

The “Annexes” and “Farms”: Extreme Treatment Centers for Addictions in Mexico

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Abstract

The objective of the work is to describe what the “annexes” and “farms” are for the extreme treatment of addictions in Mexico: involuntary hospitalization, lack of attention from health professionals, clinical treatment given by former addicts, without further preparation. than his experience, violation of Human Rights, with frequent recurrence of violence.

A brief history of the origin of these centers is made, taking five points as a reference: The problem, the genesis of the problem, the social demand for psychiatry, the foundation of psychiatric hospitals in Mexico, and general conclusions. It is discussed how, with the appearance of leprosy in the Middle Ages in Europe, the stigmatization, isolation and confinement of patients in leper colonies far from the cities to avoid contagion originated.

It is narrated how, after the disappearance of leprosy, the use of leprosariums was maintained for the social control of other undesirable and pernicious individuals to public health and social order, such as syphilis, the insane, and others, as happened later. with drug addicts, beggars, etc., as well as those who would be a social threat.

It is shown that in these places of isolation and seclusion the birth of psychiatric hospitals and psychiatry is outlined, which would have as a social demand the treatment of those affected.

Drug treatment for these isolated and highly stigmatized beings gave rise to their medical prescription and the trafficking of barbiturates and other psychoactive substances. In the first case, the pharmaceutical industry was greatly benefited, while in another, it gave way to the strengthening of drug trafficking.

At present, in Mexico, in many cases, annexes and farms operate outside government control and without its supervision, which gives rise to extreme treatments, mentioned in the title of the work and whose effectiveness is highly questionable.

Keywords: Annexes; Farms; Isolation; Seclusion; Psychiatry

The Problem

One of the extreme forms of treatment for severe drug users that is practiced in Mexico is what is carried out in what are commonly called “Anexos” (located in urban areas), or “Farms” (located in rural areas), to which the chronic and acute consumer is taken against his will, generally by the family or others in the community [1] and who, generally, have previously undergone other types of less severe treatment, from medical, psychological, psychiatric, and even “oaths” (in the case of practitioners of the Catholic religion, the addict goes of his own free will or accompanied by his family, to a church to swear, before the Virgin, not to drink alcohol or any other type of drug, for a certain time).

The forms of treatment provided in such rehabilitation centers are far from being based on a scientific and humanistic basis and are also not provided by doctors or psychologists. There are no differences in degrees of dependency or the identification of other comorbid problems. Of course, there are no Human Rights of the people “incarcerated” there. The treatments are provided by rehabilitated former addicts (it is assumed; because they can also be infiltrated by organized crime or different cartels who finance them to recruit inmates as part of their groups and identify other users, identify outlets and hook others on drug use). Physical abuse and violence are the most common methods. They claim to be part of Alcoholics Anonymous, following the twelve-step program, but the World Organization of Alcoholics Anonymous, and its headquarters in Mexico, do not recognize any relationship with these centers. The reality, as will be seen later, is that they virtually operate by their own rules and clandestine “clinics” abound.

Since the 80s of the 20th century, the “Annexes” or “Farms” emerged as an opportunity for profit and a complement to the insufficient and inefficient work of the government to serve the addicted population, with low resources, to various narcotics, mainly alcohol, as it is the most widely used legal drug (in Mexico there are 7 million alcoholics). These centers, in order to be officially recognized, are supposed to comply with the following steps in order to become operational.

The federal Ministry of Health (Ssa) and the Federal Commission for the Protection against Sanitary Risks (Cofepris) are the agencies in charge of regulating and verifying the operation of addiction rehabilitation centers, known as annexes or farms, indicates Berruecos Villalobos [2].

In the operation of these places, more dependencies intervene, such as the Mayor’s Offices, or sectors in which Mexico City is divided politically and administratively. As the annexes and farms are supported by donations from the relatives of the inmates, they have to be registered with the Private Assistance Board, a necessary requirement so that the Ministry of Finance and Public Credit does not charge them taxes for the donations received, later the The Ministry of Health grants a permit and then Cofepris gives the endorsement for the activities to be carried out.

However, continues Berruecos [2], the Ministry of Health of Mexico City states that it is not its responsibility to regulate these centers or monitor them, and that this task corresponds to Cofepris. Despite the above, the federal Ministry of Health assured that it has no competence in the authorization of operation or supervision of compliance with the health regulations of establishments and affirmed that these tasks are the responsibility of the local authority.

“The official standard 028.SSA2-1999 for the Prevention, Treatment and Control of Addictions in which the conditions for the provision of this service in public and private establishments are indicated, issued by the Federal Ministry of Health and published in the Official Gazette of the Federation in 2002, states that establishments specializing in addictions that provide residential care must have the respective operating notice, as well as registration as a specialized institution with the National Council Against Addictions, with a general work program approved by said council specifying the medical and/or psychosocial treatment provided, based on scientific, social and ethical principles, and having internal regulations.

“Likewise¹, the document establishes that people who enter these centers must do so of their own free will, and must receive decent treatment, bring their clinical history, in addition to the fact that the patient must be accompanied by a family member or representative to whom it is due. Inform about the treatment and its duration, and that the patient can leave the place at the time he decides.

¹Textual extracts from the interview with the anthropologist Enrique Berruecos, in La Jornada, on December 5, 2009 [2].

“Berruecos Villalobos pointed out that personnel with the necessary training must participate in the treatment of people with addiction problems, that is, psychiatrists, psychologists and nutrition specialists, since it is normal for inmates to present high degrees of malnutrition.

“However, he said, “there are no people trained to deal with this problem, which is why these farms arise, because of the government’s inefficiency or lack of interest in dealing with these problems,” which is also shown, he added, in that Cofepris does not Check its operation”.

For his part, affirms the head of the National Commission Against Addictions (CONADIC), Gady Zabicky, of the around 2,800 rehabilitation centers that exist in the country, only 500 (17.8 percent) are duly registered, although many of them operate in an environment of opacity and lack of control, acknowledges the psychiatrist and addictologist [3].

Due to all these problems, these places are gradually becoming virtually out of government control and have been transformed into what are now largely “detention centers”, where their inmates are forcibly taken, usually by request or agreement. of their own relatives, to “rescue” them from their alcoholic or other addictions, through multiple forms of physical and psychological torture. There they live overcrowded and in unsanitary conditions [4].

The “annexes” or “farms” profit from drug users through fees contributed by the families of the sick. Beatings, illegal deprivation of liberty, humiliation, abuse of all kinds and even homicides and disappearances are frequent in these centers, due to the inaction of the authorities, while the signed acceptance of the consequences of the treatment of the patient by the family exempts them from legal responsibility. It is noteworthy that this phenomenon of annexes and farms occurs particularly in Mexico, even though in other “emerging” countries, such as some of Central and South America and in some Hispanic areas of the southern United States, it also seems to be happening.

Of course, there are also private treatment clinics, with all the medical and psychological services, in addition to the necessary therapeutic care, but they are only within the reach of a minority that is the one that can bear the costs of these services, while the social majorities, without sufficient resources, they have to go to the annexes or farms. It must also be said that private clinics correspond to different socioeconomic strata and therefore the quantity and quality of services, such as food, therapy, overcrowding, vary according to these levels; however, the violation of human rights is a constant.

How is it possible that these places exist at this time? Evidently they exist in the most dispossessed countries, with a high level of corruption of all kinds of authorities and civil society, which in exchange for perks tolerate their presence, and with a culture where alcoholics, and addicts in general, are considered a social scourge, at all social levels, even by their own families. More than as a disease, alcoholism in Mexico is seen as a vice. There are few organisms that consider it a disease and therefore entitled to treatment. Companies often fire people with this condition, particularly if it occurs at lower job levels. Only in a few institutions are they considered sick with the right to treatment.

Genesis of the problem

The existence of these “detoxification centers” has a long history that can be traced back to pre-Hispanic times in Mexico, where the consumption of different drugs, such as mushrooms and pulque (alcoholic beverage derived from the fermentation of maguey) was used in ceremonies and rites for religious purposes exclusively by the priests and authorities of the community and was prohibited for the people in general, except on certain dates. His abusive consumption (drunk) was severely punished [5]. That is, there were highly coercive forms of control for excessive and repeat offenders. There was, then, from those times punishment and marginalization (stigmatization) for those who carried out certain acts outside the law (not only drinking).

Later, the arrival of the Spaniards to American lands meant, in addition to the looting of natural resources, the evangelization of the aborigines and the conversion to Catholicism, with this the punishment for the worship of local gods and their destruction, as well as their culture, through the imposition of other religious values, another language and another legal system. The domination exercised by the Spaniards almost led to the extermination of the indigenous people and the submission of those who survived, who adopted the values, religion and language imposed, although maintaining their religious practices clandestinely (a practice known as syncretism).

The arrival of the Spanish coincides with the transition from the Middle Ages to modernity in Europe, which indicates that, to a great extent, the practices, beliefs, values and customs of that time were still being practiced, especially by the Spanish who they were among the last to arrive at the Renaissance. Thus, virtually those indigenous people who rebelled or did not conform to the new regulations, which included the prohibition of alcohol (pulque) and other types of herbal medicine for their ceremonies and rituals, were flogged, imprisoned, marginalized, and also killed. Coercion and stigmatization were still present, only now it was the Spaniards and not the indigenous people themselves who practiced it.

Around the same time, in Europe at the end of the medieval period, some classes of individuals were marginalized, for example, those suffering from leprosy², contagious venereal diseases, particularly syphilis, or some form of insanity³, as they represented a threat to public health and therefore a danger to the social order. Lepers, madmen and syphilis and some other types of diseases with an unknown cure, were the first marginalized and segregated because their disease was seen as a divine curse, due to their lustful and promiscuous customs [6].

These individuals were exiled and isolated to distant places, which generated their discrimination and social repudiation, not only from the upper classes, but from society in general. In Mexico, something similar happened since the pre-Hispanic era and during the Colony and in the present, not only in the aforementioned annexes and farms, but also with socially marginalized individuals, such as beggars⁴, with people who live on the streets, and others like the Central American and Mexican immigrants who beg for food or alms on street corners, the sex workers, victims of trafficking. The list is long; it can include the imprisonment and murder of political and environmental activists, etc.

Social demand for psychiatry

With the disappearance of leprosy in Europe, leper colonies did not disappear, but were used as institutions of power for social control. We have mentioned the process before. Cultural changes are taking place over time, but, says Foucault, the forms of segregation and social

²For the analysis that we intend to undertake, we need a few minimal words about leprosy. The most obvious complications of leprosy to the naked eye are disfigurement, deformity and disability, either by neurological compromise or blindness. However, during the Middle Ages thought that lepers became ill as divine punishment for lust and promiscuity. Lepers were isolated and their property, if any, was confiscated. Leprosy continued to be stigmatizing for centuries and even today, along with AIDS patients and other diseases or sexual preferences, for example.

³Until the end of the 19th century, madness was understood as a certain type of behavior that rejected social norms; that is, the deviation from the norm (delirare, from the Latin, meaning deviated from the groove, due to a mental imbalance identified with the performance of strange and destructive acts). For this reason, the insane must stay away from their social environment.

⁴In Mexico, in 1930, the Chief of Police declared that beggars had besieged the city and that it had to be cleaned up. Those who practiced begging in the streets had to be stopped. Begging should be considered a crime in all cases, or be sentenced to three years in prison. Currently, police abuse, gender discrimination or sexual preference - together with begging - are a constant in this population [7].

separation persist. The appearance of internment was a creation of classicism similar to the segregation of lepers during the Middle Ages. The internment or confinement, as then, continued and continues to have political, social, economic, moral, etc. meanings. The internment, says Foucault, allows us to presage the appearance of the psychiatric hospital. Mental illness, which at the time became the object of medicine, gradually became the mythical illness of the legally incapable subject, and of the man recognized as the group's disturber. This is also the moment of birth of a psychiatry that aims to treat the insane as a human being, without neglecting political, social and moral control.

Foundation of psychiatric hospitals in Mexico

These forms of political control, which were practices since pre-Hispanic times in Mexico, we have already seen, were perfected during the Colony and later, in the independence period. Clinics for the cure of mental illnesses and those related to addictions have existed in Mexico City since colonial times [8]. The founder of the first hospital of this nature was Fray Bernardino Álvarez, in the 16th century, who bore the name of Hospital de los Inocentes, also known as Hospital de San Hipólito. It was not only the first Latin American psychiatric hospital, but in the world in general.

A century later, a carpenter named José Sáyago He began to lodge in his house some mental patients who, due to the lack of attention and care from families and society, wandered the streets in search of food and a roof over their heads. After the efforts of José Sáyago, the Archbishop of Mexico, Francisco Aguilar y Seijas, decided to support it by installing it in front of the church of San Pedro and San Pablo, where they remained until the year 1700, when the Congregation of the Divine Savior stayed on the street. from La Canoa, giving its name to the hospital.

The eighteenth century passed without major changes in the country in terms of psychiatric hospitals, both the San Hipólito and La Canoa functioned under the Order of the Hipólitos until it was abolished and its administration passed into the hands of the City Council; however, some exclaustrated religious continued to care for the mentally ill until 1853 [9].

After 344 years of existence of the asylum of San Hipólito and 210 years after the Canoa asylum, the government of Porfirio Díaz decided that, as the first act of the celebration of the Centenary of Independence festivities, and two months after the outbreak of the Mexican Revolution, which would remove him from his position, it would inaugurate on September 1, 1910, the Castañeda General Asylum, to which patients of both sexes from the old hospitals would be transferred.

Known as the golden age of the Porfirio Díaz regime, during the last twenty years of the 19th century a large number of urban projects of all kinds arose, through which Porfirio Díaz showed the modernizing character of his regime. However, the accelerated pace of modernization led, among other things, to the expropriation of rural land and, consequently, to the migration of large numbers of poor and dark-skinned peasants to Mexico City, who would become a source of concern as their ethnic characteristics, class origins and lifestyle not only did not match the modernizing purpose, but also constituted a social threat.

One of the risks involved in this ethnic and racial invasion of the city was the fact that drug use, such as alcohol or marijuana, was common [10]. The aim was then to identify and control potentially dangerous individuals, these being mainly criminals, prostitutes, alcoholics and the mentally ill [11].

At this historical moment, the ecclesial charitable institutions functioned as charity hospices (which was still a form of confinement), while the Porfirian ones did so through seclusion. Therefore, to avoid bad social influences, the psychiatric hospital would be built away from populated areas, as a way of separating reason and madness, to avoid the possibility of contagion. Preserving the order and progress of society, fundamental values of Porfirism.

The La Castañeda asylum was built in the old Hacienda of the same name, to the southwest of the city, operating until 1960, when its effectiveness was questioned and it was closed due to therapeutic procedures: baths with ice water, infections, malnutrition, physical mistreatment of inmates. At that time, the person in charge of the General Directorate of Neurology, Mental Health and Rehabilitation, Dr. Manuel Velasco-Suárez, created the Institute of Neurology.

Since he was also responsible for “La Castañeda” had the initiative to transfer a small group from that dependency to the Hospital - Granja Bernardino Álvarez, located south of the capital in the then distant town of Tlalpan, where there were already a couple of hospitals dedicated to mental health, such as the “Psychiatric Hospital of Mental Illnesses” by Dr. Alfonso Millán, opened in 1938. The psychiatric clinic closed its doors in the 1970s. The other clinic, San Rafael, also dedicated to psychiatry, began to be built in 1945. It belonged to the Religious of San Juan de Dios and was dedicated to the care of patients with mental illnesses. In mid-2012, the San Rafael Clinic was closed.

The National Institute of Neurology and Neurosurgery Manuel Velasco Suárez. It was inaugurated in 1964 on the grounds of the Granja Bernardino Álvarez Hospital. This farm, years ago, served as a boarding school for mentally weak children and adolescents, and currently houses the National Institute of Neurology, treats and interns mental patients discharged from the Institute and who have not been discharged by their relatives. In addition, on these grounds there is a school for mentally weak adolescents [12].

Finally, the Ramón de la Fuente Muñiz National Institute of Psychiatry was conceived by its founder as an institution capable of transforming a new way of understanding mental illness based on research, the translation of scientific findings into programs, into best practices for disease prevention, in the care of people who become ill and in recommendations for public policies; An important part of this effort has been the training of mental health professionals. The Institute’s antecedents are the Mexican Center for Drug Addiction Studies (CEMEF), created in 1972 in order to address preventive, curative and rehabilitation aspects related to drug addiction. This program of good intentions does not abandon the idea of mental illness that focuses on the individual, although preventive mental health policies are formulated, centered on the person, rather than on the social context.

Conclusion

The previous paragraphs do not pretend to make a history or apology of the psychiatric hospitals of Mexico [13,14]. Conversely, the central argument of the work consists in affirming that the psychiatric hospitals (at the institutional level or supported by private capital), or the annexes or farms (aimed at the less favored classes) in Mexico and in many parts of the world, represent the extension of the institutions of political power and social control through seclusion, isolation and medication. Although it is said that there are currently scientific advances and medications for the cure of mental illnesses and pharmacological treatments for addictions (some drugs to quit other drugs), however, the institutions of political power have been in charge of keeping the addict, the insane, and marginal individuals as responsible or guilty of their “illness”, continuing as a danger to public health or social order, so they must be isolated or confined and, currently, medicated to solve the physical-mental problems with which your body reacts to the social circumstances of your world. Even the World Health Organization predicts that within a few decades depression will be one of the main diseases and cause of death. The pharmaceutical industry has widely benefited from these health policies, which place the cause of the problem in the individual (later we will see how a quarter of the medications prescribed for depression or anxiety problems are medically prescribed to the lower-income class) and they promote the consumption of drugs without many problems with the authorities of the countries, and in Mexico, since they share ideologies and political and economic interests [15,16]. A critical view of the problem is provided by anthropologist and psychotherapist James Davis⁵. From this point of view, it is said [17] that, despite the enormous increase in the consumption of psychotropic drugs, mental illnesses do not stop rising. This is because we have taken an approach that medicalizes and overmedicates understandable human reactions to the difficult circumstances we often face.

⁵Excerpts from the interview with James Davies [18].

Davis says: “Since the 1980s, the mental health sector has evolved to serve the interests of today’s capitalism, neoliberalism, at the expense of people in need. And that explains why mental health outcomes haven’t improved over that time period: because it’s not about helping individuals, it’s about helping the economy.

“From the point of view of neoliberalism, the current over-medicalization approach works for several reasons: first, because it depoliticizes suffering, it conceptualizes suffering in a way that shields economics from criticism. We see an example in the dissatisfaction of many workers. But that dissatisfaction, instead of giving rise to a debate about the poor conditions of modern working life, is addressed as something that is wrong within the worker, something that needs to be confronted and changed.

“It is about reducing suffering to an internal dysfunction, to something that is wrong within us, instead of seeing it as a reaction of our organism to the bad things that are happening in the world and that need our attention and care. People with the worst economic conditions, those most affected by unemployment and poverty, are the ones who are prescribed the most psychoactive drugs.

“The circumstances you find yourself in determine your state of mind. But instead of focusing on those circumstances through political reforms, what we do is medicalize the problem and think that we can treat it in clinics and health centers. That has been the main problem for the last 40 years, the arrogant idea that through a pill we can solve problems that are not rooted in neurochemistry, but in the world. And, ultimately, it is political reforms that we have to think about if we want to solve that problem.

“There have been powerful industrial interests that have supported the over-medicalization of everyday life. That has been very good for the pharmaceutical industry, because the more people that can be classified as mentally ill or mentally disturbed, the bigger the market for products that appear to solve the problem.

“It is about reducing suffering to an internal dysfunction, to something that is wrong within us, instead of seeing it as a reaction of our organism before the bad things that are happening in the world and that need our attention and care.

“If psychiatry does not recognize to what extent it is an accomplice of a system that harms, it is itself harming. Psychiatry can evolve, see to what extent it is complicit and can change. Psychiatry is a social institution that by nature is not harmful, it all depends on how it operates as a social institution. And at this time as a social institution, and given what it privileges, I would say that in many cases it is doing more harm than good”.

Up to this point, the history of the way in which the isolation and seclusion of individuals is dangerous to the social order has been reviewed. As Davis reveals, to a large extent their emotional or psychological problems in general can be a reaction to an aggressive social environment that weighs the economy over people, who enter into a dynamic that generates diseases such as depression or addictions. In these cases there is a tendency not to think that it is the system that has generated that anxiety or addiction, but rather that these are an indicator of a personal failure [19].

The prescription of drugs masks the origin of the problem and reinforces the social order. One of the consequences is that these drugs make people dependent, causing a large number of overdose deaths. Depression, anxiety, addiction, are characteristics that, in turn, justify imprisonment and generate illegal trafficking, clandestine consumption and the apparent punishment of the trafficker and the addict. It is for all these reasons that psychiatric hospitals, and psychiatry, are the historical heirs of the tradition that began in the Middle Ages in Europe, with leper colonies and the isolation of lepers, as well as the stigmatization of the mentally ill and addicts. However, the real reason, says Paz [20] about the condemnation and its severity, is not so much the repression of a reprehensible practice or a crime, but a dissidence that spreads: “the prohibition takes the form of a fight against a contagion of the spirit, against an opinion. The authority manifests an ideological zeal: it pursues a heresy, not a crime” (p. 105). Behind the imprisonment of the undesirable and the prohibition of drugs there is a political project, a crusade, for the protection of the social system and the punishment of dissidence [21].

While this document was being prepared, the Chamber of Deputies of the Mexican Congress approved a series of reforms to the General Health Law to “guarantee universal, equal and equitable access to mental health and addiction care, in addition to providing the disappearance of inpatient psychiatric hospitals, and not building one more, to gradually become outpatient centers or general hospitals” [22].

The project establishes that mental health care must be provided with a community approach, recovery and with strict respect for human rights. According to the ruling, everyone has the right to enjoy the highest attainable standard of mental health, without discrimination based on ethnic or national origin, skin colour, culture, sex, gender, age, disability, social, economic, health or legal status, religion, physical appearance, genetic characteristics. To guarantee access and continuity of mental health and addiction care, outpatient primary care establishments and psychiatric services should be available in general hospitals, highly specialized regional hospitals, and national health institutes [22].

The proposal seems to be very attractive and necessary for the current conditions of the people to whom it is addressed: the mentally ill and addicts. But it can be seen that both types of population appear, once again, in the same drawer. It is no longer necessary to say that they are not the same population, they are different and have specific needs, although historically they have been stigmatized and marginalized. Equalizing them in terms of access to treatment and Care Centers implies maintaining the ideology and values that have been present since the leper colonies. There seems to be a change when it is said that general hospitals will be the ones in charge of their treatment, which will be outpatient. However, the problem appears related not only to the budget (which will not be increased) and to the (in)sufficiency of specialized health personnel and the lack of medication for those who have been consuming it. In addition, this law proposal seeks to eliminate internment, but in cases in which the patients present the need for specialized care, it would now be the relatives or those who take care of them who will do so, even when in many cases they are the ones who have gotten rid of them, have abandoned them. It also ensures that the human rights and attention to these populations will be respected, without conditions of race, ethnicity, beliefs, sexual preferences, etc. But these factors have not managed to be banished in the treatment among the population of our country. Finally, if the annexes and farms operate without legal supervision and with the characteristics that we have already seen, how is that law going to be enforced? On the other hand, there are several proposals for laws that the Chamber of Deputies passed to the Senate, such as the one related to the weight of legal possession for the personal consumption of marijuana, during the previous government, or, in the present, the proposal related to regulation of marijuana, both remain legally stalled. Thus, the stigma of drug users, misnamed “addicts”, persists. Another measure that has been taken during the current government is that surveys on the use of drugs in the Mexican population will no longer be carried out, which began by the Ssa in 1998, the most recent being that of 2016 - 2017.

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