



Research paper

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

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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.

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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

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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.

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