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Good afternoon to you all. I would like to thank Mg. Moro, head of the Sedronar, for his invitation to share the work that social and church organizations do in the most vulnerable localities of the country, and some teachings that over these years we have learnt. More specifically, I would like to address a Sedronar program called "Casas de Atención y Acompañamiento Comunitario" the CAAC.(Community Service and Accompaniment Houses).

Before presenting the actions and criterion that led us to develop the CAACs as we know them today, I want to clarify that historically in my country there was a bipolar tension between a State that withdrew and outsourced welfare responses, leaving them in the hands of NGOs and a State that pretended to take charge of welfare responses in their entirety. I will be dealing then with some difficulties of each of these state models, only to then point out the virtues of the model of collaboration in the the CAACs, in which the State and the organized community need to work in constant collaboration.

In the first case, the national government, some provinces and even social works entered into agreements with service providers and NGOs. These agreements financed the treatment of many people with problematic consumption through a per capita grant system, making addiction treatment a moderately profitable business. The involvement in the problem and the philanthropy then mixed with a certain profit greed in such a way that some populations, either because of the stigmatization they suffered or because of the complexity they presented, did not find answers in those policies. As examples, I point out the cases of the transvestites / trans population, the pregnant women or those who did not have anyone to leave their children with. For many years, these people could not access a treatment.

That outsourcing policy, could not produce the answers in the places where it was needed, being the same, concentrated around the five largest cities of the country. Finally, it is worth mentioning that the state's funding capacity for this per capita grant policy was tremendously disproportionate as to the dimensions of the problem, and focused exclusively on those people who requested the treatment and were able to sustain it.

But at other times the State also produced its own responses, which meant a step forward in the State's assumption of its responsibility in the handling of public policies. These state treatment centers, almost entirely dependent on provincial governments, were located in different territories and provided interdisciplinary teams to respond to demands. These approaches were not exempt from difficulties either, especially in the populations of greater social vulnerability. Among these difficulties were the absence of a true integral view due to the fragmentation inherent in the action of the State, the reproduction in the territory of the hospital logic with the asymmetry of the links of the hegemonic medical model, and the incapability to accompany the people for not having the time and the financial resources needed. Moreover, we witnessed many of these institutions wear out over time, accommodate to the routine, lose strength, become frustrated and in many cases ruined.

Therefore, I am here to present the CAAC (Houses of Community Attention and Accompaniment), because I believe that they represent an advance with respect to those two antagonistic models. This is because the engine that drives the development of the CAACs is the suffering of a community, which becomes organized in order to mitigate this suffering. However, the answers needed are to be provided by the State.

But to explain it better, I will follow the same inductive method we learned in the CAAC. I now invite you to look at the story of a real person with me, no more or less complex than the other people we accompany every day, in order to draw some conclusions.

Let's change the name of our protagonist and call her Mariela. Walking the streets we saw her, we had to come across her many times to be able to start a conversation. At the beginning, she was quite elusive, sometimes because she was drugged, sometimes embarrassed, or frightened. In the end, we managed to make friends. She was upset, with a headache and fever. We offered to take her to the doctor but she refused.

We invited her to the the CAAC to take a bath, have a warm meal, take some medicine, put on clean clothes. It was not easy; it took a few months for her to trust us. Only then, would Mariela accept our invitation and come to the CAAC. During all that time, we continued accompanying her in the street. When she finally arrived, she refused to participate in the groups, or talk to anyone. She would eat, take a bath, sleep a bit in a safer place than the street, nothing else.

Mariela came occasionally to the CAAC the two following years. Very little by little, we were able to talk about something and reconstruct part of her life. She was 24 years old; she had consumed **basic pasta** since four. Due to several abuses, wounds and other violent situations, she decided to run away. She ended up in our neighborhood, Zavaleta, living on the street, in a **ranchada** that she put together with other people by a wall. She always came to the CAAC alone. She lost her identity card, she believed the police were looking for her for the theft of a cell phone. She did not have any income other than what she got on the trucks where she was sexually exploited in exchange for a few pesos that she used for paco and also for food. I'm not talking about prostitution but about sexual exploitation, because of the lack of freedom that these addicts undergo and because there are people who take advantage of their impending need for consumption. She said she had a rash on her genitals that itched. She thought she had contracted syphilis because that same thing happened to another girl who spent some time with her on the street.

With Mariela everything was very slow, it took a lot of patience. It was necessary to tolerate some outbursts and episodes of violence. When little by little and over the months she began to open and communicate better, the accompaniment also needed to be more complex.

We had to go to the health center to check for syphilis, and if it was true, start the penicillin treatment. Without an income, the problem of housing had to be solved. In the city of Buenos Aires there is a housing subsidy, but Mariela was unable to live alone. Maybe in a "parador"(lodge) she could sleep ... But she did not have an identity card and that is a requirement to enter any lodge. The ID must be requested at the National Registry of Persons. Mariela should ask for an appointment online, print the form, pay at the bank and attend on the due date and time. Who can think that Mariela, in the state she was in, could deal with all those requirements? And even if she might have asked for the appointment, printed the form and paid, how could she have remembered that date and attended the appointment? Mariela, a person who was on the street, who spent between 7 and 10 days intoxicated, slept 2 days in a row to then start the cycle again. But this is not all, she would not go because she was afraid. She knew that most likely, if she showed up for the document, she would be arrested.

For that reason, before thinking about the ID, it was necessary to contact the intervening ombudsman, to verify her legal situation. If there was an order of arrest, they would be in need for a strategy to solve the problem.

Apart from all this, there was the problem of her addiction to paco, which caused her to sometimes cry and ask for help, and at other times disappear for a few days. To make matters worse, she was alone! She seemed to have no one. Sundays, all holidays are so dreary for the homeless.

With Mariela, we understood the problem posed by the fragmentation of the assistance response. Because of the fact that all the answers that she needed did exist, all of them had been foreseen in

different organisms of the city of Buenos Aires. But each of the agencies only looked at the object of its own intervention and assigned the resources it had for its specificity. Therefore, each of the agencies had only part of the answer that Mariela needed. The Health Center did not make documents. The Renaper did not solve conflicts with the law. The lodge did not grant subsidies. The addiction centers did not pay for accommodation.

We verified that the requirements of an organism ask for the prior resolution of many other things, which sometimes are not so simple. Without solving the legal issue, we cannot think of the identity card. Without an ID, there is no possibility of obtaining an economic subsidy. Without an income, it was almost inevitable that Mariela returned to her previous life on the trucks. Without resolving the street situation and the harassment to which she was exposed, it was unlikely that she finally managed to overcome the addiction.

Which is the state agency that makes friends with these individuals, shares their lives, their Sundays, their nights? Who can they laugh with and feel accompanied by? Who is the person who needs Mariela, who can she help? Who can she be important for?

In general, institutions have little room for love. They are too limited to work schedules, to the individual disposition of their staff, while the role of that institution lasts.

But the community is something else. It is always there and will always remain. Its role has no end because life goes on, and because community bonds remain.

But those bonds of the community should not be idealized. The marked individualism of the prevailing culture has been deteriorating these bonds until almost eliminating them.

Mariela taught us that the CAACs should go to look for the one who was discarded from the whole social system, and have a comprehensive look, which includes all the paths that must be walked, but that basically generates a bond that will be permanent and will accompany her. It is impossible for a CAAC to have all the answers that Mariela needs, that is why what the CAAC should do is to accompany her in all the procedures. However, it is impossible to think that a small team can accompany all the paths these people should walk. Therefore, it is the CAAC's responsibility to organize the social bond, ask one person to accompany another, ask another person to receive a third person at home. Everyone can accompany someone. It is not necessary to be in perfect condition to accompany. Moreover, in general, the solidarity that we find is linked to the generation of an empathic link based on the mere fact of having undergone similar situations.

And so the bonds of solidarity, care, patience, familiarity or hospitality that are woven from the CAAC are the framework of the new social tissue after the tsunami of individualism.

As a result, the people who accompany and those who are accompanied feel better, they become friends, they share life on Sundays, on holidays, they go to the hospital, and they also mourn in death, or celebrate life on birthdays.

The strength of the bonds is very important. The WHO definition of health itself speaks of complete physical, mental and social well-being. Thus, in that broad definition we can inscribe the complexity that we see in the framework of health. The problem is that in practice this does not happen. The health effectors are not up to that definition, and their actions are far from being able to manage the reconstruction of the social tissue. There is no correspondence between the postulates of the WHO and the practices of the health effectors, and this is so because in many cases the communities are unknown

by the government agencies. They forget their knowledge, and the capacity of accompaniment and contention they have.

It is urgent that governments understand the need to finance programs for community organization. They should transfer resources to the community, because life flows around money, and in the community, resources and responses may appear which are unthinkable from the one-sidedness of the State.

The CAAC program is the acknowledgement, support and empowerment of the Argentine State to previous work. It emerged as an initiative of social and ecclesial grassroots organizations that were part of a territory and had sustained work in the areas where people have their center of life. The initiative of these organizations to work in relation to problematic substance use originated in these neighborhood insertions.

The central elements to explain the conformation of a CAAC are necessarily linked to the follow-up of the "needs track" of the community and the concrete demands of the people with whom the organization interacts.

The territorial anchoring of the CAAC is much more than the geographical location. It involves knowing the neighborhood, the prejudices, ideas and beliefs about the place and its institutions, the relationship with other neighborhoods. It also involves knowing people, their relationships and their stories. That is what makes it possible to be with them, to accompany them.

Recently, the head of Obstetrics of the Sardá Maternity, a neighbor of ours' confessed to me" the mothers who are accompanied by the CAAC are the only users of base paste who carry out the health checkups of their children. The other pregnant mothers do not turn up for controls during pregnancy, they arrive for the first time when they are about to give birth, and they do not return for the following controls. Obviously, the warm accompaniment of a family or a community generates accessibility to all human rights.

That is why policies should favor the organization of the community. Governments must transfer resources for the organization of the community, and control and lead those responses, entering into dialogue with the organizations of the territory, and listening; something that governments find quite difficult.

And if governments do not do it, if they defined themselves exclusively by their views and unilateral responses, they will never be able to manage complexity. The answer to complexity is networks. There are no networks when there is only one and to top it all it is also fragmented.

In conclusion, the specific answers correspond to the State, and the accompaniment to the organization of the community. Unaccompanied, the State's responses are a frayed lock, largely inaccessible to the most vulnerable populations. Without the responses of the State, the accompaniment of the community is a mere support without effectiveness. Without programs that finance the organization of the community for care and service, the answer to complexity remains only for detailed speeches at elegant conferences.

