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The Context of *Activo* Consumption in People without Homes

José Arturo Rodolfo Ortiz Castro,[1] Mario Joaquín Domínguez García,[1] Berenice Fragoso Sánchez,[2] Paulina Soberanes-Chávez[3]

[1] Dirección de Investigaciones Epidemiológicas y Psicosociales, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Ciudad de México, México.

[2] Centro Comunitario de Salud Mental y Adicciones Los Reyes La Paz, La Magdalena Atlipac (CECOSAMA), Estado de México, México.

[3] Dirección de Investigaciones en Neurociencias, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Ciudad de México, México.

Correspondence:
Mario Joaquín Domínguez García
Dirección de Investigaciones Epidemiológicas y Psicosociales, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz. Calz. México-Xochimilco 101, San Lorenzo Huipulco, Tlalpan, 14370, Ciudad de México, México.
Teléfono: (55) 4160-5157
Correo electrónico: mariodom@inprf.gob.mx

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ABSTRACT

Introduction. The use of the industrial solvent *activo* as a psychoactive substance is prevalent among people without homes. By the 80s and 90s, its use had already spread to the middle classes, and it soon became the substance of choice of young people aged 12 to 18. In the late 1990s, it became the second most commonly used substance among this age group, with the highest use observed in Mexico City's Historic Center. **Objective**. Describe the contexts and practices of *activo* consumption and analyze its role in the everyday life of the population under study. **Method.** We used two procedures to conduct the research, meeting places and snowball sampling, and various ethnographic techniques such as non-participant and participant observation, social mapping, and immersion in the various group spaces. **Results.** Incorporating *activo* into one's daily routine has been identified as a crucial strategy for surviving on the street. It allows better social interaction between the person using it and other social agents, enabling them to cope with their physical and emotional instability. **Discussion and conclusion.** Engaging in *activo* use can enhance individual and group identity, while serving as an intervention tool designed to identify feelings, help people set life goals and ultimately transition away from life on the street. It is important to note that using *activo* can produce pleasant sensations, which can lead individuals to prolong their presence on the street.

Keywords: Solvents, inhalants, poverty, people without homes, Mexico City.

RESUMEN

Introducción. El *"activo"* es un solvente industrial y es de las sustancias psicoactivas más utilizadas por la población en situación de calle. Entre los años 80 y 90 su uso ya se había extendido a la clase media y pronto se volvió la sustancia de preferencia entre los jóvenes de 12 a 18 años. A finales de la década de 1990 se convirtió en la segunda sustancia más consumida en este grupo de edad y algunos de los grupos que más consumen el *"activo"*, se ubican en el Centro Histórico de la Ciudad de México**. Objetivo.** Describir los contextos y prácticas del consumo de *"activo"* y su importancia en la vida cotidiana de la población que vive en situación de calle. **Método.** "Lugares de reunión" y "bola de nieve" y técnicas etnográficas: observación no participante y participante, mapeo social y la inmersión en los diferentes espacios de los grupos. **Resultados.** El uso de *"activo"* forma parte de las estrategias para permanecer en la calle, les facilita la interacción social entre ellos y con otros agentes sociales, así como hacerle frente a la precariedad de su situación física y emocional. **Discusión y conclusión.** El consumo de *"activo"* fortalece la identidad individual y con su grupo, y se vuelve una herramienta para la intervención orientada a identificar sentimientos, desarrollar metas de vida y dejar la calle. Es necesario reconocer que dicho consumo les proporciona sensaciones que les atraen y les permite permanecer en la calle.

Palabras clave: Disolventes, Inhalación, Pobreza, Personas en Situación de Calle, Ciudad de México.

INTRODUCTION

Inhalant misuse and abuse have been prevalent in Mexico City since the 50s (Brailowsky, 2002). Those who use inhalants tend to be marginalized people living on the streets, which is why it has been called the "poor man's drug" (Pérez, 2003). Users also include middle-class people, particularly middle and high school students (Vega et al., 2015). It is important to note that the demographic known to engage in the greatest use of inhalants is people without homes. This group encompasses a range of ages, including children, adolescents, young adults, and adults. These people often spend their evenings in abandoned properties, vacant lots, or houses, resorting to various means of earning money, such as windshield cleaning, fire-eating, clown performances, and panhandling (Ortiz-Castro et al., 2015, 2017).

In the past, common inhalants included thinner, Resistol 5000, and bike tube patch glue, FZ10 being the best known (Domínguez, 2000; Gutiérrez et al., 1995). In the 90s, people shifted from using solvents and glue to *activo*, an industrial solvent based on toluene, commonly used for cleaning PVC pipes and tanning hide. It is a readily available substance, which has led to its widespread use by adolescents and young adults aged 12 to 18.

For several years, it has been one of the most widely used inhalants among this population, second only to marijuana (Villatoro-Velázquez et al., 2016), sparking interest in its study (Aguilera et al., 2004; Lara et al., 2003), since it is considered a serious public health problem, particularly in Mexico City. However, the use of *activo* among people without homes has failed to elicit the same degree of interest. For some years now, this research group has therefore made it a priority to draw attention to this topic within pending public health issues.

The term "street children" refers to boys and girls who begin living on the streets from an early age (Espinosa, 2005). They live in clusters in various parts of the city, engaging in activities in the informal economy, drug use, and sometimes the sale of *activo* and other substances.

In addition to the precarious conditions in which they live, inhaling *activo* damages their physical and mental health. At a somatic level, it damages the kidneys and bone marrow, weakening the immune system (National Institute of Drug Abuse, 2017), sometimes causing genetic damage. Regarding mental health, it impairs memory, attention, concentration, analysis, synthesis, and sequence tracking, eventually causing hallucinations and delusions and reducing impulse control, while limiting the ability to set long-term goals (Cruz, 201). Certain users have low risk perception.

Mexican laws regulate the production, carrying, and use of *activo* in the industrial sphere, given that it is not manufactured for use in human beings. Although sales to minors are prohibited and incur administrative sanctions, no public policies target this user population. This is a matter of concern since its production and distribution have increased, and it is now available at *narcotiendas* (small stores that also sell drugs) together with other illegal substances (Domínguez, 2000, Ortiz-Castro et al., 2017). *Activo* is not classified as a conventional drug. However, it is sought after by certain individuals because of its relaxing, hallucinatory, disinhibitory, and analgesic properties, which can provide physical and emotional relief (Cruz &Domínguez, 2011).

The use of *activo* also contributes to a sense of belonging in street spaces (Gutiérrez et al., 1993). It helps alleviate the unpleasant feelings arising from the problems driving people in extreme poverty to live on the streets (Domínguez, 2019; Ortiz-Castro et al., 2017).

Objective

Describe the contexts and practices of *activo* consumption and analyze its role in the everyday life of the population under study.

METHOD

This work uses grounded theory as a methodological strategy, as it allows us to actively build knowledge through the interrelation between the phases of research, including the simultaneous collection, coding and analysis of data. It is present throughout the research process, from the development of the protocol to the qualitative analysis of research results (Natera et al., 1999; Natera & Tiburcio, 1999, 2003). This approach allows the modification and enrichment of the theory based on the researcher's observations and findings when working with the study populations (Charmaz, 2004).

This study used an adapted version of the meeting places and snowball sampling methods (Kaplan et al., 1987) originally designed by (Shoemaker, 1978). To adapt it to the Mexican population (Ortiz-Castro, 1979) further modified the method, the outcomes of which have been documented in other articles (Ortiz-Castro et al., 2015, 2017). This study adopted an interpretative methodology through the allocation of dedicated time to engage with users and dealers on multiple occasions, at varying intervals, to gain comprehensive insights into their perspectives and experiences. This development has enabled the comprehension and interpretation of a specific reality, irrespective of cause-and-effect relationships (Ortiz-Castro, 1979).

Ethnographic techniques, such as non-participant and participant observation, social mapping, and immersion in the spaces occupied by groups of children without homes have also been used. The process of immersing oneself in a community requires the researcher to coexist with its members while demonstrating sensitivity, discernment, and the capacity to establish initial contact. The interviews were conducted by experienced researchers, Ortiz-Castro and Domínguez-García, who holds doctorates in their respective

fields (psychoanalysis and anthropology). The study adhered to the consolidated criteria for reporting qualitative research, known as COREQ.

Data collection

The study of the interaction dynamics and *activo* use practices of the user groups was conducted from 2011 to 2019 by gaining access to their spaces. To this end, the area was visited twice a week at various times for several hours. The study area was delineated, and we identified general aspects of *activo* use, the spaces where these activities take place, and drug-related paraphernalia.

Access was sought to both unqualified and qualified informants. The former refers to people who move around the area and are aware of their activities. The latter, known as gatekeepers, are individuals who, due to their formal role in the area, have earned the trust of the community and are more likely to be knowledgeable about *activo* solvent use practices. In addition to immersing themselves in the community, researchers must coexist with the users, requiring sensitivity, judgment, and skill to make initial contact.

The leaders of each group granted the researchers permission to stay and interact with the users, and verbal consent was obtained from all users who were not minors. Accompanied by gatekeepers, who are part of the community, the researchers earned the trust of the population. This trust was key to opening spaces and understanding the everyday life, practices, and other activities related to substance use. The individuals involved in the interaction engaged in face-to-face meetings.

Study population

The study conducted in downtown Mexico City involved the participation of 960 individuals, distributed among twenty-eight groups in twenty-eight different locations. Group sizes varied from three to four to over fifty people, with a ratio of ten men to three women. Participants' ages ranged from 18 to 60 years, with a total of 672 men and 288 women.

Analytical process

After clarifying the study objectives and ensuring voluntary participation, the researchers used the Nvivo program to analyze the interview transcriptions. Anonymity and confidentiality were assured to all participants throughout the research proceedings.

Ethical considerations

The study was approved by the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz (INPRFM) ethics committee, with approval number CONBIOÉTICA-09-CEI-010-20170316.

RESULTS

Activo users on the street

Street groups residing in the historic center of Mexico City are the highest *activo* users in the country. These groups are primarily located in the vicinity of the Church of San Hipólito, Tepito, and the Monument to the Revolution, encompassing an area of approximately nine square kilometers. Although most of them are no longer young, the term "street children" is a useful analytical category for studying drug use and other social problems. It is common for individuals to self-identify as "street children," given the historical and social incorporation of the term into their way of life. However, the average age of these individuals is twenty-five (Figure 1A).

People without homes also work on the street. They sleep in public spaces such as empty lots, abandoned buildings, subway stations, and small informal shops. They do odd jobs such as helping with informal businesses, selling cheap items on the street, cleaning windshields, juggling at traffic lights, and panhandling (Figure 1A).

They use *activo* to survive the day. It helps them kill time, alleviate hunger and pain, socialize and feel relaxed. *Activo* enables them to remain on the street as it helps them interact with other people and cope with the challenges of their situation (Figure 1B).

People in this group often wear ill-fitting hand-me-downs that may not be regularly washed because of their limited resources. When they can afford to, they wash in public restrooms or motels. Their language is often street slang, which may initially be impenetrable to outsiders. However, closer examination reveals that there are differences among them, and that there is a hierarchy of roles based on their involvement in the use and sale of *activo*. The group leader, *activo* sellers, regular members, and outsiders or satellites each have their own distinct practices and positions within the group. This description was previously published in (Ortiz-Castro et al., 2017).

Use contexts

There are an estimated 3,000 to 5,000 people without homes who are *activo* users in downtown Mexico City. However, there is no up-to-date record of this population, whose visibility depends on various factors such as the weather and social and cultural conditions (Figure 2).

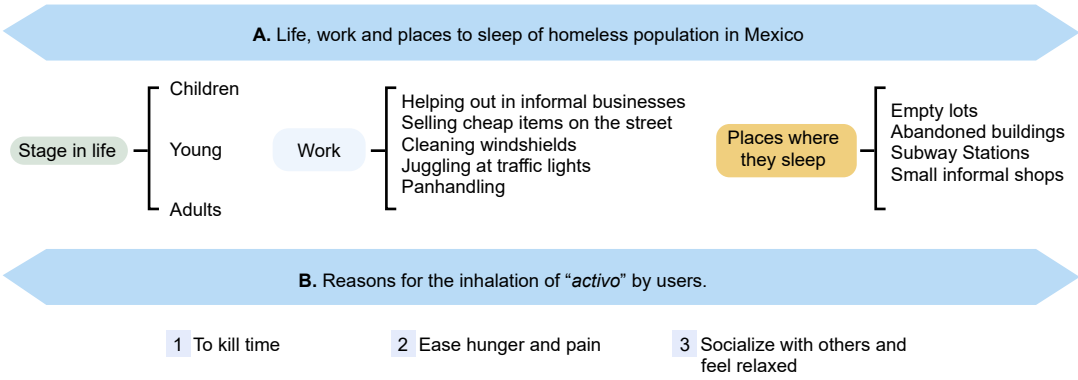

Figure 1. Illustrates the characteristics of *activo* users without homes, depicting their life stages from childhood, through adolescence, and into adulthood. Additionally, it provides information about their places of work and sleep (Panel A), as well as the primary reasons for the inhalation of *activo* among users (Panel B). Created with BioRender.

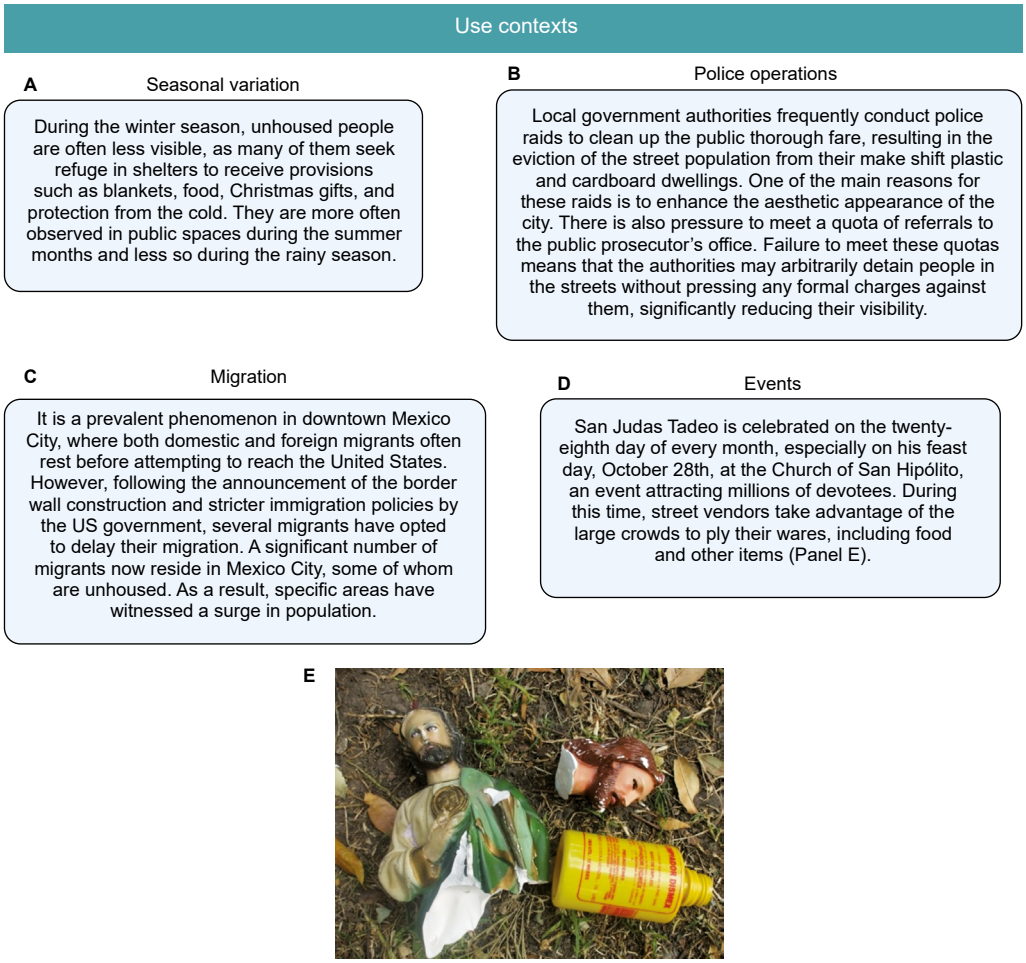

Figure 2. The *activo* users' context is represented through detailed descriptions associated with seasonal variations (Panel A), police operations (Panel B), migration (Panel C), and events (Panel D and E). Panel E represents the photograph symbolizing the link between *activo* use and the devotion to Saint Jude Thaddeus, a saint popular among adolescents who is associated with difficult, desperate causes. Photograph by Eduardo Zafra. Created with BioRender.

Table 1
Activo forms used in Mexico, including general characteristics, containers, and cost

Name	*Description or Characteristics*	*Container and volume*	*Cost*
mona or monita	Piece of paper soaked in *activo*	Paper or cloths	5 pesos (.30 USD).
charco or charquito	Plastic bottle containing a small amount of *activo*	250-milliliter plastic bottle containing 50 milliliters of *activo*	10 pesos (.60 USD).
mamila	Plastic bottle containing the substance	250-milliliter plastic bottle, filled with *activo*	Between fifteen and twenty pesos (.90 USD to $1.20 USD).

The substance and the paraphernalia

Activo is an industrial solvent consisting mainly of toluene. It is the substance most frequently used by people without homes in the Historic Center of Mexico City, who also use marijuana, crack, and alcohol. *Activo* is sold and used in various forms, including soaked papers or absorbent cloths called *monas** or *charcos*† as well as *mamilas*‡ (See Table 1 for a comprehensive description).

In situations where individuals experience harassment from law enforcement officials, they tend to conceal *activo* in various forms, such as *monas*, *charcos,* and *mamilas.* These forms of *activo* are highly prized as they are rarely shared. Users often conceal them in their clothing, such as pants, bras, jackets, or sweatshirts.

> User 1. "Since I'm a street kid, I like designer clothes and sneakers, that's where I like to keep my *mona*."

Some users hide their *mamilas* or *charcos* in places that do not arouse suspicion, such as under stones or loose pieces of sidewalk, in garbage, under abandoned cars, in flowerbeds, between trees and bushes, or in holes in streetlamps. They retrieve them when they go to sleep, to prevent theft by others users or the police.

Inhalant use ractices

Children can initiate inhalant use around the age of six or seven, and even earlier in some cases, such as during gestation. It has been observed that those who become homeless often resort to inhalant consumption as a coping mechanism. According to firsthand accounts and observations, individuals tend to inhale *activo* over a period of several weeks or months. They begin inhaling sporadically until they do so every day. Nine out of ten users are estimated to have been using for four or more years, some for over ten years and a few have been doing so for over thirty years.

> User 2: "For two or three months, I smelled *activo* and I liked the smell, and I put it on again and started doing it again. Because I like the smell... to let off steam, it makes me forget, forget everything that has happened to me, and realize that my life is better now."

User profiles depend on whether a person's drug use is moderate, intense, or regulated. The first group includes those who have recently begun using the product, while the second consists of those who have been using it for more than four years. The third group includes long-term users who have learned to regulate their use over time, either by reducing it or quitting. Although most users begin inhaling solvents sporadically, they eventually establish a daily routine. Our estimates indicate that nine out of ten users have been inhaling *activo* for at least four years. Some have been using it for over a decade, while a few have been using it for over three decades. People engaged in the sale of inhalants may choose to minimize their inhalant use or abstain from it altogether to avoid experiencing its effects.

> User 3: "Starting to change my mentality was what helped me a lot… to see the things that were happening. Many people who continued taking drugs who were still on the streets later died in their sleep, so I realized death was a consequence."

An average user typically consumes one to one and a half liters of *activo* a day: 20 to 30 *monas*. The amount of *activo* in a *mona* averages around 30 milliliters and is known as a "well-wetted *mona.*" The effect of this type of *mona* can last anywhere from thirty minutes to an hour. It is important to note that although some individuals may experience this immediately, others may take up to fifteen minutes to feel its effects.

Estimating the amount of drug inhaled by each user is a challenge as *activo* tends to evaporate on contact with air. The duration of its effects therefore depends on the extent of exposure to the surrounding environment. Furthermore, the inhalation patterns of a user may vary, with some holding the containers close to their noses for extended periods while others may transition from deep to shallower inhalations as they become more intoxicated.

It is common for users to carry their *monas* with them throughout the day, regardless of whether it is still saturated

* Mona. The most popular object and way of consuming *activo*. It is a piece of paper or cloth, such as a napkin, toilet paper, gauze, cotton or wet rag, held in the palm of the hand and placed over the nose or mouth or both to inhale.
† Charco. A PET bottle, containing 200 milliliters of *activo*, from which four to five *monas* are obtained per bottle.
‡ Mamila: A 125-milliliter plastic bottle, costing between 15 and 20 pesos.

with *activo*. This is partly because inhaling *activo* enabling them to remain on the street because they have become addicted to it, and having it, even if it is dry, reduces their anxiety because they have it ready for inhaling when they buy a *charco.*

> User 4: "My life is *monas*... for the gang, their whole life is the *mona*... you live and "*you inhale from monas,*" dude, from a young age... that is why you don't lend it to anyone... or give it away... it is mine and that is why I take care of it, so it lasts a long time."

> User 5: "I think that the *mona* makes it easier for you to talk and be really cool… here… with your girl … you love her, you take care of her… (referring to both the *mona* and the girlfriend)."

Over the past four years (2015-2019), drug use practices in downtown Mexico City have undergone significant changes. Although *activo* is still used, it is no longer the sole item on their list of drugs. In the past, only one group was observed to use other drugs. However, other groups are using marijuana, crack, crystal, and clonazepam alone or in combination with *activo* or cheap alcohol called Tonayán available for twenty-five pesos ($1.50 USD) at convenience stores. The use of *activo* and its combination with other drugs is sporadic. Only a few regularly use these drugs, with the majority continuing to use *activo* daily.

Types and times of use

Although many users inhale *activo* through the nose, some users prefer to inhale it simultaneously through the nose and mouth, claiming that this provides a more pleasant experience. Moreover, some users mention satisfaction with the experience, saying "It's better that way, you can feel it more." For example, when it is nearly dry, some people clench it between their teeth while inhaling slowly and deeply "to make the most of every last bit." This may result in them unintentionally swallowing it in fragments, as the paper disintegrates. Alternatively, they may inhale directly from the bottle or can.

Contrary to popular belief, people do not inhale *activo* all day and instead follow a schedule. They sleep during the morning since they fall asleep at dawn. Around noon, they wake up and go out to look for something to eat at eateries, where they are sometimes given free food. After they eat something, they usually start inhaling, although the process is intermittent, because they need to earn money.

> User 6: "At night, I take people water, they give me money, at juice stands, *carnitas* (fried pork cubes) stands, chicken stands… and busk in the subway… I earn money, but honestly, not by stealing. They give me food and sometimes I need to earn money to buy it."

In the afternoons, as they live with other members, they engage in recreational activities such as soccer, cards, and board games in addition to their income-generating pursuits.

It has been observed that people tend to use larger amounts, either alone or in groups, at night. This is mainly due to their lower levels of activity and fewer pedestrians and local law enforcement officers on the streets. *Activo* provides an additional benefit of protecting users from the cold, since their sleeping areas are built from materials such as canvas, plastic, or cardboard.

Particularly in winter, if users are not in a group and sleep outdoors, they are liable to die of hypothermia. At that time of the year, people tend to use *activo* in larger amounts, sometimes up to 1.5 liters per day. Daniel says, "We want to be happy and blot out these feelings…" meaning cold, sadness and loneliness. At times of crisis or following traumatic events, it is not uncommon for people to experience suicidal ideation. For example, those who have tested positive for the human immunodeficiency virus (HIV) may experience these feelings. In these situations, it is crucial to seek professional help and support.

Many individuals struggling with substance use have an intermittent pattern of use, characterized by alternating periods of high or low consumption, and abstinence. These periods can occur within the same day or extend for several weeks. In some cases, individuals can temporarily suspend their substance use and seek help by entering a toxicological clinic, known as "*the toxi*." Others may seek admission to government-run treatment centers, which require a minimum of three months' stay. Despite these efforts, voluntary discharge from treatment facilities is not uncommon, meaning that individuals resume their previous patterns of substance use, since they struggle to maintain complete abstinence.

In the event of acute poisoning, it is advisable to temporarily discontinue the use of a particular substance. This step is deemed necessary when poisoning produces an array of undesirable effects such as severe headaches, loss of appetite, and general weakness when moving or walking.

Quitting *activo* use remains challenging, as it can lead to a loss of social acceptance and even harassment from peers. Individuals who attempt to stop inhaling may face intimidation, threats, and in severe cases, physical attacks. This social pressure and fear of negative consequences can make it difficult for individuals to quit inhaling altogether.

During the fieldwork, we learned of one person who was burned with thinner while he was sleeping and another who was "stung" with a sharp object, or cut with a razor, which could have proved fatal.

Consequences of consumption

Individuals who exhibit symptoms of decreased reflexes, dizziness, and headaches may be using substances.

Although these symptoms tend to dissipate over time, the neurotoxic effects of prolonged abuse are known to produce severe neurological syndromes and brain damage (Figure 3).Individuals who continuously use *activo* tend to experience a progressive loss of visual, motor, and auditory functions. This is reflected in lethargic movements, excessive sleepiness, and a limited ability to recognize visual stimuli. In extreme cases, they can experience permanent sight loss (Figure 3).

The body can show damage such as dry skin on the hands and face that can become thicker, darker, irritated, and dull. The sense of smell can be impaired, making it hard to detect odors such as the smell of clothes, blankets, and living spaces. Other health issues include frequent respiratory tract infections, pneumonia, and digestive system problems, such as diarrhea. Some individuals have lost teeth due to fights, accidents, falls, malnutrition, and prolonged *activo* use (Figure 3).

Activo use causes spatio-temporal disorientation, and decreased perception of the acceleration, distance, and direction of moving objects. Consequently, *activo* users may walk without paying attention to their surroundings and be run over. They often have bruises and fractures that have either been left untreated or inadequately treated, with approximately one out of every twenty dying after being run over. Their perception of danger is significantly reduced, and blows do not hurt them because of the analgesic properties of *activo*. As a result, they can engage in combat for up to an hour, without experiencing any significant pain (Figure 3).

The neurological consequences of prolonged substance abuse are often irreversible. However, it is worth noting that the damage caused by *activo* use or inhaling solvents on the nervous system and other organs can be partially reversed on cessation of use.

Regarding *activo* use, we have observed a positive aspect in the emotional bond certain users form with their peer group. The group is perceived as a fundamental support system in their life, acting as a substitute for family members, together with the animals, particularly dogs, they keep as pets. Over the course of our time spent with the users (2011-2019), it has become clear that group membership and paradoxically, the use of *activo* constitute symbolic instruments enabling them to continue being homeless despite the precarious conditions and the physical, mental, and emotional deterioration this has caused them.

> User 7: "Only the gang understands us…not our parents or siblings …. This is why we are here... this is why the gang is our gang, dude... because "*they use monas*."

Despite their constant consumption of *activo*, users' ability to communicate intimately and express sensitivity to

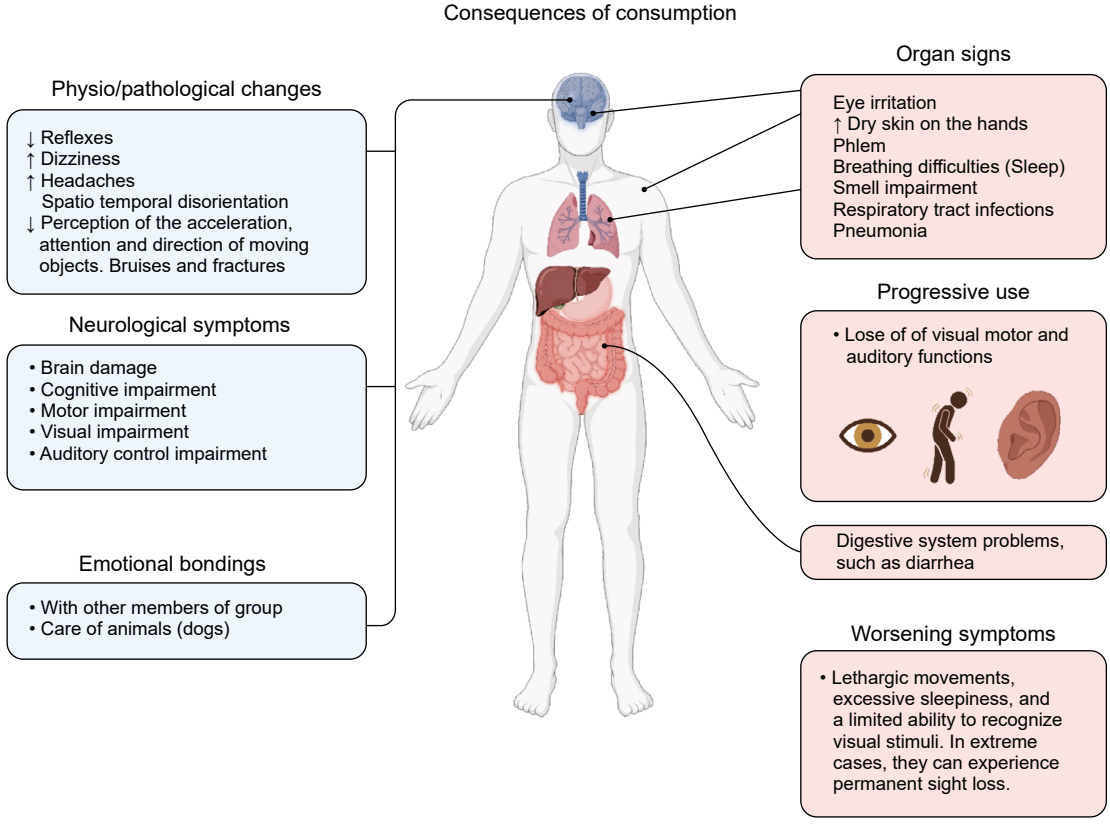

Figure 3. Clinical signs and consequences of *activo* consumption. Created with BioRender.

both personal and external misfortune remains unaffected. Those who use *activo* can reflect on their social reality and the adversities they cope with daily, such as stigma, discrimination, and violence because they are destitute, use drugs, and in some cases have HIV or different sexual preferences.

> User 8: "People don't understand us... or realize that we also feel... and have blood in our veins like them... it hurts that passersby don't even look at us."

Although *activo* use is just one of a host of problems they have, it is also the key to intervening in this social problem, without framing complete, permanent abstinence as the only solution. *Activo* use is one of several challenges requiring our attention. However, effectively intervening in this social phenomenon requires addressing the issue of excess use. It is important to note that there are alternative solutions for addressing a problem without insisting on complete or permanent abstinence as the only option.

Our team has observed that individuals attempting to "be clean" may experience relapses before achieving this. Despite their repeated attempts, they struggle to succeed in the context of the street. However, they are undeterred and continue to persist in their efforts. It is therefore essential to establish and implement intervention programs, even in cases where users fail to attain complete abstinence.

DISCUSSION AND CONCLUSIONS

It is important to acknowledge that the use of *activo*, like other psychoactive substances, poses a significant public health challenge. It is worth noting, however, that it is not simply a matter of use, and requires a comprehensive, nuanced approach to be effectively addressed. It is essential to remain mindful of the challenging contexts characterized by extreme poverty, violence, harassment, discrimination, and health issues such as malnutrition, HIV, Hepatitis C, and other sexually transmitted infections. Moreover, various physical and mental health problems such as blindness, bodily injuries, fractures, psychomotor damage, anxiety, depression, guilt, sadness, loneliness, and hopelessness are prevalent. Being homeless and inhaling makes people's lives even more precarious.

We have noticed that taking a break from their daily routines can provide an opportunity for people to attempt to overcome their addiction. To illustrate this, during their visit to obtain donated eyeglasses, some people reached out for assistance with detoxification and rehabilitation. Taking a temporary break from substances to undergo an eye examination and get new glasses can mark the start of a detoxification and rehabilitation process. This individualized experience can serve as a powerful incentive for individuals to demonstrate their capacity to abstain from substance use. For *activo* users without a home, it is essential to understand that although substance abuse can provide momentary relief from their struggles, in the long run, it exacerbates their situation.

Sharing the street with others who also eat, sleep, play, work, and use there creates a sense of connection and belonging to the community. This group provides love, support, and care for its members. Establishing a sense of belonging and loyalty is crucial for individuals to find their purpose in life. Sharing not only food but also experiences can provide people with the emotional strength to endure and overcome adversity, emotional and physical pain, as well as the challenges of hunger and cold. This condition is a crucial tool for emotional intervention. It facilitates the clarification of one's feelings and fosters the development of realistic goals, ultimately enabling individuals to transition away from street life.

The theoretical and methodological framework used for the study offers numerous pathways as there are no predetermined outcomes. Ethnography and grounded theory allowed us to conduct research in places that are difficult to access and have hidden populations, comprising people with no fixed abode, who conduct most of their activities on the street, do not wish to be located, conceal their drug use and have no interest in participating in studies. The researchers' interaction with the subjects was dynamic and occurred in real time, providing a unique opportunity for deeper insight into the issue. Flexible access and interaction strategies are essential to conducting research in volatile circumstances with unpredictable participants. It is worth noting that this type of research differs significantly from laboratory research, in which all participants are in the same place. However, the constant presence of the researchers in the area with the users enabled them to engage in in-depth observation and analyze the practices and patterns of behavior, the associated problems, and the aspects users find positive.

To enhance the quality of life of individuals struggling with homelessness and substance abuse, we propose the implementation of future interventions that will incorporate qualitative approaches in conjunction with epidemiological studies. This would require the involvement of specialists from various fields, such as psychology, medicine, anthropology, and social work, to work collaboratively. By working together, we could facilitate a smoother transition towards a better quality of life, providing individuals with the opportunity to overcome their addictions and the burden of homelessness. The issue of reintegration and social inclusion has always been a critical challenge, and we believe that by utilizing multi-disciplinary interventions, we could work towards a viable solution.

It is essential to note that the sale of inhalable solvents to minors is strictly prohibited. However, public policy does not restrict the storage, purchase, sale, or distribution of these solvents among adults. Furthermore, carrying inhalable

solvents does not incur sanctions. Although the sale of inhalable solvents is regulated and sanctioned, there are no repercussions for sellers and distributors breaching these regulations.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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