

# Salvation or Tragedy: The Dichotomy of Drug Rehab in Mexico City

By Carlos Dávalos



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Observatorio is a seemingly ordinary area on the West side of Mexico City, neither rich nor poor. It is an average part of DF, where houses look all the same, gray, and all stacked one right next to each other, like old shoe boxes piled in a dusty corner. There are ordinary businesses like tire repair shops, bakeries and tortillerias. It is a neighbor to Santa Fe, the brand new corporate center that hosts all the transnational brands. For some of the economically privileged, who see it only from the inside of armored vehicles crossing to the wealthy invulnerable neighborhoods, places like Observatorio do represent a dangerous area.

It is suggested to enter Observatorio with a paranoid attitude. “Fear will keep you alert,” some policemen say. Observatorio is the last stop of the pink metro line on that side of the city’s map, and there is a famous bus station with regular trips to Jalisco, Michoacán and Querétaro. A lot of people who came from the rural areas but couldn’t tame the beast (as some residents of Mexico City call it) wander around the station, begging for money, wearing the same sombreros they wear in the corn fields.

This neighborhood is built over a slope so that the rooftops march down steeply, linked by a spider-web of small alleys and streets with no order. Many buildings show unfinished top floors that left rusting steel rods sticking up when the money ran out. This area is also known as a dense, underground drug hub. “It’s a lost city in the city,” Observatorio locals say. People here go to work, leave their sons and daughters at school or walk down the block to get the freshest bread, they all live normal lives, but they also describe how “deformed, pale, slim zombies” ramble around their neighborhoods at night, though they see them only through windows and barely opened curtains.

Night eliminates the ugly features of the busy, pressured days, and lets morals go to sleep. “Night is my everyday blessing,” said a Mexican taxi driver that works in the prostitution and drug circuit, where bad intentions and uncontrollable addictions

easily intertwine with the anonymity provided by the dark hours. “They come out of everywhere, corners, doors, windows, roofs... everywhere. I’ve actually seen them coming out of the drain,” said 29-year-old Marco Urielas, an ashy looking music collector who often wore orange shirts. “They are carrying things to sell ... a pair of glasses, a fancy pen, a compact disc, a cell phone, anything that can be shoplifted from anyone or anywhere,” he continued, nervously picking at his fingernails: “And they’ll sell it for rocks; more expensive means more rocks.”

When Urielas, an addict himself with long knowledge of this city and its underworld, refers to rocks, he means crack. The solid, smokable form of cocaine that can be cooked into a freebase of the substance by boiling baking soda and powder cocaine together. From the first puff, the addiction levels are shocking, resulting in very destructive effects.

Urielas, like so many other thousands of Mexicans, comes from a broken home, grew up in the streets and suffered domestic violence, “I found a quick, cheap and total escape from a reality that hurt a lot,” he said while crushing his cigarette’s butt in the ashtray and scratching his unhealthy looking face. With his bright charisma, he was once the kind of person who could fill a big room on his own. People were instantly attracted to him and his sophisticated electronica tastes.

But because of rocks, he became one of the zombies, a night dweller and maybe, to society, primarily a menace. His pathological condition was once regarded as by the medical community as a “corrigible public disease, with many medical and psychiatric paths,” and not a cause for criminal prosecution. Yet despite this hopeful language, in Mexico, as in many other countries, drug addiction is in fact chased and punished, morally and legally. Drug addicts are often seen as lost causes, as human waste with no remedy, comparable often to criminals.

As I walk the streets of Observatorio, I think about Urielas, and the solo nature of that world. He is always lost among 5 million persons moving everyday in the underground veins of the city through bright, orange metro wagons; passing the historic buildings, deforming the sky like rotted dentures; ignored by the public bus driver, who, why not, spits constantly in a 15-minute ride.

Characters like Urielas are submitted to a bigger force than them, always walking over the thin line that divides a normal, functional life from total decadence. Their perception of life and human understanding is often very honest, most of the times obtained by a very raw contact with the human race’s core and a very steep road to recovery. They ride and drown in a new wave of overwhelming violence— with all sorts of origins—leaving less and less space for hope.

Addicts not only fight against their own addictions in Mexico. They also fight against family and social stigmas, “which puts them in an even more difficult position, closer to a relapse or a harder substance abuse,” said Dr. Guillermo Ruiz while focusing a projector before the prevention/information class he gives to parents with an addicted son. Ruiz, a tall, heavy-built psychiatrist with a thin mustache, has a long background on working with addictions, is one of the doctors from the National Institute of Psychiatry dealing directly with addicts, in the Institute’s facilities and outside. Ruiz is humane and informed, he is of a compassionate medical mind when he addresses addiction. But he doesn’t dispute what Urielas had told me: it is really hard to get professional treatment: “It’s either very expensive or waiting lists are ridiculous.”

Without other choices, today addicts are also exposed to a bewildering array of fake treatments, where they can encounter all sorts of abuse and insults. Businesses called anexos, underground rehab places unauthorized by the government, are rampant. These places “profit from someone else’s disgrace and some times even hurt more,” said Ruiz.

Urielas blamed his degenerated state on anexos, “one of the latest places my family sent me to,” he said. He mentioned beatings inside, physical and psychological abuses, nasty food and the most horrible persons he had ever seen – meaning the state in which people arrived. His descriptions evoked images of prisons. And his words were darts of bitter resentment against his family, anexos and pretty much the whole world.

After we talked, Marco Urielas stopped receiving my calls, then he stopped answering my emails. Someone told me he moved out of Mexico City without telling anyone, or at least me. I had heard about anexos before Urielas’ experience but it was something far away, buried with everything else about my city that I didn’t want or care to know. It was not until his descriptions that I started paying more attention. Anexos are only mentioned in specific circles, most of the times in the poorer parts of the city. I also heard that actual criminals use them to hide from police. A freaky-looking bar tender also told me about a few of the “services” that some anexos provide, “like making some disappear for a while.”

### **The first encounter with an anexo**

I met Laura Rivero (a recovered addict who for more than 30 years has been a grassroots worker that officials in Mexico depend on as a link to the informal world of drug treatment) at the National Institute of Psychiatry almost a year ago, and that’s when the opportunity to dive into this reality arrived. “I’ll show you,” she said to me, “there is a parallel world from the one you know.”

A couple of weeks later, I find myself being picked up by one of her colleagues. He drove me towards the south side of the city, near Reclusorio Sur, one of the 4 prisons in Mexico City. We arrive at a tiny black house, “This is it,” Rivero said, waving at Sandra Solís, the manager of the place, waiting for us outside. We walk through a tiny patio, and enter through a sliding door that Solís opened. We see about 15 teenagers sitting in a rough circle and looking at one uncomfortable looking girl. Some of the kids wear ripped, canvas clothing with grease stains. Others slouched over plastic chairs, some with no backs, others with broken legs. One kid is clenching his toes atop cheap supermarket flip-flops. On the walls are ornate images of Jesus — crying, bleeding on the cross or crowned with thorns in a contorted position of agony. The rear wall has a large window of small panes, many of which are broken. A cool breeze of urban pollution blows in. I wonder if recovery struggles as much as sunlight to get in.

The girl everyone is looking at is Maria Torres, a 19-year-old homeless girl who said she’s been addicted to solvents and crack-cocaine for almost a decade. She is standing in the tribuna, an improvised dais in the front of the room that serves as either confessional booth or a stand where the patient can endure “psychological butchery,” according Rivero, who is standing with me.

“I just want to apologize to my mother,” Maria shouts while sliding her fingers through her clipped head of hair. Every phrase is filled with street language and thick Mexico City slang. “I let her down, I let everybody down.”

“It’s your fucking fault, you deserve it,” shouts one of the girls in the back of the room.

“Yeah, you’re a loser, you’re only good for losing time,” another one yells. Just a few of them have noticed my presence; since I’m the only man, I’m much more noticeable, so I try to stay as invisible as possible. I just watch, remembering Urielas and his poisonous words against anexos.

Maria’s eyes flood with tears; she has difficulty speaking. She leaves the stand as some in the small audience continue shouting at her. She tiptoes between her interned mates, sits down with her feet up on the chair, her thighs pressed against her chest. She rests her chin on her knees and wipes away a few tears.

There is a kitchen in the next room and a dog keeps wandering back and forth, smelling the food. The dog finds none. He also can’t find a space to lie down. The bubbly sound of tortillas frying in the background marks the time. It’s nearly dinner.

## **Drug addiction overwhelms Mexico City**

Maria and the others are patients at Casa Lois, which, when I visited in October, 2008 was one of 500 or so unregulated treatment centers known as anexos that have become increasingly popular in Mexico City. By December, without any changes in its treatment plan, the government gave it permission to treat addicts as a *grupo de ayuda mutua* or a mutual good will group. This is a glimpse of the disorganized world of drug treatment in Mexico where drug addiction has overwhelmed the public health system. While much international attention has been on the violence of the drug cartels, the growing use of drugs inside Mexico could be another consequence of their power.

At one time in the country's history, violence and drug addiction were kept in check by unwritten bargains between the cartels and the Institutional Revolutionary Party (PRI) that ruled the country for 71 years. Most drugs moved through Mexico to more lucrative U.S. markets, but they also moved because the government didn't want to deal with problems associated with drug trade. When PRI lost the presidency in 2000 to the National Action Party, those agreements fell apart, according to Professor Alejandro Guerrero from Universidad Iberoamericana. The impact of this, he said, was quick to materialize. First, the cartels responded ruthlessly to eliminate any efforts by the new government to control them. Secondly, when the United States dramatically tightened its southern borders after 9/11, drugs became more difficult to distribute outside of Mexico. So, the cartels began building a customer base inside Mexico. "All the drug lords had to find new costumers, and they found them in the Mexican market," said Professor Guerrero.

An increasing number of families began to seek help. Since what they found was often too expensive and, even then, often over-enrolled, it wasn't long before an informal system of drug centers began to appear.

## **Mexico's Rehab Hierarchy**

In Mexico's rehab world, the government officially recognizes three types of centers. One is private clinics, which are staffed by well-qualified doctors. Oceánica and Monte Fenix are two of these and they charge around \$200 a day. The second type, known as mixtos, is also licensed but offers a mix of treatment options including residential and out-patient services. Mixtos offer a range of prices depending on the treatment plan, but they are far less expensive and on average charge about \$30 a day, according to their administrative managers. The third type, the lowest on the rung and the most affordable public option is known as "good will groups." In large they part operate on staff that has gone through treatment and stays to help in exchange for room and board. Many of the treatment centers use a

mix of psychiatric therapy and counseling, based heavily on various interpretations of the 12-step model of Alcoholics Anonymous. Officials at IASIS estimate there are a few hundreds, and many of those, like Casa Lois, began as anexos. “There hasn’t been a census on good will groups in a long time,” said Dr. Hugo Gonzalez of the National Institute of Psychiatry. “So it’s also really hard to know exactly how many exist.” But as the case of Casa Lois, which ascended to this lowest legal rung so easily, demonstrates, the quality of the treatment varies dramatically from place to place.

Outside the regulated world is the burgeoning underground system of treatment centers called “anexos fuera de serie.” These are unlicensed places that spring up wherever an entrepreneur sees opportunity and can be run in someone’s garage or home. Anexos first began opening in the 1980s in Cuernavaca and Mexico City, and their numbers now range from 500, according to the Institute of Social Assistance and Integration (IASIS), to 1,000, according to estimates by the local Ministry of Health. The discrepancy shows that no one is quite sure how many anexos exist.

“It is often difficult to parse the difference between a regulated good will group and an unregulated anexo,” said Dr. Gonzalez. “Both of them deal with any kind of addicts, it doesn’t matter if they are crack-cocaine users, alcoholics, glue sniffers or marijuana smokers; they are all put together, regardless of the addictive stage in which they arrive.”

I remembered Urielas’ stories about cement sniffers that “had their brains melted like burned marshmallow.” I remembered his uncomfortable words, describing a total lack of privacy, “I had do my necessities in front of everyone.”

## **Casa Lois**

From the outside, Casa Lois looks like any other of the small concrete houses with cheap aluminum doors in a poor southern suburb of Mexico City, between Xochimilco and Tlahuac. Houses nearby have the traditional security system of poor neighborhoods — broken pieces of glass glued atop walls of cement blocks. Casa Lois, however, has a solid black metal gate. A set of iron poles poke up from the top of the gate to make the house look like a middle-class fortress. In the right corner of the metal gate, a small sign spells out CASA LOIS in rainbow colors. Garbage trucks and ramshackle police cars are the primary outsiders that bother to drive through.

Inside Casa Lois, between 35 and 45 girls share three bedrooms. The halls, doors and floors are not painted, there’s the strong concentrated smell of people living too

closely, incoherent screams come from the upper levels. I walk through the house, silent enough to not disturb but noisy enough to announce my presence. I open a random door and I see a pair of skeletal feet hanging at the end of a tiny bed, a girl lying cornered below religious images. “She has AIDS,” said Solís, the manager. “And I took her because she was not accepted anywhere else.” When she died two months later, there was no family of record and so only the people inside Casa Lois knew.

Although patients can leave, once they step outside the gate, they have interrupted the three-month treatment plan, according to Dr. Jessica Acuña, one of the doctors overseeing the place. The program costs \$140 or approximately \$18 a week, but Solís, the founder and manager, said she accepts patients unable to pay. Their fees are covered by contributions, but Solís declined to name donors and added that the center operates on a tight budget.

The four staff members are all ex-addicts who finished their therapy at Casa Lois and stayed on to work in exchange for room and board. This is typical of good will groups and is in fact where they get their name because the centers depend on volunteer service from recovered addicts and the community’s solidarity. The staff members do everything from picking up surplus food from the city’s main vegetable and fruit street market, la central de abastos, to leading the group sessions, according to Solís. Although the turnover rate is high, many stay for a while because “sometimes they don’t have any place else to go,” Solís said.

Solís sees nothing wrong with her confrontational approach to treatment. She too is a product of an anexo. The 47-year-old said that a decade ago she went through a rehab program at 12 Vidas, an anexo no longer operating. Her approach to therapy, she said, is not grounded in any medical knowledge or formal training, but on information and experience gleaned “the hard way.” Solís said a strong verbal approach to treating addicts is sometimes necessary because “we deal with very sick people who sometimes can be very violent, and such punishments are the only way to calm them down.”

Her philosophy, in many ways, is no different that that held by the Mexican addiction expert Jose Trejo Rangel, who works at the Institute for Social Assistance and Integration, a government founded organism, designed to “bring attention to the most vulnerable groups in society,” it depends on the Ministry of Social Development. “Advanced addicts have strong manipulative behaviors and very subtle blackmailing attitudes,” he said. “They are suffering a systemic disease — affecting not only them, but also everyone and everything around them. Only a militarized regime will break their ego; only through a routine brutalized by very

strict discipline will they value their lives and everyone around them. That's the only way to reintegrate them to society.”

Patients and staff told me that a regular day at Casa Lois consists of five two-hour mandatory meetings that begin at 5 a.m. and open with the same serenity prayer that also opens and closes AA meetings. “God give me the serenity to accept the things I can't change, courage to change the ones I can change .. and wisdom to distinguish the difference.”

After the morning session, patients shower as one of them stands by with a watch, timing the showers. The girls then move to the tribuna, held in the living room. They spend the rest of the day — with short breaks between each one— sitting through a series of these meetings that involve confrontations between one patient on the dais and the rest of the group. At midnight, the girls share a quick dinner, end with another prayer and go to sleep.

Each bedroom has four bunk beds and can comfortably house a maximum of eight girls. But instead, about 14 girls live in each room. In October, about 35 to 40 girls were in treatment. In addition, the four staff members, all women, were living at the house, as well as three children. The children, whose mothers were all patients, were “already showing strong addictive symptoms,” Solís said. “These kids show the exact same reactions, level of nervousness and aggressiveness as the patients.”

The girls said that there was never enough food and described most meals as consisting of small portions of grains, water and sometimes meat. Moreover, they said, problems come from other patients, the staff and the insecurity of the neighborhood. Solís acknowledged some problems. “I just had to kick out one of our residents, she was a lesbian and was molesting the other patients,” she said over a phone interview that kept being interrupted by the same type of incoherent screams I had heard when I was there. “So she came back with her gang and threatened to break my mouth.” Still, she defended Casa Lois: “It is a noble cause for women because we have a harder time than men finding places to recover. We are automatic outcasts from society.”

### **A Changing Mexican Society and A Growing Group of Outcasts**

Mexican society has changed dramatically in the last decade. Just in the years between 2002 and 2008, drug consumption jumped 28 percent to 4.5 million users. The Ministry of Health estimates that nearly half a million Mexican drug users are in need of specialized attention, some 4 million need short-term intervention and 80



percent of the total population is in need of some type of drug guidance or education.

Those numbers have overwhelmed the government's ability to provide adequate treatment centers, according to addiction experts. "Health authorities have insufficient means to address the drug problem," said Dr. Guillermina Natera, the director of epidemiology and psychosocial research at the National Institute of Psychiatry. So in the meantime, there is a quasi-sanctioning of such places as Casa Lois even though the main distinction between a licensed and unlicensed treatment center appears to be the quality of its physical building and a patient's ability to opt out of treatment, according to Dr. Ruiz.

Dr. Ruiz, along with Hugo Gonzalez, who also works for the National Institute of Psychiatry are among those who visit Casa Lois. When I spoke to them, they said that Casa Lois was making a clear effort to meet government's criteria on rehab centers, but it was also clear that the criteria had more to do with the physical structure than the treatment plan.

Jose Trejo Rangel, who works at the Institute for Social Assistance and Integration (IASIS), defended good will groups. Yes, he agrees, the groups often have severe rules of behavior, ask patients to stick to strict schedules, and sometimes punishments are draconian. At one, said, Trejo Rangel, patients have to gulp down the food by force if they say it's too much or have to stand for hours with their arms extended if they get into an argument with anyone. But every measure, he said, is staff-approved and the medical officials who oversee the facility review the procedures.

Moreover, Casa Lois is an exception in maintaining a relationship with inspectors, health officials said. It reached out because it wanted to become licensed. Regular visits from the government to other good will groups have been suspended since 2005, according to the health ministry. As of August 2008, 80 percent of the licensed centers failed to have approved rehabilitation plans, adequate emergency procedures and medical assistance, according Dr. Citlali Melgarejo, an assistant director at the Institute where Trejo Rangel works.

As for the 500 to 1,000 unregistered anexos in Mexico City and its surroundings, the health ministry has little sense of how deficient they are, said Dr. Natera. "They always shelter in anonymity, so it's impossible to know exactly how many there are."

## **Anexos, the unregulated world of treatment.**

It is the anexos that most concern the experts, but it is also the sector the experts know least about. Anexos “open and close every day, they are totally clandestine,” said Jose Manuel Castrejon, an area director at CONADIC, a decentralized organism fighting drug addiction sponsored by the federal government. “Anexos are not subordinated to anyone; they live in a total state of anarchy.”

They are called anexos “fuera de serie” (out-of-the-ordinary) or just anexos because they operate illegally anywhere — inside garages, on patios, in private houses, city basements, or barns. Anexos have become synonymous with lawlessness. Families find out about them by word of mouth and addicts usually stay — almost always against their will — for a minimum of three months.

The Institute for Social Assistance and Integration was in charge of conducting a census of anexos, but one of its staff members reported that “there were only two or three inspectors for each borough in the city, to cover an area with an average of one million people.”

With drug addiction rampant, and a per capita income of \$518 a month, it's no surprise that unregulated treatment centers have flourished. Most charge between \$12 and \$15 a week, and while some might be effective, the majority, according to Centros de Integrecion Juvenil and Ministry of Health officials — are totally bogus; offering improvised methods of rehabilitation mainly based on abuse. “These cause more resentment,” said Dr. Ruiz from the National Institute of Psychiatry, “and by making the addict disappear for three months, the illness will not go away.” I remembered Uribe again, blaming his family for just “flushing” him away, without even asking him for an opinion. “I felt kidnapped by my own family,” he said.

Besides the ignorance within families and the escalating number of addicts, “the lack of interest from authorities in treating addictions is an important factor to understand the proliferation of anexos,” said Dr. Gonzalez from the National Institute of Psychiatry.

Clara Correa, a mother with a degree in psychology who lives in Iztapalapa, another borough on Mexico City's east side, said that in 2008 she delivered her 14 and 16 year old sons to the doorstep of a place that called itself the Clinical Institute of Emotions. “Someone I knew gave me a flyer,” she said. And the clinic promised psychiatric assistance for addicts. The price too was right. “Later, after my sons escaped, I knew it was an anexo fuera de serie,” she continued. “A raid happened after someone was fatally beaten, the police arrived at the anexo and everyone ran away.”

Police intervene in anexos only if someone files a report against the clinic. This almost never happens, said Ruiz from the National Institute of Psychiatry, because “most of the time families feel complete responsibility for their relatives stuck inside an anexo, and since the family chose the place and gave total permission to managers, they feel it’s their fault that their relatives end up being victims of abuse.” Besides, Ruiz continues, “police involvement always implies paying someone off and entering a judicial process much more tiring than helpful. Families definitely don’t want to go down that path.”

In the case of the Clinical Institute of Emotions, Correa said, “the victim’s mother was an illegal-commerce leader who knew someone in the police department that took down the place, letting every one out.” Correa’s story made the local news “for some brief minutes,” as she said. I met Correa through one of her sons, Miguel Angel, who is a recovered addict with a steady job. His brother, Paco, “couldn’t recover and now is completely gone, he doesn’t care about his life, his appearance, his health or anything, he is just gone,” Correa said. After I heard Urielas left Mexico City, I couldn’t help but wonder if he also lost all desire to live; letting himself fall into the deepest, darkest and probably deadliest state of his addiction.

Pablo Esquivel, a 28-year-old self described addict who was locked inside Emperadores Tepepan, an anexo located in the southern part of Mexico City, said he saw its owners hoarding the money they received from families. Patients, he said, received few services. Miguel Angel Enriquez, 24, had the bad luck of spending almost a year inside an anexo near the Bordo de Xochiaca, in Ciudad Nezahualcóyotl on the eastern boundary of Mexico City. There, he said, the profit strategy was based on overpopulating the anexo. “We were over two hundred persons locked in a house with capacity for less than one hundred,” he said. “We had to do our necessities in cans of jalapenos, the big ones. They would use one can no bigger than a box of shoes per every 40 persons; the last ones would always get their buttocks splattered with everyone else’s feces. This is only one way they used to save more money.”

Trejo Rangel, the addiction expert, agrees that most of the major abuses take place inside anexos. Many, he said, use unorthodox and sometimes brutal practices such as making a patient eat and defecate in the same plate, hanging a patient from a tree until the patient faints and keeping them locked against their will. “There have been also fatal cases, where excessive violence or mistreated injuries caused deaths,” he said.

Anexos have gone largely uncovered by the media, and its operators “rarely make it to a court house or even the police department, because victims’ relatives are just

very fed up, they feel guilty and they don't want to spend more money, they just want to move on," Trejo Rangel said. "Although I don't agree with how anexos operate," he adds, "the government hasn't provided enough resources. So anexos end up being the only option for families with addicts in very advanced stages, in most cases with psychiatric outbreaks that endanger themselves and others." Psychiatrist Luis Solís, a strong critic of anexos, agrees, saying they "are the raw response to the social need that ungovernable, sick people create inside their neighborhoods and families."

Despite official concerns, Mexican health officials have done little to close anexos, to stop their growth or regulate them, say critics from the Institute of Social Assistance and Integration. Government officials respond by saying there's little they can do and in this economic crisis, that's unlikely to change. Some also see an unwillingness to fund treatment centers because of the way in which drug addiction is viewed. "There's a lack of culture and concern amongst the medical community; everything is still seen in moral terms," said the former president of Mexico's Alcoholics Anonymous' General Service Office (G.S.O.)

So anexos continue to grow. Families, said Dr. Ruiz, "respond to the social desperation caused by living with an addict and not having the economic means for the qualified methods. Anexos are sad, because they respond to a logic where addiction is a moral issue, regarding a lack of ethical values that needs to be addressed through punishment. The popular belief is that addicts need to be mistreated to make them understand."

### **Maria Torres's Treatment at Casa Lois**

When Maria Torres went into Casa Lois last fall, it was her eighth time seeing treatment and each time she had gone to an anexo. Not like Urielas, who also passed through several clinics in the private sector, "but after every possible option," he said the last time we spoke, his family opted for an anexo. At Casa Lois, Maria said, she was being treated well. "I've had chicken broth, carne asada once and always beans, rice and tortillas."

She arrived at the Casa Lois's doorstep because someone she knew on the streets told her she could get clean there. Casa Lois took her in despite her inability to pay the fee, she said. "I was living under a bridge in la Glorieta de Insurgentes—a traffic circle in downtown Mexico City with an imposing square inside—and my arms were covered by thick coatings of dirt," she said, lighting a cigarette during a break from a mid-day session. "A person I knew said that at least I could clean myself and be warm, so I came."

Maria said her first experience at an anexo was when she was 14 years old and she can't remember where she went. She mentioned Alpha, Emperadores Portales and the Nueva Vida anexos, but was unclear which was the first. At one, she said, she endured verbal abuse, and a staff member who gave her cigarette burns. At first, the memory kept her clean for a while. "That fear made me stop taking drugs for a while," she said, "but you also come out more resentful and then you look for the drugs again."

In her earlier experiences, she dealt with physical abuse. This time she was only facing the mental exhaustion "caused by being surrounded with heavily damaged persons."

When I checked back with Solís last March, she said that Maria had finished the program, but she could not put me in touch with her. She is probably living in the same alleys and parks as before, exposed to the delinquency and hunger that face indigent youngsters in Mexico City's inevitable daylight, where people compare their swellings or talk about newborns with horrifying blood lead levels. I imagine she went back to Garibaldi, a tourist spot in downtown Mexico City famous for its gatherings of ambulant Mariachi and Jarocho music bands; but only a few blocks away from the well-maintained tourist plazas, no different from Observatorio or Iztapalapa, where "zombies" are usually seen more frequently, craving for their 20 seconds of plastic high.

Mexico City is confronting the same public problems as other cities around the globe; crime, overpopulation, polluted environment, no jobs, etc. And it's running out of public resources to address its dire fates. Scavengers, eccentric politicians, messianic *luchadores*, parentless kids and all sorts of chameleonic characters will keep both exploiting and creating this city, living it, walking its streets and avenues, exploring the hidden spots where reality is raw, regardless if help arrives or not. With its intensity, Mexico City will certainly prevail as constant generator of surrealism and idiosyncrasy. But will the drug cartels be beaten back, and will the addicts be redeemed? "Anyway," said Maria before saying goodbye and entering back to the meeting. "We're the last priority on the list."