

Research paper

Women as users and dealers of inhalants in the streets of Mexico city: A study on empowerment, cooperation, and trust at the margins



Lorena Paredes^a, Froylán Enciso^b, Roberto E. Mercadillo^{c,d,*}

^a National School of Anthropology and History, Isidro Fabela, 14030, México City, Mexico

^b Center for Research and Teaching in Economics, Región Centro, Aguascalientes, 20313, Mexico

^c Universidad Autónoma Metropolitana, Unidad Iztapalapa, San Rafael Atlixco 186, 09340. Mexico City, Mexico

^d Consejo Nacional de Ciencia y Tecnología, Insurgentes Sur 1582, 08400, Mexico City, Mexico

ARTICLE INFO

Keywords:

Women
Inhalants
Reciprocity networks
Trust
Cooperation
Street

ABSTRACT

Introduction: People who live on the streets in Mexico commonly use inhalants to induce psychoactive effects. Research on the distribution, sale, and consumption of these substances is scarce and mostly focuses on men, which limits the understanding of their use and possible public policies. Our ethnographic research concentrates on women who live and work on the street under marginalized conditions in Mexico City.

Methods: A Grounded Theory approach was used to frame the two-year-long field work. A field diary was kept for the multi-sited ethnography and participant observations in street-based settings, as well as five in-depth interviews with female distributors, sellers, and/or users of inhalants. Data was analyzed based on four dimensions: biography, representation as a dealer or user, social dynamics, and geographical distribution of networks to distribute, sell, and use inhalants.

Results: Women involved in the distribution, sale and use of inhalants are motivated by gender violence and socioeconomic vulnerability. They shape reciprocity networks to purchase inhalants in dangerous urban areas and avoid being mugged and physically or sexually assaulted. Although men are the ones who offer protection, women employ women to sell the inhalants and strengthen trust in the community. Distribution begins in clandestine places where combinations of unknown solvents are prepared in 20-L containers. Each liter is supplied for 1.92 USD to be retailled in 9.58 USD per liter in the streets. Particular language and cultural street-codes are necessary conditions in distribution and sales points for safe use and protection from authorities and out-group members.

Conclusion: Trust and cooperation are crucial in reciprocity networks formed by women who distribute, sell and use inhalants in the streets. These networks compensate for the lack of social security and safety, empower women in the street community, and provide income needed to survive marginality.

Introduction

Inhalants are volatile components that are self-administered for their psychoactive effects. Their use is commonly associated with young people that live under conditions of inequality or social exclusion (European Monitoring Centre for Drugs and Drug Addiction, 2010). Although inhalant abuse is considered a social and health issue, in both developing and developed countries (Dell, Gust, & MacLean, 2011), how inhalants are distributed and sold is not well understood.

In Mexico, according to the National Survey on Alcohol, Drug and Tobacco Use (2017), inhalants are the third most consumed illicit drug, after marijuana and cocaine. These substances contain toluene, an organic solvent found in extensive commercial products such as gasoline,

paint, varnish, paint thinner, dyes, and glue (Balster, Cruz, Howard, Dell, & Cottler, 2009). Acute effects of toluene use include irritation of eyes and respiratory tract, dizziness, slurred speech, blurred vision, muscle spasticity and lack of motor coordination. It also produces psychoactive effects such as euphoria, excitation, emotional lability, illusions, and hallucinations. Chronic effects include cognitive impairment, memory loss, difficulty concentrating and limited attention spans, loss of muscle strength, impaired motor coordination, hearing loss, and sight impairment (Cruz, Rivera-García, & Woodward, 2014). Toluene has addictive properties due to its coupling on the dopaminergic receptors involving neurotransmission in the mesocorticolimbic brain system, which has psychophysiological functions associated with reward and pleasant experiences (Duncan & Lawrence, 2013).

* Corresponding author.

E-mail addresses: remercadillo@conacyt.mx, emmanuele.mercadillo@gmail.com (R.E. Mercadillo).

In Mexico City, and most of the country, inhalants are called *activo* by people living on the streets. The two most common methods for consuming are “sniffing” or inhaling the substance directly from its container, and “huffing” or placing rags or tissues soaked in the substance over the nose and inhaling; the latter is also referred to as *mona*. Acute psychoactive effects generally last 2–3 min, which is why the substance is consumed by inhaling 15–20 times over an extended period of time or in sessions lasting a few minutes or even hours (Brouette & Anton, 2001).

The use of inhalants in Mexico is marked by misunderstandings and stigmas; this has inhibited research on their distribution and sale (Gigengack, 2014a). One such misunderstanding is the popular belief that inhalants are acquired only as industrial products in hardware stores, which has led to regulations that make it illegal for minors to purchase these products. Paradoxically, this regulation, together with the broad availability of products on the market and the lack of sanitary and legal surveillance of their commercialization, has triggered the creation of more sophisticated forms of distribution so that users may access the substances outside of formal businesses (Vega, Gutiérrez, Rodríguez, & Fuentes de Iturbe, 2015).

Eighty-three studies were published between 1970 and 2014 on the use of inhalants among diverse populations in Mexico. Most of this research focused on male populations and/or marginalized groups; for example, the homeless, youth street groups, felons, sex workers, students, and people who need treatment (Martínez-Vélez, Sánchez-Hernández, Vázquez-Pérez, & Tiburcio-Sainz, 2016). Thus, previous research has mostly reported the psychosocial profile of some of the users, while limited research has explored the practice and paraphernalia associated with inhalant use (i.e., Gigengack, 2014b; Ortiz, Domínguez, & Palomares, 2015). Even fewer studies have explored the way inhalants are distributed and sold. The research that does exist has mostly focused on male dealers (Ortiz, Domínguez, Palomares, & Medina-Mora, 2017), perhaps because selling and dealing drugs does not fit into Mexico’s collective imaginary of women’s roles or because, as it will be considered further on, research on female dealers requires a more sophisticated insertion into the field. Finally, profiles or life stories on women’s incursion in these activities are even less common. Therefore, this research presents an ethnographic investigation describing the distribution and sale of inhalants by women who live and work in the marginality of street life in Mexico City.

Background

Based on the ethnographic life narrative of Libertad, a woman living on the streets of Mexico City, Paredes (2018), co-author of this article, learned that street populations purchased inhalants from black market dealers distributing them at specific points across the city. Through this distribution, inhalants are commercialized in small quantities and exclusively to induce psychoactive effects. Despite its informality, the distribution and sale of inhalants for this purpose cannot be considered as an equivalent to trafficking other drugs such as marijuana or cocaine. Although drug trafficking implies selling drugs directly to the user in small quantities, it specifically refers to drugs that are illegal to sell and prosecuted by laws established by international conventions (Zamudio, 2007). Inhalants, however, are considered illicit substances in their psychoactive use, but legal in their fabrication, distribution and sale.

Paredes (2018) also observed that *activo* (inhalant used for its psychoactive effects) in the streets does not refer to the industrial products directly, but to the preparation of scented inhalants, which users perceive as less harmful when compared to the direct consumption of paint thinner or other solvents (Villatoro, Cruz, Ortiz, & Medina-Mora, 2011). Street populations in Mexico City do not have a unique geographic distribution. They come together to interact and sleep in areas referred to as *street points*, where they sell inhalants and other illegal drugs (Terán-Pérez et al., 2020). At these *street points* people form *bandas*, or groups that stay overnight in the same place, based on friendship or mutual

trust. During her ethnographic work with Libertad, Paredes (2018) observed women-led distribution networks at certain *street points*, which was a novel observation given the prevalent belief in Mexico that mostly men sell drugs.

In the Mexican imaginary, women are passively involved in the drug business only after they have been tricked into it or seduced by the important men in their lives (Carey, 2008; Cisneros, 2010; Ruiz-Tregallo, 2017). However, in Mexico’s recent history women have headed important drug distribution groups and networks. One example is Lola “La Chata” (Dolores Estévez) (1910s), who became a leading distributor of marijuana, morphine, and heroine in the downtown area of Mexico City known as the Merced. Her system was characterized by a broad network of relationships with men in administrative posts within the police and other strategic parts of the Mexican government. Another emblematic case during the 1920s and 1930s was that of “La Nacha” (Ignacia Jasso), who took over her husband’s business after she became a widow and distributed heroine in Ciudad Juárez, building a strong working network with her relatives (Carey & Cisneros, 2011). But perhaps the most well-known cases come from the 1980s and 2000s and refer to Enedina Arellano Félix and Sandra Ávila Beltrán. Enedina was known as the *Narcomami* or *Jefa*. She was the accountant for the Tijuana Cartel and became their leader, one of the most influential and violent organizations in the country focused on trafficking marijuana, cocaine, methamphetamines, and other drugs. Sandra Ávila Beltrán was known as the Queen of the Pacific and maintained links with Colombian cartels for trafficking cocaine into the United States (Cisneros, 2010). Thus, considering the historic participation of women in Mexico’s drug trade, and that women were seen distributing drugs on the streets of Mexico City, this paper explores how women living and/or working in the streets of Mexico City distribute inhalants. Further, this paper explores how the relationships that make this possible are developed.

Since life in the street involves marginality, our analysis is also informed by the anthropological perspective of Lomnitz (1975). Lomnitz suggests that marginalized people survive thanks to a social structure that guarantees their minimum subsistence and is based on networks of relatives and neighbors, physical proximity, and trust between individuals who are considered as equals. This lack of social mobility and economic scarcity is replaced with a network of mutual aid that is based on reciprocity. For Lomnitz reciprocity is a way of exchanging goods, services, favors and/or gifts, and is developed as part of a social relation that is not guided by laws of supply and demand, but instead makes up a reciprocal flow of material goods and services that persists beyond a specific transaction.

Based on the perspective above we expected to find that:

- Women involved in the distribution of inhalants in the streets of Mexico City build networks based on reciprocity and trust made up of female peers to sell inhalants preferably to female users.
- Networks built by women to distribute and sell inhalants in the streets of Mexico City grant them economic resources and the social status needed to survive marginality in the streets.

Methods

Our research is exploratory and framed by the Grounded Theory, which proposes that people act on circumstances that affect them and, based on their actions, elaborate their own understandings and meanings in response to the environment around them. These understandings emerge from social interactions that are registered by the researcher to then be interpreted as strategies to face concrete situations (Charmaz, 2005).

Field work was done for two years, between 2016 and 2018. L. Paredes performed participant observation and interviews in different interrelated spaces following a multi-sited ethnography perspective to interrelate processes of knowledge that are connected between themselves,

which can only be observed when the researcher accesses connections between site-locations and their subjects (Marcus, 1995).

Participants and data collection

Ethnographic records began with observations at three meeting points for street-based populations distributed around Mexico City that were typically identified as places for inhalants use. During the two years of ethnographic work, L. Paredes identified some consistent users at these points and approached them cautiously to talk about their knowledge of the psychoactive and practical effects of their use. Once these meeting points had been approached, bonds were established with some women allowing for participant observation and inquiring after more sensitive information, such as, how and where they acquired and distributed inhalants.

With this dynamic set in place, it was possible to maintain a close relationship with five participants who were distributors, sellers, and/or users on the streets of Mexico City: Tania (20 years old), Gina (35 years old), Karina (41 years old), Bety (40 years old), and Libertad (24 years old). This research therefore involved not only multi-sited ethnography and participant observation, but also the analysis of biographical information provided by these five in-depth interviews.

Paredes obtained the participants' permission to stay close and visit them once a week at whichever time was most convenient for them in order to learn about their activities. Gina and Karina were visited at the point of Candelaria-Merced in downtown Mexico City between 17:00 and 19:00 h.; Tania and Bety were visited at the Monument to the Revolution also located downtown between 12:00 and 17:00 h. Libertad's case implied a greater mobility between the areas of Portales-Taxqueña in the south of the city and the neighborhood of Morelos located downtown; her sessions began in the area of Portales-Taxqueña and then from there followed different itineraries throughout the city (see Fig. 1).

To observe the distributors or sellers during her first visits, Paredes would sit next to the participants at a certain distance, without intervening, and watch the different selling and distributing activities. As visits progressed, trust was built through intimate conversations on the participants' lives (including the researcher's as well), which allowed for a slow incursion into their story and details related to selling and distributing inhalants. The strongest trust bond was built with Karina, who, noting the researcher's interest in the use and sale of inhalants, allowed her to stay near her while she sold and assured her that she would be safe if she stayed with her. Karina expressed her support by using the phrase "*tirar paro*", an expression used in the streets meaning *she would stand up for her* if someone tried to harass, rob or attack her in any way. Karina was a crack user, activity that she considered shameful and so she performed it away from her salespoint, which implied intermittent absences during various minutes. During her absences she put Paredes in charge of the sales in case any client appeared, also when she had to go to the bathroom. To take up this responsibility, Paredes went through a type of informal training as a shadow seller, in other words an apprenticeship, where she received instructions on how to best sell inhalants to both users and other sellers. That was how it became possible to perform participant observation and directly inquire about selling strategies, earnings, and some of the issues and benefits that come with this activity.

Since the beginning of the fieldwork, a field diary was kept to register multi-sited and participant observation on the following themes:

1. Street locations for consuming and selling inhalants.
2. Relationships between street dwellers and people who do not belong to the street community but frequent their spaces for several activities, for example, people who use psychoactive substances or people who belong to non-governmental or religious organizations and provide assistance.
3. Relationships between the inhalant distributors, sellers and users.
4. Behaviors when facing neighbors, passers-by or authorities.

5. Nomenclature, linguistic expressions, and material resources used for transactions related to inhalants.

The field diary was also used for observations and testimonies registered during interactions and interviews with the five female participants, focusing specifically on three aspects:

1. Biographical data.
2. Information on sales (buyer profiles, earnings and/or losses, sales dynamics).
3. Others' perception of them as a distributor and/or seller.

Quantitative information was also a crucial source of data, for example, monetary gain, liters sold per day or the number of clients that bought inhalants through *mona* (pieces of fabric or tissues that are soaked in the substance) or *charquito*, (*small puddle*: this is a typical way of selling inhalants in the street and refers to the amount of inhalant in a plastic bottle, which the dealer fills without a standard measurement but is approximately 40–60 mm).

Analysis

During the field work, the information in the field diary was jointly revised and discussed by the authors in order to identify which aspects would be deeply explored. Once the field work and diary were completed, the three authors reviewed the data, first separately and then jointly, to define and analyze three categories that would illustrate how networks were established for the distribution, sale, and purchase of inhalants:

1. Relevant biographical data and interpersonal relations.
2. Dynamics of selling-buying inhalants.
3. Geographic distribution of the inhalant network.

Ethics

All the procedures received IRB approval from the Universidad Autónoma Metropolitana, Unidad Iztapalapa. Verbal and written consent were provided for the five in-depth interviews; confidentiality was maintained and their names were changed for publication. They were all told that the information obtained would be fully anonymous and that it would only be used for educational and academic purposes. They were also assured that their identity would be protected and, when applicable, people or activities that could affect their safety or wellbeing would not be mentioned. In order to emphasize the participants' confidentiality and avoid repercussions for their activities, the authors decided to publish the present article two years after data collection, since both the people and characteristics of the places involved in inhalant distribution and use have changed.

Results

General observations on the three multi-sited ethnography locations

The Candelaria-Merced area is a plaza near a church that borders the Merced market and the Sonora market, two important places for popular commerce in the city. Around 15 people between the ages of 20 and 35 live and sleep in the area. They call themselves a "big family". They coexist with the street vendors in the area and help them clean and look after their stalls, which is their main income.

The Monument to the Revolution is a tourist attraction visited by hundreds of people every day. It is also a commercial area, surrounded by restaurants, food shops and cafes. On weekends there are craft markets and the area is guarded by the police 24 h a day, so the area offers inhalant users more security and less risk of abuse and theft. About 20 people live and sleep there, mostly aged between 15 and 20. Most of them beg for money from tourists and passersby for income.

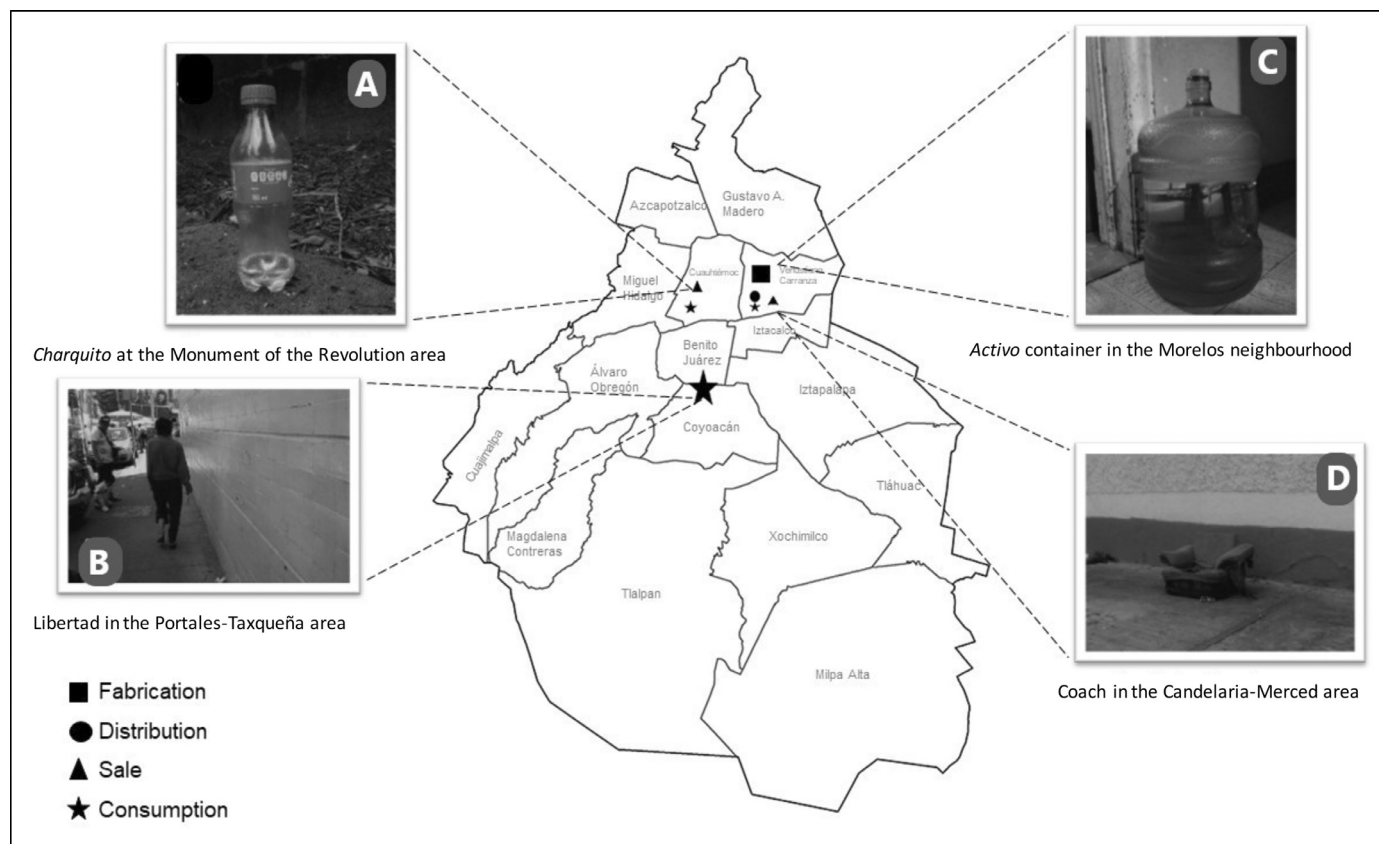


Fig. 1. Map of Mexico City with its political divisions indicating the points where the multi-sited ethnography was performed and places for preparation, distribution, sale, and use of inhalants as reported in the text. **A** – Illustration of a *charquito* or *small puddle* representing the typical way of selling *activo* in the area of the Monument to the Revolution where Bety sells *activo* and Tania buys and consumes it. **B** – The Portales-Taxqueña area where Libertad lives and consumes *activo*. **C** – Illustration of a 20 L container where *activo* is prepared in the Morelos downtown area to be sold to distributors, sellerS, and users. **D** – Couch in the Candelaria-Merced downtown area where Gina distributes *activo* to be sold and Karina sells it directly to users.

The Portales-Taxqueña area is represented by a big avenue with informal vendors 24 h. and where street populations commonly work and coexist with sex workers who sometimes become caregivers by providing them with sex education and condoms.

Biographical information about the five interviewed participants

Gina

She ran away from home when she was 15 years old due to domestic violence and poverty after her father was incarcerated. She settled down in the street and began to consume inhalants there. She learned about *charoleo* (begging for money from passersby arguing it is for food) to pay for her use of inhalants. Soon she established herself in the Candelaria-Merced area where she joined its *youth street group*, members of the group share their *street point* and overnight spot.

On a few occasions people offered her inhalants in exchange for sex, to sell herself in order to pay for her use. She never accepted and these proposals made her angry and forced her to think of alternatives to survive, as she revealed in the following testimony:

I could be poor, sleep on the street, not have anything and want to use “mona” all the time, but I wasn’t going to become a prostitute, so I was smarter than them. That is what street life is about, seeing who’s the smartest.

Her anger at receiving these sexual propositions and her need to cover her food and inhalant expenses motivated her to create strategies to earn money. That was why, little by little, she saved what she collected through *charoleo* and bought half a liter of inhalants which she

then sold in small quantities as *monas* and *charquitos* to other members of her group.

As she remembers, her inhalant sales began in 2008 and then grew as the years went by. She explained that her clients were not only people living on the streets, but also people from other neighborhoods and from higher socioeconomic statuses, for example, street vendors in the area and people who lived in housing units nearby. She indicated that in 2012 her product had a high demand, so she had to expand her sales territory and became a distributor, in other words, the person who buys the product and distributes it among other sellers. She decided to only distribute because selling exhausted her physically and distribution implies less mobility and less energy. Once she became a distributor, she established relations with other inhalant users outside street points; these relations were based on a code that she and other street dwellers call “¡Hacer un paro! (Do me a solid!)”, i.e., exchanging favors. For example, she would sell on credit to some clients, mainly men who were part of the gang, pickpockets or people who made a living through stealing. When she needed a favor from them afterwards, for example, buying inhalants in the Morelos neighborhood, an area considered particularly dangerous for women, she reminded them of the inhalants credit they owed her, as she explicitly mentioned: “here’s the mona, but you owe me one”.

Although her protection network is mostly made up of men, Gina prefers to employ women for her sales network. She says that she wants to create jobs for those who are in similar situations to her own a few years ago, in other words, women who are alone on the streets looking for an alternative to sex work. She pays \$ 40 pesos (\$ 1.92 USD approx.) for each liter of *activo* they sell; she earns \$100 per liter (\$ 4.79 USD approx.). Although she mostly focuses on distributing, she occa-

sionally sells inhalants if she must, for example, when one of her sellers disappears, swindles her out of her earnings, or doesn't give her the corresponding money for the sales.

Since 2013 Gina lives in an apartment located in the south-east area of Mexico City. She says that inhalant distribution helped her leave the streets and support her children, although it isn't her only income since she also sells artisanal toys (wind-up mice). Although she no longer stays on the street overnight, she travels to the Candelaria-Merced area every day to send someone to buy and then sell inhalants. The trajectory from where she lives to the selling point takes her more than an hour. She has four children, two are over eighteen and were born when she lived in the streets; they were always cared for by family members and never knew where their mother lived and worked.

Karina

She was born in the female penitentiary "Santa Martha Acatitla" in Mexico City and was taken to an orphanage, which she escaped when she was 17 years old. Since then, she has stayed in hotels, friends' homes, and on the streets in the Candelaria-Merced area. She has been incarcerated seven times in Santa Martha Acatitla for theft-related causes in spans of three months to seven years. She has a fourteen-year-old daughter who lives with Karina's maternal family. She doesn't visit her because she doesn't want her to see the bad conditions she is living in since, in addition to inhalants, she consumes crack and according to her: "it makes me look very tired and bad because crack destroys you."

In 2014 she learned to sell *activo* (inhalants) while she accompanied and observed Gina, and she's been working for her since then. She emphasizes that selling *activo* implies risks and little return:

...[I began] to help myself out, but it currently harms me more, since I'm getting into a lot of trouble for selling and for the tiny amount she [Gina] pays it isn't worth it. The other day two men that use 'activo' wanted me to sell on credit; since I can't they started hitting me until they cornered me on the couch. That day I was very tired and didn't want to fight, which is why I couldn't defend myself well. They tried to take the 'activo' away from me and since I keep it here [she points to her pelvis, because she keeps her bottle between her pants and underwear] they pulled my pants down and they started feeling me up, I think it was an attempted rape. In the end they only stole the 'activo' [a bottle of 300 ml] and the sales money for that day. I attract people's attention since I'm a woman and I have this thing [the bottle with *activo*].

She tries to keep a cordial relationship with her clients, most of them men. To do this, she indicates she greets the clients, asks how they've been, and sometimes blesses them, and says goodbye wishing them good luck. She says that she is polite to them so that they won't hit her and will treat her with more respect. In May 2018 she tried to start her own business to increase her earnings; she went to the Morelos neighborhood and bought a liter of *activo* (inhalants) for \$40 pesos (\$ 1.92 USD aprox.), they gave her that price because they said that they knew her as a dealer. But, when Gina found out, she beat her up so that Karina wouldn't do it again, since, in her own words: "I need to be her worker".

Bety

She didn't want to talk about how long she has lived in the streets or why she left home. She buys the *activo* in the Morelos neighborhood, she doesn't work for anyone. She has two daughters who live in orphanages and she doesn't visit them, but she says she has "many adoptive children from the streets": ten boys between the ages of 15 and 19 who she gifts inhalants, protects, and gives food and clothing to in exchange for protection. They all sleep in the area around the Monument to the Revolution (see Fig. 1).

Every day she sends one of her adoptive sons to the Morelos neighborhood to buy 3 liters of *activo* (inhalants), that way she doesn't put herself at risk while transporting it. Since, as she explains, one time they picked her up in a police car because they accused her of selling inhalants and marijuana, as she details:

...they couldn't arrest me, because everyone in the hood knows me, loves me, protects me, and they got me off, they paid the fine or bribe, I don't know which.

In addition to selling inhalants, she uses her own merchandise. It is difficult to know exactly how much she uses since she only opens the bottle with *activo* she is selling and soaks her *mona*, she repeats the same action many times during the day and night.

Tania

She lives in her house in a downtown neighborhood where she also works in a beauty parlor cutting and dyeing hair. She likes to use inhalants because she says: "it feels dope, that shit relaxes you". When she uses inhalants she leaves her house and sleeps on the street around the Monument to the Revolution to be able to, as she mentions, "use at ease, without anyone bothering me". She uses inhalants day and night a few days out of the month, she programs the time and lets her boss know that she won't go to work. During that time, she doesn't eat, she only consumes *activo* (inhalants) and has fun with street-based people, they already know her and grant her protection, she considers some of them her friends.

Tania buys her *activo* from Bety, but she complains that she gets very little product for \$10 (\$ 0.48 USD aprox.). Despite this, she prefers to buy from Bety and use the inhalant in the area around the Monument to the Revolution because, although *monas* or *charquitos* are more expensive there, she likes the people, she considers it is a nice place and people there have money. She may be referring to the fact that it is an intersectional public space: it's a tourist attraction, a place for governmental ceremonies, and a space for families of all social classes to come together.

Libertad

She was born on the street and she currently lives in the streets around Portales and Taxqueña (see Fig. 1) where she begs for money. She and her partner, a 31-year-old man, use approximately one liter of inhalants per week. This is why they must go to the Morelos neighborhood to buy half a liter of *activo* for \$60 (\$ 2.87 USD aprox.). Even though it is a risky neighborhood, they prefer to buy it there because, according to them, the price is lower than the cans of *activo* in the area where they live. When she buys the inhalants she doesn't use immediately, she waits until she arrives at her normal living area, the Portales-Taxqueña area (an extensive and detailed Libertads' life story is presented in Paredes, 2018).

Buying and selling inhalants

As observed in the ethnographic records and interviews, one way of becoming an inhalants seller is to accompany the distributor during their activities. Time invested in this accompaniment may vary, for example, Paredes became a shadow seller after she had accompanied the distributor for five weeks and was only in charge twice for a few minutes. The distributor teaches sales strategies, the approximate quantity that must be added to the bottles or cans, and the amount of money that must be charged. The learning process is mostly through imitation, since sellers learn by observing buying and selling activities. For example, as Karina indicated, she replaced Gina in selling inhalants to people from the Candelaria-Merced area after months of being together. Then, Karina began to expand her sales beyond the street population and now she sells to external buyers who look for her every day on her couch where she waits for them (see Fig. 1).

The exact quantity of the measurements that are sold is imprecise since the *activo* is emptied directly from the larger bottle to the *monas* or the jars or small bottles that users take when they request a *charquito*. The quantity given to each user must be calculated in such a way that sellers obtain a minimum of \$200 pesos (\$ 9.58 USD aprox.) for

each liter of *activo*. This money must be given to the distributors so that they may pay the dealer and buy a new liter of *activo* to sell. Each liter must be enough for approximately 40 *monas* or 20 *charquitos* in addition to the ‘extras’ and *monas* that sellers consume while they are selling.

Although women who sell inhalants are regulated by the relationship between the distributor and seller, there are many ways for a seller to become independent. For example, Karina indicates:

You ask me where they sell activo? Well, look, you can get it from anyone here, we can all sell it to you.

She means that any woman may sell inhalants because, although she might not be an established seller, she may sell part of the product she purchased for her own use. That is why in the case of independent sellers, such as Bety, they could have acquired experience as buyer-users first and then decided to sell part of the merchandise they consume. Although they are independent, the sale of each liter must be approximately the same, \$200 (\$ 9.58 USD aprox.), out of which \$40 - \$45 (\$ 1.92 USD aprox.) are destined to purchasing a new liter and \$155–160 (\$ 7.66 USD aprox.) would be the gross profit. In Karina’s case, since she works for Gina, her earnings are approximately \$40 pesos (\$ 1.92 USD aprox.) per liter of inhalant that she sells. She can consume the same product she sells without having to pay for it; only with *monas*, without sharing, and always with Gina’s authorization, her distributor.

But, in Bety’s case as an independent seller the liter of inhalants costs her \$45 pesos (\$2.15 USD aprox.). For each liter she sells she obtains a total of \$150 (\$ 7.18 USD aprox.). She sells the product as *monas* at \$5 (\$ 0.24 USD aprox.) each and *charquitos* at \$10 (\$ 0.48 USD aprox.) to members of the gang that she doesn’t consider her *adoptive children* and people from neighborhoods close by. To sell the *monas* she asks buyers to use their own paper so that she only dips it in the product. To buy *charquitos* each client must have their own bottle or jar. Her selling strategy is to not move from her street point. She lays down or sleeps in a fountain in the plaza in front of the Monument to the Revolution; when someone wants to buy they approach her and speak to her. Her most frequent buyers are young women between the ages of 15 and 20. They are generally accompanied by their young children and don’t live on the streets, they generally live in nearby neighborhoods.

During the multi-sited ethnography it became clear that the distribution and sale of inhalants is done at specific meeting points for street populations. At this first stage it does not matter if the buyers are ‘part of the group’ or if they come from other meeting points or even if they live on the streets or not. It is at these street points that a distributor or a seller may be found, as is the case of the street point at Candelaria-Merced where there are one or two female sellers within a group of fifteen people.

Regardless of where the buyer is from, the transaction must be based on common language and practices. For example, *activo* is referred to as “do you have water?”. If there is product available, then the buyer must give their bottle or jar to acquire a *charquito* and it must always have a lid (because the product evaporates), otherwise the sale is denied. If they want to purchase *mona*, the buyers must give the seller their piece of toilet paper or napkin; paper is preferred over fabric since it is easier to obtain, it must also be free from any dyes because it can strip color and stain the user’s hands. It is common for buyers to ask for a *pillón*, in other words, a little extra product in their bottle; asking for this extra doesn’t guarantee that the seller will grant it, it is more an indication of whether or not the client is someone who belongs to the group or is a recurring buyer.

Nevertheless, the sale of inhalants involves strategies to protect the sellers and the merchandise. For example, to keep the merchandise from being stolen, Karina keeps a bottle with a liter of inhalants in her backpack and throughout the day empties it into smaller bottles of approximately 300 mm each to make it easier to sell and not show the whole

liter. She obtains the smaller bottles herself, that way if someone steals the merchandise, it will imply minor losses since they will only take the smaller bottle and not the whole liter.

Geographic distribution of the inhalant network

Based on multi-sited ethnography and participant observations, the distribution of inhalants identified in this study begins in the neighborhood of Morelos, where there are clandestine places that create combinations of different solvents in 20-L containers (see Fig. 1). That is where many direct sellers or distributors go to buy the product they sell or hire others to resell.

The content of the *activo* elaborated in Morelos is inexact, as stated by some participants. For example, according to Tania: “it contains toluene, a dab of paint thinner, and an aroma that makes it more attractive”. This product is not a famous brand and its origins are unknown. Distributors, sellers, and even the users can go directly to where it’s prepared, but the price for each of them is different. For example, the distributors, or sellers who work for them, can purchase the liter of *activo* at \$40 pesos, an independent seller gets it at \$45; and a user buys it at \$120 (see Fig. 2).

The product is distributed and/or sold to users at sites that are always outside the initial distribution zone and are also distribution sites for other drugs. Most of the sellers-buyers that go to these sites live on the streets, but this is not always the case, as observed in the multi-sited ethnographic notes. For example, on one occasion while recording observations at the Candelaria-Merced area, Paredes observed an approximately 50-year-old woman walk with products and food she had bought at the market. On her way home she stopped to buy a *mona*, sat down for a few minutes to consume the product in the same place and then left the used *mona* before continuing on her way. Another observation involved a 14-year-old boy from Veracruz who had immigrated to Mexico City with his father, both of them sold flowers in the streets surrounding the Candelaria-Merced area near Karina’s sales point. When the boy finished selling the flowers, he bought a *mona* and stayed there talking with the young people who slept there.

Additionally, those who sell inhalants in these areas offer the buyer confidentiality and kindness if they aren’t part of the street group or gang. For example, during field work Paredes observed a middle-class professional man who openly expressed that he uses *activo* at the sales point because people treat him well, they don’t judge him for using inhalants, and because he ‘loves’ the *mona* and the youth who sleep on the streets. Also, he mentioned that:

... I like my job (lawyer) and earn a lot of money, but once or twice a week I come here, to relax a bit.

Discussion

As shown in our results and in accordance with our initial hypothesis, women involved in the distribution of inhalants in the streets of Mexico City build networks based on reciprocity and trust. These networks involve mostly female peers as inhalants sellers and preferably, but not only, female buyers. This coincides with Lomnitz’s (1975) proposal that people who are marginalized survive thanks to networks involving physical proximity and trust between close individuals who are considered equals. Trust and cooperation for selling inhalants implies benefits for those involved (distributors, sellers or buyers) that may include the protection and respect for the distributor and free mobility for the seller, as well as the confidentiality of the buyer. Therefore, our observations coincide with authors who argue that trust and cooperation are crucial components for reciprocity networks that are based on practices where an individual, or a group, share resources with others to obtain a common benefit (Bowles & Gintis, 2011).

However, cooperation isn’t simple since it implies putting resources in others’ hands without a guarantee of reciprocity. Thus, a series of

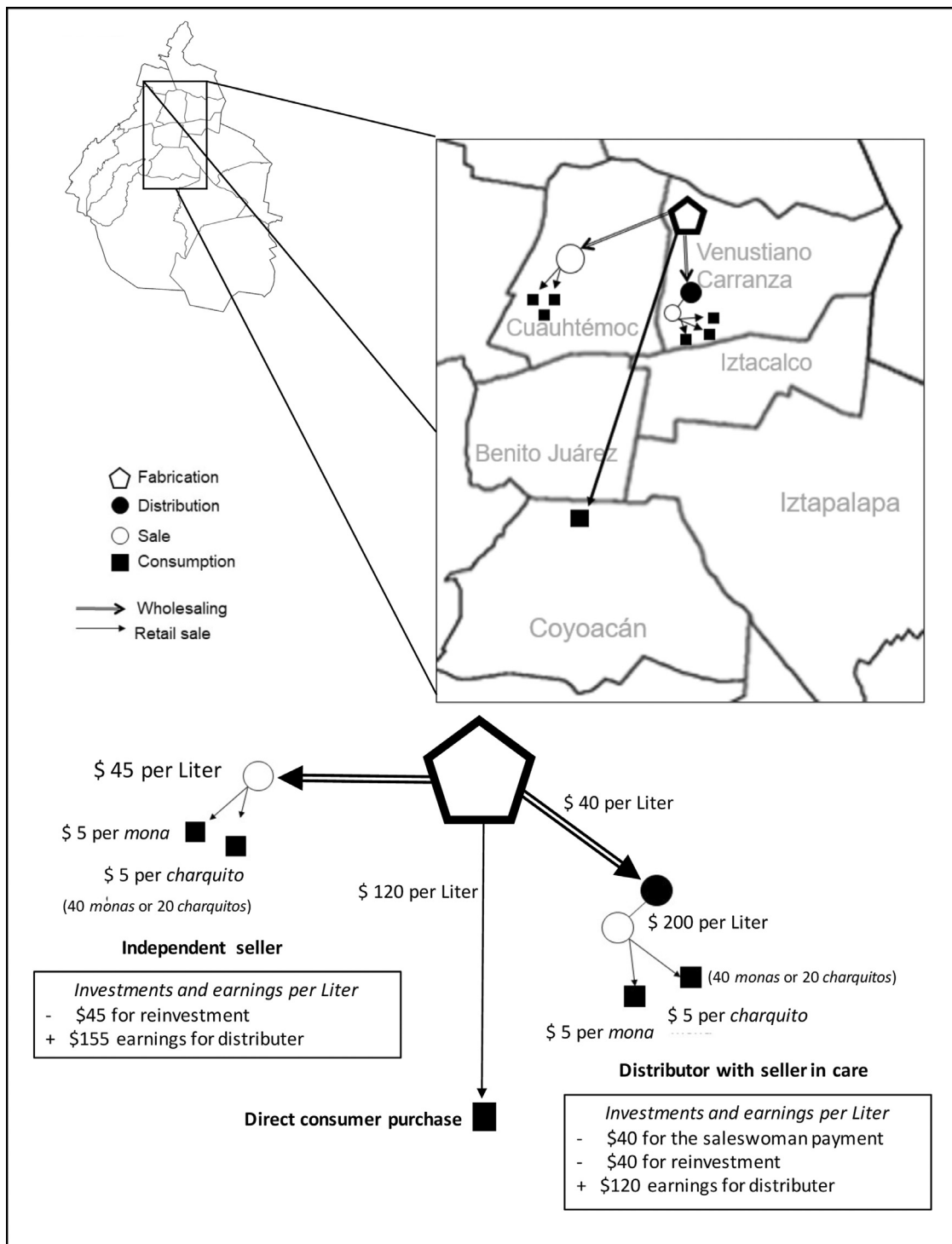


Fig. 2. Geography of the network involving *activo* preparation, distribution, sale and consumption as identified in the investigation. Prices concerning sales per Liter of *activo* for distributors, dependent distributors-sellers, independent sellers and users are presented below the map, as well as prices concerning *monas* and *charquitos* for consumers. Investments and earnings for distributors and sellers are shown at the bottom. Amounts are represented in Mexican pesos and consider \$ 1 peso for \$ 0.048 USD.

socio-cognitive parameters must be developed to evaluate if the investment will be corresponded (Anderson, 2000). As observed in the ethnographic notes and as mentioned in the interviews, some of these parameters for selling inhalants in the streets include: belonging to a street community; verifying the sellers do not run away with the merchandise; using a cryptic and common language to perform the transaction; as well as recognizing when, with whom, and how to cooperate. This is why both the seller and the buyer must show certain uses of language,

paraphernalia, and practices that guarantee their knowledge related to inhalants (Ortiz et al., 2017). For example, the use of the word *activo* to refer to inhalants prepared and sold for psychoactive intentions; the use of *monas* or *charquitos* as ways to inhale the product; or the request for water rather than *activo* when trying to purchase inhalants in the street. In addition, cooperation demands the mental representation of the other, their motivations, intentions, and capacities (Herrmann & Tomasello, 2006). In the case of inhalants sold in the streets, the main

representation associated with the distributor, seller, or buyer is their belonging to a marginalized community surrounded by the stigmas associated with inhalants. This makes access difficult for those who aren't part of the collective that sells or uses inhalants (Gigengack, 2014b; Paredes, 2018).

The complexities of trust and cooperation related to inhalants lead to certain practices that promote reciprocity when buying-selling the product. One example of these practices are the female sellers that tend to not allow users to buy on credit, unless it is someone who is close to them or it offers a means to future resources. Another is the common practice of *pilón*, which allows the buyer to feel that they receive preferential treatment through this 'little extra' that favors a close and constant relationship with their seller. However, female sellers are clear that, although they may be polite or kind to the clients, they aren't their friends and never give them the product for free. If they don't receive a payment they accept favors, as exemplified with the practice "*Hacer un paro!*" (*Do me a solid!*) as a crucial resource within the network of reciprocity for inhalant distribution.

As raised in our second hypothesis, networks built by women to distribute and sell inhalants in the streets of Mexico City provide them with the economic resources and social status needed to survive marginality in the streets. Part of the survival strategies are the different favors the distributors or sellers sometimes exchange for the inhalants. One example is the physical protection male buyers may offer when buying the product in the dangerous Morelos neighborhood where *activo* is prepared and initially distributed. Another is having male buyers grant protection for the distributor's female sellers (or her own protection if she is selling directly) at different street points. With this exchange of favors distributors and sellers are able to keep the merchandise from being stolen or avoid physical or sexual abuse by clients or users. Protection also implies making sure that the sellers don't run away with the merchandise or consume more than the distributor allows and loyalty towards the distributor, as indicated by Karina when she said "*I need to be her worker*" (Gina's worker). In this sense, our results agree with Lomnitz's (1975) proposal that knowing who to cooperate with is crucial for building a network that allows for a minimum subsistence of those who live in marginalized conditions.

Inhalant transactions imply the buyer trusts the quality of the product, even when its composition isn't exactly known, as shown in the results when describing how the inhalants are produced in the Morelos neighborhood. To trust the seller, the buyer's experience with the product must be confirmed as pleasant; as mentioned by Tania when saying "*it feels dope, that shit relaxes you*", by Libertad who buys the product in the Morelos neighborhood directly because it is "*sweeter*" or by the middle-class lawyer who uses inhalants in the Candelaria-Merced area because he "*loves*" the *mona* and, as he said, "*I come here, to relax a bit*".

These testimonies may illustrate the psychopharmacological action of the toluene molecule contained in the inhalants that affects the dopaminergic brain system and reinforces rewarding and pleasant experiences (Duncan & Lawrence, 2013). However, the psychopharmacological properties of toluene may not be enough to elicit pleasant experiences in the streets because, as proposed, psychoactive-related drugs pleasant experiences are not merely physiological but involves spatial and cultural contexts (Duff, 2008). As shown in our ethnographic results and in coincidence with previous studies in Mexico City and Delhi (Gigengack, 2014a; Gigengack, 2014b), pleasant experiences evoked by inhalants take place in street spaces where the user feels included and safe. So, street points for inhalant distribution and sale are also identified as places that are protected under particular street codes and where nobody is judged and stigmatized for being a user. This last observation is important because the stigmas surrounding street populations and inhalant users make them more vulnerable to social criticism and abuse (Gigengack, 2014b).

Further, because inhalants are commonly used in sessions that can last minutes or even hours (Brouette & Anton, 2001) some effects may

make the person more vulnerable to aggressions or accidents while they are using; toluene provokes dizziness, blurred vision, lack of motor coordination, emotional lability, hallucinations, memory loss, lack of attention, loss of muscle strength, hearing loss or sight impairment (Cruz et al., 2014). In addition, to guarantee that the product will have the expected psychoactive effect, the buyer must comply with certain sale requirements, such as, using a bottle or jar with a lid in the case of *charquitos*, a piece of paper for *monas*, and use the product as soon and as close to the sales point as possible. This is particularly important if the quick volatility of inhalants is considered, and with it, its loss of psychoactive properties. Therefore, remaining near the sales point when they use is for the buyer's own safety and perhaps their full gratification. The particular volatility of the inhalants may also explain why their geographic distribution, starting with where its elaborated (the Morelos neighborhood) until the buying-selling points (Candelaria-Merced and Monument to the Revolution points), covers areas that are spatially nearby and with low probability of socio-economic mobility (see Figs. 1 and 2).

As Lomnitz (1975) proposes, networks built between people in marginalized conditions offer mutual aid. This is an essential aspect among street-based female populations because, as some authors propose, they face greater risks than men; their gender and social position place women in situations of greater vulnerability and exclusion due to the dominant *machismo* in Mexican society (Aguirre, 2010). Maybe because of this, many of them share a past of family issues, physical and/or sexual violence, poverty, or substance abuse that motivates their integration into the street community, be it permanently or intermittently, as observed in the similar issues shown in the biographical data from the five in-depth interviews. Therefore, networks built by women need trust and cooperation to grant protection and resources. This is illustrated when female sellers or distributors provide inhalants to men and in exchange they help to protect the network that these women have built. This last observation may agree with Lomnitz's (1975) perspective when suggesting that networks built in marginalized conditions imply exchanging goods, services and favors, which makes up a reciprocal flow that persists beyond a specific transaction.

Conclusions

This is the first report about the role of women in the distribution and sale of inhalants in Mexico. Some researchers have reported that when men are in charge of this business on the streets, they must deal with public and private agents who find the street population risky or confront other gangs and thieves that are in the area (Ortiz et al., 2015). Our research revealed that women also deal with these issues and to confront them they build networks with dynamics that are similar to those used by women who sell other drugs. For example, in the case of crack, women seem to build subtle and non-aggressive networks with men to guarantee their protection (Dunlap, Bruce, & Maher, 1997). Our investigation may suggest that when women are in charge of networks to distribute and sale inhalants it gives them a certain status and control over their own life, gender, and condition. Also, our study evidences the active role that women play in distributing inhalants, challenging the general Mexican imaginary where women are considered passive participants in the business of selling drugs (Carey, 2008; Cisneros, 2010; Ruiz-Tregallo, 2017).

Concerning our initial question regarding how women living and/or working on the streets head transactions involving inhalants in Mexico City, we show that women-led networks in this study seem to make gains slowly. However, these networks evidence strong cooperative dynamics based on trust, and grant women not only an income, but also a certain degree of power that allows them to deal with marginalization. For example, it takes several months of observations and imitation to learn how to sell inhalants, to identify trustworthy sellers and buyers, to calculate the quantities and monetary cost of product to be sold through inexact measures, and strengthen their network by using men to protect

them and acquire the inhalants in places that are dangerous for women. So, investment and earnings through these networks involve the women themselves and those close to them, generating relationships based on solidarity or camaraderie, as observed in cases of women selling other drugs (Cisneros, 2010). Our results agree with Lomnitz's who proposes that networks built in marginalized conditions compensate the lack of social mobility and economic scarcity with a dynamic of mutual aid and reciprocity.

Networks built by women to distribute and sell inhalants seem to be difficult to identify perhaps because of the vulnerability they live due to gender based violence and the stigma surrounding inhalants in Mexico. In order to access these networks from the Grounded Theory approach framing our study (see Methods section), the researcher must surpass tests to earn trust and guarantee the protection and safety of the participants' and their identities. Thus, this work focuses on the knowledge and complexity implied in the distribution, sale, and use of inhalants and in this sense, the people and places mentioned are illustrations of a complex phenomenon. For a more complete comprehension, some questions may emerge from our study for future research following a Grounded Theory approach. For example, though we provided a female point of view, it is necessary to record men's activities to further explore and analyze gender-based differences. This study focused on inhalant distribution in the streets but some observations involved people who were not part of these street populations. How these people are integrated into the inhalant distribution network is important to further explore and understand marginalized relationships.

Declarations of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

The authors thank the five participants who shared their experience and the people living on the streets of Mexico City who opened up their spaces for the observations here embodied. Also, we thank Paulina Barrios Giordano and Jessica González Norris from Acento Traducciones for translating and revising the text.

References

- Aguirre-Aguilar, L. D. (2010). Street and knowledge in motion. *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud*, 8(1), 87–103.
- Anderson, E. (2000). Beyond homo economicus: New developments in theories of social norms. *Philosophy and Public Affairs*, 29(2), 170–200. [10.1111/j.1088-4963.2000.00170.x](https://doi.org/10.1111/j.1088-4963.2000.00170.x).
- Balster, R. L., Cruz, S. L., Howard, M. O., Dell, C. A., & Cottler, L. B. (2009). Classification of abused inhalants. *Addiction*, 104(6), 878–882. [10.1111/j.1360-0443.2008.02494.x](https://doi.org/10.1111/j.1360-0443.2008.02494.x).
- Bowles, S., & Gintis, H. (2011). *A cooperative species. Human reciprocity and its evolution*. New Jersey: Princeton University Press.
- Brouette, T., & Anton, R. (2001). Clinical review of inhalants. *American Journal on Addictions*, 10, 79–94. [10.1080/105504901750160529](https://doi.org/10.1080/105504901750160529).
- Carey, E. (2008). Women with golden arms: Narco-trafficking in North America, 1910–1970. *History Compass*, 6(3), 774–795. [10.1111/j.1478-0542.2008.00516.x](https://doi.org/10.1111/j.1478-0542.2008.00516.x).
- Carey, E., & Cisneros, J. (2011). The daughters of La Nacha: Profiles of women traffickers. *NACLA Report on the Americas*, 44(3), 23–25. [10.1080/10714839.2011.11722156](https://doi.org/10.1080/10714839.2011.11722156).
- Charmaz, K. (2005). Grounded theory in the 21st century. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (pp. 507–535). Thousand Oaks CA: SAGE.
- Cisneros, J. C. (2010). *Narcotráfico y género: La participación activa de la mujer en el negocio ilícito de las drogas en Sinaloa* Thesis to opt for the Bachelor's degree in International Studies. Autonomous University of Sinaloa, Faculty of International Studies and Public Policy.
- Cruz, S. L., Rivera-García, M. T., & Woodward, J. J. (2014). Review of toluene action: Clinical evidence, animal studies and molecular targets. *Journal of Drug and Alcohol Research*, 3, 1–15. [10.4303/jdar/235840](https://doi.org/10.4303/jdar/235840).
- Dell, C. A., Gust, S. W., & MacLean, S. (2011). Global issues in volatile substance misuse. *Substance Use & Misuse*, 46(Suppl. 1), 1–7. [10.3109/10826084.2011.580169](https://doi.org/10.3109/10826084.2011.580169).
- Duff, C. (2008). The pleasure in context. *International Journal of Drug Policy*, 19, 384–392. [10.1016/j.drugpo.2007.07.003](https://doi.org/10.1016/j.drugpo.2007.07.003).
- Duncan, J. R., & Lawrence, A. J. (2013). Conventional concepts and new perspectives for understanding the addictive properties of inhalants. *Journal of Pharmacological Sciences*, 122(4), 237–243. [10.1254/jphs.13R04CP](https://doi.org/10.1254/jphs.13R04CP).
- Dunlap, E., Bruce, D. J., & Maher, L. (1997). Female crack sellers in New York City: Who they are and what they do. In *Women Criminal Justice*: 8 (pp. 25–55).
- European Monitoring Centre for Drugs and Drug Addiction (2010). Volatile substances. Retrieved 15 April 2020. <http://www.emcdda.europa.eu/publications/Drug-profiles/volatile>.
- Gigengack, R. (2014a). The chemo and mona: Inhalants, devolution and street youth in Mexico City. *International Journal of Drug Policy*, 25(1), 61–70. [10.1016/j.drugpo.2013.08.001](https://doi.org/10.1016/j.drugpo.2013.08.001).
- Gigengack, R. (2014b). "My body breaks. I take solution." Inhalant use in Delhi as pleasure seeking at a cost. *International Journal of Drug Policy*, 25(4) 810–810. [10.1016/j.drugpo.2014.06.003](https://doi.org/10.1016/j.drugpo.2014.06.003).
- Herrmann, E., & Tomasello, M. (2006). Apes' and children's understanding of cooperative and competitive motives in a communicative situation. *Developmental Science*, 9(5), 518–529. [10.1111/j.1467-7687.2006.00519.x](https://doi.org/10.1111/j.1467-7687.2006.00519.x).
- Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Instituto Nacional de Salud Pública, Comisión Nacional Contra las Adicciones, Secretaría de Salud. (2017). *Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco: Reporte de Drogas (ENCODAT)*. México: INPRFM.
- Lomnitz, L. (1975). *¿Cómo sobreviven los marginados?*. México: Siglo XXI.
- Marcus, G. E. (1995). *Techno-Scientific imaginaries. Cultural studies for the end of the century*. Chicago: Univ. Chicago Press.
- Martínez-Vélez, N. A., Sánchez-Hernández, G. Y., Vázquez-Pérez, L., & Tiburcio-Sainz, M. A. (2016). Las aportaciones de 40 años de investigación epidemiológica en México sobre consumo de solventes inhalables. *Salud Mental*, 39(2), 85–97. [10.17711/SM.0185-3325.2016.005](https://doi.org/10.17711/SM.0185-3325.2016.005).
- Ortiz, A., Domínguez, M. J., & Palomares, G. (2015). El consumo de solventes inhalables en la festividad de San Judas Tadeo. *Salud Mental*, 38(6), 427–432. [10.17711/sm.0185-3325.2015.057](https://doi.org/10.17711/sm.0185-3325.2015.057).
- Ortiz, A., Domínguez, M. J., Palomares, G., & Medina-Mora, M. E. (2017). Activo distribution and paraphernalia among street children. *Salud Mental*, 40(4), 165–170. [10.17711/sm.0185-3325.2017.021](https://doi.org/10.17711/sm.0185-3325.2017.021).
- Paredes, L. (2018). *Libertad en tolueno. Una experiencia de nacer, crecer, vivir y sobrevivir en la calle* Thesis to obtain a master's degree in Physical Anthropology. Mexico: National School of Anthropology and History.
- Ruiz-Tresgallo, S. (2017). Jefa de jefes: Construcciones hegemónicas del género y el narcotráfico en el narcocorrido "La Reina del Sur" de los Tigres del Norte. *Religación. Revista de Ciencias Sociales y Humanidades*, 8(5), 163–176.
- Terán-Pérez, G., Arana, Y., Paredes, L., Atilano-Barbosa, D., Velázquez-Moctezuma, J., & Mercadillo, R. E. (2020). Diverse sleep patterns, psychiatric disorders, and perceived stress in inhalants users living on the streets of Mexico City. *Sleep Health*, 6(2), 192–196. [10.1016/j.sleh.2019.11.005](https://doi.org/10.1016/j.sleh.2019.11.005).
- Vega, L., Gutiérrez, R., Rodríguez, E. M., & Fuentes de Iturbe, P. (2015). El consumo de inhalables en las prácticas de socialidad de dos grupos de estudiantes de secundarias públicas. *Salud Mental*, 38(6), 417–425. [10.17711/sm.0185-3325.2015.056](https://doi.org/10.17711/sm.0185-3325.2015.056).
- Villatoro, J. A., Cruz, S. L., Ortiz, A., & Medina-Mora, M. E. (2011). Volatile substance misuse in Mexico: Correlates and trends. *Substance Use & Misuse*, 46(sup1), 40–45. [10.3109/10826084.2011.580205](https://doi.org/10.3109/10826084.2011.580205).
- Zamudio, C. (2007). *Las redes del narcomenudeo. Cómo se reproducen el consumo y el comercio de drogas ilícitas entre jóvenes de barrios marginados* Thesis to opt for the Bachelor's degree in Ethnology. Mexico: National School of Anthropology and History.