) - Costs from $500 to $750, and it produces 96 to 100 dimes.
- *Onza* (an ounce) - Costs from $1000 to $1400, and it produces 192 dimes.

Drug prevention and interdiction specialists are concerned with the levels of illicit drug consumption. An estimate might be obtained from the above data, if the amount of heroin one or two of the *chingon's* distributors delivered were calculated. However, these calculations could render only an "educated" guess on the amount consumed. It still would not be known if the amount of consumption varied from month to month, if specific factors influenced consumption by different ethnic groups, and if levels of distribution give an accurate indicator of consumption levels. To avoid the guesswork, an accurate indicator of heroin and cocaine consumption could be obtained if either a representative sample of *perlas* or *chingones* were interviewed on the amount of heroin or cocaine sold in a day, on different days, and in different months.

## *Endnotes*

[1] R. Ramos, *Black Tar Heroin Use in Three Southwestern Cities* (Rockville, Md.: National Institute on Drug Abuse, NIDA Report DHHS No. [ADM] 92-1909, 1992).

# Chapter 4. The Lives of the Tecatos

## The Tecato Argot

All of the respondents spoke the "tecato argot."[1] This argot is a type of jargon, a mixture of Spanish, Mexican-American slang, and variants of words borrowed from English. The tecatos use it to communicate among themselves and to keep non-tecatos from learning about their illegal activities. Through the use of their argot, tecatos make themselves inaccessible to researchers, and give some credence to the label "hidden population" attached to IDUs by researchers.

A problem arises in the areas of accessing subjects, collecting the data, and analyzing the data if researchers are not fluent in argot and are unfamiliar with the cultural patterns of tecatos. An advantage of this study, as mentioned previously, was that the principal investigator and the research assistants were fluent in the tecato argot.

### *Communication Problems*

An unintended consequence for tecatos using their argot is that they also create inadvertent communication problems with health and social services providers. All of the respondents recognized that there were problems between themselves and service providers, but they attributed the problem to the providers not wanting to help. There is some truth in this allegation, but the problem may be explained linguistically as well. The researchers observed that most tecatos either 1) forgot to switch to standard Spanish or English when dealing with the various providers, many of whom spoke Spanish; 2) were unable to speak standard Spanish or English; or 3) constantly switched from one language to another (i.e., code switching) in the course of a conversation.

One respondent described possible causes for this communication problem when he summarized what several members of a focus group discussion tried to articulate:

> *"I got it. Here it is. All our adult lives, no, even as little kids, we talk the way we do. It's okay when we are talking with ourselves and people who can talk like we do, but we mess up when we have to talk with parole and probation officers, counselors, and all those kind of people. We mess up, or maybe they mess up also because we can't communicate with*

*each other. [The] problem is that we are the ones to suffer. The problem is that we have forgotten to speak like the straight people. So, it may not be just that we forget to switch to their language. We see raza* (race i.e., that they are Mexican-Americans), *and we think they will understand us and we start talking to them. The truth is they don't understand and we don't even know that they don't understand. Then, we're pissed off because they don't help."*

A glossary of selected San Antonio tecato argot terms is in Appendix A.

## Socialization and Drug Use

All respondents reported that they started injecting with either a friend, husband, or relative. Most female respondents (91 percent) reported being initiated into drug use by their boyfriend or husband. The motivating factors for starting heroin use included the following: a tragic event, the need to feel good, imitating a friend who appeared to be feeling happy and good, the need to be part of a group, and the availability of drugs in the environment. About 60 percent of the female respondents reported that their primary motivation for starting heroin use was the need to be loved by their partner.

### *With A Little Help From A Friend*

The following excerpts are representative of what 98 percent of respondents said about beginning their injecting career:

*"I'd be with my friend and I would see him coasting. You know, feeling good, and I would want to feel good too. I'd want to party too.*

*So, one day I said, 'I want to try it.' There was my friend, a few other people we knew and someone said that I should try it, [the others] didn't try to stop it. Besides, I had a few beers and I was terco* (determined) *to try it. My friend tied me* (i.e., placed a tourniquet to make the vein pop up) *and cooked it and then injected me—not the whole thing, about half. I didn't like it the first time. I threw up. They did tell me that might happen. But, when I tried it the next weekend, I liked it. It felt good."*

*"My boyfriend started me. We were together all the time and one day I caught him shooting up. We got into a fight over it [because] I didn't know he was shooting up. This went on for a few months, and then, he said, 'Try it, pa que no tes chingando* (so, you can quit bitching).' *He fixed me, and we had a good time. I didn't get sick or nothing, like some people do when they first use. I liked it because it made me feel so good. It took my troubles away. It didn't and it doesn't, but it really helps you put*

*up with the bad parts of your life. . . . It was there, and a lot of people in the courts* (public housing) *were doing it. It was everywhere and it still is. Also, I wanted to be with him, so I tried it for him. Nos prendimos juntos*. (We got hooked together.)*"*

*"My older brother would be sitting in the house nodding and being peaceful. He would be there like all the junk we were putting up with was out of the way. So, one day when he came home, I told him that I wanted to try it, and we tried it together. He showed me how to cook it and inject, and he tied me."*

*"I started when my daughter got killed. I was taking nerve pills and they helped for a time, but then they were not doing me any good. I told a friend that I was having trouble, and he said, 'Try some of this* (i.e., heroin).' *He was a tecato. So, I tried it. It helped, but I got hooked. It felt good. It took the hurt away."*

### *Using Pattern of a Novice*

As indicated in these excerpts, novices to drug use had a significant other who functioned as a mentor. The mentor's role is explained further in this subsection. The using pattern of a novice is described below in quotes that are representative of how most respondents described the novice phase of their IDU career.

*"The first injection is usually taken in the afternoon or evening because it usually happens when you are out partying, and it is usually on the weekend. You don't do it every day when you start. It is usually every weekend or sometimes every other day, but not every day at first."*

*"You don't start just like that. Most people start with a more experienced user. Most of the time es un vato* (it is a guy). *It is rare that a woman starts a guy. At that first time and the times that follow, the beginner shares with the active user who is helping him out and who is always a close friend or relative. Only a fool starts out by asking someone he doesn't know.*"

"*Generally, the beginner buys two daimes* (dimes or two $10 hits). *He gives one of the dimes to his friend."*

The novice usually associates and shares with an active user for reasons similar to these given below:

*"The guy or teacher . . . is a friend or relative —a trusted buddy."*

*"The beginner does not know the connections, or if he does, the con-*

*nections may not sell to him because they do not know him."*

*"Most beginners don't know how to hit* (inject) *themselves."*

*"The beginner may not know a safe place where he may inject without being observed by others."*

*"The beginner usually has a job in the beginning and can afford to share."*

*"The beginner, to be part of the group, not only shares a hit, but also buys a hit for others. This makes him un vato de aquella* (a good guy)."

In the beginning, a novice often waits for his trusted buddy to come around. If the friend does not come because he has been arrested, for example, then the novice turns to another experienced person for help. If the novice is not careful who he asks for help, he runs the risk of getting burned by some experienced users. This occurs because some tecatos, as one of their hustles, con novices out of their money or heroin.

### *Using Pattern Of An Active User*

Most respondents defined an active user as someone who injected regularly two or more times daily. The number of times a tecato injected daily depended upon the amount of money he or she had or could generate. All of the respondents reported that they injected from three to 10 times a day and that if they were speedballing "a lot" they injected from three to 22 times a day. They also reported that an active tecato would inject from two to 10 *daimes* (dimes) or from one to five *cucharas* (spoons) of heroin daily and that a tecato might vary the consumption of heroin by speedballing several times a day. A speedball could be two hits of heroin and one hit of cocaine or one of each. The respondents also reported that a strung-out tecato averaged about 10 injections daily. Over 62 percent of the respondents reported being strung out. The outline below represents a common daily injection pattern for active users.

**1st injection:** One *daime* of heroin taken in the morning to prevent *malillas* (withdrawal symptoms), and to stabilize oneself. Cocaine is not injected first because it causes diarrhea and nausea and heightens *ancias* (anxiety).

**2nd injection:** One *cuchara* (spoon) of heroin.

**3rd injection:** Two hits (two *daimes* or a spoon) of heroin and one hit of cocaine.

**4th injection:** Two hits (two *daimes* or a spoon) of heroin and one hit of cocaine

**5th injection:** Two hits (*daimes* or a spoon) of heroin and one hit of cocaine taken while drinking beer (about 2-3 quarts).

**6th injection:** One hit (one *daime*) of cocaine.

**7th injection:** One hit (*daime*) of cocaine.

**8th injection:** One hit (*daime*) of cocaine.
**9th injection:** A *daime* or a spoon of heroin.
**10th injection:** A *daime* of heroin taken before going to bed.

All respondents reported that they injected immediately after making a purchase of heroin and/or cocaine because they did not want to be caught with the drug(s) in their possession and because they needed the drug(s) in their system. When probed, all of the respondents insisted that they were so drug starved that they could not wait to rinse their syringe with bleach, even though most respondents reported using bleach at one time or another. They qualified their occasional use of bleach by saying that they used bleach if it were available and if they were the first in line of several people to use the same syringe. Most respondents reported that they did not want to take the time to use the bleach if they were the third person in line to use the syringe.

Although the respondents reported their inability to wait for a fix, and this is corroborated in research literature,[2] some tecatos reported in later interviews (and the principal investigator also observed) that they would wait for a fix for a variety of reasons including the following:

- "*Whenever the connection is late or does not come, you have to search for your alternative connections*."
- "*Whenever you're too 'sick' to go out and hustle, you have to search for someone to help you*."
- "*Sometimes you need to search for the dealer with the best heroin*."
- "*Whenever you get or arrested or have to go into the hospital*."

Most tecatos are aware of the belief held by non-drug users ("squares") and by most tecatos that tecatos cannot wait for their fix. Tecatos use this knowledge—whether by design or inadvertence—to get themselves out of situations that require time, such as a 45-minute interview or an intervention session that is an hour or more in duration. If interventionists reveal to tecatos that they know tecatos can wait for their fix, tecatos may not be able to "con" themselves out of intervention sessions. More importantly, tecatos may not be able to con themselves out of waiting to rinse their syringe with bleach. Interventionists may also suggest to tecatos that being able to wait is an indication of being "macho" which is valued by tecatos and the opposite of being "*debîl"* (weak), a norm not valued by tecatos.

This information on waiting may be useful for the development of AIDS intervention programs that 1) require tecatos to attend intervention sessions more than two hours long, and 2) ask tecatos to wait for their injection while they disinfect their syringe with bleach.

## Tecato Population Pool

Central to any discussion on drug using trends are two basic questions: Are the number of tecatos increasing or decreasing?

And, are the amounts of drugs ingested increasing or decreasing? These questions are difficult to answer because the past and present size of the tecato population is unknown and because the amount of a drug ingested by an individual varies with an individual's ability to hustle (i.e., legal or illegal activity to obtain money or items to buy drugs). However, this study provides some insights.

Most respondents (about 83 percent) reported that they believed there were no new tecatos, but "recycled" tecatos and individuals on the periphery of the tecato culture who were already "nearly" using drugs (i.e., the partners of active users and chippers, or occasional users). The latter group might be seen as new or potential new members to the tecato culture, but members of the latter group were familiar faces, so most tecatos did not consider them "new" people. The comments of one individual summarized what most tecatos said:

> "*To say that there are new people is to make it up. What exists are tecatos that stopped for a time because they were arrested or just stopped because they were tired or because they were hiding out from somebody. You only see recycled people and people who were around, but they were not into it like they are now. Some of these people can be the ruca* (old lady) *or ruco* (old man) *of a tecato or chippers* (occasional users). *People you know, but didn't think of as real tecatos. Like the ruca of a vato who —you are never sure if she is chipping or not—all of a sudden you learn she is hooked because she is around all the time with him either trying to score for herself or for the two of them.*
>
> *There is also the situation where a tecato from another area comes over here. In a way, that tecato is new to this area, but I wouldn't say that the vato* (guy) *is a new tecato because the vato was using in his barrio*."

One group on the periphery of the tecato culture includes the children of tecatos. They are always around, and other tecatos know them, so they may not be seen as "new" when they start using. The children of tecatos may be socialized to drug use at an early age. Most tecatos do not want their children to become addicts, but as discussed in the section on drug-using patterns of a novice, individuals learn by watching and by being taught by an experienced user. It is possible that tecato parents are the first teachers a child may have on drug use.

## Tecato Family Life

The following two excerpts illustrate the role tecato parents play in the socialization of their children towards drug use. In the first excerpt, a tecata describes how her young nephew was exposed to drug use at

an early age. In the second, a tecata describes her daily activities, including how she managed her addiction and motherhood.

### *A Toddler*

"*I remember when we would go and score from my uncle. We would fix there, being that it was also a shooting gallery. They had their little boy in a playpen right next to the table where we would fix. Of course, since the child was so small, I'm sure no one thought twice about him being there.*

*I remember one time when I had him sitting on the bed where I was fixing my hair. He was there among some clothes we had brought in from the clothesline and placed on the bed. The baby was sitting there. As I turned around to check on what he was doing, I noticed he had loosely wrapped a bandanna around his little arm and with the other arm, hand, he was holding a clothespin, poking his arm as if he was injecting with a rig.*

*I remember other times when I noticed how this and other tecato families managed their babies. To keep them quiet, some would give them Robitussin cough syrup and sometimes carga. You know, the way people sometimes put a little whiskey on a baby's gums when they are teething.*"

### *What's In A Day*

To learn what life is like for a tecata with children, I asked Tia, a 27-year-old mother, to describe a day in her life. Her three boys were ages six, eight, and 11. Her common-law husband was in prison, but she planned not to reunite with him when he was released. The following is a conversation that took place between Tia and the author.

*"What's a day like for a tecato who is also a mother?*

***"It all depends."***

*"On what? What do you mean?"*

***"It depends on what you are doing at the time."***

*"I don't understand, but tell me about it."*

***"Do you want to know about when we mostly shoplifted or when I prostituted? See, it depends on what you want to know about."***

*"I can't see because I don't know all the things you have done. You have to help me get it straight. I can't see in your head, so you are going to have to tell it to me. Okay, tell me about both types of situations. Try and give me the times of the day when certain things were happening. You know, approximately."*

Tia was pensive for a minute, and then she started to talk. First, she described what she and her husband considered an average day when they shoplifted to get money for

heroin and cocaine. Then, she described what it was like when she prostituted. Tia used English and the tecato argot to express herself.

**Shoplifting**

**6:00 a.m.:** "*The time of day will be approximate, and this stuff is about last year when things were better. Okay? When we had our apartment, I would get up about 6:00 or 6:30 a.m. to get the kids up to go to school. I would cook them breakfast and walk them to school. While I would do this, my ruco, Joe, would go and 'conextar dos cucharas'* (connect two spoons of heroin). *We would fix heroin first. Then, I would shower and get dressed. We then would decide what stores we would go shoplift.*"

**9:30 a.m.:** "*We would wait for Fred until about 9:30 or 10:00. He has a truck and we would go together. If he did not get there by that time, we would go on the bus. We had different ways of shoplifting. I would use my purse and Joe would wear droppers* (sweat pants with an elastic at the ankles), *if we were doing HEB, Handy Andy, any supermarket we could hit we would. Things we would take were like Tylenols, tools, razor blades, ham, batteries, film, cigarettes. We would take small items if we were going by bus. The reason for this is because we had to make sure the items were well concealed. If we had a ride, we would shoplift in department stores. There we would take blue jeans, TVs, car alarms, perfumes, any type of clothes that were expensive. In any store we would get about $100 to $195 of goods before selling them to a cerca* (fence). *The reason we never took more than $195 or $199 is because this is a Class A Misdemeanor. A Class B Misdemeanor is a felony, if it is over $200."*

**11:00 a.m.:** "*Well, depending if we had a ride, we would sell and split up the profit. Another thing we would do if we shoplifted was to get clothes for the kids or things they wanted.*"

**1:30 p.m.:** "*After that, we would go score and go to the apartment and fix. Then, after that, we would go hit at least four more stores. Go again to the cerca and sell the stuff. There were a lot of times, they* (the fences) *would order things from us. I'm talking about straight people in society. Or before going to the cerca, we would go to the apartment and split the stuff in case the driver had to go.*"

**2:45 p.m.:** "*After selling the stuff, Joe would drop me off in time for me to get the kids while he went to score. While I would be waiting, I would start cleaning the house.*"

**3:15 p.m.:** "*When the kids got home I would ask if they had any home-work. If they did, they would do it before they sat down to watch TV.*"

**3:30 p.m.:** "*Joe would get there with about four or five cucharas of heroin and three or four daimes of cocaine. Then, we would go to the bedroom, do a speedball, about two cucharas and two daimes of cocaine. Then, we would save the rest of the stuff for later at night.*"

**7:30 p.m.:** "*I would cook, do dishes, send the kids to take a shower. About eight p.m., we would go back into the bedroom and fix again. I remember that since Joe had started to use way before I did, the kids already knew not to go in the bedroom because Joe would hit them or yell at them, especially if he was malillas* (had withdrawal symptoms). *I would tell the kids not to bother their father when he would go into the bedroom because he needed his medicine in order to feel better. I recall telling the kids this because they had seen him fixing several times. I remember the boys asking their father if he was feeling better when he would come out of the room. He would answer yes, then the kids would get close to him.*

*Usually at night, the kids would look at a movie while I would iron their clothes for school the next morning. Joe and his camaradas* (comrades) *would be drinking outside or trying to hit another store, so we could fix again.*"

**10:00 p.m.:** "*By ten at night, I would tell the kids to get to bed before their dad got home. So, they knew better [not to stay up]. Because, if he was unable to hit a store, he would come back in a bad mood. He would yell at the kids if they were not in bed. So, to avoid any argument, I learned to try and keep the kids away from him. So, I would kiss them good night and get them to bed before he got home. I would then turn on the radio and wait for Joe to get home. Then, about 11:30, we fixed again another cuchara and a daime of cocaine. Then, we would talk about what stores we should hit and discuss what strategy we were going to use. We'd laugh about what we had gotten away with that day.*

*As I think about it, it's like a challenge to prove you can beat the straight people out of their belongings. We do these things because we are people who have a sickness and in order to feel just normal, we have to be thinking of how we are going to get our next fix.*"

**2:00 a.m.:** "*Then, we would go to bed, and we'd usually hold each other and fall asleep. I remember about how it used to be when Joe first started fixing. I would argue with him because I would tell him: 'You're over there fixing. How do I know you don't have AIDS or some other kind of STD? How do I know you're not messing around behind my back?' I would say this because we would only have sex every three weeks. At times, months would go by without sex. So, if he wanted to [have sex], he had to use a condom. He would argue over this, but he finally agreed to use a condom.*"

**Doing Dates (Prostitution)**

*"You can only shoplift for so long because things become hot or you become hot or you get caught. Sometimes you can shoplift from a few months to a year, but sooner or later things catch up with you. So, you have to find another way to get money. I've already told you about how I got started doing dates. So, I'll skip that. Here is how it was when I did dates."*

**6:00 a.m.:** *"I would get up with the kids and get them dressed for school. I take a shower, get dressed."*

**8:00 a.m.:** *"By this time, Joe would be malillas. Then, I would go stand on the corner of Guadalupe and Sabinas to wait to get picked up to do a date. Joe would be close by to take down the license number of my date's car. This was for protection in case the guy did something to me. As I think about it now, this system of protection is dumb. If the guy kills me, what good is it to me for Joe to have his license plate number?"*

**8:30 a.m.:** *"Usually, in the mornings, I would do oral sex because the guys would be on their way to work, and that would be $15. I'd come back and give Joe the money, $10.* (Tia would keep $5 for herself.) *He would fix first, and I had to wait until I got picked up again for me to fix. Otherwise, I would get into an argument with Joe. So, of course, I had to wait for my fix."*

*In the beginning, I did not use condoms for oral sex but, as I told*

*you before, Pedro* (manager of motel used by prostitutes) *gave me some tips on how to do all this. He was like Dolores* (Tia's prostitution mentor) *who gave me advice in the beginning. Pedro told me to always use condoms because you never know who has what. He also would sell condoms. He used to tell us there were no excuses for not taking care of ourselves."*

**9:00 a.m.:** *"About nine, I would be throwing up and with chills, 'malillas de a madre'* (terribly sick). *I would go on another date. I would try to finish fast. All I wanted was their money for my fix. There were some regulars that would see that I was sick and they would take me to score and then come back for me to do my job. I guess they trusted me because I would never burn anyone. This only would happen every once in a while. Anyway, I would do the date, come back and fix. Or, if not this guy that deals would front me two daimes if he had some left from his personal stash. But, I would have to pay him on my next date. If I didn't get fixed that way, I would share with this other prostitute. I would spend my $5. I would go half on a daime with her. I would do this just to try to calm the malillas and be able to work."*

**10:30 a.m.:** *"I would do another date and we would fix. This same routine would last until the kids got out of school."*

**3:15 p.m.:** *"If I was lucky during the day, I would make up to $100 or $150. Then, I would go home and check on the kids to make sure they did their homework."*

**6:00 p.m.:** *"I'd be home. I'd cook, clean, and so on. Then, Joe would tell me to do another date, so we would take the kids with us. Joe would stay with them while I was out walking around from one corner to the next. I would do this because, if you would just stand in one corner, the cops could give you a ticket for that. While walking around, I would talk with the other girls who were also working. We would warn each other about the Vice—what kind of car did they have and what cops were working. Also, what dates were good and the ones we had to be careful of. Usually, we would work in pairs. I would do another date, depending on how much money I had already made or that I needed to make.*

*Joe would score. We would fix at a shooting gallery where there were always other tecatos. We would tell*

*the boys to stay outside or in the next room from where we fixed, so they would not see us fixing. There were times when other tecatos had their children there also. I know the boys knew what we were doing, but they never questioned it.*

*We would get the kids something to eat or drink to keep them from bothering people."*

**9:00 p.m.:** *"I would do as many dates as I could. In a day, I probably make about $100 to $300."*

**11:00 p.m.:** *"We would take the kids home and put them to bed."*

**1:30 a.m.:** *"I would get up and go do another date. Joe would stay with the kids."*

**2:00 a.m.:** *"I would come back with a cuchara* (spoon of heroin) *and a daime of cocaine."*

**2:45 a.m.:** *"I'd go to bed."*

## Stratification

Tecatos in San Antonio stratify themselves into two groups: *vatos de aquellas* (good guys) and tecatos *chafa* (cheap). The feminine of *vato de aquella* is *ruca de aquella* (good old lady). There are two meanings for *vato* and *ruca de aquella*. One meaning, as already indicated, is "good person" and the other meaning is "high status." The meaning is determined by the context in which the term is used. The term *chafa* also has two meanings—one meaning is "cheap" and the other is "low status." Although it was not possible to determine the exact number of respondents who occupied each of the two statuses, about a fifth of the respondents were high status. It was considered bad manners among tecatos to ask directly about status because individuals do not use their status label when interacting with others.

### *Vato de Aquella*

Tecatos used the term *vato de aquella* to mean honorable by San Antonio drug culture norms. A tecato was considered honorable if he/she displayed these personal qualities: dependability, leadership, responsibility, and respectability.

A *vato* or *ruca de aquella* displayed his/her personal qualities in these ways:

- He/she did not buy drugs on credit.
- He/she had a legitimate job or a lucrative hustle.
- He/she went without drugs if he/she did not have the money to buy them.
- He/she would break his habit quietly without complaint.
- He/she did not lie to people within the drug culture, but he could lie to "squares" (people in non-drug society).
- He/she followed through on his promises.

- He/she was a mover, a leader.
- He/she looked respectable and dressed well, even when strung-out.

### *Chafa*

As indicated, *chafa* signified low status, and it meant either an occasional heroin user or a tightwad. The label chafa meant that the individual was not a real, serious tecato because he did not use drugs regularly. At the start of their heroin using career, tecatos may be given this label because they may use heroin use only on weekends, or occasionally, not regularly. The status label could change after the individual became a regular user, and the new status label would depend on the individual's personal qualities. The term chafa was also applied to an individual who hung around a drug connection, who did not buy drugs, who asked for handouts, and who wanted to go half-and-half with someone else (i.e., pay for half of a fix). Some tecatos chafas got their fixes by extracting the residue from the cotton that was begged from others, and by getting a few drops from lending syringes to others.

The chafas appeared unkempt most of the time. Most chafas were considered intelligent, but devious. The chafa was distinguished from the *vato de aquella* by his appearance and by his begging. For example, a tecato chafa might say to another tecato, "share *las algodas*" (share the cottons). A *vato de aquella* never used the expression. A chafa was rarely called chafa to his face, except when a disparaging remark was directed at him. Most often an individual's status was known, but the label would not be invoked. This practice makes it difficult for researchers to learn about tecato stratification, and it may explain why there is not much literature on tecato stratification.

From his previous work on tecatos in El Paso, the principal investigator knew that tecatos were not homogenous and that status affected various aspects of tecato life. However, the respondents spoke as if they did not stratify themselves. When asked if there were different types of tecatos, they said such things as, *"no,"* or *"tecatos are tecatos,"* thus implying that they did not differentiate among themselves. Even the research assistants, Inez and Margie, who were members of the tecato culture, did not understand the question on different types of tecatos. Later, after observing in the community with the principal investigator, they grasped the concept of stratification when they were asked to explain why some tecatos did not interact with others. For example, when Inez and Margie were asked why Paco did not associate with Jorge, even though they lived in the same neighborhood, Inez's response was, "*It isn't done.*" Margie replied, "*It depends*."

Probing more, the principal investigator asked, "Why is it that Paco does not hang around or do jobs with Jorge?"

Inez said, "*You know*."

He told her, "I have an idea, but tell me."

Finally she replied, "*Paco no se mete con Jorge porque Paco es vato de aquella y Ojas no es*." (Paco does not get in with Jorge because Paco is high status and Jorge is not.)

"*Que es Jorge*?" (Jorge is what?) the principal investigator asked.

"*Chafa*," she said.

The researchers identified a behavior which transcended status position. All respondents reported that they took care not to appear weak, or as they said, "*debíl*." All respondents reported that even tecatos chafas felt obligated to appear tough and to demonstrate it on occasion. Respondents were asked what they thought of the idea of getting street dealers to pass out bleach and condoms to prevent the spread of AIDS among tecatos. They all said that it would not work because *"to pass out bleach and condoms is to show you care and that means you are weak. And if you show you are weak, it's like telling people they can take you and nothing will happen to them."*

## Methods of Ingesting Heroin

The primary method of ingestion used by the tecatos in San Antonio was injection. How, when, and with whom a tecato injected was influenced by social status, hustle, and network membership. As a very astute respondent suggested:

> *"Watcha, para apañar todo el jale, tienes que estar trucha con la manera que ta 'mixed' todo, quien son, con quien se tiran, como jalan, y quien esta en la bola."* (Watch, to understand the whole system, you need to be aware of the way these things are related: who the people are [i.e., status occupied], with whom they inject, how they hustle, and who is in the network.)

### *Injecting*

Most respondents (97 percent) reported that they used both heroin and cocaine. The majority of these respondents (93 percent) injected heroin and cocaine either sequentially or in combination (i.e., speedball). Most respondents (98 percent) reported that heroin made them constipated and that by speedballing they became regular in their bowel movements. About 3 percent reported that they injected only heroin because they could not tolerate cocaine. Some female respondents (about 4 percent) depended on their male partner to inject them, meaning that needle sharing most likely occurs between these two people. All respondents reported that they rinsed their syringe with bleach, but not regularly, and that they would use bleach if it were available. They reported that the common practice was to rinse the syringe with water two or three times either before or soon after using it.

**Hit Preparation**

All respondents reported that four steps were required to prepare a hit of heroin for injection. First, the hit and water is placed in a "cooker" which can be anything, often a

spoon or the cap of a quart-size beer bottle. The cooker is heated with either a match, candle, or cigarette lighter. Once the heroin and water mixture boils, a filter (referred to as the cottons) is placed in the cooker to filter out whatever substance was used to cut the heroin. Most addicts use a cigarette filter as the filter. Finally, the needle of the syringe is placed in the cottons and the liquid is sucked into the syringe. Then, the individual injects. If the user is going to inject in the bend of the arm, the arm is tied with whatever is handy to make the vein pop up. If the user is going to inject on the top of the hand, the arm is not tied.

**Speedballing**

To speedball a fifth step is added. After the heroin is cooked, a hit of cocaine is added to the mixture, then, it is picked up with the syringe. As most respondents pointed out,

> *"You usually put a cuchara* (spoon) *of heroin and daime of cocaine so that the speedball has the kick just right because we like to feel the high of the cocaine first and then come down with the heroin and costear* (coast)*."*

Some individuals who speedball, often tecatos chafas, smoke the cottons. They cut a piece of the cottons, and they dig out tobacco from the tip of a cigarette. They then place the cottons where the tobacco was and close the tip of the cigarette by twisting it shut.

All respondents reported that cocaine can extend the amount of water in the cooker. The purer the cocaine, the more it extends the amount of water. For example, if 15cc of water were placed in the cooker, "good" cocaine could expend the amount of water as much as 10cc, up to 25cc. Because no street samples were collected, it was not possible to define what "good" meant.

### *Smoking*

Three women and two men reported that they also smoked heroin. They reported that it was done in a party-type situation where other drugs were used. People injected heroin and/ or speedballed, snorted cocaine, and drank beer. These respondents were in their early twenties, and they reported that the smokers were mainly people in their late teens or early twenties. The heroin was smoked in a marijuana or a regular cigarette and that cigarette (whether with tobacco or marijuana) was called a "primo." Respondents reported that they smoked heroin to try something different because they wanted to determine what combination of drugs would give them a better high. Heroin smoking was only found in one public housing complex located on the west side of San Antonio.

## Needle Sharing

All respondents reported sharing a syringe with another person. In most cases, the other person was a trusted friend or partner of the opposite sex.

Respondents gave several reasons to explain why tecatos shared syringes. An individual shared with a partner, a trusted female companion, or a male buddy because it was believed he or she would do no harm, which included not putting the individual at risk of an infection. It was assumed that a partner was "clean." An individual also shared a syringe with members of his hustling group. People who hustled together trusted each other and often thought of themselves as friends. Generally, after a hustle and visit to a fence, the participants scored together and went to the same place to inject.

A person who is an isolate may be allowed to use the syringe of the paired individuals. In many cases, the isolate is allowed to keep the syringe. It often happens that isolates share a syringe when they find themselves in a group which consists of both couples and isolates. A variation to this pattern of sharing needles occurs when people use a shooting gallery. In San Antonio, a shooting gallery can be either someone's place or an empty building. Some people get their fix by letting others use their place to "party." If it is someone's place, the proprietor often will have new and used syringes. The practice is to sell the new ones and to rent the used syringes. In shooting galleries in abandoned houses or buildings, there are either individuals who will lend or rent their syringe or there are syringes left by others and considered public property.

These were reasons tecatos gave for sharing a syringe in a shooting gallery:

- "*A rig gets clogged, and you have to borrow one or rent one*."
- "*There is no money to buy a new rig, so you borrow one*."
- "*Being real malillas and someone gives you a few drops*."

Seven female respondents reported that they had trouble injecting. Five said that they had never learned to inject and that they depended on their male partner to inject them. Another reported that her veins had collapsed and that she had to depend on someone to inject her in the neck. Of these women, those who did not have a steady partner had to search for someone to do them the "favor," for which the person was paid either with a hit or part of a hit. One of these women reported that occasionally she backloaded with the person doing the favor and that after about two uses she would give the syringe to the person helping her.

### Indirect Sharing

All respondents reported that they generally used cookers, water, and cottons that others had used. This practice of sharing used injecting equipment has been labeled indirect sharing by researchers.[3] Most respondents (70 percent) admitted that they generally shared a cooker and cottons with not only their partner, but with others. Respondents did not define using injecting equipment as sharing because in most cases

cookers, water, and cottons in abandoned buildings were seen as public property. Indirect sharing occurred mostly in shooting galleries and when several people injected together. None of the respondents knew that using used injecting equipment could also put them at risk of HIV infection.

Few respondents (about 2 percent) had practiced backloading which involves using one syringe to transfer liquid into another syringe. One respondent explained why some would backload:

> *"Usually, tecatos backload when there are from three to four sharing the fix. Backloading makes it easier to measure the liquid equally. A tecato also backloads when he or she does not know how to pick up the liquid from the cooker, and he asks someone else to use his rig to put his part in his rig."*

## Polydrug Use

All of the respondents were polydrug users. As indicated, the two drugs of choice were heroin and cocaine. Beer was the alcohol of choice, and it was consumed as much and as frequently as the other two drugs. It was not uncommon to see people in copping areas with a quart of beer at 9 a.m. Tecatos with a quart of beer in their hands at all hours of the day or night were keeping with the norms of the neighborhoods where they lived.

These were the main reasons given for drinking beer:

- *"It can make you coast better, and it can take the edge off when you're malillas."*
- *"The bottle cap makes a good cooker."*
- *"If you are selling and you have the balloons in your mouth, you can wash them with the beer, if the cops come."*

About a third of the respondents said that they had smoked marijuana. These respondents were younger people in their late teens and early twenties. Tecatos in their late twenties and older said that they preferred not to smoke marijuana. Although some respondents reported having used acid, speed, and crack at different times, the majority reported that they preferred heroin and cocaine. Of the respondents who had tried crack, most reported that they did not like a crack high and that it gave them a headache.

## Hustling

Tecatos worked seven days a week, about twenty hours a day to support their drug habit. This grueling schedule was kept until the individual either was killed, was arrested, or reduced or stopped drug use. Tecatos called what they did *jale(s)* (pull) and *talonear* (to work or prostitute). Hustle is the English word which encompasses the meaning of the two tecato words. Respondents said that most hustling activities were planned and thought out, and that individuals

who got a reputation for "sloppy" work were not recruited as hustling partners. They indicated that San Antonio tecatos have six basic hustles: selling heroin or cocaine, shoplifting, burglaries, armed robbery, fraud, and prostituting.

About 94 percent of the male respondents supported their drug habit through burglary, shoplifting, and cashing hot checks, and about 5 percent also sold drugs. Few male respondents (1 percent) had employment, but they supported their habit from their earnings. Most female respondents (86 percent) supported their habit through shoplifting and prostitution, while about 14 percent sold drugs to support their children and their drug habit. In addition to the active tecatas who sold drugs to support their families, the researchers identified 40 recovering tecatas who lived in public housing and sold heroin from mid-July through September to earn money for school supplies and clothes for their children. As part of their hustle, some male and female tecatos obtained prescription drugs that they sold or traded for money, heroin, or cocaine.

### *Selling*

Because of the degree of trust and dependability required for upper level positions, most respondents reported that the higher positions in the distribution and selling of heroin and cocaine were taken by *vatos de aquella* who sold as a hustle. The two lowest level positions, the *perla* and the *perla's* assistant, were usually occupied by tecatos chafa. Selling was male dominated, but women sold sometimes. Respondents observed that women often got into selling after her partner was busted and the connection believed she would be trustworthy and invited her to sell. The opportunity to sell depended on the supplier. If the supplier was short a person, he would find a person he perceived as trustworthy to sell. Police sweeps sometimes created a shortage of regular sellers, so suppliers would also recruit non-active tecatos(as) to sell. Recovering tecatas on welfare often supplemented their monthly allowance by selling heroin and cocaine.

### *Shoplifting*

Tecatos call shoplifting *fardear*. About 72 percent of the respondents reported that the majority of high status tecatos(as) do not shoplift. The following is a composite of what some respondents said:

> *Although tecatos chafa mainly fardean, it doesn't mean that they are dumb or that it doesn't require brains. It does. There are rules for doing supermarkets and department stores, and selling the stuff to a fence. For example, you have to know how to dress for shoplifting. You know, wear baggy clothes, like droppers* (sweat pants with elastic around each ankle), *and have a big purse or shopping bag. You have to*

*alternate the stores that are hit and not hit the same ones too often. If you are going with someone else, and you always do, you have to agree who is going to do what and who takes the rap if you get caught. If the person who drives doesn't go into the store that person only gets a third of what you get from the fence. Some fences, if you have a good relationship with them, can give you 50 percent of the value of the stuff, but most often you're lucky if you can get 30 to 40 percent of the value of the stuff. When you have a relationship, a business deal, with the fence, the fence can give you an order to fill. You can also have an arrangement with straight people who know you. These people will also put in an order for stuff.*

### Burglaries

Burglaries are called *boglas*. Most respondents reported that high-status tecatos tend to do *boglas* that produce a substantial amount of income. As a respondent said, "*Esta gente no hace una bogla por un TV* (These people won't do a burglary for one TV)."

### Talonear

The term *talonear* has two meanings: to work and to prostitute. The term is generally applied to women who prostitute. All female respondents agreed that a woman would prostitute because she and her ruco were strung-out and it was a quick way to get money when there was nowhere else to turn. The following is one woman's description of how she began. It is a typical description of how most tecatas learn to prostitute:

*"We were at Lorenzo's place, it's like a shooting gallery. And, we're [a bunch of people] sitting around talking. This time around Fernando and me were really messed up, malillas, sin feria* (in withdrawal and without money). *Fernando was bitching about some* (legal) *cases he had and about not wanting to shoplift any more. So, un camarada* (comrade) *told him, 'why don't you let her won't you let her prostitute. Estas rucas [these women] do it.' Then there was all this talk like, 'se cree buena o que.' Stuff like that. Everybody on my case. So, Fernando started chingando conmigo* (griping at me). *And he told me that I either do it or get beat up. He said it in front of these other people. These women and vatos are saying, 'come on try it.' Y aquel chingando conmigo* (And, he is griping at me).

*The next thing I know I am with this other camarada, Maria, la ruca de Lorenzo. She told Fernando she was going to show me the ropes, so there I am selling myself for us to fix.*

> *Also, Alicante told me that if I felt uncomfortable that I didn't have to do it anymore. Como una pendeja* (like a dumb fool) *there I am and a car stops. I didn't know what to say or do, so Maria told the guy she was going to ride with us because it was my first time. So, this guys agrees. Maria told him that for oral sex it would be $15 and for straight sex $25 and for half and half $30. Also that I had to get paid before I did anything, so he paid me $30.*
>
> *We went to Panino's house to do the date. As I learned, he rented rooms for dates, and a lot of rucas used his place. Maria introduced me to Panino. They joked about how Panino had to try me out first. He also gave me some tips on how to act with a customer. He said, 'use condoms and make sure that they are clean' and to yell out if there is problem with the date. He would come out to help, if you had a problem*."

Some female respondents who had prostituted (23 percent of the 86 percent) reported that for sexual encounters they only used places where someone could come to their aid immediately if trouble arose.

These women reported that they told their dates that a condom would be used and that they would get their money up front. Trouble often arose when a date refused to use a condom prior to insertion and he was told that he would lose his money if he insisted on not using a condom. At this point, dates often became violent and the prostitute depended on her prearranged protection contract with the motel proprietor. The prearranged protection contracts illustrated how these women used common sense to cope effectively during encounters with dates.

#### *Hiqueando (Armed Robbery)*

Ninety-two percent of the respondents reported that few tecatos participate in armed robberies. Respondents suggested that more armed robberies occurred between tecatos and drug dealers than between tecatos and the general public. Most tecatos did not commit violent crimes against the general public.

#### *Fraud*

Most respondents used the term fraud to describe getting money from misusing food stamps, cashing hot checks, or using stolen credit cards. Most also said that fraudulent activities were the hustles of tecatos chafas.

### Networks

Most tecatos do not work independently but hustle and use drugs through a group or a network. In San Antonio, tecatos call a network a *bola* (ball). All respondents reported that there were two types of bolas, a hustling bola and a social bola. The hustling bola was a risk network because it

consisted of drug-using practices which put individuals at risk of arrest and infections.[4] The social bola encompassed social activities with non-drug using friends. Most respondents acknowledged the following:

- The social bola diminished in importance as the tecato became an active user and depended more on his hustling bola.
- There were male, female, and co-ed bolas. Most female bolas were formed by tecatas who worked as prostitutes. In bolas comprised of couples, if a vato went to jail, the female often took up with another vato from the bola for protection.
- Bolas ranged in size from two to eight people, but the average size was three or four people.
- To be recruited into a hustling bola, an individual had to be an active user, have the trust of a member, and must have been introduced to the group by the member whom he trusted. Membership was retained by participation in network activities.
- There was a high turnover in bola membership because of arrests.

Most respondents reported that the bola played an important part in the perpetuation of the tecato culture. They suggested that the bola had the following functions:

- Educated new members (e.g. how to hustle if they did not know how).
- Helped find and/or identify connection(s) with the best carga.
- Provided injection service for members who could not hit themselves or whose veins had collapsed.
- Provided warnings (e.g., communicated if there was trouble in the environment).
- Provided protection for females who prostituted by taking the license plate number of the car in which a bola member had left with a date, and by providing general warnings.
- Provided support services, such as baby sitting, cleaning, and laundry services, for which the pay was usually a hit.

## Adverse Consequences of Drug Use

All respondents reported that their drug use affected all aspects of their lives adversely. The following is a composite picture of the adverse consequences experienced by most of the respondents:

> *First, you lose your family. You don't lose them like they die, but you lose them because they stop trusting you. It isn't so much because you steal from them, some tecatos do that, but because they get tired of your lying. In the beginning you tell your jefita* [mother], *brothers and sisters that you are not doing it, and later, once they are onto your lies, they get tired of hearing that you are going to quit.*
>
> *Second, if you are married, you lose your old lady, the kids, every-*

*thing—even sex. If your old lady is not a tecata, she is lucky if she gets it once a month.*

*Third, you lose your job. Then, it's a bitch trying to get one, especially if you have done time.*

*Fourth, you lose your freedom, not just that you get put in jail or prison, but the freedom to be a member of your family. I cannot tell you how many backyard family parties I have missed. Even if I went, I could not eat the food. Once you get a few cases against you, possession, stealing or whatever, the parole, probation, the court, and the cops, everybody controls you. If not physically, they control you mentally because you are always worried that they are going to catch up with you. So, you always have to keep your lies straight.*

*Fifth, you lose your health. Your body takes a beating. You don't eat. You are on the go all the time. You don't have a place to stay. So you are open to diseases—not just hepatitis and abscesses and TB, but AIDS. And, your teeth go. Even if you are on the medicine* (i.e., methadone), *your teeth get messed up. Finally, you lose your life, if not from an overdose, from AIDS.*

## Male and Female Relationships

Respondents estimated that about 60 percent of the tecatos were in a relationship with a member of the opposite sex. As mentioned earlier, even though tecatos called their partner a wife or husband, the relationship was most likely a common-law marriage. All male and female respondents reported that relationships between tecatos and tecatas were open and that relationships between tecatos and straight members of the opposite sex were dysfunctional. All male and female respondents reported that the *"worst thing that you can do is team up with an addict because it's hard to support two habits."* Yet, most respondents were in a relationship with an addicted person.

Most male respondents exploited their female partners by getting them to prostitute and shoplift. Most female respondents reported that they had tried to develop a relationship with dealers so that they would have access to a free supply of drugs. All respondents admitted that relationships became strained whenever the female partner had to prostitute.

Respondents reported that couples remained together until one was arrested or both were arrested. If the arrested person had to serve time for more than a few months, that person was replaced. Seventy-five percent of the female respondents said that they replaced their "*ruco*" [old man] because they needed protection and because they wanted to feel loved. Some women reported, "Aunque

te chinga, te chinga porque te quiere [Even if he beats you, he does it because he loves you]." Male respondents did not discuss why they formed a new relationship with another woman once their female partner was arrested.

All respondents reported that their sexual activity with their current partner was limited either to once a month or to longer periods of abstinence. Most male and female respondents (94 percent) reported that they did not use a condom when having sexual intercourse with their main partner. Most females who had prostituted reported using condoms with their dates. However, 72 percent of these women reported that they stopped using condoms with some of their dates when the date became a "regular," and they got to know the person. Some female respondents (12 percent) and eight recovering tecatas (not included in our sample, but who lived in public housing) indicated that they do not define sexual intercourse with a man (or men) who help them pay rent or utility bills as prostitution.

A fifth of the male respondents reported that they had two sexual partners, a main partner and one "on the side." All female respondents said that they remained faithful to their main partner while he was around.

## *Endnotes*

[1] R. Ramos, *Black Tar Heroin Use in Three Southwestern Cities* (Rockville, Md.: National Institute on Drug Abuse, NIDA Report DHHS [ADM] 92-1909, 1992).

[2] S. R. Friedmann, and D. Strug,"AIDS and Needle Sharing within the IV Drug Use Subculture," in *The Social Dimensions of AIDS: Methods and Theory*, D. A. Feldman and T. M. Johnson, eds. (New York: Praeger, 1986), 30-40.

[3] S. Koester, "Indirect Sharing," (paper presented at the NIDA Cooperative Agreement Conference, Northern Arizona University, Flagstaff, Az., August 1994).

[4] A. Neaigus, et al., The Relevance of Drug Injectors' Social and Risk Networks for Understanding and Preventing HIV Infection," *Social Science and Medicine* 38 (1994): 67-78.

# Chapter 5. Health Problems

Few tecatos talked about illness. They used the terms *malillas* (withdrawal) and sick interchangeably, but the meaning of sick was always meant to be withdrawal. Most tecatos would not admit to being ill when they had an infection because to be ill was to be *debíl* (weak).

## Seeking Medical Help

Most respondents (97 percent) reported that they did not seek medical treatment until they were in extreme pain. Usually, tecatos went to an emergency room for treatment. The majority of the respondents gave several reasons for not seeking medical treatment in a timely fashion. The following excerpts are representative of the reasons given.

*"Like I told you, any pain is always blamed on being malillas. Or, people feel bad, and they blame the carga (heroin). They'll say it was no good and that's why they are still malillas when they are actually sick for real."*

*"You put things off because you think it's going to go away. You probably think like that because you don't want to take time away from hustling or trying to score. Even if you are on Medicaid and have the way to pay for a doctor, you don't take the time."*

*"Money is always the issue. You don't have it, so you keep hoping that the problem will go away."*

*"Hospitals are bad. You have to wait half a day, if not all day, before they see you. There you are malillas and everything. They, nurses and other people there, if they know you're a tecato, they treat you bad. They are rude to you. They also don't want to give you any pain medication, if they need to stitch you or whatever. Like they tell you that you already have enough pain killer in you anyways and that you don't need it."*

## Abscesses

Tecatos who speedball get abscesses frequently. An abscess is an infection that occurs when the individual inadvertently

injects under the skin instead of into the vein. They are seen as a natural occurrence of being a tecato, so an individual with abscesses is not shunned like someone who has sores in areas that are not injecting places might be. All the respondents reported that they did not inject or share cookers and water with any individual who had "suspicious looking" sores, and that they used home remedies on abscesses. Some respondents put a piece of *sávila* (aloe) on the abscess for three days to draw out the infection. Aloe plants are often found in shooting galleries. Other respondents reported using either a piece of onion or garlic to draw out the infection.

## Hepatitis

Sixty-three percent of the respondents reported having liver problems. Half of the these tecatos said that their liver problems had been diagnosed by a physician, and the other half thought they had a damaged liver because they had been infected with hepatitis at one time.

All of the respondents said they avoided people whom they knew had hepatitis. They reported that they would not share injecting equipment and water with an individual who was suspected of having hepatitis. Few respondents (2 percent) reported that they would tell their shooting partner if they suspected that they had contracted hepatitis.

Unfortunately, as one respondent observed, it was difficult to know when someone was infected:

> *"You don't know someone is infected until they are all yellow. If it's your old lady or buddy, you can tell quicker, but in a gallery where it is dark you can't always tell."*

Part of the problem in identifying hepatitis is that most tecatos associate the symptoms of hepatitis with either being *malillas* or having gotten weak heroin that did not prevent withdrawal symptoms. Some female respondents who have had hepatitis admitted that they equated the symptoms of hepatitis with being pregnant because they felt the same as when they were pregnant (e.g., they experienced morning sickness and slept a lot). Thus, they put their partner at risk of infection. In addition, there were tecatos who allegedly did not care with whom they injected. One respondent explained such people were often ignorant, not uncaring:

> *"These people. . . believe that the cooking will kill the germs and that they will not get the disease, so they inject with someone they know has hepatitis."*

## Tuberculosis

Most respondents were unaware of a tuberculosis problem. They reported that there was little tuberculosis among tecatos and that correctional institutions caught and treated those who had the disease.

## Sexually Transmitted Diseases

All respondents indicated that they rarely talked about STDs with friends and family members, even if they suspected that they had contracted one. Most respondents (92 percent) reported that they had never had an STD. The same percentage had little knowledge of the symptoms of the various STDs nor did they know how STDs are treated. Female respondents who had prostituted said that they would not talk about STDs or anything that might be equated as an STD for fear that they would be ostracized, subjected to ridicule, beaten by their partner for not using a condom with dates, and/or shunned by dates. Even if they suspected they had contracted an STD infection from their regular partner, all female respondents reported that their male partner would blame them for getting an STD.

## Overdose

Most respondents had never experienced an overdose or *doble* (double). Respondents said that some of the reasons for overdosing were "pigging out," drinking beer and shooting on top of that, shooting on top of methadone or Trexan, and getting a hot shot.

A hot shot is often labeled as an overdose by non-tecatos, but among tecatos some "scores" are settled by giving an individual a hot shot, i.e., injecting someone with battery acid. Generally, an individual who is already high is given a hot shot which is fatal.

## Reproductive System

Ninety-four percent of the female respondents acknowledged that their menstrual cycle had become irregular and that their periods had often stopped from a few months to a year. All women reported that speedballing made their periods irregular, but that it did not stop them altogether which occurred when they ingested mostly heroin. Most women saw not having a period as positive. One woman explained:

> *"Imagine, being on the street where it is difficult to even get a glass of water, having to find a place to change a napkin. Periods are a problem not only because of what I just said, but also because you have to spend money for napkins or whatever some girls use. And, if you are doing dates, when you got your period, you can't work. So, you got problems because no money is coming. I know some girls whose old man beats them up because they think they are lying when they say that they are still on their period."*

### *Pregnancy*

Due to irregular or nonexistent periods, most tecatas said that it was difficult to know when they were pregnant. Almost half of the respondents reported that they had learned of their pregnancies either at the end of the first trimester or at the middle or end of the second trimester. These women

reported that they had learned of their pregnancies only by having a county jail physical examination given when they were incarcerated or when an emergency room/ clinic examination was given because they had either experienced severe abdominal pains, an overdose, or an infected abscess. Therefore, if a tecata is not incarcerated and if she does not go for emergency medical treatment, she may not find out she is pregnant until she is into her third trimester, as some women reported. In such cases, the women reported that their baby was stillborn.

A tecata's drug use during pregnancy depended on her particular circumstances, but it was often influenced by boyfriends and husbands. Most female respondents (93 percent) had engaged in varying drug-using patterns when pregnant. Some continued drug use. Some tapered off, but increased usage again. Some tapered off to be "clean" at delivery, whereas some stopped using completely. On the occasions when tecatas had continued using, they reported that they had used more cocaine than heroin. Regardless of the pattern adopted during pregnancy, all respondents reported they had continued drinking, mainly beer. Most respondents believed that continued alcohol use would not harm the fetus.

### *Menopause*

The few female respondents (about 2 percent) near or at the age of menopause reported that they had not given the "change of life" any thought. As one tecata remarked, *". . . we probably went through it* [i.e., change of life] *and didn't know it. I probably thought it was only withdrawal."*

# Chapter 6. Drug Treatment

A common refrain heard among the tecatos was, *"I want to get off this stuff."* A variation of the refrain was *"Can you help me get in somewhere to get rid of this muleta* [crutch] *and get clean so that I will not want it any more."* If most tecatos wanted drug treatment, then, why were not more tecatos in treatment? The answer to this question can be found by examining factors which facilitate or function as barriers to substance abuse treatment.

## Views On Treatment

Although most respondents (98 percent) expressed an interest and desire for drug treatment, the majority of them (94 percent) had not been in a treatment program. As indicated earlier, most respondents were not clear on what constituted drug treatment, and half of the respondents viewed incarceration as treatment. These individuals thought that going through withdrawal and being drug free while incarcerated was drug treatment. These same individuals also thought that certain religious programs constituted drug treatment.

Tecatos talked among themselves, so those who had been in treatment often expressed their opinions—good and bad—to other tecatos regarding treatment. Consequently, the respondents had some ideas about what might help them. Most respondents had an opinion on the duration of a drug treatment program, if not on what form a treatment program should take.

Most respondents stated that ideally they would like to go through detoxification for a week and then be admitted into a 30-day treatment program. Some respondents (35 percent) wanted a shorter time period for drug treatment. Female respondents were more concerned about the duration of a treatment program than males because they had children—they were anxious about day care and foster placement issues. Most women with children reported that not knowing where to leave their children prevented them from seeking treatment.

The following passages are indicative of the respondents' comments regarding treatment:

> *"First, they need to clean you out. Then, they need to put you in a*

*program right away — none of this waiting around for weeks or months."*

*"The longer the treatment the better. See, the detox gets it out of your system. It's like you might break at home on your own, but there they might give you something to ease the pain. But the real tough part is to get the desire out of your mind. While it's in your mind, you still want 'la tecata'* (heroin). *That's why, I say the longer the treatment the better—to get it out of your head."*

### *Methadone*

About a fourth of the respondents had been on methadone maintenance. At the time of the study, 5 percent of the respondents were on methadone maintenance and injecting heroin in addition to their methadone dosage. Most respondents (96 percent) reported that they did not want to be on methadone. Many thought it was harder to kick than heroin. Others commented, "you *still feel that you are on drugs"* and *"you end up shooting heroin and cocaine on top of the methadone."*

Some respondents reported that methadone centers were also connections because some individuals went to sell heroin and/or cocaine there and others went to trade heroin and/or cocaine for methadone. Two respondents stated that they controlled their heroin consumption and their ability to keep a job by using methadone, which they obtained by trading heroin and/or cocaine for methadone.

### *Narcotics Anonymous*

About half of the respondents had been to Narcotics Anonymous meetings. Most of these individuals reported that these meetings were helpful for awhile, but also served as a place to meet old friends, which often led to a relapse.

### *Other Programs*

A few respondents (about 15 percent) had enrolled in programs for drug users that did not use methadone. Most respondents reported that they had avoided such programs for a variety of reasons such as the following:

- *"Drugs are used by some staff members and clients, so you get tempted to use."*[1]
- *"They don't help you become independent."*
- *"Females on occasion have to do sexual 'favors' to get a privilege, and staff members make you feel like you can't change, like once a tecato always a tecato."*[2]

## Barriers to Drug Treatment

The tecatos interviewed identified a number of barriers to drug treatment including their partners and families, money, the amount of time clients may need to wait to get into treatment, lack of treatment facilities, absence of advocates and role models,

and self-fulfilling prophecy. Furthermore, many saw entering treatment as a sign of weakness.

### *Partners and Family*

The following quotes indicate the difficulty of quitting when one's partner is still using:

> *"If you want to quit and your old man, or old lady, or your comrade doesn't quit, you don't quit. You might stop for a day, but with it there all the time and your partner coasting in front of you, you go right back."*

> *"I told my vato that I was going to get into treatment, 'y me deo un chinga'* (and he gave me a beating). *'Tas pendeja o que?'* (Are you a dumb fool or what?) *he said. You know, I'm the one bringing in the money, so of course he doesn't want me to stop."*

For others, there is pressure to use from other family members. One woman remarked, *"Why go? Everybody injects. My mother gets her fix by partying here every night."*

Children often presented a barrier to women who would have liked to enter treatment. They were concerned that their children would be taken from them. One tecata explained that she would have to give up her children if she went into treatment because she could not ask family members to care for her children because they were very angry with her. She added:

> *"The state would give me all kind of shit if I asked them for help. They'd take them* [her children] *away from me. If not every tecata I know, every other one, has lost a chavalo* (kid). *Estoy jodida* (I'm in a mess)."

### *Money*

Some tecatos were worried about not having enough money for treatment:

> *"I don't have Medicaid to pay. Even if they say it's free, you always have to have a little money to spend here and there."*

> *"I'm moving* (selling drugs)*, and I can't quit that because that's how I pay the rent. What am I going to say to my old lady, figure out how to feed the kids because I'm going in for treatment?"*

### *Waiting for a Treatment Facility and Lack of Facilities*

The amount of time required to get into a treatment facility and the lack of facilities which could treat clients at no cost were also perceived as problems by tecatos:

> *"You wait too long and then you get malillas, so I don't go for that reason. It's bad to get sick in the waiting room, but it's worse because*

*you wait the whole damn day, and then, if you are lucky, you might get a bed. If not, they tell you to come the next day. To hell with that shit. It's like they make you feel bad on purpose. I don't just mean sick. I mean you wait and you wait and you wait for nothing. That's what makes you feel bad inside. I gave up on the second day of waiting and left."*

*". . . this has been my experience. If you get in to get detoxed, you might be there for three to seven days. Then, you have to wait to get into the residential. That can be like a month or two. By that time, a guy like me is already using again because I didn't really get any help, other than detox."*

*"There is really only one place, the MHMR, for us. It has another name, some kind of center. You can go to one or two of the hospitals, but that costs. So, there's only one place and that place is always full."*

### *Debíl*

Some respondents, who were identified as being high-status tecatos, talked disparagingly about drug treatment. They thought that treatment was for *gente débil* (weak people), implying that it is for low-status tecatos. One respondent explained:

*"A good tecato* (high status)*—do you understand me?—nails himself at home* (stays put)*, ties a ball* (prepares for pain), *and breaks* (kicks the habit cold turkey). *He breaks without crying. I'm not saying it's not a hell because it is."*

Another respondent said he, too, would break at home:

*"Go there and they treat you like a chafa. Then you're like all those debíl fools. They* (the counselors) *treat us all the same. I don't need that abuse."*

### *Self-Fulfilling Prophecy*

Yet another class of barriers could be best described as self-fulfilling prophecies. Quite a few tecatos mentioned that either they did not believe they could quit using or others did not believe that they could quit using. Other tecatos thought it would not change their lives if they quit using, so they might as well use.

There is a folk belief among tecatos that they have a worm inside and that it is only dormant for the period that a person is drug free until it becomes excited again. One tecato believed he could not change: "*. . . I don't think I can change. I got that worm inside me and there is no way I can get it out."*

Another tecato mentioned that he did not know if he could overcome the low expectations he and others had:

*"It's bad because it's like everybody expects you not to make it. Sometimes you tell your friend, or relatives, or PO* [probation officer] *or whoever, and they don't expect you to make it. Like they don't believe you. They have this attitude that makes you feel that you are not going to make it. And, this attitude gets inside you. Personally, I find it hard to overcome mine and their attitude together."*

A third tecato said:

*"And it is hard to get out because your camarada or your old lady, if she is a tecata, will say, 'you think you're too good or something.' If they don't hit you with that rock, they'll hit you with, 'don't make a fool of yourself because you are not going to make it. Sooner or later you are going to fall.' And they always have an example of someone you know who messed up again. . . . In a way they are right because its stacked up against you making it."*

In a focus group discussion, one man said that he thought that poverty and lack of education created a cycle which could not be broken by undergoing treatment:

*"Money is a problem like they said* (others in the focus group), *but it seems to me it is poverty...there is more to poverty than no money...it's the absence of money and the absence of books smarts. Don't get me wrong. I know all of us are damn smart in our own way, or else we wouldn't make it as tecatos, but we are stupid about how to get help, how to find a job, and how to keep a job. . .Even if they would hire us—and they don't because of our record—it would be an [undesireable] job because we don't have the education. That [undesireable] job is not really going to help. See, a bunch of us need education, so that we can develop ourselves. See, being a tecato and being uneducated, they have us by the neck. So what good is it to get clean? We're not going anywhere. You probably think I'm negative, but that's the truth as I see it."*

### *Pleasure*

One tecato explained that he would not quit using because he liked doing so:

*"I don't go because I like it. I know it messes me up, but it feels good and that's the only feel good I got in my life. So, right now I don't plan on getting off. Besides, I've only been doing it for two years."*

### *Absence of Advocates and Role Models*

Most respondents (98 percent) did not trust social service providers, criminal justice personnel, or drug treatment counselors. They believed that these people had negative attitudes toward tecatos and that

they rarely helped. When they had received help, the tecatos perceived it as "too little, too late." Respondents articulated their fears about discussing their problems with caseworkers and probation officers and the fact that they needed someone to guide them:

> *"Let's say I want to go to a residential center for treatment. I can't. To go and to get admitted is to say to my PO* (parole officer) *that I'm using. Right away, that's a violation of my parole, and they can revoke my parole. I can't tell my PO to help me get in. The guy is only there to mess me up. You can't talk with him. I'd be a damn fool to tell him that I'm dirty. He must know because I haven't reported in a few months because I'm dirty. When I first fell* (i.e., relapsed), *I wanted to tell him that I fell and that I didn't want to slide back into it, but like I tell you I couldn't. Now I'm all hooked, and if I went to him, he'd look at me and tell me with words and not just with the look, 'lying bastard, you're not going to change. Look at you.' It would not only be that I'd be feeling bad because of being sick, but his look and words would get to my heart. You know, I feel bad in my soul about who I am and what I'm doing. I don't need someone to give me a kick and that's what it is, a kick. And, you feel like a damn fool to get it put to you like that when you are like that—sick."*

*"I'm not going to say, 'it's not my fault.' It is. But, there is no one to talk to. How many times have I not wanted to tell someone? Talk with them with the truth, 'I want to get out of this s___. I don't want to mess up any more.' But, there is no one you can talk to—that you can trust to help and not give you the blow* (i.e., a verbal beating). *Besides the blow, if you tell your caseworker or whoever, they don't help. Then, you feel worse because now they know and you have left yourself open for them to do whatever in the hell they want to."*

*"They don't hear you. Or, maybe they don't want to hear you. But, you tell all these straight people who you get entangled with and they don't do anything or if they do, it is almost nothing, useless. I pray and hope that God will move these people's* (service providers) *hearts, so they can hear when we ask for help. The problem is they don't trust us; they think we are going to rip them off."*

*"It took me almost twenty years to be a tecato. No counselor is going*

*to change me or me change either in twenty minutes, or two hours or two months of counseling. What the hell! They got education. . . . Why don't they figure things out and know that it is going to take a while to help because I'm going to trip a few times on the way out of drugs."*

*"There is no one to guide you. You know, to front for us. There are connections who front you [drugs], but there is no straight person to help you jump over the big holes in the road. You know, like help you get a job. Or, help you get in treatment and at the same time help you with family problems, money problems, and housing and all that stuff that you need if you're going to go away for a few weeks."*

*"There are more people who didn't make it than those who do make it. It's rare that you know someone who is making it. We, at least I, don't connect with those movie stars or celebrities that come on to tell us to say no to drugs. The few who make it leave. The strange thing about all this is that there is always someone who gets you into it, but there is no one to guide you out."*

## Factors Which Facilitate Entry into Drug Treatment

Six percent of the respondents had been in a drug treatment program. Two individuals reported that they had been in drug treatment twice. These individuals and other respondents who had relapsed reported that a combination of factors facilitated entry into drug treatment. These included getting older, being physically exhausted from using drugs, becoming concerned about their family, fearing that they would be labeled a habitual criminal, needing a place to hide, having an advocate, and convincing themselves that they could change.

Most respondents in their late thirties and early forties reported that they were coming to the realization that much of their lives had been wasted and that it was time to "enjoy life before dying." All respondents suggested that they had stopped using drugs because they "were tired of being tired." Half of the respondents reported that family members—either parents, spouse, or children—played a role in their stopping drug use, even if it turned out to be temporary. Most male respondents said that a non-drug using female partner played a pivotal role in his stopping drug use. For most female respondents, their children and in some cases, an elderly mother, were influential in moderating or stopping drug use. Some middle-aged male respondents with extensive police

records stated that they had cut down on their drug use and that they were thinking about stopping because they feared being labeled a habitual criminal if arrested again.

Half of the respondents who had been in treatment reported that they went because they wanted to control their drug use and because they needed a place to hide from either the police or other tecatos, in some cases both.

The ten recovering addicts (five male and five females) who were interviewed reported that two other factors influenced their decision to enter drug treatment: having an advocate and being convinced that they could change. Two of these individuals told what helped them recover:

*"You need someone to front for you. For example, with the police record that all of us have, we cannot get a job. You need someone who can either go with you or call up and recommend you—be up front with the employer. Tell the people where you have been and where you are going now. Because if someone doesn't do it for you, you are not going to get very far. I know because I have been down that road so many damn times. And, each time nothing happened, no job, and I got depressed and I went back. This time there was my uncle. He wouldn't give up on me. Even when he couldn't get me a job, he'd be around for me to talk with, to give me courage. He made me part of his life."*

*"When you are a tecata and I guess a tecato, your self-esteem is not worth a damn. You do stupid things that if you really thought about it you wouldn't. But you do them, because you are afraid — afraid of malillas, or afraid of not being wanted or loved or being alone. . . .And, it doesn't help when your old man or whoever you are with says, 'why get clean? Look around you. You are not going to make it. Or, do you think you are too good?' For me, I had to get my self-esteem up. I got it by having my new boyfriend. He's square, but he's there to pick me up when I'm down, and I'm down a lot. It takes awhile to feel like you are worth something. You know, so you can take it when things go bad. You know, realized bad things happen to everybody, not just you."*

## Factors Which Influence Abstinence

The ten recovered tecatos and about half of the respondents identified seven factors which influenced abstinence. These factors included having a job or activities to fill time, having a positive environment, positive reinforcement from partner and family,

having an advocate, and one's children.

Staying busy was an important factor in remaining abstinent. One man said that a steady job to keep one busy was necessary because life as a tecato was very exciting in its own way:

> *". . . stealing, selling drugs, hiding from the cops and being on the street with all kinds of people doing crazy things makes your blood and whole body tingle. The worse thing you can do to a tecato, especially an old tecato, is get him clean and not give him something to do."*

Another man also indicated that a job is important, but that recovering addicts need activities to fill time outside of a job:

> *". . .you got to have something to do after work hours. . . . I didn't want to get home too early from work because I didn't know how to fill up the evening. You can only watch so much TV or go to the movies before it all gets to be reruns. . . .It wasn't until I got into church that I had something to do with people that didn't involve getting high or the same old stuff that I did before. You know, there are church activities and you do stuff with these people all the time. In a way, the church people are my new network."*

Another respondent spoke of the need for a positive environment, although for him it entailed leaving his old neighborhood:

> *"I think the big help was that we moved out of the courts* [i.e., public housing]. *There you couldn't get away from the stuff or people selling and using. The temptation was always there. Here in the northside, I'm not exposed to it. I'm not saying it isn't around, but I would have to look for it. Here I got my job and my family, so I don't have to go to the courts or where I can get back into the same routine."*

Having an advocate or someone who believes in the individual is not only a facilitating factor for entering treatment, it is also important in staying off of heroin. This was explained by two men:

> *"Somebody has to front for you. Your record is so bad, everything about you is so bad, that nobody trusts you, sometimes not even your own family. So, to get you going, you need someone who believes in you, even when sometimes you don't believe in yourself. Like in my case, I got a good friend who put in a good word for me at the place where he works, we both work there now. The guy helps me out because we can talk. I tell him stuff about how sometimes I'm afraid of some things. . . ."*

> *"You are not going to believe this. My PO* (parole officer) *is Black, and he has done more for me than*

*any Chicano PO that I've ever had. He would know when I was beginning to mess up. Once he even went to my house and we sat outside and he said, `We can pretend, but you haven't reported because there is something wrong and you've gone back. Let's talk about what's wrong and we can forget about the messing up.' I told him I was having problems with my mother and my kids and that I was all depressed over that. I got me a psychiatrist.*

*This man believes that I can make it. Man! This Black is beautiful. I tell him the truth and he believes me. My other POs, I could be bleeding in front of them, and they still wouldn't believe that I was bleeding."*

And just as a user's partner and family play a role in fostering heroin and cocaine use, they also play a role in abstinence. One respondent told of how his wife and mother helped him. He said he "snapped" one day when he realized that he had made them suffer many years. He spoke of their importance to him:

*"They are very proud of me. Even when I was losing my jobs. They would say, `Don't worry, God will help you because you are with us.' Without them, I don't think I could make it."*

Children can also be an important influence on a recovering user. A tecato spoke of how he wanted his son to graduate, to make something of himself. *"I tell him to remember how I used to be,"* he said, *"and not to get into drugs. I'm real proud of him and I don't want him to mess up."*

A mother of two daughters relayed how concern for them caused her to quit using:

*"My kids. . . caused me to evaluate everything. I got two girls. One's a teenager already. I caught one of the guys who came over to shoot up here looking at her and getting close to her. I told him to cut that stuff out. Instead of apologizing, he said, `I can give you an ounce if you let me have her for the night.' I took the kitchen knife and stabbed him. I was going to kill him, but I didn't. That made me snap to quit, and now, every time I get the urge, you know, to fix and feel that good feeling again, I think about that time. I know that I messed up, but I can't mess them up. God won't forgive me if I did that. Imagine, with so many whores all over the place and he wanted my little girl. That opened my eyes because I have seen other mothers do that for a fix."*

## Relapse Factors

Throughout their drug using careers, most tecatos had stopped using drugs periodically. They called kicking their drug habit "*quebrando*" (breaking), and all tecatos had

stories about their kicking experiences. The life of tecatos is cyclical. Like the changing seasons of the year, tecatos go from being active users to being drug free, and then become addicted again. The factors that aided in the relapses of respondents are discussed below.

### *"La Presión" (The Pressure)*

For the tecatos sampled, *la presión* was derived from such sources as

- well-intentioned relatives who expected too much, were too rigid, and made demands perceived by the respondents as unrealistic;
- unemployment and inability to find steady employment;
- no personal place to live (most tecatos lived with relatives);
- inability to provide enough food for self and family;
- no one to talk with about the urge to use drugs again;
- no one to talk with about feelings; and
- loss of children or the occurrence of a tragic event.

### *Partner*

A substance abusing partner was often the precipitating factor which caused relapse. Most female respondents (98 percent) reported that their male partner made relapse easy. A male partner influenced drug use even when he was not an injecting drug user. For example, one respondent said that her boyfriend was not a drug user but encouraged and pressured her to drink beer. After drinking she would want *"to score to feel really good."*

### *Parole or Probation*

All respondents acknowledged that they were unable to comply with parole or probation rules and regulations that were similar to these listed below.

- **Do not associate with known drug addicts or criminals.** Often relatives, neighbors, and friends of the respondents were such people.
- **Do not travel out of town without permission.** This rule often conflicted when an unexpected family obligation or job opportunity required travel. Most respondents stated that they did not report sudden trips out of town because they were fearful of being turned down. This situation was very demeaning for adult men who had to reveal to friends that they needed to ask for permission before going out of town on a two-day construction assignment.
- **Pay for parole or probation supervision and urinalysis fees.** Most respondents were unable to make payments because they were either unemployed or too embarrassed to continue asking parents or significant others for loans.
- **Report relapse problems.** Experience had taught addicts that if they mentioned relapse problems, either parole or proba-

tion was revoked or their parole or probation officer disregarded their cry for help.

- **Monthly reports are required.** It was often difficult for respondents to comply with this rule when they had a job. Often, they had to report in person which meant that the individual had to miss work for a day. Often tecatos do not have jobs that allow them to miss a day of work or often recovering tecatos have lied about their past history to get a job. Therefore, to ask for a day off to meet with a parole or probation officer becomes a problem.

### *Waiting*

The waiting period between detoxification and residential aftercare enrollment was too long according to respondents. If the waiting period between detoxification and residential aftercare was more than a few days, there was the potential for relapse.

### *"Moving:" Selling Heroin and/or Cocaine*

Because of unemployment, some respondents reported that they relied on selling heroin and/or cocaine to support themselves and their families and to pay parole supervision fees.

### *Leisure Time*

Most respondents admitted that they did not know how to use leisure time in a non-substance abusing manner. As active addicts, they were socialized to be busy, and when they were drug free, all respondents said that they did not know what to do with their new-found free time.

### *Rejection*

Most male and female respondents reported that they did not feel good about themselves. After a few months of rejection from potential employers, they relapsed to feel good. Female respondents more than male respondents commented on their low self esteem. One 40-year-old respondent who had prostituted said that most of the tecatas are poor, frightened, little girls with no self esteem. She observed:

> *"Oh, we come on tough. We can stab you, shoot you. You know, kill you. But, we are really little scared people who have been made that way. . . .To do bad, we get help, but to do good we don't. If you really want to help, get the whole bunch of us, tecatas — to hell with the guys — and give us self-esteem classes. If we can just get a strong base inside of us, then, maybe we can withstand all the pressure and stuff we have to put up with."*

### *Education*

Most respondents reported that they lacked sufficient education to seek employment other than construction and service industry jobs.

***Past History***

Most respondents reported that they have had difficulty coping with their past history. Often individuals found it difficult to face the prospect of going to jail for a previous violation after obtaining a job and being drug free from a few months to a year. Court hearings and lawyers' fees not only eroded their meager earnings, but created situations in which the individual had to miss work and possibly lose his/her job. In these cases unemployment was a real threat—even a limited sentence of a few weeks in the county jail could cause an individual to be fired.

***Neighborhood***

All respondents reported that they had been unable to cope with living in a neighborhood saturated with drug dealers and users. One respondent voiced what many said:

> *"It's difficult to live where I live or where most tecatos live. The barrio is full of drugs. I know—you are probably thinking, a lot of people live there and they are not into drugs—but the reality is that, once you have been in it for a long time like I have, it is hard not to get tempted. For example, you would have to turn your back on all the people you know and that you grew up with. I've had a job. I go on the bus to work. I'd meet old friends, tecatos on the bus. If you don't meet them there, you meet them on the corner, everywhere. 'Hey, you looking good. We made out and we are on our way to score. Come on, I'll give you the fix.' You can say no many times, but after awhile, 'You think you are too good to be with us, even for a beer.' I do that beer a few times, and I know that sooner or later, as they say, 'what goes round comes round.' There I go again."*

***Self-Fulfilling Prophecy***

The researchers observed that many drug prevention personnel and relatives of tecatos, either by design or inadvertence, conveyed to the individual that he or she could not change, and many addicts had internalized the popular belief of "once an addict always an addict."

## Conclusion

This discussion presents only part of the story on thefactors influencing drug treatment and relapse. To understand how the various factors create what tecatos call *la presión*, it is important to consider the context of an individual's life. The following chapter is a case study in which a tecata described what constituted *la presión* for her.

***Endnotes***

[1] This allegation was not confirmed in an independent investigation.

[2] This allegation was not confirmed in an independent investigation.

# Chapter 7. La Presión: A Case Study

The life of a recovering tecata is fraught with many problems and many "catch 22s." Her life is more complicated than that of a tecato because she is the one who takes care of the family. To understand why some tecatas, or any addicts relapse for that matter, the myriad of problems they must manage should be examined.

In the course of this study, many tecatos attributed their relapse to *la presión*. When asked to elaborate, many respondents would describe the one problem that they were having at the moment. Over time, it became clear *la presión* was not produced by one but by many problems, and that many of the problems were related and had been ongoing.

This chapter is a case study on *la presión* as experienced by Carmen, a recovering tecata. Some of the problems she discusses have a history that transcend the nine-month period Carmen describes.

Carmen initially wrote a 25-page case study with some editorial assistance. For the purpose of this report it has been edited. Her words are presented in italics.

## Carmen

Carmen is a 46-year-old recovering addict. She is Hispanic and a grandmother. She has been drug free for eight months, after having been an active user since the age of 28. She is on methadone maintenance, but considers herself drug free because she is not shooting heroin and cocaine on top of the methadone, which she had done in the past.

Carmen has four children: a 24-year-old son and three daughters who are ages 29, 21, and 12. Her son is blind due to a hereditary problem. He and his wife have a two-year old daughter. Her oldest daughter is a tecata, and has been since the age of eighteen. She is the mother of a 10-year-old girl. Her middle daughter has a two-year-old girl. Her son is the only one of her adult children who finished high school, though he is unemployed because of his disability. Carmen is hopeful that her youngest daughter will also graduate from high school.

In addition to her children, Carmen has been a mother figure to her 14-year-old niece, named June. June and her older brother, Junior, lived mainly with Carmen's

mother, but it was often up to Carmen to deal with June's problems and take care of her. June and Junior's parents, Carmen's uncle and his girlfriend, a *gavacha* (Anglo woman), have been in and out of prison through the years, dropping in and out of their children's lives and disrupting the lives of the entire family.

June feels very close to Carmen because it is Carmen who has been most like a mother to her. She refers to Carmen as her "mom." When June's junior high school had a graduation ceremony, she was allowed to invite only one parent, and she invited Carmen. June's biological mother was so upset she threatened to keep June from seeing anyone from that side of the family. In addition, June's mother has a history of drug addiction and dealing and she has been diagnosed as schizophrenic. She has caused many problems throughout the years, not just with Carmen's family but with the schools her children have attended.

Carmen herself is the oldest of four children. Because she is the oldest and the only daughter, her mother is dependent on her for help in many areas, including doing paperwork and housework. Although Carmen lived with her mother for a time in a crowded household made up of an ever-changing number of people, she and her 12-year-old now live in their own apartment, in a new neighborhood. She says, *"I believe that to help yourself remain drug free, it is better to stay away from old faces and old places, as they say."*

According to Carmen there is no single factor that caused her to use drugs, but many things which created la presión. Carmen found it very difficult to deal with her son's birth defect and she had a strong need to be accepted and loved which resulted in a string of problem relationships with men who were unfaithful to her.

Here is Carmen's story.

## Drug Using History

*"I started using heroin about 18 years ago. I was first tempted to use this stuff because everyone else who was doing it seemed so relaxed and free from any problems. Above all, I really wanted to be like everyone else and also have a sense of belonging.*

*As I look back on things, the same reasons that got me started are just about the same reasons that would continue to make me stay in my addiction, or return to it every time. I have two big battles: one pertains to mates and the other to my son, or with anything having to do with my son. I guess that you sort of feel like when you fix you don't have to worry about whatever because you get so loaded a lot of times you don't feel.*

*My mate problems always centered around their unfaithfulness.*

*This was a problem, even before my addiction to any form of drugs, beginning with my first husband who I married at age 16."*

Carmen says that at 16 she was very trusting and naive, and found it difficult to believe that her husband would cheat on her. She has been involved with a number of men since then, and although most of these men were not tecatos, she still had problems with them being unfaithful. She is currently in a relationship that she thinks will be successful because she and her partner agreed that they were both ready for a relationship, that they would not cheat on each other, and that they would work and be productive, serving as a model for other tecatos. However, her partner is currently in prison. Carmen firmly believes that she is strong enough now to be on her own in the event their relationship does not work out when he is released in two years.

### Drug Treatment History

This is the third time Carmen has been on methadone maintenance and she has tried other methods of kicking her habit as well.

The first time she tried to become drug free she admitted herself into the state hospital. She says that no one at the state hospital helped her, but in retrospect she says she went to the hospital for the wrong reasons. She wanted to escape from her husband, not to get clean.

She said a previous methadone program was effective for four years until her husband was released from the penitentiary. They stayed together for three months, but when he started being unfaithful again, she started using again.

> *"This time I see things very differently,"* writes Carmen. *"If I want to be of some value to anyone or to be able to help one of my kids or anyone else, I have to help myself and value myself first. I am like what tecatos say, 'sick and tired of being sick and tired.' I'm tired of being used. I'm tired of having this feeling of just hating to wake up in the mornings because I have to face another day. And to be honest, there are a million other things I am tired of, but the main thing I'm tired of is this damn addiction having control over me. So, I've chosen to take control."*

According to Carmen, she is now learning to let go of the past, something she was not able to do before.

> *"Now, I realize that the past is just that, the past, and being bitter and hateful about it makes me an unhappy person. There's one thing I remember about the Narcotics Anonymous meetings that I attended in the past. They would say to take one day at a time. I was trying to do this and hold on to the past also. I believe this was one of the main*

*reasons I didn't manage to stay clean the last time."*

Carmen also acknowledges that in addition to her present commitment to staying clean, now she has a support group that believes in her and gives her advice.

*"I believe that it's hard for tecatos even to begin to believe that someone is trying to help them when they continue to hear this thing about, 'once an addict always an addict.' Helpers need to show tecatos that they really believe tecatos can change."*

## Problems and Pressures

### *Extended Family Problems*

Many of Carmen's family problems are related to June. She explains:

*"Sometimes the gavacha* (June's mother) *will decide she wants to be a mother, and she comes and drags the kids to wherever she is living. She causes them to go through all kinds of changes not to mention all the mental abuse she put all the family through. She will drag them out of school, changing them from one district to another, making them have to readjust all their schedules and remake friends. Then, after two or three weeks she will decide it is too much for her, and she would check into a hospital for her nerves and send the kids back to us.*

*At one point, things were so bad that my mother got sick from her heart. She has always had heart problems. All this was so emotional and heartbreaking that the stress was taking its toll on everyone. My brother and Junior became very close. When my brother got married, he and his wife decided to take the boy to help mom. . . .*

*Junior is now going on 16, and he is doing well with my brother who lives in Dallas. He is an honor roll student, straight "As" and perfect attendance in high school. He is also at the top of his class in Bible school. He wants to become a preacher. June is the one suffering.*

*Junior calls my brother and sister-in-law mom and dad. My uncle knows this, but he says it is fine with him because he is grateful for the job they have done bringing up his son. Junior is really turning into a fine young man. The gavacha is not that grateful and she feels that it has all been a conspiracy to deprive her of her kids. She continues to make threats of getting the two children and putting them in juvenile. . . .*

*My niece is really the one who got the short end of the stick. Even though she has our family who loves her, she ended up on the wrong side*

*of the tracks. My family has its share of problems and we are not very well off. June is a very bright girl. She is also an honor roll student, and she never misses school. But, there are always a lot of people at my mother's house. My second daughter is 21 years old, and my mother is always taking in friends of hers that end up mad at their husbands or mothers. This means taking in kids and all, sometimes a mother and three or four kids.*

*Because of this crowded situation, no one person gets too much attention. People get shoved off to the sidelines a lot of the times. This is not too good for kids, and much less on a young teenager. I know how June feels because I was in her shoes when I was growing up. Plus, the neighborhood doesn't help any. This situation leads her to go out looking for some kind of attention and a sense of belonging. Unfortunately she is looking in the wrong places.*

*During one of these episodes in which June was being tossed back and forth from our house to my uncle's house then to her mother's house, she ran away. During the couple of days that she was away from the house, she ended up having sexual intercourse with a number of guys. Because of the fact that the authorities were led to believe that she had been raped, she had to be examined by a doctor at University Hospital. She called me crying to ask me to please come be with her. She said that she told her mother that she had been raped. She thought that, if she told her mother she had been raped, her mom would let her go pick up some clothes and leave again. She was also trying to get some sympathy from her mother to keep her from being mad at her for running away. By the time she got to her mom's, the police were waiting for her.*

*As it turned out, June wasn't raped. She was trying to join a gang. To be accepted, a girl has to have sex with the male members of the gang. The girl has to roll the dice and whatever number comes out on the dice will be the number of club members who get to have sex with her. She rolled a nine, and I guess we can safely say our June is no longer a virgin.*

*Her mother told the police to do whatever had to be done and then take her to juvenile. But, I went to her aid. . . . she was released to my custody the next day.*

*Although I am not living with my mother, where June lives, I have made some rules for her. Now, she is*

*upset with me because I refuse to let her go to parties on Saturday nights. I've also told her that she can only use the phone for fifteen minutes at a time and to speak to one individual only.*

*During these times, I feel like I'm going to explode, but then in a way, I've always known that one of the ways to help someone stay off drugs is to keep the individual occupied so that the individual won't have too much free time to think about drugs. So, in a way, I guess this situation with June is helping me because it keeps me from focusing on myself, and it keeps me busy."*

Recently June contracted an STD which is an additional source of worry for Carmen.

***Child Protection Services***

Before June was actually released from University Hospital, Carmen had to deal with Child Protective Services because the family did not have custody of June at that time. Child Protective Services said that June must be released to her mother, even though her mother had a history of instability and wanted June sent to "juvenile." The agency had also handled complaints about June's mother in the past.

Carmen experienced a great deal of frustration in having to fight to get June and deal with the agency which she felt mishandled the case or they would have uncovered the past complaints about June's mother.

The caseworker from the agency had promised to help get June counseling and said that he would call Carmen about it in a few days, but Carmen reports *"the couple of days has turned into months."*

***Problems with the Family Violence Unit***

About a week after her dealings with Child Protective Services, Carmen had to deal with another agency when trying to get a restraining order against Joe, who is the father of Carmen's ten-year-old grandchild, Mary. Carmen's mother has custody of Mary, and through the years the family has had many problems with Joe. Carmen explains the recent problems involving Joe:

*"In the past, there were problems with Joe because of his violent temper. He abused my daughter on many occasions. He also has the habit of sending someone to do his dirty work. By this I mean, he would pay someone to go and beat up my daughter. On a couple of occasions, this backfired on him because most of the time he would get an addict, looking for a quick way to make some money ($10). The addict in turn would tell my daughter what he had been paid to do, and that if she would be willing to pay another 10 bucks, he would tell him he had done the job and leave her alone. So, the*

*addict got an easy 20 bucks, and my daughter didn't get hurt, plus Mary's dad thought he got his way. Everyone was happy, so to speak.*

*We had another problem with this man. Whenever he got mad at us, he would insist on taking back everything he had given Mary. Over the years, we had become used to this behavior. We had come to expect all kinds of threats from him. His threats were all very common to my family.*

*Recently, Joe, once again, was at our front door demanding everything that he had bought her be given to him on the spot. To calm him down, my 21-year-old daughter went out and little by little started giving him the things. Included in these things were dolls, a couple of pocket radios, a pocket recorder, a small fan that you hold with your hand, and two telephones. This left us without a phone. He took these things home, and said that he would return. . . .*

*True to his promise, within minutes, he was back yelling all kinds of bad stuff. Of course he knew we didn't have a phone with which to call the police. At this time my daughter-in-law and son were getting there, and he told them to tell me that the minute he saw me in the street he was going to beat the living daylights out of me and some other stuff. He also called my little girl and my niece snitches, and told them to go and tell me what he had said."*

When Carmen called the Police Department, she was referred to the Family Violence Unit in the District Attorney's office,

*". . .the 'Protective Services' to be exact."* Carmen said. *"Doesn't this sound familiar? I was told that they would help. Doesn't this sound familiar?"*

Carmen rode the bus to that office and filled out paperwork. She was referred to an advocate.

*"I went to see this woman, but with the look she gave me, she gave me the impression that she was more my enemy than an advocate. She kept asking me questions which didn't make sense, as if to confuse me. At times, she did not even give me time to answer. When she first asked me to state my relationship to the person I was filing a restraining order against, I told her that this man was my granddaughter's father but that he and my daughter were never married nor had they lived together. She then told me that then he was my son-in-law, but I told her that he wasn't. This made her quite upset because she seemed to know all the answers. At the end of the interview, she told me that there wasn't very*

*much she could do.*

*She told me that I should have made a police report when it happened. I went on to remind her that this man had taken the phones and that we didn't get one until later. I also told her that at other times we had been told by the police that nothing could be done unless we had filed a restraining order. She again told me that I had to go file a police report and then to call her and give her the police report number. She then said that, after I did this, it would take from five to ten working days to get everything in order. Then, and only then, they would send this man, who by the way was threatening to kill my whole family, a letter advising him to stay away because a restraining order would be filed against him if he didn't stop harassing and threatening us.*

*What I would really like to know is who gives these people names like Child Protective Services, or Family Protective Services? Do they really protect anyone? I can't imagine what good a restraining order will do after a person is dead. People get killed when they have to wait from five to ten working days for help against someone trying to kill them. My trying to file a restraining order was a horrible experience for me, because while I was there I saw different women going in there who were beaten up with black eyes and bruises. Who is going to help them? Then people wonder why many women continue to stay in bad relationships. How can they get out and at the same time get help against these men right away when they need it? More than likely, our getting help from five to ten working days later is too late. By then, we have gotten another beating."*

That day Carmen ran into Joe on the way back from the courthouse. *"He immediately stepped on the gas and blocked my path with his truck,"* she reports. *"He made a few comments and went on to tell me that I better tell his daughter to call him as soon as I saw her."*

Carmen was again frustrated with the agency she was dealing with. It took 17 working days after she had asked for help for them to send a letter to Joe, informing him that he must stop his threatening behavior or that Carmen would file a restraining order. She observed:

*"This gives him time to really get pissed at me and my family. . . .We the victims have only to count the number of days we have to suffer. What the D.A.'s office doesn't realize is that these type of people doesn't take off on weekends. Abusers do not think that the only time to threaten*

*you or harass you is on working days, which are normally Monday through Friday. In our case, 24 days passed before I heard anything from the D.A.'s office."*

Carmen explained the pressure that situations like this cause for the recovering addict:

*"People not helping and people like Joe trying to kill you get on your nerves. This pressure builds up, and you start to feel like there is no way out but to fix. Of course, there is always someone to tell you, 'Give yourself a little hit* (half a dosage of heroin] *to calm your nerves. Nothing is going to happen to you.' Of course, you know that isn't true, but you do it to get some peace and rest from the pressure."*

A couple of months later, Carmen and her youngest daughter were at a bus stop. Joe appeared and began threatening Carmen and shouting obscenities. When she got home, Carmen called the police to make a second report as requested by her advocate and required by the D.A.'s office. When making that report, the policeman informed her that her first report was not on record and she should call the D.A.'s office. Carmen continued:

*"Since I started my recovery, I have discovered the importance of putting things in writing — something tecatos are not used to for many reasons — and in using fax machines. There is a fax machine in the office where I do volunteer work. So, instead of calling the advocate, I faxed her a letter asking her to check on the missing first report and to fax me any forms required to fill the restraining order against Joe. I told her that faxing papers would expedite the paper work process.*

*I didn't hear from her until the following day. She called, and she said that I would have to go down there and make an application in person and to be evaluated to see if I qualified for a restraining order to be issued against this man. When I went, they told me that it was already 11:00 and that I'd have to return at 1:00. They also told me that they would tell me if I qualified for their help after reviewing my application.*

*While I was waiting for 1:00 to come around, I met a lady who was crying. She was upset because they told her that the restraining order application process was done in steps. As I said, the first step being at least two police reports before even considering the case, and then a warning letter is sent advising the guy that one more incident and charges could be made. This woman had several ribs broken and stitches on her forehead. This beating wasn't the first time that the guy had beaten*

*her up. But, as they told her, 'things have to be done in order.'*

***Legal Problems***

In addition to family problems, Carmen has had legal problems that she has been dealing with as part of her struggle to remain clean. She tells the story of her most recent legal problems:

> *"When I was an active tecata, one of the ways I made money was through prostitution. While I was out on the streets, I picked up some cases* (warrants for her arrest). *I picked up a case without knowing that I had been had. A guy approached me in his car and asked if I was working. I didn't answer, this being one of the first rules. You let them do the most of the talking in case they're police. He asked me to get in the car. I got in, and I never mentioned where to go. As we kept driving, I noticed that the man was heading in the opposite direction from where I normally went. At this point I asked him where he was going, and he informed me he was going to buy a six pack. At this time, we still hadn't mentioned anything about money or said anything that could have led him to think there was going to be a date.*
>
> *All of a sudden someone started blowing a car horn behind us, and I asked him what was going on. He told me he didn't know who it was but that they were waving badges. The only thing that I had said before this point was, 'I never said that I was going to party with you.' This comment was in response to his statement about his going to get a six pack. I told him to pull over and stop.*
>
> *The men from the other car came over to the car and flashed some badges informing us they were 'vice.' They told me to step out of the car and told the guy to leave. They asked me what I was doing with him and asked for my I.D. They also asked if I had ever been charged with prostitution. I told them that he was merely giving me a ride and I'd never been charged. They told me that this wasn't an arrest but since I'd never been charged with prostitution they would have to take me down to the vice office and take my picture and fingerprint me so I would be listed as a prostitute in their records. Once I got there, it turned out to be a different story. After they took my picture, they again told me this wasn't an arrest but that from now on since I was already listed as a prostitute, undercover police could make cases on me without telling me.*
>
> *From the vice office, they took me to a warehouse where they keep*

*offenders in holding tanks. They again told me this wasn't an arrest. This worried me because they had me handcuffed the whole time. As it turns out this was an arrest and I had to go before a judge who put a $4,000 bond on me.*

*For someone with education, all this sounds crazy. Like they can't do this to you because you have rights. What most people don't know is that tecatos are treated illegally most of the time. We don't have rights. If we speak up, we risk being beaten up, harassed, and getting setup and maybe even killed for being a smart ass. So, you are not going to find many tecatos who speak up. It's all 'yes sir' and 'no sir' or look at the ground and say nothing. You learn that's the best way to save your ass."*

For one of her cases, Carmen received a six-month probation, which had a number of requirements including that she 1) could not pick up any more cases, 2) had to report to a probation officer once a month, 3) owed a monthly supervisory fee, 4) had to pay court costs of $208, 5) had to pay the county Supervision and Corrections Department a fine of $150, and 6) had to perform 24 hours of community service.

On a visit to the probation office, she was arrested because she had three warrants for her arrest, including one to revoke her probation.

*"Later I went to court. My lawyer showed up, thank God. . . .*

*Anyway, he read the files for me. What the undercover cop had claimed were outright lies, but then again who are they going to believe? Of course, I told my lawyer that this guy was lying, and he told me that if I wanted, he would fight it. But, this would mean that I might be hanging myself because in other words I'd be saying I am a prostitute, but that I just wasn't doing it at the particular time that the cop said I was. This also meant that the undercover cop who filed the charge would have to face me in court and tell me face to face what he claimed actually happened. So, I figured that if I must pay for something I didn't do, this undercover would have to show his face.*

*I figured that I could only be convicted if the cop appeared in court. I didn't think that he would show up because he would blow his cover. Because in all probability, he was used in undercover work. If his boss thought that his work was more important than my case, he wouldn't let him show up. I was thinking that they might think his work was more valuable than me, so they wouldn't want him to blow his cover.*

*On June 20, 1994, I went to court for the charges that were made at the*

*start of the year. I went to court to deal with a Motion to Revoke Probation and on the two other cases that they claimed I had picked up on prostitution. The cop didn't show up. But, of course, with the past record I had, they weren't going to believe me anyway. My lawyer decided to fight the two new cases and to plead to have them dropped. I was set for a fight, but scared that I'd lose and get time. My twelve year-old-daughter was scared, and we prayed and cried together. After all this worry and crying, my case was postponed and reset for the 20th of September.*

*Yesterday was the 20th of September. I went to court at 9 o'clock in the morning. My lawyer had managed to pick up a couple of cases himself, and because of this, he was ordered to serve 23 months in a Federal Penitentiary. Needless to say, he wasn't there to represent me.*

*When we went to court in June, and he had decided to fight the case, his assistant was there also. I noticed that, whenever he represented my husband in court, his assistant was there also. As a matter of fact, on my husband's final sentencing, she was the one that represented him.*

*It wasn't until about one week before my trial that I began to worry. My husband called me from the county jail one night and asked me if I happened to know that our lawyer was in jail and if I knew what was going to happen to me. At first, we sort of giggled about it for a while and made a few jokes, but then I did start to worry.*

*When I tried calling my lawyer's office to speak to his assistant, whom I will call Betty, I got a recording telling me that the number was no longer in service. I panicked. After calling different places, I decided to go to my lawyer's office to find the assistant. Thank God, I learned that Betty had moved, but that she would represent me.*

*Betty told me that she was going to ask that I be kept on probation because I was doing well and that the old cases be dismissed. Through plea bargaining, they dismissed the Motion To Revoke Probation, dropped one of the cases which I had picked up, and put me on probation for six months on the other case. This was good because, when I was put on probation the first time back in January, I was put on what they call Deferred Adjudication. This meant that, if I were to pick up any kind of cases for the six months that I was on probation or break the law in any form, I would automatically go to jail for the maximum time with no*

*if's, and's or but's about it.*

*This is a very strict type of probation, but it's good because, if you serve all of your probation without any problems, the charge is dropped from your record. In other words, you won't have a record at all.*

*My lawyer was not as optimistic as I was. She thought there was a good chance that I'd be revoked and sent to jail for the six months because of the type of probation that I had. Thank God, everything turned out fine, and the Judge went along with the plea."*

The judge decided to grant Carmen probation one more time because she had done very well in the previous seven months. He lowered the $200 fine to $50 and the supervision fee from $25 to $15 a month. The prosecutor had requested another requirement be that Carmen continue in the methadone program.

*"Of course I agreed to all of the conditions and everything came out fine thanks to God first and secondly to my wonderful support group. Even though the outcome meant that I would continue to report for six more months, I was grateful because I wasn't put in jail. This whole thing was quite an experience for me. It unnerved me not knowing what was going to happen. All kinds of thoughts went through my head. I learned one thing for sure: never again will I want to be in this position.*

*We tecatos give these people the right to have control over our lives. We give them the right to separate us from one another and from our family. If we try to the best of our ability to stay clean and straight, they wouldn't have an excuse to mess with us. But as long as we continue to mess up and be in places where we shouldn't be, we allow them to come right up to us and question us. Then when we're put in jail and are taken away from the people we love, we start cussing the justice system and all its employees. Don't get me wrong, I'm not saying that these people are always right, all I'm saying is that we give them all the ammunition to shoot us down."*

***Treatment at the Hospital***

Still another set of problems plagued Carmen—health problems which occurred about the same time she was experiencing legal and family problems.

In June 1994 (the same month she went to court and the month before her dealings with June's problems and Child Protective Services), Carmen began experiencing abdominal pain. During the last part of June the pain got unbearable. She called her doctor who suggested that she go to the emergency room. When at the hospital,

Carmen reports that she was not asked if she was taking any medication, and that she was in so much pain, she did not think to tell them she was on methadone. The pain killer they gave her counteracted the methadone.

> *"I felt this horrible feeling which started at my feet and moved up my body to the top of my head. It was a hot burning feeling. My heart was beating so fast it felt as if it was going to pop out. . . . But, there was a moment when I had the presence of mind to ask the nurse if the pain medication had reacted against the methadone. As soon as I mentioned methadone, her whole attitude towards me changed, not to mention the doctor's and everyone else.*
>
> *Well, as soon as the nurse heard methadone, she yelled out to the doctor who was across the hall. 'She says that she's on methadone. She's a junkie.'*
>
> *By this time, I was crazy from the withdrawal. I lost all control, in both senses of the word. All my self-control and calmness left me. And you better believe, any form of politeness or respect towards these so called human beings sure as hell left also. I got off the examination table, and I went to the restroom. I had cramps, diarrhea, and I had to throw up. While walking back to the room, I stopped at the nurses' desk and asked them for help because I couldn't stand pain and this new condition anymore. They told me to go to my room and wait.*
>
> *After a while, the nurse walked in saying, 'There's nothing we can do. You just have to wait for the medication to wear off, just lay down.' Of course, there was no way that I could just lay there feeling the way I felt. She made me feel like I had been thrown to the dogs."*

Carmen felt very anxious and agitated, but could not reach any family member on the phone so she got dressed and walked the three or four miles to her mother's house.

> *"I reached the house soaking wet from sweating so much. I was shaking like mad. When my twenty-one year old daughter and mom saw the condition I was in, they got scared. I walked into the house, and I literally tore my clothes off because of the anxiety I was experiencing. I took a hot shower, because sometimes this calms you down a little when you're withdrawing. This helped relax me for five or ten minutes.*
>
> *During this time, my daughter called the hospital to learn what happened. They didn't even know that I had left the hospital. 'What, she's home,' they asked? The next day my daughter told me that the*

*nurse treated her badly.*

*The nurse told my daughter, 'I guess you realize your mother left the hospital?' My daughter told her, 'Of course, I know.' Then, the nurse asked my daughter, 'Did you know your mother is on methadone?' She said it as if it were a crime or something. This bothered me because what if my daughter hadn't known? She didn't have to say that. She could have told her that I was having a reaction to medication and that I would be better in the morning. I felt that she had no right to make my daughter feel bad at all and that she didn't have to mention my being on methadone.*

*It also bothered me that she asked my daughter if she knew what it meant that I was on methadone. My daughter told that she knew what it meant and that she was very proud of me because I was trying to straighten out my life.*

*I was sick all night. At seven in the morning, I went to the program* [methadone clinic] *and got medicated. I told the dispensing nurses what had happened. She said, 'They treat tecatos badly. They could've given you something to reverse the problem.' In other words, I suffered all night because someone decided that I suffer."*

Carmen says that it is experiences such as hers that keeps tecatos from seeking health care. *"There are other reasons, but this is a big reason,"* she notes. *"Every tecato can tell you. We all have our stories about hospitals and clinic and doctors and nurses."*

As it turned out, Carmen had a tumor on her ovary. Her doctor admitted her to a different hospital and the ovary was removed. This was in July, only two weeks before her problems with June and Child Protective Services.

***The Methadone Program***

Although Carmen has done well on methadone this time, the program presents obstacles for the recovering addict including daily visits to the clinic for the methadone. This takes time and often interferes with employment opportunities.

Under the program, Carmen and other clients are required to give random urine specimens and meet twice a month with a counselor. Clients see the program doctor every three months. If any of the urine samples test positive for drugs, the client is put on probation, meaning he/she goes through a 30-60 day detox program to get them off methadone. Having no drugs detected in any urine sample over a period of time qualifies patients for take-home doses, which is a three-day supply of methadone.

In July, Carmen began doing volunteer work. She asked for take homes because it

was difficult for her to get to work on time and she wanted to create a good impression, for people to know that she was dependable. Not only did she have to travel by bus between her home, the clinic, and her job, which are all in different parts of town, but she says that the methadone center makes life unpredictable. Often a counselor or staff member would want to talk to her and if she did not do so, she would be labeled as having a bad attitude. She was given take homes, but she says she *"had to go through hell"* to get them approved.

When she had surgery later that month, a problem arose because of the painkillers she was given in the hospital and because she missed four days of visits to the clinic while in the hospital. However, Carmen was given methadone in the hospital. She explains what happened when she went back to the clinic:

> *"When I went to get medicated, I was told that, before I could be medicated, I had to talk with the doctor to be reinstated into the program because I missed four days. At this time, I knew that I was going to ask for as many take homes as possible, so that I wouldn't have to go there daily on the bus. I was sore from the operation, and I went prepared to back up my request for take homes with a letter from my doctor who requested that I get complete bed rest for a couple of weeks.*
>
> *In addition to having to see the program doctor, I had to give a specimen before getting medicated. I gave the specimen, and I took my medicine. My counselor told me that I could only have two take homes at a time and that I was to return on the third day to get my dosage there and to pick up two more take homes. I only did this twice and then I went back to my old schedule of going daily.*
>
> *My volunteer work became more steady, and I thought that it would be a good time to ask for regular take-homes, since I already qualified for them, and all my urines had been clean from the time I entered the program in February. So, I thought. I made an appointment to see my counselor to discuss my situation, and to see about the take homes. He told me that I needed a letter from my volunteer job to verify the hours I worked and to justify my need for take-home. He started my paperwork when he noticed that I had a positive specimen for that month. The date for that specimen was July the 15th, the date when I returned to the program after my hospital stay.*
>
> *He told me that I tested positive for some sort of sedative. He thought that it was Xanax. I reminded him that I gave them the specimen on my return from the hospital and that it was probably something the physician*

*had prescribed for me. He questioned me about it, but I could not remember what they had given me while I was hospitalized."*

Carmen was uneasy.

*"Of course, being a recovering addict, the assumption was that I had messed up. My brain was working overtime. There were conflicting thoughts. On the one hand, I wanted to say, 'to hell with it' and go and shoot up. On the other hand, I wanted to fight it. I had done nothing wrong, and here I was on the cross again."*

The counselor verified Carmen's case with the hospital and gave his okay on Carmen's positive urine.

*"I finally got my take-homes and everything seemed to be going pretty smooth when along comes another problem. It was time for one of my interviews with my counselor. It was one of those given twice a month. This also happened to be the day that they decided to take another specimen. Since my operation I had been having a problem urinating, so it took almost an hour before I was able to give them a specimen. This was already making me an hour late for work.*

*It wasn't until I gave this specimen that I was informed that I had to see my counselor. Since I was late to work, I thought that I would go straight to work and call him from there to see if I could meet with him on the weekend. I wanted to see him on a day I didn't have to go to work, so that I wouldn't be rushed. Even though I was getting take homes, part of the deal was that I had to go to the clinic three times a week. So, I went in on Wednesday, took my medicine there and got my take-homes for Thursday and Friday. Then, I went in on Saturday and Sunday to get medicated there and get take homes for Monday and Tuesday.*

*As my counselor was going over my file, he found the positive urine specimen I had given in July after my operation. He pointed this out to me. He told me that this was grounds for termination of my take homes. He had completely forgotten about all that we had gone through getting proof that this positive specimen was okay because of what I was given in the hospital. When I reminded him about all this, I told him to please make some kind of notation on the paper that had this positive urine, so that upon seeing it again he would remember why it came out positive.*

*As he continued to go over my file, he noticed that everything was up to date and that nothing was pending. He also noticed that I had*

*been clean for six months. He told me that I was doing real well and that he hadn't realized it until now. Last year when I was in the program, they had to detox me because I never had a clean specimen. I kept messing up, so this is a real big change for me, according to him.*

*His poor record keeping bothers me quite a bit for several reasons. The main reason being that I'm on probation, and one of my conditions for remaining out and on probation is that I remain drug free. I have been trying very hard, in spite of several knocks that I have had such as the problems I'm writing about here. At some other time, some of these knocks would have knocked me right back into my addiction."*

Carmen feels that the methadone clinic personnel *"make you feel that they are there because they're getting a paycheck and not because they want to help anyone or because they believe that a client can make it."* She also does not think it is right that clients get criticized by counselors when they cannot pay for the methadone. She reports, *"The counselors will say that they can't understand how we managed to support a $100-a-day habit and that we can't get six bucks for methadone."*

Carmen also does not believe the clinic staff members understand how addicts feel when they begin to go into withdrawal—that the pain drives them to do things they would not normally do.

*"You are in so much discomfort that it doesn't matter how you get it or what you have to do to get the money for the drugs. The reason most addicts get into the methadone program is because they are tired of going through all kinds of hell just to take the sick off."*

Carmen explains even more frustrations with the program:

*"Like I mentioned before, there were several rules you have to follow when you are on the program. So, if and when you do get a job, your employer automatically puts you on probation for 90 days. This means that for 90 days they expect you there on time and every day. At the program, the counselors expect you to meet with them twice a month on their time, no matter what. Besides this, every time they have a question about you, they will put a stop on your medication and you will not be medicated until you see them. If they have someone in their office, you have to wait sometimes from 45 minutes to an hour or more. This means that you will most likely be late to work.*

*I have several friends who decided not to inform their employer that they were on the program for several reasons. One reason being*

*that, when they know you are on the program, the first time something goes wrong or is missing, you are the first and only one to be accused. Sooner or later, you end up being late to work one too many times because of the meetings with methadone counselors. Then, they find out you are on the program. This will then give them a good reason to fire you because you lied. This whole situation doesn't make sense because the methadone is suppose to help. It's supposed to help you to lead a normal life, but it doesn't always work out this way."*

Carmen acknowledged that she could not have made it this far if she did not have three people who have helped her:

*"I consider myself very lucky because in my case there are three people who are on my side. The first is my twelve year-old-daughter who has lived through twelve years of ups and downs with me and survived them. The other two are members of my support group. One of these two people is Inez, a close friend who is also recovering addict. We have known each other a long time.*

*What is strange here is that, when I stop and think of the whole situation, there are several reasons why these three people are special. They have faith in me when they could easily not have it. Most people believe that saying, 'Once an addict always an addict'—they don't. Inez and my daughter have known me a long time, and my record doesn't help me, but they still believe I can do it. My other support group member hasn't known me for long. The only thing he knows is that I'm a recovering addict which says that more than likely I'm not reliable. But, he also believes I can do it. Then, I think about my methadone treatment counselor who is supposed to be there to help me all he can and to encourage me to keep on going because I'm suppose to believe I can make it, even though he obviously doesn't."*

Carmen strongly believes the methadone programs need good counselors.

*"I believe that, if a counselor is sincere in helping addicts, he could even help those addicts who are just there for a rest. Because, if these people were to see that someone who really wants to make it got support from a counselor and the program, they could really be encouraged to try or even want to try. The methadone program has to become what it was supposed to be in the first place, a program to help an addict become a recovering addict, so that they can function. As things*

*are, the methadone program isn't there to help addicts; it's there to create more jobs for people who want to work from 8 to 5 p.m. and to make money for the owner of the methadone program. In a way, the owner is another dealer, except he is legal."*

# Chapter 8. Recommendations and Conclusions

At the end of each interview and focus group discussion session, the respondent(s) were asked, “If you were governor, what would you do to make your life better?” All of the respondents had several answers to the question. Some respondents answered in terms of drug treatment needs, and others responded in terms of need for social services. However, all respondents had one answer in common, and it was, “I would give myself a steady job.”

Respondents also described possible intervention and prevention solutions to their drug addiction problems. What the respondents suggested, conforms to ethnotheory, the theoretical framework that informs this research.[1]

This chapter concludes the report with a list of recommendations gleaned from the respondents’ comments. Most respondents were aware of the dangers that confronted them as substance abusers. They were also aware of their life circumstances that often keep them from “doing the right thing.” The more salient suggestions in the areas of prevention, treatment, and intervention are listed below.

## Prevention

***Substance Abuse***

- Provide counseling to the children of IDUs.
- Provide counseling, basic adult education, and employment to low-income residents, especially residents of public housing.
- Assign a non-substance abusing middle class family to each substance-abusing family.
- Organize mothers in low-income neighborhoods and help them develop alcohol and other drug prevention programs.
- Identify and counsel novices to injecting drug use.
- Provide educational/recreational programs that take male and female gang members out of the city for a month.

***STDs/HIV***

- Provide free syringes.
- Leave small bleach bottles in strategic place in copping areas where tecatos can get them at any time.
- Provide discussion groups to disseminate information on sexually transmitted

diseases and HIV information.

- Provide condom demonstrations for men. (This suggestion was made by female respondents, but men wanted to know more about correct condom use.)

In the area of STDs and HIV, female respondents, more than male respondents, were adamant about the need for more information. Many felt the weight of their ignorance about their bodies. Women asked for:

- Description of each STD, symptoms of each STD infection, consequences of each STD infection, and medication regime for each infection.
- Description of the effects of alcohol, cocaine, heroin, and tobacco on a fetus.
- Information on different types of cancer that affect women.
- Information on their menstrual cycle and menopause (e.g., What is normal? What is not normal?)
- Information on douching.

***Relapse***

- Parole and probation officers should be advocates for their clients (i.e., help them get into detoxification and treatment centers).
- Parole and probation officers should not pressure their clients for supervision and UA fees.
- Parole and probation officers should provide an atmosphere where clients can discuss their desires to use drugs and reveal relapses without being punished.
- Teach parole and probation officers the tecato argot, so that they can communicate with tecatos effectively.

## Treatment

- Open more drug treatment and detoxification centers.
- Provide detoxification at drug treatment centers.
- Limit the waiting time between the end of detoxification and entrance into a treatment center.
- Provide methadone maintenance on a sliding fee scale or at no cost to those too destitute to afford it, or at no cost to those required to participate in treatment as a condition of probation or parole.
- Suggest methadone maintenance, but do not order it because many tecatos do not like it. Methadone is a double-edged sword for tecatos. On the one hand, tecatos disliked it because it is harder to kick than heroin. On the other hand, many tecatos feel that they are forced to get on methadone by their parole and probation officers. As an alternative, tecatos suggest either being given Trexan or receive counseling and a steady job with benefits.
- Teach treatment center staff to speak the tecato argot.
- Provide the following services at treatment centers:

1. Family counseling which covers non-substance abuse problems (in addition substance-abuse problems), male and female relationships, and parenting.
2. An advocate who will help each patient for six months after leaving the treatment center. This person should help the patient in the areas of employment, housing, and health and mental health services so they can obtain a stable home life.
3. Basic adult education.
4. Decision-making exercises.
5. Training on use of leisure time in non-substance activities.
6. Day care and foster placement for patients' children.
7. Staff members who believe that each patient can become and remain drug free and who demonstrate this belief to patients.
8. Information on sexually transmitted diseases.
9. An atmosphere where patients can tell the truth about their relapsing behaviors.

## Outreach and Intervention

***Mentors Needed***

One of the most important needs to the tecatos interviewed was to identify and recruit for outreach and intervention activities former active tecatos who have high status in the community of active drug users. These individuals could be effective in reaching and educating fellow tecatos about the health risks from heroin and cocaine abuse, especially regarding the spread of infectious diseases such as STDs, HIV, hepatitis and tuberculosis because they understand the cultural patterns of tecatos and speak the tecato argot. As active tecatos, these individuals once functioned as mentors to new tecatos, and by participating in outreach and intervention, they can reverse their past "negative" mentoring role into a positive one by providing strong prevention messages to youths who are entering the drug-using scene.

***STD/HIV Risk Reduction***

Data from this study is being used to modify an existing STD/HIV risk reduction intervention model so that it may be applied to a drug-using population. The objective of the present model is to reduce STD/HIV infection rates among low-income minority women at high risk of contracting these infections. The model consists of three group sessions for five to ten individuals. Each session is three hours long and held once a week. Based on the findings of this study, the model will be modified. Although it was learned that tecatos can wait for their "fix," the model will consist of six group sessions. Each session will be 90 minutes long, and two sessions will be held each week. In addition to presenting data on STD

rates, participants will be given information on STD and HIV rates among injecting drug users and on HIV risks associated with speedballing, cocaine use, and sharing injecting equipment (i.e. syringes, cooker, cottons, and water).

### Cost Benefit of Employment Opportunities for Recovering Tecatos

Because so many tecatos depend on illegal means to support themselves, jobs for recovering tecatos are very important for a number of reasons: Not only would they provide much-needed income and training, but they could increase the self esteem of recovering tecatos and fill hours that might otherwise be spent on the street and in the company of drug-using friends. There would be unrealized cost benefits as well. For example, two of the women hired as research assistants for this project were shoplifters when they were active addicts. They would shoplift from five to six days a week. On average, each of these individuals would shoplift from $300 to $500 worth of merchandise a day. On the assumption that these individuals shoplifted $300 worth of goods five days a week, they not only stole $1,500 a week, but $78,000 worth of goods a year, or a total of $156,000 for both shoplifters. Not only is the cost of goods passed on to consumers, but there are many costs to local and/or state government associated with their arrest should they be caught, which usually happens at some point.

The two ex-shoplifters turned research assistants earned $6 an hour. What they earned during the eight months of this project pales in comparison to their shoplifting. Had they been left to their own designs, the public and the state would have been out not only the amount shoplifted, but the cost for their trials and incarceration.

***Endnotes***

[1] R. Ramos, R. Shain, and L. Johnson, “Men I Mess With Don't Have Anyting to Do With AIDS: Using Ethno-Theory to Understand Sexual Risk Perception,” *The Sociological Quarterly* (in press); E. Rose, “The Theoric Construction in the Ethno-Inquiries: Selections from the World, from Chapter Nine in the Worulde,” *Studies in Symbolic Interaction*, 16 (1994): 37-62.

# Appendix A. Glossary of Tecato Argot

***Algodas*** - Cottons/filter
***Aliviane*** - Fix
***Areglado*** - Can mean fixed, dosed, or well dressed
***Boglas*** - Burglaries
***Bola*** - Network
***Carga*** - Heroin
***Chiva*** - Heroin
***Conexcion*** - Connection
***Costeando*** - Coasting
***Cotorriar*** - To nod or feel good
***Cuquer*** - Cooker
***Doble*** - Overdose
***Erre*** - Syringe
***Estado*** - State Prison
***Esquina*** - Support
***Fardear*** - To shoplift
***Federal*** - Federal prison
***Filoriar*** - To fix or shoot up
***Gavacho*** - Anglo
***La Cura*** - Fix
***Malillas*** - Withdrawal symptoms
***Medecina*** - Methadone
***Mistiada*** - Missing the vein or an abscess
***Mover*** - To sell drugs
***Movida*** - Strategy
***Neta*** - Truth
***Orejon*** - San Antonio citizen

***Parada*** - Support
***Pericaso*** - Snort
***Pinta*** - Prison
***Prendido*** - Hooked\Addicted
***Quebrar*** - To Kick
***Raqueta*** - Criminal record or past history
***Rayarse*** - Profit
***Ruca*** - Woman/wife or girlfriend
***Ruco*** - Guy/"old man"/husband/boyfriend
***Salirle al toro*** - Face a difficult situation
***Soda*** - Cocaine
***Talonear*** - To Prostitute
***Tecato(a)*** - Mexican-American heroin addict
***Tirar*** - To inject
***Torcer*** - To arrest
***Torson*** - Jail and/or prison sentence
***Traer cola*** - Probation or parole
***Vato de aquella*** - High status tecato or good person
***Yanta*** - African American

# Appendix B. Unstructured Interview Guide

Interviewer's Initials____________

**I. Socio-demographic**

A. Interview # ___________________
B. Date ________________________
C. Interview Location _____________
D. Race/Ethnicity_________________
E. Age ________________________
F. Male _______ Female _________
G. School grade completed ________
H. Marital Status _________________
I. Number of sex partners _________
J. Number of children ____________
K. Employed_________________________
L. Drug of choice ______________________
M. Inject Smoke ______________________
N. How often and how much?__________
O. Alcohol use _______________________
P. How often and how much? __________
Q. Residence__________________________
R. Parole/probation ___________________
S. Treatment - # times ________________

**II. Specific type of cocaine/and or heroin being used**

A. Characteristics
What do you call what you use?
Does it have other names?
What does it look like?

B. Processing Methods
How is it made?
How do you prepare your hit?

C. Purity
How is the "kick?"

D. Price
How much does it cost per hit? Ounce? 8 ball?

E. Distribution Network
Describe how it is sold/moved? (What is the distribution network?)

F. Origins
Where does it come from?

## III. Heroin abuse patterns

A. Frequency and duration of abuse by study participants
When did you start?
How often do you use and how much a day?
What is a day like for you?

B. Amount, type, frequency and methods of polydrug abuse among heroin and crack users
What do you use when you cannot connect or you don't have money?
Do you use different drugs together? If yes, what kinds, how often, how much and how are these other drugs taken?

C. Usage Behavior and Methods
How do you prepare your hit?
Do you use alone or do you have a partner?
Do you share your rig or pipe with someone else?
Is how you use connected with how you hustle for your money?
When you are strung out, have you had to do favors?

D. Types and frequencies of adverse consequences experienced by abusers
What kinds of things happen to you because you are a user?
How often do these things happen to you?
How do you deal with these things?

E. Drug abuse treatment histories of participants
How many times have you been in drug treatment?
What kind of program were you in?
What did they do that was helpful?
What did they do that was not helpful?
What would have helped you?
Have you been on methadone?  If yes, tell me about it?

## IV. Adverse health consequences

A. Type of current infections
What types of infections do you get from being a user?
Do you have an infection now? If yes, what is it?

B. Type and frequency of prior STD infections
Have you had a sexually transmitted disease (VD)?
If yes, what was it and how often do you get infected?

C. Users' hypotheses for overdoses and other negative health consequences from abuse
Have you overdosed?
What's your idea about why people overdose?
What are some ways people on the street deal with an overdose?

D. Questions for women dealing with problems associated with menstrual cycle, pregnancy and delivery, drug addicted babies, and STD/HIV infections.
Does using ever stop or influence when you get your period? If yes, how?
Have you ever been strung out and pregnant? If yes, did it effect the delivery and the baby?

**V. Factors which facilitate or function as barriers to substance abuse prevention and intervention and STD/HIV risk reduction**

A. Factors which facilitate prevention/intervention
In life, people start and stop using drugs many times.
How many times have you stopped using drugs?
Did you stop by yourself or did someone help you?
*Probe: How did you stop by yourself?*
*Probe: If an agency or an individual helped, who was it?*
After you stopped the last time, what made you start again?

B. Barriers
What makes it possible for you to keep using drugs?
Or, what keeps you from stopping your drug use?
People? Things? Situations?
What recommendations do you have for preventing others from becoming heroin and/or crack abusers?

**VI. End of interview**

If you were governor, what would you do to make your life better?

# Appendix C - Focus Group Discussion Outline

Interviewer's Initials ______________

**I. Socio-demographic**

A. Interview # __________________
B. Date ______________________
C. Interview Location ____________
D. Race/Ethnicity________________
E. Age ______________________
F. Male_______ Female__________
G. School grade completed ______
H. Marital status ________________
I. Number of sex partners ________
J. Number of children ___________
K. Employed___________________
L. Drug of choice _______________
M. Inject?_____ Smoke?_________
N. How often and how much?______
O. Alcohol use?_________________
P. How often and how much?______
Q. Residence?__________________
R. Parole/probation?_____________
S. Treatment - # times ___________

**II. Specific type of cocaine or heroin being used**

*Describe the characteristics of heroin and crack-cocaine as found in San Antonio, including their origins, processing methods, distribution networks, price, and purity.*

A. Characteristics
What do you call what you use?
Does it have other names?
What does it look like?

B. Processing methods
How is it made?
How do you prepare your hit?

C. Purity
How is the "kick?"

D. Price
How much does it cost per hit? Ounce? 8 ball?

E. Distribution Network

Describe how it is sold/moved? (What is the distribution network?)

F. Origins

Where does it come from?

**III. Crack-Cocaine and Heroin Abuse Patterns**

A. Frequency and duration of abuse by study participants

When did you start?

How long have you been using?

How often do you use and how much a day?

B. Amount, type, frequency and methods of polydrug abuse among heroin and crack users

What do you use when you cannot connect or you don't have money?

Do you use different drugs together? If yes, what kinds, how often, how much and how are these other drugs taken?

C. Usage Behavior and Methods

How do you prepare your hit?

Do you use alone or do you have a partner?

Do you share your rig or pipe with someone else?

Is how you use connected with how you hustle for your money?

When you are strung out, have you had to do favors?

D. Types and frequencies of adverse consequences experienced by abusers

What kinds of things happen to you because you are a user?

How often do these things happen to you?

How do you deal with these things?

E. Drug abuse treatment histories of participants

Have you been in drug treatment? If yes, how many times?

What did they do that was helpful?

What did they do that was not helpful?

What would have helped you?

Have you been on methadone? Tell me about it?

**IV. Adverse health consequences of crack-cocaine smoking and/or heroin use**

*Describe perceived health problems which may be associated with heroin and crack-cocaine abuse, including problems associated with menstrual cycle,*

*pregnancy and delivery, drug addicted babies, and STD/HIV infections.*

A. Type of current infections
   What types of infections do you get from being a user?
   Do you have an infection now? If yes, what is it?
B. Type and frequency of prior STD infections
   Have you had a sexually transmitted disease (VD)?
   If yes, what was it and how often do you get infected?
   Do you use condoms? If not, why?
C. Users' hypotheses for overdoses and other negative health consequences from abuse
   Have you overdose?
   What's your idea about why people overdosed?
   What are some ways people on the street deal with an overdose?
D. Questions for women dealing with problems associated with menstrual cycle, pregnancy and delivery, drug addicted babies, and STD/HIV infections.
   Does using ever stop or influence when you get your period? If yes, how?
   Have you ever been strung out and pregnant? If yes, did it effect the delivery and the baby?

**V. Factors which facilitate or function as barriers to substance abuse prevention and intervention and STD/HIV risk reduction barriers to substance abuse prevention and intervention and STD/HIV risk reduction**

A. Factors which facilitate prevention/intervention
   In life, people start and stop using drugs many times.
   How many times have you stopped using drugs?
   Did you stop by yourself or did someone help you?
      *Probe: How did you stop by yourself?*
      *Probe: If an agency or an individual helped, who was it?*
   After you stopped the last time, what made you start again?
B. Barriers
   What keeps you from stopping drug use?
   What makes it possible for you to keep using drugs?
      People? Things? Situations?
   What recommendations do you have for preventing others from becoming heroin and/or crack abusers?

## VI. End of Discussion

*If you were governor, what would you do to make your life better?*