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Regis University
Regis College
Master of Development Practice

Advisor/Final Project Faculty Approval Form

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Capstone Title: Substance Use in Jaltenango, Chiapas: Finding dignified approaches to treat addiction

Presented in the MDP Community Forum on: May 5, 2023

I approve this capstone as partial fulfillment of the requirements for the Master of Development Practice.

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DP693 – Capstone Planning and Literature Review

Substance Use in Jaltenango, Chiapas: Finding dignified approaches to treat addiction.

Advisor: Georgia Babatsikos

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Personal Statement

“Borracho yo he nacido, borracho yo he crecido	*“Drunk I was born; drunk I grew up*
Y sé sinceramente que borracho he de morir	*And I sincerely know that drunk I have to die*
No culpo yo al destino que me marcó un camino	*I don't blame fate that marked a path for me*
Que irremediablemente yo tengo que seguir	*That inevitably I have to follow*
[…]	*[…]*
¿Qué culpa tengo yo porque me gusta el vino?	*What fault do I have because I like wine?*
Si encuentro en la embriaguez dicha y dulzura	*If I find joy and sweetness in drunkenness*
¿Qué culpa tengo yo si me brindó el destino	*What fault do I have if destiny gave me*
El bálsamo que alivia mi amargura?”	*The balm that soothes my bitterness?”*

(Borracho, song by Javier Solis)

I grew up in a culture where alcohol consumption is very normalized in all contexts: every situation is an invitation to drink, either to celebrate or to soothe emotional pain. Being immersed in an environment where drinking until you pass out is normal, made it hard to identify when people around me had a problem with substances and clouded self-awareness of my own habits.

I’ve been working in Jaltenango de la Paz, a rural town in Chiapas, Mexico for the past three years. This experience has shown me a much rawer reality; where I live, there’s no such thing as being a social drinker, you’re either abstemious or a drunk. Alcohol is just the tip of

the iceberg. This area, though marginalized, has increasingly easy access to illicit drugs such as cocaine and methamphetamines.

Walking on a Saturday night around the streets, seeing zombie-like people on every corner has become a norm. We once had a visitor from the US encounter a man passed out drunk in the middle of the street and this is how she responded:

- *My god! Is he okay?!*
- *Yes, he's just drunk*

"He's *just* drunk" and passed out in the middle of the street, nobody else even stopped to check to see if he was still breathing. We had normalized this type of situation so much, that we had completely dehumanized people struggling with substance abuse. I wondered if he had a family, and what would happen when he got home – I was scared for his wife and/or kids, as it is so common for men under the influence to beat their families or sexually assault them.

In my environment, everybody knows someone who has or is struggling with substance abuse. Watching the inefficient, ineffective, and dehumanizing treatment they receive is as heartbreaking as the pungent stories of violence and abuse related to substances.

This project is meant to analyze the social factors around substance abuse in Jaltenango de la Paz, Chiapas, Mexico, taking into special account the role of gender in this particular micro-culture. This project seeks to understand the way it affects not only individuals, but also those around them and their entire environment.

The aim of this project is to understand substance abuse treatment experiences and options in Jaltenango de la Paz, Chiapas, Mexico, and propose a multidimensional, human-centered treatment model that is accessible for everyone – even though it is a zone where treatment options don't usually reach.

Literature Review

Introduction

Mexico is known for its party environment, tequila, and all-year-long celebrations; however, what for tourists seems like an attractive trait of the country, for many locals it is a public health issue. According to the National Survey on Drugs, Alcohol, and Tobacco (Instituto Nacional de Salud Pública [National Institute of Public Health], 2016) at least one third of males have reported an excessive intake of alcohol, compared to one tenth of surveyed women.

Many researchers have studied the possible causes of substance abuse, but the environment in which dependence or addiction manifests is key to understanding the problem as a system, and as a public health issue (Berruecos, 2017). Rural areas, particularly, have not been properly studied, and marginalized populations struggling with substance dependency and addiction have been historically forgotten.

Spence and Wallisch (2007) suggest that male social bonding habits promote substance abuse among men in rural Mexico, which contrasts incredibly with a large number of women in these same areas who live in sobriety. Could this really be the underlying issues

causing abuse of alcohol and other substances? Is substance abuse truly gendered in rural Mexico? What are the gendered consequences of addiction in rural environments?

Even though Mexico has 2,027 rehabilitation centers, only 43% of these are public, and most of them are centralized in urban areas, which leaves people in remote and marginalized towns unattended (Padilla, 2016). Only 12.1% of rehab centers in the country are verified, which means nearly 90% of centers are unsupervised, allowing for potential abuse, violence and even torture in some centers (Padilla, 2016).

The purpose of this literature review is to gain insight into the social determinants of substance abuse in rural areas of Mexico, better understand what can make this issue prevalent, dive into the social consequences of substance abuse, and analyze existing prevention and treatment models for the population.

Context

Defining Substance Use Disorders

To understand substance abuse, we need to understand where the lines are drawn between use, abuse, and dependence. According to the DSM-V (American Psychiatric Association, 2013), some of the characteristics of a substance use disorder are:

- Taking the substance in large amounts
- Difficulty to reduce or stop consuming
- Cravings for the substance
- Negligence at work, home, or other environments because of the substance
- Continuing to use even when it’s causing relationship issues

- Turning down activities because of substance use
- Using constantly even in dangerous situations
- Using even if the person is aware they have a physical or psychological problem caused or worsened by the substance
- Tolerance of the substance
- Developing withdrawal symptoms

Substance Use Disorders are classified as mild (two or three symptoms), moderate (four or five symptoms), and severe (six or more symptoms) (American Psychiatric Association, 2013).

Addiction is also defined as a chronic disease where people search for and use compulsively harmful substances – it is also important to remark that addiction modifies the structure and functioning of the brain, sometimes permanently, which makes it even more relevant to find effective approaches to address substance use disorders (Tizoc-Marquez, et al. 2017).

Substance Use in Mexico

According to the National Survey on Drugs, Alcohol, and Tobacco, 15% of adult Mexicans (18-65 y/o) have consumed any drug at least once in their lives, and 6.4% teenagers (12-17 y/o) have done it (Instituto Nacional de Salud Pública [National Institute of Public Health], 2016). This study shows that the most commonly consumed drugs are marihuana (8.6%), cocaine (3.5%), hallucinogens (0.7%), inhalants (1.1%) and amphetamines (0.9). Of Mexico's general population (12-65 y/o), 70% have consumed alcohol at least once in their lives, 48%

have done it within the last year, 34% admitted to having consumed it excessively in the past year, and 3% have done it on a daily basis. 32% of people who are dependent on alcohol have undergone treatment in "*anexos*", 13.2% have searched for inpatient programs, 24.8% have done a detox, and 9.9% have gone through ambulatory treatment. This research revealed that of the people who searched for drug use treatment, 42% went to anexos, 39.2% went through detox treatment, 31.4% went inpatient, 18.8% did an ambulatory treatment and 8.5% did it online.

Substance Abuse Determinants

In the '70s, Bruce Alexander conducted a series of experiments with rats, where rats would be placed in isolated boxes, and compared to another set of rats who were caged in groups and provided with tubes, climbing poles and other amenities – which he called The Rat Park. Both sets of rats were given a bottle with morphine, and a second one containing only water (Gage & Sumnall, 2018). This experiment revealed that isolated rats were more likely to consume morphine, compared to rats at the Rat Park, who would choose to drink water instead of morphine more often. Even if Alexander's experiments are 50 years old, they hit a key point in understanding addiction. He demonstrated that the environment, housing conditions, and socialization played a big part in the determinants of substance abuse and addiction amongst rats. These findings transformed the narrative on substance use and allowed different approaches to be explored (Gage & Sumnall, 2018). Gage and Sumnall complemented these affirmations with critique and analysis by considering availability of substances, access to services, social exclusion and community engagement as determinants of substance abuse. While this analysis shapes a great path to finding causes

for substance abuse and its consequences, focused information is needed in order to address specific populations in Chiapas, Mexico.

Socioeconomics

Berruecos (2017) studied indigenous populations in Puebla, Mexico, and suggests that in areas where there is economic insecurity, substance abuse (mostly alcohol) is more common. He saw substance abuse as a complex problem, saying that "*Substance abuse is nothing more than the symptom of other serious social issues. Substance abuse is collective pauperization"* (Berruecos, 2017 p. 97). Complementarily, Hawkins, Van Horn & Arthur's (2004) research in the U.S. highlight poverty as a risk factor for substance abuse, since this sector has limited access to effective healthcare services, fewer prevention programs, and inefficient public services (Mendoza-Carmona & Vargas-Peña, 2017). However, authors like Mulia and Karriker (2012), say that the more economic power, the more substances are used, and in fact, they identify poverty as a protective factor against substance consumption and abuse in the U.S. (Mendoza-Carmona &Vargas-Peña, 2017). It has also been identified that some situations led by economic vulnerability, such as academic failure or desertion, lack of job opportunities, unplanned pregnancies, or living among delinquency have an important weight on the prevalence of substance abuse (Mendoza-Carmona, Vargas-Peña, 2017).

It is important to mention that substance consumption in environments of poverty carries more stigma than in economically affluent groups (Reyes-Gómez, 2009). There is a popular saying implying that *"The poor drink to get wasted, while the rich do it for pleasure"* – which

is permissive towards privileged sectors and pejorative towards vulnerable populations (Reyes-Gómez, 2009).

Gender

Research has shown that substance abuse is more prevalent in males than females in Mexico; one of the reasons is because it is more normalized for males and frowned upon in women (Kulis, Nuño, et al. 2017), and because traditional gender roles of *machismo* allow and generate pressure on males to consume alcohol and drugs as a portrayal of bravery (Aguerrebere, 2018). In fact, Paul Kivel described this in 1979 as "The man box", which describes a collective experience of men, where they're expected to be powerful, dominating and fearless (Heilman, et al, 2019). More recent research also shows this, with one study in Mexico revealing that 68% of males in Mexico have been told there is a certain way to be a man, and it often involves heavy drinking and risky behaviors (Heilman,et al, 2019).

Alcohol use can turn into a bonding habit between adult males in rural areas, and teenagers can adopt the behavior as a rebellious attitude (Spence, Wallisch, 2007). Alcohol is also associated with public life, masculinity, partying, and socializing; while women in rural areas are much less likely to even drink alcohol – or admit they do (Aguerrebere, 2018).

Overall, substance use is normalized for males, while for women, it is often frowned upon (Acosta De Lira et al. 2020). This is mostly due to stigma, religion, gender roles and the socially constructed obligation of women to stay at home in a private and domestic environment, rather than by choice (Góngora & Leyva, 2005).

Mental Health

Mental Health is another important determinant of substance abuse. A study developed in rural Chiapas showed that 100% of teenagers who suffered from anxiety or depression had tried tobacco, 56% have tried alcohol, and 13% have consumed illicit drugs (González-Robledo et al, 2022). The authors of this study also link Adverse Childhood Experiences – also known as ACEs (violence, sexual abuse, family members struggling with addiction, abandonment, etc) to mental health conditions, which are also directly linked to substance abuse and suicidal tendencies.

During interviews with indigenous teenagers in Chiapas, it was revealed that the perception of alcohol consumption in males is "*to celebrate and socialize, but also to give a solution to men's emotional problems*", implying that it is a normalized activity and that it is also socially acceptable for males to abuse substances instead of properly addressing emotional issues (González-Robledo et.al, 2022, p. 28). Self-esteem has also been linked to the prevalence of use of alcohol, drugs, and tobacco in this age group – teens with poor self-esteem are more likely to succumb to peer pressure when substances are offered to them (Palacios-Delgado, 2010). On the other hand, students who are committed at school and have received information about the negative effects and risks of taking alcohol and drugs are less likely to start using substances at a young age (Palacios-Delgado, 2010).

Social Consequences of Substance Abuse

Gender Violence

Intimate Partner Violence (IPV) can range from intimidation, yelling and economic control, to emotional abuse, physical and sexual violence, and even murder, sadly, more than half of Mexican women have reported suffering from partner violence at least once in their lives (Instituto Nacional de Salud Pública [National Institute of Public Health], 2016). When interviewing, 60% of women who had suffered from physical violence said alcohol had been one of the triggers (Instituto Nacional de Salud Pública [National Institute of Public Health], 2016).

According to Instituto Nacional de las Mujeres – National Women's Institute (2017), 21.3% of women in Mexico who have suffered from intimate partner violence, revealed that violence worsened when their husbands consumed alcohol. In fact, partners are three times more likely to be physically or psychologically violent when they drink (Rey, et al. 2021). Other authors traced a direct relationship between substance abuse and Intimate Partner Violence, affirming that when perpetrators are under the influence of a substance, they are less capable of regulating their emotions (Romero-Reyes, et al., 2019).

Authors like Altell and Plaza (2005) say that affirming that men are in less control of emotions when they drink can lead to a permissive and apologetic attitude, pinning the blame on the alcohol, and not to the individual. While substance use has an important effect on behavior, men as result, can become exempt from the blame for their violent actions, as it has happened for decades. These authors question substance abuse and disinhibition

statements arguing that alcohol does not always result in violence, and that prevalence of gender violence and its relation to alcohol vary according to different cultural contexts.

Risky Behaviors

Substance abuse involves risks that put the lives of those consuming in danger. Romero-Reyes (2019) says that people under the influence lack the presence of mind to make thoughtful decisions, they become more sensitive to external situations, and engage in risky behaviors (street fighting, drunk driving, risky sex, etc).

Studies show that binge drinking in men ages 18-30 costs Mexico $160,000,000 USD every year, being only below bullying and sexual violence in cost (Heilman, 2019). Most common risky behaviors associated with alcohol are road traffic accidents, crime and violence, self-injurious behavior, and risky sexual behavior (Korlajunta, 2019).

Existing Treatment Options and Barriers

An article published by Animal Político mentions Angélica Ospina's (Specialist in Drug Policies) perspective that one of the most important barriers to access proper addiction treatment is economic vulnerability (Padilla, 2016). Some private rehab centers are certified and count with specialists in addiction; however, monthly costs range from 125 USD to 13,000 USD (Molina & Rodríguez, 2023); considering that the monthly minimum wage in Mexico is 321 USD, these rehab centers are unaffordable for most of the population (Secretaría del Trabajo y Previsión Social [Secretary of Labor and Social Security], 2023).

In a study of Latin American and Caribbean rehab centers, interviewees confessed having been taken to these places against their own will, within lies, or threats by family and

policemen (Open Society Foundations, 2016). This same study revealed that, it is normal for patients to undergo physical abuse, cold showers, inadequate provision of food or water, isolation and even torture methods (Open Society Foundations, 2016).

Other unfavorable conditions in substance use treatment centers in Mexico include overpopulation in centers, unhygienic spaces, public humiliation, unproper approaches for withdrawal syndrome and lack of personal hygiene, and medication (Padilla, 2016). Due to degrading, less-than-human conditions, it is not uncommon for patients to attempt suicide, which only speaks about the lack of proper attention to mental healthcare, and the futile approach of attending symptoms instead of causes (Open Society Foundations, 2016).

One of the anonymous interviewees by Open Society Foundations shares that "We arrive here damaged with a dysfunctional family, we're marginalized by society and when we arrive here seeking treatment, all we need is some care and relief; instead, we get mistreated and humiliated" (Open Society Foundations, 2016, p. 34). The document mentions that this type of treatment generates fear, trauma, and bigger scars to fill with substances, instead of healing and treating the causes of the substance abuse and dependency.

It's important to keep in mind that there is so little regulation in these centers, that there are no restrictions for minors to be treated in these same facilities, and the same type of abuse suffered by adults, is applied to them as well (Open Society Foundations, 2016).

While the treatment models above tend to be mainstream in Mexico, there are some alternatives that focus on teaching coping skills, address psychology, and mobilize

community forces (Peele, 1991). Peele (1991) says that therapeutic community (TC) approaches are effective treatment options for substance users; he suggests that addictive behaviors can be reduced by promoting healthier behaviors, encouraging development of vocational and educational skills, and social productivity. Shifting the perspective and narrative on addiction can empower patients and encourage them to generate their own strategy to overcome addiction; in fact, Peele says that “The best therapy is no therapy”, meaning that in his experience, TC and a holistic approach based on skill building and community belonging are more effective.

A more recent study proved that the length of time in TC treatment was key for a positive outcome in patients, indicating that at least 3 months of care were necessary to view improvement, but 1 year is most recommended (National Institute on Drug Abuse, 2013). On some 5-year follow-ups, significant improvements were found, as nearly half of the patients remained sober after this type of treatment. The most valuable aspect of TC treatment is that it not only focuses on stopping a symptom (drug abuse), but it encourages personal growth and skill building of patients.

Harm reduction models suggest that complete abstinence is not a suitable solution for all substance users, hence, the proposal is to mitigate the risks suffered by substance abuse, and therefore reclaim the dignity of users (Tizoc-Marquez, 2017). This model is supported by respecting the autonomy of consumers, affirming that substance use will be inevitable, and substances, per se, shouldn’t be the center of the design of models, but the damage produced by it (Velázquez, et al., 2016). Tizoc-Marquez (2016) raises a critique by mentioning that most systems demanding complete abstinence are destined to fail, since

consumers lose motivation and recovery is not a linear journey. A study centered in consumers in Canada found that their main priorities are to improve relationships with healthcare personnel, promote access to temporary homes, ensure harm reduction practices, improve social assistance and eliminate violence and discrimination (Harm Reduction International, 2016). Tizoc-Marquez proposes systems that are user-centered, based in science and personalized biopsychosocial care; in Mexico, there are Centros de Integración Juvenil (Centers for Juvenile Integration) and Centros de Atención Primaria en Adicciones (Primary Care Centers for Addiction) in every state, but they are all centered in the capital of each (Jargiello, 2021).

Conclusion

Substance use disorders in rural areas of Mexico are part of a complex system that has no singular formula to be solved. Some of the most important determinants for addiction are mental health issues, a disadvantaged socioeconomic status, a family history of substance abuse, adversity during childhood, lack of motivation and poor adherence to school or work.

Current treatment models are not working – in fact they only worsen the physical and psychological state of patients – and those which are specialized, are unaffordable and unavailable for a very big part of the population, let alone people in rural communities.

Treatment approaches in Mexico need to move away from the stigma of addiction, which places the blame on the user, to a more community focused public health approach. Tools that accompany these approaches are coping skills development, a sense of belonging to a community, and working on the general well-being of people struggling with substance

abuse and dependency. One crucial factor is to generate user-centered models, based on the needs of consumers.

These approaches have not yet been attempted with success in rural Mexico, due to structural and financial barriers, therefore, their effectivity is still unknown. Changing the treatment method that people have used for decades will be challenging.

Introduction to Community and Context

Mexico

Investment in healthcare, mental health and addiction treatment

In 2021, Mexico designated 2.1% ($155 million USD approximately) of the Ministry of Health's budget for mental health. Nearly half of the budget went to addiction prevention and treatment, but it was not enough (Centro de Investigación Económica y Presupuestaria [Economic and Budgetary Research Center], 2021). In comparison, other countries like the U.S. destined 238 billion USD to mental health in 2020 (Statista, 2020), and Chile increased their mental health budget 301% for 2021 after learning important lessons during the beginning of the COVID-19 pandemic (Organisation for Economic Co-Operation and Development, 2021). Mexico's expenditure in mental health is insufficient to address complex problems and ensure wellbeing for people in urban and rural areas.

During the first half of 2022, the Mexican government approved changes to the General Healthcare Law, proposing a strategy to address addiction and mental health, implementing a "Universal Healthcare Coverage Model", which seeks to implement community actions (Sarabia 2022). However, this initiative requires 33 psychiatric hospitals in Mexico to be

transformed into general hospitals, with the intention that every Primary Care clinic will be able to treat mental health illnesses (Sarabia, 2022). This initiative proposes autonomy for patients, as it will require consent of the person entering treatment, as opposed to the historical practice in Mexico of people being sent to inpatient treatment against their will; although there are no concrete answers yet as to what will happen to patients who are currently hospitalized. With the transformation of psychiatric hospital into general hospitals, families who don't have the necessary skills to care for their loved ones will have to find alternatives to provide specialized mental healthcare to patients. This could have an important impact to low-income households, as some family members might give up work to care for their patient, or find the way to pay for someone who does – the conditions are even harsher for single-parent-households, or caregivers who are on their own.

While a community approach could be helpful for mental health and addiction treatment, the operative plan is still unclear, and there are many gaps in the specialization of medical attention for patients. Psychologist Claudia Vega suggests that health workers and patients' families should be trained on mental health matters in order to provide holistic attention (Instituto Tecnológico y de Estudios Superiores de Occidente, 2022).

Jaltenango de la Paz, Chiapas

Overview

This project focuses on substance abuse treatment in the rural town of Jaltenango de la Paz, in the southern state of Chiapas, which borders Guatemala. Jaltenango is a 11,875 people town where the main economic activity is coffee growth and whole bean sale (Data Mexico,

2021). A big percentage of families work on coffee farms 3-5 hours away from town and receive income from an annual coffee sale which will sustain the whole family for the rest of the year, making an annual income of roughly $7,000-$14,000 MXN ($364-$728 USD), which places them in an extremely economically vulnerable situation. Other common family economic activities include retail sales, restaurant workers, or informal vendors, generating an average monthly income of $5,000 MXN ($260 USD). Most households have electricity, sewer systems, TV and smartphones.

In this town, the average years of studies are 7.66 years – which means that most habitants have roughly finished elementary school, and only some of them have started middle school. 46.16% of habitants over the age of 12 have a job (Pueblos America, 2022).

A habitant of Jaltenango de la Paz can complete studies from preschool to college in town, since there are at least 3 school options for each level; however, only one school for superior education is accredited, the other ones offer a technical school diploma. The assumption is that many students drop out to seek a full-time job, to support the family business, or due to unwanted pregnancies.

There is a Primary Care Public Hospital – Hospital Básico Comunitario Ángel Albino Corzo, a Clinical Laboratory - Diagnosur, and around 5 private clinics – these are, however, unaffordable for a great part of the population, and lacking in quality care.

Substance use in Jaltenango de la Paz

There is no official data on how many people in Jaltenango de la Paz use or abuse substances. Scarcity on information in the area has been identified as a limit for proper research and implementation of solutions.

There are at least 10 "*cantinas*" (bars) and 7 "*depósitos*" (stores that exclusively sell alcohol) in Jaltenango de la Paz, but the supermarket and some grocery stores sell alcohol as well. Many of these are day-bars, opening up as early as 9 am and closing around 6 pm. This is because people who work at coffee or corn crops work very early in the morning, and have some free time during the day after work. It is also common to find groups of men drinking outside of *depósitos* in the middle of the day or drinking *aguardiente* on the sidewalk at night. The aftermath is to find men passed out on the streets the next morning. "Social drinking" is not so common in town, since many men drink with the goal of getting drunk, and it is hard to stop once they've started.

The town is mostly Catholic, with a strong presence of Jehova's Witnesses, Christians, Adventists and Pentecostals. Pentecostal and Adventist religions forbid drinking alcohol and consuming substances – converting to one of these religions has become one of the strategies that people use to try to recover from substance use disorders.

Investigation reveals that for many males, alcohol consumption started as early as 12 years of age, many times provided by parents to keep children warm, as a manhood ritual, due to peer pressure, or even as a coping method for the death of a loved one, heartbreak, or guilt (Aguerrebere, 2018).

Chiapas has a scarce amount of 4 inpatient rehabilitation centers certified by Comisión Nacional contra las Adicciones [National Commission Against Addictions], and these are located in Comitán, Tapachula, Tonalá and San Cristobal de las Casas; all crowded cities, but over 5 hours away or practically inaccessible to people in rural remote areas of the state. Even though these centers in Chiapas are certified, none of them counts with specialized professional staff – three of them use a hybrid model, and one uses a "Mutual aid" model.

As for Jaltenango's treatment options, there are at least 6 AA centers in town, and at least one "*anexo*" (inpatient facility), where mostly men go to, due to the higher prevalence to alcoholism compared to women, and a higher stigma towards women who suffer from substance use disorders.

The 4th and 5th step "experience" is a several-day retreat based on AA's 12-step program, but focused on these two steps:

4. Make a searching and fearless moral inventory of yourself

5. Admit to God, to yourself and to another human being the exact nature of your wrongs

In order to make a moral inventory of themselves, and admit the nature of their wrongs, patients go through violent practices in Jaltenango de la Paz, being sleep deprived, forced to fast, and abused verbally (sometimes physically too) (Aguerrebere, 2018). However, many men in the area have admitted that this retreat has successfully helped them change behaviors, being an opportunity to face and process previous traumatic and adverse experiences in their lives (Aguerrebere, 2018).

There's limited information about drug trafficking in Jaltenango de la Paz, although it is known that the most commonly consumed substances are alcohol, marihuana, crack cocaine and methamphetamines.

It is important to mention that during 2020's first outbreak of COVID-19, alcohol sale was suspended by the municipality of Jaltenango during 3 months approximately (Guillén, 2020). This measure was taken in order to control the consumption of alcohol and prevent abuse from the population. This took an unexpected turn of clandestine alcohol sale in town, and the prices of alcohol doubling .

Gender

Men in Jaltenango de la Paz have revealed that a history of family violence, illness, emotional damage, discrimination, a lack of affection, among others, have led them to abuse substances, which leads them to isolation, depression, street fighting, abandonment, and frustration (Compañeros En Salud [Partners in Health], 2021).

Other findings demonstrate that men in this town feel overwhelmed by the expectations of manhood in their communities, they feel afraid of judgement, and transform their feelings into violence, abuse and substance abuse (Compañeros En Salud [Partners In Health], 2021).

Although slowly changing, traditional gender roles prevail, as 34.48% of women have jobs, compared to 58.90% of men (Pueblos America, 2022), and general perception still places women as beings under the control of men, specifically as their role of daughters or wives, but according to Aguerrebere (2018), younger women believe they have the same capacity to earn money that men do, which empowers them.

Leisure

Going back to Bruce Alexander's Rat Park experiment and its relevance to understanding substance use, it is important to mention the lack of recreational activities and spaces for community building in this town. The main establishments at Jaltenango are grocery stores, retail stores, coffee shops and restaurants. There are at least 6 gymnasiums, 16 churches from different religions, and 2 soccer courts.

While there are plenty of establishments in Jaltenango, they don't offer enough leisure or healthy social activities for the population. Coffee shops and restaurants are offset by bars and *cantina*s, the cultural offer in town is practically nonexistent, and while sports are popular in town, they don't appear to be enough of a deterrent to substance use.

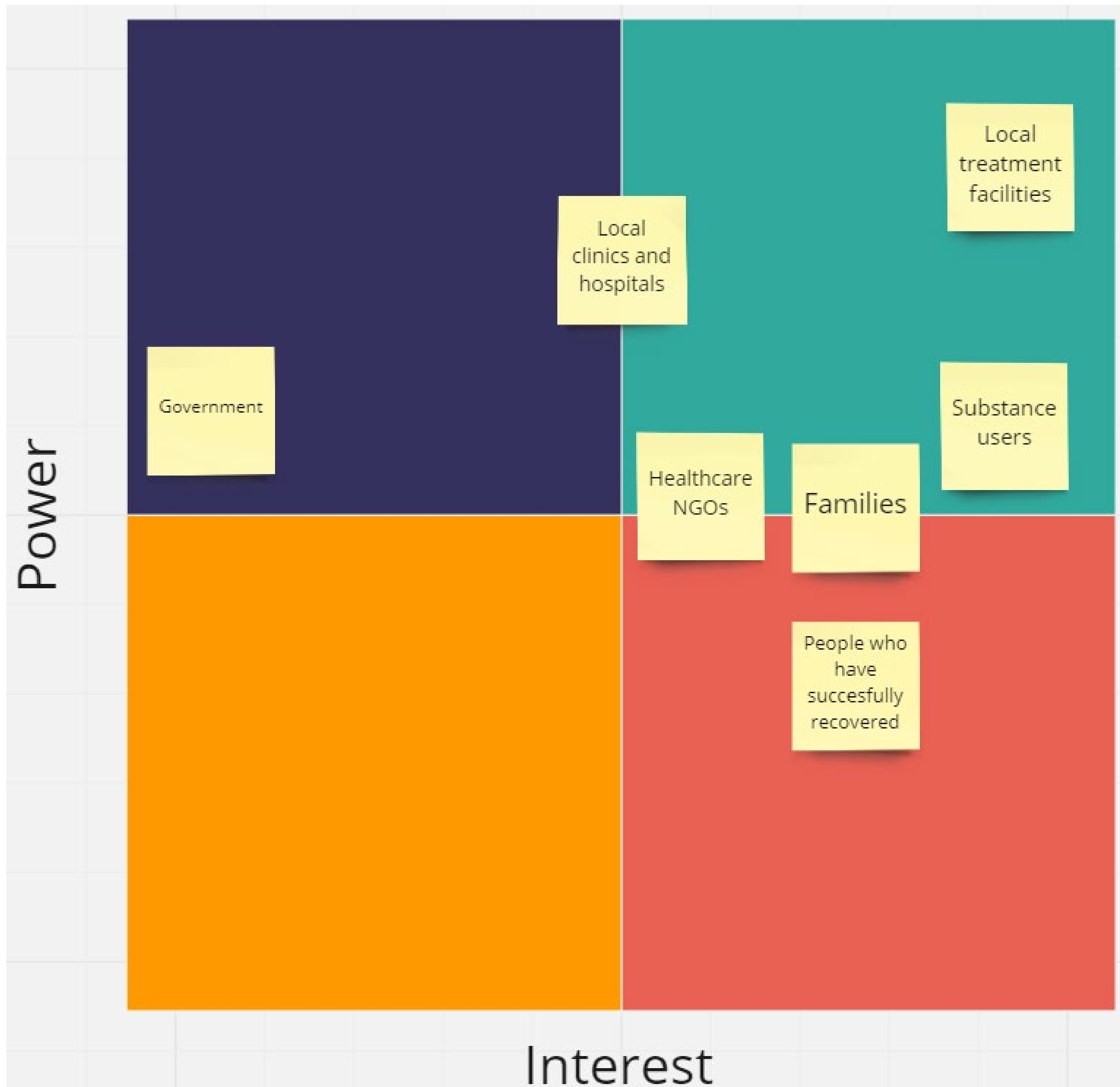
So, what does the population do for fun? In many cases, it is resumed to males gathering to drink, while many women remain isolated at home. Both scenarios result in frustration, and mental health issues risks.

Stakeholder Analysis

Main stakeholders for this project are:

1. People struggling with substance abuse disorders
2. People who have successfully recovered
3. Families of people undergoing substance use disorders
4. Local treatment facilities
5. Government
6. Local clinics and hospitals

7. Healthcare NGOs (Compañeros En Salud)



On a power-interest matrix, one of the stakeholders with the most power is the government, although depending on the relationship with it and their priorities, it could be either a blocker or an important tool.

Local treatment centers and hospitals hold a high position in power, although interest might vary; they might not have the information and training on substance abuse topics, and implementation of new treatment models might not be one of their priorities.

People struggling with substance abuse, in recovery, and in sobriety are the most important stakeholders, since it's in their benefit that the project will be developed. It could be said that they have indirect power, because they formally don't have it, however, their experiences can bring important insights that can help develop participatory strategies to address the problem, based on their needs.

Families of patients hold medium power and high interest, since their goal is also too see their loved ones recovered and accessing proper treatment models.

Local healthcare NGOs have high power and interest, as long as substance use disorders are addressed as a public health issue, and the importance of this issue is communicated successfully.

Type of Stakeholder	Name and Description	Relationship to Project and Impact	Incentives, motivations, risks	Engagement Strategy
Individuals	People ages 16-35 struggling with substance abuse	Main stakeholders, they will be the participants on the project that will be developed	Will be the main beneficiaries and participants. Risk of not participating as expected	Including their experiences and desires in the planning, remarking that it is a project for them to get better.
NGO	Compañeros En Salud – Bringing healthcare and mental health services to remote areas through a holistic approach.	Bringing specialists to the area for trainings. Funding workshops and offering better conditions for inpatient and outpatient institutions	Reaching goals of access to healthcare Strong presence in the community Looking to solve an issue Risk of program failing or poor acceptance	Developing strategy in collaboration with the rest of stakeholders, disseminating anti-stigma campaign

Institution	Treatment facilities of the area (anexos and AA groups)	Offering better opportunities for those struggling.	Better prepared staff Might want to become a certified institution to treat addiction Risk of refusing to implement new treatment models.	Providing information for better approaches on inpatient programs Offering collaborations with specialists Training leaders to provide better care
Government	Municipal President	Recognizing substance abuse as a public health issue Potential funding	Wanting a better future for the region	Participating in needs assessment

Needs Assessment

Method

In order to assess the needs of the population who abuse substances a qualitative method that consisted on a series of short, individual semi-structured interviews to stakeholders in Jaltenango, Chiapas was used, in order to learn more about how treatment centers work in the area, and get to know the perspective of those who are currently inpatient.

During January-February 2023, a total of seven people were interviewed for this needs assessment; two female professionals working in the field of substance abuse treatment in Jaltenango, one mental health specialist in Jaltenango, one psychiatrist working in substance abusee treatment in Mexico City, and three male patients in Jaltenango. All patients were male due to challenges of females accessing treatment in Jaltenango, which

creates a limitation on gender perspective information and known needs for this assessment.

Patient participants were selected because they were on inpatient treatment at the *anexo* Jóvenes Guerreros Unidos at the time of the interview, while professionals were targeted according to their experience treating people with substance use disorders. Interviews were recorded and transcribed with the consent of all involved participants. It was disclosed that the identities of the patients would remain anonymous.

Patients were asked questions about:

- Previous treatment experiences
- Limitations to treatment
- Reasons to continue using substances
- Needs for successful recovery

Professionals were asked questions about:

- Treatment Models
- Preparation of the staff working in the facility
- Helpful key points about their current treatment model
- Gaps and necessities in treatment
- Needs for successful recovery

See the appendix A for interview guide.

Participant Demographics

The three patients interviewed were 20, 21 and 36 years old. They were living in Jaltenango de la Paz, but two of them were originally from La Concordia, a municipality two hours away from Jaltenango, and Pijijiapan, near the coast of Chiapas.

The 36-year-old patient had been recovered for four years, owned a business and volunteered at a local AA group, lived on his own, and used to use alcohol and cocaine. The two younger patients were still in inpatient treatment at the *anexo* and both had unconcluded high school studies, lived with their parents, and used alcohol, marijuana, cocaine and crystal meth.

As for the professionals, interviewees were Gabriela Albores, a 36 y/o lead sponsor (or godmother, as leaders of *anexos* are commonly called, because they are former patients themselves, and support others with the lessons of their lived experiences) of Jóvenes Guerreros Unidos, a local *anexo* which operates since 2015; Irene Espinoza, a 45 y/o leader of an AA group called Grupo Amistad; and Dr. Fátima Rodríguez, a 31 y/o Coordinator of the Mental Health Program at NGO Compañeros En Salud (Partners In Health Mexico) – all of them lived in Jaltenango.

Patient Results

Experiences During Treatment

All patients who participated in the interviews had gone through several rounds of treatment. Their experiences varied according to different factors revolving their context, mindset, and life story.

Patients affirmed that inpatient treatment at *anexos* included doing chores at the facility, having group sessions to talk and share experiences, and reading. “Reading-cleaning-sleeping, that’s the daily routine” said one of the patients, sharing that he felt bored and jaded during his stay at the facility. Experiences at some other *anexos* where they had been inpatient before included being sleep deprived, eating minimal amounts of food, and standing in the corner of a room for hours as a punishment, or even being beat up.

One of the patients said “The first time I went to an *anexo*, I felt very hurt by how I was treated, how they talked to me, how I spent times feeling hungry, being locked-in… when I came out, I felt resentful with my parents for sending me there.” Another patient mentioned “The first time I was inpatient, I felt weird, being in an unknown place surrounded by strangers, but after my third or fourth try I wasn’t scared anymore, and I also became defiant – my dad could no longer threaten me to send me to an *anexo* if I didn’t stop using drugs.”

Limitations to Access Treatment

Patients coming from La Concordia had to go into treatment at Jaltenango because there are no rehabilitation facilities in their hometown. In order to access a specialized professional clinic, one of the patients was sent all the way to Tuxtla, (the capital city of Chiapas) three hours away, but only stayed for one month, due to the prices of the treatment. The other patients did not even consider seeking specialized professional treatment because it was not an affordable option for them.

Reasons to Continue Using Substances

All patients were asked for the reasons to keep consuming substances, despite the negative consequences, and they went back to the reasons why they started using drugs, going from peer pressure and wanting to stand out, to simple curiosity, or perceiving that "it is what men do."

They all started to consume in the company of friends, and also admitted to using drugs as a coping mechanism, either to deal with family issues, loneliness, or to try to wash out painful trauma. "When I tried alcohol, I felt like for the very first time I didn't feel lonely when I came back home… the house didn't feel empty anymore," said one of the patients.

Family support and LGBTQIA+ awareness in rural contexts were identified by one of the patients as a determinant to drug usage. "After my mom kicked me out of the house, I tried drugs for the first time… I became homeless at the age of 14 for being homosexual. Rejection and abandonment from my own family left me in a very dark place, and I also had to abandon school, so the best thing I could do was getting high," he said.

A common view from patients was that using substances was perceived as a bonding activity, and as an escape to the daily routine and facing their own thoughts. “It was a way to kill time after school or work, so it eventually became a habit,” said one of the patients.

Having friends and family who use substances was identified as one of the reasons for relapse, “I did not have much more friends, and I didn’t want to stop hanging out with them,” said one of the patients.

Needs for Successful Recovery

Patients remarked that doing activities such as sports, dialogue circles, or games “helped them break the routine, and think about something else than addiction and consuming substances.”

Anexos allow visitors on specific days and times, however, many families don’t visit patients because they want to “punish them” for using substances, and think solitude will help them appreciate life outside of the treatment facility, leading them to stop consuming in fear of not ending up in there again. “Why lie? Honestly, what I need right now, is a hug from my parents,” said one of the patients who had been inpatient for three months so far at the *anexo.* Support from family and friends, or simply having someone to talk to are topics that came out regularly when asking patients what the ideal treatment model would look like for them.

One of the patients identified a turning point when he encountered a group he felt he belonged to, and where he felt understood – finding life stories similar to his, opening up for dialogue and comfort. “I started talking to a fellow about my fears and worries. I

confessed to him that my biggest fear is loneliness. I've been *buying friendships* for years, trying to make people stay close to me – my parents divorced when I was eight, and that made me feel so alone," he confessed.

A concept that came up in several interviews was "to appreciate/value what you have." Two patients agreed that after living in rough conditions at *anexos* – solitude, getting less sleep than usual, showering with cold water, sharing a bedroom with many people – for weeks or months, they would go back home appreciating their families and the commodities available to them.

One of the patients mentioned that "you need to bottom out in order to recover," meaning that it was only after a person reaches their lowest point, that they will be able to recover successfully, and that it was a personal process – rather than the treatment being a tool for recovery.

Professionals Results

Treatment Models

Albores, leader of Jóvenes Guerreros Unidos, talked about the model of this *anexo*; patients from ages 13 to 60 come into the facility for varying periods: from two weeks to even a year – determined by the family members, although Albores suggests keeping them inpatient for at least three months. The model of this anexo is a 4th and 5th step model, based on doing a moral inventory of the life of the patient, and speaking it out loud with the rest of a group. In this facility, patients do the daily chores and gather in meetings to "speak about

their experiences and let their trauma out," said Albores. The anexo was hosting 14 patients at the time of the interview, but had a capacity for 42.

Grupo Amistad, an AA group, patients follow the popular 12-step model and assist to daily meetings to share their experiences with alcohol specifically, under a religion-based model. Irene Espinoza, leader of this group, mentioned they received patients from ages above 13, and that everyone is welcome to assist to the meetings. Meetings go on for about two hours, and everyone gets a chance to stand on the podium to share their story.

Dr. Fátima Rodríguez, Mental Health Coordinator at Compañeros En Salud, worked under a pharmacological treatment model, not specifically for substance abuse patients, but for patients undergoing mental health issues in general. With 8 years of experience treating patients who abuse substances in Jaltenango she has most commonly seen patients ages 17 to 40.

Dr. Sara Infante works at the substance abuse wing of the National Institute of Psychiatry Ramón de la Fuente, which works on an outpatient model that provides attention to patients and their families. This institution offers psychological and pharmacological treatment, as well as primary care for patients.

Preparation of the Staff Working in Facilities

Both Albores and Espinoza were former substance users who recovered successfully and now provide support for patients who need it, and it's the case for the rest of the staff members of these facilities; however, they don't have professional education on substance abuse, mental health, or therapy in order to provide care – they have been leading and

supporting others after the learnings of their own experiences, and the basic principles of 12-Step Programs. “I need to do some research on my own, because sometimes there are new drugs that I don’t know much about, and I need to stay tuned to know their effects and risks,” said Albores.

Dr. Rodríguez is a physician who has qualifications in mental health and therapy, however, she’s also not specialized in substance abuse disorders. This issue is extended not only to treatment facilities, but to the local public hospital as well. Health workers at the local hospital don’t have the knowledge nor experience to respond to overdoses or other substance-related health issues. “Substance abuse treatment should be holistic, including a detox clinic, antidotes for intoxication, cardiovascular monitoring, besides of course, psychological and psychiatric attention.” she mentioned. Lastly, she added that “Some health workers will stigmatize people who abuse substances and say it’s their fault that they’re ill, injured, or in pain, and provide poor, disrespectful attention.”

Dr. Infante is a physician and psychiatrist, with over 20 years of experience working in substance abuse institutions in Mexico City and Toronto, Canada; however, she recognized a gap in which specialized people like her tend to work in urbanized areas, leaving behind the rural and marginalized areas of the country that might require specialized staff. “There are very few verified treatment centers in Mexico, and most of them are in the big cities, while other areas are abandoned and unprovided of all types of health services,” she said.

Helpful Key Points about Current Treatment Models

For Espinoza, committing to oneself is one of the helpful approaches to overcome substance abuse. “You make a promise to yourself, just for today you won’t drink or use drugs, and then you start planning around that statement,” she said.

Maintaining patients busy with different activities like doing chores, cooking or attending groups are one of the successful ways to provide wellbeing to patients, affirmed Albores. “These things keep you working and also make patients value what they have back at home,” she said.

Albores agreed that providing safe environments where patients feel heard and share their experiences with others undergoing the same situation builds a feeling of belonging and strengthens support among groups. She also affirmed that the importance of dialogue groups relies on “working on trauma and letting it out.”

Both Albores and Espinoza, whose models are based on 12 step programs, say that “enlightening” is a key point for patients to recover. By enlightening they mean accepting god (independently of what god means to each patient) in their lives.

Dr. Rodríguez mentioned that in her experience, integrating therapy and pharmacological treatment for recovery was part of a holistic approach that had been successful for her patients. She added that “occupational workshops, learning a craft, or group manual activity had impacted positively the experience of patients during treatment.”

Dr. Infante said there are two useful approaches for recovery: harm-reduction, and complete abstinence. “Depending on the stage of substance abuse on each patient,

treatment can be shaped according to their needs, and for some, harm-reduction approaches have a better impact than abstinence," she added.

"Basic life skills" is a group of psychosocial competencies that were taught to teenagers in the treatment facilities that Dr. Infante has worked at, which involve self-awareness, interpersonal skills, and thinking skills, which are meant to strengthen the psychological and emotional state of patients and create coping-skills to face adversities in life, reducing the probability of relapse.

In her experience, it is also key to interview the families of patients to know their perspective and the way substance abuse from a loved one has affected them too. "Sometimes family members have a completely different perspective of the patients' habits, and it is needed to talk to them about it," she said.

Gaps and Necessities in Treatment

Accessibility was identified as an issue for treatment. Dr. Rodríguez said that "There are hidden prices of treatment and unexpected additional expenses, like transportation to the city, or payment of more expensive inpatient programs. There are hidden costs, like the breadwinner not working for a period of time due to being inpatient, meaning less income for the rest of the family, or the lack of economical support a young son can provide when being in a facility for a prolonged period."

Albores identified the lack of attention to families as a gap in treatment. She mentioned that for families of patients, addiction is an attitude problem, laziness or defiance, so they send their children to treatment as a punishment. "Some families don't admit that while

their kids need help, they need psychological treatment as well, because there are systems and behaviors within the family that need to change," she said.

Albores highlighted the need to provide psychological and psychiatric care to patients, because many of them are not only undergoing a substance use disorder, but other mental health issues as well. Dr. Rodríguez related Adverse Childhood Experiences (ACEs), which include violence, abuse, and neglect, and conditions such as bipolar disorder, or borderline personality disorder to substance abuse as well. Facilities devoid of specialized staff create barriers to proper care, as the attention focuses solely on eradicating behaviors, but not on addressing the psychological underlying issues, which results in a poor treatment experience. This idea is complemented by Dr. Infante, who highlighted that "treatment is most effective when there is a spectrum of services centered on the patient's wellbeing – unfortunately, this is still far from reality."

In rural areas, acceptance of psychiatric treatment is still taboo: Taking medication is usually the last resort for some patients, as meds are perceived as something for lost causes," said Dr. Infante. She also mentioned the lack of psychiatrists in rural areas, as most of them are centralized in urban areas of the country.

A topic that came up with professionals was the need to address the physical health of patients, since none of the anexos or AA groups offer medical care, and the impact of substances in the body can result in very negative outcomes for them; however, neither anexos or local clinics and hospitals are trained to treat substance abuse-related conditions.

Dr. Rodríguez talked about the structural aspects of recovery, and that in the daily life, outside of a treatment facility, it is difficult to stay sober. Stressful situations, grief, and a lack of healthy coping mechanisms can lead to relapse, but it's not only the individual factors that affect recovery. Peer pressure, coexisting in environments where substances are used, a lack of educational and job opportunities, and fragmented support networks are structural factors that impact the outcome of the patients, she explained.

Gender was mentioned as an issue because women are not accessing *anexos* as often as men. "It is because their families don't admit that they have a problem. They don't want neighbors, friends or relatives to judge them for being women and using substances," said Albores. There are still many gender roles and social expectations of what women can or can't do, as women using substances holds a lot of stigma and that can be an obstacle for them and their families to seek treatment.

Espinoza shared her experience as a woman in a recovery. "When I first arrived to AA meetings, I would hear people saying I was only there to seek for a husband, that I was a prostitute," she revealed, from her experience in treatment. She said that while this type of comments didn't discourage her from going to the meetings, it wasn't always the case for everyone.

She also sketched the complex position substance users stand in when seeking for help, "You become very vulnerable when you're trying to recover. You don't want anyone within your family or group of friends to abandon you, but society is constantly rejecting you for your illness as well, so that makes you emotionally unstable," she said.

Stigma against the LGBTQ+ community was mentioned as an aspect that can make patients avoid treatment and create a barrier. “A transgender woman once came into treatment, but I had to isolate her from the rest of the patients due to the slurs they would use towards her, and in order to avoid bullying.” said Albores.

Needs for Successful Recovery in Patients

Dr. Rodríguez suggested that restorative justice techniques could be effective to replace punitive models that only generate more trauma, stigma and self-hatred among patients. “Current treatment models don’t integrate social reinsertion approaches,” she said. Both social reinsertion and restorative justice involve trusting and empowering the individuals under treatment, providing them with the necessary tools to face life once they’re out of the facility, and bringing compassion to the table at the time of giving care.

She added the need of providing social support to individuals after finishing treatment, in order to reduce the probability of relapse. “Consumption increases when users don’t have a stable job, don’t go to school, or have no motivation or interests other than substances,” she affirmed.

Professionals agreed that creating support networks was one of the most important needs for successful recovery. “One of the reasons religious groups have a positive impact on recovery, rather than religion itself, is that in contexts like rural Chiapas, they provide a support group for individuals,” said Dr. Rodríguez, revealing the need of patients to find places that provide motivation, relationships and the feeling of belonging.

Both Espinoza and Albores mentioned that something that helped them stay clean was getting involved in support groups or activities that put them in a role where their experience could help others who were still fighting addiction. “Supporting others filled me with motivation to stay clean and find answers to make this path easier for them,” said Espinoza.

Dr. Infante has noticed a better acceptance of treatment when staff members are part of the community or group that is being intervened. She highlighted the importance of considering the culture and context of each community.

Dr. Infante mentioned the importance of giving autonomy to the patients. “The idea of an all-knowing doctor that gives instructions to patients doesn’t work as well as asking them what do they want to achieve, and elaborating a plan, together,” she affirmed. She mentioned that it is important to provide treatment to patients according to their conditions, “you can’t treat the same a teenager who is just starting a problem with substance abuse, and an adult who has a full dependency to substances,” she complemented.

The professionals interviewed agreed that substance use disorders are an illness just like any other, hence, working on reducing stigma and misconceptions around substance abuse is key to develop different approaches towards this issue.

Discussion

Based on the findings in this study, treatment approaches at Jaltenango’s facilities are insufficient and lack quality and professionalism. It is imperative that dignified spaces and

treatment for patients undergoing substance use disorders in the area are provided, and that punitive treatment models are redesigned towards more compassionate approaches.

Sponsors at treatment facilities have lived-experience knowledge, but patients still need professional care, psychological and pharmacological attention, and a holistic approach including social support, information on better coping mechanisms, healthcare, and diminishing access barriers.

Support networks and leisure activities came up as key determinants for substance abuse and recovery. Maintaining healthy relationships with friends and family affect positively the patient's state of mind, as well as staying active with leisure activities and skills that motivate them.

The correlation between emotional status and substance abuse makes holistic approaches necessary, prioritizing dignified treatment and a system to fulfill the necessities of patients, complementing with competent and prepared staff.

Friends and families of patients need care as well, as they are also affected by their family member's behavior, and it can take a toll on their mental health, creating stress, anxiety, or other conditions.

Gender disparities towards access to treatment need to be addressed, since women are not reaching the treatment they need, due to stigma and gender roles. There are still many gendered misconceptions around substance abuse disorders, and revictimization of female patients.

The connection between substance abuse, gender and LGBTQ+ populations surfaced the importance to disseminate the right information to the people, not only in rehabilitation contexts, but to prevent discrimination and violence.

Stigma was mentioned by both patients and professionals. Patients mentioned being scared of "forever being perceived as an addict" by family and loved ones. Another patient said he felt hopeless and powerless against his illness, "I felt like I kept deceiving my loved ones no matter my efforts," he said, and highlighted that this affected his relapses. Professionals have perceived the stigma from other health workers towards patients, translating into mistreatment, verbal abuse, and/or invalidation. Stigma is also present when women or LGBTQ+ population are the ones using substances.

It is also important to consider the structural aspects that impair recovery, recognizing that a substance use disorder is an illness that tends to have deeper roots in those who live with it, and that it does not depend solely in the will of an individual. It is absolutely necessary to start approaching substance use disorders as a public health issue.

Recommendations

It is important to address substance use disorders in Jaltenango and other rural, marginalized areas as a public health issue and implement holistic, systemic solutions centered on the patient. Some recommendations are:

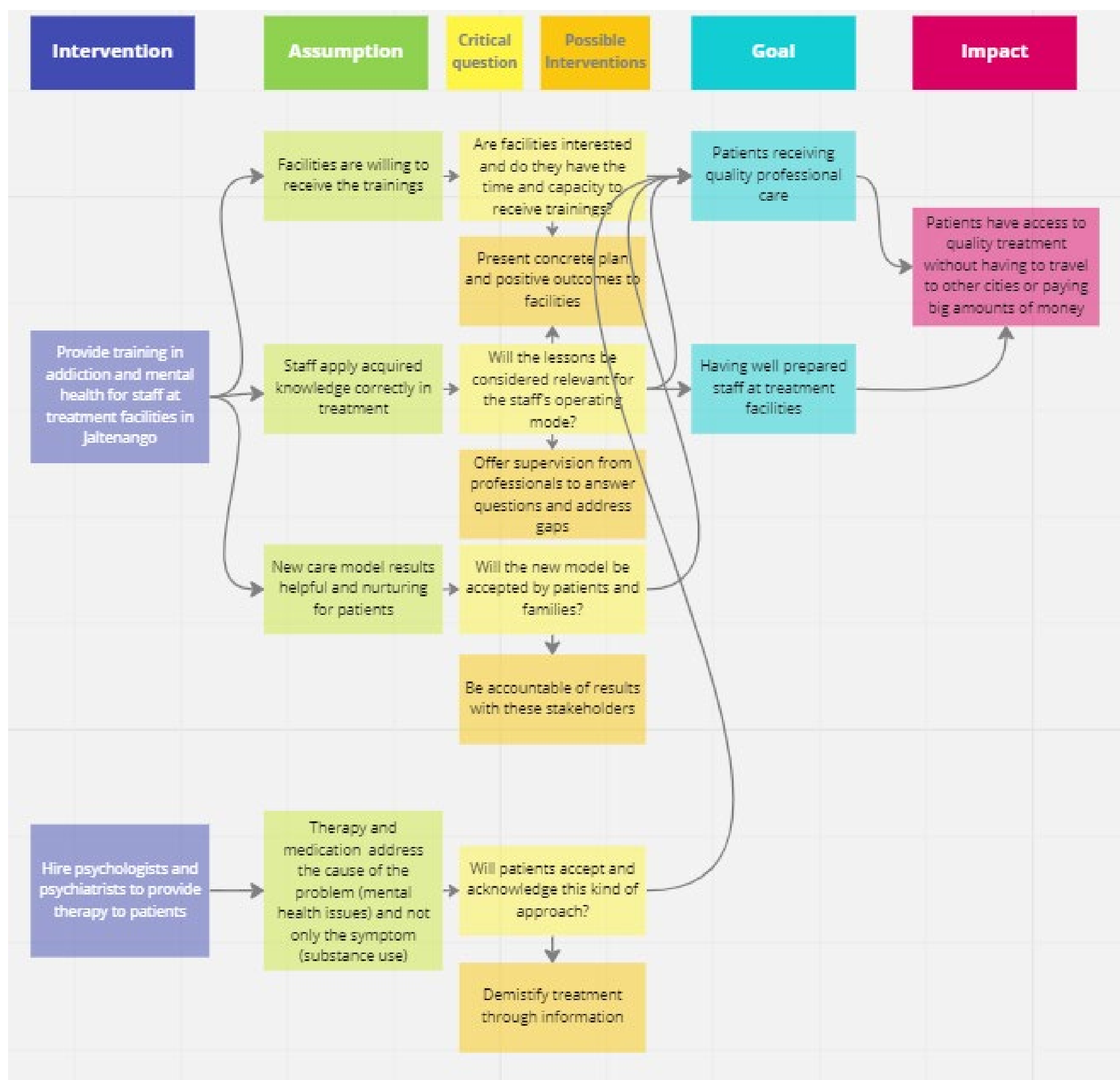
- Guaranteeing the affordability of inpatient treatment, if possible, making it free by partnering with the government or NGOs

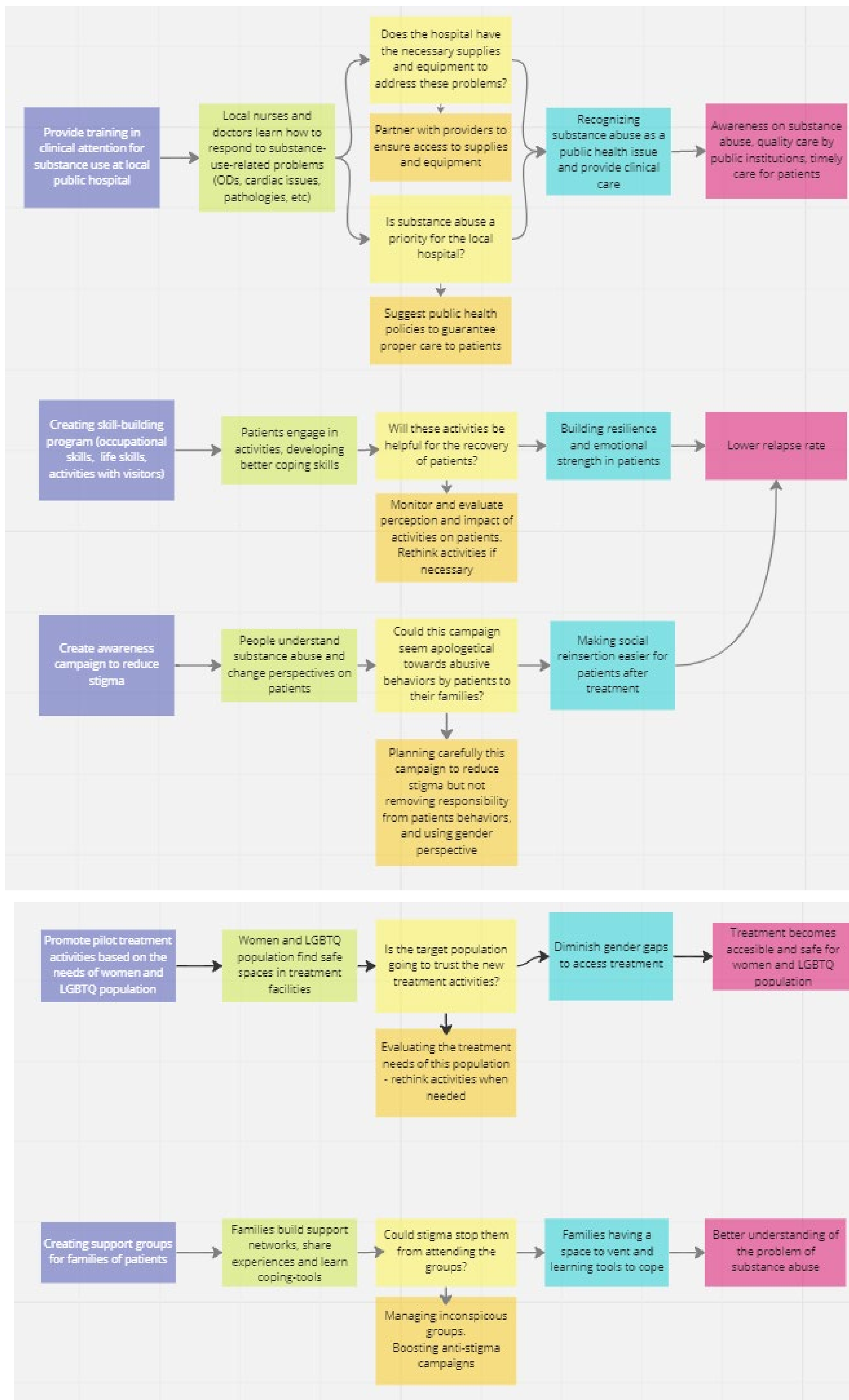
- Implementing gender perspective into the problem of substance use, including finding solutions for the ways that this problem affects women around patients, and access to treatment by women
- Creating separate, safe treatment spaces for women and LGBTQ+ people
- Creating partnerships between local businesses and the municipality to promote leisure (sports groups, cultural activities, entertainment) and community-building
- Allocation of health expenditure for creating dignified treatment models in marginalized areas
- Training health workers and creating awareness on identifying and treating substance use disorders, mental health topics and addressing trauma
- Making visible the Adverse Childhood Experiences that affect mental health, preventing and addressing them (child abuse, substance abuse in parents, bullying)
- Creating support networks for families of patients, and including attention for them in treatment models
- Advocating for accessibility to general mental health services, always considering the cultural context of the region
- Creating advisory boards of patients and recovered individuals to improve the quality of treatment

Theory of Change

Problem statement: People in Jaltenango face difficulties in access to dignified and effective treatment for substance use disorders.

Goals: The main goal of this intervention is to generate an effective, holistic and multidimensional model to treat substance use disorders that is also accessible and provides dignified care for patients in Jaltenango, Chiapas, Mexico. The second goal is to train staff at facilities and provide them with proper information and tools about substance abuse disorders, which will be a key point to offer quality care. The final goal is to provide the patients with the necessary skills and tools to recover successfully and stay clean once finishing treatment.




Provide training in clinical attention for substance use at local public hospital
Local nurses and doctors learn how to respond to substance-use-related problems (ODs, cardiac issues, pathologies, etc)
Does the hospital have the necessary supplies and equipment to address these problems?
Partner with providers to ensure access to supplies and equipment
Is substance abuse a priority for the local hospital?
Suggest public health policies to guarantee proper care to patients
Recognizing substance abuse as a public health issue and provide clinical care
Awareness on substance abuse, quality care by public institutions, timely care for patients
Creating skill-building program (occupational skills, life skills, activities with visitors)
Patients engage in activities, developing better coping skills
Will these activities be helpful for the recovery of patients?
Monitor and evaluate perception and impact of activities on patients. Rethink activities if necessary
Building resilience and emotional strength in patients
Lower relapse rate
Create awareness campaign to reduce stigma
People understand substance abuse and change perspectives on patients
Could this campaign seem apologetical towards abusive behaviors by patients to their families?
Planning carefully this campaign to reduce stigma but not removing responsibility from patients behaviors, and using gender perspective
Making social reinsertion easier for patients after treatment
Promote pilot treatment activities based on the needs of women and LGBTQ population
Women and LGBTQ population find safe spaces in treatment facilities
Is the target population going to trust the new treatment activities?
Evaluating the treatment needs of this population - rethink activities when needed
Diminish gender gaps to access treatment
Treatment becomes accesible and safe for women and LGBTQ population
Creating support groups for families of patients
Families build support networks, share experiences and learn coping-tools
Could stigma stop them from attending the groups?
Managing inconspicous groups. Boosting anti-stigma campaigns
Families having a space to vent and learning tools to cope
Better understanding of the problem of substance abuse

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Program Description

Goals and Objectives

This program aims to diminish the access barriers to quality, professional treatment for patients with substance use disorders, lower the prevalence of substance abuse and relapse, and create awareness on this problem and reduce stigma in Jaltenango, Chiapas. Specific goals are to:

- Provide quality professional care for patients at local treatment facilities, and at the local public hospital
- Diminish gender gaps to access treatment
- Ensure that staff at treatment facilities and the local hospital have the necessary knowledge, tools and skills to care for patients
- Reducing stigma from the population and health workers towards patients
- Build resilience and health coping-skills in patients
- Help patients build support networks during and after treatment
- Provide emotional support for families of patients
- Make social reinsertion easier for patients after treatment and reduce stigma

Activities

As mentioned in the Theory of Change, the program interventions will comprise trainings, skill-building programs, support groups, and awareness campaigns. The main benefactors from this program are the people going through a substance abuse disorder who are

interested in recovery, and it is strongly recommended to view this program as a holistic model, centered on the patients, their context and needs.

Provide Training for Non-Specialized Staff

The needs assessment revealed that leaders of treatment facilities and staff didn't have any professional education about substance abuse, identifying the need to train them properly. It was also mentioned that patients feel more comfortable during treatment when they can relate to the staff (same language, same community, etc.), hence the importance of strengthening the skills of local staff, rather than bringing external members.

First set of trainings will be directed for staff at inpatient treatment facilities in Jaltenango, focusing on *anexos*. The expectation is for these trainings to prepare staff professionally on mental health and substance abuse topics in order to restructure the treatment models that currently exist and build together a quality, effective program.

The critical question is whether current treatment facilities consider trainings and professional development a priority. A possible intervention for this critical question is to present the positive outcomes of the trainings, and explaining the benefits that this can have for patients, as well as promoting participatory planning activities.

Suggested topics for this training program are:

- Introduction to substance use disorders
- Types of substances, their effects and risks
- Psychological First Aid
- Group facilitation

- Addressing trauma stories
- Cognitive Behavioral Therapy tools
- Life-Skill Building
- Gender approaches towards substance use

Next set of trainings will be directed towards staff at the local public hospital: Hospital Básico Comunitario Ángel Albino Corzo and some local private clinics in the area. The assumption is that doctors and nurses will learn through trainings how to respond to substance-use-related problems, such as overdoses, cardiac issues, pathologies, etc. In the needs assessment, a lack of knowledge about substance-use-related problems and solutions on a clinical level was identified, and it is needed to address these issues in a timely manner. Literature affirms that substance abuse education for physicians, medical students, and residents is essential, as it addresses the issue as a chronic disease, and provides the knowledge tools to treat the problem and act during substance-related emergencies (Polydorou, et al. 2008).

The critical questions are if substance abuse is a priority for these clinics, and do they even have the necessary supplies and equipment to offer this type of healthcare? A possible intervention is to suggest public health policies to guarantee care to patients, and partner with providers or NGOs to access to supplies, medication and equipment.

Another assumption is that the staff, after being trained, will apply the acquired knowledge in the care model of the facility. The question is, will these lessons be considered relevant

by the staff and are they willing to apply them to the treatment model? A possible intervention is to offer periodic supervision from trained professionals to answer questions, address issues, and mentor the staff members.

Suggested topics are:

- Substance use disorder awareness
- Types of substances, effects and risks
- Overdose management
- Substance-related affections to the body and how to treat them
- Mental health basics
- Anti-stigma approaches towards patients
- Risk management

These trainings will be the initial activity for the intervention, and a deeper diagnostic on the current knowledge and skills of the staff will be needed, in order to maintain them relevant to them. In order to successfully reach the intended goal, assessment from professional treatment institutions and mental health specialists will be needed. The list of suggested topics is just a draft of the desired approach for trainings, but professionals might suggest otherwise. Partnering on the longer term with them could result beneficial for a better planning of the training project.

It is important to mention that these trainings will need to be culturally respectful, context appropriate, and understanding of the conditions and barriers that the population faces, as well as involving gender perspective in the planning and implementation process.

Hiring Psychologists and Psychiatrists to Provide Therapy to Patients

Professionals suggested that proper therapy is needed and beneficial for patients in order to address trauma, talk about adverse experiences, and treat the issue of substance use as a complex problem that requires professional attention. While training the current staff on facilities can potentially improve the quality of treatment, having professionals treating the mental health of patients will level up the approaches to substance use disorders.

The assumption is that therapy and medication (for those who require it) will address the cause of the problems, and treatment will not uniquely focus on achieving abstinence. The critical question is, will patients acknowledge psychotherapy sessions and accept pharmacological treatment? A possible intervention is to demystify this type of treatment through information campaigns inside of the treatment center, which would include workshops and dialogue circles to better answer their question towards this type of treatment, as well as on external media for the community. This would be part of the anti-stigma campaign that is proposed in the program activities.

In order to find the proper funding for hirings, it will be necessary to partner with local NGOs, or the Ministry of Health of the State of Chiapas.

Create Skill-Building Program for Patients

In the needs assessment, it was identified that patients needed to engage in more recreational and skill-building activities during treatment, as well as engaging socially with their families. Literature suggests that occupational activities and learning coping mechanisms can result in a better prognostic for staying sober (Peele, 1991). Critical

question is, will these activities be helpful for the recovery of patients? Of course, the activities alone won't change their behavior, but they are part of a holistic model to approach this problem. A possible intervention is to monitor and evaluate impact of these activities on patients and effectivity on behavioral change.

It is suggested to implement structured activities as a part of a skill-building program that includes:

- Occupational activities
- Life Skills
- Psychoeducation
- Integration activities between the group
- Integration activities with visitors (families and friends of patients)

These activities are directed towards building resilience in patients, according to Peele (1991), who suggested a Therapeutic Community (TC) model, encouraging personal development, educational skills and social productivity is beneficial and promotes successful recovery in patients.

As found during the needs assessment, contact with family and friends is another basic social necessity of patients, and it can help them feel accompanied and supported. This could also become beneficial for the family itself, as they would maintain contact with their loved ones and watch their progress. Thus, it is suggested to periodically invite and include families and support networks of the patients in some of these activities.

Create Anti-Stigma Campaign

The needs assessment revealed that there is a lot of stigma towards people who use substances, and that can stop them from seeking treatment, or affect their reinsertion to society after treatment. An anti-stigma campaign on local media should be executed in order to talk about this issue that for many is still taboo. This campaign would be mostly informative about substance use disorders, focusing on the fact that this does not define individuals, and that recovery is possible.

This campaign will be carefully planned in order to keep in mind the gender disparities and consequences that substance abuse can have in households, providing a transparent, ethically relevant and context aware message that creates the needed awareness.

An assumption is that through awareness campaigns to reduce stigma, people will understand substance abuse and change the negative perception on patients. A critical question is, could this campaign seem apologetical towards abusive behaviors by patients to their families or friends? The possible intervention is to plan carefully this campaign without removing responsibility from patients possibly abusive behaviors. Using gender perspective to communicate and reduce stigma.

Local radio, tv and social media have been identified as the ideal platforms to disseminate this campaign. Media events and connection with leisure activities can be another strategy to better disseminate the information.

Implement Activities Based on the Needs of Women and LGBTQ+ Population

During the needs assessment, professionals highlighted the difficulties for women and LGBTQ+ community members to access treatment, and the issues that these populations could face inside facilities.

Suggested activities are:

- Dedicating a specific space/wing for women and LGBTQ+ members
- Creating awareness campaigns directed towards the rest of the patients on gender and diversity topics
- Facilitating workshops and talks to empower these populations
- Creating plans with this group to strengthen support networks

These activities will work under the assumption that the target population will find safe spaces in the treatment facilities. Critical question is if they will trust the effectivity of these activities, and will the rest of the patients be respectful towards them? A possible intervention is to constantly monitor the satisfaction with these activities and rethink them when necessary

Creating Support Groups for Families and Patients

Interviews with professionals revealed that families of patients often need care and emotional support too. In order to generate a better understanding of the problem and implications of substance use, family support groups will be created.

Support groups will be facilitated by staff after completing the necessary trainings for group facilitation, psychoeducation, gender approaches and psychological first aid.

The assumption is that activity will offer a space to vent and learn coping skills and other useful tools to manage emotional distress, as well as sharing stories to create stronger communities of families who support patients once they come out of treatment. Critical question is whether stigma and embarrassment could stop them from attending to these sessions? since for many families it is taboo to have one of their members inpatient in a treatment facility. A possible intervention is to manage inconspicuous groups where the topic is not obvious for the general population, and providing a private, safe place to facilitate them.

Community Partners

In order to achieve the mentioned goals, the program will need to build partnerships with some stakeholders and institutions. Collaborating with the statal Ministry of Health (MoH) will be key, as the program will need the participation of the public local hospital staff to receive trainings. Partnering with the MoH can also open doors to highlight the relevance of the issue and drive the implementation of the program to a strong, visible space within health policies.

Local NGO Compañeros En Salud (CES) will be another one of the partners with the most participation, as their staff can collaborate for the trainings directed towards treatment facility staff and local public hospital. CES already counts with a mental health program, and they work with professional staff that is well recognized by the community. It will be of their interest to participate in a specific program directed towards people who abuse substances, since they already treat some patients who go through this type of problem, and it will help them achieve their goals to reach a broader scope of population.

Local media such as Inforegion (radio) and La Patrona (tv) will have an important weight on anti-stigma campaigns, as they have a strong presence in Jaltenango, and are reliable sources for the people. With their support, the program's messages will be disseminated effectively, and reach the right audience.

Partnering with local content creators on social media will help generate awareness on substance use disorders and disseminate the anti-stigma campaign, particularly for the younger populations.

In order to better plan the skill-building program activities, partnering with professional treatment centers like INPRF for consulting can be useful to sketch a schedule that benefits patients and becomes useful for their desired learning outcome.

Sustainability

The sustainability of this program will depend on the support and interest of partners, the satisfaction of patients and families, the funding resources, and relevance of the program itself for the community.

The program will need to keep accountability with partners and stakeholders in order to be positioned as a relevant intervention in the community. Results with patients will be evaluated for further improvement and satisfaction of strategic actors.

Recognition of substance use disorders as a public health issue, coming from the municipality and the Ministry of Health, is key to pinpoint the relevance of the problem the program is aiming to solve. When the importance of the issue is accepted, it will be easier

to guarantee the longevity of the project, as it will stay relevant to the interests of these stakeholders.

The program will need enough funding to develop all the planned trainings and activities that involve staffing, supplies, etc. This is a non-lucrative project, and it has no intentions on becoming a social enterprise, hence, financial support from external organisms will be needed.

Evaluation

The impact of the program will be evaluated through satisfaction surveys, focus groups, and quantitative indicators of the effectiveness of the proposed model. Suggested aspects to evaluate are:

Indicator	Definition	Data Source
Accessibility to treatment	Ease of reaching the treatment services, people knowing that they exist, affordability.	Qualitative: Surveys with patients, knowing how hard or easy was it to reach this facility? What were the economic or logistic barriers? Etc.
Quality of treatment	Meeting the needs of the patients, compliance of official standards for certified treatment facilities.	Quantitative: Checklists of compliance of official standards

		Qualitative: Focus groups with patients
Professional knowledge of staff at the facilities	Meeting requirements of knowledge of substance abuse disorders, psychology concepts and tools, substance use emergencies	Quantitative: Diagnostic initial evaluations, and posterior follow-up survey evaluations on topics from the trainings
Relapse rate of discharged patients	Patients who return to using substances after treatment	Quantitative: Follow up surveys Qualitative: Interviews with discharged patients
Safety for women and LGBTQ+ population	Perception of safety, comfort, and inclusion inside the facility	Qualitative: Focus groups with patients and one-on-one interviews
Satisfaction of patients in treatment	Comfort, satisfaction from activities, and wellbeing while in treatment	Qualitative: Focus groups with patients and one-on-one interviews Quantitative: Surveys evaluating satisfaction key points

Substance use stigma in the community	Perception from the general population of people who use substances	Qualitative: Interviews with general population Quantitative: Surveys addressed to general population

These indicators should be gathered at least every six months – this will allow for comparisons between the initial intervention and subsequent adjustments to it. It is strongly recommended to make the evaluation process as participative as possible, using tools as world café, focus groups, storytelling, further needs assessments, etc.

Implementation

The implementation of this project will be divided in 5 different phases in a period of one year, distributed the next way:

1. Grant searching and fundraising
2. Training staff and staffing facilities
3. Planning and implementing workshops, safe spaces for women and LGBTQ+ groups, and family support groups
4. Development of anti-stigma campaign, family support groups
5. Monitoring and Evaluation

Timeline

Phase 1

Activity	**Start Date**	**Finish Date**	**JULY 2023**				**AUGUST 2023**			
			Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Grant searching	07/03	07/31								
Fundraising campaign on web	07/03	08/31								
Crowdfunding event	08/01	08/31								

Phase 2

Activity	**Start Date**	**Finish Date**	**SEPTEMBER 2023**				**OCTOBER 2023**			
			Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Recruiting facilitators for trainings	09/01	09/15								
Recruiting local staff at anexo	09/07	09/21								
Training local anexo	09/22	10/31								
Training public hospital	09/22	10/31								

Phase 3

Activity	**Start Date**	**Finish Date**	**NOVEMBER 2023**				**DECEMBER 2023**				**JANUARY 2024**			
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
Workshop planning	11/01	11/21												
Workshop implementing	11/22	01/31												

Promoting safe spaces for women and LGBTQ+ population	11/22	01/31												
Implementing family support groups														

Phase 4

Activity	Start date	Finish Date	AUGUST 2023				OCTOBER 2023				JANUARY 2023				FEBRUARY 2023			
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
Current situation diagnostic																		
Success of trainings evaluation																		
Satisfaction with workshops evaluation																		
Support groups with families evaluation																		
Women's and LGBTQ+ spaces satisfaction evaluation																		

Capacity

For the implementation of this program, it is necessary to have the human resources, infrastructure and supplies that will allow the activities to happen in the best way possible.

For human resources, I will list the required paid positions and some of their activities:

- Program Coordinator
    - Follow up on the activities of the program proposal and making sure they happen on time
    - Keep track of the funds of the program, writing reports for donors and grants
    - Find further necessities for the program and seek strategies to fulfill them
    - Build partnerships with stakeholders and have accountability with them
    - Lead the rest of the staff on their activities for program development
    - Plan activities for skill-building program
    - Lead M&E tasks
- Training lead
    - Plan the pedagogic approach of the trainings
    - Develop a curriculum for trainings
    - Supervise training facilitators and provide feedback
- Training facilitators (external/temporary)
    - Participate in the planning of the training curriculum
    - Train groups of people at local *anexo* and local public hospital

- Skill-building activities facilitator
    - Lead skill-building activities at the *anexo*
    - Engage with patients and make sure the activities fulfill its purpose
- Family support group facilitator
    - Propose group activities for families
    - Offer emotional containment for participants
- Psychologist
    - Have psychotherapy sessions with patients
- Psychiatrist
    - Have sessions with patients and prescribe medication when necessary
- Gender perspective specialist
    - Plan strategies to maintain women and LGBTQ+ community safe in the anexo
    - Collaborate with training lead to implement gender perspective activities in the skill-building facilities
- Communications specialist
    - Develop anti-stigma campaign on different media platforms
    - Implement participatory activities to disseminate messages
    - Launch ongoing online fundraising campaigns

For infrastructure, the temporary rental of a place for the trainings for the staff at the anexo and staff from the public hospital will be needed. Stationary supplies for trainings and

workshops will be required, as well as medical supplies and psychiatric medication for patients.

Funding

This program can be launched with the support of grants and fundraising campaigns. For practicality, funding needs will be portrayed in the next table for the period of one year of program, unless specified otherwise.

Note: Staff salaries are calculated according to the salary expectations in Mexico, but also considering the need to provide dignified work conditions for professionals.

Concept	Quantity (USD)	Comment
Program Coordinator	$ 20,000	
Training lead	$ 14,000	
Training facilitators	$ 1,000	(Can be freelance or on a temporary contract for 5 weeks)
Skill-building facilitator	$ 12.000	
Family support group facilitator	$ 12, 000	
Psychologist	$ 16,000	
Psychiatrist	$ 17,000	
Gender perspective specialist	$ 14,000	
Communications specialist	$ 14,000	
Space rental	$ 5,000	
Utilities	$ 3,500	
Medication	$ 13,000	
Total	**$ 141,500**	

Some of the potential grand funders are:

Inter American Foundation: This foundation supports community projects, which is part of the reasons why this program could be eligible, since it will address the needs and involve

the participation of a specific community, integrating actors like families, and encouraging the patients to develop life-skills.

https://www.iaf.gov/apply-for-grant/

Lundbeck Mexico: Lundbeck grants initiatives and organizations with funds, donation in kind, medical training grants, and medication. The goal is to improve the quality of health services, which goes in line with the program proposal goals.

https://www.lundbeck.com/mx/Sustainability/Donations-and-grants

Conclusion

Substance use disorders are a serious problem that has been ignored for many years in Jaltenango. The approaches to try to solve it haven't been effective, and sometimes, they have even provoked a negative effect in those who suffer from dependency or addiction. This problem does not only affect individuals, but it has an impact in the circles around them, families, children, and friends.

One of the dangerous effects of substance abuse is the risk of an overdose, but also, the scarring domestic violence that many households undergo when a family member has a dependency to substances. I want to highlight the importance of using a multidimensional lens to address not only this, but all development issues around communities, as minorities and vulnerable groups are the ones who end up being the most affected by complex issues.

The program proposal developed on this document is only one of the many different necessary approaches to attack this problem. A systemic-thinking perspective can find the gaps in needs and focus on direct and indirect solutions we can think of, in order to create better futures for next generations.

The safety in Jaltenango has become compromised by the alarmingly growing presence of drug gangs and conflicts between cartels in the area. This is another one of the reasons why it is so important to implement solutions.

As for the treatment, the importance to provide dignified and humanized professional services remains. We need to decentralize care, and start to expand quality treatment models all across marginalized and forgotten areas.

This project is only a tiny puzzle piece of the solutions that can be implemented around this problem that comprises many different layers of complexity, but through these activities we can transform realities for equity in healthcare.

Reference List

Acosta de Lira, J. A., Calvillo Ríos, C. A., Ortega Neri, H. M., & Jasso Velázquez, D. (2021). *Autoestima y violencia de género ejercida por el cónyuge alcohólico [Self-esteem and gender violence exerted by the alcoholic spouse]*. Investigación Científica – Universidad Autónoma de Zacatecas 14(2), 242-246

Altell-Albajes, G., & Plaza-Aleu, M. (2005). *Abuso de alcohol y violencia doméstica desde una perspectiva de género [Alcohol abuse and domestic violence from a gender perspective]*. Salud y Drogas 5(2), 99-115.

Berruecos, L. (2017). *El abuso en el consumo de alcohol en la comunidad indígena de San Sebastián, Puebla.[Abuse in alcohol consumption in the indigenous community of San Sebastián, Puebla]* El Cotidiano 32 (201), 97-107

Data México. (2019). *Angel Albino Corzo: Economía, empleo, equidad, calidad de vida, educación, salud y seguridad pública [Angel Albino Corzo: Economy, employment, equity, quality of life, education, health and public security].* Data México. https://datamexico.org/es/profile/geo/angel-albino-corzo

Fuentes, A. (2022). *Prevén aumentar el presupuesto para salud mental [Plans to increase the budget for mental health]*. El Sol De México. https://www.elsoldemexico.com.mx/mexico/sociedad/presupuesto-para-salud-mental-y-adicciones-en-mexico-mejoraria-4-en-2023-8870952.html

Gage, S. H., & Sumnall, H. (2019). Rat Park: How a rat paradise changed the narrative of addiction. *Addiction*, *114*(5), 917–922. https://doi.org/10.1111/add.14481

Góngora, J., & Leyva, M. A. (2005). *El alcoholismo desde la perspectiva de género [Alcoholism from a gender perspective]*. El Cotidiano (132), 84-91.

González-Robledo, L. M., González Robledo M.C., Nigenda-López G., Rodríguez-Cuevas F., Serván-Mori E. & Matus-Cruz R., (2022). *Depresión y ansiedad en adolescentes de origen indígena de Chiapas, México [Depression and anxiety in teenagers of indigenous origin in Chiapas, México)*. Universidad Autónoma del Estado de Morelos. DOI: 10.30973/2022/depresion-ansiedad-adolescentes-chiapas

Guillén, M. L. (2020). *Vivir sin cerveza [To live without beer]*. Chiapas Paralelo. https://www.chiapasparalelo.com/opinion/2020/06/vivir-sin-cerveza/

Guerrero, A. L., & Méndez, J. S. M. (2019). *Presupuesto para salud mental: Relevancia ante la Covid19 [Budget for mental health: Relevance upon Covid-19]*. Centro de Investigación Económica y Presupuestaria. https://ciep.mx/presupuesto-para-salud-mental-relevancia-ante-la-covid19/

Hawkins, J. D., Van Horn, M. L., & Arthur, M. A. (2004). *Community Variation in Risk and Protective Factors and Substance Use Outcomes*. Prevention Science 2004 5(4), 213-220 https://doi.org/10.1023/b:prev.0000045355.53137.45

Instituto Nacional de las Mujeres. (2017). *Violencia sexual contra las mujeres y consumo de drogas [Sexual violence against women and drug consumption]*. Centro De Documentación Instituto Nacional de las Mujeres http://cedoc.inmujeres.gob.mx/documentos_download/101277.pdf

Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Instituto Nacional de Salud Pública, Comisión Nacional Contra las Adicciones, Secretaría de Salud (2016). *Encuesta nacional de consumo de drogas, alcohol y tabaco [National survey on consumption of drugs, alcohol and tobacco]*. Encuestas INSP. https://encuestas.insp.mx/repositorio/encuestas/ENCODAT2016/doctos/informes/reporte_encodat_drogas_2016_2017.pdf

Instituto Tecnológico y de Estudios Superiores de Occidente. (2021). *Prematuro, desaparecer hospitales psiquiátricos en México*. ITESO https://iteso.mx/web/general/detalle?group_id=31088373

Jargiełło, A. (2021). Harm Reduction Model in Mexico's Drug Policy. *Anuario Latinoamericano*, *11*, 131–145. https://doi.org/10.17951/al.2021.11.131-145

Korklakunta, A., & Reddy, C. M. P. (2019). *High-risk behavior in patients with alcohol dependence*. Indian Journal of Psychiatry, 61 (2), 125-130. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_395_17

Kulis, S. S., Nuño, B. L., Marsiglia, F. F., & Corona, M. D. (2017). *Traditional gender roles and substance-use behaviors, attitudes, exposure, and resistance among early adolescents in large cities of Mexico*. Journal of Substance Use. 23, 1-10. DOI:10.1080/14659891.2017.1405088

Medina-Mora, M. E., Borges, G., Fleiz, C., Benjet, C., Rojas, E., Zambrano, J., Villatoro, J., & Aguilar-Gaxiola, S. (2006). Prevalence and correlates of drug use disorders in Mexico. *Revista Panamericana De Salud Pública*, *19* (4). https://doi.org/10.1590/s1020-49892006000400007

Medina-Mora, M. E., Natera G., Borges G., Cravioto P., Fleiz C., Tapia-Conyer. (2001). *Del siglo XX al tercer milenio. Las adicciones y la salud pública: drogas, alcohol y sociedad [From the 20th century to the third millenium. Addiction and public health: drugas, alcohol and society]*. Salud Mental 2001; 24 (4): 3-19

Mendoza-Carmona, Y. L., Vargas-Peña, K. (2017). *Factores psicosociales asociados al consumo y adicción a sustancias psicoactivas [Psychosocial factors associated with the consumption and addiction to psychoactive substances]*. Revista Electrónica De Psicología Iztacala; 20 (1): 139-167

Molina, H., & Rodriguez, I. (2023). Ocupados, 60% de espacios para tratar adicciones [60% of spaces to treat addiction, occupied]. *El Economista*. https://www.eleconomista.com.mx/politica/Ocupados-60-de-espacios-para-tratar-adicciones-20230312-0085.html

National Institute on Drug Abuse (2013) *What is a Therapeutic Community's Approach?* National Institute on Drug Abuse. https://nida.nih.gov/publications/research-reports/therapeutic-communities/what-therapeutic-communitys-approach

Noriega, F. M. (2021). *Falta de supervisión y desigualdad económica: problemas para acceder a la rehabilitación [Lack of supervision and economic inequality: problems to access rehabilitation]* LADO B. https://www.ladobe.com.mx/2021/06/falta-de-supervision-y-desigualdad-economica-problemas-para-acceder-a-la-rehabilitacion/

Organisation for Economic Co-Operation and Develoment. (2021). *Health at a Glance: Chile*. Organisation for Economic Co-Operation and Development https://www.oecd.org/chile/health-at-a-glance-Chile-EN.pdf

Open Society Foundations. (2016). *Ni Socorro, Ni Salud: Abusos en vez de Rehabilitación para Usuarios de Drogas en América Latina y el Caribe [No help, no health: abuse instead of*

rehabilitation for drug users in Latin America and the Caribbean]. Open Society Foundation https://www.opensocietyfoundations.org/uploads/5bda2aff-6714-45d3-961d-763ad4b2a4d6/no-health-no-help-es-21060403.pdf

Padilla, L. (2016). *Malos tratos y tortura, el tratamiento en los centros de rehabilitación en México*. Animal Político.https://www.animalpolitico.com/2016/04/malos-tratos-y-tortura-el-tratamiento-en-los-centros-de-rehabilitacion-en-mexico/

Palacios - Delgado, J. R., & Cañas - Martínez, J. L. (2010). *Características Psicosociales Asociadas al Consumo de Alcohol, Tabaco y Drogas en Adolescentes de Chiapas [Psychosocial characteristics associated to alcohol, tobacco and drug consumption in teenagers of Chiapas]*. Psicología Iberoamericana, 18(2): 27-36.

Peele, S. (1991). *What Works in Addiction Treatment and What Doesn't: Is the Best Therapy No Therapy?* International Journal of the Addictions. 25:sup12, 1409-1419, DOI: 10.3109/10826089009088552

Pueblos América (2022). *Jaltenango De La Paz, Angel Albino Corzo*. Pueblos America. https://mexico.pueblosamerica.com/i/jaltenango-de-la-paz-angel-albino-corzo/

Polydorou, S., Gunderson, E. W., & Levin, F. R. (2008). *Training physicians to treat substance use disorders*. Current Psychiatry Reports 10(5), 399-404. https://doi.org/10.1007/s11920-008-0064-8

Rey, N. G., López, M. M., Toledano-Toledano, F., García F.G., & Velázquez J.a. V. (2021). *Intimate-partner violence and its relationship with substance consumption by Mexican men and*

women: National Survey on Addictions. Salud Mental, 44(3), 135-143.
https://doi.org/10.17711/sm.0185-3325.2021.018

Romero Reyes, D., Ybarra Sagarduy, J. L., Orozco Ramírez, L. A. (2019). *Características sociodemográficas y clínicas de usuarios de un centro de rehabilitación de adicciones [Sociodemographic and clinic characteristics of users in an addiction rehabilitation center]*. Revista Internacional de Investigación en Adicciones. DOI: 10.28931/riiad.2019.1.04

Sarabia, D. (2022). *Nuevo modelo de atención a la salud mental, sin recursos ni plan para usuarios de hospitales psiquiátricos*. Animal Político.
https://www.animalpolitico.com/2022/04/salud-mental-cierre-hospitales-psiquiatricos-atencion/

Secretaría del Trabajo y Previsión Social. (2023). *En 2023, México superará el promedio de los salarios mínimos en América Latina*. Gobierno De México.
https://www.gob.mx/stps/prensa/en-2023-mexico-superara-el-promedio-de-los-salarios-minimos-en-america-latina

Spence, R., & Wallisch, L. (2007). *Alcohol and drug use in rural colonias and adjacent urban areas of the Texas border*. The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association, 23 Suppl, 55–60.
https://doi.org/10.1111/j.1748-0361.2007.00124.x

Statista. (2019) *Total U.S. expenditure for mental health services 1986-2020*. Statista.
https://www.statista.com/statistics/252393/total-us-expenditure-for-mental-health-services/

Tizoc-Marquez, A., Rivera-Fierro, K., Rieke-Campoy, U., & Cruz-Palomares, M. (2018). *Reducción de daños como estrategia para el uso y abuso de sustancias en México: Desafíos y oportunidades*. Ra Ximhai, 13(2), 39-51.

Appendix A – Interview Guide

People who haven't had successful recovery/access to treatment

1. Demographic intro questions
    - What's your age?
    - What do you do for a living?
    - What is your current housing situation?
        - ❑ Homeless
        - ❑ I live in a house
        - ❑ Staying with other people
        - ❑ Living in my car
2. Which different substances have you consumed? These could include:
    - ❑ Alcohol
    - ❑ Cocaine
    - ❑ Marihuana
    - ❑ Methamphetamines

❑ Opioids (heroin, fentanyl, benzodiazepines)

❑ Inhalants

❑ Other_______

3. For how long have you been consuming substances?

❑ Less than a year

❑ 1-3 years

❑ 4-5 years

❑ 6 or more years

4. Where can people go for addiction treatment in this town or nearby?

Treatment

❑ 4TH and 5th step

❑ Anexos

❑ Other__________________

Recovery

❑ AA

❑ Other_______________

How did you hear about these places?

5. Have you ever tried accessing an inpatient or outpatient treatment for substance use?

    If so, what was your experience like?

    What helped? What didn't? *(probe)*

6. Have you ever tried accessing a recovery group for substance use? For example, AA

    If so, what was your experience like?

    What helped? What didn't? *(probe)*

7. In your opinion, what are some of the reasons some people might continue using substances even if they have faced many problems as a result?

8. What's difficult about getting treatment in this area?

9. If you were to go to treatment, what would you need from the treatment service?

    What characteristics would treatment need to have for you to want to go to treatment? *(probe)*

10. If you were to go to an inpatient treatment center and come back to your community, what would you need to stay sober? (Recovery support)

    Besides medical care, is there any other type of support you would need to stay sober? *(probe)*

11. What kind of support would you need from your family and friends to stay sober?

12. Are there any other thoughts or ideas you would like to share about support and treatment for people who use substances in this town?

Someone who has already been in a rehab/treatment process and recovered successfully

1. Demographic intro questions

    - What's your age?
    - What do you do for a living?
    - What is your current housing situation?

        ❑ Homeless

        ❑ I live in a house

        ❑ Staying with other people

        ❑ Living in my car

2. Which different substances have you consumed? These could include:

    ❑ Alcohol

    ❑ Cocaine

    ❑ Marihuana

    ❑ Methamphetamines

    ❑ Opioids (heroin, fentanyl, benzodiazepines)

    ❑ Inhalants

    ❑ Other_______

3. For how long did you consume substances?

- ❑ Less than a year
- ❑ 1-3 years
- ❑ 4-5 years
- ❑ 6 or more years

1. What made you want to change your behavior?

    What was a critical moment that made you want to recover? *(probe)*

1. How many times did you try to get sober?

    - ❑ Just once
    - ❑ 2-4 times
    - ❑ 5-7 times
    - ❑ More than 8

2. Did you ever go to inpatient or outpatient treatment for substance use?

    If so, what was your experience like?

    What helped? What didn't? *(probe)*

13. Did you ever go to a recovery group for substance use? For example, AA

    If so, what was your experience like?

    What helped? What didn't? *(probe)*

14. What characteristics do you think your previous treatment experiences would have needed to be effective?

15. In your opinion, what are some of the reasons some people might continue using substances even if they have faced many problems as a result?
16. What was difficult about getting treatment in this area?
17. When you finished recovery or treatment, what kind of support did you need?
18. If you could describe the path to your recovery step-by-step, what would it be?
19. What was the role of your family and/or friends in your recovery?
20. Are there any other thoughts or ideas you would like to share about support and treatment for people who use substances in this town?

Treatment Facilities at Jaltenango

1. For how long has the facility been operating in the area?
    - ❑ 1-3 years
    - ❑ 4-6 years
    - ❑ 7-9 years
    - ❑ more than 10 years

2. How many patients do you currently see?
3. Do you have a waitlist?
    - For how long do patients usually have to wait to get into the program?
4. How do patients enroll in your facility?
    - Are walk-ins allowed?
    - Do you require a referral?
5. How do patients pay for the treatment?

6. What is the minimum age for people attending this program?
7. Is this program for people of all genders?
    - When they're in the program, do they attend activities together or separately? (Probe)
    - How do you accommodate people who identify as transgender?
8. Do you receive people from outside of this region?
9. What is the model of the treatment you offer?
10. What do you think patients find helpful about this program?
11. Do patients encounter stigma for their substance use in this community?
12. What is a typical day like for patients at your facility?
13. How many staff members are there in your facility?

    What are their different roles and responsibilities?

    What is a typical day like for x position at your facility? (probe)

14. What are the qualifications and experience the staff needs in order to work at this facility?
    - Where does the staff obtain their knowledge on substance use treatment?
15. From your experience, which elements do you find essential for patients to recover?

    Do you think patients need any kind of specialized/professional attention? *(probe)*

16. What are the difficulties that you encounter when trying to provide treatment for patients?

    ❑ Economic

- ❑ Accessibility
- ❑ Training
- ❑ Institutional support
- ❑ Other_________________

17. If you had unlimited resources and support, what type of care would you like to implement in your facility?
18. Do you currently have any alliances with other institutions/enterprises/etc?
19. Are there any other thoughts or ideas you would like to share about substance use treatment?

Specialized Clinic

1. Can you explain the model of the treatment you offer?

How is this approach helpful for patients' recovery?

1. What do you think are the basic key approaches for effective treatment in patients who abuse substances?
2. What type of specialists do patients need in order to receive proper attention?
3. What is a typical day like for patients at your facility?
4. What is a typical day like for the staff at your facility?
5. What are the most important lessons you have learned about providing treatment?

6. How easy for patients in your area to access treatment?
2. From your experience, which elements do you find essential for patients to recover?
3. Are there any other thoughts or ideas you would like to share about substance use treatment?

Mental Health Specialist

1. For how long have you been working with mental health patients in Jaltenango?

❑ 1-3 years

❑ 4-6 years

❑ 7-9 years

❑ more than 10 years

2. In a rural context like this one, how common are substance abuse disorders?
3. In your experience, why do people start consuming substances in Jaltenango?
4. Which barriers do your patients encounter when trying to recover?

   ❑ Economic

   ❑ Social support

   ❑ Accessibility

   ❑ Professional help

- [ ] Adherence to treatment

5. What kind of support, besides treatment, is needed for patients to recover?

6. What are some risk factors for relapse?