

CIVIL ASSOCIATIONS THAT CATER TO DRUG USERS IN VILLAHERMOSA, TABASCO

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— *Abstract*—

The consumption of toxic substances is a practice that accompanies the human being since it is historical memory. However, since the end of the twentieth century in Mexico, the use of alcohol, marijuana, tobacco, cocaine, heroin, methamphetamine, amphetamines and other drugs, is a problem that has worsened in the society in general. Before the substandard medical services offered by the State, civil partnerships have emerged in the national territory, which by its own initiative have built various spaces of rehabilitation. To fulfill its objective, these social actors have reappropriated, to a greater or lesser extent, the therapeutic method of Alcoholics Anonymous, but the essence of this recovery program is not based on clinical medicine but in the religious field.

Keywords

Therapeutic associations, addiction, therapeutic model, religious field, secondary socialization.

THE SCENARIO OF ADDICTIONS IN MEXICO AND TABASCO

In different periods of time, drug use has been present in the culture of different societies in Mexico, which has been carried out under constant reinterpretation of its uses and purposes, because it has been closely linked to religious, economic, and politics and social life of the peoples that inhabited and inhabit our country.

The psilocybin (magical fungus), salvia divinorum (grass of the shepherdess), epithelantha micromeris (hikuli mulato or peyote), turbinaria carymbosa (ololiuqui), calea zacatechichi (zacatechichi), are plants that some decades ago were spread in Mexico, they were extracted from ritual practices of different native peoples, and separated from the cultural context in which they were used, they were inserted in other social environments, with other cultural values and, above all, with other intentions (Furst, 1980, cited in Gutiérrez, 2004: 6).

However, for three decades there has been an exponential increase in the consumption of legal and illegal drugs in Mexico. Proof of this, are the data provided by the Ministry of Health, through the National Survey of Addictions (ENA). These reports detail the increase in alcohol consumption in the decade from 1988 to 1998, where the percentage of male drinkers rose by 4 points, from 73 to 77%, while the percentage in women increased by 10 points, from 55 to 65%. Likewise, it is mentioned that in the country there were 32,315,760 people between 12 and 65 years who ingested intoxicating beverages, 16,366,572 individuals who smoked tobacco and 3.5 million subjects who used drugs, this not including tobacco and alcohol. For that decade, it was estimated that the abuse of tobacco, alcohol and other drugs, by itself, accounted for 10% of the total weight of diseases in Mexico, and that the associated conditions such as lung cancer, liver cirrhosis, psychic disorders, injuries caused by motor vehicles, homicides and suicides represented important causes in terms of loss of years of healthy life (Ministry of Health, 2002).¹

For its part, the report of the Ministry of Health of 2008 identified that 35.6% of the population between 12 and 65 years smoked tobacco, which

1 According to information from the World Health Organization (1995a), alcohol abuse ranked fourth in the world among 27 risk factors, below low weight, unsafe sex, hypertension, smoking and other drugs.

was equivalent to about 27 million Mexicans, doubling the number of consumers in a decade. Similarly, it was revealed that in the population between 12 and 65 years of age, the use of natural and synthetic drugs increased one percentage point with that observed in 2002, going from 5 to 6 percent. Regarding the intake of intoxicating beverages, as had been observed in previous studies, the typical use pattern is of large quantities per occasion of consumption. In total, almost 27 million Mexicans (26,828,893) between 12 and 65 years old drank with this pattern and presented consumption frequencies that oscillated between less than once a month and every day. This means that, although they drank infrequently, when they did they ingested large quantities. For that year, almost 4 million (3,986,461) people drank large quantities once a week or more frequently, is what is known as customary users. With respect to "customary consumption, it is more frequent among men than among women, in a proportion of 5.8 men for each woman. Among women, however, this way of drinking is increasing, especially among teenagers. The difference between adult women and adolescents (a woman between 12 and 17 years old, for every 1.9 adult women over 18 years of age) is lower than that observed among men (one adolescent between 12 and 17 years old for every five older adults of 18 years)" (2008a: 62).

The last survey published by the Ministry of Health corresponds to 2011, in this document it is indicated that the national results for the total population of 12 to 65 years, with respect to the three prevalences on the intake of intoxicating beverages, observed a significant increase in each one of them from 2002 to 2011. So, the prevalence ever in life went from 64.9% to 71.3%, the prevalence in the last twelve months rose from 46.3% to 51.4%, and the proportionally greater growth was presented in the prevalence of the last month, since it increased from 19.2% to 31.6%. While analyzing the data by sex, the same trend was observed from 2002 to 2011. Thus the prevalence at some time in their life grew from 78.6% to 80.6% and in them from 53.6% to 62.6%. The last year's prevalence in women went from 34.2% to 40.8%, while in men the increase was registered between 2008 and 2011 (55.9% to 62.7%). Regarding the prevalence of the last month between 2002 and 2011, it increased in men from 33.6% to 44.3% and in women from 7.4% to 19.7%. For its part, the population aged 12 to 65 years that consumed a drug went from 1.6% to 1.8%, an increase that statistically was not significant, since it is very similar to that reported in 2008, marijuana being the most commonly used drug, followed very closely by cocaine. Likewise, in the population aged 12 to 65 years, a prevalence of active tobacco consumption of 21.7% was announced, which corresponds to 17.3 million Mexican smokers. 31.4% of men and 12.6% of women are active smokers (12 million men and 5.2

million women). 8.9% of the population in this age group mentioned being a daily smoker (7.1 million); when disaggregated by sex, 13.2% of men and 4.8% of women smoked daily. 26.4% (21 million) said they were ex-smokers, 20.1% were occasional smokers and 51.9% (41.3 million Mexicans) of the population said they had never smoked tobacco.

Regarding the state of Tabasco, it can be said that, based on the Ministry of Health (2008b) through the National Survey of Addictions (Results by Federal Entity), it is one of the states that lacks serious research on the topic of addictions. For this reason, the data issued in this report are reduced to institutions that conducted studies on this topic.²

In the case of the intake of intoxicating beverages, the report mentions that the Tabasco entity is within the national average in men with 1.5%, while women are above the average with 0.5%. On the other hand, in the same document it is alluded to that 30.2% of the population between 18 and 65 years old, about 351,900 people, smoked tobacco sometime in their life. The reasons for the beginning of tobacco consumption were curiosity and coexistence with smokers. 68% of smokers started using tobacco out of curiosity, while 20% did so because their family, friends or colleagues smoked. The age of onset in the consumption of tobacco in men is at 16.4 years and in women at 17.2 years. Regarding the information on the consumption of drugs (without including tobacco or alcohol), it is observed that 14 thousand people in the entity use them. The drugs favored by the Tabasco population are cocaine (61.1%), followed by marijuana (52.2%) and crack (48.3%). As for the initial drugs in them alcohol represented 50.8% and marijuana 19.8%, while in them alcohol was 69.2% and tobacco 19.2%. An important aspect that should be emphasized is that the percentage of people dependent on drug consumption in Tabasco is 1.0%, placing the entity above the national average of 0.6% (Ministry of Health, 2008b).

This statistical information becomes more relevant when we realize that the State institutions in charge of providing health services in Mexico have been inoperative for decades. Proof of this is that despite the fact that alcoholism is considered a dependency syndrome³ by the World Health Organization

2 The Epidemiological Surveillance System of Addictions (SISVEA); Youth Integration Centers (YIC); and Child Protection Councils.

3 The dependency syndrome is one of the most serious problems associated with alcohol. It is a picture that includes experiential, behavioral, cognitive and physiological manifestations. For individuals who

(2008),⁴ it is not psychiatrically treated by the institutions of the Health Sector, since when an alcoholic person goes to the IMSS or to the ISSSTE to be attended, it is sent by the doctor, in the best of cases, to a group of Alcoholics Anonymous.⁵ The same fate befall those people who require treatment for their addiction to tobacco, marijuana, cocaine, crack or other drugs, as they are mostly channeled to Civil Associations, which on their own initiative have created rehabilitation spaces.

The Ministry of Health [of the State of Tabasco] has 13 institutions of primary attention in addictions, the so-called Nueva Vida Centers, where they work up to a mild or even moderate dependency, depending on the frequency, consumption and type of drug. The state official admits that for residential treatments there are only those who run Non-Governmental Organizations, where users with severe dependence are admitted (Diario Presente, 2014a).

To fulfill their objective, these social actors have re-appropriated, to a greater or lesser extent, the therapeutic model of Alcoholics Anonymous. However, as Gutiérrez (2014) proved, the essence of this therapeutic program is not based on clinical medicine but on the religious field.⁶ "Such a method is a conversion process⁷ by which the Double A's adepts mend their belief and purify their soul. Understanding as purification of soul, the set of beliefs on which a person relies to balance and compensate the mind, body and spirit of themselves and others "(Gutiérrez, 2014: 14).

suffer from it, life is structured around drinking, and this constitutes its highest priority, above any other interest the subject previously had. The subjects with a dependency syndrome present a wide set of symptoms and signs that are shown to be associated, although not necessarily are all present in all the patients or in the same evolutionary moment. They tend to bring together a large number of problems related to alcohol, both in the individual and family and social sphere. The dependence on alcohol appears associated with high and prolonged consumption of alcoholic beverages and, in turn, forces such consumption to continue. Although not all excessive drinkers develop this dreaded picture, all those who develop it have had high consumption for some time "(Franco and Giner, 2008: 73).

- 4 "In 1977, a WHO Group of Researchers, in response to the imprecise and variable use of the term alcoholism, proposed to use instead the term alcohol dependence syndrome in psychiatric nosology. By analogy with drug dependence, the term alcohol dependence has been well received in current nosologies"(World Health Organization, 2008: 16-17).
- 5 Unlawfully there are Double A groups in various clinics or hospitals in the health sector in the country. The "Tlatelolco" group of Alcoholics Anonymous sessions from Monday to Saturday at the ISSSTE Neuropsychiatry Clinic, which is located in extension Guerrero No. 346, Delegation Cuauhtémoc, Mexico City.
- 6 It should be clarified that the therapeutic method in the context that is worked on takes the form of a commodity, since it acquires a use value and a value of change, thus entering the logic of the religious market (De la Torre and Gutiérrez, 2005).
- 7 For the eminent American philosopher and psychologist William James (2005 and 2006) to be converted is to be in a process by which religious realities become firmer, more prominent and important for the

For this reason, in the following pages, what we will be dealing with will be to describe and analyze how various Civil Associations that serve drug users in Villahermosa, Tabasco, strengthen their rehabilitation model through the religious therapeutic method of Alcoholics Anonymous.

THE ALCOHOLICS ANONYMOUS' THEO-THERAPEUTIC METHOD

Alcoholics Anonymous is a Civil Association that works as a community through self-help and mutual aid groups. Its origins can be found in psychoanalytic institutions related to the therapeutic capacity of the word, as in ideology and religious practice. Double A was born as a spiritual derivation of the Oxford Groups, a Christian evangelical brotherhood that did not have a structured hierarchy or a list of followers (Brandes, 2004b). "The idea of Alcoholics Anonymous, although not the organization itself, dates back to 1934, when Bill W., a New York broker who was going through hardships was hospitalized for an acute alcoholic episode. An ex-partner of revelry who had stopped drinking approached Bill to help him. He recommended that he go to the Oxford Group, a tolerant evangelical movement "that did not have lists of members, rules or hierarchy and with members who placed their destiny in the hands of God, according to each one conceived a spiritual power" (Trice and Staudenmeier, 1989; cited in Brandes, 2004a: 48).

We know the story of Double A thanks to the manuscripts of Bill W. himself, which begins in the wake of his first meeting with Dr. Bob, in Akron, Ohio, on June 10, 1935. Both were sick alcoholics, but they realized that by sharing their experiences they controlled the urge to drink and decided to share their doctrine with alcoholics in the hospital in that same city (Gutiérrez, 2014).

For the year 1939, the Double A group published its basic text. The book written by Bill W. explains the philosophy of A.A., as well as its therapeutic method. Currently that writing is known as the big book or blue book of Alcoholics Anonymous. In it is stated that to fulfill its rehabilitation the members of A.A. need to accept a program based on Twelve Steps and Twelve Traditions. Years later (in 1951) Bill W. himself drafted the Twelve Concepts to establish the procedure of service in the group. Within the A.A. community The Twelve Steps, the Twelve Traditions and the Twelve Concepts are known as the Three Legacies (Gutiérrez, 2014).

Based on the precepts of Alcoholics Anonymous, these Three Legacies "are at the heart of the A.A. recovery program, and many of the members refer to them as: the steps we took that led us to a new life" (Alcoholics Anonymous, 2011).

It is important to specify that what the members of Double A call "a new life", in the academic field is known as secondary socialization or re-socialization, that is, a form of conversion, as Garma (2000) points out recreates new values and belief systems.⁸ This can be seen because the figure of the convert imposes itself in a subtle way on people who voluntarily pass from one religion to another. To the extent that, conversions in contemporary societies are inseparable from the individualization of religious adherence and the process of differentiation of organizations that give rise to religious identities other than ethnic, national or social entities. In a society in which religion is a private matter and optional matter, conversion takes on the dimension of an individual choice, in which the autonomy of the believing subject is expressed at its highest point (Hervieu-Léger, 2004).

A "social system" is not only composed of the economic structure and the other determining or autonomous areas, but its agents and first and final recipients, are the individuals who participate in it and who must make "system with the system". This can only be carried out through psychosocial capacities and mechanisms that are active and receptive to the socializing process (Kaminsky, 2001: 11).

This figure of the modern individual is conjugated in three modalities. The first is that of the individual who changes his religion, whether he explicitly rejects a religious identity inherited and assumed to take a new one; whether he renounces to an imposed religious identity, but to which he had never adhered, in favor of a new faith. The second modality of conversion is that of the subject who, having never belonged to any religious tradition discovers, after a personal journey more or less long, that in which he recognizes himself and finally decides to incorporate himself. And the third modality of the convert is that of the re-affiliate, of the converted from the inside:

individual. The character of the person is transformed, especially after a sudden crisis. The religious ideas, formerly peripheral in your mind, will become central to your consciousness. Emotional events set the stage for the conversion process, leading the individual to a crisis situation that later surpasses his contact with the sacred. Also, James considers that there are people prone to conversion, while others will hardly. It also clarifies that some religious groups encourage the process of conversion more than others and denotes how Christian Protestant groups demanded that their parishioners have experiences of this kind to ensure their salvation.

- 8 We understand secondary socialization or re-socialization "each and every one of the instances through which a human subject is integrated and incorporates the slogans and determinations of the social structure in which it interacts. More precisely: socialization includes all instances through which a human subject becomes an individual. Being an individual implies "individualizing" in a person those general characteristics that connote a social structure"(Kaminsky, 2001: 11).

the one who discovers or rediscovers a religious identity that until then had remained formal in a purely conformist way (Hervieu-Léger, 2004).

These conversion modalities allow us to affirm that this does not consist only in the invigoration or drastic increase of a religious identity, but in the contemporary subject's specific form of construction of the religious identity.

CIVIL ASSOCIATIONS IN VILLAHERMOSA, TABASCO

The increase in drug consumption in Mexico is due in large part to diverse and complex reasons that intervene between the dimension in the incidence in the use of toxic substances -and their negative consequences- and the State's lack of attention through its health dependencies, to face this social phenomenon. Based on the report of the Inter-American Drug Abuse Control Commission (2015), medical care is aimed at intervening in injuries, illnesses and damages of various kinds caused by drug use, but it exhibits serious problems and deficiencies in regarding prevention, diagnosis and care.

In order to face this panorama, society in Mexico has elaborated and reproduced different material and symbolic resources -according to the cultural context of each region of the country- that to a certain extent have been "successful". Among the practices most used by those who use drugs are the oaths to various deities -San Judas Thaddeus, the Holy Death, the Child Fidencio, Jesus Malverde, Juan Soldado, the Virgin of Guadalupe, the Lord of Chalma, the Black Christ of Esquipulas, San Pascualito, etc.-, adherence to Protestant denominations, biblical or new religious movements of the new era, as well as the incursion into Civil Associations that have self-help groups and mutual help.⁹

As for the latter, in the specific case of Tabasco, particularly in Villahermosa, the Civil Associations that are legally constituted and that serve drug users are only Youth Integration Centers and Anonymous Drug Addicts.

9 The Civil Associations constitute, since the 1950s, a phenomenon of growing importance, especially in Western societies. There are organizations of these groups that deal with a huge variety of problems or human situations: there are groups for those who drink, smoke or use other drugs, play or practice compulsive sex; for those who eat too much or do not eat, for those who suffer from diabetes, bulimia, neurosis, schizophrenia or AIDS, among many others. Likewise, mutual help groups have been made for the relatives and friends of these people (Rosovsky, 2009).

YOUTH INTEGRATION CENTERS C. A.

Youth Integration Centers (YIC) is a Civil Association that was founded in Mexico City in 1969. Since 1982, this body was incorporated into the Ministry of Health, which is subject to the regulations issued by the Federal Government to parastatal entities, that is, cooperates with the State, but is not part of the public administration. It should be noted that since 1973, the legal management, administration and representation are in charge by the National Office, executive body of the General Assembly of Associates, which is made up of active and honorary members. The activities of the YIC "are aimed at prevention, treatment, rehabilitation and scientific research on drug use in Mexico" (Youth Integration Centers, 2016).

The Civil Association is spread throughout the national territory with 102 Prevention and Treatment Centers, 12 Hospitalization Units and 2 Treatment Units for people with heroin consumption problems. Unlike other entities in the country, in Tabasco there is only one Prevention and Treatment Center, which is located in Villahermosa, which opened its doors in June 2003.

A particularity of this institution is that it is based in a popular colony, where people of limited economic resources can be observed in broad daylight consuming drugs. The YIC Villahermosa property consists of management, psychology offices, medical office, social work cubicles, multipurpose room, library, bathrooms, waiting room, warehouse and parking.

According to the 2015 report, the number of users served by drug use in YIC Villahermosa was 125 people, 100 men and 25 women. The age of entry to treatment of 89% of people ranged between 10 and 29 years, although from 15 to 19 years old, 60% of the patients were concentrated, with a total of 62 men and 13 women. 30% of the people treated have basic education studies, 57% average higher and 11% higher education. The report also says that between 10 and 19 years old 75% of patients began to drink intoxicating drinks and smoking tobacco, in the same age range, 89% started using marijuana, 33% cocaine and 15 % crack (Gutiérrez, 2016a and 2016b).

On a daily basis for the rehabilitation of drug users YIC Villahermosa uses Behavioral Cognitive Therapy (BCT), which "can be defined as the clinical application of the science of psychology that is based on empirically validated principles and procedures" (Plaud, 2001 cited in Ruiz *et al.*, 2012: 32). The contemporary differences between the different approaches considered cognitive behavioral are of an epistemological nature when accepting substantially different conceptions of reality and psychopathology.

These theoretical and epistemological differences are reflected in the forms of intervention, from the most rigorously behavioral to the strictly cognitive constructivists.

From a phenomenological point of view we can identify four characteristics of Behavioral Cognitive Therapy. 1) BCT is an area of intervention in health that works with physical, emotional, cognitive and behavioral maladaptive responses of a learned nature. The individual has responsibility for the processes that affect him and can exercise control over them. 2) BCT is characterized as a limited time therapy compared to other long-term psychotherapies. 3) The BCT has an educational nature that can be more or less explicit. 4) BCT essentially has a self-evaluating character throughout the process (emphasis on empirical validation) (Ruiz *et al.*, 2012).¹⁰

However, parallel to Behavioral Cognitive Therapy, which we will call the Lay Rehabilitation Model (LRM), YIC Villahermosa uses the therapeutic program of Alcoholics Anonymous, which we will call the Religious Model of Rehabilitation (RMR).¹¹ In this regard, the psychologist Olga Aguirre, director of YIC Villahermosa, tells us the following:

We handle three types of treatment. One of them is ETA (Early Intervention in Adolescents). Now we have the program of early intervention in adolescents with marijuana consumption, because they are the ones that come most for rehabilitation. On the other hand, we have the Day Center treatment, they are there all week, about four hours a day, and we value them with group and individual therapies for parents and children. The other treatment is the External Consultation, and they come two or three times a week to be valued. We handle the Behavioral Cognitive Model; it is the one that has given us the best results. It is even the model that was taught to Océánica [Rehabilitation and treatment of addictions clinic], that Océánica taught to the CAPAS [Primary Care Centers of Addictions]. The model consists of a motivational interview, because when the kids arrive, they are very out of touch and you have to orient them. They are then placed in an Outpatient

10 The behavioral theoretical foundations that served as the basis for the development of Behavioral Cognitive Therapy were: Pavlov's reflexology and classical conditioning laws, Thorndike's connectionism, Watson, Hull, Guthrie, Mowrer and Tolman behaviorism, and the contribution of Skinner to the experimental analysis of behavior (Ruiz *et al.*, 2012).

11 Castrillón (2008) identifies two models of treatment that are in constant play in the community/addict therapeutic relation in recovery: one of a lay nature, specifically scientific, and the other of a religious nature, particularly Christian.

Consultation or Day Center. Any of the programs is intensive with duration of 3 months. We also have a workshop called New RED. In this workshop, one of the patients who is in the follow-up phase arrives, and he or she gives them a talk about their experiences, how they benefited from quitting drugs, the challenges they had to go through, etc., similar to Alcoholics Anonymous. Here we have Alcoholics Anonymous as a support group, they hold sessions on Monday and Wednesday, and on Fridays Al-Anon, for parents and relatives of patients (Aguirre, 2016).

It is well known that the YIC treatment program in Mexico is made up of three subprograms: outpatient, hospitalization and harm reduction. During the fieldwork in YIC Villahermosa, it was found that in this unit only the external consultation subprogram is applied, which is divided into three programs. 1) *First Response Plan* (Early Intervention in Adolescents). It is a primary response plan aimed at people who have had little contact with drugs, especially for recreational or experimental purposes, to intervene in those first moments and help them not to develop an addictive process. 2) *Basic External Consultation*. It consists of several health services, provided by doctors, psychologists and social workers, who seek as the first and last objective to achieve abstinence from drug use. 3) *Intensive External Consultation*. It is applied under the modality of Day Centers, which is based on the model of Therapeutic Communities (TC), is aimed at people with abuse problems and/or dependence on alcohol, tobacco and other drugs, which require comprehensive and intensive care due to the severity of their addiction. The care includes the preparation of a personalized treatment plan with therapeutic and support activities, monitoring of their health status and rehabilitation services. Psycho-educational and counseling services are also provided for family members of patients. The treatment is ambulatory. Patients attend from Monday to Friday and have activities for four or five hours in the afternoon. The duration of treatment can vary from one to three months, depending on the particular case of each patient and its evolution. It should be noted that each of these programs walks its own path. The core of the situation is that they are not complementary or reciprocal, although they pursue the same objective.

An example of this is that the individual therapies practiced in the treatment programs at YIC Villahermosa are part of "an experiential process in which a person, in the position of patient, establishes a relationship of help with an expert, in position of psychotherapist, with the purpose of overcoming situations that are reported as sources of discomfort and suffering, with the

aspiration of reducing these disintegrative subjective effects and reaching a state of greater well-being alluded to as a cure" (Murcia and Orejuela, 2014: 156).¹²

While the Alcoholics Anonymous' presence -and of Al-Anon- does not correspond solely to a support group as mentioned by the director of the institution, because in reality they are the basis of group therapies for patients, family and friends, since the sessions that take place in the Day Center are celebrated in the same way -in terms of structure, procedure and content- as those practiced in any traditional group of Alcoholics Anonymous in Mexico.¹³ These meetings are chaired by active members of Double A -and Al-Anon- in Villahermosa, Tabasco.

That sense, we can affirm that YIC Villahermosa has only two forms of attention, individual therapies (of a scientific nature), which are administered by professional therapists who work in the institution, and group therapies (of a religious nature), which are directed by adepts of Double A -and Al-Anon-, people who are not professional therapists.

This concern, on the one hand, that YIC Villahermosa has placed greater emphasis on Day Center, so that this program works as well as possible causing the other two treatment programs to be neglected. It is likely that this is a result of the internal policy of the YIC in Mexico. On the other hand, YIC Villahermosa's management is more concerned with the administrative part than with the treatment and effectiveness of the rehabilitation program. Such a situation makes the performance of the Civil Association in the Tabasco entity more complex.

DRUG ADDICTS ANONYMOUS C. A.

Drug Addicts Anonymous, is a Civil Association that was founded in Mexico City in 1983. Its origins can be found in the groups of 24 Hours of Alcoholics

12 It is important to clarify that there are different forms of psychotherapies, according to the theoretical approach that sustains them, in this sense; we cannot talk about psychotherapy but psychotherapy.

13 The most common meetings are: 1) Closed. For alcoholics only. 2) Open. For anyone interested in attending. 3) Marathons. For alcoholics only and are performed in a certain group without time limit. 4) Public information. Meetings that take place inside or outside the group with specific speakers, in which the importance of informing the public about what Alcoholics Anonymous does and does not do is given. 5) Compartments. Meetings in which a specific topic is discussed to train members. 6) For beginners. Sessions that are held only when a new member arrives in the group. 7) Of service or work. One or several times a month special meetings are held, different from the others, in which the group's servers inform about the development of their work and receive guidance from the members of the group. In these meetings, the servers of the Group, District, Area, etc. are chosen (Gutiérrez, 2014).

Anonymous, which were based on the philosophical precepts of Double A. The primary objective of this body is "to rehabilitate people with drug addiction problems, covering their physical, mental and spiritual aspect, contributing to their social reintegration in a dignified and efficient manner, based on the program of the Twelve Steps" (Drug Addicts Anonymous, 2016).

Today, Drug Addicts has 30 Treatment Centers that are located in Mexico City, Coahuila, State of Mexico, Guanajuato, Guerrero, Jalisco, Michoacán, Morelos, Nuevo Leon, Oaxaca, Puebla, Sinaloa, Tabasco, Tamaulipas, Yucatán and Veracruz. They also have presence in New York and Florida, in the United States. Unlike other entities, in Tabasco there is only the "Manantial de Vida" Treatment Center, which is located in Villahermosa, which was inaugurated in November 1987.

Among the peculiarities of Drug Addicts Anonymous in Villahermosa, is that only men between 18 and 59 years of age are admitted, who must remain inmates for at least three months for their rehabilitation. For this, the person requires to arrive at the association by own will and accompanied by a relative. During the stay the subject receives food three times a day. Both housing and food "have no" cost, although in reality, according to economic status, is the donation given by the relatives of the addicted person. Currently the property of "Manantial de Vida" consists of coordination, reception, dormitories with capacity for eighty people, bakery workshop, group meeting room, multipurpose room, kitchen, patio, bathrooms, laundry area, cellar and stay.

According to José Salvador Casanova, person in charge of "Manantial de Vida", the treatment consists of the following:

In this hostel we work with a mutual help model, which includes three types of therapies that we offer to users: the group, the individual, occupational and sports. Group therapy are meetings that take place among the young people who are interned, where they express their experiences, their achievements and desire to overcome through a catharsis of emotions. We do this activity five times a day, during the three months that they will be internal. Individual therapy, we call sponsorship. Where an inmate chooses a person with more experience and tells them his problems, they become his confidant. In occupational and sports therapy, young people regularly carry out murals, practice sports or board games, watch movies, interact and live together. Also as occupational therapy we have a bakery workshop, where they are taught pastry and to make various types of bread. This is for them to keep their mind occupied and discover the

capabilities they have as human beings. The bakery workshop is also a working tool when they intend to reintegrate into society. In the same way, they participate in the kitchen, once or twice a week it is up to each one to make food for all. In sports therapy we go out twice a week to play volleyball and soccer. In those three months that they will be here, they have three visits [one per month]. We call relatives to come see them and live with them for a while, because it is part of the rehabilitation of young people. As now, coming on September 15, we make a living together with the boys and their families (Casanova, 2016).

From the field work we distinguish that the group therapies practiced in Drug Addicts Anonymous are the same in structure and procedure as the closed meetings of Alcoholics Anonymous. These types of sessions are exclusive for members; in this case the inmates in "Manantial de Vida". In general, these meetings are discussions dedicated to personal problems of the followers, the indoctrination of the Twelve Steps, as well as issues of the Gazette "The Message", literature printed by themselves, which is about testimonies of men and women who have been "rehabilitated" in Drug Addicts Anonymous. Such meetings last for an average hour and a half. On the other hand, individual therapies work in the same way as when Double A members choose a sponsor, a person who guides the new member through "the best path" in their rehabilitation. "Some say that the best way to be a sponsor is to be a friend" (Alcoholics Anonymous, 2006a: 17).

Regarding sponsorship, an inmate of Drug Addicts mentions the following:

When I read the subject [in the Gazette "The Message"] "Sponsor's function" I really liked it, I share with you a [religious] experience that helped me value my group more and of course my sponsor and sponsorship, fundamental to save me. A few weeks ago I went to the service to transmit the message in a parish in the city of Córdoba, Veracruz. At the end of the celebration, at the door of the temple, a man approached me who told me that he is a member of a Neurotics Anonymous' group and that he has a hard time carrying communication because sponsorship in his group is very scarce, since those who are sponsors are far away or in another neighboring city, so you must wait for someone or call them on the phone, he said: "I feel desperate, what do I do? I cannot take it anymore" -His words moved me a lot, I did not know what to say to him, I advised him to will talk to whomever and in any way he could. Back to the group I was thoughtful, self-absorbed I only managed to thank God because unlike the desperate men of Neurotic Anonymous who did not have a sponsor to listen to him,

I do have a sponsor and a platform to vent, and because of it I quit drugs and still doubt that God loves you? (Rooms, 2016: 1-2).

It should be noted that, of the Twelve Steps that are employed in Drug Addicts as a therapeutic method, the Fourth and Fifth are the core elements of the rehabilitation program. In those Steps, the sponsor is not only that person to whom the adept has more confidence, but that in whom he deposits his faith, because in itself, the ritual act of the Fourth and Fifth Step performed by the inmates in "*Manantial de Vida*" it is a confession like that made by a believer of Catholic doctrine to redeem his sins, the sponsor being the one who leads and presents the priest to his godson so that he may be baptized. Baptism as such represents the purification of the soul of the subject, that is, symbolically the person is reborn. This type of distinction is what leads individuals to accept the recovery program as part of the conversion process, as people are restructured symbolically through acts of faith.

The last therapy in "*Manantial de Vida*" is that the addict is integrated into an occupational and sports activity, which facilitates the inmate not only to obtain benefits in their health, but also for the subject to develop values, attitudes, skills and knowledge to help them reintegrate society in a better way. This type of actions are enriched with "activities related to the use of free time (making handicrafts, organizing dances, short plays, board games), in order to promote the sociability of individuals, whose general characteristics are of isolation" (Drug Addicts Anonymous, 2016).

Basically the occupational and sports therapy in Drug Addicts, works in the same way and is the equivalent of the so-called "Service", known as the Third Legacy in Alcoholics Anonymous, with the difference that in Double A no sport is practiced.¹⁴ This Third Legacy has the purpose of reinforcing the abstinence of the person serving others, be it coffee grower, sweeper, secretary, treasurer, coordinator, representative of general services, representative of the Plenitud magazine, and so on. Making an analysis, it is a Greek notion of service according to Foucault (2002) in the sense that while I serve and care for others, I serve and take care of myself.

14 The prayer of Service is used by "*Manantial de Vida*" in their group therapies: "My God, grant me the serenity, the courage and the wisdom so that this service meeting of AA, is totally safe especially from ourselves" (Alcoholics Anonymous, 2006b: 15).

FINAL THOUGHTS

Although, in the last four or five year period, the consumption of drugs in Mexico has increased, and particularly in Tabasco, the adolescent population -as shown by the statistics presented- is the one that suffers most from this disorder, which directly affects in society as a public health problem that must be addressed immediately.

Although there is a high growth of addictions, whose consumption rate registers an alarming increase among the adolescent population, in Tabasco there is no official institution purposely internment for rehabilitation. Until now there is greater attention in prevention programs, authorities of the state health sector acknowledge (Barboza, 2014).

In order to face this social context, various health institutions and Civil Associations, both national and international, have concentrated their efforts on eradicating or significantly reducing this social phenomenon that is increasingly affecting the population as a whole. However, these efforts have been unsuccessful, since as mentioned by Murcia and Orejuela "for several decades the effectiveness of psychotherapies has been questioned" (2014: 157), because to this day there is no therapeutic program in the world that is effective for the treatment of drug users, including alcohol and tobacco.

Santibáñez et al. (2009) present a quantitative research, with a single group design and evaluation of 23 patients who attend psychotherapy, at the beginning and end of it, through which the therapeutic alliance and the effectiveness of the therapy directed by senior students of psychology at the Universidad de la Frontera in Chile. It is concluded that the therapeutic alliance given between therapist and patient, favors especially the decrease of the symptomatology of the patients. Regarding the effectiveness of the therapy, the authors state that in the last 40 years different treatment modalities have been generated and a proliferation of different theoretical approaches, but all with little or doubtful therapeutic effectiveness (Murcia and Orejuela, 2014: 157).

An example of this is that it is the Civil Associations, under the Therapeutic Community approach, that have obtained the best results from their rehabilitation programs based on spiritual aspects -considered personally as religious-, which do not have the proper structure or the theoretical-practical support of clinical specialists (psychologists, psychiatrists, doctors, social workers, etc.).¹⁵

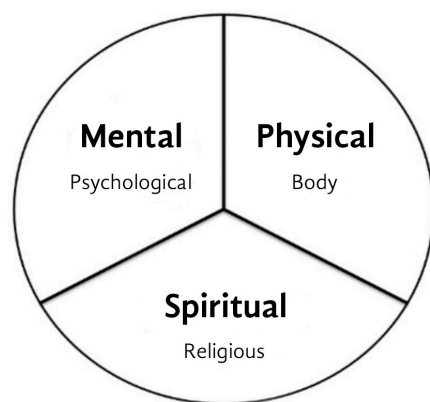
15 It is not necessary that we enter here in a discussion about semantic complexities regarding the daily

The psychologist [Olga Aguirre, director of the YIC Villahermosa] points out that without professional help it is difficult to attack addiction, without going to the root of the problem, both personal and family, as there is codependence. Points out that in the cases of the so-called Annexes, they only stop consuming the substance during the time they are locked up. "They do not address the issue of anxiety either with therapy or drugs, or the physical aspects of taking the drug." A person who graduates from those types of establishments operated by non-professional people "comes out anxious, with nerve and perhaps goes out to consume everything that did not consume" (Diario Presente, 2014b).

An important point to reflect precisely on the rehabilitation model implemented in the Civil Associations in Villahermosa, where we carry out the field work, is that both use, to a greater or lesser extent, the religious therapeutic program of Alcoholics Anonymous for the treatment of users of drugs in Tabasco.

In essence, both the YIC Villahermosa rehabilitation method and that of Drug Addicts Anonymous are tripartite models, since their treatment is divided into three parts: the physical (body), the mental (psychological) and the spiritual (religious). (See Image 1)

Image 1. Tripartite Therapeutic Model

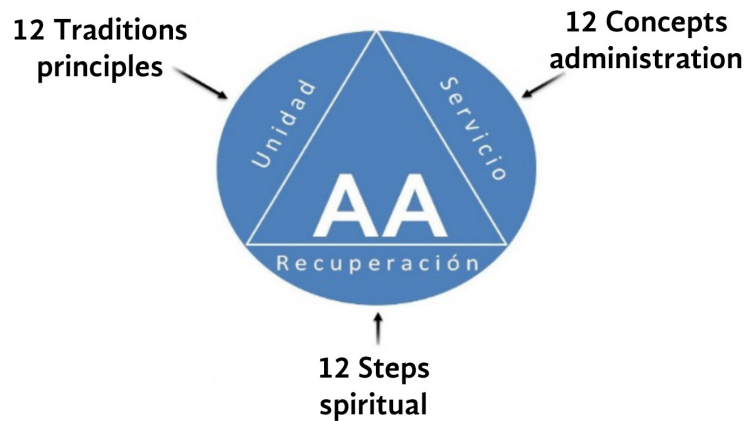


Source: Made by the authors, 2016.

or sociological use of the spiritual or religious terms. For our purpose, it is enough to understand the spiritual as the set of "searches, practices and experiences that can be purifications, asceticism, renunciations, conversions of the gaze, modifications of existence, etc., that constitute, not for knowledge, but for the subject, for the subject's own being, the price to pay to have access to the truth "(Foucault, 2002: 33). On the other hand, religious will be understood as "any form of belief that is fully justified through the inscription claimed by a believing lineage" (Hervieu-Léger, 2005: 137).

It should be noted that this tripartite method of rehabilitation implemented by these Civil Associations is very similar in operation and structure to Alcoholics Anonymous, since it also includes three parts, such as the Three Legacies that their followers have to accept as part of their therapeutic process. In fact, in a symbolic way, these are represented in the logo of the group. The Twelve Steps (recovery), the Twelve Traditions (unity) and the Twelve Concepts (service) are a guide for recovering spiritual values. (See Image 2).

Image 2. Alcoholics Anonymous' Therapeutic model



Source: Made by the authors, 2016.

Therefore, the Civil Associations that serve drug users in Villahermosa act as Therapeutic Communities, differing in that the YIC Villahermosa rehabilitation model considers the clinical part to a greater extent, without neglecting the spiritual or religious part, which he places in the hands of the adherents of Alcoholics Anonymous and Al-Anon. While the model of Addicts Anonymous bases the detoxification of the addict on the disposition of the faith in a Higher Power or a God, as each inmate conceives it. This idea is grounded in indoctrination with Christian religious principles, which are taken from the Holy Bible.

Given the conformation of these therapeutic models, it is unquestionable that these Civil Associations are not a solution to the problem of drug use in Mexico.¹⁶

16 "It is necessary to point out aspects that contradict the tendency to identify Civil Society Organizations only as honest, fair and transparent entities. On the one hand, we can point out that there are racist, anti-democratic or fundamentalist organizations, as well as others that attempt against the rights of social

First they lack facilities and qualified personnel. Secondly, the methods of rehabilitation, as has been explained, have innumerable deficiencies. Proof of this is that a subject addicted to a drug acquires an emotional codependence to the group that attends as part of its rehabilitation, that is, from one dependency to another. Third, what matters least to the government authorities is whether people rehabilitate themselves -thereby disregarding all responsibility-, since such entities were legally created to do so.

and political groups, which results in negative social capital. The weaknesses faced by these organizations for their operation also condition them to achieve goals of efficiency, long-term continuity, transparency, among others. Among these weaknesses are: the uncertainty about the financing capacity that conditions the survival of the organization and the realization of many projects, with a more far-reaching vision; the protagonism granted on many occasions to the founding leaders, who are granted attributes that undermine democracy within the same organizations; the little or no investment in professionalization of its members; the incorporation of accountability processes, among many others "(Girardo and Mochi, 2012: 337).

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