



# NO HEALTH, NO HELP: ABUSE AS DRUG REHABILITATION IN LATIN AMERICA & THE CARIBBEAN

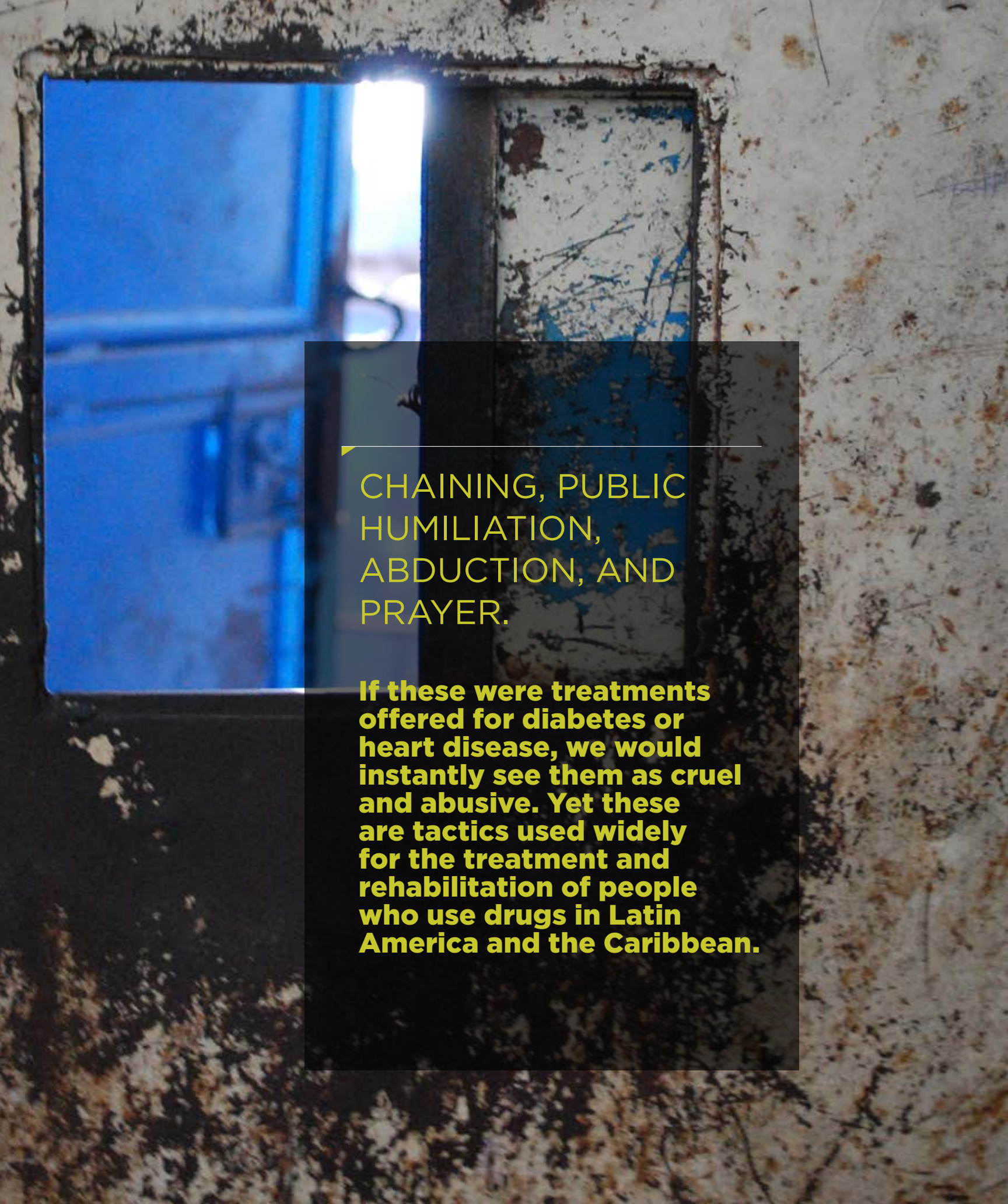
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Published 2016





CHAINING, PUBLIC  
HUMILIATION,  
ABDUCTION, AND  
PRAYER.

**If these were treatments offered for diabetes or heart disease, we would instantly see them as cruel and abusive. Yet these are tactics used widely for the treatment and rehabilitation of people who use drugs in Latin America and the Caribbean.**





## INTRODUCTION

<sup>1</sup> Centro de Orientación e Investigación Integral. *Informe de abusos en centros de tratamiento República Dominicana*. Santo Domingo, 2015, on file with the Open Society Foundations.

Colectivo de Acción y Transformación Integral, A.C. *Experiencias de maltrato a pacientes en centros de atención a adicciones que no cumplen con las normas de regulación mexicanas*. Mexico City, 2015, on file with the Open Society Foundations.

Colectivo por una Política Integral Hacia las Drogas. *¡Ay Padrino, no me ayudes! Abusos en centros de tratamiento con internamiento para usuarios de drogas en México*. Mexico City, 2015, at [http://www.cupihd.org/portal/publicaciones\\_documentos/abuso-en-vez-de-asistencia-realidad-centros-tratamiento/](http://www.cupihd.org/portal/publicaciones_documentos/abuso-en-vez-de-asistencia-realidad-centros-tratamiento/)

Fórum Mineiro de Saúde Mental. *Abusos e violações de direitos em comunidades terapêuticas: Relatos de uma Realidade Anunciada*. Belo Horizonte, 2014, on file with the Open Society Foundations.

Fundación Miguel Ángel Vargas. *Reporte de investigación y documentación abusos FUMAV*. Bogotá, 2015, on file with the Open Society Foundations.

Intercambios. *Humillación y abusos en centros de 'tratamiento' para uso de drogas en Puerto Rico*. Fajardo, 2015, at <http://www.scribd.com/doc/265551445/Humillaciones-y-Abusos-en-Centros-de-Tratamiento-Para-Uso-de-Drogas-PR>

Oficina de Derechos Humanos del Arzobispado de Guatemala. *Derechos de las personas detenidas en centros de tratamiento y rehabilitación en Guatemala*. Guatemala City, 2015, on file with the Open Society Foundations.

All accounts of abuses contained in this report were gathered from the reports listed above.

This report sought to be faithful to the accounts of the people who courageously shared their stories. As such, some of the quotes are taken verbatim and may contain language that strikes some readers as objectionable or is unfamiliar to readers from different countries.

Three organizations created short videos from interviews with people who agreed to speak on camera.

Their videos are available here: Colectivo por una Política Integral Hacia las Drogas, "¡Ay Padrino! ¡No me ayudes!" <https://vimeo.com/112542123>

Colectivo de Acción y Transformación Integral, "Experiencias de maltrato a pacientes en Centros de atención a adicciones" <https://www.youtube.com/watch?v=wE8EktRR6-c>

Fórum Mineiro de Saúde Mental, "Abusos e violações de direitos em comunidades terapêuticas: relatos de uma realidade anunciada" <https://www.youtube.com/watch?v=XaogikWaKTQ>

This report highlights notable allegations from documentation of personal experiences collected by nongovernmental organizations in six countries—Brazil, Colombia, the Dominican Republic, Guatemala, Mexico, and Puerto Rico—that took place in 2014-2015. In each, interviewers collected accounts from people who had recently been interned in drug treatment or rehabilitation centers or from their family members.<sup>1</sup> These documentation exercises were not meant to be exhaustive nor representative of all drug dependence treatment in the country. What they reveal, however, suggests a pattern common to many countries—forced internment in locked facilities that subject people who use drugs to substandard or abusive care. This is cruelty in rehabilitation’s name. It is also illegal under international and, frequently, national law, and runs counter to best practices espoused by organizations like the World Health Organization<sup>2</sup> and the United Nations Office on Drugs and Crime.<sup>3</sup> International agencies and human rights monitors have expressed concern about these practices (see p. 4).

The experiences summarized here reveal how often drug use is treated as a moral failing rather than a medical condition. In reality, however, it is those centers that inflict such abuses—and the governments that fail to prevent them from doing so—that are in need of moral scrutiny. →



2 United Nations Office on Drugs and Crime and World Health Organization. *Principles of drug dependence treatment*. Vienna, 2008, at <https://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf>

3 United Nations Office on Drugs and Crime. *From coercion to cohesion: treating drug dependence through health care, not punishment*. Vienna, 2010, at [http://www.unodc.org/docs/treatment/Coercion\\_Ebook.pdf](http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf)

4 JE Méndez. *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*. UN Human Rights Council, 22nd session, UN doc. A/HRC/22/53, 1 February 2013. Page 22.

5 A Grover. *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. UN General Assembly, 65th session, UN doc. A/65/255, 6 August 2010. Page 11.

6 Working Group on Arbitrary Detention. *Report of the Working Group on Arbitrary Detention*. Human Rights Council 30th session, UN doc A/HRC/30/36, 10 July 2015. Paras 57-62, 74-75, 84. at: <http://www.hr-dp.org/contents/1417>

7 International Labour Organization, Office of the High Commissioner of Human Rights, World Health Organization, et al. *Joint statement: compulsory drug detention and rehabilitation centres*. March 2012, at: [http://www.unaids.org/sites/default/files/sub\\_landing/files/JC2310\\_Joint%20Statement6March12FINAL\\_en.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/JC2310_Joint%20Statement6March12FINAL_en.pdf)

8 Committee Against Torture. *Concluding observations on the combined fifth and sixth periodic reports of Guatemala*, adopted by the committee at the fiftieth session. UN doc. CAT/GTM/CO5-6, 21 June 2013. Page 8.

In 2013, the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan Méndez, issued a report on torture in healthcare settings. His report paid special attention to abuses in institutions claiming to address drugs. The report asked states to “undertake investigations to ensure that abuses, including torture or cruel, inhuman and degrading treatment, are not taking place in privately run centers for the treatment of drug dependence.”<sup>4</sup>

The UN Special Rapporteur on the right to health has also condemned such centers, saying the methods they use “are illegitimate substitutes for evidence-based measures such as substitution therapy, psychological interventions and other forms of treatment given with full, informed consent.”<sup>5</sup>

Further, the UN Working Group on Arbitrary Detention’s annual report for 2015 featured a thematic section on arbitrary detention and drug control, concluding that compulsory detention for the purpose of drug “treatment” is “inherently arbitrary” and that drug consumption or dependence are insufficient grounds for detention.<sup>6</sup>

In a rare show of outspokenness, 12 UN agencies made a bold statement in 2012 calling on “States that operate compulsory drug detention and rehabilitation centers to close them without delay and to release the individuals detained.”<sup>7</sup>

Even when these abusive centers are operated by private individuals rather than government entities, the state retains an obligation to prevent abuses. Governments have an obligation not only to refrain from practicing torture and cruel treatment themselves, but also to take steps to guard against such abuses by others in their jurisdiction, including private entities. In Guatemala, the UN Committee Against Torture remarked specifically on these private institutions, urging the government to “carry out relevant investigations without delay and to take all steps that might be necessary to prevent and punish ill-treatment in private drug rehabilitation centers.”<sup>8</sup> ▲





## GAPS IN GOVERNMENT: THE GROWTH OF UNREGULATED DRUG TREATMENT CENTERS

In all of the countries included here, public drug dependence treatment provided by the government falls short of need. For example, in Guatemala, where more people find themselves in private Pentecostal rehabilitation centers than in maximum security prisons,<sup>9</sup> the government devotes very little of its budget to drug treatment. In fact, a mere one percent of the entire public health budget is dedicated to rehabilitation and mental health issues, and of that small fraction, only one percent is allocated to the mental health national hospital (where some people go for drug treatment). In other words, only .01 percent of the country's budget is allocated to facilities where people can go for drug dependence treatment.<sup>10</sup>

9 O'Neill, K.L. On liberation: crack, Christianity, and captivity in postwar Guatemala City. *Social Text* 32(3) 2014: 11-28

10 Oficina de Derechos Humanos del Arzobispado de Guatemala. *Derechos de las personas detenidas en centros de tratamiento y rehabilitación en Guatemala*. Guatemala City, 2015, on file with the Open Society Foundations

- 11 Colectivo por una Política Integral Hacia las Drogas. *¡Ay Padrino, no me ayudes! Abusos en centros de tratamiento con internamiento para usuarios de drogas en México*. Mexico City, 2015, [http://www.cupihd.org/portal/publicaciones\\_documentos/abuso-en-vez-de-asistencia-realidad-centros-tratamiento/](http://www.cupihd.org/portal/publicaciones_documentos/abuso-en-vez-de-asistencia-realidad-centros-tratamiento/)
- 12 Ibid.
- 13 Administración de Servicios de Salud Mental y Contra la Adicción de Puerto Rico (ASSMCA). *Trastornos de sustancias y uso de servicios en Puerto Rico*. 2009; at <http://bit.ly/1K6C3hX> Página 59.
- 14 Intercambios. *Humillación y abusos en centros de 'tratamiento' para uso de drogas en Puerto Rico*. Fajardo, 2015, at <http://www.scribd.com/doc/265551445/Humillaciones-y-Abusos-en-Centros-de-Tratamiento-Para-Uso-de-Drogas-PR>
- 15 Centro de Orientación e Investigación Integral. *Informe de abusos en centros de tratamiento República Dominicana*. Santo Domingo, 2015, on file with the Open Society Foundations.
- 16 Oficina de Derechos Humanos del Arzobispado de Guatemala. *Derechos de las personas detenidas en centros de tratamiento y rehabilitación en Guatemala*. Guatemala City, 2015, on file with the Open Society Foundations.
- 17 Colectivo por una Política Integral Hacia las Drogas. *¡Ay Padrino, no me ayudes! Abusos en centros de tratamiento con internamiento para usuarios de drogas en México*. México, D.F., 2015, at [http://www.cupihd.org/portal/publicaciones\\_documentos/abuso-en-vez-de-asistencia-realidad-centros-tratamiento/](http://www.cupihd.org/portal/publicaciones_documentos/abuso-en-vez-de-asistencia-realidad-centros-tratamiento/)
- 18 Universidad de Toronto, Departamento de Estudios Religiosos. *Los centros de rehabilitación obligatoria en Guatemala*. Escrito al Comité Contra la Tortura de la ONU, 2013; at [tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/GTM/INT\\_CAT\\_NGO\\_GTM\\_12827\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/GTM/INT_CAT_NGO_GTM_12827_E.pdf)



Mexico, according to civil society groups there, has about 2,000 residential treatment centers, of which only 43 are public.<sup>11</sup> According to one report, less than a quarter of the residential centers comply with government regulations. It is estimated that some 35,000 drug users in Mexico are in centers that operate outside of the law.<sup>12</sup>

In Puerto Rico, the vast majority (85 percent) of the residential programs are operated by private entities. The Puerto Rico Mental Health and Addiction Services Office estimates that only a quarter of those with drug dependence disorder have access to any kind of treatment services.<sup>13</sup> Faced with a lack of available treatment, it is not uncommon for mayors and government officials to send drug users to unregulated centers in the United States, often under false pretenses.<sup>14</sup>

All over Latin America and the Caribbean, families worried about the health or moral well being of their sons and daughters turn to private centers. Some are run with government funds; others receive clients brought by police or referred through the courts; still others bypass the public system altogether. Governments are nonetheless responsible for the actions of private institutions, and all of the countries surveyed have standards for such facilities.

In practice, however, these standards are often tragically low. Even these low standards remain unenforced, and at times, unknown, in these renegade centers.

Indeed, the majority of drug treatment and rehabilitation centers are unregistered. In the Dominican Republic, there are more than five times as many centers as are authorized for operation by the government.<sup>15</sup> In Guatemala, too, the number of unregistered centers is five times higher than those registered.<sup>16</sup> Even amongst the registered facilities, many go unmonitored by the government. In Mexico, in 2013, the government body charged with monitoring the centers visited barely 10 percent of them.<sup>17</sup> In Guatemala, there is one government worker charged with visiting and accrediting centers. When asked about why his list of centers was so incomplete, he admitted that many of them are in dangerous neighborhoods, so he purposely keeps them off his list to avoid going to them.<sup>18</sup>

Many of these unregistered centers are run by people who have themselves gone through the harsh punishments or tough “treatment” they offer. In most, trained medical personnel, and even medications for withdrawal, are unavailable. ◀





CONFINEMENT  
WITHOUT CONSENT:  
HUNTING PARTIES AND  
SPIRITUAL PATROLS

## **In all the countries surveyed, people were often brought to centers against their will, by family members, by police, or by gangs of center residents. Families are not aware of the conditions in the center, or don't know where else to turn.**

One interviewee in Mexico described his path to the center: "My dad brought me in with lies. He asked me to come along to my uncle's house to get some stuff. We went there and some men came over. When they tried to put me in a van, I got pissed and so they tied me up with my feet and hands behind my back."

A man in Guatemala stated how his mother and rehabilitation center staff sedated him and then had him committed. After staying at the centers for two months, he was able to leave when government officials came and released everyone from the center. However, he reported that the center reopened the next day with just as many patients.

"You start hating your family for putting you there," another man from Guatemala said. "You explain to your family and they don't

believe you. They leave you there for longer, your only hope is to pray to God but your life is very sad, you see people fighting each other to steal their food."

Another man from Mexico described how his family coerced him: "It was against my will... I just remember that while I was outside [my family] said, 'You go there on your own or do you want them to come for you?' And I [thought], well now if they are going to come get me... I couldn't even imagine what that would be like, and I said I better go by myself or else they will kick my ass."

Multiple reports included accounts of police funneling people to private centers. In a case from Tijuana, the police brought the respondent to a rehabilitation center against his will: "I asked them why they were grabbing me, what had I done wrong,

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**"It is not only through police involvement that the state is implicated. In Puerto Rico, the law permits involuntary commitment of a drug or alcohol user by court order at the request of the family, if this individual is deemed to pose a danger to him or herself or others."**





and they said, 'We'll take you someplace where you can relax.' I replied, 'I am not asking you to take me anyplace to chill, you jerk! I don't need your help,' but they put me in the truck anyway."

Similarly, in Guatemala, a respondent said, "One day in December, a police car with two policemen wearing beige uniforms and four civilians arrived to a place where we were celebrating a friend's birthday. It was around 11 p.m. and we were already sleeping. One friend got away after they beat him in the truck. They also grabbed two kids but they were small and fast

and were able to escape through the car window." The respondent himself wasn't as lucky.

It is not only through police involvement that the state is implicated. In Puerto Rico, the law permits involuntary commitment of a drug or alcohol user by court order at the request of the family, if this individual is deemed to pose a danger to him or herself or others.<sup>19</sup> One Puerto Rican respondent commented, "There is a law called Law 67... when you don't want to go to a center on your own... well, the court sends you... They lock you up and they detain you and take you to one of these centers. That's right, you have not committed any crime. I have ended up there three times. Now, if you leave one of these centers, they can throw you in jail for years. Can you believe that?" In Guatemala, too, courts send people to private centers, including centers that impose practices that violate minimum government norms.<sup>20</sup>

Of the residential drug treatment programs in Puerto Rico, almost half are run by one chain, called *Comunidad de Re-Educación de Adictos*, or more commonly known as Hogar CREA, or CREA.<sup>21</sup> The same chain has been expanding throughout Latin America and even into the United States. In Puerto Rico, CREA gets many new recruits through the drug courts. One man described how his family was approached by Hogar CREA staff →



<sup>19</sup> See [http://www2.pr.gov/presupuestos/Budget\\_2012\\_2013/Aprobado2013Inglis/suppdocs/baselegal\\_inglis/095/67-1993.pdf](http://www2.pr.gov/presupuestos/Budget_2012_2013/Aprobado2013Inglis/suppdocs/baselegal_inglis/095/67-1993.pdf)

<sup>20</sup> O'Neill, K. Inside Guatemala's Drug Rehab Centers. Presentation to the Open Society Foundations, New York, 28 May 2014.

<sup>21</sup> Intercambios. *Humillación y abusos en centros de 'tratamiento' para uso de drogas en Puerto Rico*. Fajardo, 2015, en <http://www.scribd.com/doc/265551445/Humillaciones-y-Abusos-en-Centros-de-Tratamiento-Para-Uso-de-Drogas-PR>



members in court: “They took me to jail. Two days after that, they brought me to the tribunal for a hearing. And it was my family who had requested a bail hearing and CREA was there. They were [there] when my mom was requesting my bail. And they told her, ‘Look, talk to these guys, they can help you out,’ and when they walked into the court, my mom told me, ‘Accept their proposal so they can bail you out.’ And I accepted it, thinking that they were going to help me. Right now, I would rather be in jail than there. They took me to the courthouse on the second day, and I was throwing up. The second day is the worst, when you are kicking the ‘vice’ [heroin], and that’s how they took me to the courthouse. I had diarrhea and was vomiting [at the courthouse], that’s when my mom and my wife felt bad for me and said, ‘Please, go to the center so they can negotiate your parole.’ I opened my eyes and thought to myself, ‘Damn it, what am I going to do?’ When I got there, they said, ‘Sure, we’ll help you out,’ and they let [a member of Hogar CREA] interview me. ‘Sure, we’ll provide services to you. You will see how you’ll be able to kick the vice.’ Within five days they were exploiting me.”

In Mexico, residents of some centers are tasked with going out to collect new recruits. These recruitment gangs are nicknamed “spiritual patrols.”

Roundups are often done violently and against the will of the person they are bringing in. One former resident from Mexico said: “They tied me up as if I were a slab of pork. They caught me from behind, tied up my hands and feet and [when] I arrived to the group, they put me in a place that they call the morgue. I remember there were three or five people like that, everybody lying on the floor, with a blanket on the floor and one on top of each person. I get in there and they tell me that I have to go to do a routine check. The routine check was to get undressed, completely naked so they could see that I didn’t have any wounds, any infection not even in the genitals, right? There they checked me and someone tells me to lie down. They tell me this will be your bed, today you will stay here until you sober up. Well, ever since I entered that observation room or morgue as they call it, I could hear people screaming. I would hear them at three in the morning, all the cursing.”

A man in Colombia said, “They push you into a van forcibly and take you there and they tell you that you’ll stay. You’re forced to remove your clothing and they tell you that you’re no longer free.”





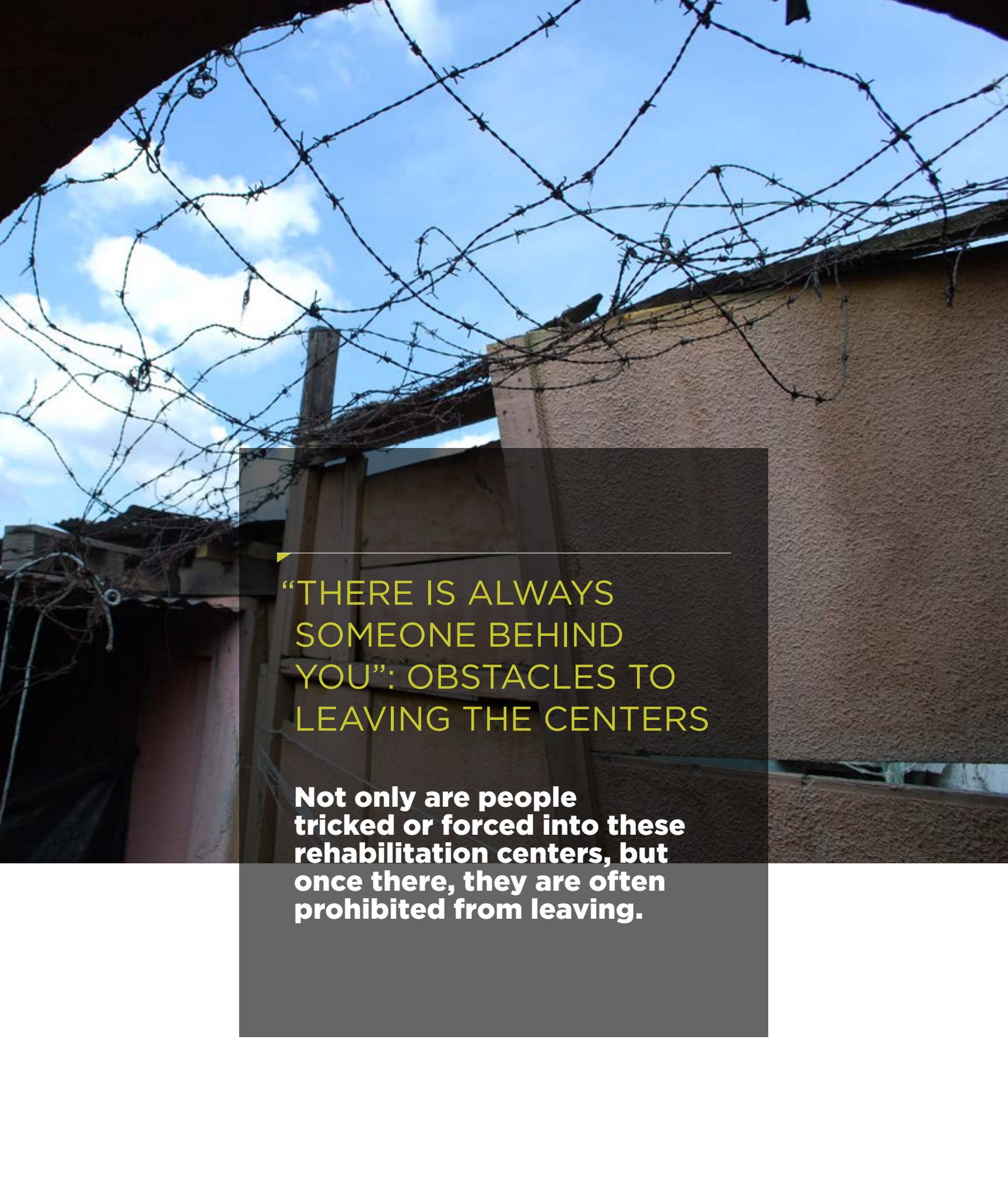
In Puerto Rico, the largest drug treatment chain, Hogar CREA, is alleged to regularly make rounds with their van, looking to “pick up volunteers.” According to one person: “Every now and then they do the ‘round-ups.’ ‘Who wants to go to CREA?’ they shout. They pay these visits around Christmas, to ‘clean up’ the towns. They sign a contract with the municipal police, when the town is having a major holiday or something like that. And the authorities tell them, ‘Look, pick them all up,’ and they [keep them in] for a week, and after that they kick you out because they don’t want to have too many people either. What they want is to have a certain number of

people to get by. So they choose: ‘This one gets in, this one has to go.’ They run these campaigns once or twice a year.”

According to other accounts private treatment centers may also intimidate people into signing consent forms. One person in Colombia said, “The first time they forced me to sign a consent form that said that I was there voluntarily, and they threatened me with ‘shock therapy’ if I did not sign it. Likewise, the director of the foundation was adamant when she warned me that if any of the people who I had contacted outside of the institution during my short-lived escape came looking for me, I should tell them that I had come back on my own—non-compliance would also be met with ‘shock therapy.’”

“Shock therapy” was not the only threat that respondents mentioned. In some cases, people are taken from a more lenient center to a more violent one as punishment. A man in Mexico described how he was forced to sign a liability letter saying he was at the center on his own will, under the threat that if he didn’t he would be taken to a harsher center in another state. An underage patient from Mexico said, “Once they took me from one group to another because I did not want to stay there; they found that out and learned that I planned to escape, and they moved me. So I arrived at the new place and they started to beat me, then they poured water on me, and then they dunked me in the water. They continued to dunk me in the tub; I almost suffocated.”

**“‘Shock therapy’ was not the only threat that respondents mentioned. In some cases, people are taken from a more lenient center to a more violent one as punishment.”**



“THERE IS ALWAYS  
SOMEONE BEHIND  
YOU”: OBSTACLES TO  
LEAVING THE CENTERS

**Not only are people  
tricked or forced into these  
rehabilitation centers, but  
once there, they are often  
prohibited from leaving.**



In Brazil, respondents reported that surveillance was constant: “There is always somebody behind you. You never go anywhere alone.” Family members, encouraged to doubt the veracity of drug users, may be of little help in getting their loved ones released. “It’s hard because families do not know what we go through there, they don’t believe us, they don’t know how desperate we are to leave,” said one man in Guatemala. “I’ve told my family what happens there but they say I’m a liar.”

Punishments for attempts at escape can be severe. One person in Mexico reported: “I saw how they tried to escape when I was arriving. Five kids tried to run away so they tied them up. A woman was with them and she was tied up in the back and was the last one, hands and feet. And they were all tied up like a bunch so if they had to go to the bathroom, you know, then all five had to stand up, the first one would go, then the second one, the third one and the fourth one. They were tied up all the time, they would only untie them to take a shower but as soon as they were done they would tie them up again, they were tied up just like that for 25 days.”

“They would beat us up if we went out onto the street, lock us up as if we were dogs,” said another man in Guatemala. “They beat up my friend with a hose and locked him up for 15 days. They wouldn’t feed him; all he got was water.”



Not only are people unable to leave freely, but they don’t always know how long their term in the center will last. Families are also not informed. One interviewee in Mexico alleged that he was kept in the center longer than he should have been because he was a good worker: “I had eight months in. I told them, ‘I want to leave, you know?’ And they replied, ‘How come?’ ‘Yes, I want out,’ I said. They held me back, stripped me down, forced me into the shower, and I reacted and struggled because they had kept me for eight months, and I had come on my own so they should not keep me extra time. They tied me up and started to kick me, then the director came over and said, ‘Just make sure you don’t kick him in the face.’ They held me for two more months washing the blankets for all the patients, cleaning all the cooking utensils, and carrying water and disposing of all the trash, and all the time the staff kept asking me, ‘So, what now, did you grow a pair all of a sudden?’ And I said, ‘No, it’s just that I wanted to leave because I had come for three months and the time had gone by,’ but they did not want to hear —>

**“I saw how they tried to escape when I was arriving, those kids. Five kids tried to run away so they tied them up. A woman was with them and she was tied up in the back and was the last one, hands and feet.”**

**“I mean, when it is clear that you are already fine, they want to keep you in, particularly when you have been committed under ‘pressure.’ And then, when your sentence is due, they don’t tell you that you are done.”**

any of that, and started getting rattled with me all over again.” The same man described another punishment when he said he wanted out: “They handcuffed me to a pole. I stood there for 24 hours, each time the staff would walk by, I would get a smack or they would throw hot coffee or water at me. That was the punishment.”

A former detainee from Puerto Rico expressed similar uncertainty about when he could leave: “Well, I came to CREA on my own. I checked myself in but I don’t like the system there because, truth be told, you start fine and then you begin to progress but they want to keep you there. I mean, when it is clear that you are already fine, they want to keep you in, particularly when you have been committed under ‘pressure.’ And then, when your sentence is due, they don’t tell you that you are done. They keep you there working, going to the streets to sell.<sup>22</sup> They are happy seeing the money coming in that is sent [by the government] for each inmate. They keep you on the fence and you must ask all the time how much longer you need to stay in.”

The situation was similar in the Dominican Republic: “Many times I have seen people who finished the treatment,” said an interviewee. “But for whatever reason, either because the director needed them to go sell or whatever he didn’t want to let them go and created all these obstacles for that person to leave.”

An interviewee in Brazil described an especially troubling practice to keep patients in centers: they were given injections in order to keep them drowsy and quiet. After these injections, residents were tied down on their beds: “An injection that makes them sleepy, right? If you are tied down, you piss and shit right there, still strapped down, as they do not untie you.”

Centers often take pains to make sure that reports of the true conditions inside are not made public. According to a former detainee in Colombia: “We got visits from the Health Department, from the mayor’s office, but it was funny because when [they] arrived, I remember there were so many who wanted to tell their concerns... but [the center managers] would tell you, ‘Listen brother, if we find that you said something to these people and that we got shut down because of you, you will have to take therapy.’ So what does one do? ‘How do you feel boys?’ ‘We feel great!’ And inside: ‘How do I tell this person that they are not helping, that there are truly sick people here? How do I say it?’”

In Guatemala, one respondent described the great lengths those running the center went to keep people quiet after they had finally left the center: “When I was discharged, the manager threatened us so we wouldn’t talk about what happened. Sometimes he passed by in his car with a nine-millimeter gun.” ▲

<sup>22</sup> For more on forced labor in the centers, see page 28.





CRAMPED QUARTERS,  
LACK OF PRIVACY,  
RANCID FOOD,  
AND UNMEDICATED  
WITHDRAWAL



**One reason people want to leave the centers is the squalid and unhygienic conditions inside many of them. People are often packed into small spaces. One man described sleeping conditions in Mexico: “We called the sleeping situation ‘dick against butt.’ They would put each of us facing the opposite direction, one with his head to one side, the other on the other side so they could fit more people.**

Then the guard would come over and put his foot between people and push to the side, flap, flap, so he could fit the 95 users, and then another layer on top. Because they had to pile up more people on top and just like that as if we were little pigs. That’s how we had to sleep. On top of that once you were falling asleep, all of the sudden you would see something walking around and it would be cockroaches. You would wake up all bitten by bedbugs, fleas.”

Movement is sometimes restricted within the center and privacy is limited. An interviewee in Mexico described how the patients carried out all their daily activities in one room, sleeping on foam mattresses that were laid down at night and removed in the morning to make room for benches and tables where they conducted meetings and ate meals. They only left the room to shower or use the bathroom, and even then only in small groups and for a very short time. Another respondent in Mexico mentioned that he was not allowed to



shower more than once a week and only when he had a visitor. He also said that he got a half bucket of water that he had to share with five people once a week. Another man said, “At 6:30 we all left the room naked to shower outside, they would tell us ‘take off your underwear and get out.’ We would share the same towel to dry ourselves off.”

Living quarters and bathrooms are often filthy. One man in Mexico alleged that the lack of hygiene is used as punishment: “They kept us all without showers. [We are] reeking of shit and smelly feet, with long nails and hair—but when they cut it off, they used a blunt razor. These jerks would grab us and run the razor over and over, I got a lot of skin rashes.”

Another man in Mexico described the filthy condition in his center: “It was a bathroom with no drainage pipe so there were two toilets but there was a pit. As it filled up, you had to go there and take it out with your own hands. ... Throw it away and in a bucket take it out to the street, so you would be all filthy. There were 140 users there so you can imagine...every two days we had to empty it, with buckets. If you misbehaved you had to empty it as they were filling it up, that was me all the time.”

Nutrition is lacking and food is often rancid. According to a man from Brazil, who said he went hungry in the center where he lived:



“They said to us that our clinic would have cow’s milk and bread from the Pão & Cia bakery. But it was all lies. I never drank milk there. And the bread really was from the Pão & Cia bakery—but it was green because it was the throwaways, all moldy.”

“What you eat there is... what they call egg donations,” said a man in Colombia. “Since they are located close to a farm, three people go there and they collect in a bag all the eggs that are cracked, that have bird fetuses, that are rotten; they take them to the center to process them and that’s what you eat—eggs that are different colors. →



**“There were days when the pastor would say that if God didn’t send us any food it was because he wanted us to fast and there was nothing else we could do. It didn’t matter if you were sick or not.”**



For example they are green and black. There are different textures that look like cheese. And you still have to eat them.”

In the Dominican Republic, interviewees also reported that provisions were lacking and people sometimes went hungry. One center detainee said, “The pastor would sometimes even send us to the street to look for bones. We would ask the neighbors for food. Many would donate food. But we always needed lots of food for lots of people. There were days when the pastor would say that if God didn’t send us any food it was because he wanted us to fast and there was nothing else we could do. It didn’t matter if you were sick or not.”

According to a man from Mexico: “Food at most centers is of very bad quality for two reasons. First, it is a form of punishment inflicted upon users under the pretext

that they have to learn how to appreciate the food they receive at their homes, and second, the food supply at free centers depends on the food that they receive as gifts or that they can get. The main dish is broth prepared with rotten vegetables, known as ‘bear broth’ or ‘swamp broth;’ tortillas, bread, and other food are eaten depending on availability. It usually consists of the same meal for months. The provisions that the family brings on Sundays, when it is visiting time, are mostly eaten by the sponsors and the centers’ staff with more seniority, and do not reach the users.”

One underage detainee in Mexico described what happened when the center where he lived got an official monitoring visit: “They would give us only unsalted vegetables. On the day of the scheduled visit from the Institution for the Prevention



and Treatment of Addictions, they would put vegetables and meat in the fridge so they would think that we ate that; they lied to the visitors.”

Medication was also lacking, even to treat the painful effects of opiate withdrawal. According to a patient from Puerto Rico: “Most people who got there were looking for a refuge, looking for help, which they never received because all they gave us to deal with pain was ibuprofen, aspirin. They did not give us any medication to deal with the habit [heroin dependence], which was really what we were missing. The pain, the diarrhea, the vomiting. So, I suffer from hypertension, and my blood pressure would increase to the point where I felt that my heart was jumping... out of desperation.”

The situation in the Dominican Republic was similar: “There are no doctors at the center,” said one resident. “If you had a headache they would give you a pill and that was it. If you were a heroin addict and you were going through withdrawal they didn’t take you to a doctor. A manager at the center would give you vitamin B for the pain. That’s all they would give you, B complex. If what you needed was medicine, they could write down a prescription for you but if you didn’t have the money and couldn’t afford it that was it.”

An interviewee from Guatemala said, “Some patients would complain and say that they were in pain and ask for pain medicine and they would tell them that their families

had to bring them some because ‘this is not a hospital.’” In Guatemala, as in other countries studied, centers may see prayer as the only necessary “medication.” One center director expressed that patients are possessed by demons and the only way they could heal was through prayer or exorcism.<sup>23</sup>

Respondents described another troubling aspect of centers in the Dominican Republic: minors were commingled with adults and people with mental disabilities were interned with people with drug problems. “At the home you could find anything, even people with mental issues who were left there by their family.” Another said, “There were minors, adults over 60 years old, and middle-aged people from all parts of the country, and many foreigners.”

In Guatemala, a respondent explained that the center where he was held sometimes took in minors “off the books” for extra money: “I met two minors there,” he said. “Sometimes [the center director] needs more money and it’s all done under the table, no registry in the computer or the books. They hide the information. There are children who are 9, others 10, 12, 13, 15. When I was there I met a 16-year-old, and 17-year-old.”

<sup>23</sup> Oficina de Derechos Humanos del Arzobispado de Guatemala. *Derechos de las personas detenidas en centros de tratamiento y rehabilitación en Guatemala*. Guatemala City, 2015, on file with the Open Society Foundations.



PHYSICAL ABUSE  
IN THE CENTERS



**Many interviewees described serious physical abuse. Abuse is sometimes used as a form of initiation or to break a person's will upon entering a center. According to a respondent from Mexico: "I got out of the van and walked into a small lobby area. They closed the door behind me and started beating me."**

They asked me to undress and, since I knew the procedure from a previous stay in an *anexo* [center], I started to take my clothes off; then they asked me to take my underwear off and I did, they told me to do squats and I did; then a guy tells me, 'You are not home anymore, dude. You have no idea where you are now; in here there is nothing but seasoned convicts. There are no more hugs and kisses, your mom and dad don't live here, dude.' But when he said that he was already on top of me holding my neck, and I was on the floor."

Another man from Mexico described similar abuse: "When we arrived at the center, the guy who was next to me pulled my arm, I think that is when my shoulder got dislocated. I tripped, I fell on the floor, and everyone started kicking me, but I did not feel pain from the kicking because I was in terrible pain because of my arm. I could not stand the pain and I was screaming that it was excruciating [but] they kept kicking me. Then they took me up to the *anexo* and removed my clothes, they went through the stuff I had

on, and they threw me in a cistern; next to the shower there were two toilets, a long urinal for like three people, and next to it there was a cistern that they filled with water to plunge us in. They threw me inside, I managed to pull my arm down like this, and the whole place cracked up, they started telling me that they were going to cut my balls off, threatening me verbally."

A third man in Mexico said: "They got me sober by beating me. Upon arrival, they locked me up in the bathroom and threw cold water on me, with my clothes on, a few buckets of water. Then they took me upstairs and forced me to stand up barefoot on two cans of tuna, and said they were going to give me sneakers. I stood on top of the cans for two nights and two days, with my feet swollen, thirsty as hell. They turned two fans on me, every two or three hours they sent someone to throw a bucket of water on me. Then they poked me; I asked them to stop, that I was feeling shitty because of the hangover and that my feet hurt so they replied: 'Oh, yeah? So your feet hurt, you motherfucker? →"

**"I stood on top of the cans for two nights and two days, with my feet swollen, thirsty as hell. They turned two fans on me, every two or three hours they sent someone to throw a bucket of water on me."**

24 The residential treatment centers in Mexico are usually run by former alcohol and/or drug users, who are commonly called *padrinos* (godfathers). Most are untrained and use treatment methods that are based on their own experience, often including physical abuse.



Let's go, come over!' They had me kneel on chips, then a *padrino*<sup>24</sup> came over, removed the chips and had me kneel on rice. After that they beat me repeatedly on my head and my back with towels, with belts."

After arrival and initiation, those in charge mete out more physical abuse as punishment. One person from Brazil said, "If you did something wrong, you had to complete a discipline order on your knees. If you did not last an hour there, they used to tie you up and toss you in a dark little room that had rats."

In Colombia, a man recalled, "The physical treatment is equally heavy because, for example, if you do not want to do something, then they tie you up. A roommate said that he was not going to rise at three in the morning, how are they going to make you sleep six hours from 9 p.m. to 3 a.m. and then get up and stay standing all day. What did they do? They came, tied him, and threw him into a gutter at 11 p.m., out in the cold until past midnight."

According to a respondent, one frequent punishment in the centers in Mexico City is called *el gansito* [the little goose]: "They take you into the office upstairs and bring up one of those sticks they use to stir the big pots of *chicharones* (pork crackling), they call that stick *el gansito* and there is even an inscription on it that reads, 'remember me.' They start hitting you with that, and after four or five hits on your buttocks, you have big clots of blood."

Respondents in Mexico also described punishments where patients are tied up or accosted with buckets of water: "Often, for anything and for everything, they would tie your hands up above your head and hang you from there," said one patient. "They call it 'scorpion' or 'ballet knot,' because they keep you hanging but your feet never touch the ground. They make you bend down and throw a whole bucket of water on you; you feel like you are suffocating and they keep your hands tied to your back. You can't lower your face because if they pull your head back you choke on the water. They called this one the 'sobriety shower.'" Other punishments (for minor infractions like not sitting up straight or not paying attention during a meeting) included things like kneeling on metal bottle caps for hours, sitting on cactuses or a jagged brick, being forced to stand all day long without moving, or being sent to an isolation room.



“They take you to the back patio, put a bucket full of water on your head and make you do 500 squats and if you spill water they kick the hell out of you,” said a man in Guatemala, when discussing the punishment for misbehavior in the center. “Sometimes they make you clean. They take the broom handle from the broom and you have to clean holding it with your hands, as if you were in jail. They hit you in the face, on the head.” Representatives of a human rights NGO in Guatemala, obtained an organizational chart from one center in Guatemala that includes corporal punishment as the responsibility of “collaborators” or more senior residents.<sup>25</sup>

One respondent in Brazil said that he had seen a gay man being beaten up for making a pass at another man. An uproar broke out in the dormitory and the man was beaten and tied to a tree by the other residents and the pastor in charge: “They tied the guy to a tree,” said the respondent. “Then, they tore his clothes and shaved off part of his mustache, smearing him with lipstick. They beat him really hard and sent the guy away all torn up.”

Respondents from Mexico also described sexual abuse in the centers where they lived. One witness said, “A female patient was stripped naked in front of everybody, they took her blouse off, and told her that if she wanted to whore around, that was how it would feel.”

Another underage woman from a center in Mexico said, “From the start, this guy would reach for my underwear (my panties or my bra) every time I walked by. He had it in for me. Then, he had me punished. For three weeks, I couldn’t sit at all, and they would not let me speak up or participate in activities. Then he said he wanted something in return for better treatment, so he took me to the coordination room and took advantage of me. I told the *padrinos* but they did not react at all.”

Other times, abuse is used as an ostensible form of treatment. In the Dominican Republic, a man said, “They would wake us up in the morning with a bucket of cold water and then we had to go into a room where they would apply ‘confrontational therapy’ and insult us. They would also slap our faces really hard. They would wake us up with cold water and then they would slap us when our faces were still wet, so it would hurt even more.”

Centers sometimes go to great lengths to make sure abuses are hidden from the family members of those detained. They may wait to allow visits until after bruises and other signs of beatings have disappeared. Respondents also explained that center staff encourage families to think of the people in the centers as liars and criminals who will try to manipulate their way out of the center. ▲

25 Oficina de Derechos Humanos del Arzobispado de Guatemala. *Derechos de las personas detenidas en centros de tratamiento y rehabilitación en Guatemala*. Guatemala City, 2015, on file with the Open Society Foundations.





## HUMILIATION AS TREATMENT IN THE CENTERS

**Many centers use emotional as well as physical humiliation, particularly in front of family members. According to a respondent from Puerto Rico: “At CREA, if you are caught masturbating, they ask you to go around holding toilet paper or a backpack, and you must approach each visitor and tell them why you are holding that.”**

‘I am so and so. I am here for this reason.’ And you have to approach all the families, whether you know them or not. That is a terrible humiliation. It makes you feel like a piece of shit. You are nothing, less than an insignificant thing. Yes, you feel like shit when you are there. Right now, I am trying to come out of all the blows that I felt in my heart, and that’s it. It’s hard. I am trying to cope with it.”

Another respondent from Puerto Rico also described the various forms of humiliation used by center staff: “If you saw another resident doing something and you did not report it to the director, they would throw pig feed at you. How do you overcome that kind of abuse? It was the ultimate abuse.

In front of everybody—pig’s feed, worms and all, falling on you and you can’t say anything. If you do, they send you to jail. That’s tough. They shave your head, and send you off to receive a visit from your family. Imagine doing that with your head shaven like that.”

In the Dominican Republic, humiliation in front of family members is used in a similar way. One man said, “I remember a patient who was punished because he talked back to a superior. His punishment was to put a large trash bag full of food scraps around his neck. He couldn’t take it off for three days. After three days it was visitor’s day and so his family arrived and found him with a stinking bag around his neck.” →



**“Several people in Mexico described how forced feeding was used as punishment: ‘There are things you can never forget because they mark you.’”**

A respondent in Mexico recalled being forced to dress like a woman as punishment: “About a week after I had arrived, they dressed me like a woman, they had me wear a thong, a dress, put makeup on me, shaved my head. Everything. Then they poured the infamous ‘shampoo’ on me, made of hot pepper, lime, and I don’t know what else was in there but it stung.”

Also in Mexico, an interviewee told of being made to run around a field carrying a heavy man on his back. After complaining that he didn’t like the “treatment” he was receiving at the center, “[One of the *padrinos*] brought me to the middle of a large cement platform surrounded by gravel. It was the famous ‘hippodrome’ of the center, and they put a heavy dude on my back and made me run several times around the field, hitting me. The guy was kicking me in my ribs with his heels.”

A man in Guatemala described how he saw another man humiliated in the center where he was detained: “The office manager made him dance naked holding a carrot and said: ‘stick the carrot up your ass and dance,’ and then held up this knife and said, ‘so you don’t want to do as I told you? Hurry up.’ He threatened him with a knife [saying that if he hurried up he’d give him] five quetzals. This guy’s family never visits him and he is always starving; he had to do it. He had to do those things with the carrot totally out of fear.”

Several people in Mexico described how forced feeding was used as punishment: “There are things you can never forget because they mark you. In the group we had a can of chilies of *La Costeña* brand... We ate from that can, had breakfast and dinner, but we would also urinate there and it would be our toilet, so that if you wanted to eat you had to clean that can pretty well.” If patients did not want to eat or they spat out their food, “They would tie up both your hands and feet, tie you up to a chair and open your mouth. They would hit you in the stomach and there you had no option but to eat, they would stick the spoon in your mouth.”

Another man said, “We would get ‘swamp soup,’ that is, the roots of the plants, tubers. It tasted like shit, there was still dirt in it; I remember there were roaches and other bugs in it too. That’s what we ate. If we would not eat it or would throw it up, they forced us to suck up our vomit from the floor.”

Other accounts from Mexico alleged that sometimes the center would force them to eat too much food. One person described his first meal at the center: “They gave us food and it was three, four plates of cooked liver. And you had to eat it all, there were two or three of my pals who would throw up and they were told to puke directly on the plate because they had to eat it.”



Verbal abuse, or “confrontation therapy,” seems to be commonly used at the CREA centers in Puerto Rico and the Dominican Republic to chastise and humiliate patients.

The patient sits on a bench while staff or other patients curse at them. A man in the Dominican Republic said, “They would call me ‘thief’ and it would make me really uncomfortable because I am not. They would also call me ‘faggot’ and that made me feel bad. I wanted to stand up and punch them.” Another said, “When I reached a certain level I was forced to belittle new patients; if I didn’t they would lock me in and wouldn’t let me see my family.”

These “therapy” sessions could be quite long. One person from Puerto Rico recounted, “Yes, 12 straight hours. Once [a week], 12 hours. But everyday, two or three times a day there were confrontation ‘therapies.’ But the other was the extended one. They don’t give you food there. It happens at night. Yes, after dinner. They run it at night, and it goes on through the night, until dawn, that’s right. Sometimes [until] 8 a.m. or breakfast time. Everyone is there. If you fall asleep, no, no. They don’t allow that. They yell at you. You are not supposed to fall asleep, you can’t. And then, the next day, it’s the same all over again.”



A man in Colombia described the feeling of hopelessness resulting from the punishments and deprivations: “In the center, all decisions were made unilaterally. I felt like I lost all my rights. I had no rights whatsoever; at some point [the director] took the reins of my life and decided what I would eat, what I could say, what I could think, with whom I was allowed to speak, what music I could listen to. One day, I was punished for singing a song. When you enter one of these places, you realize all the things they can do to a person, so many injustices, so many things that now you don’t think exist, but yes, they do exist, and there is utterly inhuman torture, there are children being punished out of ignorance.”



“SELLING ON THE STREETS” AND OTHER FORCED LABOR

**Those who'd been in the CREA centers in Puerto Rico and the Dominican Republic described being forced to sell pastries or small household items in the streets. They received little or no pay and risked punishment for refusing. Far from being vocational training, this forced labor reinforced the public stigma of drug users as beggars.**

In Puerto Rico, the monologue that CREA residents must recite as part of their so-called “representation and sales therapy” breaches confidentiality by requiring that they disclose to strangers that they are drug dependence treatment patients. One person said, “At CREA, even though it is supposed to be a rehabilitation center, it leads you to fall into the same things: begging in the streets, selling stuff, because when you are an addict, you steal stuff and then you sell it. Well, this treatment makes you to go out and sell stuff, to ask for money, which is something that you want to avoid. I don't think this is something that will help us to move forward.”

Others at CREA centers who had skills useful to the center might be forced to work in those capacities. One resident from Puerto Rico reported that staff would

try to persuade electricians, mechanics, construction workers, and others with such technical skills to stay in the center after they had concluded their program, so that the center would continue to benefit from their free labor. He alleged that directors sometimes invented infractions to slow someone's progress so that they'd be forced to stay in the center. He said this situation applied to him as well: “I have seen people who were stuffed into a pit [filled] halfway with water. Dirty water, stinking water. They did not finish building those water tanks and so they used them as punishment instead. I lived through that. I did. Because the director himself told me, ‘Look, man, my car is giving me trouble,’ and I said, ‘So, take it to the shop.’ ‘What happened? You are a mechanic and you are right here.’ ‘Yes, I am here but I am not a slave.’ I did not →



**“I call the shots here. I will show you who is the boss,” he replied. The next day I spent four hours in the water.”**

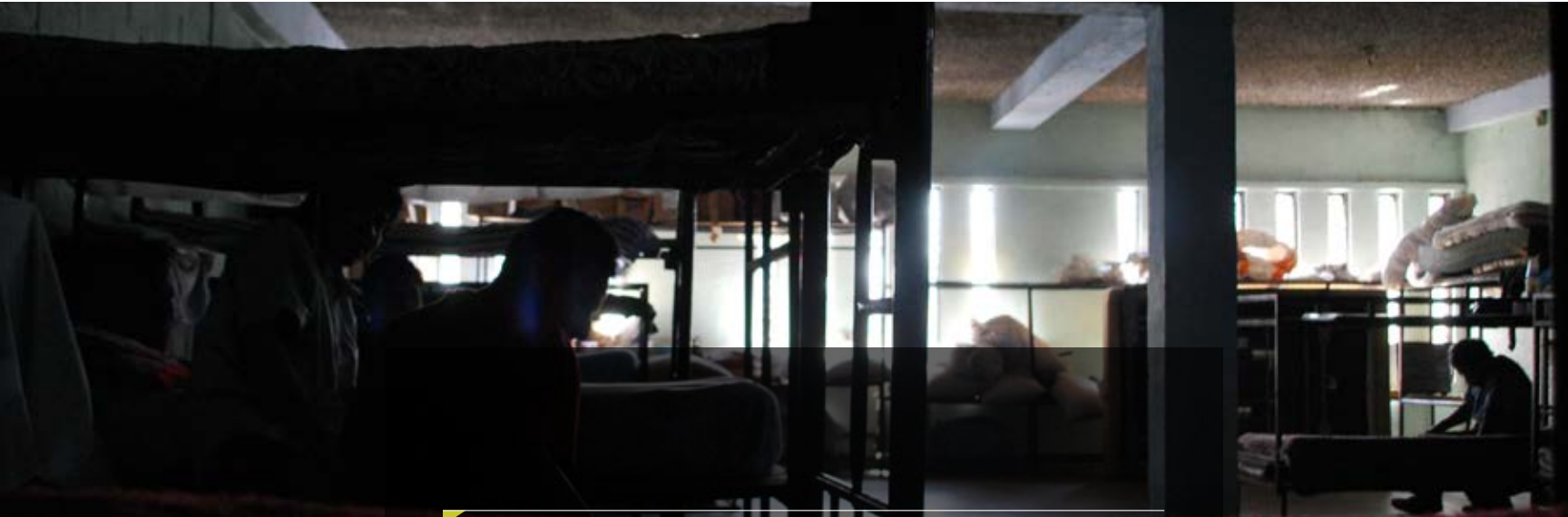
like the guy. ‘So, what is the problem, why don’t you want to fix my car?’ I said, ‘Well, because you have to pay for a mechanic. Take it to the shop, that’s it. They told me I had to fix all the trucks and buses from CREA. They did not tell me that I had to fix the director’s car.’ ‘I call the shots here. I will show you who is the boss,’ he replied. The next day I spent four hours in the water.”

An interviewee in the Dominican Republic mentioned the punishments that might be meted out for failing to sell enough products in the streets: “If you didn’t make 2,000 pesos [Dominican] they would punish you, sometimes they would tell me they were going to give me half the food because I wasn’t good at selling. You had to walk 10 to 15 km a day or they would send you to a center far away so your family couldn’t visit you. They also cut off all privileges: they wouldn’t let you play dominoes or Parcheesi, or share things with others.”

In other countries, work may not be for the benefit of the center, but in the name of labor as therapy. In Brazil, people were subjected to pointless work such as digging holes and then filling them in, looking for water at remote locations, or weeding vast tracts of land.



An interviewee in the Dominican Republic summed up the attitude of some centers: “At the center everything is ‘therapy.’ From the moment you wake up you are in therapy. Spiritual therapy is when we pray together in the morning, occupational therapy is when we do household chores, group therapy is when there are confrontations, and when we go out to the street to try to get money to support the center, they call it representation therapy. You’re always in therapy.” ▲



## DEATH WHILE INTERNED

**Some interviewees described the worst possible outcome of time in these so-called treatment centers—death. Some in Mexico reportedly died while going through withdrawal without receiving any medicine: “I remember that time a patient died, a friend at the observation room. He was already really weak because of alcoholism, and then he died. →**

**“They brought this crazy man inside and managers fed him a pound of salt with a tortilla; this produces death almost immediately. Those in charge of the centers noticed what was happening and took him to the hospital, where he died.”**

Maybe it wasn't the place to keep him because the condition he was in when he arrived. He should have been taken to a hospital but that didn't happen.” Others were beaten to death: “On one occasion I saw how one person was being force-fed, they brought him into the shower at 4 or 5 a.m., he became delirious, they tied him up and started to beat him up. At 11 a.m. he was dead. My *padrino* told me: ‘Call his family, have them come right up, tell them he was hurt when he got here and that once he arrived he had a crisis;’ and if I did not say that, they would beat me up.”

Another Mexican interviewee saw a patient beaten to death for trying to escape: “The guards are extremely violent; they catch you and you are dead meat, but first they beat you up. Once I got to witness this because I was in the kitchen, I had just arrived and they caught a patient who had tried to escape, and when that happens they bring you in front of everybody. But this guy got a beating, and they just went too far.”

In other cases, patients commit suicide out of desperation. A man in Mexico said he witnessed a patient kill himself: “I saw him get desperate at night. He jumped on the bed, cried, and beat himself up. I tried to calm him down, told the guards to bring him something but they said, ‘No way, tell the motherfucker to quit giving us grief because we will come in, tie him up and calm him down, our style.’ I tried to calm him down but he said, ‘I can't take it anymore, I can't take it,

I want to leave.’ ‘You can't leave,’ I would tell him, because we were locked in by an iron gate locked with three padlocks. Then my friend would get desperate and I would stare at him. He did not sleep for two nights in a row, and the third night he told me, ‘You know what? I am getting ideas about killing myself,’ but I would tell him, ‘How are going to do that, if there is nothing here?’ And so I did not believe him. And from the blanket, he tore it up in strips, he surprised us all when we were asleep and he hung himself. He hung himself in the bathroom.”

In Guatemala, respondents described various situations where people were brought to a hospital only when they were at the brink of death, presumably so that the center wouldn't have a dead body on their hands. For example, one person described the situation of another man he was interned with: “They would leave him sleeping naked on the floor or would put him inside a barrel with some water in it. He eventually got sick in his lungs from sleeping on the floor, lost a lot of weight, and was in constant pain. Then the director told the managers that they should take him to the hospital and that's where he died.” Another respondent in Guatemala reported the death of a man who was mentally ill: “They brought this crazy man inside and managers fed him a pound of salt with a tortilla; this produces death almost immediately. Those in charge of the centers noticed what was happening and took him to the hospital, where he died.”



A photograph of a prison cell. The room is dimly lit, with light coming from several barred windows at the top. There are three beds on the floor, each with a mattress and some bedding. A person is lying on the bed on the right. The walls are plain and appear to be made of concrete or plaster. The floor is tiled.

## CONCLUSIONS AND RECOMMENDATIONS

**As the accounts in this report make clear, the so-called treatment provided in these unregulated centers throughout Latin America and the Caribbean is actually abuse: cruel, inhuman and degrading treatment, arbitrary detention, and violation of the right to health, the right to privacy, and sometimes even the right to life. Patients often leave feeling violated, defeated, and scared.**

**One woman in Mexico said, “When I left the center, I started getting tested because logically I feared I had caught a disease like AIDS or syphilis or something.” She also noted that she lost trust in the treatment system: “I went back to using; obviously, in that place I did not work on my rehabilitation at all, quite the opposite. And then I did not want to go anywhere else out of fear that they were going to do the same things to me. I don’t trust those places at all.”**

A man, also in Mexico, said: “The stated goal of these places is to help you. We come already damaged, in my case from my home, from a dysfunctional family; so you are already tossed around by society and you arrive to a place like this looking for help. Deep inside I wanted help, I looked for it, I thought to myself, ‘I don’t want this mess anymore, enough is enough!’ Sometimes I committed myself to these places to get relief; what I wanted was to get support for my efforts, not to be treated like this.”

The fact that these centers are run by private entities doesn’t relieve the state of its obligation to ensure that crimes are not being committed within them. Governments have a responsibility to stop abuses in the name of drug treatment and can do this through a three-pronged approach: 1) stopping abductions; 2) monitoring centers and holding abusers accountable; and 3) supporting evidence-based alternatives.

**Those who abduct people to hold them against their will for the purposes of drug treatment should be held accountable for kidnapping. Involuntary commitment by a court should be used only as an extreme measure.**



When “hunting parties” from drug treatment centers drive around town forcing people into the back of a van and then locking them up in a center, this is kidnapping and should be treated as such by the law. A family member forcibly committing someone who has reached the age of legal majority still constitutes arbitrary detention. In addition, people should not be made to sign commitment forms under duress or the threat of punishment.

In many countries, courts are involved in sending people to the centers. In practice, involuntary treatment should be rare, time limited, and never the norm.

According to the UN Office on Drugs and Crime: “For a minority of drug dependent persons, short-term compulsory treatment may be justifiable only in emergency situations for the protection of the person using drugs or the protection of the community. Even in these circumstances, the ethics of treatment without consent is debated and may breach some UN conventions, such as the Convention of the Rights of Persons with Disabilities. In any case, this intervention should not exceed a maximum of some days and should be applied under strict legal supervision only.”<sup>26</sup> This is not the case currently in the countries profiled in this report, where many people report being forced into centers against their will and held for months, without continued legal supervision.

For facilities to be truly voluntary, people must be able to leave whenever they choose. If an individual is completing drug treatment in lieu of incarceration for a crime, then they must be given the option to leave treatment and have access to due process to address that crime.

In situations where people are found to be committed against their will or held against their will, then the perpetrators should be held accountable in the legal system. Some countries may have laws that specifically address consent to drug treatment. In Mexico, for example, the General Health Act details procedures for drug treatment and rehabilitation through the Mexican Official Norm (NOM-028-SSA21999). It specifies that treatment cannot be forced and that residence in a facility must be strictly voluntary. In countries that do not have such laws specific to drug treatment, then perpetrators should be held accountable under laws dealing with kidnapping and abduction.

### **Governments have a responsibility to monitor and regulate all drug treatment centers, including those that are privately run.**

Governments have a duty to prevent crimes and hold perpetrators accountable. These protections clearly extend to people who use drugs. States can ensure that people aren’t abused in the name of drug treatment by regularly monitoring drug treatment centers and requiring renewed accreditation for operation. Staffing must be sufficient for the task; in Guatemala, a single person is charged with monitoring, sanctioning, and following up with centers; given the number of centers across the country, this is clearly not sufficient.

In order to ensure that government monitors are able to ascertain the true nature of centers, they should insist on unannounced visits and unfettered access inside the centers. In some cases, government entities or partners have attempted to monitor some centers, but these monitoring visits have not been followed by widespread reforms. In Brazil, for example, the Federal and Regional Psychology Councils inspected 68 therapeutic communities throughout the country in 2011. Violations of human rights were found in all the institutions inspected. Still, no significant action was taken.

National preventive mechanisms addressing torture and human rights groups working on germane issues such as arbitrary detention and the right to health should also have access to monitor drug treatment centers. UN Treaty Bodies and Special Procedures with relevant mandates (the Committee Against Torture, the Subcommittee for the Prevention of Torture, the Committee on Social, Economic, and Cultural Rights, the Working Group on Arbitrary Detention, the Special Rapporteurs on Torture, Health, and others) should be encouraged to visit private drug treatment centers during their country missions. →



26 United Nations Office on Drugs and Crime. *From coercion to cohesion: treating drug dependence through health care, not punishment*. Vienna, 2010, at [http://www.unodc.org/docs/treatment/Coercion\\_Ebook.pdf](http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf). Page 7.



Because it is often difficult and dangerous for people experiencing rights violations to give a full picture of their abuse when they're still at the mercy of their abusers (i.e., still residing in a center), states should also offer well-publicized avenues for former center residents or for family members of center residents to report abuses. Any reports should be promptly investigated and perpetrators swiftly brought to justice.

It is not enough to monitor centers if there is not significant action taken when abuses are found. Drug treatment centers that fail to meet basic human rights standards should be sanctioned, and offenders should be shut down. People operating offending centers should be held accountable and prevented from opening a new center under another name without proper oversight. Governments may need to devote additional resources to adequately monitoring drug treatment centers; currently, most governments in the countries covered here monitor only a small fraction of the ever-growing number of centers. If action is not taken uniformly across a country, abusive centers may move to areas where the oversight is less strict. For example, when authorities in Mexico's Federal District began enforcing a law related to the operation of centers, many of the more extreme centers simply moved outside of that area, to places where the oversight is more lax.

## **Governments, UN agencies, and civil society groups should support community-based, voluntary treatment options.**

Abusive drug treatment centers are able to flourish and profit because, in many places, there is a dearth of options for people who want to stop or manage their drug use. Governments not only have an obligation to protect their citizens against abuse; they also have a positive obligation to provide quality health services. As such, governments, along with technical assistance providers like the World Health Organization, the Pan American Health Organization, and the UN Office on Drugs and Crime should work to provide good, evidence-based drug treatment to those who want and need it. This need does not necessitate live-in facilities; in fact, in many instances, outpatient, community-based treatment is best, and may allow the option for people to continue to work and spend time with their family. For opioid dependence, governments should offer the medications methadone and/or buprenorphine, which are proven and effective treatments.<sup>27</sup> For stimulants, outpatient counseling is the standard of care.<sup>28</sup> Governments should also support harm reduction programs where drug users can get support to manage and reduce their use, since many drug users don't need or want treatment.



27 World Health Organization. *Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence*. Geneva, 2009, at [http://www.who.int/substance\\_abuse/publications/opioid\\_dependence\\_guidelines.pdf](http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf)

28 World Health Organization, Western Pacific Region. *Therapeutic interventions for amphetamine-type stimulants*. Manila, 2011, at [http://www.wpro.who.int/hiv/documents/docs/Brief4forweb\\_7DF1.pdf?ua=1&ua=1](http://www.wpro.who.int/hiv/documents/docs/Brief4forweb_7DF1.pdf?ua=1&ua=1)

## **Governments in Latin America and the Caribbean must work together with experts to improve drug treatment:**

- Governments should invest in improving education on drug dependence and its treatment in medical schools and through continuing education programs for aspiring specialists.
- Bilateral and multilateral entities that provide support on demand reduction (such as the U.S. Bureau of International Narcotics and Law Enforcement) should ensure that the technical assistance they provide is in line with scientific consensus and does not inadvertently provide cover for abuses.
- Organizations like the World Federation of Therapeutic Communities that champion drug treatment should speak out against these abuses and help to educate the public about evidence-based approaches.▲

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<http://coin.org.do/>

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<http://www.coacti.org.mx/>

**Colectivo por una Política Integral Hacia las Drogas**  
<http://www.cupihd.org/>

**Fórum Mineiro de Saúde Mental**  
<http://on.fb.me/1Jmyl5g>

**Fundación Miguel Ángel Vargas**  
<http://emav.webpin.com/>

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**NO HEALTH, NO HELP:**  
ABUSE AS DRUG REHABILITATION  
IN LATIN AMERICA & THE CARIBBEAN

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