

Faculty of Regional Development and International Studies

# **The Impact of Drugs on Public Health in Peru: Comparison with Czech Republic**

Bachelor Thesis

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## **Abstract**

This thesis will focus on a drug abusing. It deals with an impact of psychoactive substances on public health - deaths caused by drug overdose, spreading of HIV and hepatitis. Possible way of solving this problem are therapeutic communities. For better understanding of uniqueness of TC in Peru, there is a comparison with Czech TC Renarkon. All of the information in thesis are based on a study of available literature and interviews of addicts from communities in Peru and in Czech Republic.

## **Keywords**

Drugs, public health, therapeutic community

## **Abstrakt**

Táto bakalárska práca bude zameraná na zneužívanie drog. Pojednáva a dopade zneužívania psychoaktívnych látok na verejné zdravie - smrť spôsobená predávkovaním, šírenie HIV a hepatitídy. Jedným z možných riešení sú terapeutické komunity. TK v Peru je pre lepšie pochopenie unikátnosti porovnaná s českou TK Renarkon. Všetkým informáciám použitým v tejto práci predchádzalo štúdium dostupnej literatúry a rozhovory so závislými z komunít v Peru a v Českej republike.

## **Kľúčové slová**

Drogy, verejné zdravie, terapeutická komunita

## List of Abbreviations

<b>AVERT</b>	HIV and AIDS Charity AVERT, United Kingdom
<b>CEDRO</b>	Centro de Información y Educación para la Prevención del Abuso de Drogas, Peru
<b>EMCDDA</b>	European Monitoring Centre for Drugs and Drug Addiction, Portugal
<b>LSD</b>	Lysergic Acid Diethylamide
<b>MDMA</b>	3,4-methylenedioxy-methamphetamine
<b>NIDA</b>	National Institute on Drug Abuse, USA
<b>PBC</b>	Cocaine Base Paste
<b>TC</b>	Therapeutic Community
<b>UNAIDS</b>	United Nations Programme on HIV and AIDS, Switzerland
<b>UNODC</b>	United Nations Office on Drugs and Crime, Austria

# CONTENTS

<b>1</b>	<b>Introduction</b> .....	<b>8</b>
<b>2</b>	<b>Metodology</b> .....	<b>9</b>
<b>3</b>	<b>Definition of the Term Drug and Psychoactive Substance</b> .....	<b>10</b>
3.1	Term Drug .....	10
3.2	Drugs .....	11
3.2.1	Alcohol .....	11
3.2.2	Cocaine.....	11
3.2.3	Cocaine Paste .....	12
3.2.4	Heroin.....	12
3.2.5	Methamphetamine .....	12
<b>4</b>	<b>Impact on Public Health</b> .....	<b>13</b>
<b>5</b>	<b>Traditional Medicine - Peru</b> .....	<b>15</b>
<b>6</b>	<b>Modern Medicine - Czech Republic</b> .....	<b>17</b>
<b>7</b>	<b>Comparison Takiwasi vs Renarkon</b> .....	<b>18</b>
7.1	Takiwasi .....	18
7.1.1	Phases of the Healing Process .....	18
7.1.2	Rituals.....	19
7.1.3	Groups .....	20
7.1.4	Program Fees.....	20
7.1.5	Ayahuasca .....	20
7.2	Renarkon .....	21
7.2.1	Phases of Healing Process.....	21
7.2.2	Rituals.....	22

7.2.3	Groups .....	22
7.2.4	Program Fees.....	23
<b>8</b>	<b>Results of Patients' Interviews Analysis.....</b>	<b>24</b>
8.1	Drug use .....	26
8.2	Treatment .....	28
8.3	Coexistence in Therapeutic Community .....	31
8.4	Problems caused by drugs .....	32
8.5	Faith and Spirituality .....	34
8.6	Gender .....	36
<b>9</b>	<b>Conclusions .....</b>	<b>39</b>
<b>10</b>	<b>Summary .....</b>	<b>40</b>
<b>11</b>	<b>References .....</b>	<b>41</b>

# 1 Introduction

This thesis deals with drug abusing and drug addiction issues, which have been some of the key issues to the society ever since. Incidence of addiction among young people is considerably high, especially last few decades. Undoubtedly, drug affects the quality of life significantly. Nonetheless, not only drug addiction affects a particular individual, also society as a whole and not just in a few spheres. It causes the spread of infectious diseases, particularly hepatitis B and C, as well as spread of HIV and deaths from drug overdose. These are reasons treatment costs still rising.

As a part of fight against drug abuse, the treatment services are provided worldwide. A therapeutic community, where life is based on coexistence with others, has emerged as probably the most effective way to deal with addiction. The main reason of its success is it reflects real life conditions in a way, which the patients are getting ready for beside other things. This thesis compares two therapeutic communities. Specifically Peruvian Takiwasi and Czech Renarkon. European strategy for treatment is based on complete abstinence, whereas in Peru they use plants such as ayahuasca (plant, which causing an altered state of consciousness, among some scientist it is considered as a psychedelic brew), which holds the potential to heal on the physical and mental level. A comparison of these communities is worth it, that is why research part focuses on interviews with addict patients from both. The research found out what the most important aspect of treatment is according to them, who supports them financially (treatment in Takiwasi is prominent in some way because of the high fees), how they perceive the coexistence with others and also, how faith impacts the healing process seeing Peru as catholic country.

The aim of this thesis is to answer the question: “Is the therapeutic community treatment effective as an option for reducing the impact on public health?” Seeing it from two different perspectives, in which the perception of spirituality, important aspects of treatment but also gender issues, can be various. This is the second part of the thesis, considers as practical, mainly. The first part defines term drugs, following by a brief tour of the substances used most commonly. Furthermore, the impact on public health commented above is statistically supported. The following text is related to the contrast between traditional and western medicine and comparison of the key communities in the terms of phases of treatment, rituals, therapeutic groups and fees for internment. The part about Takiwasi includes introducing ayahuasca by two authors, who have spent several months in this center and participated in the ayahuasca sessions.

## **2 Metodology**

This thesis is based on analysis of literary sources, as well as on content analysis of semi-structured interviews with inpatients from therapeutic communities in Peru and Czech Republic.

The first theoretical part is search-based. There are problems of drug addicts and their long-term treatment in the community center specified. The literature review is based on searching, collecting, sorting and processing of a data. Information was obtained from Internet sources, books and publications mainly. The thesis contains statistics data from United Nations offices: United Nations Programme on HIV and AIDS and United Nations Office on Drugs and Crime, as well National Institute on Drug Abuse and European Monitoring Centre for Drugs and Drug Addiction. Books were mainly used for the explanation of the term drugs and specific drug substances together with description of therapeutic communities in general. Information about Czech Renarkon were gained on its official website. Summary about Peruvian therapeutic communities is characterized by study of two books by authors who participated in treatment in Takiwasi as mentioned above.

The second, practical part is based on qualitative research (interviews with drug users) in small group of people. 10 inpatients from Takiwasi, Peru, and Renarkon, Czech Republic, in this case. Interviews were recorded in MP3, then transcribed in MS Word and analyzed in MS Excel. Transcription of interview is verbatim, which was time-consuming, but necessary for further work. Data thus obtained were reduced and crumbled into certain categories, which have been classified and analyzed in detail in the practical part.

## 3 Definition of the Term Drug and Psychoactive Substance

### 3.1 Term Drug

There is number of studies on drug issues since it is a frequent phenomenon. Different authors use different terms - addictive substance, drug or psychoactive substance. In general these are chemicals of all colors, shapes or organic substances. According to Kubánek (2010), word drug comes from Arabic “durana”, which refers to medical supplement. Criminal code defines addictive substance as alcohol, narcotics, psychotropic substances and other substances, which can affect the human psyche, distinguishing or control abilities or social behavior (§130 Act No. 40/2009 Coll., Criminal Code).

Also classification of drugs is in several different ways. Kubánek (2010) classified:

- Legal Drugs: socially acceptable drugs, including prescription drugs, alcohol, tobacco
- Illegal Drugs: cannabis, methamphetamine, cocaine, LSD, etc.

Pokorný (2003) classified drugs based on addiction:

- Soft Drugs: marijuana, hash. These drugs are less addicting and not damaging health as much as hard drugs.
- Hard Drugs: heroine, methamphetamine, crack, etc. Their effect is quick and they are damaging health and can even cause death.

Stephens (1991) divided five categories based on their effects on the central nervous system:

- Narcotics - narcotics can be also divided in more concrete categories. (1) naturally occurring opiates, directly derived from the opium poppy (morphine); (2) semisynthetic opiates, chemically processed (heroine); (3) synthetic narcotics made by man with specific chemical structures (methadone)
- Generalized Depressants - sedative and hypnotic drugs (valium, alcohol)
- Mood Modifiers (thorazine)
- Hallucinogens (LSD, mescaline, marihuana)
- Stimulants (methamphetamine, cocaine)

## **3.2 Drugs**

### **3.2.1 Alcohol**

Alcoholism is the most common addiction worldwide. Peruvians and Czech people are not exceptions. The major cause for alcohol addiction is ethyl alcohol, which is psychotropic substance. These substances stimulate neural activity of human. The effect of intoxication by alcohol has a several phases. At the beginning comes euphoria which is accompanied by looseness, high heart rate and widening of blood vessels. But there are also negative side effects, like loss of judgment, reasoning, sense of confidence, which is way how to easily make new friends. It also supports intense moods, for example aggression (Janík, 1990).

The impact of alcohol is addiction, psychic as well as somatic. According to Janík (1990) alcohol addiction is divided into 4 stages:

1. Pre-alcoholic phase - use of alcohol is socially motivated, tolerance increased. This stage is the stage during which psychic addiction can occur
2. Prodromal Phase - this phase missing social motivation, drinking is need. However, person still has his problem in some reasonable control
3. Crucial Phase - there is a loss of control, person has a lot of excuses for their drinking, tolerance decreased. By now there is psychic and somatic addiction.
4. Chronic Phase - this is the phase of mental and physical decline. Also hallucinations can occur, known as delirium tremens.

### **3.2.2 Cocaine**

Coca, from which cocaine is extracted, is stimulant of natural origin and has a long history in Peru - more than 4 500 years (Delpirou, 1993). It stimulates euphoria. Addict person is very energetic and talkative. Negative physical effects are high heart rate and blood pressure. This can lead to heart attack or stroke, followed by death. Energy and pleasure from cocaine is not that intensive as first exposure. Reason is that tolerance to cocaine develops (NIDA, 2013a). In case of cocaine, there is no somatic addiction but very strong psychic addiction. This means there is strong psychological desire to use drug regularly with a lot of withdrawal symptoms (paranoia, insomnia, itching,...) (Janík, 1990).

### 3.2.3 Cocaine Paste

This drug is the one of the most popular in Peru. *Pasta basica de cocaína* leads to strong addiction. United Nations Office on Drugs and Crime says: “PBC is an intermediary product in the manufacture of cocaine, where coca leaves are mixed with industrial chemicals and solvents, such as sulphuric and kerosene. Abusers typically smoke PBC, and the drug generates severe physical and psychological dependence within weeks of use.” (UNODC, 2013). Health risks connected with abusing of cocaine paste are shortness of breath, heart attack, brain damage, anti-social and criminal behavior (Ibid.).

### 3.2.4 Heroin

Heroin as an opiate is considered hard drug. The primary effect is on the central nervous system. It influences mood and behavior. Abusing is accompanied by euphoria at the beginning. Long - term heroine users can suffer permanent health damage. There is risk of stroke and infections. Infections caused by unsterile intravenous injections leads to HIV or hepatitis C (Stephens, 1991). Intravenous using can cause collapsed veins. Women heroin abusing can leads to spontaneous abortion. Besides abortion there is a risk of low birth weight (NIDA, 2014). Heroin addicts suffer from fear, anxiety, myospasm diarrhea, trepidation and shake (Horák, 2013).

### 3.2.5 Methamphetamine

Euphoria, rush and pleasure. Those are feels of methamphetamine user - because, as we know, meth is stimulant. The effect of this drug is long - up to 12 hours. Energy increase and appetite decrease. After this rush period full of happiness comes depression and uncontrolled desire to use drug again. Long-term effects are mostly paranoia, hallucinations, heart attack, stroke, serious brain damage and also death (Spalding, 2006).

## 4 Impact on Public Health

A total of 8 955 drug users entered treatment in 2012 in Czech Republic. 4 313 were new clients. Amphetamines (mainly meth) were the most common substance used by addicts (67 % of all treatment clients and 71 % of new treatment clients). Amphetamines were followed by opioids, reported by 18 % of all treatment clients. For new treatment clients the second most commonly reported substance was cannabis at 18 % (EMCDDA, 2014).

In Peru due to a report by CEDRO (drug - monitoring non - profit organization), consumption of cocaine has increased more than 60 %. In 2010 it was 1.5 % of population aged 12-65 to 2.4 % in 2013. Use of marijuana rose from 5.6 to 7.5 %. In Lima, capital of Peru percentage of cocaine users is 5.1 %, marijuana is used by 8.9 %. Cuzco has 9.7 % users of marijuana (insightcrime.org, 2013).

In Czech Republic in 2011 deaths caused by intoxication of drugs was 28 (23 males), which is the lowest number since 2005. In 2011 opiates (heroin, codeine, methadone, buprenorphine and opium) alone or in combination with other psychoactive substance were detected in six deaths, while methamphetamine was found to be a principal drug in 16 deaths (EMCDDA, 2013). Drug related mortality in group aged 15-64 was 42 deaths in Peru and 45 in Czech Republic in 2014 (UNODC, 2014c).

As the main impact on the Public Health can be considered death caused by psychoactive substances and spreading of HIV and hepatitis. The total number of Hepatitis B among injecting drug users increased from 26 % in 2008 to 40 % in 2011. Also number of Hepatitis C has increased by 15 % in 2011 in Czech Republic (Mravčik et al., 2011). The number of newly diagnosed HIV cases among the general population of Czech Republic is relatively low. In 2012 the number of new HIV cases was 212, six of which were reported as related to injecting drug use (EMCDDA, 2013). The general number of living with HIV in 2013 in Czech Republic was 3 400 (UNAIDS, 2013a) and 65 000 in Peru. Deaths due to AIDS in Peru was 2 800 (UNAIDS, 2013c). In 2014, HIV among people who injected drugs was up to 1.10 % (UNODC, 2014a). The number of Peru is even higher. According to UNODC, HIV among people who inject drug was between 8,51-13,56 % (UNODC, 2014b).

The relationship between diseases mentioned above and drug abusing is risky unprotected sexual behavior, which wide spread among drug users. Injection drug users are even more

endangered by Hepatitis B and less by Hepatitis C from shared needles. This sharing exposes bodily fluids from one person to another (NIDA, 2013b). HIV is also transferred by blood and using of drugs can worsen symptoms of this virus even more (NIDA, 2012).

In this case, the impact of drugs is not only on health of patients, but also on state which is sponsoring the healing process. The cost of HIV treatment is in Czech Rep. 25-30 000 CZK/month (Uhlíř M., 2011). Nowadays, treatment of HIV is paid by health insurance companies (Hechtová, A., 2011). I was not able to find any relevant sources about expenses for HIV treatment in Peru. But in Latin America in general 75% of those needing antiretroviral therapy were receiving it (AVERT, 2014).

The rest of this work is focused on treatment of drug abusers. One of the best ways are therapeutic communities. I chose Czech therapeutic community Renarkon and Peruvian Takiwasi. I will compare western medicine and traditional medicine, which includes differences in view of gender, spirituality, etc.

## 5 Traditional Medicine - Peru

Therapeutic center Takiwasi in Tarapoto, Peru is unique. It is unique by its approach to the treatment. Takiwasi is mainly using local plants for treatment of drug addictions. Some of these plants have psychoactive effects administered.

Center only has facilities for men. Women are working in Takiwasi, however inpatients are men. Firstly, it is because there is a potential risk of coitus, which is against cardinal rules of Takiwasi (Horák, 2013). Secondly, it is because of the Peruvian legislation. Mixed community is prohibited by law: Ley N° 29765. However, the official facilities based on traditional medicine for women do not exist in Peru (Ibid.).

“Takiwasi is based on connection between traditional and western medicine” (Kavenská, 2013: 31). Center’s psychotherapist Kavenská defines traditional medicine as knowledge, which is practiced on the basis of cultural theories and experiences. Its aim is prevention and treating diseases, both physical and mental (Kavenská, 2013). Addiction in Peru is considered as result of spiritual crisis and lack of values in today’s society, in contrast to western cultures, where drug abusers are ill and culprits, who should be punished (Horák, 2013). Recovering from drug and alcohol addiction in Takiwasi is not about abstinence. It is about the controlled induction of altered states of consciousness (Kavenská, 2013). Psychotherapists are using psychotropic plants to treat drug abusers and alcoholics. Plants have the positive effects and do not cause psychological and physical dependence. Horák says: “It is not about teaching patients to use drugs safely. Addiction patterns of behavior are disrupted by drinking ayahuasca as well as by complementary healing methods” (Horák, 2013: 17). Firstly, it accelerates the recovery of subconscious memories (for example traumatic memories, which could lead to addiction) followed by confrontations with those memories (Kavenská, 2013).

The plants can be classified into three groups (Kavenská, 2013):

1. Purges - detoxification of organism, including vomiting
2. Ayahuasca - hallucinogenic plant used for psychotherapy
3. Plants Uses for Diet - also known as “plantas maestras”, which are mild hallucinogens. Diet is 8 days retreat in the jungle.

Horák (2013: 51) added four more groups:

4. Laxatives - natural or semisynthetic laxatives
5. Plants used during baths
6. Plants used during saunas
7. Adjuvants - herbal substances with supportive and strengthening effects

The rehabilitation process consists of several phases. At the beginning of treatment the psychical detox is very important (Kavenská, 2013). The patient stays in the solitary confinement unit (Horák, 2013). The aim of the detox is to improve the physical condition, to mitigate and then to remove the withdrawal symptoms. This phase lasts two months. During this patients basically use emetic plants supervised by the therapist (Kavenská, 2013). The second phase is associated with mental health. Patient is allowed to meet his family members for the first time since treatment was started (Horák, 2013). Finally, last phase lasts since 6th month to the end of treatment. Spiritual development is a priority. Deep understanding of personal mission occurs (Kavenská, 2013). Approximately 2 months before the end of the recovery, the re-integration process to society starts. Patients are involved in less and less therapeutic activities within center and they are preparing to return home (Ibid.). As Horák says: “The principle of re-integration is the fact that the patient should get rid of all the structures that used to attract his attention to drugs and integrate himself into the society” (Horák, 2013: 35). Phases are described in detail in chapter 7.1.1.

The effectiveness of treatment depends on the patient mainly. “It depends on to what extent patients get involved in the treatment. Some do not want to work; they refuse to do many things. It is crucial that they participate in the treatment” (Horák, 2013: 101). There are some rules, which involve strict food regime (no pork, alcohol, salt, sugar and dairy products during the diet in the jungle). This food regime is a condition for the healing by plants and cleaning the body. Neither coitus is allowed, nor masturbation. In traditional medicine, coitus is related with the question of mental health and by breaking this rule inpatients release energy and lose the strength and there is insufficient amount of energy for working with plants (Horák, 2013). As Horák says, some rules must seem absurd to Europeans. However sex is prohibited also for inpatients in Czech Renarkon, because it is considered as an issue, which can interrupt process of treatment, food regime is based on nutrition needs, not on energetic matters.

## 6 Modern Medicine - Czech Republic

In Czech Republic are popular psychiatric institutions for drug addict or TC. In western medicine drug addictions is a illness characterized by uncontrollable strong desire to take a drug (NIDA, 2009). Psychological addiction is challenging for addicts. They might need rehab in drug treatment center. Given that part of this thesis are interviews of patients from therapeutic communities, so I will briefly describe this term.

According to Kalina, TC is the specific form of intensive group psychotherapy. Clients or patients of different age, sex and education live together and participate in group sessions. They share work program and all sort of activities. This group, this micro cosmos is supposed to be the mirror to their real life. Clients are face to face to the problems, especially between each other. Kalina categorizes therapeutic community in a narrow (therapy) and in a broad (community) sense. TC as a community is defined by its structure of boundaries, expectations, rules and safety. TC as a therapy consists of daily life in community, behavior of clients and their alignment with the rules and the other members. Different authors refer about various elements of therapeutic dialogue. They highlight understanding, emotional experience, promoting healthy self-esteem. Others accentuate social learning, acquisition of norms or behavioral patterns or lifestyle changes (Kalina, 2008). On the other hand individual therapy is not considered as effective. It fails due to low self-esteem of addicts. They do not trust themselves. They are afraid of rejection and can't have deep relationship. Benefits of group therapy are building of trust - addicts do not feel like they are the only ones struggling (Kooyman, De Leon, & Nevšimal, 2004).

TC requires change of behavior directly after arrival to therapeutic community. Therapists are not waiting till addicts will change behavior by themselves, therefore change is enforced in some way. However, clients can't escape bad situations by ingestion of addictive substances. Thus they develop many feelings, which they learn to express in words (Kooyman, De Leon, & Nevšimal, 2004). The goal of the treatment in TC is "returning to a state of physical or mental health from a state of sickness or disease" (De Leon, 2000: 65).

TC cooperate with each other within the section TK A.N.O. (Association of NGOs), established in 2000 (Kalina, 2008). Representatives of TC meet to discuss about problems and they keep learning. TC are dependent on state funding through a grant system, so they adopted standards of care issued by the National Drug Policy (Kooyman, De Leon, & Nevšimal, 2004).

## **7 Comparison Takiwasi vs Renarkon**

This chapter compared therapeutic community programs in TC Takiwasi in Peru and TC Renarkon in Czech Republic. Treatment in these communities is based on approach to culture specific factors and different views of medicine.

### **7.1 Takiwasi**

Center is located in San Martín region in northern Peru. This region is known as the largest producer of coca and cocaine paste (Kavenská, 2013). That means, Takiwasi is some kind of resistance against drug mafia (Horák, 2013).

#### **7.1.1 Phases of the Healing Process**

Minimal time spent in treatment community in Takiwasi is set to at least 9 months. Program is also divided into phases as I mention above in chapter 5 (Horák, 2013):

1. Preliminary Stage - this phase takes place before internment and lasts for 10 days. Takiwasi is in connection with client through telephone. Based on this they are collecting information about the client, in case of foreigners it is also language test. “As a rule, people who tend to be interned only to run away from their family and external circumstances are not accepted” (Horák, 2013: 27). After this, there is also personal contact. Client is informed about the treatment procedure, also is checked his motivation and his socioeconomic situation. Some of the laxatives are prescribed to the client, if there are no contraindications he can participate in first detoxification session.
2. Physical Rehabilitation - this phase is characterized by a stay in the solitary confinement unit, during which client is confronted with this motivation for treatment and restoration of physical health. Detoxification in Takiwasi is different from Renarkon. It is based on plant preparations, which escalated gradually. At the beginning there is an olive oil cure, followed by clyster, relaxing medium, aromatic sauna and herbal bath. Also there is a therapist as a support, who stops by every day. Detoxification lasts the next two months (1<sup>st</sup> phase) with purgative plants, which cleanses patient thorough. The end of this phase is determined by the diet. It is a stay of client in the forest by himself for 8 days with intake of herbal extracts under supervision of the healer. Receiving visitors and calls is strictly prohibited during first phase.

3. Psychological Structure - this is a second phase of treatment and lasts for 3 months. It is about understanding the past, the people from their immediate social living environment, the role of motivation for treatment also (Kavenská, 2013). Client can take a group walk outside and he can meet his family too. Alarm clock is set to 6:30 a.m., breakfast starts an hour later. The day program begins at 8 a.m. Lunch starts at 1 p.m. and is followed by one hour siesta. Evening program includes group therapy and yoga. After dinner at 8 a.m. clients have free time for 2 hours.
4. Comprehensive Social Work - third stage lasts for 2 months. Client should prepare plans for future and fix family problems. Phase is connected with celebrations and rituals, which works with basic elements: earth, air, fire and water.
5. Reinsertion - 2 months phase which is preparing client for leave. At this time, he can go to work and lives by himself and still participates on group sessions.
6. Continuing Care - care lasts for 5 following years and includes sessions with therapist and family consultancy.

#### 7.1.2 Rituals

Treatment in Takiwasi has even more ritualized and spiritualized character than Renarkon.

1. Transitional ritual: represents a change of patient during the first 8 days in a solitary confinement unit. After last days of stay by itself, there is a ritual fire, which represents the symbol of transformation. Patient reads the paper about himself and lives he lived and burns something, which relates with drugs (Horák, 2013).
2. Commitment Ritual: “I am a drug user and I am here not only to cleanse my body, but my mind and heart as well. I officially swear to definitely give up using drugs for the rest of my life, and, with the help of God, to pursue peace, health, and life of happiness for me and my family” (Horák, 2013: 130). This ritual is associated with cardinal rules.
3. Mask ritual - this is the last ritual before leave of patient. Two plaster masks represent positive and negative features (Ibid.).

### 7.1.3 Groups

1. Morning Sessions - frequency of these sessions is 2 times/week. Leader is one of the patients, who talks about personal problem (“my relationship with father”, “me and women”, “breaking the rules”, etc.). Also, there is a space for thanks, appreciation or criticism toward others.
2. Pre/Postayahuasca Sessions - in the case of preayahuasca sessions it is about the discussion about the expectations. After ayahuasca session patients describe their “visions” and emotions under the control of psychotherapist.
3. Group About the Dreams - this group, which is about interpretation of dreams, takes place once a week.
4. Music Therapy - use of music through emotion has a healing effect.
5. Meditation - group meditations take place once a week. It helps calm down, decrease of concentration. Also some patients meditate during their free time (Kavenská, 2013).

### 7.1.4 Program Fees

As Horák says patients need to be highly motivated to be part of the community center in Peru. Not only good knowledge of Spanish is required, also ability to pay treatment fees. As we already know, patients in crisis at Renarkon get state benefits. This is not the case of Takiwasi. Patients must pay 1200 USD/month. However, they provide fee reduction in difficult situation of clients.

### 7.1.5 Ayahuasca

The reason why Takiwasi is so unique is mainly using the ayahuasca. As I mention above there are pre/postayahuasca sessions, either ayahuasca sessions. Ayahuasca is essential part of the treatment.

Horák (2013) says, these sessions takes place on Tuesday or Friday. The reason is, these days are traditionally predetermined for a combat in the Amazon.

Kavenská (2013) wrote that ayahuasca is specified as hallucinogen plant and it is used in the form of a drink. This plant is part of the Amazonian culture more than 8000 years and it is used by at least 72 tribes. Ayahuasca preparation process is regulated by rituals and ceremonial regulations and prohibitions.

It has been shown that using of ayahuasca is safe. Risk of mental damage or risk of addiction is minimal. On the contrary, ayahuasca can sharpen senses (especially taste and smell),

increase energy, and improve the relationship with your own body. It also can help to quit the addictions and self destructive behavior. It affects interpersonal relationships - increase of intimacy and decrease of fear and distrust and improve self-esteem (Ibid.).

Using of ayahuasca is connected with spirituality. “One of the root from which the traditional medicine grows is the so-called animism - according to the perception of the world, the nature is considered having a spirit” (Horák, 2013: 37). This is connected with Christianity, or Roman Catholic Church ideology. In contrast, in Renarkon, spirituality is not considered as the important thing in healing process. More about spirituality of both therapeutic communities is in chapter 8.5.

## **7.2 Renarkon**

TC Renarkon is situated in Beskydy, two chalets are surrounded by hills and forests. Renarkon is open for those, who want to quit with drug addiction (renarkon.cz, 2015a).

### **7.2.1 Phases of Healing Process**

Time spend in Renarkon is set up to 6-12 months.

1. Zero Phase (2-4 weeks): Detoxification at psychiatric department is needed when entering this phase, which lasts for 8 days. Client is involved in program during this phase, however is not considered as a member of community yet. It is a period of getting to know the team, the other clients and the program. New client decides whether he wants to stay in community and community decides if they will accept a client. Environment and regime of community is not well known for a client so far, which is heavy burden. Therefore during this period there is no contact with the outside world because such a contact can be a complication in treatment (renarkon.cz, 2015c). Also, client is entrusted to a client in later phase (older “brother”/“sister”) and/or to a member of a team (guarantee) (Kalina, 2008).
2. First Phase (2-3 months): Entering this phase, client is a valid member of therapeutic community with power to vote. Thanks to this he can participates in decision - making activities. Client can contact his nearest relatives, who do not do drugs. Also relatives can visit him at the community. If the relationships are problematic, he works on recovering. The main task of this phase is to take responsibility (renarkon.cz, 2015c).

3. Second Phase (3-6 months): The main task is not only to take responsibility for patient himself, also responsibility for others. This stage is the peak of the treatment. As I mentioned responsibility, client can be a “brother”/“sister” for another client in a phase zero, accompanied them on trips outside community, also leading role at work in community. He is allowed to leave the community for a few days and also contact people outside the nearest family (Ibid.).
4. Third Phase (1-2 months): This phase is about becoming independent. Client lives and works outside the community. This period is difficult for every drug addict. The reason is leaving the habitat in which he often received acceptance and relationships like never before (Ibid.).

### 7.2.2 Rituals

Rituals (Kalina, 2008):

1. A Ritual to Receive - It is a welcome to a new client. Often connected with giving of promise. Promise is about working on themselves and keeping the values of community. The ritual takes place around the community fire (candles). Fire is a symbol of community, warmth and safety.
2. Phase/Stage Ritual - these ritual is associated with the transition between phases
3. Ending Ritual - Evaluation of stay in the community by clients. This ritual sanctifies first step to the new life. Also confirm the importance of drug treatment as first thing, client was able to finish.
4. The Ritual of Cleansing and Reconciliation - connected with breaking of cardinal rules. If so, the daily program is cancelled, day like this is called cleaning day (general cleaning of space of community). “Day of Truth” is applied in violation of values in community, (e.g. bullying). In this case program is cancelled too. Community meeting takes place whole day till the problem is solved.
5. “Great Communities” – A Rituals to Receive, Phase/Stage Rituals and Ending Rituals takes place during this community. TK gives prize to those who successfully completed treatment.

### 7.2.3 Groups

1. (Psycho)therapy Groups: using of wide range of therapeutic approaches, e.g.: Encounter group - Clients learn about themselves through their interaction with each other. Client can be verbally abused and expectation is that individual will learn to be assertive. Addicts develop the ability of

social learning through role play. Leader coordinates the therapy, others can have different types of roles:

- Archetype - explains he was in a similar situation
- Nanny - tries to defend person confronted by a group
- Preacher - preach how to behave
- Mirror - displays how person is behaving at the moment (Kalina, 2008).

Bonding psychotherapy - focus on emotions and thinking (Ibid.).

Physical exercise - running, exercise to music, dynamic meditation (Kooyman, De Leon, & Nevšimal, 2004).

2. Gender Groups - focus on sexuality, authority, guilt. These groups contribute to understanding of its own identity and identity of opposite sex (Kalina, 2008).
3. Evaluation Groups - group usually takes place once a week. It is therapy for whole community connected with evaluations of clients (Ibid.).
4. Practice Groups - concentrate on personal development, for example coping with emotions, communication skills and decision making (Ibid.).
5. Seminars - A discussions about a certain topics. Members of therapeutic community can see more interesting thing then drugs out there (Kooyman, De Leon, & Nevšimal, 2004).
6. Morning Sessions - everyday therapy after breakfast with one of the therapists (Ibid.).

#### **7.2.4 Program Fees**

There is no charge for a services provided by Renarkon, o.p.s. except of the fee for the stay, which is 170 CZK/day (70 CZK food, 100 CZK accommodation). Nevertheless the client doesn't have a minimal wage (or state/sickness benefits), he can join the treatment and is supposed to apply for a state benefit and accommodation allowance (renarkon.cz, 2015b).

## 8 Results of Patients' Interviews Analysis

This chapter includes the results of content analysis of semi-structured interviews with 5 inpatients from Renarkon and 5 inpatients from Takiwasi (see Tab. 1). We asked different questions about effectiveness of community as a point of healing process from drug addiction. Also we focused on differences in gender and spirituality.

**Average interview time: 22:34**

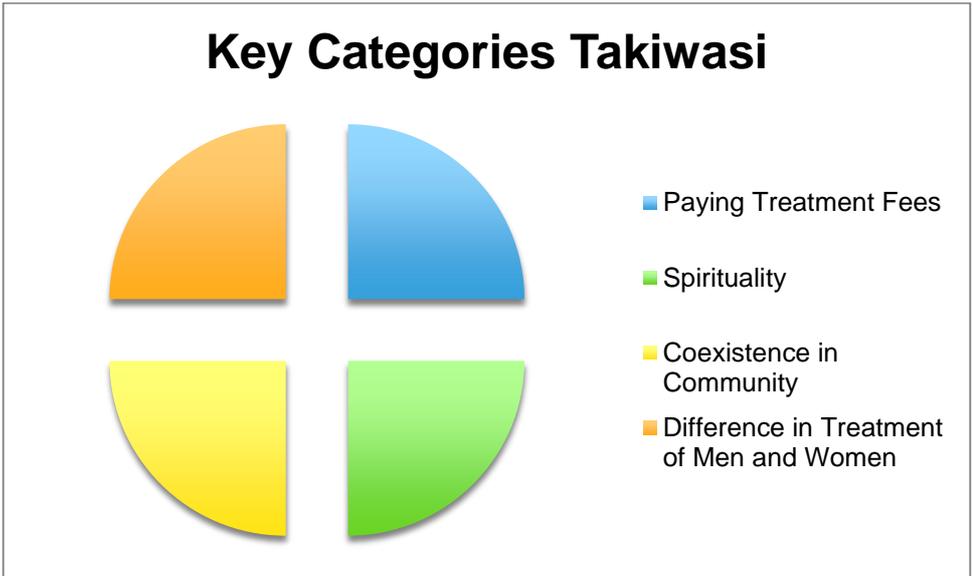
**Total time: 3:43:35**

Tab. 1: Characteristic of patients' age, nationality and marital status

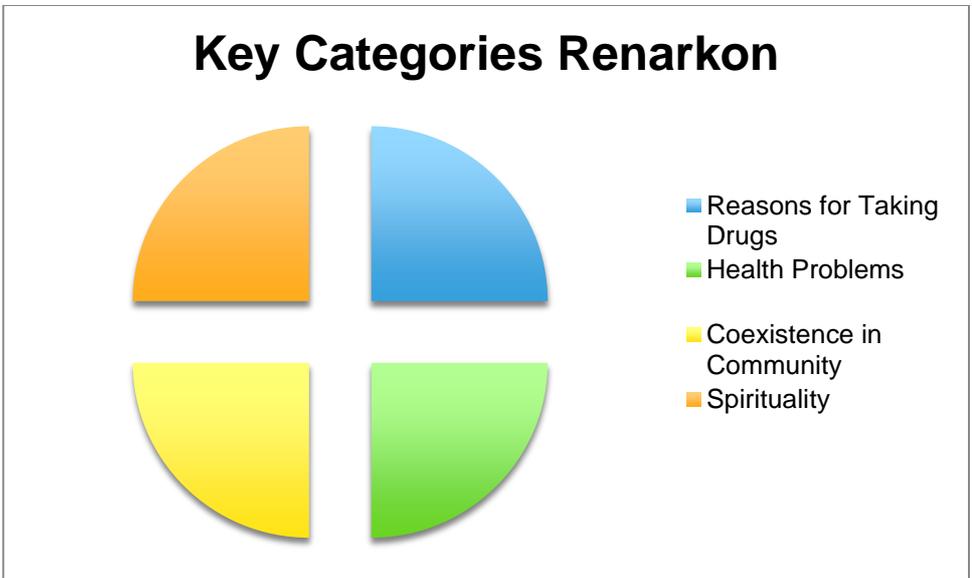
#	CODE	AGE	NATIONALITY	MARITAL STATUS
1	R01	32	Czech	divorced
2	R03	22	Czech	single
3	R04	33	Czech	single
4	R05	26	Czech	single
5	R06	22	Czech	single
6	T01	31	Argentinean	divorced
7	T03	23	Peruvian	single
8	T05	30	Peruvian	single
9	T07	29	Spanish	single
10	T08	30	Chilean	single

Source: author's archive

Informant's statements in following text are coded to protect anonymity (R=Renarkon inpatient, T=Takiwasi inpatient). Transcribed interviews were divided into several categories that occur as chapters in the following text. Data crumbled into 4 key categories and others several sub-categories. Key categories were analyzed on the basis of the information provided by inpatients. In the thesis were used not only key categories but also sub-categories for better understanding of treatment of drug addict inpatients.



Graph 1: Key Categories Takiwasi  
 Source: author's archive



Graph 2: Key Categories Renarkon  
 Source: author's archive

## 8.1 Drug use

### a) Type of Drug

List of illicit psychoactive substances used by inpatients is various. Most of addicts have tried all types of illegal substances. Patient of Renarkon said: *“I started with cigarettes, alcohol then inhalants. When I was 17 I have tried marihuana. Also I have tried MDMA, ecstasy, LSD. I started with soft drugs until I have tried... the paradox is I watched Trainspotting, that fascinated me. So I told myself I could try meth just to know how it feels like”* (R01). Another patient said his primary drug was meth, however he has tried every drug.

History of drug using is very similar on the other side world, in Peru. Argentinian patient said: *“I have used alcohol, tobacco, marihuana, cocaine, LSD, ecstasy, MDMA, a lot of synthetic drugs – those I have used the most. Then I have tried all drugs, except of heroine. Heroine is not available in Argentina. Those are substances I have used for years”* (T01).

It is well known in Latin America coca is widespread. A lot of drug users is abusing PBC. *Pasta básica de cocaína* or Cocaine Paste is one of the main problem of patients in Takiwasi. *“It was my bad habit. I could not get rid of it. I felt problems are gone, solved. PBC was my type of solution...but the effect of PBC is horrible. It caused tachycardia and paranoia. I noticed that. You can not breath. You feel like there is no air. It is some kind of psychosis. Sometimes it is traumatic. Sometimes you do not know what to do when you are under the influence of drug. You are thinking about death. This is the effect... this is the effect. I looked into a mirror and I told myself what am I doing? I wanted to kill myself”* (T03).

### b) Cause of Addiction.

There is no single cause of addiction. There are several reasons and factors why people become addicted. *“My problem with cocaine was coherent with prostitution. Pornography – masturbation – prostitution – cocaine. It was like...”* (T07).

For some of them it is just an experiment. *“It was experiment. Desire for the forbidden and after some time it becomes addiction”* (R01). Mostly teenagers are in risk of curiosity and influence of peers. *“At the begging it was curiosity and also peer group. There was nothing to do. We wanted to try something new”* (R03). *“I thought it was an experiment, but ... my first try was to be accepted by others. We spent New Years Eve in group of people who use drugs so I tried it too. Then I have used drugs to have fun and when I become addicted I have used it to relax. I did not*

know how to react towards situations like anger and so on. Such a panacea. Pseudo-panacea” (R05). “I started with alcohol when I was 13. I did not like it, but my friends were drinking” (T01).

Not only friends, also parents can be negative role models. “It was because of my relationship with parents basically. I missed protection, care by my mother. I suffered from abandonment during childhood. I tried to fill the emptiness with drugs, unsuccessfully. It was something like self-medication, which I prescribed to myself. That’s it” (T01). “I have a lot of problems. One of it, I am not a child of my parents. I lived in lie. My family is someone different. My father is my brother actually. My real family rejected me. I asked father why they did not tell me the truth. Then I realized I would kill myself during the period of drugs, alcohol and fun if I knew that. I felt weak, without energy” (T03). “My parents left me. My grandmother raised me. There was no man in my life I could follow.” (T05). “My brother smoke cocaine paste. Father said he smoke just weed, I do not know if it is the truth” (T08). With family is connected another story: “One of the reasons I used drugs was the death of my mother. I was looking for my mom in drugs. I wanted to see her, to feel her presence. It became a routine. While looking for her I was looking for death also. Desire of death was strong” (T03). Also depression can be a cause of addiction. Our Spanish informant was depressed since childhood so he tried to escape it with alcohol, but then... “Cocaine helped me with alcohol. I used to drink a lot since I was 18 till 22 years old. And cocaine over comes effect of alcohol. You are not drunk” (T07). This fact with cocaine effect also other patient: “When I realized cocaine over comes effect of alcohol my life become never ending party. I had a problem with cocaine soon. So I quit cocaine. But I continue to drink” (T01).

### **c) Length of Addiction**

“I have experimented since I was 14-15 years old” (R01). Informant is 32 years old. “I have been using meth for 13 years” (R01). Another long-term user has been using all kinds of drugs for 15 years: “The last 5 years was most intense for sure” (T01). Peruvian man was more open: “I have been using PBC for seven years, marijuana for two years. I have not used marijuana every day. I was drunk once a week. I smoked cigarettes almost every day. Those were my bad habits and I wanted to stop. At the beginning it is like hahaha. Once it becomes a habit, it is fatal. I did drugs for a long time and I want to change my life” (T03). 22 years old addict answered the question about the length of a meth use as follows: “I started with it at sixteen. It started as a weekend thing,

*we used it to have fun*” (R03). The only female informant in these interviews has been using meth and marijuana. *“I started when I was fourteen”* (R06).

## **8.2 Treatment**

### **a) Previous Treatment**

Every of our informants passed some previous treatment. All of the Czech patients were treated in psychiatric hospital for addiction treatment. The effectiveness of the treatment in psychiatric hospital is questionable. However it can be a first step. *“In 2010 I was treated in psychiatric hospital Kroměříž. I passed comprehensive 3 months treatment. I did not want to hear about treatment community. The reason was, Kroměříž was my first experience. I was cured after a week. After two years I was treated again. This time I knew I want to go to therapeutic community. So here I am. I was satisfied though. I had a good relationship with one therapist who is studying addictology. He prepared me for therapeutic community”* (R01). One of Czech informants spent 2 years in Christian community. *“I was in first phase whole year. Then I was in second phase for year and I did not reach third phase, because I left. Weird is that patients can drink in third phase. So they drink a lot. The truth is sometimes they do drugs. I relapsed once. I had a boyfriend, we participated in couple therapy, we were roommates, then we broke up. He started drink a lot in third phase. So we broke up and I came back to Prague”* (R06).

Also patients in Takiwasi tried to rehab before entering this community. History of some patients is really complicated. *“Before I entering Takiwasi, I was in 9 therapeutic programs already. Since I was seventeen. It was focused on psychology, psychiatry, physiology, thinking, but I missed the thing, which gives me a lot here in Takiwasi”* (T05). *“I was between four walls, there was no ergo therapy, there was no coexistence with other patients. Programs were for psychiatric patients, schizophrenics, and people with bipolar disorder. It did not help at all. I was on pills, antidepressants, and fluoxetine. The origin of the problem was not solved. I was there four times. It was crazy to go there again and again and expect another results”* (T07). One Chilean patient even stayed in Takiwasi before. *“I was here in 2009. And I am here because I relapsed”* (T08). We heard the same story by Spanish man: *“Look, I was here for 9 months. I left then relapsed after four days. I am here for month and a half now”* (T07).

## **b) The Most Important Aspect of Treatment**

There is a wide range of therapies, workshops and exercises. Czech patients said different things. *“Individual interviews with therapist. I have interviews in the evenings. When I go to bed I think about it. I realize things. It is not like group therapies. Those group therapies.. we had some course in here. Our therapist said it is about cure ourselves firstly, then others. When you have group therapy, others are judging. You did that and this. I am not in the mood... not anymore. When I sit here with Jana (therapist) I am good. I have time to think about it”* (R03). On the other hand there are patients who like group therapies. *“Group therapies, feedback from others”* (R04). Or patients who like both types of therapies. Group as well as individual. *“It is some kind of process. Firstly I have session with Jana. She is my guarantee. Then I have group session and it gives me feedback. This circle helps me a lot. Plus I help myself. I am therapist for myself. I think it is effective”* (R05).

As was said above, therapy in Takiwasi is unique because of plants. That is what most patients see as a main factor of treatment. *“What help me the most is coexistence with other patients. To live with people, who has related problem and whom I did not choose. It taught me to be more tolerant. Using plants can not stay unnoticed. I do not talk just about entheogens like ayahuasca but also plants use during diets. Those plants are medicinal. And then purgas. It is unbelievable how these plants works. I realized how they are helping me”* (T01). *“I can connect with plants. It helps me see the man I could not see before. I had low self-esteem. I did not believe in myself. I did not believe to people, who said good things about me, virtues which I have. Plants are helping me to see myself through my eyes. I can see the things, which I like about me, as well as the things I do not like. I am feeling myself. It is a consequence of effort which arises between me and the plants, therapists... It is a compact thing. Purgas, diets, ayahuasca are here... Also coexistence with others, when you say something what is on your mind. It helps with self-reflection”* (T05). *“What I like the most and help me the most are diets”* (T07).

## **c) Motivation to Stay in Treatment**

Motivation is very important factor for the successful treatment process. *“You have to take care of abstinence. Otherwise you do not like it, and then you can relapse. That is opinion”* (R01). But not only your internal conviction, also family relationships helps a lot. *“My motivation was my family and my son of course. That is the main reason. But the truth is I had to suffer psychosis to realized I really need a rehab”* (R01). Someone needs to be totally down to change his life. *“It is a lot of*

things. One of them is I want to be a good father, also I do this for myself... for my girlfriend. I think I am the only who has one daughter. Others have more children. I am the only one here who has a girlfriend. My daughter is my motivation, I want to be a good role model. I want to be with her mother. Her mother is studying also... I want to be a good sibling, good person. I want to change my whole life. I was not... I realized I was not a good person” (T03).

As we know drug addiction is often connected with risky sexual behavior and health can be a key motivation factor too. This what HIV positive patient said: “I relapsed when I realized I am HIV positive. I did not know how deal with it. I did not know much about this illness. I did not know you can live with it if you take a pills. So health is the main thing, I cannot afford to take drug with diagnosis like this. I would die soon. It is a will to live. I am an optimist. I want to live normally” (R04).

What about young people who do not have family yet? What can be their motivation to participate in healing process? Twenty – two years old man from Czech Republic told us: “My longtime dream is to join the army. My dad also said we need to join the army. Army made you a man. So I would like to try it. I am trying to find some information about it. But especially my life is such a thing. Life about something else, not drugs. Move forward. I am tired of drugs. There people who enjoy it, who like it all the time... But I want to have my own bakery and patisserie, where people can have coffee” (R03).

#### **d) Financial Support in Treatment**

As it has been stated before, Takiwasi is some kind of “exclusive” treatment because of its high price per month. However system of fees in Takiwasi is retributive, which means fee reduction for patients in difficult financial situation, this can be some kind of motivation too.

Our first informant from Argentina pays 1200 \$/month by himself. Patient from Spain knows some people pay less. He agrees with that. Why? “It is a opportunity for those without earnings” (T07). Others patients with financial problems told us: “My sister is supporting my economically. I think she and my father” (T03). The question was if he pays full price. “I pay half of price. Takiwasi pays the second half. Just three members of my family are working. They have a big house, other expenses...” (T03). Parents sponsor Peruvian patient, he added: “They pay less because ... [it is very expensive]. It is just a loan. I want to refund all money” (T05).

In Czech Republic treatment is paid by state. That does not mean financial situation of all patients is good. *“I was depending on myself first half of a year because family closed the door behind me. In fact, that was good for me. This made me to do something. So there was no any support. Nor psychological, financial, material, nothing. Given that, my social benefits were reduced. I had problems with offices. That did not want to pay for treatment. I had big problems. The therapists here are really skilled, some of them worked as a social worker, they know the laws. I was able to solve everything thanks to that. Directress is so kind and she knows my financial situation. Money I get will cover treatment, accommodation and meals. I have nothing for my personal needs. I get 500 CZK, yet my treatment debt is rising. I will have to pay back after treatment. The advantage is I am not smoking, so I can cover hygiene, coffee and such a thing with that 500 CZK”* (R01). We asked about the motivation of addict to passed the treatment, when he knows it is completely paid by state. *“I do not know about others, but me... my motivation is not based on finances. Not at all. I am glad I do not have to deal with it. On the other hand I think it can be more discouraging”* (R05).

### **8.3 Coexistence in Therapeutic Community**

The coexistence with others and living in community is one of the most important aspects of drug addiction treatment. The following answers are the evidence of this statement. *“It is essential, key aspect of the treatment, because coexistence with others shows your hidden factors. At the same time, what we do – without realizing it – reflects our behavior by others often”* (T01). *“Group therapy has amazing power. The more people, the more experiences we get. You say something in circle and there are eleven consultants plus therapists. Here I see the strength and the power... Another great thing I have gained here... the former participants... who I ask how they are doing, what can I avoid. People who passed the treatment and how is the world outside now? How does it work? That is what I do not know yet, I am not in that stage yet. They give me a lot of feels. I take a lot from it. As I said, group therapy has an enormous power”* (R01). *“The way how you create a relationship with others in here is the same outside of the community”* (T05). *“For sure. A situation that arises here... it is not the same, but here in this greenhouse arises situation similar to those outside. Conflict situations most of the time. And I know, people who do drugs, we do not know how to solve these conflicts. Or we solve it by escape or aggression and so on. It is good way to learn it in here. And 15 people...we are not the same, we cannot avoid conflicts”* (R05). As our Czech informant said, everyone is a different and Argentinian patient added: *“Our past and*

*experiences are very similar, I am sure about it. Coexisted only with a men, when coitus and masturbation is not allowed. Guys addicted on heroine, who just came a month ago are suffering from withdrawal. For us, who are treated longer it is some kind of responsibility” (T01).*

Here is the opposite view of Czech man: *“I am not saying this is enough, because I realized a lot of things during group therapies. But this coexistence... when someone piss me off, I am mad at him for the rest of the time. I just dislike him. People are arrogant, there is a lot of types and you cannot be a friend with everyone” (R03).* Spanish patient agree: *“It is not privacy in here. Nothing. You are peeing and you hear and someone next to you is singing. I feel like killing sometimes. Kill me or someone else” (T07).*

## **8.4 Problems caused by drugs**

The life of addict is not easy. Drugs can fulfill a valuable need for some time, then they are neglecting responsibilities, activities they used to enjoy are not important anymore. We asked about health, family and problems with school or work, however some patients were way more open and told us how drugs and criminality are closely linked. *“I had psychosis, I was insane and I had mystical states. At the time you feel like you are crazy. I had a problem without drugs. I did something in an altered state of consciousness... I was arrested. Currently, there is a prosecution at my homeland for unauthorized intrusion” (T01).* *“One of the main reasons I came was I want to be normal. I realized drugs caused I behave terribly wrong. I almost raped my niece. My family did not understand how could I do that, how could I rob at home” (T03).*

### **a) Health Problems**

Our informants said following about a problems drug abusing caused: *“Drug destroys you. Any drug. No one can stand it. Someone take less, someone take more, but no one can stand it” (R01).* *“I have a problem with teeth. I used to snort. And it is connected with nasopharynx” (R05).* *“An Australian healer told me last week I have damaged diaphragm and bad blood circulation. This is a result of my systematic use of solvents and inhalants. This is one thing. Further I have problem with nose” (T01).* *“I have tooth and bone decalcification. Liver problem. It also affects thinking. Yes, it is harmful” (T05).* Also, one of our Czech informants is HIV positive as mentioned above. He thinks he could care more, he considers his sickness as a result of drug addiction. Our woman informant suffered from psychical problems: *“I take a medication for anxiety, depression and mood*

*stabilizers. I take psychosis medication. I have started year ago and I take it still. I am afraid of darkness. And it is better now then it used be*” (R06). She said her panic is result of meth using.

### **b) Family Problems**

Drug abusing puts a lot of stress on family members. Every of our informants agreed addiction affects relationships between parents and children as well as partners. It is not easy to live with somebody who is under drugs. Here are some examples: *“It caused several problems. With my mother, my family, my girlfriends. It affects everything. My friends... all of my relationships. That is not me. It changes you. I do not like it”* (T05). *“Drugs caused I was isolated from my family... I just did not want to see them. When we met, I treated them like we do not know each other. Thanks to psychoanalysis I know the deep-seated problem associated with my parents. It destroyed me. I was angry. It opened all the old wounds and caused all the problems I had”* (T01). *“This is the biggest problem, for sure. It destroyed all my relationships I had. I had good girlfriends before. It was my mistake. Relationship with drug abuser just cannot work”* (R01). Another patient added: *“My ex girlfriend have started with drugs during relationship with me, which I am sorry about. I saw her few days ago. She said she is not under drugs and so on... but... I do not believe her”* (R03). Some of drug addicts are ashamed of their situation. Twenty-six years old guy said: *“I did not have partnership problems. The reason is I was disgraced... but family relationships. It is connected”* (R05). Situation can be even more serious: *“My parents kicked me out of house”* (R06).

### **c) School/Work Problems**

In addition drug abuse can caused problems at work or school. Lets see what our informants said about it. *“I can say I am a hard worker. I like to work and I had a good jobs. I had amazing jobs according to our region and I have always lost my job because of addiction. The good thing is I have never been fired. I have always left by myself, I did not want to cause a problem to my employer. I had problems with work attendance. I was stoned and I just could not come”* (R01). Another Czech drug addict said: *“Yes, work attendance. I did not show two times they fired me”* (R05). Drug abusers treated in Takiwasi agreed, of course: *“I had problems at school, work, university. I was not responsible. I lied to myself. I thought I can do better. But when you need a drugs, there is no will to stay”* (T05).

And what about our younger informants and their schooling? *“I was not a good student. Not at all. I was addict and my parents did not support me”* (T03). *“Teachers looked at me in a different way than others. Then, when I have started to prepare for classes they changed the point of view”* (R03).

And finally, we can say drugs can people motivate in some way to work more. You need more and more money for dosage. *“I worked even more! I earned more money for drugs. I took all jobs I could. I am a waiter. I took all jobs so I could not do crimes. I worked in Prague. I earned a lot of money”* (R04).

## **8.5 Faith and Spirituality**

Spirituality is the key factor of a treatment in Takiwasi so we asked our patients if it is helping. It is very interesting how the treatment is different by spiritual aspect. Peru is Catholic country, while Czech republic is more agnostic. The answers of Czech informants are similar, they do not see spirituality as important part of healing process mostly. *“It is not about spirituality in here. If somebody is believer, he can talk about it during group therapies. Somebody people It is not prohibited or so, but this treatment is not based on faith. Therapist do not talk about spirituality until patient wants”* (R01). Answer of another patient was the same *“If somebody wants to talk about during group therapies it is respected. But I am not a believer”* (R04). Two of Czech patients said they are believers, however it is not the main aspect of treatment: *“I am an believer. It is not prohibited or required. It is not focused on spirituality”* (R03). *“We maintain normal conversation. We do not talk about it.. We talk about it, but it is not discussed a lot. About the religion, race and sexual orientation. It is personal matter. I am believer. Basically. I am baptized, this helped me a lot at beginning. I am a split personality. I mean I am an Christian but I did a Kung Fu for a long time. I am into Buddhism, Taoism and things like that. So I believe, but I do not know what I believe”* (R05).

Situation in Takiwasi is completely different and also patients were more open during the questions about faith and spirituality. First informant was even agnostic when he came: *“Yes, I came as an agnostic, skeptic. I realized the importance of spirituality bit by bit. The aspect of spirituality is strengthening here. Treatment emphasizes psychical, psycho-affective and spiritual problems. While drinking ayahuasca and diets I realized I have serious spiritual problems. Spirituality is fundamentally important. I am a believer. Plants show me the evidence of God’s existence. I am persuaded about the existence of the evil and God. I underestimated it before.*

*However I gained religion education through my family and friends. But it was not my initiative. It changed here in Takiwasi, It is important, now I know. I feel good thanks to that” (T01).*

Another former agnostic added: *“I came faithless. Ayahuasca helped me to turn to religion. I was raised in Buddhist family. I perceived God as omnipotent and omnipresent. I knew God because of devil ayahuasca showed me recently. I was terrified, scared. The demon was inside of me. If there can be something like that, God must exist, I thought. This was the moment I begun to have access to God gradually. It helps me an awful lot. But I can say it is more about faith then about God. It is faith what helps you. You have to believe in yourself, at the beginning. It is not just about God or religion, it is more about belief in the supernatural power. The world may end. Your family, wife, children, mother, they can die, but the supernatural power will always be with you. It is something what will give you power in difficult times” (T05).* Another patient said about religion: *“I am an Christian, actually. In fact, religion is something nice. It makes me feel good. I feel it helps me a lot. God gives me a strength to continue” (T03).*

When we asked about religion, Chilean patient told us very interesting story: *“I believe my spirituality is distorted and very dark. I have liked gloomy thing always. Like smoking in a cemetery, open graves... My father served in the army and was responsible for the forced disappearance during the coup in 1973. We had human skull on the shelf at home. I used it during rituals with my friends. I saw that skull while drinking ayahuasca several times. So religion is very important for me right now. It helps me to be more balanced. I felt emptiness before. I did not know how I can feel spirit, energy. Now I know. It showed during ayahuasca rituals. I felt things.”* We asked him if it is compulsory to believe in Takiwasi, he said: *”No. I refused whenever they wanted me to believe in something. Here is a mass once a month everyone should participate, but they cannot make me to believe. Fait, whether Catholic or Protestant, is something personal. I am still searching for my spirituality. I do not want to be baptized as a Catholic. I received spirit, I believe in God, bud I do not want to become a Catholic.”* Whether he is not and he does not want to be a Catholic he added at the end: *“I tend to learn about Buddhism according to my roots. I do not know. I am dealing with it. I am trying to find a position in which I feel good. I am trying to understand. I go to masses, talk to priest... I ask him about different religions. I will choose later” (T08).*

Completely different view about Christian Peru gave us twenty-nine years old Spanish patient. *“The aim of Takiwasi is to correct approach to religion, I would say. I do not see it like this,*

*Takiwasi does.” Why he thinks that? “I was raised... Look, my father was a communist. During communist era in Spain he fought against Franco’s on the side of Nazis. I was raised in atheistic family. When I came to another Peruvian rehab center they talked about God and religion. They are talking about it in here a lot too. Website of Takiwasi said it is open center for all religions. No doubt it is – this is not criticism – center, where are masses, where is Christian priest, during ayahuasca sessions Christian elements appears. My concept of God is not only Christian. I see it more universal. It is based on nature and people... This is how I see it and it is very important for me. I do not think I can do it all by myself. I am not so arrogant anymore. I cannot do anything alone, I need somebody.”* As previous informant said there is one compulsory mass per month and he just does not go there. Our Chilean patient added: *“It seems terrible to me. Also we have workshop with father Christian on Friday at 3 o’clock. He talks about religion, Jesus Christ and Bible. Some patients are asking what is going on. And I do not agree with that either. I think it is not necessary to lean to Christian dogma. The point is to find something what will help you”* (T07).

## **8.6 Gender**

This subhead is address to Takiwasi. As we mentioned in chapter 5, center only has facilities for men. Model of this treatment declines the risk of conflicts. Horák (2013: 20) said: “Center cannot be considered chauvinistic. On the contrary, the absence of women in the fellowship of patients has genuinely practical meaning.” We asked several questions about gender of our Takiwasi informants.

First question was why they think the treatment is only for men. *“I think it could caused problems if the community is mixed. It would be difficult. As you can see, we are all young guys. Girls could complicate it. I do not know if it is because of treatment. It seems it works in here”* (T01). *“(Laughing) It is clear, I think. We cannot be mixed. This is not high school, if you know what I mean. I think violations could occur by both, men and women. This is not an appropriate place for relationship”* (T03). *“Good question. I do not think about it so far. All the centers I was treated in are only for men... Women are the main reason of my problems. It is hard to be around women. Be around pretty ones. It is like trying to solve drug addiction and have cocaine in the pocket”* (T07). *“You would rather take care of your partner than yourself.”* This informant told us about his experience with Chilean center where community is mixed. *“This is what happened to me in Chile. I met a woman, who I dated. Interest about my healing process failed. I was interested less*

*and less. I broke cardinal rules. I slept with her. The coitus was allowed. We did not work with plants on energy level. I could talk to her and hook up with her outside” (T08). What about lack of sexual intimacy? Coitus and masturbation are completely prohibited. “In fact, not having sex is fatal (laughing). To live in this world... after I stopped. I was the man with a lot of sexual intercourses. It is easier to have coitus during your university years. Living without sex in here is like... they take your beloved toy. It depends, actually, because... I realized not having sex gives me energy, if you know what I mean. Sometimes I think how I will go home after treatment and my wife... How it will works. I am not even imagining that (laughing). I do not know how to explain it. I have never asked myself this question. I just want finish the treatment” (T03). As we can see situation in center can be really hard for young men. “It is one of the biggest problems for me. I confessed to my therapist. It happened to me yesterday, I could not control it. I am working on it but it is really hard to say no!” (T07). On the other hand some of them take it just the way it is. “It is due to energy problems, not moral. The point is energy accumulates in your body through drinking plants. Ejaculation or masturbation is not permitted. It can cause crossing, which means you feel bad. The plants are jealous according to healers” (T01). “I feel it as well as religious people. The point is direct energy, libido towards supernatural power. Collecting of energy is sacrifice. It is asceticism. Therefore masturbation is not allowed either. It is wasting of energy. You need energy to connect with supernatural power to find out information and heal yourself” (T05).*

Statistically, men are more likely than women to become addicts. Why? “Men are weaker. Not physically, but emotionally. I think so” (T08). Peru is not only religious country, also machista culture. It is highly patriarchal. Violence against women is some kind of tradition. Men having the power over women and three of our informants mentioned this fact in connection with drug addiction and statistic fact written above.

*“Because men run the world basically. Women tend to be alcohol, not drug addict. But alcohol is also drug. Abusing of hard drugs is more men thing. It is connected with distribution of power in society. The role of women of Latin America is more important than in Europe. In Asia even more. Situation there is like Middle Ages. The role of women is central, like rising of children. Role of men is different. I do not like it. We live in 21<sup>st</sup> century” (T01). “I think the reason is the man is more free. He is macho. He lives in macho country like Peru. I think it is because Peru is macho country. And... that is not right, actually – be macho. I was like that too” (T03). “Women is*

*living in macho society is much more dependent on men. For drug addict women is more difficult to cure than for men” (T07).*

And what about differences in treatment of men and women? *“Women are stronger than men, I think. Surprisingly, I had a few female friends who were able to stop with drugs because of their children. Children changed them. Or because of parents, family, religion. Without entering the treatment. Centers should exist for those who cannot handle it and need help, though. It would be good if we have more centers for women. However, difference between treatment of men and women is minimal. It is almost the same. The difference would be in women things... In the feminine thing only then can understand” (T05). “I heard in centers where I was... I made friends among the therapists, who works in women’s treatment centers... As reported by them, working with women is harder. Firstly, coexistence between women is very difficult. I also heard the rates of reformed female drug addicts are much lower than men” (T07). “There is difference in thinking. Women are much more mature than men. I do not know if they are more sensitive or... I do not know. We all are different” (T08).*

## 9 Conclusions

The development of addiction depends on various factors like acceptance by others, troubled family relationships or tendency to experiment. The time span between development of addiction and start of treatment is usually longer. The period of active drug use is associated with criminality, family problems and with the emergence of many health problems especially, which confirmed patients themselves.

As the interviews analyzed in this thesis suggest, most patients tend to start treatment repeatedly. Czech patients, who were treated in psychiatric hospital before entering therapeutic community, questioned the effectiveness of facilities like this and recommended method of treatment in therapeutic community Renarkon. According to their opinion, the most important aspect is feedback from others, sharing of different perspectives on a problem and feeling of fellowship.

Comparatively, patients from Peru valued coexistence with others, as well as spiritual form of treatment with medicinal plants. As mentioned, spirituality is one of the key factors of the treatment. Some informants even changed their agnostic view through using of medicinal plants and experiencing altered states of consciousness. However, not only faith represents motivation to heal.

The reason to stay in treatment is very similar in both centers, where cross-cultural research was conducted despite different fees for patients. In addition, difference is not only financial. The approach to the gender influences the effectiveness as well. While the treatment in Czech communities is mixed, Takiwasi is for men only. This fact is seen as advantage. Mixed community can direct their attention to women rather than treatment as reported by Takiwasi patients.

The aim to answer the question of the effectiveness of therapeutic communities has been completed based on content analysis of semi-structured interviews. Data were crumbled into 4 keys categories after transcription. Key categories of content analysis of Renarkon: Health Problems, Coexistence In Community, Spirituality and Reasons for Taking Drugs. The key categories of content analysis of Takiwasi were very similar: Spirituality, Coexistence in Community, Difference in Treatment between Men and Women and Paying Fees.

Comparison of both communities needed not only key categories. The second practical part included more categories, which were used for better comparison of TC in Peru and in Czech Republic. Informants expressed benefits of treatment in therapeutic community. Obviously, the

treatment in both communities differs by perception of spirituality, gender and way of the treatment (using of plants). Yet the essence of coexistence between patients plays a very important factor to eliminate addiction and thus prevent further impact on public health

## **10 Summary**

This thesis was about impact of drugs on public health with comparison of Czech Republic and Peru. Drug addiction is issue, which is widespread these days. Direct impact of drug abusing is connected with deaths caused by intoxication and spreading of HIV and hepatitis B and C, which was statistically supported in this thesis.

However, treatment can be different on the basis of culture. Czech therapeutic community Renarkon treated its inpatients through the western medicine based on complete abstinency. On the other hand, therapeutic community Takiwasi in Peru emphasizes the role of spirituality. Using different plants accompanied by altered states of consciousness hold the potential to heal on the physical as well as mental level and supported spirituality.

The aim of this thesis was question “Is the therapeutic community treatment effective as an option for reducing the impact on public health?” Hypothesis was answered based on qualitative research in small group of people. Data obtained were crumbled into several categories. Semi-structured analysis of interviews provided by 5 inpatients from both communities has confirmed this hypothesis. It is obvious that therapeutic community and coexistence with others is one of the best ways to deal with addiction even despite of cultural differences. Feedback from others, sharing of different perspectives on a problem and feeling of fellowship is seen as the most important feedback.

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