Published in final edited form as:

Int J Drug Policy. 2012 July ; 23(4): 286–294. doi:10.1016/j.drugpo.2012.05.001.

Negotiating access: Social barriers to purchasing syringes at pharmacies in Tijuana, Mexico

Peter J. Davidson¹, Remedios Lozada², Perth C. Rosen¹, Armando Macias², Manuel Gallardo², and Robin A. Pollini¹

¹University of California, San Diego, 9500 Gilman Dr MC0507, La Jolla CA 92093-0507, United States of America

²Patronato Pro-Comusida, Avenida Constitución 1641-1, Tijuana, BC 22000 Mexico

Abstract

Background—One common public health response to the emergence of HIV has been the provision of sterile syringes to people who inject drugs. In Mexico specialized syringe exchanges are rare, and the sale of needles through pharmacies is often the only way people who inject drugs can obtain sterile syringes. However, people who inject drugs in Tijuana, Mexico report considerable social barriers to successfully purchasing syringes at pharmacies.

Methods—Between October 2008 and March 2009 we conducted seven in-depth focus groups with 47 people who inject drugs in Tijuana, Mexico. Focus group transcripts were analysed using a descriptive and thematic approach rooted in grounded theory.

Results—We found that injectors offered a number of explanations for why pharmacies were reluctant to sell them syringes, including fear of police; attitudes toward drug use; fear of stereotypical drug user behaviour such as petty theft, violence, or distressing behaviour; and related fears that an obvious drug using clientele would drive away other customers. Injectors described a range of ways of attempting to re-frame or negotiate interactions with pharmacy staff so that these and related concerns were ameliorated. These included tactics as simple as borrowing cleaner clothing, through to strategies for becoming ‘known’ to pharmacy staff as an individual rather than as a member of a stigmatized group.

Conclusion—Increasing the ability of pharmacy staff and people who inject drugs to successfully negotiate syringe sales are highly desirable. Interventions designed to improve this likelihood need to capitalize on existing solutions developed ad-hoc by people who inject drugs and pharmacy staff, and should focus on broadening the range of ‘identities’ which pharmacy staff are able to accept as legitimate customers. Approaches to achieve this end might include sensitizing pharmacy staff to the needs of people who inject drugs; facilitating individual drug users meeting individual pharmacy staff; and working with drug users to reduce behaviours seen as problematic by pharmacy staff.

© 2012 Elsevier B.V. All rights reserved.

Corresponding author: Peter J. Davidson, pdavidson@ucsd.edu, ph (415) 271-9474 Fax (858) 534-7566.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Conflict of interest statement

The authors declare that they have no financial or personal relationship with people or organisations that could inappropriately influence this work.

Keywords

Syringe distribution; pharmacies; stigma; Mexico

Introduction

Background

Blood borne disease transmission among people who inject drugs remains a significant public health and humanitarian problem in many parts of the world, including Mexico. One key public health response to such problems is the provision of sterile syringes¹ to people who inject drugs, with the aim of reducing syringe sharing and hence reducing blood borne disease transmission (Wodak & Cooney, 2005). The two main methods used worldwide to deliver syringes are via dedicated programs such as syringe exchanges, and through existing health services such as pharmacies or clinics.

Syringe exchanges and related programs have a number of advantages, including the ability to deliver other public health services of particular relevance to drug users, such as overdose prevention training or referrals to drug treatment and related social and medical services (Lurie, 1993; Brooner et al., 1998; Heimer, 1998). Dedicated syringe exchanges are also an effective way to serve people who are unwilling or unable to access generic healthcare services out of fear that they will be mistreated due to their 'drug user' status. However, in many locations dedicated syringe services are not an option due to resource limitations or political constraints. Where they are available, syringe exchange programs are often limited in opening hours and range of locations, and some drug users are unwilling or unable to utilize them out of concern that family, friends, or the police will see them using the service and hence identify them as drug users (Gostin, 1998; Rich et al., 1999).

The use of existing facilities such as pharmacies to distribute syringes avoids some of these potential problems. Pharmacies in most countries are commercial entities not limited by the availability of government or non-government funding and hence are usually open in a wide range of locations for longer periods (sometimes 24 hours). Further, pharmacies may also be able to deliver additional services of value to injectors such as vaccinations against other blood borne viruses, and the multi-purpose nature of pharmacies means entering a pharmacy does not inherently mark someone as a drug user. However, despite these potential advantages, a significant body of literature exists describing how commercial considerations, store policies, concerns about violence and theft by drug users, and more generally the attitudes and beliefs of pharmacy staff toward illicit drug use, may all act to limit the effectiveness of pharmacy sales as a means of delivering syringes to those who inject drugs (Singer et al., 1998; Quan et al. 1998; Robles et al. 1998; Reich et al., 2002; Rich et al., 2002; Rhodes et al., 2007; Torre et al. 2010).

In Mexico, only a small number of dedicated syringe exchanges exist, however sales of syringes by pharmacies without the need for a prescription is legal, and the vast majority of drug users are served primarily or entirely by pharmacies or other commercial outlets. However, in line with the literature cited above, recent work by our group in Tijuana, Mexico found that people who inject drugs frequently report being overcharged by

¹In the HIV prevention field the terms 'needle' and 'syringe' are used interchangeably for the one-piece combined needle/syringe units manufactured and labelled for insulin injection which are commonly distributed to people who inject drugs throughout North America. The needle in these units is fused into the plastic body of the syringe and the two cannot be separated. We have used the term 'syringe' for these combined units throughout this paper.

pharmacies for syringes or refused service altogether (Strathdee et al., 2005; Pollini et al., 2010, 2010a).

We argue that much of the available public health literature on barriers to the effectiveness of pharmacy distribution of syringes, as well as our own work in Mexico, suggest that in addition to macro- and meso-level policy questions about whether or how to allow syringe distribution to people who inject drugs via pharmacies, understanding the micro-level factors surrounding the social processes involved at the point of sale are essential to the successful use of pharmacy sales of syringes in response to blood borne disease transmission.

In this paper, we therefore seek to address these micro-level factors by qualitatively exploring relationships between staff in pharmacies or stores which sell syringes in Tijuana and people who inject drugs, and to explore how people who inject drugs respond to the real and/or perceived barriers to syringe acquisition through pharmacies and stores.

One approach that has been particularly fruitful in the analysis of micro-level social processes and in particular the interactions between stigmatized individuals and those around them is symbolic interactionism. Symbolic interactionism is a theoretical framework which, in brief, holds that we understand the world around us through socially produced 'symbols' which are generated through social interactions. The meanings that people give to events, objects, and other people also act to shape behaviour. Symbolic interactionism likewise holds that the 'self' is a social product which undergoes continual development and change throughout an individual's life, and which is multi-faceted – we deploy different 'selves' in different contexts. The same individual might deploy identities of respectful subordinate, bullying boss, and amiable golf partner all within the space of half an hour, and sometimes even at the same time (Herman & Reynolds (1994)).

A key theorist in this tradition was Erving Goffman, whose pioneering work on impression management and stigma (Goffman 1959, 1963) instigated a wide range of work on these issues across a number of substantive fields. Again briefly, Goffman conceived of social life as analogous to a stage play, with individuals as 'actors' who seek to manage others' impressions of them as "sober or carefree, of high station or low" through the act of 'performing' these roles, or selves, however convincingly or unconvincingly (Goffman 1959 p.235). In his later work on stigma, Goffman looked explicitly and at length at the ways in which people with "spoiled identities", such as the blind, members of minority groups, women, and the obese, made use of processes of impression management to limit and otherwise mitigate their spoiled identities (Goffman 1963).

Within the field of drug research, symbolic interactionism and in particular Goffman's work on impression management and stigma have been productively taken up to explore how people who inject drugs come to be stigmatized by broader society, as well as how people who inject drugs take up and respond to stigma.

As well as broader works on the history and nature of stigma surrounding drug use (see for example Berridge (2002, 2004); Room (2005); and Simmonds & Coomber (2009)), researchers have looked at how stigma around drug use can be co-constitutive, with people who use drugs taking up one or more of the available social narratives describing drug use and its meanings. For example, Gowan (2010) categorizes the narratives used by homeless people who use drugs in San Francisco to describe their situation into three groups: 'sick talk', 'sin talk', and 'system talk', which locate drug use and homelessness as consequences of pathology, moral offence, and systemic injustice respectively. In each case, these narratives reflected on and took up existing explanations for why people used drugs and/or became homeless in the United States in ways which made sense of the situation for

Gowan's respondents. By contrast, Bourgois et al. (2006) and Bourgois & Schonberg (2009), in their extensive ethnographic work in San Francisco with an older group of homeless men who inject drugs describe an additional response to stigma, namely embracing or valorizing a 'junkie' identity, self-identifying as 'successful outlaws' rather than accepting notions of themselves as sick, sinful, or victims of structural injustice.

Other authors have described how people who inject drugs manage aspects of their stigmatized status. Most simply, for example, Mateu-Gelabert et al. (2005) describes the efforts of people who inject heroin or smoke crack to hide their use or its extent from other community members to avoid negative social and economic associations. While not explicitly about people who inject drugs, Snow & Anderson (1987, 1993), Roschelle & Kaufman (2004), and Gowan (2010) have dealt extensively with stigma and impression management among the homeless, and, drawing on Goffman in particular, have categorized types of strategies utilized by the homeless to mitigate the practical consequences of being identified as a member of a stigmatized group. These include efforts to 'pass' as something other than homeless and efforts to reduce the impact of the stigmatized identity on others' behaviour by 'covering' one's social status, or attempting to reduce or minimize those markers of the status most likely to cause discomfort.

Of direct relevance to our exploration of relationships between pharmacies and people who inject drugs is work on how stigmatized individuals manage their interactions with individuals and agencies who provide them with 'services' or resources. Examples of this literature include Moore (2009), who documents a variety of responses among people who inject drugs to encounters with service providers which include elements of resistance, strategic accommodation, the incorporation of (shared) therapeutic discourse, and the presentation of themselves to service providers as rational actors. Weinberg (2000) likewise notes how people participating in drug treatment programs describe both their own (prior) habits and those of everyone still involved in drug use in profoundly disparaging terms, as part of the 'therapeutic work' that they need or are required to do in this therapeutic setting in order to continue participating. On a related note, Radcliffe & Stevens (2008) also note how some types of service provision, such as many forms of drug treatment, are structured in ways which make it harder to manage 'discrediting information' – as Goffman notes, if the source of shame is visually concealable, then stigma management becomes management of information about the source of shame (Goffman 1963) rather than management of the status itself.

The research on which this paper draws attempts to address several points of intersection in the above literature by looking at how a group of people who inject drugs perceive the perspectives of pharmacy staff, and, more importantly, how they respond and react to those perspectives in order to obtain a resource essential to their health – syringes – on a regular basis. By doing so, we draw attention to possible ways to improve the efficacy and success of pharmacy-based syringe distribution to those who inject drugs.

Setting

The legal status of pharmacy sales in Mexico, coupled with the dominant role played by pharmacies in syringe distribution, make cities such as Tijuana ideal vantage points from which to explore micro-level dynamics around the sale and purchasing of syringes which may affect the effectiveness of this public health measure.

Tijuana is located on the Northwest coast of Mexico, immediately across the border from, and contiguous to, the US city of San Diego. Tijuana has a population of approximately 1.6 million, and an estimated 10,000 people who inject drugs (Magis-Rodríguez et al., 2005). HIV prevalence among people who inject drugs in Tijuana is 4% for men, 10% for women,

and 12% for women who also participate in sex work (Brouwer et al., 2006; Strathdee et al., 2008; Strathdee et al., 2008a).

The San Ysidro border crossing that links Tijuana and San Diego is the busiest in the world, with slightly over 41.4 million legal crossings in 2009 (U.S. Department of Transportation, 2010). As pharmaceutical drugs are cheaper in Mexico than the United States, and as many health insurance schemes in the United States do not fully cover the cost of pharmaceuticals (and an estimated 46 million US residents do not have health insurance at all (Collins et al., 2006)), a significant cross-border 'pharmaceutical tourism' has emerged as US residents cross the border to access cheaper medications (Judkins, 2007). As a consequence, Tijuana has over 1,500 registered pharmacies, and an unknown but substantial number of unregistered pharmacies (Strathdee et al., 2005). Their presence is close to ubiquitous, and many streets, particularly those near the border crossing, have multiple pharmacies per block.

Mexico has few syringe exchanges (Tijuana has just one), but as described above, under Mexican law the sale of syringes by pharmacies without a prescription is legal. Further, the use of self-injection as a route of administration for a wide range of medicinal drugs is common in Mexico compared to the United States (see for example Flasterud & Nyamathi (1996); McVea (1997); and Lafferty et al. (1990)). Additionally, some retail stores which are not explicitly identified as pharmacies can and do sell commonly used medical supplies and pharmaceutical products. While the focus of our research was on the experiences of people who inject drugs attempting to purchase syringes from pharmacies, and respondents predominantly discussed their experiences with pharmacies, from the first focus group onward many respondents also described their experiences purchasing syringes from other retail outlets. These included fruit markets, corner stores, and 'granaries' (stores which sell animal husbandry supplies). Some respondents also used the term 'store' to refer to a pharmacy. In quotes below, the use of 'store' may therefore represent retail outlets on a wide spectrum from a fruit stand which also happens to sell vitamins and the syringes to administer them, through to a large 24-hour chain pharmacy with an on-duty pharmacist.

Methods

Data collection

Forty seven injection people who inject drugs were recruited between October 2008 and March 2009 from a longitudinal epidemiologic study of HIV, syphilis, and tuberculosis among people who inject drugs in Tijuana (Proyecto El Cuete Phase III, PI Strathdee). The parent study recruited 1,056 people who inject drugs through Respondent Driven Sampling (Heckathorn, 1997) as previously described (Strathdee et al., 2008b). In short, a diverse group of "seeds" (heterogeneous by age, gender, and neighbourhood) was selected and given uniquely coded coupons to refer their peers to the study. Waves of recruitment continued as subjects returning with coupons were given coupons to recruit members of their social networks. Eligible participants were at least 18 years old, injected drugs within the past 6 months, spoke English or Spanish, and had no plans to move from Tijuana over the next 18 months. Seven focus groups were held, five being composed of exclusively male participants, and two being composed of exclusively female participants. Male groups were further stratified by neighbourhood on the principle that if geographic variation in pharmacy practice existed, then geographically-based focus groups would be more likely to expose these differences. Each male group was therefore composed of respondents based in one of three common areas of drug use identified by the parent study (Zona Norte, Zona Centro, and Zona Rio). As the parent study had a relatively low proportion of female respondents (17.9%), female focus group participants were purposefully recruited by parent study outreach personnel, and no geographic sorting of female groups was attempted. Despite the

stratification of male focus groups, no actual differences by geographic area were discernible in our data. Focus groups were used to efficiently (in terms of staffing and time) explore the similarities and differences of individual experiences regarding pharmacy-based syringe access in a manner that built upon prior findings from earlier interviews with the same population in Tijuana (Strathdee et al., 2005) and results from the Phase III cross-sectional quantitative study (Pollini et al., 2010).

Focus groups were based on a semi-structured interview guide developed from the prior qualitative and quantitative interviews (Strathdee et al., 2005; Pollini et al., 2010) and from the outcomes of a pilot focus group. The interview guide was iteratively modified as focus groups progressed, with each focus group including further exploration of themes and concepts that had emerged in earlier groups. Discussion topics common to all groups included: experiences attempting to purchase syringes; how people who inject drugs chose the pharmacies they attempted to purchase syringes from; the nature of interactions with pharmacy staff; perceived barriers to successful syringe purchases; and the impact of these barriers on injection practices. All focus groups were conducted in Spanish by the fourth author (Macias), a Mexican psychologist with considerable experience conducting focus groups, and all were audio recorded. Focus groups took approximately one hour, and participants were reimbursed the equivalent of USD \$20 for their time. Recordings were transcribed verbatim by a professional transcriptionist then translated into English by a certified translator. Names or other potential identifiers mentioned in transcripts (including the names and/or addresses of businesses) were elided or replaced with pseudonyms as appropriate. In line with current ethics recommendations, audio recordings were destroyed after transcription validation.

Analysis

Analysis for this paper was conducted using the English language transcripts. Transcripts were analysed using a multi-step coding and memoing process informed by grounded theory and situational analysis. One of the central aspects of grounded theory is the focus on social *action* (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998); situational analysis is a recent extension of grounded theory developed by Clarke (2003, 2005), which shifts the emphasis to the *situation* as the main unit of analysis. Methodologically, situational analysis extends the traditional tools of grounded theory with additional ‘cartographic’ techniques designed “to assist in elucidating .. the key elements and conditions that characterize the situation of concern in the research project” (Clarke, 2003, p.554).

For this work, descriptive or ‘open’ codes were developed iteratively as analysis progressed. Situational and positional maps were produced to assist in articulating relationships between codes and emergent themes. Transcripts were organized around these thematic codes to assist in developing broader conceptual frameworks and to identify relationships between themes. As part of this process, extensive memos were written, both on codes and their meanings and on relationships between codes and other elements identified as being ‘in the situation.’

Sample characteristics

Demographic characteristics of focus group respondents were not recorded. However, all respondents were drawn from the 627 individuals who answered questions about pharmacy syringe purchase in Visit 2 of the parent study (Pollini et al., 2010). Median age of these respondents was 38 years (interquartile range 33–44). Most (87.5%) reported injecting daily or more in the last six months. The three most common drug or drug combinations injected in the last six months were heroin (80.7%), heroin and methamphetamines together (51.3%), and methamphetamines alone (14.2%). A clear majority (80.7%) reported purchasing

syringes from pharmacies within the past six months, with 71.6% reporting that pharmacies were their primary source of syringes. Over a third (39.7%) reported receptive syringe sharing within the past six months.

Ethics approval

All procedures described above were approved by the Institutional Review Board of the University of California, San Diego, and by the Ethics Review Committee of the Tijuana General Hospital.

Results

Variability of the syringe selling environment

The single characteristic that seems to best describe the experiences of purchasing or attempting to purchase syringes among focus group participants was ‘uncertainty’. By this, we mean that the nature of the situation was prone to rapid changes, and an individual entering a pharmacy could not be sure that they would be able to purchase a syringe, even if they had done so successfully at the same store in the past. Individual stores might sell syringes at some times but not others:

I mean it can’t be distinguished as one pharmacy or another, the one that does sell to you and the one that doesn’t. You go into the pharmacy and there are times when it does sell to you and others when it doesn’t (FG03, Male, p.5)

or might suddenly stop selling syringes altogether:

Two weeks ago .. they sold the “insulins”² and now they don’t. It’s been more than a week that they removed them. (FG07, female, p.2)

Prices for syringes varied from store to store, but also sometimes changed within the same store depending on whether it was day or night (when fewer pharmacies were open):

Interviewer: So the price has to do with the area/zone where these stores or pharmacies are located?

Respondent 1: It also has to do with the supply and at what time of the day or night.

Interviewer: Even though it is the same store for example, does the price of syringes changes from night to day/morning?

Respondent 2: No, I don’t know any store like that.

Interviewer: Which one is it?

Respondent 3: The [pharmacy chain name] that is located between [street names], the one on this side, that store sells syringes during the day at \$10 pesos³ and at night at \$15 pesos. (FG02, male, p.2)

In short, in line with much of the literature on pharmacy sales of syringes discussed in the introduction, the fact that an individual had previously been successful in purchasing syringes from a specific pharmacy or store did not guarantee that their next attempt would

²The slang term ‘insulin’ is widely used for syringes among injectors in Tijuana; boxes of the type of syringes sold to injectors are usually marked as “insulin syringes”.

³MXN \$10 pesos was worth approximately USD \$0.80 or EUR €0.50 during the study period.

be successful, and the reasons for these shifts and hence their predictability were often opaque to prospective customers.

Perceived reasons pharmacies have for not selling syringes

Respondents articulated a range of reasons they saw as influencing pharmacy or store decisions not to sell syringes to them, or, more broadly, to not want them as customers at all. The first of these relates to issues of stigma discussed in the introduction:

Interviewer: How do they discriminate against you?

Respondent: Well, that we're 'tecatos,' that we're junkies and drug addicts, many pharmacies don't want to sell it to you.

Interviewer: Have the pharmacy clerks told you that like that or how do you notice that?

Respondent: I've noticed by how they look at us. (FG06, female, p.5)

Many of the comments made by respondents revolved around the theme of *appearance* – whether or not someone 'looked like' a "drug addict" or a homeless person. Specific drugs can sometimes leave visible stigmata: as examples, high purity opioids of any type cause the body to release histamines, making the skin puffy (Haemmig & Tschacher, 2001); malnutrition associated with heavy methamphetamine use can give the face a sunken or aged appearance (Winslow et al., 2007); and injecting impure drugs in potentially unhygienic settings can produce soft tissue infections and scarring at injection sites (Pollini et al., 2010b). In one focus group, a woman started talking about how she didn't have problems with one particular store or pharmacy when another interjected: "that's also because you don't have such a derelict face" (FG07, female, p.15). In a male focus group, one man described being sold a syringe, but being warned he wouldn't get service in the future if he turned up looking dirty; the other men in the group start semi-jokingly listing off all the aspects of his appearance that would have drawn attention:

Respondent 1: I go in and I say to him, excuse me would you sell me an "insulin" and he just looks at me, it's a man and he tells me, hey, he says make this the last time that I sell to you like with you coming like that, next time he tells me, I won't sell syringes to people like you who come like that and if you want me to sell you syringes, you have to take a shower and change, you have to look nice.

Interviewer: And how did you go?

Respondent 2: "I had just come out of the 'mista', I fix myself every day."

Respondent 3: With his face all yellow.

Respondent 4: No shoelaces and without anything.

Respondent 3: And with dirty clothes. (FG03, male, p.21)

Other respondents talked about *why* pharmacy staff might not want 'dirty' looking people in the store:

The fact is that if they see us dirty or something, it is going to draw attention and that is why the vendor might ask for a prescription. It is a struggle but it has to do with profit, too, that is why it is easier to purchase syringes from stores instead. Why? Because at a store, many different types of people go there, it doesn't matter if you are dirty or clean. (FG02, Male, p.4)

In this case, the respondent sees appearance as at least partially a site-specific issue – in a pharmacy, looking dirty “draw[s] attention”. This might be due to the ‘clinical’ nature of a pharmacy, in which a hygienic appearance is a part of the ways in which a pharmacy can locate itself as being an adjunct to, or a component of medical/scientific responses to illness. In this reading, the regular presence of unusually dirty customers challenges or disrupts the pharmacy’s claims making process. By contrast, small stores selling multiple types of goods are not seeking to locate themselves in the same discursive spaces, and a physically dirty customer may therefore not represent the same type of challenge.

In several groups, the male interviewer asked respondents if they thought pharmacies would sell syringes to him. In most groups, respondents said ‘yes’:

.. because they won’t see anything wrong with him [the interviewer], no sign of him shooting up or anything, they’re going to think that it is for insulin, for a diabetic. (FG06, female, p.9)

One aspect of this quote of particular interest is the notion of ‘wrongness’; that people who inject drugs have something “wrong” with them. One minor irony is that syringes are *intended* to assist in the prevention of a serious wrongness or illness (HIV and other blood borne illnesses); however in this case the syringe is seen as facilitating the ‘wrongness’ or ‘illness’ of drug use, and preventing this appears to trump preventing HIV transmission. Multiple comments made by respondents also speak to this idea that some pharmacy staff may be refusing sales because they see the use of syringes to inject illicit drugs as an invalid use:

Respondent: Yes they want to sell it only to diabetics, they don’t want to sell it for drug use.

Interviewer: And how do they know what you use it for?

Respondent: Because they ask us. So, if you well you have to lie and say well I’m diabetic you know? But, you have to bring a document from the doctor to sell you the syringes. (FG07, female, p.1)

While respondents in almost every focus group reported being asked for a prescription, no respondent in any group reported ever having managed to obtain a prescription for syringes (note that such a prescription is not required under Mexican law).

More broadly, this notion of ‘valid’ and ‘invalid’ uses of syringes could be argued to extend to those purchasing the syringes themselves – that pharmacy and store staff categorize those seeking to purchase syringes as inherently ‘legitimate’ or ‘illegitimate’. This sorting and delineating of individuals into ‘legitimate’ or ‘illegitimate’ customers can produce results beyond merely refusing sale of syringes. In this quote, two women discuss being refused water because of the suspected end use:

Respondent 1: There are times when they even refuse to sell us water, a guy with water refuses to sell it to you because they tell you that you want it to shoot up.

Respondent 2: Because of the junkie appearance.

Respondent 1: You want to buy a glass of water and they refuse to sell it to you because they say, no you inject yourself, what do they care if I inject myself or not, if I’m going to pay for the water. (FG06, female, p.9)

In short, respondents in every focus group described instances where they had been denied the opportunity to purchase a syringe because of what they saw as pharmacy or store staff attitudes about the legitimacy of assisting someone to inject illegal drugs.

Many respondents also spontaneously gave reasons why they, as a class of individuals, might be seen as undesirable simply as customers, regardless of what it was they wanted to buy or the intended use of the objects purchased:

For instance, since they know that you are a drug addict, they will take care of you as soon as possible, they don't want you hanging around, otherwise they kick you out; why? Because they know that you cannot be trusted and they have to keep an eye on you because they are afraid that you might steal something. (FG02, male, p. 10)

In this quote, respondents reference both conceptual categories such as trust, fear, and trouble, as well as an explicit behaviour that pharmacy staff might have reason to fear – theft.

Yes, many think that he's going to be robbed, they even close the doors and open and they help you through a small window or a small door; they think that you're going to rob them too. (FG07, female, p.6)

A final and significant set of reasons respondents understood as possibly affecting the willingness of pharmacies and stores to sell syringes to 'obvious' drug users involved fear of police. While selling syringes without a prescription is technically legal under Mexican law, policing as practised in Tijuana is a more dynamic process, in which individual police officers and police departments make local decisions about which laws to enforce or ignore, and, in the case of syringe sales, whether to treat syringe sales *as if* they are illegal (see Pollini et al. (2008) for a more detailed description of police behaviour and syringe possession in Tijuana). Both injectors and pharmacies therefore need to negotiate a complex terrain in which police power may be exercised in ways which to outsiders can seem highly arbitrary. Injectors, particularly those who are homeless and highly visible, also have high levels of contact with police and are subject to both routine incarceration and violence at the hands of police.

As described above, the focus group facilitator asked many groups if they thought he would be able to buy syringes at pharmacies. Most agreed, citing his 'non-junkie' appearance. But in at least one instance, a woman described being too "well dressed" as also potentially problematic:

All of what she says about the appearance, it's not true because my brother-in-law, he went to buy an "insulin" for me and all that, ... and the first thing they asked him for was a prescription, to be able to give me the medication and the syringe you know? And then in the end well they didn't sell it to him because he well, he also was well dressed you know? (FG07, female, pp.2–3)

The implication here is that the pharmacy staff suspected that the brother-in-law was not 'legitimate' in some way that could be hazardous to them, or more pertinently, that the brother-in-law represented himself in ways which did not match those expected of a drug user – in Goffmanian terms, a kind of 'wrong self' which caused concern. As a more explicit example of the kinds of police intervention that pharmacy or store staff might fear, another respondent described events following her having just purchased a syringe when a police officer entered the store:

Interviewer: Okay, [Respondent 1], how are you trying to say, that you got there to buy a syringe and the police arrived and they bother the guy?

Respondent 1: Yes, when I bought _____ two [police] trucks were coming, I didn't have a chance to leave the store or anything, there they came to enter and said, how did you sell the "insulin" now, does she have a prescription, that you have a license to sell "insulins"? And the man, no.

Respondent 2: And then they start threatening.

Respondent 1: And the man said, and how can you think so officer, the places, the place here is clean, _____ because they bother him, we give you a good amount, yes to _____ for when you sell syringes, so that they don't spread the disease, but the police doesn't want to listen now, it fits him to fuck, he broke everything and _____.

Interviewer: Is it a pharmacy or is it a store?

Respondent 1: No it's a store.

...

Respondent 1: And then to top it off they stole \$700 pesos from the man. (FG06, female, p. 7, underscores indicate unclear audio recording).

In this extended quote, we see a number of factors: police objecting to the sale of syringes, the store owner attempting to use a public health justification for his actions (as well as what appears to be a reference to past payment of bribes), and the police using verbal threats, physical violence against property, and theft in order to illustrate the consequences of pursuing a line of action that the officer/s involved clearly regarded as problematic (selling syringes to drug users). It should be noted that while the sale of syringes for any purpose is legal without a prescription in a pharmacy, the sale of syringes for human use is not legal in non-pharmacy retail outlets, and so this sale may not have been technically legal. The extra-judicial nature of the punishment, however, was obviously not legal. The incident also emphasizes the arbitrary and extra-judicial nature of some policing practice in Tijuana at the time this work was conducted, and we suggest that pharmacies may also have legitimately feared similar extra-judicial responses from individual police despite the on-paper legality of selling syringes in pharmacies.

Negotiating access to syringes

As described above, focus group participants experienced syringe purchasing as an unstable activity, in that predicting which pharmacies or stores would sell them a syringe was difficult, and a prior experience of a successful purchase did not guarantee future success.

Injectors attempted to engage with this variability in a number of ways. The simplest response was to deliberately choose a store or store type believed more likely to be willing to sell syringes in the first place. For example:

It's just that, no uhm, they just look at you the smaller pharmacies that don't have like a national or international franchise, since they have many they don't want to sell to you, but one who is the owner of a very small pharmacy ..., there they sell them to you because it's very small, the owner is there working. (FG06, female, p. 5)

In this case, the respondent repeats a common assertion that larger chain pharmacies are less willing to sell syringes to injectors, whereas small stores where the owner works in the store are more likely to sell. Some respondents implied this was because small stores need all the business they can get, and even a \$5 peso sale was of value. However, some respondents

stated the opposite – that they had more consistent experiences being sold syringes at the big chains, suggesting either that the chains were more likely to work to a policy rather than individual store staff preferences, and/or that the big chains had less concerns about police. In both of these cases, how the individual injector has made sense of the situation shapes how she or he acts – in this case, which type of store they were more likely to try and buy syringes from.

A second strategy described by many respondents was to attempt to alter one's appearance, to make it less obvious to store staff that they used drugs:

I even got to the point of asking my buddy Jessie for his t-shirt, a clean t-shirt that he had with him so I could go in to the pharmacy because I had a really dirty t-shirt on and even with that I think then since they already know that you're crazy right, well even with that they stared at me, but it didn't go through, they didn't sell it to me. (FG01, Male, p.22)

In this example, the respondent borrows a clean t-shirt from a friend to improve his appearance. However, the t-shirt alone was not sufficient to allow him to 'pass' as a 'legitimate' customer, and he was still refused a syringe. Other respondents also described asking friends, relatives, or acquaintances who looked less like drug users to purchase syringes for them. Returning for a moment to the quote given earlier about the refusal of a sale to the respondent's brother-in-law because he looked *too* "well dressed", we ultimately see a situation where clothing is only one facet of identity, and that pharmacy staff are looking at multiple aspects of behaviour and appearance. While 'passing' as non-drug users was clearly one reason for attempting to alter one's appearance, some respondents also talked about the ways pharmacy or store staff 'read' a dirty appearance. In the quote given above, for example, the respondent mentions "they already know that you're crazy" (in this context "crazy" means suffering from drug withdrawal rather than being mentally ill, however still ascribing to withdrawal the implication that the person may behave in an unpredictable or threatening manner). While it is unclear from the surrounding transcript whether he is already known to the pharmacy staff, or whether the staff are simply reading his appearance (clean t-shirt or not) as a signifier of drug use, in either case he is 'read' as "crazy" and hence as unpredictable or threatening.

Another group of ways respondents described for improving their likelihood of successfully obtaining a syringe involve adding additional elements to the situation, so that the initial identification of the individual as a drug user or other undesirable is modified, deprecated, or completely overwritten. One example is a class of actions that might be termed 'performing respectability,' or acting in ways which bring different identities into play:

Respondent: I say to them that I'm diabetic ... [or] my daughter is diabetic. ... [I] go in with my daughter and I go and tell them, because my daughter is young, she doesn't speak, she doesn't know.

Interviewer: You have taken your daughter?

Respondent: Yes, and I you tell them, hey, my daughter is diabetic, I need to buy some 'insulins'.

Interviewer: And have they sold them to you?

Respondent: Yes, sometimes. (FG06, female, p.12)

In this case, a woman describes taking her young daughter to a pharmacy with her, and in doing so making a kind of narrative claim about who she is – if she is successful, she

changes the narrative from “a drug user just came into my store” into “the responsible mother of a daughter with an illness just came into my store”, making it much harder for pharmacy staff to deny her service or mistreat her, regardless of what she looks like. Even if the pharmacy staff identify the woman as a drug user, her identity as the mother of a sick child may serve to override the drug user classification. Altering the narrative in this way also capitalizes on the pharmacy’s need to be seen to serve the community by providing critical medical services to the legitimately ill. As Goffman puts it, “when an individual appears before others his [sic] actions will influence the definition of the situation which they come to have. Sometimes the individual will act in a thoroughly calculating manner, expressing himself in a given way solely in order to give the kind of impression to others that is likely to evoke from them a specific response he is concerned to obtain.” (Goffman, 1959, p.6).

The single most successful strategies for being able to purchase syringes consistently described by respondents could be grouped under the term ‘being known’ – establishing interpersonal relationships with specific businesses and specific staff within those businesses.

Becoming known can occur in a number of ways. As described in the following quote, someone who is already known might introduce you to store staff:

One day I go with him and he introduced me at [owner name]’s pharmacy there on [street name] and [street name]. (FG06, female, p.3)

Others described deliberately cultivating specific staff members:

Respondent: Besides that we become friends with people because if you bring something to sell look I have this to sell and...

Interviewer: To the employee or to the pharmacy?

Respondent: To the pharmacy employee.

Interviewer: What have you sold to the pharmacy staff?

Respondent: Objects, like a watch, like clothes and from there I become friends with those persons and now well I won them over and now well I do buy my “insulin” and they give them to me. (FG06, female, p.18)

Others describe a process of establishing an identity as a ‘regular’ customer, one who uses the pharmacy as a place to purchase a range of items:

Interviewer: Okay, uhm the _____ was mentioning a while ago that many times because they know you I mean the ones at the pharmacy they sell you syringes because they know you, and how do they know you?

Respondent 1: Because we’re from there from the same neighbourhood.

Interviewer: Because you’re from the same neighbourhood?

Respondent 2: Yes because we’re customers, they see us daily and we buy from them daily.

Respondent 3: And we don’t just buy the “insulins” we buy all our things in the day because I live there. (FG06, female, p.17)

In doing so, respondents give the pharmacy worker more incentive to regard a request for a syringe as ‘just another purchase’. Even more, these respondents are describing being “from the neighbourhood” – of having an identity as part of the community rather than as being an external threat to the community. Indeed, some respondents mentioned how they’d lived in the neighbourhood all their lives, and had known pharmacy owners or staff since they were children together.

One of the underlying issues in the process of ‘becoming known’ is the issue of trust. As described above, pharmacies and stores may have reasonable reason to fear being ‘caught’ selling syringes to those obviously using them to inject illicit drugs. Some respondents explicitly described pharmacy and store staff warning those they sold syringes to not to tell the police where they got the syringes from if they are caught with them.

Interviewer: So, for example, the pharmacy clerks trust that you won’t tell?

Respondent: Yes and the small stores too, because they tell us that in moments when the police catches us for us to say, for us not to say where they sell them to us. (FG06, female, p. 19)

Also described above were fears pharmacy staff might have about theft or potentially violent behaviour. A key part of ‘being known’ is being known at an individual level rather than as a member of a broader undifferentiated group. A pharmacy owner may see injectors collectively as problematic, but by getting to know a specific individual can see that specific individual as relatively low risk, and even that selling them syringes is mutually beneficial because the injector will have an incentive to not steal from that store and ruin a good thing: “How am I going to rob someone where I go day after day and they give it to me for my fix?” (FG07, female, pp.6–7).

Discussion

Our study explored the experiences of a group of people who inject drugs who had attempted to obtain sterile syringes at pharmacies in Tijuana. More specifically, we described their understandings as to why pharmacies might be reluctant or unwilling to sell them syringes: attitudes toward drug use generally; fear of stereotypical drug user behaviour such as petty theft, violence, or distressing behaviour and related fears that an obvious drug using clientele would drive away other customers; and fear of police. While this work did not involve interviewing pharmacy staff, other research conducted with pharmacy staff elsewhere in the world suggests that our participants’ understandings may be aligned with pharmacist experiences. Torre et. al. (2010) for example, found that pharmacies in Portugal who had withdrawn from a national syringe provision program reported doing so due to aggressive behaviour on the part of customers who inject drugs; concerns about other customer’s negative feelings toward drug use; and theft/shoplifting ascribed to drug using customers (p.515). In addition, 12.8% of pharmacies who did sell syringes as part of this program reported at least one problem incident within the past 12 months involving people who inject drugs, such as disturbing behaviour or theft (p.515).

We then described in some detail a range of techniques that these drug users had developed in order to improve their prospects for successfully purchasing a syringe. On one level, all the techniques or approaches described represent almost platonic examples of Goffmanian impression management, in which the ‘actors’ deployed a range of symbols or performances in order to present a ‘self’ believed more likely to result in a productive interaction with pharmacy staff. For these people who inject drugs, pharmacy staff seemed to start from a baseline: that they were recognizably drug users; and that having a drug user in their store

purchasing a syringe was a hazard or nuisance. To obtain a syringe, the situation needed to change so that these understandings no longer dominated the narrative about what was happening. Tactics such as obtaining a cleaner shirt might serve to re-locate the wearer as something other than as a homeless drug user, or might at least serve to make the individual look less threatening. More profoundly, becoming 'known' to a store owner as an individual member of the community acts to separate and distances that individual from the broader narratives associated with drug use and drug users. Interestingly, none of the approaches described appeared to explicitly challenge the notion that drug use *should* be a stigmatized behaviour – there is none of Bourgois and Schonberg's (2009) valorization of 'junkie identity'. Ironically, one of the few examples of an attempt to fundamentally reframe a situation appears in the description of the interaction between police and a shopkeeper, where the shopkeeper (unsuccessfully) attempts to reframe the syringe sale as a public health issue rather than a legal/moral issue. Rather, as with Moore's (2009) description of responses among people who inject drugs to service providers in Melbourne, Australia, we see far more strategic accommodation and attempts to present selves as rational actors in the context of shared discourse about the meanings and consequences of drug use.

Pharmacy staff and people attempting to purchase a syringe from them are, in essence, involved in an ongoing process of negotiation about the 'self' being presented by the person attempting to purchase a syringe. In the more successful negotiations, as with 'being known', the negotiation achieves a kind of stability, and does not need to be completely re-negotiated every time the individual drug user walks into that specific pharmacy or store – the individual drug user is understood to be a member of a community; as a trustable individual. In other cases, such as individuals caught without a syringe in a neighbourhood that is not well known to them, the negotiation is beginning from scratch. In these instances, failures in negotiation are either failures to successfully play a given 'self' (for example, a diabetic, 'legitimate' customer) and/or failures to select a 'correct' self for the situation (as when someone who looks "too well dressed" is refused a sale). In still other situations, as when police have threatened or committed violence against a pharmacy or store owner, external forces may abruptly re-write the negotiation – the store owner once again regards the mere presence of injectors as highly risky, and wearing a clean t-shirt or even being well known will not sufficiently alter the starting conditions of the negotiation to allow the prospective syringe purchaser any chance of success.

From a public health perspective, increasing the ability of pharmacy staff and people who inject drugs to successfully negotiate a syringe sale is highly desirable. Our work suggests that interventions designed to improve this likelihood need to be multifaceted, and address a wide range of social and practical issues. A program which focuses on educating pharmacy staff about the public health benefits of selling syringes to drug users, for example, is unlikely to result in significant changes in outcome if pharmacy staff remain fearful of both drug users and police. Our work suggests, however, that a project which trains pharmacy staff in handling difficult customers; which facilitates individual drug users meeting individual pharmacy staff; and which works with drug users to reduce problematic behaviours such as petty theft in pharmacies participating in the project might address at least some of the practical issues faced by pharmacy staff and drug users. Such an approach might also be effective in capitalizing on some of the existing solutions already created by individual drug users and pharmacy staff. Extending from our theoretical framing, we might rephrase these suggestions as simple exercises in broadening the range of 'identities' or 'selves' which pharmacy staff accept as legitimate, and which people who inject drugs can present, in the interactions which occur between these two parties. The other advantage of such an approach is its global applicability, since while any given jurisdiction will have different social and legal contexts, the underlying issue of 'acceptable identities' remains global.

Further, although the policing situation in Tijuana is currently both complex and difficult, programs aimed at educating police about the public health benefits of syringe provision to people who inject drugs and the legality of selling syringes without a prescription may still be of considerable value. The major limitation of our work to date is that we have not yet incorporated the perspectives of pharmacy staff, however we are currently undertaking a series of interviews with pharmacists and pharmacy staff in Tijuana to further explore these issues from the pharmacy perspective.

Acknowledgments

The authors would like to thank the participants and the staff of *PrevenCasa* and *Proyecto El Cuete* for their cooperation and insights. We also thank Drs. Steffanie Strathdee and Larry Palinkas for guidance in the formulation of the study's research aims and methods, and Dr. Rachel Washburn for valuable feedback during the writing of this paper. We also thank the editor and three anonymous reviewers for their valuable feedback. Funding for this work was provided by the U.S. National Institute on Drug Abuse, award numbers 5K01DA022923, and 5T32DA023356.

Bibliography

- Berridge V. Changing places: Illicit drugs, medicines, tobacco and nicotine in the nineteenth and twentieth centuries. *Clio Medica*. 2002; 66:11–34. [PubMed: 12028669]
- Berridge V. Punishment or treatment? Inebriety, drink, and drugs, 1860–2004. *Lancet*. 2004; 364:S4–S5. [PubMed: 15967130]
- Bourgois P, Martinez A, Kral A, Edlin BR, Schonberg J, Ciccarone D. Reinterpreting ethnic patterns among White and African American Men Who Inject Heroin: A Social Science of Medicine Approach. *PLOS Medicine*. 2006; 3:1805–1815.
- Bourgois, P.; Schonberg, J. *Righteous Dopefiend*. Berkeley CA: University of California Press; 2009.
- Brooner R, Kidorf M, King V, Beilenson P, Svikis D, Vlahov D. Drug abuse treatment success among needle exchange participants. *Public Health Reports*. 1998; 113(Suppl)(6):129–139. [PubMed: 9722818]
- Brouwer KC, Strathdee SA, Magis-Rodríguez C, Bravo-García E, Gayet C, Patterson TL, Bertozzi SM, Hogg RS. Estimated numbers of men and women infected with HIV/AIDS in Tijuana, Mexico. *Journal of Urban Health*. 2006; 83:299–307. [PubMed: 16736378]
- Clarke AE. Situational analyses: grounded theory mapping after the postmodern turn. *Symbolic Interaction*. 2003; 26:553–576.
- Clarke, AE. *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: Sage; 2005.
- Collins, SR.; Davis, K.; Doty, MM.; Kriss, JL.; Holmgren, AL. *Gaps in Health Insurance: An All-American Problem*. New York: The Commonwealth Fund; 2006.
- Flaskerud JH, Nyamathi AM. Home medication injection among Latina women in Los Angeles : Implications for health education and prevention. *AIDS Care*. 1996; 8(1):95–102. [PubMed: 8664373]
- Glaser, B.; Strauss, A. *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine; 1967.
- Goffman, E. *Presentation of self in everyday life*. Garden City, NY: Doubleday Anchor Books; 1959.
- Goffman, E. *Stigma: Notes on the management of spoiled identity*. New York: Simon and Schuster; 1963.
- Gostin LO. The legal environment impeding access to sterile syringes and needles: the conflict between law enforcement and public health. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 1998; 18(Suppl 1)(1):S60–S70. [PubMed: 9663626]
- Gowan, T. *Hobos, hustlers, and backsliders: Homeless in San Francisco*. Minneapolis: University of Minneapolis Press; 2010.

- Haemmig RB, Tschacher W. Effects of high-dose heroin versus morphine in intravenous drug users: a randomised double-blind crossover study. *Journal of Psychoactive Drugs*. 2001; 33:105–110. [PubMed: 11476257]
- Heckathorn DD. Respondent-Driven Sampling: A New Approach to the Study of Hidden Populations. *Social Problems*. 1997; 44:174–199.
- Heimer R. Syringe exchange programs: Lowering the transmission of syringe-borne diseases and beyond. *Public Health Reports*. 1998; 113(Suppl):67–74. [PubMed: 9722811]
- Herman, NJ.; Reynolds, LT. Symbolic interaction: An introduction to social psychology. Dix Hills, N.Y.: General Hall, Inc.; 1994.
- Judkins G. Persistence of the U.S. -Mexico Border: Expansion of Medical-Tourism amid Trade Liberalization. *Journal of Latin American Geography*. 2007; 6:11–32.
- Lafferty J, Foulk D, Ryan R. Needle sharing for the use of therapeutic drugs as a potential AIDS risk behavior among migrant Hispanic farmworkers in the eastern stream. *International Quarterly of Community Health Education*. 1990; 11(2):135–143. [PubMed: 20840944]
- Lurie, P. The public health impact of needle exchange programs in the United States and abroad: Summary, conclusions and recommendations. Centers for Disease Control; 1993.
- Magis-Rodríguez C, Brouwer KC, Morales S, Gayet C, Lozada R, Ortiz-Mondragón R, Ricketts EP, Strathdee SA. HIV prevalence and correlates of receptive needle sharing among injection drug users in the Mexican-U.S. border city of Tijuana. *Journal of Psychoactive Drugs*. 2005; 37:333–339. [PubMed: 16295018]
- Mateu-Gelabert P, Maslow C, Flom PL, Sandoval M, Bolyard M, Friedman SR. Keeping it together: stigma, response, and perception of risk in relationships between drug injectors and crack smokers, and other community residents. *AIDS Care*. 2005; 17:802–813. [PubMed: 16120497]
- McVea KL. Lay injection practices among migrant farmworkers in the age of AIDS: evolution of a biomedical folk practice. *Social Science & Medicine*. 1997; 45(1):91–98. [PubMed: 9203274]
- Moore D. “Workers”, “clients” and the struggle over needs: Understanding encounters between service providers and injecting drug users in an Australian city. *Social Science & Medicine*. 2009; 68(6): 1161–1168. [PubMed: 19167141]
- Pollini RA, Brouwer KC, Lozada RM, Ramos R, Cruz MF, Magis-Rodriguez C, Case P, Burris S, Pu M, Frost SDW, Palinkas LA, Miller C, Strathdee SA. Syringe possession arrests are associated with receptive syringe sharing in two Mexico-US border cities. *Addiction*. 2008; 103:101–108. [PubMed: 18028520]
- Pollini R, Lozada R, Gallardo M, Rosen P, Vera A, Macias A, Palinkas LA, Strathdee SA. Barriers to Pharmacy-Based Syringe Purchase Among Injection Drug Users in Tijuana, Mexico: A Mixed Methods Study. *AIDS and Behavior*. 2010; 14:679–687. [PubMed: 20300820]
- Pollini, RA.; Rosen, PC.; Gallardo, M.; Brouwer, DC.; Lozada, R. Mystery shoppers reveal limited access to over-the-counter syringes at pharmacies in Tijuana, Mexico; 21st Annual Conference on the Reduction of Drug Related Harm; April 2010; Liverpool: England. 2010a.
- Pollini RA, Gallardo M, Hasan S, Minuto J, Lozada R, Vera A, et al. High prevalence of abscesses and self-treatment among injection drug users in Tijuana, Mexico. *International Journal of Infectious Diseases*. 2010b; 14(Suppl 3)(1201):e117–e122. [PubMed: 20381396]
- Quan VM, Chung A, Abdul-Quader AS. The feasibility of a syringe-needle-exchange program in Vietnam. *Substance Use and Misuse*. 1998; 33(5):1055–1067. [PubMed: 9596375]
- Radcliffe P, Stevens A. Are drug treatment services only for ‘thieving junkie scumbags’? Drug users and the management of stigmatised identities. *Social Science & Medicine*. 2008; 67(7):1065–1073. [PubMed: 18640760]
- Reich W, Compton WM, Horton JC, Cottler LB, Cunningham-Williams RM, Booth R, Singer M, Leukefeld C, Fink J, Stopka T, Corsi KF, Tindall MS. Pharmacist ambivalence about sale of syringes to injection drug users. *Journal of The American Pharmaceutical Association*. 2002; 42:S52–S57. [PubMed: 12489616]
- Rhodes T, Watts L, Davies S, Martin A, Smith J, Clark D, Craine N, et al. Risk, shame and the public injector: A qualitative study of drug injecting in South Wales. *Social Science and Medicine*. 2007; 65(3):572–585. [PubMed: 17475383]

- Rich JD, Strong L, Towe CW, McKenzie M. Obstacles to needle exchange participation in Rhode Island. *Journal of Acquired Immune Deficiency Syndromes*. 1999; 21(5):396–400. [PubMed: 10458620]
- Rich JD, Martin EG, Macalino GE, Paul RV, McNamara S, Taylor LE. Pharmacist support for selling syringes without a prescription to injection drug users in Rhode Island. *Journal of The American Pharmaceutical Association*. 2002; 42:S58–S61. [PubMed: 12489617]
- Robles RR, Colón HM, Matos TM, et al. Syringe and needle exchange as HIV/AIDS prevention for injection drug users in Puerto Rico. *Health Policy*. 1998; 45(3):209–220. [PubMed: 10338952]
- Room R. Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*. 2005; 24:143–155. [PubMed: 16076584]
- Roschelle AR, Kaufman P. Fitting in and fighting back: Stigma management strategies among homeless kids. *Symbolic Interaction*. 2004; 27:23–46.
- Simmonds L, Coomber R. Injecting drug users: a stigmatised and stigmatising population. *International Journal of Drug Policy*. 2009; 20:121–130. [PubMed: 17981451]
- Singer M, Baer HA, Scott G, Horowitz S, Weinstein B. Pharmacy access to syringes among injecting drug users: Follow-up findings from Hartford. *Connecticut Public Health Reports*. 1998; 113:S81–S89.
- Snow DA, Anderson L. Identity Work Among the Homeless: The Verbal Construction and avowal of Personal Identities. *American Journal of Sociology*. 1987; 92(6):1336–1371.
- Snow, DA.; Anderson, L. *Down on their luck: A study of homeless street people*. Berkeley, CA: University of California Press; 1993.
- Strathdee SA, Fraga WD, Case P, Firestone M, Brouwer KC, Perez SG, Magis C, Fraga MA. “Vivo para consumirla y la consumo para vivir” [“I live to inject and inject to live”]: high-risk injection behaviors in Tijuana, Mexico. *Journal of Urban Health*. 2005; 82:iv58–iv73. [PubMed: 16107441]
- Strathdee SA, Lozada R, Ojeda VD, Pollini RA, Brouwer KC, Vera A, Cornelius W, Nguyen L, Magis-Rodriguez C, Patterson TL, Cuete PE. Differential effects of migration and deportation on HIV infection among male and female injection drug users in Tijuana, Mexico. *PLoS One*. 2008; 3:e2690. [PubMed: 18665250]
- Strathdee SA, Philbin MM, Semple SJ, Pu M, Orozovich P, Martinez G, Lozada R, Fraga M, de la Torre A, Staines H, Magis-Rodríguez C, Patterson TL. Correlates of injection drug use among female sex workers in two Mexico-U.S. border cities. *Drug and Alcohol Dependence*. 2008a; 92:132–140. [PubMed: 17714888]
- Strathdee SA, Lozada R, Pollini RA, Brouwer KC, Mantsios A, Abramovitz DA, et al. Individual, social, and environmental influences associated with HIV infection among injection drug users in Tijuana, Mexico. *Journal of Acquired Immune Deficiency Syndromes*. 2008b; 47(3):369–376. [PubMed: 18176320]
- Strauss, AL. *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press; 1987.
- Strauss, AL.; Corbin, JM. *Basics of qualitative research: Techniques and procedure for developing grounded theory*. Thousand Oaks, CA: Sage; 1998.
- Torre C, Lucas R, Barros H. Syringe exchange in community pharmacies – The Portuguese experience. *The International Journal of Drug Policy*. 2010; 21(6):514–517.
- U.S. Department of Transportation, Research and Innovative Technology Administration, Bureau of Transportation Statistics. [Accessed May 29, 2010] Border Crossing/Entry Data. 2010. <http://www.transtats.bts.gov/bordercrossing.aspx>
- Weinberg D. “Out There”: The Ecology of Addiction in Drug Abuse Treatment Discourse. *Social Problems*. 2000; 47(4):606–621.
- Winslow BT, Voorhees KI, Pehl KA. Methamphetamine abuse. *American Family Physician*. 2007; 76:1169–1174. [PubMed: 17990840]
- Wodak A, Cooney A. Effectiveness of sterile needle and syringe programmes. *International Journal of Drug Policy*. 2005; 16:S31–S44.