

# Treating drug dependent persons a pending task

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Are we really prepared in Colombia to properly treat drug-dependent persons and those with vulnerability to addiction? What is the picture in France and how does it pan out in Colombia? Silvia Rivera, professor at School of Medicine and Health Sciences of the Universidad del Rosario, and French researcher Jean-Luc Gaspard, joined forces to examine the situation and attempt to answer these and other questions.

**A**lberto' walked in, pretty strung out and with a glassy-eyed look. But he'd made up his mind to do what he had so often avoided, go into a rehab center and ask for help. A social worker who has known him for some months had made him an appointment for that Tuesday at 11am. He turned up but didn't know what time it was. Once within that space he felt colder than the cold in his bones. The nurse from whom he expected the caress of a kind word or two, or just a simple "welcome", received him with a cutting: "So, on top of getting here late, just look how dirty you are." The fatigue of despair suddenly weighed down on Alberto more than his own body mass. His head fell as if the disappointment weighed 50 pounds or more. He turned around and walked out, never to return.

And there are plenty of 'Albertos' as this story is repeated dozens of times a day in Colombia. In an attempt to under-

stand this phenomenon, Silvia Rivera, professor with the Social Studies in Sciences, Technologies and Professions Research Group (GESCTP) of the Universidad del Rosario, has put all her efforts into a PhD thesis to find the roots of this problem. Along the way, this psychologist specializing in psychiatry came across a few 'crumbs' dropped by another researcher.

This is how she met Jean-Luc Gaspard. On discovering that both were working actively in treatment centers for persons facing serious difficulties with drug consumption and in conditions of extreme vulnerability, they decided to join forces to carry out a study of the respective situations in their two countries, carrying this out in centers for treating those







← According to Silvia Rivera, researcher with the Social Studies in Sciences, Technologies and Professions Research Group, a public awareness campaign should be launched to change the mentality of people towards those who fall into drug dependency and conditions of vulnerability.

coming in off the street. It was in these spaces that they began the project *Drug addiction and social isolation. Reflections on care services for drug addicts in France and Colombia*, doing their field work in both Colombia and France.

Data emerged from here that encouraged them to highlight the crisis affecting these services and psychosocial care, and to reveal the immense difficulties faced by these places as they try to apply an integrated approach to this collective.

Rivera, meanwhile, is adamant that drug use is on the increase and becoming more and more ‘normalized’. It is a normalization that contrasts paradoxically with the stigmatization affecting people who fall into dependence. And it is precisely these drug-dependent persons living in vulnerable conditions who are the main symptom of a much more complex reality. “They are the main reflection of a current reality involving ignorance, normalization and, paradoxically, stigmatization common to the drugs theme,” adds Rivera.

### ARE DRUGS THE REAL PROBLEM?

People do not acquire a drug addiction out of a yearning for self-destruction but through organic, psychological, social, economic, political, family, and even ecological factors. Drug dependence is a multidetermined problem, one frequently beginning in adolescence, or even in childhood, as a result of critical situations launching psychological vulnerability. When these traumatic situations are not properly seen to, conditions of emotional overflow beset a person; in other words, someone can become unable to spot and manage emotions effectively, ending up

### Replacement drugs, a controversial solution

The consumption of opioids eliminates the body’s capacity for analgesia (that of avoiding feeling things such as the movement of internal organs or the use of clothing, an aspect that hampers quality of life) because endorphins are all released at once, and in the long run this brings difficulties because the body can’t rely on them when they are genuinely needed.

Replacement drugs, meanwhile, lessen the effect of withdrawal symptoms on stopping the patient from continuing the use of drugs such as morphine and heroine. Nevertheless, they tend to be drugs distributed free, and although many users have recovered from their addictions through such replacements, others have actually fallen into dependency due to these drugs.

by dealing with them chaotically and based on self-destructive strategies, among which we find drug use.

Drug-dependent persons find themselves in a situation of profound solitude, created by earlier life factors. “If you listen to the stories of people out in the street, you find episodes of maltreatment, family or social neglect, those who leave home very young, and also sexual abuse,” continues Prof. Rivera. This is why you cannot expect such people to leave the world of drugs by themselves; it calls for a social, cultural, economic, and political context to bring this about.

Colombia’s main problem in this respect lies in public support so often being delivered from within the logic of stigmatization: treatment centers exist, but their services are ‘obsessed’ with viewing the problem of drug dependence as an effect of drug use, not as a more complex problem. Despite attempts to change the system, this mentality has stood in the way of better results being obtained. Treatment means patients being totally enclosed in these centres, leaving the drug from the first moment, lacking a strong support team, and with available professionals unable to cope. Furthermore, rehab programs are not adapted to each person’s particularities, nor to the challenge implicit in the confrontation posed by the traumatic factors behind drug use. Neither are there any long-term follow-up schemes, nor educational or occupational reinsertion.

In France, however, the processes have been quite different. Many reintegration programs for the drug-dependent revive the person’s dignity by offering the possibility of showers,



laundrying clothes, replacing syringes, receiving medical attention, exploring the possibility of finding work, and even receiving treatment through replacement drugs, despite the latter being the subject of ongoing controversy. In Colombia, there are no drug replacement therapy programs except in private centers, points out Prof. Rivera.

Nevertheless, stigmatization of drug-dependent persons is still present in many spaces treating this group. It is often disguised by a facade of medicalization of the treatment. For example, many of the places running drug replacement programs (quite a controversial approach, as previously mentioned) are designed in line with police logic. “They are cold places where patients are received by nurses who give them dirty looks and reproach them because they are dirty or arrive late, and the psychological side is ignored; a human element is needed and that is not forthcoming here. These are people who come from picking up drugs from a dealer of illegal substances in tough, aggressive situations, and then they come to

← The stories of people out in the street relate to maltreatment, family or social neglect, leaving home very young, and sexual abuse.

a hospital and face a similarly hostile atmosphere,” the professor explains.

Many French treatment centers make an effort to provide integrated health and psychosocial support that includes psychological follow-up and social work for everyone who enters. There are also spaces called “low demand” where people are not submitted to permanent penning-up, where they can spend a short time having a coffee, taking a bath, and receiving their replacement drug, thus allowing for a gradual transformation in the person and the recovery of dignity leading to genuine social reinsertion.

Unfortunately, while these kind of ideas have got off the ground in Europe, in Colombia they do not exist. “You cannot force a person to accept help if it isn’t sufficiently adjusted to their needs,” concludes Rivera.

### A POLITICAL PROBLEM

Since the 1980s in France, approaches have been run to decriminalize consumption and destigmatize consumers, opening the way to more diverse treatments more in line with the needs of drug addicts in vulnerable situations. “In Colombia, the panorama is regrettably less promising and depends on which government is in power. In these moments of political extremism, this group of persons is something of a battle horse because they are used for political manipulation and then abandoned,” argues Rivera.

The study makes clear that political will is called for so that treatment bodies can be trained up in Colombia to attend to drug-dependent persons. The country has professional resources, but as long as the government fails to look for the right resources to treat this group and decriminalize it, the progress of any initiative is going to be hard to achieve. The measures of programs implemented by past governments, spaces for reducing the risks drug users face, integrated treatment of homeless users, all disappear when the administration changes.

In addition to the aforementioned, a public awareness campaign should be launched to change the mentality of people towards those who fall into drug dependency and conditions of vulnerability. It is important that people understand that, beyond the drugs, the problems experienced by dependent persons go back to their life stories, and for this reason they need the support of society to achieve reintegration.

It is likely that if these changes do not come about, then stories such as ‘Alberto’s’ will continue, and many lives will continue to wither. ■