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Violence, addiction, recovery: An anthropological study of Mexico's *anexos*

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Abstract

Informal, coercive residential centers for the treatment of addiction are widespread and growing throughout Latin America. In Mexico these centers are called “*anexos*” and they are run and utilized by low-income individuals and families with problems related to drugs and alcohol. This article draws on findings from a 3-year anthropological study of *anexos* in Mexico City. Participant observation and in-depth interviews were used to describe and analyze *anexos*, their therapeutic practices, and residents’ own accounts of addiction and recovery. Our findings indicate that poverty, addiction, and drug-related violence have fueled the proliferation of *anexos*. They also suggest that *anexos* offer valuable health, social, and practical support, but risk exacerbating the suffering of residents through coercive rehabilitation techniques. Emphasizing this tension, this article considers the complex relationship between coercion and care, and poses fundamental questions about what drug recovery consists of in settings of poverty and violence.

Keywords

addiction; *anexos*; drug war; Mexico; recovery; violence

Introduction: Drug recovery in the context of the drug war

Informal, coercive residential centers for the treatment of alcohol and drug addictions are widespread and growing throughout Latin America. In Mexico, these centers are popularly known as *anexos* (annexes). Run and utilized by low-income communities, *anexos* account for the vast majority of residential addiction treatment in Mexico (Marín-Navarrete et al., 2013). Alcohol and drug users are usually taken to *anexos* by force, although some enter voluntarily. Once there, they are referred to as *anexados* and remain confined for a period of months to years and are subjected to a mix of interventions—from extended 12-step

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meetings to physical discipline. Typically, they remain confined until claimed by a relative or deemed successfully rehabilitated.

Anexos are a reflection and response to problems with alcohol and drugs and a lack of accessible professional treatment for addiction. Alcoholism has been a major health challenge for Mexico for decades (Borges, 1989) and national epidemiological surveys indicate increases in drug addictions over the past 10 years, especially in poor urban settings (Comisión Nacional Contra las Adicciones, 2012). In Mexico City, the setting for this study, crack-cocaine is responsible for the highest increase in addiction among the poor.

The increase of drug abuse in Mexico is presumed to be a spillover effect of the increased drug trafficking in the country (United Nations Office on Drugs and Crime, 2014). Yet, we know very little about the relationship between small-scale drug dealing (*narcomenudeo*), which is often a means of survival among Mexico's urban poor, and the rising rates of drug addiction within this population (Zamudio, 2012). We know even less about how drug addiction is experienced, perceived, and treated within communities that have been hardest hit by drug-related violence. What is increasingly evident are the failures and harms of punitive approaches to drugs, including the inability to curtail consumption, the criminalization and stigmatization of drug users, and escalations in drug-related violence (Global Commission on Drug Policy, 2011).

Since December 2006, when former Mexican President Felipe Calderón waged “war” on drug traffickers in Mexico, it is estimated that over 120,000 people have been killed, 26,000 forcibly disappeared, and at least 250,000 have been displaced, orphaned, or exiled (Molzahn, Rodriguez Ferreira, & Shirk, 2013). The drug war has culminated in the highest level of violence and catastrophe in the history of modern prohibition, in part because the United States provides the financial and technological resources to “combat” the drug trade. Paradoxically, the US also provides the world's largest consumer market for illicit drugs, much of which is produced in or transported from Mexico (United Nations Office on Drugs and Crime, 2014). Despite the changing landscape of drug policy in the Americas, the US–Mexico drug war remains highly militarized and shows little sign of abating. Mexican officials have consistently claimed that 90% of victims killed in the drug war are “criminals” involved in the drug trade (Felbab-Brown, 2009).¹ Human rights organizations, civil society groups, and families affected by drug-related violence insist that the vast majority of the drug war's victims are innocent people caught in the crossfire, especially children, undocumented migrants, young women, and undereducated and unemployed youth (Méndez, 2014).²

Ongoing exposure to drug-related violence, crime, and the presence of armed forces in low-income neighborhoods affects the mental health of “survivors” as well. Several studies demonstrate that rates of anxiety, depression, and trauma are widespread and growing across Mexico (Belló, Puentes-Rosas, Medina-Mora, & Lozano, 2005; Espinola-Nadurille, Vargas

¹Most of these homicides are not prosecuted, as less than 20% of homicides in Mexico result in an arrest (see, México Evalúa, 2012).

²The recent passage of Mexico's General Victim's Law (*Ley General de Víctimas*), which promises to recognize and compensate the surviving families of drug war victims, adds legitimacy to this claim, and is an important symbolic step in reframing the official discourse about the loss of life due to the drug war.

Huicochea, Raviola, Ramirez-Bermudez, & Kutcher, 2010; O'Connor, 2014; Torres Fernández, Rios, & James, 2011). Journalists who cover the drug war are struggling with trauma and other mental health consequences of repeated exposure to the violence (Feinstein, 2012), and overall emotional well-being has deteriorated due to the graphic media coverage of drug-related violence (Cornaglia & Leigh, 2011). Severely insecure neighborhoods are generally not taken into account in such studies given the challenges of accessing them safely, yet such neighborhoods are thought to suffer more severe mental health consequences than low-to-medium risk areas (Feinstein, 2012).

Psychological distress is closely associated with addiction (Kessler, 2004). Despite the gravity of these concerns, only 2% of Mexico's total budget for health is dedicated to mental and behavioral health care, which includes addiction services. In 2011, Mexico introduced substance abuse treatment into its public health care insurance program, *Seguro Popular*, in an attempt to address some of the gaps in mental health care. Although the plan's coverage is extensive on paper, much of the country still lacks the public infrastructure to implement addiction treatment, let alone primary care and mental health services (Schneider, 2010). The increase in drug use has further strained the limited existing resources of substance abuse services.

There are an estimated 500 "certified" residential rehabilitation centers for addiction in Mexico, many of which are private, costly, and inaccessible to most Mexicans. In Greater Mexico City, home to over 21 million people, there are only 65 certified residential care centers (Marín-Navarrete et al., 2013). Certification requires meeting the standards for establishments as articulated in a health care reform act passed by the Mexican legislature in 2009, known as "NOM-028."³ These standards include specific facility and procedural requirements, availability of professional medical and psychosocial treatment, and respect for the human rights and dignity of patients.

In contrast to the small number of certified centers, public health officials estimate that there are anywhere between 1,000 and 4,000 uncertified *anexos* in Mexico City alone. As one public health official who requested to remain anonymous stated, "We will never know how many [*anexos*] there are because they are under the radar ... We do not have the capacity or will to know any more about them than we already do." Echoing this assessment, a research psychologist specializing in addiction told us, "Anexos challenge Mexico's image of itself as modern. We don't study them because they don't fit the professional environment." Such frank observations reflect globalizing biomedical and technical frameworks for studying and treating addiction and mental illness, which tend to avoid confronting the social and political determinants of distress and minimize "local," nonexpert practices of health and healing (Mills & Fernando, 2014).

Accurately calculating the prevalence and growth rate of *anexos* is difficult given their informal status and the fact that, to date, there are only a handful of empirical studies of them (Comisión Nacional Contra las Adicciones [CONADIC], 2011; Garcia, 2015; Lozano-

³Norma Oficial Mexicana NOM-028-SSA2-2009 para la prevención, tratamiento y control de las adicciones. México: Diario Oficial de la Federación.

Verduzco, Marín-Navarrete, Romero-Mendoza, & Tena-Suck, 2016; Marín-Navarrete et al., 2013; Pulido-Rull, Moyers-González, & Martínez-Salas, 2009; Zamudio, Chavez, & Zafra, 2015). But by all accounts, the number of people that need but cannot afford “certified” treatment for addiction appears to be growing. Individuals and families must navigate questions of *anexos*’ cost, effectiveness, and risk alone. In interviews they often emphasized that they sought the services *anexos* provided not out of ignorance or neglect, but because they were the only form of addiction treatment available to them. Speaking of her decision to send her drug-addicted daughter to an *anexo*, one mother said, “People think we have options. But the only other option is to abandon her. I work hard so that she can get help. The group [*anexo*] is the only help I have.”

Methods and approach

The fieldwork for this article was conducted during nine 1- to 6-month periods spent in Mexico City between 2010 and 2013, for a total of 20 months.⁴ Participant observation, in-depth audio-recorded interviews, and informal conversations were used to describe and analyze *anexos*, their therapeutic practices, and residents’ own accounts of their experience in them.⁵ Interview subjects were selected by convenience, while an attempt was made to interview both men and women of diverse ages, histories of substance abuse, and levels of experience with *anexos*. Archival research helped frame the socioeconomic variables and policy-related issues key to understanding the emergence and growth of *anexos*.

The lead author and Principal Investigator is an anthropologist with extensive research experience in the area of drug addiction among low-income Latinos in the United States (Garcia, 2008, 2010, 2014). When she began ethnographic research on emerging discourses of addiction medicine in Mexico City in 2010, Mexico had just entered one of deadliest phases of the drug war and epidemiological surveys indicated a dramatic increase in rates of drug use (Comisión Nacional Contra las Adicciones, 2012). Although not yet a focus of the research at the time, the topic of *anexos* emerged repeatedly in casual conversations and interviews with diverse groups of people. Taxi drivers spoke of their drug-using children who they had “interned” at an *anexo*; state officials described “clandestine” treatment centers run by criminals; and social scientists spoke of the ubiquity of *anexos*, while noting the lack of research on them. The roots and manifestations of this highly contested therapeutic system, and the popular and professional discourses surrounding it, soon became a key focus of research.

In 2012, the second author, currently a resident in psychiatry, joined the research team. In addition to contributing to the fieldwork efforts described above, he conducted extensive interviews with clinicians, biomedical researchers, and government officials. Very quickly it became clear that our respective training shaped our field connections, interactions, and interests. Thus, the first author focused on the everyday struggles of individuals and families

⁴Ethics approval for the study was granted by Stanford University’s Research Compliance Office.

⁵*Anexos* were contacted to inform them of the objectives and methodology of the study. Researchers visited centers that expressed interest in participating in order to further describe the project’s goals and methodology. Participation was voluntary, confidential, and anonymous and did not interfere with participants’ relationship to the center. All interviews were transcribed by an independent service; translations from Spanish to English are the authors’ own.

contending with addiction and drug-related violence, as well as the socioeconomic factors that intersected on local, national, and international levels to facilitate the rise of addiction and *anexos* in low-income communities. The second author sought to understand the specificity of Mexico's health policies and its formal addiction and mental health services, and why they rarely figured as a choice for the low-income communities with which we worked. Together, we sought to uncover and understand the myriad conditions from which *anexos* emerged and to which they responded.

To that end, we conducted extensive observations of a total of eight *anexos* in different parts of Mexico City. Our visits ranged in length from 2 hours to attend a meeting to 15 hours to observe the majority of a daily routine. Both formal and informal interviews were conducted with *anexados* and staff. The first author also conducted life history interviews with selected *anexados* and their relatives, who often lived in close proximity to the *anexo*. These life history interviews focused on everyday life in conditions of poverty and violence, how drugs and addiction became enmeshed within individual lives and families, and what, if any, addiction treatment alternatives to *anexos* exist. The second author also conducted structured interviews with addiction specialists and public health officials to consider *anexos* from professional perspectives. Our interdisciplinary collaboration underscored the thin border between social and health problems, as well as the limits of either discipline to fully address their complex interaction (Kleinman, 1980).

This article presents data from two *anexos* in Mexico City's greater metropolitan area, which encompasses *el Distrito Federal* (the Federal District), home to nine million residents, and 60 municipalities where another 12 million people live. Most of our observations for this study were conducted in the *anexos* described in this article; over the course of 20 months, we completed over 200 hours of observations of these two *anexos*. We selected these sites here to shed light on different socioeconomic factors that shape addiction treatment in the region, which we hope will contribute to a more robust understanding of *anexos* relative to their often complex urban surroundings. Observations of the remaining six *anexos* in Mexico City, as well as *anexos* in Mexico's northern border cities and in rural villages in Oaxaca inform our general descriptions of *anexos* as sites integral to relations of inequality, and as expressive of the complexity of drug recovery in the contemporary Mexican context.

Finally, it is worth noting that other publications have described *anexos* as "detention centers" and *anexados* as "detainees"—terms that have been applied across different coercive treatment settings and national contexts (Elliott & Symington, 2011).⁶ We use the terms *anexo* and *anexado* because these are the terms most frequently employed by those who work and live in these establishments. Also, unlike the language of detention, these local terms do not diminish the therapeutic motives and hopes that we often witnessed in *anexos*. We are aware that our ethnography may remind readers of other coercive treatment settings and we have commented on these similarities and differences elsewhere (Garcia, 2015). Ultimately, this article seeks to accurately describe *anexos*, and the lived experience of *anexados*, in order to provide readers with a basic understanding of a little-known

⁶Coercive detention centers for drug addiction are known to exist in East and South East Asia, Russia, and Serbia. However, such centers tend to be governmentrun (see Open Society Foundations, 2011).

modality of treatment of great public health import to Mexico today. In line with the qualitative, interpretive disciplines of the social sciences, we attempt to discern how coercion-as-treatment is conceptualized and experienced among a segment of Mexico's urban poor.

Mutual aid and the growth of *anexos*

Unlike other substance abuse recovery modalities, a comprehensive written history of *anexos* does not exist. Our research suggests that *anexos* were conceived in Mexico City in the 1970s, a period in which “mutual aid” (*ayuda mutua*) groups proliferated among the urban poor (I. Lomnitz, 1994). Based on principles of mutual identification, responsibility, and support, these groups were fundamental in the maintaining of social relationships and the struggle for survival (I. Lomnitz, 1994). Stanley Brandes's influential research on Alcoholics Anonymous in Mexico City demonstrates that 12-step recovery programs, which are based on principles of mutual aid, quickly became the standard form of substance abuse treatment in Mexico (Brandes, 2002). By the mid-1970s, a sociocultural adaptation of AA, known as 24-Hour Alcoholic Anonymous Intensive Therapy groups (*AA 24 Horas de Terapia Intensiva*), was growing in popularity in Mexico (Rosovsky, 2009). Unlike traditional AA groups that hold 90-minute meetings, 24-Hour AA groups were open 24 hours a day, 7 days a week and combined a Roman Catholic sensibility with a confrontational approach to recovery. According to its founders, these adaptations better reflected the culture and needs of low-income Mexicans with alcoholism (Grupos de 24 Horas y Terapia Intensiva de Alcohólicos Anónimos, 1990). Some of these groups also offered “*anexos*” (annexes) where poor and homeless members could live while participating in the program. Some of these groups eventually evolved into, and became known as, *anexos*.

All of the *anexos* we studied identified as *ayuda mutua*, *AA 24 Horas*, or both. At the same time, they charged fees for services and greatly restricted personal autonomy, thus presenting a significant divergence from “traditional” mutual aid organizations like AA. Understanding this evolution requires a consideration of the socioeconomic factors that impact health and health care among the urban poor, for it is among this sector of the Mexican populace that *anexos* are most densely concentrated.⁷ Space permits us only to briefly mention a few key junctures that contributed to the conditions in which *anexos* were created.

In 1982 international lending institutions enforced structural adjustment policies in Mexico, which was on the brink of defaulting on international loans. These policies included opening the economy to foreign investment, free trade, austerity measures, and the privatization of public goods and services. While “restoring” the economy on the macro level, these policies produced severe job displacement and rising income inequality, with over half of the total population unable to meet basic needs (Escobar, 2001; I. Lomnitz, 1994). A decade later, these problems were exacerbated with the implementation of the North American Free Trade

⁷There are also *anexos*, sometimes called *granjas* (farms), in poor rural areas, but they seem to be less numerous than those in the poorest sectors of urban Mexico.

Agreement (NAFTA), which deregulated trade and expanded Mexico's low-wage *maquiladora* industry. A large and growing body of literature demonstrates the critical role played by NAFTA in the growth of Mexico's drug trade, increases in drug addiction, and the intensification of drug-related violence (Watt & Zepeda, 2012).

Summarizing decades of research on neoliberal governance, urban poverty, and the changing culture of mutual aid in Mexico, anthropologist Rocio Enriquez Rosas writes, "family relationships are experiencing the consequences of a State that has transferred a series of functions and responsibilities, which have surpassed the actual capabilities of the families" (2001, p. 54). In this context, relationships of mutual aid "simultaneously constitute a burden and a protection" for the poor (p. 44). Amid worsening conditions of structural and drug-related violence, which provoke and exacerbate distress, mutual aid relations are strained. This is not to suggest that they are entirely depleted. Rather, it is to emphasize how changing socioeconomic conditions both limit and redirect relations of obligation and support. We hope that this context will help lay the ground for understanding *anexos* as a site of both subjugation and care.

Inside the annex

Anexos can be as small as one or two room structures, or as large as a three-story house. They typically "intern" (*internar*) between 10 and 50 *anexados*, although larger *anexos* reportedly house over 100 *anexados* at a time. Despite being overcrowded and unsanitary by normative Western standards, it was not unusual for *anexados* to describe the *anexo* as being more hospitable than their previous living conditions, which often included abandoned buildings, streets, or makeshift housing with earthen floors and corrugated metal walls and roofs. While some *anexados* openly resented their confinement in *anexos*, others appreciated the more predictable, less volatile circumstances confinement offered, and desired to stay. Most saw their "internment" as temporary, but had difficulty pinpointing exactly when they would be permitted, or forced, to leave.

The *anexos* we observed were not inspected by public health officials, nor had they received government authorization, funds, or training to provide treatment. We found that the only health care training that "counselors" who work in *anexos* have was their own experience of previously being *anexados* themselves. Counselors are typically referred to as *padrinos* ("godfathers") or *madrinas* ("godmothers").⁸ These terms come from the practice of Catholic *compadrazgo* (coparenthood) but they also denote a "sponsor" in a 12-step group. Although *anexos* are not strictly AA, they draw heavily on the AA philosophy and program. Accordingly, counselors consider their efforts a form of service to others, as well as a necessary means of maintaining their own sobriety. Some counselors are called "half lights" (*media luz*) and they choose to live at the *anexo*. They often leave during the day, usually to work, and then return at night to eat, sleep, and attend meetings. Counselors are usually expected to tithe their meager incomes to the *anexo* in order to sustain its operation.

⁸Even though we were not members of a 12-step group, our interview subjects regularly referred to us as *madrina* and *padrino* as a sign of respect.

Anexos also charge families between 250 and 500 pesos a month (equivalent to 20–40 U.S. dollars) to rehabilitate their relatives. In addition to paying for their relative's treatment, families may also contribute basic provisions, such as food and medicines. The *anexos* we studied had weekly visitation hours—usually a 2-hour window on Sunday. We observed some *anexados* receiving regular weekly visits from relatives, others who never received visits from family, and still others who had visits suspended as a form of punishment for violating the *anexo's* rules. Some *anexados* reported that their family had disowned them and that they either paid for their own internment or that it was provided to them at no cost.

Daily life in an *anexo* is highly regimented. One wakes, eats, exercises, participates in meetings, naps, cooks, cleans, and sleeps at the same time each day. Usually, all of these activities unfold in the same room, which is often the only room the *anexados* are allowed to enter. During the months we conducted observations, the two *anexos* described here housed between 15 and 25 *anexados*, the majority were men. Hierarchical in structure, *anexados* who have achieved longer periods of staying sober share their experiences of recovery in order to inspire and guide newer residents. The most advanced *anexados*, the *encargados* (“the ones in charge”), also carefully monitor and “correct” the behavior of their peers. Although they are themselves *anexados*, the *encargados* are often trusted to hold and guard the keys to the *anexos'* doors.

There are long stretches of boredom in *anexos*, but also events that interrupt the flow of a typical day. These events include the arrival of new *anexados*, who often join the group in a state of physical or emotional distress. New *anexados* sometimes have their heads shaven (purportedly due to concerns about head lice), are stripped of their clothes, inspected for drugs, and “bathed.” In an *anexo*, bathing usually involves dumping the patient into a barrel of cold water, or having cold water dumped over them. This practice has received a great deal of attention in the press for being violent, but it is important to keep in mind that water is often not readily accessible in poor sectors of the city or country—hot or cold. *Anexados* who arrive in *delirium tremens* from alcohol withdrawal are tied to benches with ropes or chains. Like agitated patients in a hospital, they are restrained to protect themselves and others from harm. But the same practice may also be employed by *padrinos* as a punishment for relapse or some other violation.

Violence is an integral part of life in an *anexo*. Physical violence (hitting and kicking) and verbal humiliation are used as forms of treatment in *anexos*. Such practices are referred to as “intensive therapy” (*terapia intensiva*) and are employed in a semicontrolled manner reminiscent of hazing or initiation rituals (Vigil, 1996). Other “intensive” techniques, like prolonged kneeling, sensory deprivation, and forced confession, recall forms of Catholic discipline and devotion. *Padrinos* tell *anexados* that such practices are therapeutic and expressions of concern, which they must come to “appreciate” (*valorar*). However, because some of these same practices are used as punishment, their status as care or discipline is often ambiguous. Although we never witnessed such an event, *anexados* often told stories about *mutanias*, during which they collectively gang up on the *encargados* or *padrinos*, tie them up, steal the keys to the *anexo* and escape en masse. It is possible that such stories were a means to demonstrate, or perhaps recuperate, their sense of agency in the context of their internment and more general experiences of marginalization.

Violence is also one of the most commonly discussed themes of *anexados*' testimonies (*compartimientos*), offered during group meetings (*juntas*). *Juntas* take up several hours each day, sometimes the entire day. In them *anexados* recount wrenching experiences of family, sexual, and alcohol and other drug-related violence, identifying as victims, perpetrators, and witnesses to it. *Padrinos* sometimes incite testimony with personal questions or accusations in order to help *anexados* identify the damage and pain that they have caused others and experienced themselves. According to many *padrinos* and *anexados* we interviewed, the process of testimony releases (*descarga*) associated feelings of guilt, shame, and resentment, which are deemed barriers to "recovery." Many *anexados* described giving testimonies as a "humbling" experience.

Given the intensive quality of some of the *padrinos*' incitements and the unequal power relations within the *anexo*, it is also possible that testimonies maintain or exacerbate the *anexados*' pain, thereby hindering recovery. This contradiction is something we explore more fully in the pages that follow, where we provide more detailed description and discussion of two *anexos*—one located in the center of Mexico City and one on its periphery.

Grupo Bravo

Grupo Bravo is an *anexo* in Tepito, a dense working-class neighborhood located on the margins of Mexico City's historic district. Approximately 150,000 residents share Tepito's 72 blocks, which is home to Latin America's largest informal open-air market (*tianguis*). Tepito's informal market has roots reaching back to the pre-Hispanic period. Over the centuries, its primary function has shifted from a system of reciprocal exchange of foods and goods, to the production and sale of counterfeit or illegally imported merchandise (*fayuca*) and drugs. Today Tepito is considered the "operational base" for criminal organizations and contraband in Mexico City, a designation that has intensified long-standing efforts from outside forces to "secure" and "revitalize" the neighborhood (Davis & Ruiz de Teresa, 2013; Piccato, 2001).

Grupo Bravo is located in one of Tepito's *vecindades*, a tenements building that houses multiple families and often informal businesses in one or two room apartments that open onto a narrow, interior walkway. At least two dozen closely knit families live in the building that houses Grupo Bravo. Its founder and head counselor, Padrino Alfredo, was raised in the rooms the *anexo* now occupies. In one of our interviews he recounted the experiences that led to the formation of Grupo Bravo, starting with memories of his deceased father. He explained that his father was an alcoholic and that he encouraged his son to drink at an early age. "I was 12, 13 ... He didn't beat me if I drank with him." By the time his father died, Padrino Alfredo also suffered from alcoholism. It was his mother who first had him interned in an *anexo*, which was also located in Tepito. Several years and internments later, Padrino Alfredo finally stopped drinking. He established Grupo Bravo in 2003 with the goal of helping people in the neighborhood, "people like my father and me." The two counselors that assist him in the operation are men in their mid 20s. Both are former drug dealers and users, and they successfully completed treatment at Grupo Bravo.

Grupo Bravo's two small rooms boast windows facing a busy street. Like all of the *anexos* we visited the windows are barred and covered, obscuring the outside world. The kitchen and bathroom, which were installed in 2012, are located in a cramped transitional space near the entrance of one of the rooms. Furniture includes folding tables and chairs, which are used and stored away according to the day's schedule and beds take the shape of thick blankets (*cobijas*) that are laid out on the floor each night. The *anexados* that live at Grupo Bravo spend much time assembling and disassembling these household goods, as well as scrubbing the linoleum floors upon which they are placed. Other *anexados* are charged with preparing the group's meals, typically a thin vegetable soup or bowl of beans served two or three times a day, plus a few tortillas if they are available. Despite the limited food, many *anexados* gain weight during their internment.

Given the neighborhood's frequent electrical problems, Grupo Bravo's most dependable source of light comes from flickering votive candles that surround altars dedicated to *Santa Muerte* and *San Judas*—the saints of death and lost causes, respectively. Santa Muerte is depicted as the female version of the grim reaper, but with elaborate gowns and princess tiaras. She is closely associated with Tepito and condemned by the Catholic Church (C. Lomnitz, 2005). Her worshippers turn to her for protection from suffering and death with offerings of tequila, cigarettes, and the like. Although there are no group sessions focused on prayer at Grupo Bravo, residents sometimes gather at the altars to pray and reflect and recite prayers throughout the day.

Fifteen *anexados* plus two assistant counselors typically live at Grupo Bravo at any given time. Most of them hail from Tepito and are between the ages of 18 and 25. There were always between three and five female *anexadas* in residence during our observations of Grupo Bravo—a significantly higher proportion compared to a study that reported 91% of *anexados* are male (CONADIC, 2011). During one of our observations, a young woman named Miriam arrived at Grupo Bravo in an acute state of distress, crying and screaming that she wanted to be released. She was dressed completely in black clothes in the style of a *darketa* (goth girl), but her pale skin was discolored with bruises the same color as her dyed hair. In the weeks that followed, Miriam's skin began to heal. In an interview she described having been disowned by her conservative parents—partly because of her "style," but mostly because of her addiction to crack. Her older sister encountered her at a plaza near the historic center, where she lived with a group of friends. Her sister arranged for her treatment at Grupo Bravo. It was her third internment in 5 years.

The *anexados* we interviewed at Grupo Bravo primarily reported addictions to crack cocaine, alcohol, and solvents and were interned by their relatives. Typically, they stayed for 1 to 6 months, although there were longer and shorter stays, depending on individual circumstances. Miriam stayed for 3 months. Because so many of the *anexados* are from the same neighborhood and have personal ties to each other, life at Grupo Bravo sometimes felt less carceral than familial. We rarely heard complaints about the cramped living quarters, or having to adhere to a strict schedule, or even of being beaten. Instead, most complaints involved boredom, the poor quality of food, missing their friends or Facebook, or interpersonal conflicts. On occasion, someone from the street below would call out an

anexado's name and give them a loving or threatening message, reminding them that the world outside was waiting for their return.

Padrino Alfredo often described the constant pressure he felt to admit more *anexados* given the growing level of need in Tepito. During one of our interviews, which took place while walking in the neighborhood, a father approached him to ask for help with his troubled son. A few hours later, an exhausted and fearful-looking woman from the building asked for help with her alcoholic husband. "Please take him," she begged. Padrino Alfredo agreed to admit the woman's husband, but not the boy, to his already cramped *anexo*. That evening, his two assistant counselors "abducted" the woman's husband; they blindfolded him, tied his wrists and ankles together, and dragged him across the building's hallway and down the stairs. It is likely that her husband believed that he was the victim of *delincuentes* ("criminals") kidnapping him for his money—not that he was about to be admitted to an *anexo*.

We were told about such practices in all of the *anexos* we studied. A few *padrinos* described these techniques as "resembling" (*tener parecido con*) those employed by *narcos* or police. They proposed that *anexados* are "humbled" by such practices because they force them to confront their powerlessness, which is a vital aspect of recovery. In fact, humility and powerlessness are also core components of AA, but in AA the development and expression of these qualities manifest through self-realization, not coercion (Wilson, 1955). In the *anexo*, practices that recall criminal violence are used to force *anexados* to a position of powerlessness and vulnerability as a way to initiate the recovery process. In this way, *anexos* might be said to resignify criminal or destructive violence into a "positive" force for change (Garcia, 2015). It is important to note, however, that most *padrinos* we interviewed about the practice of abduction offered little explanation and stated that it was "the way things are done" (*así se hacen las cosas*), a response that suggests the normalization of violence in *anexos*, as well as beyond them.

Grupo San Cristóbal

Grupo San Cristóbal is located in an informal neighborhood (*colonia popular*) in Ecatepec—Mexico's largest municipality, located 16 kilometers northeast of Mexico City.⁹ The neighborhood is typical of the extreme inequality that characterizes Mexico City's expanding urban periphery. It has winding dirt roads, owner-occupied self-built housing, and construction ruins among littered open areas. Most of the cinder block houses are one or two rooms in size; some have earthen floors and rooftops made of waste materials and cardboard. Water is delivered in 55-gallon drums, electricity is stolen from public power lines, and garbage service is provided by mule-drawn wagons. There is a saying in Ecatepec: *Estamos lejos de la civilización pero cerca al cielo* (We are far from civilization, but close to heaven).

⁹The Spanish word *popular* should be translated as "of the people" to denote the lower social classes. Popular is also used to denote a category defined not for what it is, but what it is not, that is, not legal, not private, not well-to-do. *Colonia* is usually translated as "neighborhood" but has a much more specific connotation. Cities are divided into *colonias*, and although they have no official boundaries, their territorial identity is usually clear and understood.

Not so long ago, Ecatepec was a rural hillside community whose residents survived on subsistence agriculture. In 1946, it was zoned for industrial development—a monumental change that drove its rapid growth. For example, in 1960, there were just over 40,000 residents in Ecatepec; in 1973, there were 700,000, and today, there are an estimated three million people. With the passage of NAFTA in 1994, much of Ecatepec's industry moved to the Mexico–US border. Nevertheless, Ecatepec's growth continues, fueled by internal migration from rural areas because of economic necessity and internal displacement due to the drug war.

Compared to Mexico City, the overall population of Ecatepec has nearly twice the number of people under the age of 15, lower education levels, and is composed of larger families. Few legal sector jobs are available in the neighborhood where Grupo San Cristóbal is located. Some residents we interviewed commute up to 6 hours each day to work in Mexico City—first by foot, then bus, then metro. Others survive by working in the “local economy,” producing, selling, fixing, building, or transporting various goods—legal and not.

Grupo San Cristóbal is located on a typical narrow, dirt road. The second floor of the two-story cinder block building is dressed with a colorful banner that openly advertises itself as a “rehabilitation clinic for alcoholism and drug addiction,” offering “vocational training and yoga.” Although the building was built within the last 15 years it already feels old. Its exterior walls show evidence of flooding—a constant threat in low-lying areas of Ecatepec. Higher up the hill, residents contend with landslides. Such natural hazards are typical in Mexico City's urban periphery, much of which is concentrated along the slopes of surrounding mountain ranges (Valerio, Miguel, & Ayala, 2012)

On any given day, at least a dozen men and two to three women share Grupo San Cristóbal's one room. Most *anexados* stay for less than 6 months; a few, a couple of years; and one *anexado*, the eldest of the bunch, for over 10 years. They range in age from young teenagers to one man in his 50s, although most of the *anexados* are in their early 20s. As with other *anexos* we observed, the younger *anexados* reported drug addiction as the primary reason for their internment, while those over the age of 40 primarily reported alcoholism.

Consider 23-year-old Alejandro, a native of Ecatepec. Pensive and muscular, he has been a patient at Grupo San Cristóbal for 5 months and expects to leave in 1 more month. His father interned him at his first *anexo* at the age of 12 because he spent his days sniffing solvents and drinking his father's alcohol. “He wanted to teach me a lesson,” Alejandro said with an air of hostility. “I guess it didn't work.” Thirteen years later Alejandro estimated that he has been in at least 20 *anexos*. Most of these were located in Ecatepec, but a few were in Mexico City proper. Significantly, Alejandro's latest internment at Grupo San Cristóbal was voluntary, meaning he sought shelter there because conditions in Ecatepec, and in his life, had grown so bad that the *anexo* offered an improvement. This is not an unusual story among *anexados* in Ecatepec.

In 2014, Mexico's National Center for Addiction Treatment and Prevention (CENADIC) named Ecatepec a “*foco rojo*” (red zone), meaning it is among the 12 municipalities in Mexico that have the highest levels of drug consumption and drug-related violence (Hidalgo,

2014). Abductions, extortion, and homicide have all worsened since 2010 and the disturbingly high numbers of murders and disappearances of women has led to comparisons of Ciudad Juárez's femicide problem (Olmos, 2014). In fact, the situation in Ecatepec is now considered to be worse. Between 2011 and 2012, 1,258 girls and women were reported disappeared in Mexico State, where Ecatepec is located; 53% were aged between 10 and 17. Over the same period, 448 women were murdered.¹⁰ In light of these concerns, it is not difficult to conceive of the *anexos* as a refuge.

Government officials have noted the manner in which *anexos* function as a kind of "shelter," but they also allege that drug cartels use *anexos* to hide criminals, thereby reproducing the discourse of criminality, not suffering (Zamudio, 2010). However, our research demonstrates that *anexados* that may have been involved in the drug trade are like Alejandro—low-level drug dealers who entered the trade because they had no other way to support themselves, their families, or their own drug habit.

Daily life at Grupo San Cristóbal is similar to Grupo Bravo. *Anexados* are regulated by a strict schedule that seeks to impose obedience, humility, and sobriety. The daily meetings form the core of addiction therapy, during which *anexados* stand behind a podium (*tribuna*) and are required to speak about painful events, thoughts, and emotions from their past—to "let it all out" (*desagüe*) as the process is described. Their memories of rape, torture, abandonment, violence, and death are often accompanied by long intervals of crying and screaming. During these testimonies, the other *anexados* are forced to sit silent and attentive, and to maintain perfect posture with feet flat on the floor, hands cupping knees, motionless. Sometimes these meetings last for 10 hours or more.

With the exception of learning how to run an *anexo* (many *anexados* report that they hope to open their own *anexo* after they "graduate") or how to read (*anexados* are forced to read aloud passages from *AA's Big Book* daily), there was little evidence of the advertised vocational training at Grupo San Cristóbal. Perhaps the scarcity of work in Ecatepec makes vocational training otherwise irrelevant. Meanwhile, yoga involved harshly imposed daily stretching and other painful-looking forms of bodily comportment. Christianity was present at Grupo San Cristóbal, as indicated by its name, the confessional nature of meetings, and Catholic prayers that were offered before meals and during meetings. However, unlike Grupo Bravo, there were no altars dedicated to Catholic saints and no evidence of the worship of Santa Muerte.

Whereas a constant chorus of Tepito's voices and sounds could be heard in Grupo Bravo, the relative isolation of Grupo San Cristóbal meant that its sounds were mostly internal to the group itself. In addition to the emotionally laden testimonies, such sounds include the barking orders of the *encargado*, followed by the unified response of *anexados*, which punctuates the day. Most daily activities are marked in this manner, including the recitation of the AA Responsibility Pledge, the Serenity Prayer, and religious prayers. Grupo San

¹⁰See, Comisión Mexicana de Defensa y Promoción de los Derechos Humanos (Católicas por el Derecho a Decidir & CMDPDH, 2012).

Cristóbal has the sensibility of a military boot camp, which serves as a good reminder that many of its *anexos* are, in a very real sense, fighting for their lives.

Discussion

This article has sought to identify some of the conditions in which *anexos* have emerged and must operate within; conditions characterized by socioeconomic marginalization, addiction, and massive drug-related violence. The complexity of these conditions—and the associated entanglements of international markets and politics—demands far greater attention and specificity. So does the crucial ways in which structural, symbolic, and criminal violence inhabits the possibilities and vicissitudes of recovery within *anexos*.

Our sample is small and we do not seek to generalize our findings to all *anexos* in Mexico. However, our study sheds light on the basic contours of a widely utilized but poorly understood modality of addiction treatment. This modality emerges from different patterns of mutual help and ritual practices that aim to help addicted individuals come to terms with the profound challenges of life in the current social and economic context. The *anexos* we studied exist in poor, urban neighborhoods that are marked by drug-related violence and that lack accessible professional addiction treatment. Their methods emphasized coercion, “intensive” physical and psychological practices, spirituality, and a modified 12-step philosophy and program. These combined methods are used to instill humility and promote recovery, yet most health professionals we interviewed view these methods as harmful, rather than helpful.

It is clear that the drug war has been instrumental in shaping everyday life in Tepito and Ecatepec, and arguably it has contributed to the proliferation of *anexos* in these communities. The drug war may also be implicated in the violence that finds expression in some of the *anexos*’ therapeutic practices, such as physical violence and abduction. It is tempting to consider these practices as a sign of the “normalization” of violence in Mexico. The idea that people come to accommodate violence is not new (Allen, 2008; Scheper-Hughes, 1993). This process of accommodation implies that violence is an everyday occurrence and is thus somehow justified. In Mexico, the claim that violence has become normalized is linked to the thousands of “anonymous”—yet highly documented—victims brutally killed in the drug war (Rodriguez, 2012; Tercero, 2011; Wright, 2011). Rather than being given a proper name, these victims are usually described in the media by the manner in which they died—*ejecutados* (executed), *ahorcados* (strangled), *colgados* (hanged), *decapitados* (decapitated), *encojibados* or *embolsados* (corpse wrapped in a blanket or trash bags), and so forth. The point is, the normalization of violence extends beyond the communities in which violence is enacted; it implicates broader considerations about the social construction of violence, justice, and human worth (Butler, 2010).

Although there is much more to learn about *anexos*, recent publications and policy statements have condemned *anexos* for being unethical and ineffective (Elliott & Symington, 2011; International Drug Policy Consortium, 2014; Zabicky, 2011).¹¹ Influenced by universal principles of human rights and codes of professional conduct, these groups have called for the closure of *anexos* and the adoption of evidence-based treatment practices.

While these discussions have shed light on the stark inequalities in addiction treatment per se, they have largely ignored the structures of chronic inequality that shape the differential distribution of addiction treatment, as well as the struggles of impoverished families who must make decisions about how to care for addicted relatives.

We worry that uniformly casting all *anexos* as “prisons” and “labor farms,” even if done in the name of closing treatment gaps, will further marginalize the population that depends on them in similar terms. Indeed, from the point of view of many Mexican families who turn to *anexos*, and of the *padrinos* that run them, the indiscriminate condemnation of *anexos* does not protect the *anexados* within them; on the contrary, it makes them more vulnerable to the consequences of untreated addiction, criminalization, and violence.

It is important to keep in mind that poor families spend considerable financial resources to place and keep their relatives in *anexos*. Many parents we interviewed asserted that their children were safer “locked up” in *anexos* than “free” on the streets, suggesting a profound disconnect between normative principles of ethical and effective addiction treatment and local realities. Still others described feeling safer themselves with their addicted kin confined in an *anexo*. Speaking about how her life had changed since she had her alcoholic husband admitted to Grupo Bravo, one woman said, “He doesn’t hit me anymore.” Others, like Alejandro, said they voluntarily interned themselves to receive assistance—be it shelter, food, bedding, help detoxing, or relative safety—emphasizing again the extreme precariousness of life outside the *anexo*. For those who enter voluntarily, or for young women like Miriam, the *anexo* may function more as a shelter than a vehicle of discipline, or even rehabilitation.

Given the multiple and complex concerns of *anexos*, *anexados*, and the communities in which they are situated, we are left wondering what a “recovery” actually requires and consists of. Certainly, our ethnography reveals the huge gulf between concepts and possibilities for recovery within *anexos* and contemporary paradigms of addiction medicine. Many health professionals in Mexico are well aware of the challenges of applying evidence-based standards to the recovery work of the *anexos*, and ultimately they see these challenges as so unwieldy that they simply cannot address them at all. Future explorations of the gulf between the *anexo* and the ethical and evidence-based addiction clinic must include assessments of the complex systemic forces that produce and maintain the marginality of those who are forced into and seek out *anexos*. Such an appraisal is especially relevant today as problems with addiction grow in Mexico and as the violence of the drug war continues and, in some regions, intensifies.

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¹¹Addiction treatment under coercion and social controls has a long and complex history in Euro-American countries and persist in present day treatment strategies like drug treatment courts (see Campbell, Olsen, & Walden, 2008; Urbanowski, 2010).

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