



Research paper

The *chemo* and the *mona*: Inhalants, devotion and street youth in Mexico City

Roy Gigengack*

Rural Development Sociology Group, Wageningen University and Research (WUR), Hollandseweg 1, 6706 KN Wageningen, The Netherlands

ARTICLE INFO

Article history:

Received 28 January 2013

Received in revised form 20 May 2013

Accepted 10 August 2013

Keywords:

Inhalant use
 Glue sniffing
 Street children
 Mexico City
 Ethnography
 Addiction

ABSTRACT

This paper understands inhalant use – the deliberate inhalation of volatile solvents or glues with intentions of intoxication – as a socially and culturally constituted practice. It describes the inhalant use of young street people in Mexico City from their perspective (“the *vicioso* or inhalant fiend’s point of view”). *Background*: Even if inhalant use is globally associated with economic inequality and deprivation, there is a marked lack of ethnography. Incomprehension and indignation have blocked our understanding of inhalant use as a form of marginalised drug use. The current explanation models reduce inhalant consumption to universal factors and individual motives; separating the practice from its context, these models tend to overlook gustatory meanings and experiences.

Methods: The paper is informed by long-term, on-going fieldwork with young street people in Mexico City. Fieldwork was done from 1990 through 2010, in regular periods of fieldwork and shorter visits, often with Mexican colleagues. We created extensive sets of fieldnotes, which were read and re-read.

Results: “Normalcy” is a striking feature of inhalant use in Mexico City. Street-wise inhabitants of popular neighbourhoods have knowledge about inhalants and inhalant users, and act accordingly. Subsequently, Mexico City’s elaborate street culture of sniffing is discussed, that is, the range of inhalants used, how users classify the substances, and their techniques for sniffing. The paper also distinguishes three patterns of inhalant use, which more or less correlate with age. These patterns indicate embodiments of street culture: the formation within users of *gusto*, that is, an acquired appetite for inhalants, and of *vicio*, the inhalant fiends’ devotion to inhalants.

Conclusion: What emerges from the ethnographic findings is an elaborate street culture of sniffing, a complex configuration of shared perspectives and embodied practices, which are shaped by and shaping social exclusion. These findings are relevant to appreciate and address the inhalant fiends’ acquired appetite and habit.

© 2013 Elsevier B.V. All rights reserved.

In Mexico City, inhalant consumption – the deliberate inhalation of volatile solvents with intentions of intoxication – is common among street and other marginalized youth. Solvents rank second after cannabis, and among children the prevalence of use may involve 5–10 per cent (Singer, 2008, p. 36). Mexico City is not an isolated case; inhalant use is globally associated with economic inequality and deprivation.¹ The relevant literature on Mexico is mostly biomedical or epidemiological; there are also interview-based qualitative studies (for overviews see Cruz, 2011; Gutiérrez & Vega, 2003; Villatoro, Cruz, Ortiz, & Medina Mora, 2011), and

the growing literature on street children contains additional references (e.g. Gutiérrez & Vega, 2008; Lucchini, 1996; Medina Mora, Gutiérrez, & Vega, 1997). But ethnographic studies (e.g. Makowski, 2010) are still scarce. Despite Gutiérrez and Vega’s early call (1992), we still know little about the situated meanings and experiences associated with inhalant use.

On the basis of long-term ethnography, in this article I seek to depict the inhalant use of Mexico City’s young street people as a context-bound, elaborated, and embodied social practice. Three features are examined more closely: firstly, the normalcy of inhalants as drugs; secondly, the variety of inhalants consumed, the range of inhalation techniques, and the diversity of meanings inhalant users attach to the substances; and thirdly, the fairly age-related patterns of use. This endeavour reveals ethnocentric assumptions underpinning current explanation models of inhalant use.

Throughout I argue that Mexico City’s young street people acquire *gusto*, that is, an appetite for inhalants. These young people have learned to recognize, deal with, and like the psychoactive

* Correspondence to: Noordermarkt 31hs, 1015 MZ Amsterdam, The Netherlands. Tel.: +31 612600793/317482526.

E-mail addresses: roy.gigengack@wur.nl, antropologie@gmail.com

¹ More precisely, inhalant use occurs throughout the “Global South” in the sense of Rigg (2007): in so-called developing countries (e.g. Mexico, Kenya, India), countries in transition (e.g. Bulgaria, Russia), and pockets of poverty and deprivation in wealthier countries (e.g. Australia, Canada, UK). But in a country as Ghana, inhalant use is virtually unknown.

effects induced by solvents and glues. They call the inhalants *su vicio*, and this “vice” of theirs means that inhalants are always present in their lives. *Vicio* points to a pursuit of pleasure many deem to be immoral, and at the same time expresses ambivalence about the own existential dependence. For a life dedicated to inhalants is, also from a *vicioso* point of view, a life devoted to what is unworthy of devotion (cf. Watson, 1999, p. 17).

Background

“It is difficult to understand”, the psychiatrist Cohen (1978, p. 9) pondered long ago, “why anyone would use industrial solvents . . . for purposes of intoxication.” Other drugs often have medical utility, but inhalants have not even been made for consumption. Inhalants are essentially impure; consisting of multiple toxic components (Cruz, 2011; Cruz & Bowen, 2008), they are and smell like poison. Writing about the inhalants of “tunnel kids” at the Mexican-U.S. border, Lawrence Taylor expressed his visceral reactions of incomprehension as follows:

[N]othing is lower than a glue or paint sniffer. People find the very idea revolting. . . . The substances themselves seem the least “natural” – a fundamental violation of categories, a confusion that threatens our most basic sense of “what goes where”. As for the sniffers, they are the poorest . . . a kind of street slime. (Taylor & Hickey, 2001, p. 41)

The combination of inhalant use and youth, so characteristic for Mexico City’s street children, triggers indignation as well. This is especially so in researchers, which may add to what elsewhere I have called the “critical omissions” of street children studies (Gigengack, 2008). There is a tendency in that literature, often under the guise of “deconstructing” stereotypes, to belittle inhalant use; it has been argued that street children talk about rather than engage in inhalant use (Aptekar, 1988).

In this paper I argue that incomprehension and indignation have blocked our understanding of inhalant consumption as a form of marginalised drug use. The relevant literature contains little ethnography, and even when descriptions of intoxicated bodies are included, inhalant use is seldom interpreted as a socially meaningful and locally contextualised practice. Notable exceptions come from Australian research; Brady (1992) and MacLean (2005, 2007, 2008) depict the consumption of petrol and paint fumes as deeply contextualised, meaningful practices.

Inhalant use is commonly explained with an epidemiological model. On the basis of clinical data from the United States, Cohen (1977) thus concisely explained the preference for inhalants above other drugs in terms of such factors as peer group influence, cost efficiency, ease of availability, convenient packaging, and rapidity of mood alteration. The model has been extrapolated to very different settings (e.g. Cruz & Bowen, 2008; Seth, Atul, & Ganguly, 2005), yielding some evidence for cross-cultural features. But epidemiological factors typically lack interpretive explication. Rapidity of mood alteration, for instance, explains why sniffing often occurs in sessions – continuous inhalation is necessary to stay intoxicated – but says little about the meanings users attach to sniffing sessions.

In street children studies, inhalant use is often also explained through what could be called the self-medication model, which stipulates that inhalant use shuts off feelings of hunger, cold and loneliness (e.g. Cruz & Bowen, 2008, p. 66; Schurink, Schurink, assisted by Tiba, & Maphatane, 1993; Swart, 1990). But whenever it is empirically substantiated, the self-medication model appears to overlook complexity (Gigengack, 2009). Some Brazilian street children, for example, report that inhalants take away hunger, whereas others say it increases it (Hecht, 1998). The sniffers with whom I discussed the issue in Mexico recognized the appetite-suppressing

effect of inhalants – but they saw it as a risk rather than bonus, and could warn each other to eat well before sniffing. In contrast, petrol sniffers in Australia may actually seek to “get skinny”; to them, the anorexia associated with petrol sniffing represents a benefit (Brady, 1992, p. 78–82).

Reducing inhalant use to a biomedical phenomenon, the two models render irrelevant the social meanings of inhalant use. Following Brady (1992, p. 4), both explanations focus on what Zinberg (1984) calls “drug” and “set”, that is, the (alleged) pharmacological properties of inhalants, and the particular attitudes and personalities of individual users respectively. The “setting”, the physical and social context in which inhalant use occurs, has received the least attention and recognition. But to understand the social meanings of petrol sniffing in Australia, Brady argues, the setting is “the most significant”. A related problem is that these models attribute a rationality to inhalant use that is not necessarily the sniffers’. MacLean (2008) argues that paint sniffers in Melbourne share experiences of “corporeal pleasure”, and criticises the biomedical literature for ignoring this hedonist dimension.

Building further upon the insights that the uses and effects of inhalants have social meanings, this paper formulates a radical critique upon the main assumption underpinning the two explanation models, namely that inhalants are not real but surrogate drugs. I call it the vicarious-use thesis, after a central concept used in May and Del Vecchio (1997). Since inhalants are thought to be second choice, the intoxication inhalant users seek is ignored. Investigations can therefore focus on the convenient features of inhalants, such as low price and easy availability, or secondary effects, such as the suppression of hunger. All of that is relevant to understand how inhalant use has evolved into the complex social practice it is. But the vicarious-use thesis does not address the acquired appetite and shared habit at stake for the inhalant users themselves.

Methods

The paper is based upon long-term, on-going ethnographic fieldwork in Mexico City conducted from 1990 through 1996, and during regular field visits thereafter (the last one in 2010–2011). Young street people were the focus of research: children, youths and young adults who lived in groups called *bandas*, who identified themselves and each other as *banda*, and who were utterly familiar with the intervention arrangements for street children (*niños de la calle*). My fieldwork was not limited to street youth only. During the years I followed a number of my informants through both streets and institutes, and sometimes also back to their families. Some died, but many lived into adulthood – and at some point inevitably ceased to be youths. I also met many non-street youths, such as the adults living in the *banda*, parents, neighbourhood residents, social workers, charities, policemen, and street-level politicians. Still other informants did not belong to the street youth proper, but to other marginalized categories, such as gang youths, travesties, prostitutes and elder vagrants.

Often I did fieldwork with Raquel Alonso, sometimes with Rafael Gutiérrez, and regularly also alone. Our fieldwork, in more detail discussed in Gigengack (2006), was done among 20 *bandas* or so. During both day and night, we visited Plaza Garibaldi, the wastelands in the streets of Marroquí and Bucareli, and a number of bus and subway stations. We used the methods of participant observation: strolling around, watching and waiting; playing football, cards and judo; and conversations varying from the casual to the intimate. I also lived in a shelter for homeless youths for half a year. I knew some of my informants very well; I became the godfather of four babies of inhalant users. Raquel and I were also involved in activities of street education, guiding youngsters to shelters, if they wished so. We lived in a neighbourhood near Plaza Garibaldi, where I knew a number of other inhalant-using youths.

We wrote extensive sets of fieldnotes (more than 1200 single-spaced pages) and memos (800 pages or so); and the present paper is based upon re-reading and re-interpreting these notes. At the time of writing down the notes, I was more interested in themes of community development, the use of public space, intervention and boundary management (Gigengack, 1994, 1999, 2000a, 2000b). At several stages, also after doing research among inhalant-using street children in India, I returned to my fieldnotes, and reinterpreted them in the light of what I had learned. I often discussed the findings and emergent insights with Raquel Alonso, and whenever possible also with my other Mexican colleagues and informants in the field.

The normalcy of inhalants in Plaza Garibaldi

The history of inhalant use in Mexico City goes back to at least 1946 (Natera, 1977, p. 349), showing steady increase during the 1950s and 1960s, which was a period of economic growth (“the Mexican miracle”). Natera also indicates that inhalant use boomed from 1968 onwards, which was a period of political turmoil and economic decline. A rich tradition of epidemiological and qualitative research, spanning four decades, documents that since then inhalant use in Mexico has evolved into a rather wide-spread, diversified but still predominantly lower-class practice (Cruz & Domínguez, 2011; Gutiérrez & Vega, 2003; Medina Mora & Ortiz, 1988; Medina Mora, Schnaas, Terroba, Isoard, & Suárez, 1977). Case studies suggest that inhalant use has traditionally been concentrated in specific groups of young, marginalized populations within specific popular neighbourhoods in industrialized cities such as Monterrey and Mexico (Azaola Garrido, 1993; Chávez de Sánchez, Solís de Fuentes, Pacheco, & Salinas de Valle, 1977; De la Garza, Mendiola, & Rábago, 1977, 1988; Leal, Mejía, Gomez, & Salinas de Valle, 1977, 1978; Leal & Pacheco, 1988; Ortiz Escobar, 1993; Vega, Gutiérrez, Rodríguez, & Galván, 2002), and also in smaller cities such as Xálapa, Veracruz (Fernández, 1993).

Plaza Garibaldi is the *locus classicus* of street children and inhalants in Mexico City; the square was probably the site of Leal’s naturalistic investigations. My neighbour Don Nestor, who was a street child in the 1950s, remembered that at the time tyre repair glue was used. “It was already called *cemento*, and it was sold in little tubes of one peso each.” The glue was smeared on the hands or put in a plastic bag, but one of the older sniffers of Plaza Garibaldi said that as a little kid he spread it on the pages of a magazine, which he rolled up and held before his nose. “And whenever the police detained me, I said, ‘It’s just me and my comic here!’” In the 1960s Resistol glues became popular, especially Resistol 5000 (which is nowadays the *cemento*). Plaza Garibaldi’s elder street musicians associated the appearance of sniffing with the Olympic Games of 1968, commenting that it increased notably since then.

That inhalant use has an established history in Mexico City also comes to the fore in the life stories of ex-inhalant users. Adolfo (29), for example, had lived his whole life around Metro Tacuba, in the periphery of the City. Recalling his drug use, Adolfo first thanked God he was still alive, and then recounted how as an 8-year-old, in the early 1970s, he regularly went to Plaza Garibaldi to buy *cemento*. I documented similar stories of adult men reflecting on the drug use in their youth at sessions of Alcoholics and Drug Addicts Anonymous. One anonymous addict narrated how, in the mid-seventies, he strolled in Plaza Garibaldi at the age of 15. “Me and my mates, we hid ourselves on the roofs of the *vecindades* near the Plaza, in the water tanks. There we used the drug. I also chewed [the glue] *cemento*. You make little balls of it and then you chew it. . . *Bien chido*, pretty nice. I saw little dolls. . . . But then we had to leave the Plaza, because one of my mates did not get out of the water tank in time and he drowned.”

The literature also clarifies that the large majority of residents in popular neighbourhoods do not use inhalants, and perceive the practice as problematic (De la Garza et al., 1977; Orford et al., 2005). This is the case in Plaza Garibaldi, too. The square is a kaleidoscope of social diversity (Gigengack, 1997, 2006), and inhalant use operates as one marker of differential status, alongside other criteria such as one’s family and neighbourhood ties, occupation, having a home, work, physical appearance and gender. Inhalant use marks the boundaries of specific categories, namely the street children, certain children of street families, and the *chavos banda* or gang youths who hang out on the streets and often live with their families. Some people in other categories use inhalants too, such as party-goers who go to the square to consume drugs, and particular members of drug gangs. These others consume substantially less inhalants, not merely because they have access to more expensive drugs such as cannabis and cocaine, but rather because they see inhalants as indicating social failure.

The fact that inhalants mark low status gives rise to impression management. The most successful delinquents among the street youth, for example, prefer cocaine. But typically they know the inhalants from experience and many of them still consume them. A good example was Macario, known as Maco. In the early nineties this boy strolled in Plaza Garibaldi together with his close buddy Martín, until the latter broke up their relationship because he thought that Maco was turning into a thief and *un pinche cementero*, a damned glue sniffer. Subsequently, Martín was picked up by his parents. Maco went from one shelter to another, and when he returned a few years later he became a somewhat successful juvenile delinquent until he was shot. He called himself Marco, which didn’t sound as provincial as Macario and could still be abbreviated to Maco. Dressed in brand clothes, and riding his mountain bike all night, Marco said he only used cannabis and cocaine. And he had never been “so stupid to use *esa madre*, that shit [of glues and solvents].”

Inhalant use is not limited to the young only. Besides the street and gang youths, there were around twenty male tramps, known as *teporochos*, and thirty female (ex-)prostitutes. These seniors were all between 35 and 45 years, though they could look much older. They all drank, some used cocaine, and a few consumed inhalants as well. In the street where I lived, near Plaza Garibaldi, there was a hotel of dubious reputation, and the older prostitutes who gathered at its entrance often held a *mona*, a rag soaked in solvent, in their hands.

All in all, inhalant users constitute a minority in the square, and they are not a homogeneous category. The illicit character, secrecy and impression management make it difficult to establish a number. Nevertheless, to give an estimation, in Plaza Garibaldi alone there may be a hundred regular inhalant users. In the weekend, their numbers may be much higher, for just as in the past, there are many visitors who come to Plaza Garibaldi to buy and consume drugs.

Sensationalism around street kids and inhalants abound in Latin America (e.g. Salazar, 2008, p. 37), and certain media accounts give the impression that Plaza Garibaldi and its surrounding streets are inhabited by hordes of openly sniffing street kids. This is not precisely the case; at least four factors make inhalant use often pass unnoticed. First of all, there are relatively few inhalant users amidst the thousands visiting Plaza Garibaldi every day. Secondly, sniffers have a variety of techniques to hide inhalation. Only the knowing eye and discriminating nose distinguish the sniffing from the non-sniffing poor. Here it is important that, rather than glue, the toluene-containing solvent *activo* is sniffed in the square; the inhalation of a solvent is easier to hide than that of glue. Thirdly, inhalant users often avoid sniffing in a public place. They prefer to drug themselves in their homes or hotel rooms, wastelands or other places functioning as sniffing dens.

Last but not least, most sniffers are not intoxicated for the whole day. They do inhale continuously during sniffing sessions, as the effects wane away quickly once use is interrupted. But the sessions themselves end, often ritually, when the inhalants are finished. The moment of observation is thus important. Actually, during the day it may be hard to see a sniffer at all in Plaza Garibaldi. In the evening there may be one or two groups of publicly inhaling youngsters, and one can wait for the moment that they are dissipated by a police raid. Later at night, when most visitors have left, small groups of young street people hang around in a few specific places. Usually they sniff until they fall asleep or leave the square early in the morning.

Notwithstanding its relatively invisible character, inhalant use in Mexico City is significant and persistent. In a popular neighbourhood like Plaza Garibaldi, it makes a profound impact on everyday life. The non-sniffing residents are often aware of what inhalants are, how they are called, how they smell, and what effects they may bear upon users. These “knowing eyes and discriminating noses” are street wise enough to recognise and classify street kids and other inhalant consumers, and give each other advice about how to deal with *viciosos* or “vicious ones”. My landlord Ricardo once narrated:

Ricardo: [Pointing to a young man hanging out in the street] “That boy Enrique is pretty crazy. Once he wanted to throw *activo* on me from his bottle and set me afire, but I bent over. I still had some [solvent] on my clothes but I slapped him before he could light a match. I think he’s still looking for that match, jajaja. . . You know, you have to answer those people and show them you won’t let them walk over you. They want to exploit everything, and if you let them, they abuse you. . . The boy who lives in front of here also did the *chemo* and the *activo* [= glue and toluene]. He just walked across the patio with his *mona* like that [Ricardo shows his fist in front of the mouth], and then went to *monear* on the roof, all alone. Never did he disrespect anybody, but he was already pretty thin and crazy when his family brought him to a rehabilitation centre. He was OK when he got out.”

Inhalants marked the boundaries between *populacho* and *viciosos*, the common people and the drug users (Gigengack, 2000b). Nevertheless, Ricardo had inside knowledge about the two inhalant users and their problems. He was able to differentiate between them: a boy as Enrique was a nuisance and had to be treated firmly, whereas the other just needed rehabilitation.

Inhalant use in wealthier countries seems less permanent. Glue sniffing in the USA often occurs in “rapidly cycling epidemics” (Beauvais, 1997, p. 104), sometimes catalysed by media reports (Brecher, 1972) and sometimes following young people’s fashion (Cohen, 1977). In Britain, glue sniffing was practised in the punk scene in the late 1970s; the cheap and easily available intoxicant fitted in the punk anti-aesthetic (Rudgley, 1993, p. 129). Such inhalant use is episodic, and seems more secluded from society’s mainstream than in Mexico. The inhalant use documented for Native Americans and Australian Aboriginals is more of a permanent nature, as in Mexico City, but still mainly rural (Brady, 1992; but see MacLean, 2007; Ogwang, Cox, & Saldanha, 2006).

During its decades-old history, inhalant use in Mexico City has evolved into a widespread, diversified and typically urban practice. To residents of popular neighbourhoods it may represent a nuisance; authorities may see it as an open affront to power, and for many child savers it justifies intervention. But to all these people inhalant consumption is not exotic: its perceived abnormality is surrounded by “normalcy,” a term I borrow from Bourgois’ work (1996) on crack use in New York. In the inner-city streets of Mexico

City inhalants are physically present. There these substances constitute an everyday and unavoidable reality.

The bewilderment expressed in the Cohen (1978) quote, then, is typical for settings in which inhalants count as eccentric drugs. In Mexico City, in contrast, the normalcy means that the general public hardly wonder at all why glues and solvents are used with purposes of intoxication. Of course, the residents of popular neighbourhoods may express concern about the sniffing in their area, or worry about this or that individual inhalant user who has ended up in such a way – but these are different issues. Inhalants are the current street drugs: they are *esa madre*, “that junk” which drug users take. Don Nestor, my neighbour, actually thought that taking up the *vicio* of sniffing was what naturally happened if children were not taken care of properly. He rather expressed horror at drug users shooting heroin in the United States (“with needles and all that!”).

The solvents and the glues

For most settings, the sources report the consumption of predominantly one single inhalant (usually a glue or petrol). In Mexico City, in contrast, a range of inhalants is used. The Devil, a chronic adult inhalant user from Metro Guerrero, summarised it as follows:

The Devil (29): “There’s only one type of *activo* [= toluene]. But there’s PVC, which is more destructive than *activo*. It is used to clean drainpipes. There are three types of *thíner*: special thinner; hardware shop thinner; and fine thinner. . . [laughing] *Thíner fino*, fine thinner is called like that because it comes from [the supermarket] Aurrerá. There’s is also *aguarrás*, which is a paint remover. It’s worse than thinner because it gives you a headache. . . There are two sorts of *chemo* or glue: FZ10 and Resistol 5000. There’s also the *cemento* used for bicycle tires. You can only buy it at bicycle shops. I used it in the prison. I put it on my hand, the hand served as a *mona*. [Laughing] It was delicious and you could easily wash it away from your hand. It didn’t leave a trace.”

Roy: “Are there more *inhalables* [inhalants] you’ve tried?”

The Devil: [More serious now] “There is also uh. . . *laca*. That’s a white paint for shoes. These are the inhalants that I know of and that I have tried. Perhaps there are more. [Naughtily smiling again] Another inhalant is cocaine. . . Yes, that’s an inhalant! It’s inhaled through the nose!”

All the inhalants the Devil listed, with the exception of cocaine that is, contain toluene; some will therefore deny that these are different drugs,² but that is not how the Devil looked at it. The inhalants most used are *activo*, turpentine, and glue; somewhat less common is PVC, the highly corrosive cleaner liquid, which occasionally “is the fashion again”. Other inhalants are exceptional. Once I saw a young man sniffing from a fuel lighter, and I also found paraphernalia indicating the consumption of other products: a bottle with white *laca* near the Zarco exit of Metro Hidalgo, a heap of empty *barniz* or nail polish bottles in Metro Pino Suárez, a few plastic bags with red and green paints in Indios Verdes. Both *laca*

² An anonymous peer reviewer wrote “Glues used as inhalants are solvent based and frequently classified as solvents”, and suggested the section to be about “glues and other solvents”. This is correct in terms of chemistry, but diverges from the meanings users attach to inhalants. There is an additional incongruity in that in common sense knowledge, glues do precisely the opposite of what solvents do. “The difference between the *chemo* and the *mona*,” a boy from the Tasqueña Bus Station once answered my question, “is that with glue we can fix our shoes when they break down, and with solvent we cannot.”

and *barniz* are volatile solvents; the paints may have been aerosol products.

Segal (1997, p. 80) writes that among Native Alaskans the most common techniques of inhalant use are: (a) “bagging” or placing the substance in a plastic bag and inhaling the fumes; (b) soaking a rag in the solvent and inhaling; (c) inhaling the vapours directly from the container; and (d) “huffing” or putting the substance into a can and inhaling the fumes. In Mexico City, the techniques are basically the same but the order is different: soaking a rag or *mona* is the most common, followed by “huffing” from a can, “bagging” from a plastic bag, and inhaling directly from the container. The rag is so popular because in Mexico City solvents are the most used inhalants, and soaking a rag is the easiest way to consume a solvent. The other techniques are more appropriate for glues. If the circumstances do not allow for ordinary techniques, inhalant users find ingenious alternatives. The Devil mentioned he once used his hand as sniffing equipment; this technique, also described by Van Epen (1997, p. 209) for cases in the Netherlands, is used only with vulcanizing tyre repair glues. Solvent is sometimes also sprinkled on the sleeve.

The ordinary, universally found inhalation techniques are covered with local, context-bound meanings. In Mexico City, whether the rag or the bag is used is thus not merely a matter of sniffing solvent or huffing glue. It is also a statement about one’s place in the world of street children: the technique is an emblem that one belongs to the solvent, or the glue sniffers respectively. Sniffing from the bag is often also a statement against the world that does not sniff; the inflated bag is the symbol of the defying glue-sniffing street child.

Contrary to the prevalent image, the use of solvents is much more frequent than that of adhesives. The most regularly sniffed solvents are *activo*, which consists of almost pure toluene, and the various types of turpentine. *Activo* is only available on the black market in the centre of Mexico City. Throughout the nineties and early 2000s, it was sold in little plastic bottles of 125 ml, called *octavos* and occasionally also *mamilas* or “feeding-bottles”.³ Boys usually hide one or two *octavos* under the waistband or put them between their legs, girls may also hide the bottle under the armpit or in their bra. When *activo* is not available, turpentine (*thiner*, *tinaco*) is commonly used, which also contains toluene. The difference between *activo* and thinner is that the latter is cheaper, and it is also said that thinner leaves a bad taste in the mouth. Otherwise, the two solvents are similar. Tina, a girl from the Train Station, actually thought that they were the same.

The banda from the Tasqueña bus station were regular thinner consumers, and more than once I heard them, too, specifying turpentine in categories as ordinary, special, and fine thinner. Such distinctions indicate experiential knowledge, because the intoxicating effects of the thinners can differ. In contrast to the common hardware shops, *tlalpalerías*, the supermarkets sell thinner in sealed packaging, which means that less solvent would have evaporated into the atmosphere prior to the sniffer’s buying it. A faster turnover of stock is possibly also a factor of importance (Watson, 1986, p. 37). The Aurrerá supermarkets are said to be expensive, which confirms the status of “fine thinner”.

The thinner is sold in one-litre glass bottles. These are dangerous because if the glass breaks one can get cut, and get a large

amount of the corrosive and inflammable solvent on clothing, skin and wounds. In the bus station of Tasqueña, the street children therefore often pour the thinner into small plastic water bottles. These can easily be divided among the group, and have the additional advantage that to outsiders the bottles seem to be filled with ordinary water (Gigengack, 2006).

Solvents are sniffed from the *mona* or rag (but in La Merced market I once saw a kid sniffing solvent from a bag). The word is telling. *Mona* can mean “cute”, like a doll, and also “intoxication”. It is an inversion of *mano*, the Spanish word for hand, and, as The Devil indicated, the *mona* is an extension of that body part. The rag is a piece of cloth or toilet paper which is rubbed together and sprinkled with solvent. White cloth, preferably a bandage, is the best for making a *mona*, I was told, because the liquid does not evaporate that quickly as with toilet paper, and it does not give such a bad taste as with coloured cloth. Cotton fibres represent additional dangers, however, as they may end up in the lungs or form a ball in the stomach (Van Epen, 1997, p. 212). Coloured cloth, like the red *franela* used in watching cars, often also colours the hand. After extensive use that will happen in any case: the *mona* burns the sniffer’s hand and bleaches the palm. It also makes the hand smell of the solvent. Some policemen use this knowledge when they undertake a raid; once I saw them inspecting the hands of young people and even sniffing at their fingers. Another risk of the *mona* is that, since the solvent is inflammable, the hand can catch fire.

To sprinkle the *activo* over the *mona*, it is best to make a small hole, called *calaca* or “skeleton”, in the tap under the screw top of the bottle. The tap should not be thrown away because in case of accidents it prevents the liquid from flowing out of the bottle and burning the skin; leakage of the solvent is especially inconvenient when the bottle is carried in the pants or the bra. The wet *mona* is held before the mouth with a closed fist. Later in the night when it gets colder, inhalation is often increased; the sniffers open their thumb and forefinger and put them around the lips, in such a way that the vapours do not get lost. The back is usually somewhat bent, and the eyes look up to the people around them. Sometimes the *mona* is held before the nose; sniffers say that this method accelerates the hallucination but also that it causes more brain damage. Raúl, a 25-year-old man from the Train Station, remarked, “It is said that through the nose *uno se acaba más rápido*, one terminates oneself quicker than through the mouth, but I want to smell it. I like it more like this.”

Two types of glue are regularly sniffed. FZ-10 or Flexo, better known among young street people as *chemo*, is traditionally the most popular trademark. Resistol 5000 was used until the early nineties when it was called *cemento*. Once I told a young lad, called Handy Boy, that I had noted that Resistol 5000 was called *cemento* and Flexo *chemo*, and that the former was sniffed in Metro Tasqueña in the South, and the latter in the Western peripheries of Metro Tacuba and Cuatro Caminos. But Handy Boy did not differentiate between the two glues:

Handy Boy: “*Chemo* and *cemento*, it’s the same. Resistol 5000 and FZ-10 are just brand names, nothing more. FZ10 is now called F7. . . They look the same, you use them in the same way, and you feel the same.”

According to this expert by experience, the difference between the glues was only the name; the geographical differences I had noted were not relevant to him. Even the names did not matter to him: Handy Boy thought that *chemo* and *cemento* were interchangeable terms, although The Devil had said that Resistol 5000 was another type of *chemo* and that *cemento* was actually an entirely different type of glue. The taxonomic confusion underscored that the glues had more in common than that they differed. What lumped

³ An anonymous peer reviewer suggested that *mamila* may indicate a reflexivity about being a kid on the street. This seems improbable; inhalant users are not babies. Perhaps the term is a reference to the size of the bottle, as suggested in Villatoro et al. (2011:44), but the *octavo* is still significantly smaller than a feeding bottle. Rather, the term displays the typical features of slang: it serves secrecy, and reinforces the boundaries of who is in the know. Importantly, it is also a coarse pun: *mamila* resembles *mamón* or sucker.

them together was the fact that these inhalants were glues and not solvents.

The container of glue is usually carried in the trouser pocket; the blob betrays a well-supplied glue sniffer. One needs a screw driver to open the container, which is a disadvantage if no such tool is at hand. The glue is usually inhaled by pouring some into another small container, preferably a little yoghurt bottle known as *frutsi*. This technique has the advantage that the little bottle can easily be hidden in the sleeve or under the shirt. Also, the effects of the sniffing can be regulated quite well. One can inhale a shorter or longer time from the *frutsi*, and then stop a while and concentrate on other activities such as talking and playing cards with a visiting ethnographer. Another plus point is that the amount of glue put in the bottle is usually small. The disadvantage of using a *frutsi* is that the bottle cannot be closed. The outer surface of the glue dries relatively quickly, and the Tasqueña street kids therefore often stir their *frutsis* with a wooden pin.

Glue is also consumed from a *bolsa*, the famous plastic bag, but I did not see it frequently. This technique was especially popular in Metro Tacuba. Bags differ from containers in that they have a soft form; they need to be inflated by breath. To avoid spilling the glue on clothes and body parts, the plastic bag is usually filled by putting the hand in it, pouring the glue out of the tin onto the plastic, and turning the bag inside out. One hand holds the bag before the mouth, and after inflation the other squeezes the bag towards the face. The vapour inside is compressed and a bag full of it is pushed inside the sniffer's mouth. Such a single dose, called *un bolsazo*, is generally described as very strong.

Glue sniffers also say that with a *bolsa* they have less control over the effects than with a *frutsi*. In addition, the inflated plastic bag makes the sniffer stand out. It puts him or her "on the balcony", which means extra vulnerability to the police and hostile elements within the public.

The intensity of the dose, the difficulty of controlling the effects, and the visibility of the plastic bag mean that many glue sniffers prefer the small *frutsi* bottle; generally, bags are used only late at night. There is still a good reason to use the *bolsa* every now and then: it is more fun. The effects are stronger, and during binge sniffing sessions the bag can be passed around. The bag is also used to deliberately shock the public or defy a passing police patrol. Many sniffing street kids like to pose as sniffing street kids, and with a *bolsa* it all looks even more dramatic than with a *mona* or *frutsi*.

The glue can also be directly sniffed from the 250 ml container in which it is sold. This technique is sporadically used because it spoils; if the container is opened the glue evaporates quickly, and the whole pot must be consumed at once. Another disadvantage is that other sniffers may feel enticed to ask for their share or try to steal it, and when the container gets lost, all the glue is lost. The advantage of inhaling directly from the container is, of course, that one does not need to refill the container from which the substance is sniffed. This technique therefore fits the *golosos*, the "gluttonous" and often lone sniffers.

In Metro Tacuba, sniffing directly from the 250 ml container was only done when the glue was almost finished. With the screw driver a hole in the lid was made, and the glue could then be consumed until the last drop. Ricardo and Francisco, two punks who were new arrivals at the Train Station, also inhaled the Flexo straight from the can, because they liked to heat it with the flame of a candle, which they always did without taking fire precautions. Finally, inhaling straight from the packaging was somewhat more common in Metro Insurgentes. Some of the kids there often sniffed from smaller 135 ml tins of glue. A boy once remarked that they got these tins from the *putos*, the homosexuals frequenting the neighbourhood. Proudly the kid showed me his small can of Resistol 5000, "For this one I only had to show him my prick, and I've got hair already!"

Detailed ethnographic knowledge of inhalants and their consumption techniques is essential for an adequate understanding of inhalant use. In the case of street children, however, it can be difficult to refrain from applying one's own categories. Schepers-Hughes and Hoffman, 1998 (p. 368), for example, recognize ritualized aspects of street children's inhalant use, and explore how in Brazil an "economy of addiction" intertwines with a "subculture of glue sniffing". But their associations of glue sniffing "with other regressive, infantile satisfactions, like thumb sucking" hinder the analysis, and take a technique of consumption for a symptom of psychopathology.

Inhalant use and youth

Studies across widely divergent settings concur that inhalant users are predominantly teenagers (Beauvais, 1997). May and Del Vecchio (1997) specify three age-related "behavioural patterns" of inhalant use in American Natives: "experimental and vicarious" use in children (8–14); "polysubstance use" in adolescents (ages 15–18); and limited "chronic use" in adults. The situation in Mexico City compels to reformulate and complicate this scheme substantially, but age-related patterns can still be recognized.

May and Del Vecchio (1997) (p. 11) detect "experimental and vicarious use" in American Native children in their pre-teen and early teen years. They identify curiosity about being high, attention seeking, and peer group influence as major determining factors. Easy availability is another factor; solvent use putatively provides "a vicarious (substitute) high when other intoxicants . . . are not available".

Mexican street children, too, often start with inhalants when they are younger than fourteen. They see their peers doing it, and begin to experiment. Rosalba (16) described her first experiences with inhalants at the age of 11 or 12 as follows:

Rosalba: "The first time I sniffed was in Casa de Todos [= a wasteland in Marroquí Street]. I'd already been there a couple of times with all the sniffing kids. I asked them for a *mona* [= rag soaked with solvent] and they said, 'are you sure you want *mona*? Well then, if you really want. . . Here take this one.' They never forced me or so. . . [Answering my question] Yes, of course, these things do happen. . . That thing [= *mona*] did nothing to me. I only got a horrible headache. I did not feel my throat yet, but everything in my brains was filled with pain."

Despite the initial, painful experience, Rosalba learned soon to like *mona*: once accustomed, she began to feel *la tentación*, the temptation, although she never identified herself as enslaved to "the vice":

Rosalba: "After that I did not use any more until I went to Gari [= Plaza Garibaldi]. I began using the first day I was there, then the second day and the third. I didn't stop using. But *nunca me clavé tanto*, I never nailed myself that much [in the vice]. I don't buy either. Let them invite me for a *mona*. You see, *soy tranquila*, I'm a quiet girl."

It is a common trajectory: the young experimental users quickly become experienced as they learn to like it. They turn inhalant use into an achievement, forcing their bodies to obtain pleasure out of pain. Because of the rapidity of mood alteration, a pharmacological property of inhalants, these children quickly become incessant users too – but like Rosalba, many create mental distance between self and inhalant, and feel they are in control. Rosalba's story also sheds light on the black box of "peer group influence". Among the sniffing street children, Rosalba experienced the normalcy of inhalant use and possibly subtle expectations to do likewise. But

throughout the girl emphasized her own role: with regards to her curiosity, her feeling of being-in-control, and using the peer group to obtain inhalants. Rather than being merely a target of influence, the girl actively interacted with her peers.

Rosalba emphatically pointed out that the *mona* raised her interest. Such an outpouring makes it problematic to see inhalants primarily as surrogate drugs. Generally speaking, inhalants are the drug of choice for Mexico City's street kids. Whereas alcohol use is common in young and older street adults, street children only seldom drink. Quite often I saw kids intoxicated by inhalants, sometimes to the point of falling down, but only once did I see a 12-year-old completely drunk. The preference for specifically inhalants is what young street people call *gusto* or "taste". This appetite is, conform Watson (1999), "acquired" rather than "natural". Rosalba learned it quickly.

The second pattern May and Del Vecchio (1997) (pp. 11–12) describe is inhalant use as part of polysubstance use in adolescents, in which other drugs gradually replace solvents as vehicles of intoxication. Seeking special intoxicating effects, the "youths in this category will use almost any type of drug available, and ... inhalants become special attractions when ... other recreational drugs are not available."

Again, the outspoken preference for inhalants complicates the pattern for Mexico City. Many street youth experienced with inhalants, like Rosalba when she was a teenager, do not tend to polysubstance use at all. What qualifies them as *tranquilos* is that, even if they have access to other drugs, they stick to the *gusto* for the solvent and perhaps occasionally a glue. The latter possibility points to another complication, namely that users may experiment with, alternate and combine different inhalants. In the context of Mexico City, the term "polysubstance use" is thus somewhat misleading, as in the minds of street children "inhalant use" may in itself already constitute a form of polysubstance use.

Yet, many of Mexico City's street youths have access to and do experiment with other drugs such as cannabis, alcohol, cocaine and pills, and a number of them gradually substitute the inhalants for these socially more accepted drugs. The substitution process seems to be structured by the experiences and demands of adolescence. Policemen, neighbourhood residents and family members tend to repress sniffing youths more than smaller children. Adolescents and young adults may note that it becomes more difficult to get a sexual partner with the smell of solvent on one's breath, while the new-born babies need to be fed, and work needs to be sought after. Sometimes an instrumental aspect is involved; the more influential street youth commonly traffic drugs, and know they enjoy more status if they are no longer publicly identified as inhalant users.

It is also true that many somewhat older street youths look down upon the glues and the solvents, call these substances *esa madre*, "that shit", say that it is *para los morros y la gente más corriente*, "for the little ones and the most vulgar people", and that in general sniffing *te acaba rápido* or "burns you up quickly". Polysubstance user Zapata (18), for instance, sniffed solvents in Plaza Garibaldi for years. When he was in the youth prison I became his tutor, and Zapata regularly gave me notes with good advice for his pseudo-sons Chiquilín and Smiley, telling them to stop sniffing *esa madre* and rather smoke cocaine.

The pretensions of sniffing less as they age harbour a nucleus of truth, but are mostly false. Notwithstanding the anti-inhalant rhetoric, the majority of polysubstance users continue using inhalants. So did Zapata whenever he had the chance, also in the youth prison. For youths like him, the solvent remained the drug of choice. In fact, the continuation of inhalant use is often inherent in the sort of polysubstance these youths engaged in. The other drugs, in particular pharmaceutical pills, do not substitute for inhalants, but are taken additionally. This practice is called

cruzar, after "crossbreeding" the effects. Even for the adolescent polysubstance users, then, the emerging pattern is not vicarious but "vicious" use. In more behavioural terms, it would boil down to frequent and compulsive use, which is usually also continuous (due to the rapidity in mood alteration).

The third pattern identified by May and Del Vecchio (1997) is the rarest form of inhalant use in the U.S. Adult chronic users have used inhalants for many years, and inhalants have become their drug of choice. These adults are described as "social isolates": frequently high on inhalants, they stay chronically intoxicated. "Their lives are centred ... around inhalant use, ranging from acquisition to techniques of consumption" (1997, p. 12). At thirty, the risk of death is high.

In Mexico City, too, inhalant use in adults is relatively rare. Even the adult homeless typically distance themselves from inhalants. Doña Remedios, the homeless mother of an inhalant-using adolescent girl I knew well, often exclaimed phrases like, "I am fat and I have blue lips and I am an alcoholic. You can see me with a joint but never with *esa madre*, that shit!" Nevertheless, I knew several adult chronic inhalant users, who daily and exclusively consumed inhalants. They had used inhalants for a long time, sometimes more than twenty years. They were known as *acabados* or "emaciated". Having not yet reached thirty, they looked much older. They were skinny; one adult woman in Marroquí Street was nicknamed *La Parca* or Lady Death (Gigengack, 2006). But these adults were not "social isolates", as they always stayed with a group of kids with whom they shared the inhalants. Typically, the kids were rather intimate with these adults. In exchange for money and inhalants the men gave physical protection and good advice to the children, and the women a mix of mating and surrogate motherhood (Gigengack, 1999).

These findings confirm the observation that inhalant users are predominantly young. Some sources interpret the early peaking of inhalants in terms of the putative properties of these substances. Van Epen (1997, p. 209) thus asserts that users "grow out of it"; since withdrawal symptoms rarely occur, quitting the habit would not be so difficult. May and Del Vecchio (1997) and Taylor and Hickey (2001) point to the relative cheapness and easy availability of the inhalants, to explain why these substances are popular among children. These notions fail to capture the acquired appetite for inhalants, and why the formation of *gusto* occurs within marginalized young people.

Effectively, *gusto* is an embodiment of power relations. In Mexico City, social sanctions tend to be less harsh for sniffing children than for others: since they are "just kids" and since the inhalants are known as children's things, street children are often allowed to sniff more openly than young adults. As it is thinkable that inhalants are used as drugs, and since children are tolerated to do so, street children are able to acquire their liking for inhalants. The age pattern corresponds with the inhalants being at the bottom of the drugs hierarchy (Taylor & Hickey, 2001; MacLean, 2008). The cheapest drugs have the lowest social status, and are fit for society's ultimate failures. Inhalants are the drugs of children, in particular street children, because they are consumed by those with least power.

The "taste" for "that shit"

Recapitulating, I have distinguished three fairly age-related patterns of inhalant use in Mexico City: (a) experimental and quickly experienced use in children; (b) more "vicious" or in behavioural terms, more frequent, compulsive and continuous use in adolescents, which may or may not include polysubstance use; and (c) chronic use in adults. In my reading, these patterns indicate the formation of appetite and habit within users. Street youth learn to like inhalants through a process of embodied acculturation:

they acquire *gusto*, a “taste” for “that shit”, and develop concomitant strong feelings (“vice”). What supports my reading is that in Mexico City these patterns do not necessarily correlate with age, and may occur simultaneously. Some children start using inhalants so early on that at a tender age they are experienced, compulsive and chronic polysubstance users. By implication, chronic inhalant use takes its toll, of sudden sniffing deaths, among children and adolescents as well as adults.

The case of Chucho, a ten-year-old from Metro Guerrero, is illustrative. The kid once recounted how he mixed thinner with glue and activo. He liked to combine different drugs, and *cruzar* the effects: “for example you can start with a *mona* of activo, then a cannabis joint, a *chemo*, a tobacco cigarette, and finally a few drops.” The drops referred to Refractil, an ophthalmic medicine which drug users apply through the nose. “These drops can be mixed with activo,” Chucho added, “and also with thinner, but not with glue.” The kid said he had also tried mushrooms, peyote and the opium poppy. He then described in detail the papaver somniferum, how it was consumed, and how his father cultivated it in their garden. Obviously, this boy was very experienced in experimenting with inhalant and polysubstance use. Even so, the solvents were the daily ingredients of Chucho’s drug use; even another inhalant such as glue was a variation to him.

Chucho saw himself as a *vicioso*, an inhalant fiend, and could speak in lyrical terms about his “vice”:

Roy: “What are the three greatest things that ever happened in your life?”

Chucho: “The greatest, greatest thing? *El vicio*. The vice [of sniffing]. . . . And after that, *las maquinas*, the video games. And then: eating sandwiches and big steaks.”

This quote illustrates that the acquired appetite for inhalants, the *gusto*, is more than merely a behavioural pattern. Chucho spoke with fascination and desire about the inhalants; he did not like adult drugs such as alcohol or coffee, and cannabis did not always delight him. And when Chucho said he liked the *vicio* even more than video games, he underscored the ludic dimension of his pleasure. He seemed to think of inhalants as good to play with, as a sort of “toy drugs”. In a similar vein, the Tacuba kids liked to play with glue and mix it with other child-like flavours such as chocolate.

Some adults experimented with inhalants too, such as the 23-year-old Gabriel. His family members told me that this young man got married at the age of 17. After some years Gabriel’s wife left him and took their three children with her, because “Gabriel didn’t work and he liked the easy life.” At that time Gabriel mainly danced, drunk, smoked grass, and lived off his family. But when his mother died, the family disintegrated, and at the age of 20 Gabriel took to the streets. At the Northern Bus Station he met Tina, eight years younger than he, and together they joined Tina’s brother who lived with the street children of the Train Station. Gabriel named himself after his first-born son, and as Daniel he began a second youth, which included experimental (and in his case possibly also vicarious) solvent use. According to his family, Gabriel was soon a *vicioso*; the latter concurred and said he liked the *vicio* more than other drugs.

Chucho and Gabriel show that the behavioural patterns distinguished earlier do not always correlate with age. More importantly, their stories illustrate that the behavioural patterns involve meaningful experiences. At stake is the formation of *gusto*, a liking which is central to the process of becoming an inhalant fiend. Notwithstanding the stigma, users find something positive in inhalant use, and derive pleasure from, or apart from, the pain induced by inhalants. Many deem this pleasure to be immoral, which is one reason why “that shit” of inhalants is called a vice.

Taylor’s frank comments cited earlier about the inhalants – as “revolting”, “the least ‘natural’” and “a fundamental violation of categories” (2001, p. 41) – reveal a deep discrepancy between our sensory world and that of the young street people’s acquired appetite for inhalants. Once I commented upon this discrepancy to my *compadre* Julio (18). Many Dutch people cannot understand that glues and solvents are used as drugs, I said, because most of us, including our heroin users, do not like the smell. Julio snorted with laughter. “You mean that over there the people say ‘Yuck!’ whereas we take it, sniff it, and say ‘¡Qué rico! Yummy! Give me more!’”

Inhalant researchers, too, have expressed disbelief towards my finding that specific inhalants are the drugs of choice for many of Mexico City’s street youths – so ingrained in our thinking is the idea that inhalants are only second choice, and that street kids are so deprived economically that they cannot but choose what, through low price and easy availability, is already chosen for them. I understand this. The vicarious-use thesis, the notion that inhalants are surrogate drugs, maintains “our most basic sense of ‘what goes where’” – but at the cost of disconnecting us from the gustatory categories and experiences of Mexico City’s street youth.

In my conversations in the field, the acquired appetite of *gusto* popped up time and again. Dandy, a young lad from Plaza Garibaldi, expressed it as follows:

Dandy: “There was a time I sniffed so much that sometimes I lay passed out in the market as if I were a *teporocho*, a tramp.”

Roy: “So, now you were already a *borrachito*, a little old drunk?”

Dandy: “Hihihi. . . No, I am not a *tepo* because I don’t drink. Well, I have drunk and I also have been drunk, but very few times. *A mí me gusta más el vicio*. I personally enjoy the vice more. *Activo*. [= Toluene.]”

Dandy’s preference was consistent through time. Several years later, when he was imprisoned, Dandy used to recall his time on the square with nostalgia. On one occasion he recounted, “I don’t like *mota*, pot, that much. Nor cocaine. Sometimes the boys invite me for a *perico* or a *fumar*, to smoke cocaine or cannabis, but I tell them ‘no. . .’ If I have my *mona* and maybe a cigarette, I am content.”

Conclusions and discussion: on *vicio* and inhalant fiends

The preceding pages have explored inhalant consumption in Mexico City as a complex social practice. First I sketched the context, and what came to the fore was normalcy, the perception that inhalants are common and everyday drugs. Second, I outlined an elaborate street culture of sniffing, and showed inhalant use to be a shared practice: inhalant users learn with and from each other which substances are good to inhale, where they can obtain them, how to use them, convert painful effects into pleasure, and even diminish the risk of anorexia. Third, I discussed the age-related patterns of use, which in my reading indicate the formation of taste and habit within users. That inhalant users are predominantly marginalized young people is an effect of power; their status corresponds with that of the inhalants.

The stories recounted in this article speak of an experiential world, in which the formation of *gusto* is central. The acquired appetite for inhalants is what young street people, such as Rosalba, Zapata and his pseudo-sons, Chucho, and Gabriel, share with, expect from, and understand in each other. *Gusto*, the “taste” for “that shit”, is quintessential to their being *banda*: it is an embodied disposition as well as main marker of Mexico City’s street youth. The identification of self with *vicio* is encapsulated in the notion of the *vicioso* or inhalant fiend, although the differences between them in this regard must be recognized too (e.g. *tranquilos* and *clavados*).

The “corporeal pleasure” paint sniffers in Melbourne experience (MacLean, 2008) relates to *gusto*, in that both notions express a hedonist dimension. Pleasure also connects to the “temptation” Mexico City’s street youth feel whenever they experience inhalant use as a “vice”. From a *vicioso* point of view, however, there are differences too. The corporeal feelings accompanying inhalant use were often described to me as painful and requiring effort to be converted into pleasure. And the hallucinatory effects of inhalant use are pleasurable only when the user has learned to experience them as *un viaje* or “a trip”, that is, as mental rather than corporeal pleasure.

My *comadre* Lupita once explained that *vicio* denotes that one “really, really, really” wants something: the term alludes to the importance of inhalants in the world of young street people, their desire for these substances, and their willingness to act accordingly. The glues and solvents are “vices” because the young street people perceive them as temptations. From the *vicioso* point of view, the goal of inhalant use thus lies in the inhalant use itself, although secondary effects, such as the suppression of hunger, may represent a bonus. More often the secondary effects of inhalants actually represent costs of inhalant use, as with Dandy when he narrated he lay passed out on the market “as if he were a drunk”.

Vicio encapsulates ambivalence. By calling inhalant use “their vice”, the young street people express that their habit is not a virtue. They know that it is injurious to their health, happiness, and general ability to function well, and that the price includes social ostracism as well. From the *vicioso* point of view, *vicio* reflects the experience of addiction without adopting addiction discourse (“proto-addiction” (Elster, 1999)). *Vicio* does not present the own behaviour as pathological, and even less as a disease, and it does not project the agency of the user into an “enslaving” substance. Speaking of inhalant use as one’s *vicio* rather alludes to having one’s life devoted to *ésa madre*, “that shit” which is intrinsically unworthy of devotion.⁴

Understanding inhalant use as a social practice is critical to developing intervention, including product modification, treatment, identifying diversionary activities and harm reduction. To do so, inhalants must be conceptualized as the drugs that they are in the eyes of the inhalant users. With the vicarious-use thesis we cannot do this. The assumption that inhalants are surrogates hampers effective intervention, at least for Mexico City, as it denies the acquired appetite for inhalants. With that assumption in mind we cannot adequately conceive of the problems the *viciosos* encounter with their habit.

Acknowledgements

Fieldwork was funded by the University of Amsterdam, the Amsterdam Institute for Social science Research, the University of Oxford, and Wageningen University and Research. I wish to thank Raquel Alonso, Rafael Gutiérrez and Leticia Vega for our working together in the field and beyond. Raquel Alonso, Rafael Gutiérrez, Don Weenink, four anonymous reviewers, and the Associate Editor gave excellent feedback on previous drafts. And a big thank you to the inhalant users in Mexico City, and their children.

References

- Aptekar, L. (1988). *Street children of Cali*. Durham/London: Duke University Press.
- Azaola Garrido, E. (1993). *Los niños de la correccional: fragmentos de vida*. México: CIESAS.
- Beauvais, F. (1997). Research topics for the problem of volatile solvent abuse. In F. Beauvais, & J. E. Trimble (Eds.), *Sociocultural perspectives on volatile solvent use* (pp. 103–107). Binghamton, NY: Harrington Park Press.
- Bourgois, P. (1996). *In search of respect: Selling crack in el Barrio*. Cambridge: University of Cambridge Press.
- Bourgois, P., & Schonberg, J. (2009). *Righteous dopefiend*. Berkeley: University of California Press.
- Brady, M. (1992). *Heavy metal. The social meaning of petrol sniffing in Australia*. Canberra: Aboriginal Studies Press.
- Brecher, E. (1972). *Licit and illicit drugs*. Boston: Little Brown and Company.
- Chávez de Sánchez, M., Solís de Fuentes, A., Pacheco, G., & Salinas de Valle, O. (1977). *Drogas y Pobreza*. México: Trillas.
- Cohen, S. (1978). Why solvents? In C. W. Sharp, & L. T. Carroll (Eds.), *Voluntary inhalation of industrial solvents* (pp. 9–12). Rockville: National Institute on Drug Abuse.
- Cohen, S. (1977). Inhalant abuse: an overview of the problem. In C. W. Sharp, & M. L. Brehm (Eds.), *Review of Inhalants: Euphoria to dysfunction*. NIDA Research Monograph 15 (pp. 2–11). Rockville: National Institute on Drug Abuse.
- Cruz, S. (2011). The latest evidence in the neuroscience of solvent misuse: An article written for service providers. *Substance Use & Misuse*, 46, 62–67.
- Cruz, S., & Bowen, S. (2008). Inhalant abuse. In M. Méndez Ubach, & R. Mondragón Ceballos (Eds.), *Neural mechanisms of action of drugs and natural reinforcers* (pp. 61–87). Kerala: Research Signpost.
- Cruz, S., & Domínguez, M. (2011). Misusing volatile substances for their hallucinatory effects. A qualitative pilot study with Mexican teenagers and a pharmacological discussion of their hallucinations. *Substance Use & Misuse*, 46, 84–94.
- De la Garza, F., Mendiola, I., & Rábago, S. (1977). *Adolescencia marginal e inhalantes. Medidas preventivas*. México: Trillas.
- De la Garza, F., Mendiola, I., & Rábago, S. (1988). Perfil del inhalador. In M. Labrandero Iñigo, J. Cabrera Solís, R. Zapata Aguilar, & F. Wagner Echeagaray (Eds.), *Disolventes inhalables* (pp. 149–180). México: Consejo Nacional contra las Adicciones.
- Elster, J. (1999). *Strong feelings. Emotion, addiction, and human behavior*. Cambridge, MA: MIT Press.
- Fernández, D. (1993). *Malabareando. La cultura de los niños de la calle*. México: CRT, CRAS, UI.
- Gigengack, R. (2009). *Nasha is the most wonderful thing in my life: Inhalant use in Delhi in a comparative perspective*. In *Paper presented at medical anthropology at the intersections* Yale University, September 24–27, 2009.
- Gigengack, R. (2008). Critical omissions. How the street children studies can address self-destructive agency. In P. Christensen, & A. James (Eds.), *Research with children. Perspectives and practices* (pp. 205–219). London: Routledge.
- Gigengack, R. (2006). *Young, damned and Banda. The world of young street people in Mexico City, 1990–1997*. University of Amsterdam (Unpublished Ph.D. dissertation).
- Gigengack, R. (2000a). *La banda de Gari. The street community as a bundle of contradictions and paradoxes*. *Focaal*, 36.
- Gigengack, R. (2000b). *Populacho and Callejeros. Stories about street children and other urban poor in Mexico City*. *Medische Antropologie*, 12(1), 71–102.
- Gigengack, R. (1999). *The Buca Boys from Metro Juárez. Leadership, gender and age in Mexico City’s youthful street culture*. *Etnafoor*, XII(1), 101–124.
- Gigengack, R. (1997). *De symbolische constructie van straatkinderen. Jongens en meisjes van Plaza Garibaldi (Mexico-Stad)*. *Amsterdams Sociologisch Tijdschrift*, 24(1), 24–71.
- Gigengack, R. (1994). Social practices of juvenile survival and mortality: Child care arrangements in Mexico City. *Community Development Journal, An International Forum*, 29(4), 380–393.
- Gutiérrez, R., & Vega, L. (2008). Niñas y niños “callejeros”, uso de sustancias y su atención en México. *Revista Peruana de Drogodependencias Análisis e Investigación*, 6, 55–74.
- Gutiérrez, R., & Vega, L. (2003). Las investigaciones psicosociales sobre la subsistencia en las calles desarrolladas en el INP durante los últimos 25 años. *Salud Mental*, 25(6), 27–34.
- Gutiérrez, R., Vega, L., & Pérez, C. (1992). *Características psicosociales de los menores que sobreviven en las calles*. *Anales del Instituto Mexicano de Psiquiatría*. México: IMP.
- Hecht, T. (1998). *At home in the street: Street children of Northeast Brazil*. Cambridge: Cambridge University Press.
- Leal, H., Mejía, L., Gomez, L., & Salinas de Valle, O. (1977). Estudio naturalístico sobre el fenómeno del consumo de inhalantes en niños de la Ciudad de México. In C. M. Contreras Pérez (Ed.), *Inhalación voluntaria de disolventes industriales* (pp. 442–459). México: Trillas.
- Leal, H., Mejía, L., Gomez, L., & Salinas de Valle, O. (1978). Naturalistic study on the phenomenon of inhalant use in a group of children in Mexico City. In C. W. Sharp, & L. T. Carroll (Eds.), *Voluntary inhalation of industrial solvents* (pp. 95–108). Rockville, MD: National Institute on Drug Abuse.
- Leal, H., & Pacheco, G. (1988). Estrategias de intervención para trabajar con inhaladores de la calle. In M. Labrandero Iñigo, J. Cabrera Solís, R. Zapata Aguilar, & F. Wagner Echeagaray (Eds.), *Disolventes inhalables* (pp. 215–246). México: Consejo Nacional contra las Adicciones.
- Lucchini, R. (1996). *Niño de la Calle. Identidad, Sociabilidad, Droga*. Barcelona: Los Libros de la Frontera.
- MacLean, S. (2008). Volatile bodies: stories of corporeal pleasure and damage in marginalized young people’s drug use. *International Journal of Drug Policy*, 19, 375–383.

⁴ The *vicioso*’s devotion to inhalants is reminiscent of the dedication of the righteous dopefiend (Bourgois & Schonberg, 2009; Sutter, 1969).

- MacLean, S. (2007). Global Selves: Marginalised young people and aesthetic reflexivity in inhalant drug use. *Journal of Youth Studies*, 10(4), 399–418.
- MacLean, S. (2005). It might be a scummy-arsed drug but it's a sick buzz: chroming and pleasure. *Contemporary Drugs Problems*, 35, 295–318.
- Makowski, S. (2010). *Jóvenes que viven en la calle*. México: Siglo XXI.
- May, P. A., & Del Vecchio, A. M. (1997). The three common behavioral patterns of inhalant/solvent abuse: Selected findings and research issues. In F. Beauvais, & J. E. Trimble (Eds.), *Sociocultural perspectives on volatile solvent use* (pp. 3–37). Binghamton, NY: Harrington Park Press.
- Medina Mora, E., & Ortiz, A. (1988). Epidemiology of solvent/inhalant abuse in Mexico. In R. Crider, & B. Rouse (Eds.), *Epidemiology of inhalant abuse: An update* (pp. 140–171). Rockville: NIDA.
- Medina Mora, M. E., Schnaas, L., Terroba, G., Isoard, Y., & Suárez, C. (1977). Epidemiología del consumo de sustancias inhalantes en México. In C. M. Contreras Pérez (Ed.), *Inhalación voluntaria de disolventes industriales* (pp. 352–362). México: Trillas.
- Medina Mora, M., Gutiérrez, R., & Vega, L. (1997). What happened to street kids? An analysis of the Mexican experience. *Substance Use & Misuse*, 32(3), 293–316.
- Natera, G. (1977). Estudio sobre la incidencia del consumo de disolventes volátiles en 27 centros de la República Mexicana. In C. M. Contreras Pérez (Ed.), *Inhalación voluntaria de disolventes industriales* (pp. 329–351). México: Trillas.
- Ogwang, T., Cox, L., & Saldanha, J. (2006). Paint on their lips: Paint-sniffers, good citizens and public space in Brisbane. *Journal of Sociology*, 42(4), 412–428.
- Orford, J., Natera, G., Copello, A., Atkinson, C., Mora, J., Velleman, R., et al. (2005). *Coping with alcohol and drug problems: The experiences of family members in three contrasting cultures*. London: Routledge.
- Ortiz Escobar, A. (1993). *Los niños drogadictos. Qué ven, sienten y oyen cuando se drogan*. México: Pax.
- Rigg, J. (2007). *An everyday geography of the global south*. Abingdon: Routledge.
- Rudgley, R. (1993). *Essential substances: A cultural history of intoxicants in society*. New York: Kodansha International.
- Salazar, G. (2008). Second-class citizens in the making: The rights of street children in the making. *Latin American Perspectives*, 35(4), 30–44.
- Scheper-Hughes, N., & Hoffman, D. (1998). Brazilian apartheid: Street kids and the struggle for urban space. In N. Scheper-Hughes, & C. Sargent (Eds.), *Small wars: The cultural politics of childhood* (pp. 352–388). Berkeley: The University of California Press.
- Schurink, E., Schurink, W., assisted by Tiba, M., & Maphatane, M. (1993). Zula: the world of street children. In W. Schurink (Ed.), *Street Children: An investigation into the causes and incidence of the problem of street children in the RSA with the aim to develop a model for treatment, rehabilitation and prevention programmes*. Pretoria: Human Sciences Research Council (Chapter 8).
- Segal, B. (1997). The inhalant dilemma: A theoretical perspective. In F. Beauvais, & J. E. Trimble (Eds.), *Sociocultural perspectives on volatile solvent use* (pp. 97–102). Binghamton, NY: Harrington Park Press.
- Seth, R., Atul, K., & Ganguly, K. K. (2005). Street and working children of Delhi, India, misusing toluene: An ethnographic exploration. *Substance Use & Misuse*, 40, 1659–1779.
- Singer, M. (2008). *Drugs and development: The global impact on sustainable growth and human rights*. Long Grove: Waveland Press Inc.
- Sutter, A. G. (1969). The world of the righteous dope fiend. *Issues in Criminology*, 2(2), 177–222.
- Swart, J. (1990). *Malunde: The street children of Hillbrow*. Johannesburg: Witwatersrand University Press.
- Taylor, L., & Hickey, M. (2001). *Tunnel kids*. Tucson, AZ: the University of Arizona Press.
- Van Epen, J. H. (1997). *Drugsverslaving en alcoholisme. Kennis en achtergronden voor hulpverleners* (third ed.). Houten/Diegem: Bohn Stafleu Van Loghum.
- Vega, L., Gutiérrez, R., Rodríguez, E., & Galván, J. (2002). Factores de riesgo para la salud mental de las niñas que subsisten en las calles. In M. A. Lara, & N. Salgado (Eds.), *Cálmese, son sus nervios, tórmese un tecito. La salud mental de las mujeres mexicanas* (pp. 25–53). México: Pax.
- Villatoro, J., Cruz, S., Ortiz, A., & Medina Mora, M. (2011). Volatile substance misuse in Mexico: Correlates and trends. *Substance Use & Misuse*, 46, 40–45.
- Watson, G. (1999). Disordered appetites: Addiction, compulsion, and desire. In J. Elster (Ed.), *Addiction. Entries and exits*. New York: Russell Sage Foundation.
- Watson, J. (1986). *Solvent abuse: The adolescent epidemic?* London: Routledge Kegan & Paul.
- Zinberg, N. (1984). *Drug, set, and setting: The basis for controlled intoxicant use*. New Haven: Yale University Press.