

Drug treatment in Latin America

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Chaining, public humiliation, abduction, and prayer are tactics used widely in centers for the “treatment and rehabilitation” of people who use drugs in Latin America and the Caribbean. These abusive centers often operate unlawfully and without due process for those interned within them or medical or governmental supervision for what occurs there. People are committed against their will, by family members, by police, or by center staff. Families are not aware of the conditions in these places –or don’t know where else to turn. These practices run counter to evidence-based drug treatments recommended by the World Health Organization and the United Nations Office on Drugs and Crime, and reveal how often drug dependency is treated as a moral failing rather than a medical condition.

In 2016 the Open Society Foundations (OSF) published the report “No Health, No Help: Abuse as Drug Rehabilitation in Latin America & the Caribbean”¹ which compiles information documented by researchers and civil society in six countries—Brazil, Colombia, the Dominican Republic, Guatemala, Mexico, and Puerto Rico. It details the extreme human rights abuses occurring in the name of “rehabilitation,” and offers recommendations for how governments can work to improve drug treatment in these countries.

As OSF’s work in Latin America has progressed over the past few years, we note with concern that the human rights abuses in drug treatment centers remain widespread and there have been few meaningful efforts to address them. To the contrary, in many countries this treatment model has been proliferating and gaining strength.

In Brazil, for example, where government funding for private drug treatment centers increases every year, a task force led by the National Preventive Mechanism (NPM) in October 2017 inspected such centers throughout the country and found conditions of extreme abuse. They encountered many situations of cruel, inhuman or degrading treatment, which included teenage girls kept in locked rooms with adult men, trans women being “treated” to get “de-homosexualized,” among others. The places visited had almost no staff beyond the patients themselves, who were thus responsible for general maintenance, cleaning and cooking. One of the members of the task force described these centers as being “human deposits” completely outside the law, with no government oversight, no medical diagnoses prior to commitment, no professional staff present –overall much worse than a prison.²

Similarly, in Mexico, accounts of death and physical abuse in the country’s thousands of private drug treatment centers, known as “anexos”, are frequently featured in the news.³ This past March (2018) Matías Waldo, age 20, was found dead –his body covered in bruises and lesions– after spending two

¹ Open Society Foundations, “No Health, No Help: Abuse as Drug Rehabilitation in Latin America & the Caribbean,” 2016. Available at: <https://www.opensocietyfoundations.org/sites/default/files/no-health-no-help-en-21060403.pdf>.

² O Globo, “Inspeção em comunidades terapêuticas encontra internações à força e instalações precárias,” Oct 18, 2017. Available at: <https://oglobo.globo.com/brasil/inspecao-em-comunidades-terapeuticas-encontra-internacoes-forca-instalacoes-precarias-21960702>.

³ AM Edición Leon, “Mueren 3 en anexos en lo que va del año,” Aug 16, 2017. Available at: <https://www.am.com.mx/2017/08/15/leon/sucesos/mueren-3-en-anexos-en-lo-que-va-del-año-370131>.

weeks in a treatment center located in Miahuatlán.⁴ In 2017 a piece in *El Universal* interviewed a former resident of a drug treatment center in Querétaro. He was involuntarily taken there at age 16, in what he describes as an experience “just like a kidnapping,” during which five men forced him into a van without explanation. He mentioned that sexual abuse against under-aged girls was commonplace and that some of the residents had been interned for periods ranging between 15 to 20 years.⁵

“No Health, No Help”: Findings from the OSF report on Abuse as Drug Rehabilitation in Latin America & the Caribbean

OSF’s 2016 report collected accounts from people who had recently been interned in drug treatment or rehabilitation centers or from their family members.⁶ These revealed a pattern common to many countries—forced internment in locked facilities that subject people who use drugs to substandard or abusive care, or cruelty in rehabilitation’s name. Many of the practices described are illegal under international and, frequently, national law, and run counter to best practices espoused by organizations like the World Health Organization⁷ and the United Nations Office on Drugs and Crime.⁸ Despite claims that people who use drugs are in need of moral reform, these accounts suggest that it is the rehabilitation centers that inflict abuses— and the governments that fail to prevent them from doing so—that are in need of moral scrutiny.

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.”⁹ 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

⁴ Imparcial Oaxaca, “Joven muere tras ser recluido en anexo de Miahuatlán,” March 28, 2018. Available at: <http://imparcialoaxaca.mx/policiaca/142080/joven-muere-tras-ser-recluido-en-anexo-de-miahuatlan-oaxaca/>.

⁵ El Universal, “De uno anexo sales perturbado y resentido,” Jan 15, 2017. Available at: <http://www.eluniversalqueretaro.mx/sociedad/15-01-2017/de-un-anexo-sales-perturbado-y-resentido>.

⁶ 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, on file with the Open Society Foundations; 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.

⁷ 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/UNODCWHO-Principles-of-Drug-DependenceTreatment-March08.pdf>

⁸ 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

⁹ 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.

interventions and other forms of treatment given with full, informed consent.”¹⁰ 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.”¹¹

Government gaps and the growth of unregulated drug treatment centers

In all of the countries included in the report, 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,¹² 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 a few people go for drug treatment).¹³ Mexico, according to civil society groups there, has about 2,000 residential treatment centers, of which only 43 are public.¹⁴ It is estimated that some 35,000 drug users in Mexico are in centers that operate outside of the law.¹⁵ 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.¹⁶

Some private centers are run with government funds; others receive clients brought by police or referred through the courts; still others seek to bypass engagement with the government altogether. Indeed, the majority of drug treatment and rehabilitation centers are unregistered. 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 the center’s staff. 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

¹⁰ 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 1

¹¹ 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

¹² O’Neill, K.L. On liberation: crack, Christianity, and captivity in postwar Guatemala City. Social Text 32(3) 2014: 11-28

¹³ 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.

¹⁴ 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, on file with the Open Society Foundations.

¹⁵ Ibid

¹⁶ 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.

center. However, he reported that the center reopened the next day with just as many patients. Multiple reports included accounts of police funneling people to private centers.

But 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. 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. 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 members in court. He was taken to the courthouse while suffering from severe withdrawal symptoms, and was then sent to a CREA where he received no evidence-based treatment at all.

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.”

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 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.

According to other accounts private treatment centers may also intimidate people into signing consent or liability forms, threatening them and their families if they refuse to do so.

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.”

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?’ 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.’ 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. 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. They are happy seeing the money coming in that is sent [by the government] for each inmate.” 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 for days, where they couldn't leave even for basic necessities.

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.’”

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

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 received 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 centers’ staff 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.”

Respondents described a troubling aspect of centers in the Dominican Republic: minors were commingled with adults, and people with mental disabilities 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 middleaged 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.”

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. You have no idea where you are now...' 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... [but] they kept kicking me. Then they took me up to the anexo and removed my clothes... they threw me in a cistern... 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 bad because of the hangover and that my feet hurt ... so they had me kneel on chips, then a padrino²⁴ [sponsor] 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." 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, or being forced to stand all day long without moving.

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."

Humiliation as treatment in the centers

Many centers use emotional as well as physical humiliation, particularly in front of family members. In the Dominican Republic, 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. 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... there was still dirt in it; I remember there were roaches and other bugs in it too... 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 vomit 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. One respondent 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.”

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.”

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... 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: “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 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... 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’... 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.”

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. 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 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. 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... In any case, this intervention should not exceed a maximum of some days and should be applied under strict legal supervision only.”¹⁷

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.

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 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. National preventive mechanisms addressing torture and human rights groups working on 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.

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

¹⁷ 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. Page 7

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 evergrowing number of centers. If action is not taken uniformly across a country, abusive centers may move to areas where the oversight is less strict.

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.¹⁸ For stimulants, outpatient counseling is the standard of care.¹⁹ 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.

¹⁸ 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

¹⁹ World Health Organization, Western Pacific Region. Therapeutic interventions for amphetamine-type stimulants. Manila, 2011, at

http://www.wpro.who.int/hiv/documents/docs/Bief4forweb_7DF1.pdf?ua=1&ua=1