New Hope for Treating Alcohol Dependence

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Recuperacion sin Fronteras
(Recovery Without Borders)
Ariz. center looks beyond to help others in need

By Jeffrey C. Friedman, LISAC

Route 8 runs southwest through the dusty pueblo of Sonoyta in northern Sonora, Mexico. Just past the municipal bullring on the western edge of town, the two-lane highway straightens for the 60-mile run to Puerto Peñasco — a shrimping port located on the northern tip of the Sea of Cortez, the finger of ocean that separates Baja, Calif., from Mexico. It’s a hot, hour’s drive from the port of entry at Lukeville, Ariz., across some of Mexico’s most arid and desolate territory.

Puerto Peñasco, known as Rocky Point to American tourists, is a Spring Break destination, long familiar to college students of the Southwest who are drawn south of the border by the lure of surf and sun — but also by the party-friendly atmosphere spawned by lax drinking laws and easy availability of illicit drugs, the table scraps of narco-traffickers who favor the area as a major trans-shipment point for narcotics bound for the U.S.

A ready access to drug and alcohol has also fueled addiction among the residents of the area. Among a patchwork of tin-roofed shacks in an impoverished colonia on the edge of Puerto Peñasco, close by the desert that enfolds the city on three sides, stands Centro de Integracion para Drogadictos y Alcoholicos, No. 6 (C.I.D.A.), a freestanding 50-bed chemical dependency treatment center. The facility runs on little more than sweat, muscle and hope, and is a ramshackle collection of whitewashed buildings that includes a small office, a sweltering dormitory and meeting room, a central courtyard, and a one-room medical clinic with an adjacent two-bed detox room.

Communal meals are cooked outside, over scrap wood fires, using whatever food that was donated that day — usually the remains of yesterday’s catch and the local market’s unsold produce. Until recently, C.I.D.A. had no refrigeration, so food (often half-spoiled when donated) rotted quickly. A local physician donates an afternoon a week to the facility to look after sick and detoxing patients, but needed medicines are sometimes in short supply or not available at all.

C.I.D.A. is supported mainly through public offerings, solicited by patients who shake donation cans under the eyes of vacationing tourists strolling the seaside. At last count, 90 patients were in treatment at C.I.D.A., almost half of whom were by necessity sleeping rough on blankets in the courtyard.

Director Joaquin Celaya Rendon oversees the three-month program, which treats local alcoholics and addicts in a fashion similar to the Minnesota model used in the United States. The facility, whose motto is “servir con amor” (to serve with love), subscribes to the disease concept of alcoholism/addiction and values behavioral change, personal accountability, spiritual and emotional growth and the principles of the 12 Steps as key ingredients in the process of recovery.

The Puerto Peñasco program is one of 25 C.I.D.A. facilities located throughout Mexico. Treatment at C.I.D.A. focuses on psychotherapy and motivational groups, and is augmented by both occupational and spiritual activities. There are AA and NA meetings at the facility, though never enough recovery texts to go around. Members of the treatment team who, due to a chronic lack of funds, regularly forego their skimpy paychecks are mainly paraprofessionals — recovering alcoholics and addicts. Many are themselves graduates of the program.

Reaching out

Several years ago, a small group of Tucson, Ariz., chemical dependency clinicians who were in the habit of going to Puerto Peñasco for weekends at the beach began visiting C.I.D.A. with the aim of forming friendships with their Mexican counterparts, and helping patients of the facility by
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bringing them needed clothing and toiletry articles. This informal effort had been going on for about two years when Cottonwood de Tucson, a treatment facility where one of the clinicians was working, heard about C.I.D.A. and launched the Recuperacion sin Fronteras (Recovery Without Borders) project, by adopting C.I.D.A. as a sister facility.

The nursing and medical staff at Cottonwood donated boxes of medical supplies, and other departments found spare computers, laundry equipment, VCRs and TVs, Spanish language treatment and recovery tapes and numerous articles of bedding and furniture. Cottonwood employees from all departments made donations of their own used furniture, appliances and other needed supplies. The first truckload of donations was delivered in July 2004 and another followed in September — and because Puerto Peñasco is within the 80-mile zona franca or free zone, duty and import fees were waived on all donated items.

Upon delivery of the first donations, the American clinicians met with members of the C.I.D.A. treatment team to brainstorm additional ways in which Cottonwood could support the facility. Director Celaya and his staff expressed interest in having Cottonwood's help in bringing C.I.D.A.'s clinical practices more in line with those of American chemical dependency treatment facilities — especially in the area of primary group facilitation, and in strengthening and broadening their work with the families of C.I.D.A. patients.

In response to Celaya's request, two bilingual members of the Cottonwood staff then translated into Spanish a number of the American facility's most commonly used clinical forms. These included First Steps for chemical dependency, co-dependency, gambling and sexual compulsivity. They also translated all printed material used in Cottonwood's five-day family program, including educational handouts and listwork forms.

Cottonwood staff then invited members of the C.I.D.A. team to spend a week at Cottonwood sitting in on primary groups and family program activities, so that they could observe the forms being used in a clinical setting. Later, bilingual Cottonwood staff traveled to Puerto Peñasco for an in-service training on the use of these forms for the entire
C.I.D.A. treatment team.

Today, C.I.D.A. continues its struggle to help suffering addicts and alcoholics — making recovery miracles out of meager resources. Since the implementation of the Recuperación sin Fronteras project, the facility has been able to augment its one-day family program with clinical practices used in the Cottonwood family program. This shorter program better fits C.I.D.A.'s structure of greater length of stay. And the fact that most of its patients' families live locally allows family members to attend educational and treatment activities several times.

The project of helping C.I.D.A. broaden and modernize its clinical and family program has had surprising benefits for Cottonwood patients as well. Each month, patients are invited to see a presentation, including slides, describing the work being done at C.I.D.A. It is often an eye-opener for Cottonwood patients, many of whom come from privileged backgrounds, to see the stark conditions under which other less fortunate addicted persons are struggling to achieve recovery. Often, patients who have seen the C.I.D.A. presentation are eager to learn how they can get involved in the Recuperación sin Fronteras project.

Patients’ enthusiasm for the project has spread to Cottonwood graduates as well. The project is now being taken up by the Cottonwood de Tucson Alumni Association and will be coordinated by southern Arizona alumni — it is hoped with donations from around the world made by former Cottonwood patients who want to share the gift of recovery with others. ■

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