

# Homelessness in Medellin: towards a public policy for the integral treatment of homeless people with severe mental illness and substance abuse disorders.

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## Conceptualization and problem description

Professor Peter H. Rossi describes homelessness as not having customary and regular access to a conventional dwelling<sup>1</sup>. In Colombia, this subject is regulated by the Law 1641 (2013) which defines homeless as a person that regardless of sex, race or age, makes the street his/her dwelling place, either permanently or temporarily and has broken ties with his/her family. In the same context, the relational synergies between homeless people and the general public refers to the term *habitability in the street*<sup>2</sup>.

Although the subject has been studied worldwide, there is lack of academic research within the Latin-American region, with few good practices recognized (e.g. the case of Chile described by Cohen and Gómez, 2005). However, most findings such as those by Minnery and Greenhalgh (2007), suggest that three main pathways into homelessness have been identified: a) as the result of a housing crisis; b) as the result of a family or relationship breakdown (particularly involving domestic violence); and c) as a transition from youth to adult homelessness<sup>3</sup>.

According to the Municipality and the University of Antioquia, there were 4,299 homeless people in 2009 in Medellin, out of which 918 were institutionalized and 3,381 were in the streets<sup>4</sup>. This population was confronted with lack of available places for their attention and treatment, an integral system for preventing and attending this phenomenon, and a solid legal base to treat them since it was all founded on goodwill. Furthermore, as suggested by Professor Marta Correa in her characterization of homeless people in the Western part of Medellin (2007) “there (were) no adequate resources to output both uprooting and to address such complexity of simultaneous problems”<sup>5</sup>.

This situation exacerbated in 2013 when the National Government instructed local administrations and the Police to demolish all “dens of vice”, consisting in privately owned houses used for the permanent selling and consumption of illegal substances. A total of 73 were destroyed in Medellin, leaving 606 drug-addict-street-dwellers, with high probability of mental disorders, first wandering throughout the city and then locating along the river borders and downtown. This caused astonishment and stir among citizens who asked for immediate solutions, however, and knowing that the problem could not be addressed through single-focus initiatives; the Municipality built an approach in which rehabilitation, re-socialization, and social inclusion could be accomplished.

## The approach taken

As shown by Medellin’s Secretary of Inclusion (2009) “the most present disabilities in homeless people are mental illnesses (...) and the use of psychoactive substances where a prevalence in young adults

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<sup>1</sup> Rossi, Peter H. *Down and out in America: The origins of homelessness*. University of Chicago Press, 1991. p10.

<sup>2</sup> Ley 1641 de 2013. Por la cual se establecen los lineamientos para la formulación de la política pública social para habitantes de la calle y se dictan otras disposiciones.

<sup>3</sup> Minnery, John, and Emma Greenhalgh. "Approaches to homelessness policy in Europe, the United States, and Australia." *Journal of Social Issues* 63.3 (2007). p644

<sup>4</sup> Encuesta de Población En Situación de Calle, CEO. Municipio de Medellín 2009.

<sup>5</sup> Correa, Marta Elena. "La otra ciudad-Otros sujetos: los habitantes de la calle." *Trabajo Social* 9 (2007). p42

exists, since 90% of them declared being consumers of illegal psychoactive substances<sup>7</sup>. This dual pathology links the population to illegal and unhealthy behaviors and to a street lifestyle affecting their integrity. With this in mind the Mayor's Office gathered the actors involved with the issue, creating a working group to define the best path to guarantee people's mental recovery while protecting their rights. The route proposed and implemented was regulated through the Decree 1500 (2014) and consisted, alongside the strengthening of the pre-existing homeless care system, in:

- a) The creation of Life Protection Centers, responsible for protecting those who under state of intoxication do not have the capacity to self-determination, risking their lives and that of others. In these Centers homeless people have medical, psychological, social, and legal assistance. When presenting acute states of intoxication or dual pathology diagnosis, they are referred to the rehabilitation care model at HOMO or CARISMA<sup>10</sup> where they initiate the rehabilitation and re-socialization process which can take up to 12 months depending on the subject's evolution<sup>11</sup>.

The process comprehends three phases: 1) *stabilization*, seeking to decrease and control the discomfort produced by the physic and physical abstinence and, through therapeutic and pharmacological interventions, nuance the behavior of searching the substances; 2) *emotional regulation*, in which the subject starts to structure some consciousness about himself by acquiring new adaptation habits emphasizing in autoregulation and cohabitation; and 3) *training towards social and family re-insertion*.

- b) The creation of the Casa Vida Project as a strategy to eradicate the commercial sexual exploitation of children and adolescents thus giving life to a former initiative from the group against Commercial Sexual Exploitation of Children (CSEC) and within the context of the Public Policy for Children and Adolescents.
- c) The strengthening of the Multimodal Care Project for homeless children and adolescents, growing from 100 to 206 seats and achieving zero inhabitancy in the streets for children under 10 years old<sup>12</sup>.
- d) The Creation of the Elderly Abandon Prevention Project generating the first emergency center for the elderly in the country with mobile care on the street, 24-hours care center, social dormitory, and family return. Furthermore, with the Center for the Protection of the Homeless Elderly a place was created (rehabilitation farm) to dignify and restore the rights of this population within a protective environment.
- e) The creation of a Public Policy<sup>13</sup> to guarantee, promote, protect, and reestablish the rights of homeless people in Medellin as well as achieving integral care, rehabilitation, and social inclusion.

This Public Policy focuses on three aspects: 1) *personal*, the cessation of street behavior and attention to physical and mental health needs and social determinants; 2) *family*, restoring links and restructuring support networks; and 3) *community*, qualification of community leaders having direct involvement in the integral care of street dwellers.

Moreover, an inter-institutional committee was established to design, accompany, and monitor an eight-year strategic plan including population characterization, priority actions, and the development of the Public Policy's strategic lines, indicators, and financing. This strategic

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<sup>7</sup> Encuesta de Población En Situación de Calle. Op. cit.

<sup>10</sup> HOMO (Mental Hospital of Antioquia), CARISMA (Integral Care and Rehabilitation Center in Mental Health of Antioquia).

<sup>11</sup> Law 1309 (2009) dictates that people with mental disabilities will enjoy absolute freedom, unless their detention due to their disability, is essential for the patient's health and therapy or for the tranquility and public safety (Art. 20).

<sup>12</sup> Data from the Municipality of Medellin. Available at: [https://goo.gl/eEwB9f]

<sup>13</sup> Approved by the Medellin City Council on October 17<sup>th</sup>, 2015.

plan must be included within the next Administrations' Development Plans, thus guaranteeing its fulfillment beyond political will.

All of the above was achieved with the active role played by the Police that, through 112 rescue, protection, and recovery operations from 2014 to 2015 assured that most of the street dwellers coming out of the “vice dens” and others with dual pathology were inserted into the Integral System for Life Protection, as defined by the authorities.

In November 2015 the Municipality revealed the figures of a new characterization of homeless people in Medellin: 2,966. From these, 1,330 were in the streets and 1,636 were institutionalized; within the latter, 560 were in one of the phases of rehabilitation and re-socialization and 440 had successfully graduated the program, which was awarded and recognized by the Presidency of the Republic as a good practice in December 2015.

### **Conclusions**

The interventions made by the Police and the Municipality in the “dens of vice” revealed a reality for years unattended, however, the greater challenge laid on the appropriate approach to solve the situation while progressing from immediate superficial measures (e.g. induce homeless displacement to non-visible places) to long term solutions focused on the improvement of their human conditions.

As stated by Minnery and Greenhalgh “Good practice policies and programs involve combinations of prevention, early intervention, crisis intervention, and long-term support strategies aimed at facilitating independence”<sup>14</sup>. In the case of Medellin, this was achieved through an integral approach which proved effective: the articulation of the different secretaries within the Administration, decentralized entities, and NGOs in order to protect, preserve, and guarantee the life, honor, and dignity of all homeless people historically exposed to risk factors such as domestic violence, intra-urban displacement, sexual exploitation for commercial purposes, crime (e.g. micro-trafficking, robbery, extortion, homicide), labor exploitation, substance use, social exclusion, rejection, among others. Nonetheless, and as experienced in Medellin, there is an urgent need for the implementation of prevention programs and campaigns aimed to educate and hinder substance abuse, recognized as a direct gate towards illegality and a new type of homelessness that could carry long term physical and psychic damages, especially within the younger population.

Although the system still lacks a series of indicators to measure its effectiveness in the long term (e.g. the graduates' successful insertion into the labor market) which have to be included within the eight-year-strategic-plan, the steps already taken by Medellin in the treatment of homeless people can be seen as a beacon of hope for the strengthening of a national policy on the issue and thus opening valuable discussions such as the need of a National Agency for Homelessness. Furthermore, this certainly serves for the exchange of good practices both national and worldwide, where some of the approaches do not take into account people with needs beyond dwelling such as those with dual pathology.

Finally, continuity in the provision of services for the homeless regardless of the Administration in office must be guaranteed, therefore sufficient investment needs to be assured and demanded by the civil society and non-governmental actors. Only with strong and continued focus on the issue now, will Medellin be able to eradicate these problems in the future and redistribute the budget allocated to this laudable mission to other social and public aspects.

Word count: 1,489

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<sup>14</sup> Minnery, John, and Emma Greenhalgh. Op. cit. p645

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