Mexican-American Intravenous Drug Users' Needle-Sharing Practices: Implications for AIDS Prevention

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INTRODUCTION

We were asked to provide a review of Mexican-American* intravenous (IV) drug use and needle-sharing behaviors, to identify potential influences promoting or deterring these practices, and to discuss how these practices have been impacted by the growing attention and concern with acquired immunodeficiency syndrome (AIDS). Thus, we began our efforts by focusing on these general topics:

(1) Reviewing the literature (Chaisson 1987; Cohen 1985; DiClemente and Boyer 1987; Feldman 1985; Watters et al. 1986) and exploring with a handful of experts their knowledge and understanding of Mexican-American IV drug use practices, particularly as it concerns needle sharing.

(2) Given the rising concern over AIDS, exploring and discussing with these experts their knowledge about changes in IV drug use practices and related health risk behaviors.

(3) Exploring and examining factors that contribute to the practice of needle sharing and potential measures to attenuate IV drug use among Hispanics.

*The terms "Mexican-American" and "Chicano" are recognized as having different meanings, but for purposes of this paper they will be used interchangeably.

The importance of examining this subpopulation is underscored by the fact that IV drug use constitutes a major health risk behavior among Mexican-American IV drug users. IV drug use and needle-sharing practices have been implicated in the spread of AIDS not only among IV drug users (Des Jarlais et al. 1985) but also their sexual partners and, perinatally, their children (Bakeman et al. 1986; Centers for Disease Control 1986; Rogers and Williams 1987; Samuel and Winkelstein, in press; Worth and Rodriguez 1987). It is also important to examine Mexican-American IV drug use because it is prevalent in many low-income Mexican-American communities. Another reason to examine this subpopulation is the widely held belief that "tecatos" (Mexican-American addicts), their networks and social world are resistant, if not unresponsive, to societal and community pressures and campaigns to eradicate, if not lessen, their influence.

BACKGROUND AND HISTORICAL CONTEXT

Since World War II, racial and ethnic minority substance abusers have drawn the attention and concern of many, not only from within the barrio, but also from without. By the 1950s, policy-makers, practitioners, and service providers began to draw attention to the problem of marijuana and heroin addiction among Mexican-American youth and young adults in the Southwest (Casavantes 1976; Morales 1984; Moore and Mata 1982).

Within a relatively short period of time, in most major southwestern inner city and port of entry barrios, one found that the social worlds of the "pelados" (youth and young adults who tend to "hang around" on street corners) had gained not only a strong foothold but had also spread to other communities in the Southwest. The social world of the pelado soon began to be typified by the emergence of three distinct social types in the barrio: the "vato loco" ("crazy dude"—not bound by street or societal norms), the "pinto" (ex-prisoner), and the "tecato" (addict). These important new character types began to compose a social hierarchy that action-oriented barrio youth would emulate.

Gradual involvements in local barrio street scenes served as initiating experiences and practicing grounds for a career with heroin. The move from the world of the pelado to the world of the tecato would entail an apprenticeship. The move from the role of observer to that of participant required knowing someone who already

had knowledge of how to "turn on," to "hustle," and to "cop." If one were "lucky," it would be a "veterano" (a tecato who has been around and knows the ropes). While each IV-drug-use scene would bear some localized traits, those into "la vida loca" (the addict lifestyle) soon came to share a common language and subculture that would serve them well across town, in prison, and throughout their spiral of addiction. By the 1950s, a full-blown tecato subculture could be observed in almost all major cities in the Southwest, with an argot and a lifestyle distinct from others in the barrio (Casavantes 1976).

By the late 1950s, attention began to focus on the spread of heroin use among adolescent Mexican-Americans, particularly those involved with gangs. While there was great concern, societal reactions were mostly punitive and resulted in large numbers of Chicanos being arrested and incarcerated in jails, forestry camps, or prisons. The incarceration of large numbers of Hispanics from diverse regions of the Nation had the unintended consequences of reinforcing and homogenizing both the pinto and the tecato subcultures (Casavantes 1976; Davidson 1970; Irwin 1970; Moore 1978; Moore and Long 1981). As novice Hispanic drug users entered these correctional settings, they encountered racially segmented and antagonistic drug user networks. Thus, the novice tecato became enmeshed with others who had shared in similar socializing experiences. In this milieu, individuals from many different localities began to share and exchange mutually reinforcing pinto/tecato perspectives, codes of conduct, conventions, and crime and drug use "technologies," and also reinforced sharing norms in such areas as food, clothing, jobs, information, and even drugs and sex (Davidson 1970; Irwin 1970; Bullington 1977).

Coinciding with the civil rights and mental health movements of the mid-1960s, societal responses to the drug problem began to be less coercive, less punitive, and more treatment oriented (Inciardi 1986). In this era, Mexican-American IV drug users' reliance on barrio-born and -maintained personal and social networks lessened in some ways. For example, Mexican-Americans in institutional and community drug abuse treatment programs commonly met nonbarrio drug users from diverse social, economic, racial, and ethnic backgrounds. These social experiences, in part, contributed materially to breaking the insularity of the tecato subculture and to the opening of the barrio drug scene to nonbarrio outsiders and vice versa.

To those who could read the signs, throughout the late 1960s and into the 1970s, the tecato subculture remained visible, secure, and firmly entrenched. Concurrently, a variety of distinct and competing drug scenes in the barrio were also flourishing. For example, "chavalos" (youth) were into the "sniffing thing" (inhalants); teens and young adults were into "pills" and "barbs" (amphetamines and barbiturates); and some "safados" (especially prone to risk taking) were using LSD, PCP, and amyl nitrite. For the truly innovative and trendy users, there was always a new "drug" to experience and take to the limit, e.g., cocaine, crack, smoking opium, and designer drugs (Crider et al. 1986). It bears mention that alcohol and marijuana remained universal staples of each of the drug scenes (Mata 1984; Mata 1986).

One could argue that, by the 1970s, both gangs and barrio drug use scenes were quasi-institutionalized (Moore 1978; Bullington 1977).

THE PROBLEM IN PERSPECTIVE

Official national, State, and local reports continually indicate that Mexican-Americans are overrepresented in narcotics arrests (Moore and Mata 1982; Aumann et al. 1972; Morales 1984), narcotics-related offenses (Irwin 1970), drug treatment rolls (National Institute on Drug Abuse 1982; National Institute on Drug Abuse 1986), and medical examiners' statistics (U.S. Department of Justice 1980).

Official national, State, and local reports have a number of serious limitations (Desmond and Maddux 1984). In most instances, ethnic identifiers remain key problems. In some reports and studies, the focus is on broad categories such as "Hispanics." Arrest, conviction, and imprisonment reports combine opiate use with cocaine use. Other reports fail to clearly differentiate users from nonusers who have been convicted for narcotics-related offenses or from convicted felons whose convictions are narcotics related.

Treatment data involving the five southwestern States do not provide data about all narcotics users in treatment. In fact, most reports generally reflect only those using publicly funded services and not private ones (Scott et al. 1973). Last, but more important, while these data do provide some sense of the incidence and prevalence of drug use and occasionally information about mode of drug administration and age and year of drug abuse onset (Ball and

Chambers 1970), there is little that one can glean from these data about needle-sharing practices and related topics.

Taking their lead from Chein et al.'s (1964) study *The Road to H: Narcotics, Delinquency and Social Policy,* several studies focused on Mexican-American heroin and other drug use in the late 1960s and early 1970s. One example is Redlinger's (1970) qualitative case study focused on drug-marketing and distribution patterns in San Antonio, TX. The work of Bullington et al. (1969) focused on heroin use and its consequences, particularly as it concerned treatment. This work was soon followed by Moore's (1978) examination of continuities and discontinuities in the drug use careers of barrio youth and young adults. These studies provide important firsthand accounts about major dimensions and themes of Mexican-American drug use, e.g., barrio contexts, careers in drugs, and barrio perspectives.

While these studies generated important data on and better understanding of heroin use in the barrio, they did not provide data focused on specific IV-drug-using behaviors such as learning to use and share injection equipment ("works," "fierros") or dealing with "malias" (opiate withdrawal syndrome) (Howard and Borger 1974). Studies of heroin relapse (Schasre 1966; Jorquez 1983; Jorquez 1984) and women and heroin in the barrio (Moore and Mata 1982) provided data and insights about IV-drug-using behaviors in the barrio. While these later studies did focus some attention on the problem of IV drug use ("turning on" and "getting down"), on tecatos' and their significant others' attitudes about the health consequences of IV drug use, and on the process of extrication from la vida loca, they provided little data about needle sharing and factors associated with health risks.

It is at this point that we saw the need to develop our own data sources. Although we began with knowledge and familiarity gained from our earlier studies, the need for additional data sources became readily apparent.

Our initial probes consisted of discussions and on-site visits with both IV drug users and service providers with whom we had pre-existing relationships. Responses to our original research questions concerning IV-drug-using behaviors and needle-sharing practices suggested that drug- and works-sharing practices of most Mexican-American IV drug users were not extensive, pervasive, and en-

trenched. For example, a Chicano former IV drug user with numerous contacts with the San Antonio, Austin, and Chicago IV-drug-using scenes held that almost all self-respecting and aware IV drug users now possess their own works. Another knowledgeable contact, in Phoenix, strongly argued that, while needle sharing occurred, it was not as serious a problem as it is in the East, in the Midwest, and on the west coast (as needles were relatively easy and cheap to obtain). If any needle sharing was going on, it would be among young, "mocoso" (wet nose) tecatos.

A Chicano former IV drug user, now working as a paraprofessional counselor, noted that needles were readily available in drug stores and that "aguajes" (shooting galleries) were a part of the past—more of a problem elsewhere than they were in the border communities of Texas and Arizona.

Our initial probes were developed from long-term users' information. It was soon clear that we were obtaining valid and relevant observations and insights about a segment of Mexican-American IV drug users but not one that extended to a wide range of actors and sets. From other sources, we soon became aware of, and interested in following leads about, the problem that new Chicano IV drug users were presenting at treatment programs. We found that it was easier to obtain needles and syringes in some southwestern States than in others. We also found that many Mexican-American IV drug users were still sharing their works or stashing their used "fierros" (IV drug works) and "algodones" (cottons) for "a rainy day" when they might find themselves short on their luck. There seemed to be conflicting and puzzling aspects to what we were learning about current IV drug use scenes among Chicanos. It is here that we began to develop separate and distinct information sources.

METHODOLOGY

When we asked our respondents about their past and current IV-drug-using experiences, they could not relate to the queries about needle sharing and works sharing as we had anticipated. However, when we explored their own drug use experiences, particularly in relation to the first time that they "turned on" or their "sharing of drugs," we found that we had struck a responsive chord. In exploring their initial IV drug use experience(s), they related that they had been "turned on" by others and had seen others "get off"

from the same "stuff" (heroin) and possibly the same "errres" or works.

Our initial exploratory efforts extended only to key experts and informants in major cities. As professionals and practitioners, they were knowledgeable of the Chicano heroin addict scenes in their respective cities. The cities included Wilmington, San Pedro, East Los Angeles, and Oakland (California); Denver (Colorado); Albuquerque (New Mexico); Phoenix and Tucson (Arizona); and El Paso, Houston, San Antonio, Harlingen, and Austin (Texas). In these inquiries, we learned of the pervasiveness of Mexican-American IV drug use. To supplement these data, we also conducted ad hoc telephone interviews with our Mexican-American drug abuse treatment personnel contacts in the communities mentioned above and with others.

Given our limited research resources, we focused our efforts on three major urban regions in Texas and two in Arizona. We did this because we saw an opportunity to gather data where syringes are relatively easy to obtain legally rather than in States where this is not the case (such as California and Colorado), and, also, because these are regions where heroin use among Chicanos is well established.

Since there was some indication that drug users were no longer primarily tied to barrio-born and -maintained social networks and that some IV drug users were involved in other drug scenes, we focused some attention on the nature of IV-drug-using networks outside the barrio. We looked for a range of experiences common to addicts in our respondents' drug-using social networks. We also wanted to explore the continuities and discontinuities (i.e., starting and ending drug use "runs") in their drug use patterns and explore factors that promote or deter barrio IV drug users' needle- or works-sharing practices. The saliency and representativeness of the data were cross-checked with other data sources.

We chose to develop four distinct data sources and frames of reference focusing on a major IV drug use scene in each of the five cities. The first data source involved key medical, counselling, and substance abuse treatment personnel who had been identified as being most knowledgeable about IV drug use in their respective target areas or communities. A second source of data involved individual and group discussions with IV drug users who were in treatment or

a related institutional setting. The third source of data involved interviews and discussions with police narcotics officers who were identified as being the most knowledgeable about the IV drug use scene in the barrio(s). The final source of data involved individual interviews with active IV drug users at large in the community and not in treatment.

An ethnographic interview guide was used to gather data from respondents known to have information relevant to IV drug use. Some respondents were interviewed singly and others, in groups. The interview settings included such places as job sites, youth programs, drug abuse treatment programs, jails, barrio streets, barrio porches, and parks. While some interviews were conducted in English, many respondents were interviewed in a mixture of Spanish and English, and sometimes Mexican-American street argot ("calo") was used.

IV DRUG USE IN THE BARRIO

One of the first observations that we would like to make is that Mexican-American IV drug use scenes are currently flourishing throughout the Southwest. We found that IV heroin use is found not only in the expected Mexican-U.S. border towns and larger inner city barrios of such places as East Los Angeles, Phoenix, Albuquerque, El Paso, and San Antonio, but also in many smaller cities, towns, and rural villages where barrios exist. For the last 10 to 20 years, there have been growing indications that tecatos were becoming a part of most barrios, regardless of their size. While heroin use is widespread, our information suggests that Southwest Mexican-Americans are using it at levels that are relatively affordable and not likely to require extremes of crime to maintain the habit (10- to 20-dollar-a-day habits). A common observation was that Mexican heroin is available and cheap, especially for Mexican-Americans with Mexican connections.

A second observation is that, in many Southwest barrios, various drug use scenes exist. In large part, they tend to remain age-graded phenomena but generally evolve and coexist with each other. Eventually, they may come to draw upon distinct segments of the larger community. Each of these scenes requires different identities, attachments, skills, commitments, and personal/social investments.

The important distinction to be drawn here concerns the varying degree of insularity that these different drug use scenes exhibit with respect to racial and ethnic composition. Mexican-American drug users' social networks range from being barrio oriented, completely insular, localized, and virtually impermeable to outsiders (as in "gangs"), to being open to interethnic and intercommunity drug use networks. For the most part, we found that Mexican-American IV drug use scenes located in well-defined, insular barrios were more localized and more socially cohesive. By contrast, we also found drug user networks (especially on city fringes where there is racial and ethnic mixing) where Mexican-Americans were highly involved but were less influential concerning such things as dress codes, lifestyles, and drug use preferences and patterns. As one drug abuse counselor reported, there are tecatos who "hang around" with Anglos and blacks. Their concern is not with whom they associate but that they "score and get well."

A third observation from our study is that polydrug use is more typical than it once was. While drug users may have a particular preference for a given drug, it is not uncommon for them to switch from drug to drug depending on circumstances and opportunities. In most Southwest locales, it was suggested that cocaine, alcohol, and marijuana were regarded as barrio staples. Most respondents mentioned that cocaine for snorting and injecting and for "speedballing" with heroin is currently "very" popular among barrio Mexican-Americans and undocumented Mexicans. Among youth and young adults, PCP, crack, LSD, and inhalants were sometimes mentioned as being problematic in some, but not all, barrio communities. The more important suggestion here is that Mexican-Americans' IV drug use is extending to substances other than heroin, yet IV drug use still remains heroin dominant.

A fourth observation concerns the role of personal social support networks for both barrio and nonbarrio drug users. While recognizing that different drug use scenes now exist and different barrio orientations also exist, we discovered that, among drug users, there was a continuing reliance on personal social support networks for learning to use drugs, obtaining drugs, and avoiding arrest; for information and resource exchanges; and for coping with the exigencies of illicit drug use.

This particular observation has important implications for understanding factors which promote the sharing of drugs, works,

information, and resources. These personal social support systems or networks could be utilized, once better understood, to introduce new behavioral norms conducive to dealing with communicable diseases.

A fifth observation concerns the difference between controlled and less controlled users. We found that controlled IV drug users tended to be older and more experienced. They tended to use various precautions, e.g., less frequent drug use and less drugs used, and they were more careful about who they shared their drugs and IV injection works with. They also were more likely to be involved with other users of a similar cautious orientation; to know each other more intimately and for some period of time; and to be less prone to high-risk escapades. By contrast, novices, "hardheads," "gutter hypes" ("cucarachas"), and "burnouts" were drug users who were reported to be careless (regarding police surveillance, using "dirty" works, or being "burnt" and "ripped off") and more concerned with getting loaded. The key implication we would like to draw attention to concerns the need to explore and understand the process by which users move from being less controlled to more controlled.

The sixth major observation in our study involves IV drug users' awareness of health risk factors. It appears that controlled users have grasped the potential for contracting illnesses such as hepatitis and, more recently, AIDS. Learning what factors or experiences lend themselves to the internalization of this health awareness is beyond the scope of our preliminary research efforts. We found evidence that controlled users are concerned and are taking some measures to reduce their health risks. Among less controlled users, we found that there was also an awareness of the many serious consequences of shooting up drugs, but there was little evidence to suggest that they had internalized the seriousness of communicable diseases related to IV drug use.

In discussing with Chicano addicts their knowledge of AIDS, we found that almost all had some level of awareness. However, among most novice heroin users and "hardheads," we found strong tendencies to deny or minimize the AIDS threat. Within this group, there were expressions that AIDS was a white, gay male disease affecting areas of the country far away from their backyards. For both controlled and less controlled users, the topic of safer sexual practices was much more difficult to raise and fully discuss.

Most clinicians and more "open-minded" tecatos suggested that initial efforts and contacts with high-risk individuals be on a one-to-one basis; at the same time, both saw a great need for community outreach efforts that are culturally relevant and sensitive.

With respect to awareness of health risks, we were warned that the current AIDS situation is an opportunity for harmful myths and ineffective or dangerous behavioral adjustments to enter the IV-drug-using world. For example, our attention was drawn to the fact that tecatos commonly treat opiate overdoses by placing the victim in cold water, packing ice around the genitals, and injecting substances like salt, coffee, or milk into the victim's veins. It was also suggested to us that immediate measures to introduce legitimate medical information could arrest the institutionalization of dangerous myths and practices concerning IV drug use and AIDS.

A seventh observation concerns IV drug use and alternative sexual preferences. We found that Mexican-American gay and lesbian worlds have existed for some time. While Chicano homosexual worlds exist in larger urban communities, such as Los Angeles, Houston, and Phoenix, and even in the larger border communities, in virtually all these places, homosexuality remains a strong taboo, a denigrated and depreciated lifestyle. Unlike the tecato subculture, Chicano gay and lesbian social scenes were usually outside the view and influence of their barrios. Most of our contacts (IV drug users and experts knowledgeable about both scenes) remarked on how distant the IV drug use and gay worlds remained from each other. This is not to say that, for some Chicano gays and lesbians, drug use is not a part of their social worlds.

What may be a more fruitful line to explore with both Chicano IV drug users and gay Mexican-Americans is an assessment concerning their health risk behaviors and unsafe sexual practices. It is imperative that such an assessment be made and that the results lead to the development of curricula, materials, and services designed to address these health risk issues. These products must then be delivered to four specific populations. We suggest beginning with (a) the sexual partners of IV drug users; (b) IV-drug-using men and women, their families, and their children; (c) institutionalized persons in settings such as jails, detention centers, and prisons; and (d) high-risk youth (school dropouts, homeless/runaway youth, and adjudicated delinquents).

COMMENTS

The personal social networks of barrio IV drug users serve to meet their need to belong, to meet expressive social and psychological needs, and also to address utilitarian needs and wants, e.g., learning to use drugs, to cop, to fix, to hustle, and to maintain a habit. These personal social networks are even applied to an addict's attempts to end a run or to quit using drugs altogether. This is facilitated by calling on barrio "camales" (acquaintances and friends) who have "connections" (entrée to treatment programs) or know how to "kick" at home.

Efforts to curb IV drug use and needle sharing must begin with the understanding that these practices are embedded and maintained by a set of ongoing personal relations and exchanges in IV drug users' personal social networks. Needle sharing must be seen as part of the larger picture of "drug-sharing" practices. Drug sharing is at once a means to socialize, to belong, and to provide some measure of protection from the exigencies of la vida loca. More immediately, it is a means to cope with one's craving for drugs. Thus, in southwestern States with strict laws and enforcement patterns focusing on needles and related paraphernalia, needle sharing is expedient, economical, and, of course, "gratifying."

With few exceptions, among Mexican-American IV drug users, needle-sharing practices associated with shooting galleries are rare, yet needle sharing as a drug use practice in this group is quite common. Among more controlled users, the frequency of drug use and who they use with is more routinized and restricted. Among less controlled users, the factors promoting drug use, frequency, and needle sharing are more variable and problematic. For these users, caution, care, and attention to legal and health issues are overridden by the pressing need to "alivianarse" (get well/straight). It is common for less controlled users to inject within walking distance of their connection (motel, park, house/apartment, or the dealer's car).

For many drug abuse treatment, criminal justice, and other professionals, the Mexican-American IV drug user remains hard to reach and unresponsive to treatment. Our observations suggest that both the less controlled and the controlled IV drug users are open to

various strategies and modes of intervention and treatment. The two key dimensions that we suggest can break the spiral of addiction are identifying the stage of drug involvement and linking it to the appropriate treatment interventions, and developing and maintaining entrée to Mexican-American IV drug user networks.

In comparison to AIDS among IV drug users in the Northeast, AIDS among IV drug users in the Southwest, particularly among Mexican-Americans, may be characterized as being in the first stages of the epidemic.

We noted that AIDS awareness was found among most users and also among their IV-drug-using acquaintances and their families, yet the internalization of the serious consequences of this disease was not evident. As Mexican-American addicts continue to engage in needle-sharing practices, they remain important vectors of AIDS virus transmission to nonusers, i.e., their sexual partners and their children. Therefore, it is imperative that we undertake projects that help these IV drug users to internalize the seriousness of this disease and the consequences of continuing to engage in high-risk behaviors–specifically, IV drug use, sharing of injection equipment, and unsafe sexual practices. Contrary to the contention that addicts do not care enough or are unable to respond, we suggest that *some* have learned from their "bottoming out" experiences and their familiarity with the many problems associated with the spiral of addiction. Whether it be a severe bout with hepatitis or their "just being sick and tired of being sick and tired," there are natural points of intervention that we can draw on to access them. Successful intervention will require aggressive case finding and concrete information and assistance (Friedman et al., in press).

RECOMMENDATIONS

Prevention Efforts

It is recommended that a series of well-coordinated community efforts be instituted and adequately supported to prevent Mexican-American youth from starting drug- and alcohol-using careers. Existing programs should be encouraged to coordinate their efforts and also should be provided necessary support: money, manpower, and technical assistance (Friedman et al. 1986). To prevent IV drug use among Mexican-Americans at risk for entering the spiral of addiction, we recommend the following:

(a) The development of culturally sensitive educational programs designed to inform all at risk–Mexican-Americans and others who reside in barrios–about the negative consequences of using drugs and to encourage positive alternatives. These programs should involve a broad spectrum of Mexican-Americans working closely with agencies and people who are sensitive to the Mexican-American culture.

(b) The development of local councils of barrio people (including undocumented Mexicans and Central Americans) to facilitate and improve community efforts in drug abuse and health risk prevention.

(c) The development of culturally sensitive, trained professionals and indigenous barrio people, including ex-addicts who are respected by drug users, to work in the barrio and provide educational/prevention services to the general population and to special, at-risk subpopulations (Beschner and Friedman 1979).

Active IV Drug Users in Treatment

The population of Mexican-American IV drug users in treatment at any time depends greatly on available treatment services, their attractiveness to Mexican-American IV drug users, the obstacles (money, hassles, etc.) in accessing such programs, and other factors.

Drug abuse treatment provides the opportunity to help addicts internalize the seriousness of their health risk behaviors to themselves, their sexual partners, and their children. In treatment, addicts can be exposed to information, educational aids, and resources to help them not only to cope with their addiction but also to internalize behaviors which minimize their risk for exposure to AIDS and other communicable diseases, such as hepatitis. Since relapse to drug abuse is common following treatment, programs should make risk reduction efforts a priority. Also, these addicts in treatment can, in turn, influence other addicts in their personal social networks to begin to consider their health risks.

Active IV Drug Users Out of Treatment

For active Mexican-American IV drug users out of treatment and at large in the community, we recommend three basic but well-integrated elements for dealing with the transmission of AIDS and other communicable diseases through needle-sharing and unsafe sexual practices:

(a) Efforts must be made by trained individuals with high credibility and respect among Mexican-American addicts to locate and make appropriate entrée into addicts' barrio social networks. Such individuals could come from the ranks of ex-addicts and other "streetwise" individuals.

(b) Once meaningfully engaged with active addicts' social networks, these trained community health education workers would provide information on AIDS and its transmission, instructions on safer sexual practices, and information on how to reduce risk during drug use. These workers could also gather epidemiological data that would be useful in planning and evaluating risk reduction programs (Akins and Beschner 1980).

(c) The community health education workers must not simply inform addicts but must encourage and reinforce behavioral change. Addicts who are ready for treatment would be assisted in this process. The mission is to "carefully" attempt to induce active IV drug users to develop incentives to stop or curtail IV drug use and unsafe sexual practices. Here, great care must be taken to insure that workers do not gain the reputation of "lame do-gooders." Community health education workers must have official legitimacy so that they can gain the cooperation of barrio people, drug users, treatment program personnel, the police, probation and parole officers, and medical personnel.

Sexual Partners, Families, and Children

Efforts are needed to reach the sexual partners and families of IV drug users to alert them to the AIDS risk faced by addicts, to alert them regarding the risk of sexual and perinatal transmission of AIDS, and to inform sexual partners of specific steps to reduce their risk as well as that of future offspring. These risk reduction

efforts should include media campaigns to sensitize barrio communities to health risks; educational workshops to be offered through churches, schools, and other community organizations; and individualized educational strategies to be provided at health clinics and by indigenous outreach workers. Prostitutes would constitute an important target group.

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