

# PUPPETS VERSUS DRUGS

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Mexico's Youth Integration Centres are tackling drug abuse within the community itself, in the conviction that only if the community is involved can it become responsible for its own health.

Centros de Integración Juvenil (CIJ) is a health-sector institution that was started in Mexico City in 1970 specifically for the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons. It is one of the largest specialised centres in Latin America, with over 16 years of field experience. There are now 32 local Youth Integration Centres sited at strategic points around the country, generally in the most densely populated towns. They employ a regular staff of some 600 and several hundred volunteers.

The CIJ's somewhat unconventional organisational structure ensures that it is in constant touch with the needs of the community and, at the same time, gives its managerial and professional staff the necessary stability of tenure. Though officially recognised and subsidised from the federal budget, CIJ does not come directly under the government; it is a civil association, directed by a 'National Board of Management' on which sit members of the community. This system also obviates one of the problems that beset many Latin American institutions: the replacement of their managerial staff with every change of government or administrative reshuffle.

The structure of the CIJ reflects its approach to drug abuse. It defines drug abuse as a public health problem symptomatic of individual, familial

and social stresses; and to resolve it will call for the active participation of the population. The mere fact of belonging to a social group or milieu in which drug abuse is a problem implies that each of its members shares some responsibility both for the genesis of the problem and for its solution. Only to the extent that society involves itself in tackling the problems that affect it will it be possible to solve them. Inter-sectoral coordination and community involvement are two essential guiding principles in the prevention and treatment of drug dependence, but few institutions manage to put them into practice. I asked the Medical Director of CIJ, psychiatrist Raul Zapata, how he gets the community involved.

He told me: "It is a whole process that begins with informing and alerting opinion, continues with a guidance phase, and culminates at a more complex level of in-depth action which is the training phase. The most complex part of this process is training prevention officers, (who include heads of families) so that they can guide their children, and train health officers who are in touch with the community so that they can identify those at risk and help those who already have a problem."

"The idea is for them to be strategic elements of the community who are progressively sensitised

to the drug abuse problem and in turn generate awareness by a 'snowball' effect. Parents who are conscious of the problem will influence not only their own child but others too; a teacher will influence a new group of pupils each year... Our objective is to have people forming completely self-run groups that can design their own preventive programmes within their own communities."

It often happens that certain people use the information they receive to launch out into alarmist or sensationalist anti-drug programmes, which can do more harm than good. Many people in Latin America want to combat 'drug trafficking' without knowing how to distinguish between trafficker and consumer, delinquent and sick person. I asked how such misdirected initiatives and counter-productive activities could be avoided.

Dr. Zapata replied: "It is true that people always prefer to involve themselves in 'blitzkrieg' campaigns (with slogans like 'Let's fight the drug traffickers!') rather than committing themselves to serious, longer-term activities. It is also true that the drug scene fascinates the public. Everyone wants to know about their effects, but very few ask what is the reason for drug abuse and what can be done to prevent it.

"The information meetings or talks we start with serve as an initial 'screening' to show us who it is possible to work with. Mostly they are people already with a high level of awareness, concerned for the welfare of their group: community leaders, social workers and so forth. We know that a group is ripe for us to 'set it loose', and even to support it with our entire infrastructure, when its members really understand that drug abuse

cannot be prevented by taking the easy path of 'yellow' journalism or trying to lay the blame upon others.

"In addition to the trained volunteers from the community, we make a point of including young assistant teachers (students of psychology, social sciences or social work) in the preventive activities. This not only saves staff resources but it is also in keeping with the philosophy of our institution."

In a country as large and heterogeneous as Mexico, with 18 million people in the capital alone, how far can the Youth Integration Centres go in this 'social mobilisation' against drug abuse?

"The problem of drug abuse is so complex that no single institution can take on the whole gamut of activities that are needed," said Dr. Zapata. "We must see to it that all the other institutions do something, each in its sphere of competence. We constantly try to involve other agencies in our programmes, particularly the Ministries of Health, Education and Labour, but at the decision-making level so as to have all the necessary support."

A visit to one or two of the 32 local CIJ centres can only give an incomplete impression of a whole gamut of activities that are conducted daily on and off the institution's premises. The CIJ's work ranges from scientific research on drug abuse problems, through preventive programmes, and treatment and rehabilitation of drug dependent persons, to continuous training of volunteers and of its own regular staff. Every local centre carries out all the phases of comprehensive care for those with drug dependence problems, from the patient's admission, diagnosis and treatment by various techniques or therapeutic and

rehabilitative approaches, to family guidance. And the staff also go out to meet the community: their regular activities include talks to inform and alert opinion, street theatre and puppet shows given in the schools.

At the Southern Centre in Mexico City, the psychologist S. Cisneros was getting ready for one of the daily guidance sessions for the families of drug dependents. "Here we bring together the closest relatives of patients who are undergoing individual treatment at the centre," explained Mr. Cisneros. "With family members, the primary objective is to lessen their anxiety and then to change their idea of what drug dependence is. Because generally they individualise it: to them the problem is the child who takes drugs. They don't understand that it has to do with the social and above all the family environment. We have to analyse with them their own attitude towards the problem."

The mother of Tonito (aged 14) is a 46-year old peasant woman who has brought up her 11 children alone. Obviously this is the first time in her life that she can talk about her problems and her doubts to someone who really listens. "My husband never had time to help me about the house ... When Tonito had the accident as a little kid..." The psychologist listens and asks questions only to set her thinking: "And how do you feel about it? Is there anything more you can do?"

After an hour and a half, Tonito's mother begins to understand her son's problem better and feels there is something she can do to help him. She agrees to come back next week and report on what she has been able to achieve.

The Netzahualcoyotl Centre is in an outer suburb where two million people live in deprived

conditions. There I witnessed one of the most interesting outside activities conducted by a particularly dynamic team. The object of the exercise was to convey a preventive message to children at one of the local primary schools through the medium of puppet theatre. The play titled *The Champions* and written by the Medical Assistant Director of CIJ, is about abuse of pep pills and tranquilisers.

Four children are getting ready for a race. One takes some pills to overcome his fear, another to feel stronger and thus beat the others. The race begins—but one of them falls asleep before even starting to run and another has a terrible headache and has to stop in the middle of the race. The winner is Gustavito, the only one who has taken no pills and is in the habit of eating properly and exercising regularly.

The CIJ team (including several volunteers) arrive at the school in the middle of the break. They start getting the theatre ready and putting on make-up in front of the children so as to attract their attention. The drawing power of the show for the children never fails! In a minute they are all around the team watching the preparations and asking questions. As the event has been publicised in the district through posters, some of the school children's neighbours and parents also arrive, with their smallest children in their arms.

During the performance the children are not just passive spectators; they are constantly invited to participate. The puppets address them, ask what they think about what is happening on the stage and make them take part in the action.

Fascinated, the children readily forget that what they are watching is only a play and take it for a

real-life happening. When they are asked which of the four main characters they would most like to resemble, they all shout in unison: "I want to be like Gustavito, so as to win!"

Clearly, the preventive message came across and reached those it was intended for much more surely, and probably to more lasting effect—than if they had merely been passive recipients of a lecture on the dangers of pills. When the play is over, another surprise awaits them: the puppeteers suddenly appear before the audience, each holding his or her marionette. They make them move and talk, inviting the children to come and visit them at their district CIJ centre, where they will teach them how to make puppets and act plays with them. This way of publicising the centres never fails, because it appeals to the children through an activity that really pleases and interests them.

The puppeteers are already packing up their gear and removing the white grease-paint from their faces, but the children are still clustered around them, hoping they won't go away just yet. Once their interest is aroused, questions and doubts pop out from their little heads like sparks and demand answers. The first step has been taken towards initiating genuine preventive education with these children.

*Courtesy: WHO*

### **Information on Drug Abuse**

Access to comprehensive information is a prerequisite for sensible action and policies about drug misuse. It was this basic principle that underlay the founding, in 1968, of the Institute for the Study of Drug Dependence (ISDD)

in response to the United Kingdom's first wave of public concern about drug abuse in the 1960s. Over the years the Institute has provided valuable advice to WHO on a variety of technical issues in this field.

Apart from its publications, the resources of ISDD are not generally available outside the British Isles, but the Institute is carrying out a computerisation programme which will make its library accessible on a more international basis.

This library is now one of the largest and most comprehensive collections of scientific, academic and other documents on substance abuse in the world, numbering some 40,000 articles and books. The indexing system is unusually heterogeneous and multi-disciplinary. An end-product of this work is ISDD's *Thesaurus of Indexing Terms*, already available in English and Spanish with a Portuguese version in the pipeline and a prospect of a French version later. This indexing tool enables material to be retrieved from the library on any topic; when eventually the library database is transferred on to computers, it will be accessible to researchers and information seekers outside the UK.

Besides the library's facilities, ISDD has an experienced professional information staff who deal with some 8,000 individual enquiries each year, ranging from school and university students for help with essays and theses to requests from policy-makers and researchers for material relevant to their current interest. The needs of the latter are also catered for by the monthly publication of selected abstracts of the library's latest acquisitions, selections from material published in the UK press, and a listing

of all documents and books added to the library each month.

Wider dissemination of information on drug misuse is achieved through a comprehensive range of booklets and brochures aimed at particular audiences, such as social workers, school teachers, parents and family doctors, whose occupations bring them into contact with drug problems. The library ensures that these publications present an up-to-date and balanced account of the facts of drug misuse, while ISDD's journal *Druglink* is available internationally and serves to keep its readers abreast of developments in UK policy and practice on the misuse of drugs.

The ISDD's Research and Development Unit aims to support the growth of knowledge and

competence among those who work with drug problems. It concentrates on social research in the areas of prevention, evaluation of education and social work, and development of tested training and teaching methods and materials.

The ISDD seeks to be a credible source of information and support to everyone concerned with drug misuse. It therefore takes great care to remain independent from government (though it does receive some of its finance from the UK government) and from any faction, and generally refrains from expressing opinions on issues of drug policy. The Institute, based at 1-4 Hatton Place, London EC1N 8ND, is of potential interest to other countries as a model institution to support their national response to the misuse of drugs.

Courtesy : WHO