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PUBLIC POLICIES FOR PREVENTION AND INTEGRAL CARE OF DRUG USE IN MEXICO

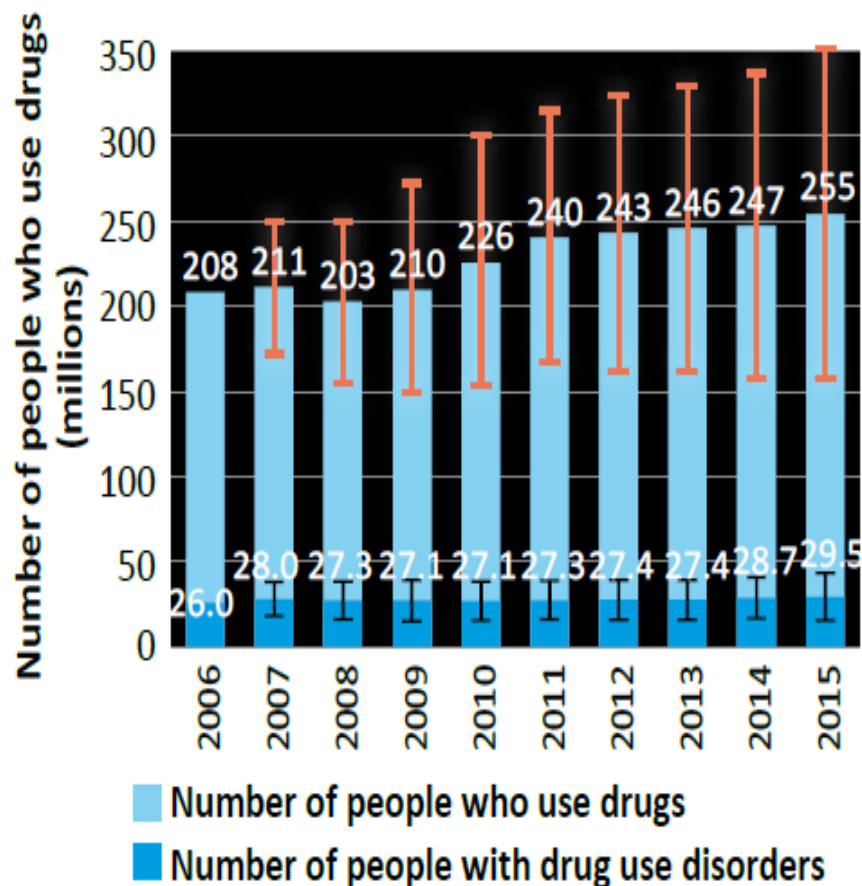
Public Policies for Prevention and Integral Care of Drug Use in Mexico

Dr. Manuel Mondragón y Kalb
National Commissioner Against Addictions

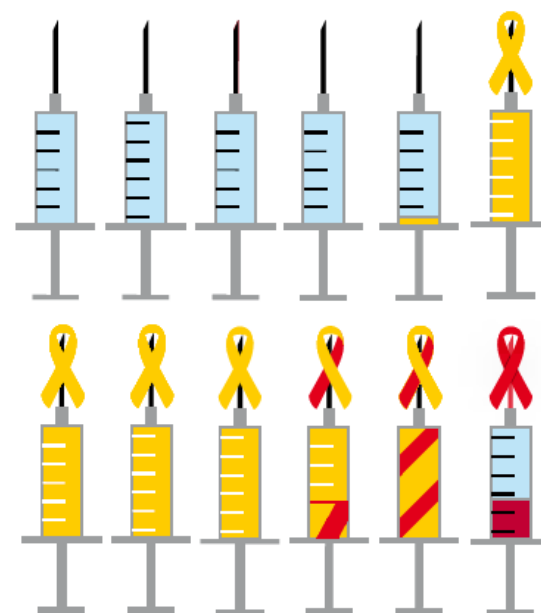
63° Regular Session
CICAD|OEA

April, 2018

Number of people who use illicit drugs and people with drug use disorders worldwide



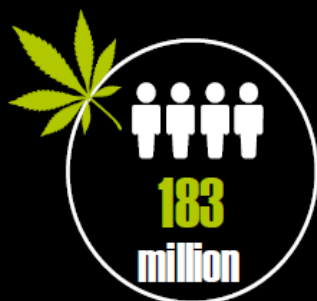
12 million people inject drugs



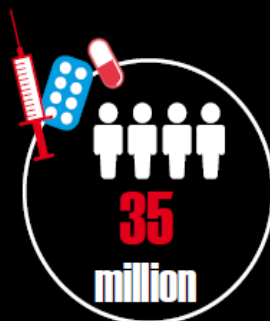
1.6 million people who inject drugs
are living with HIV

6.1 million are living with hepatitis C

Number of past-year users in 2015



cannabis



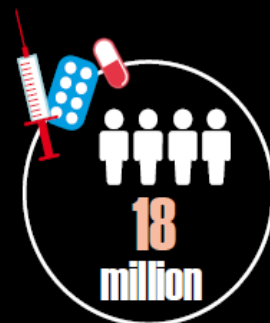
opioids



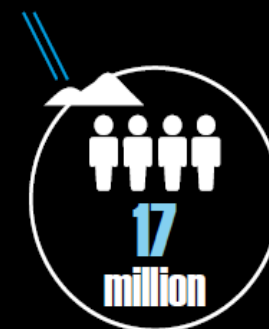
**amphetamines &
prescription stimulants**



"ecstasy"

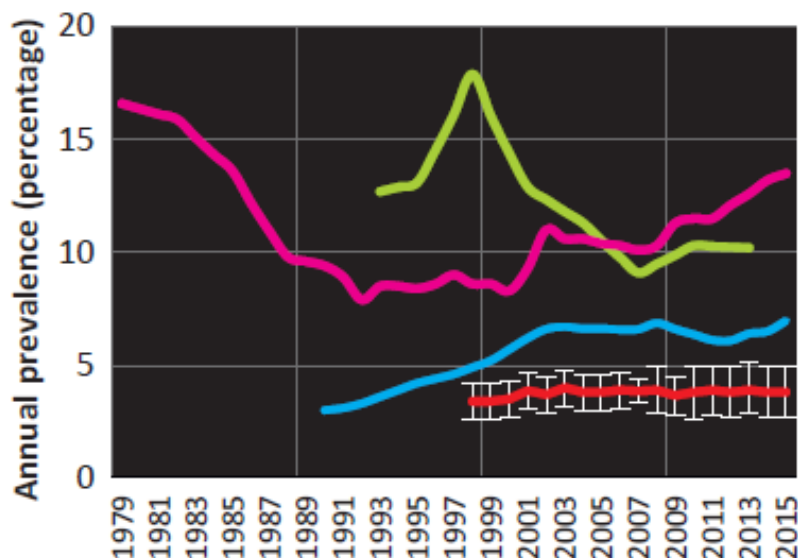


opiates



cocaine

Annual Prevalence of Cannabis Use



Cannabis Consumers :
183 million (3.8% of world population)

- **European Union: 5.2%**
- **Australia: 10.3%**
- **USA: 13.5%**

European Union : population 15-64 years

Australia: population 14 years of age and older

USA: population 12 years of age and older

Global: population 15 – 64 years old

National Panorama



EARLIER AGE OF ONSET

**LOWER RISK
PERCEPTION**



**NEW PSICOACTIVE
SUBSTANCES**

**MORE DRUG
AVAILABILITY**

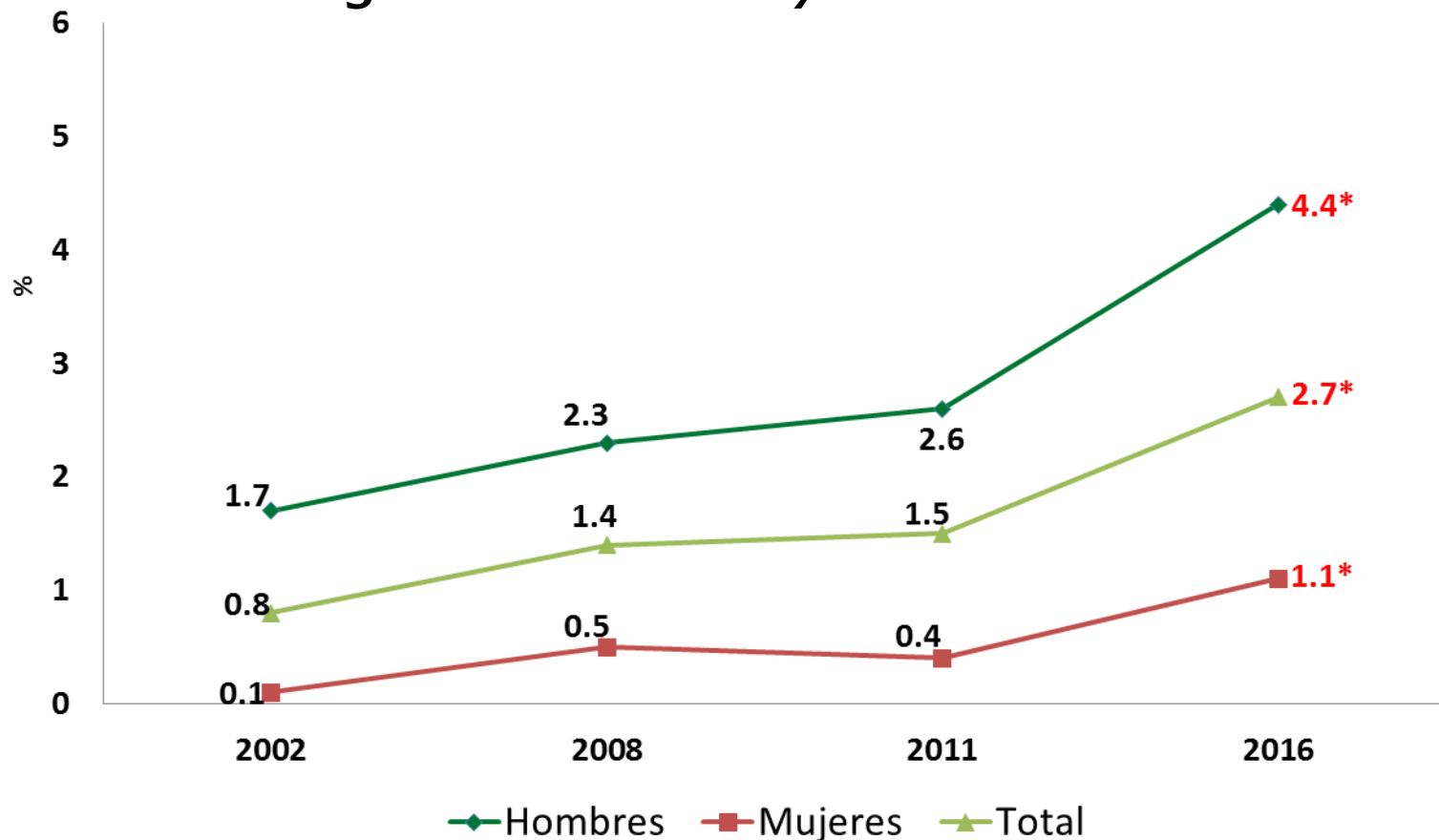


**GENDER PARITY IN DRUG
USE AMONG WOMEN
AND MEN**

Illegal Drug Use within last year

Population of 12 to 65 years of age

Drug use within last year increased 90%



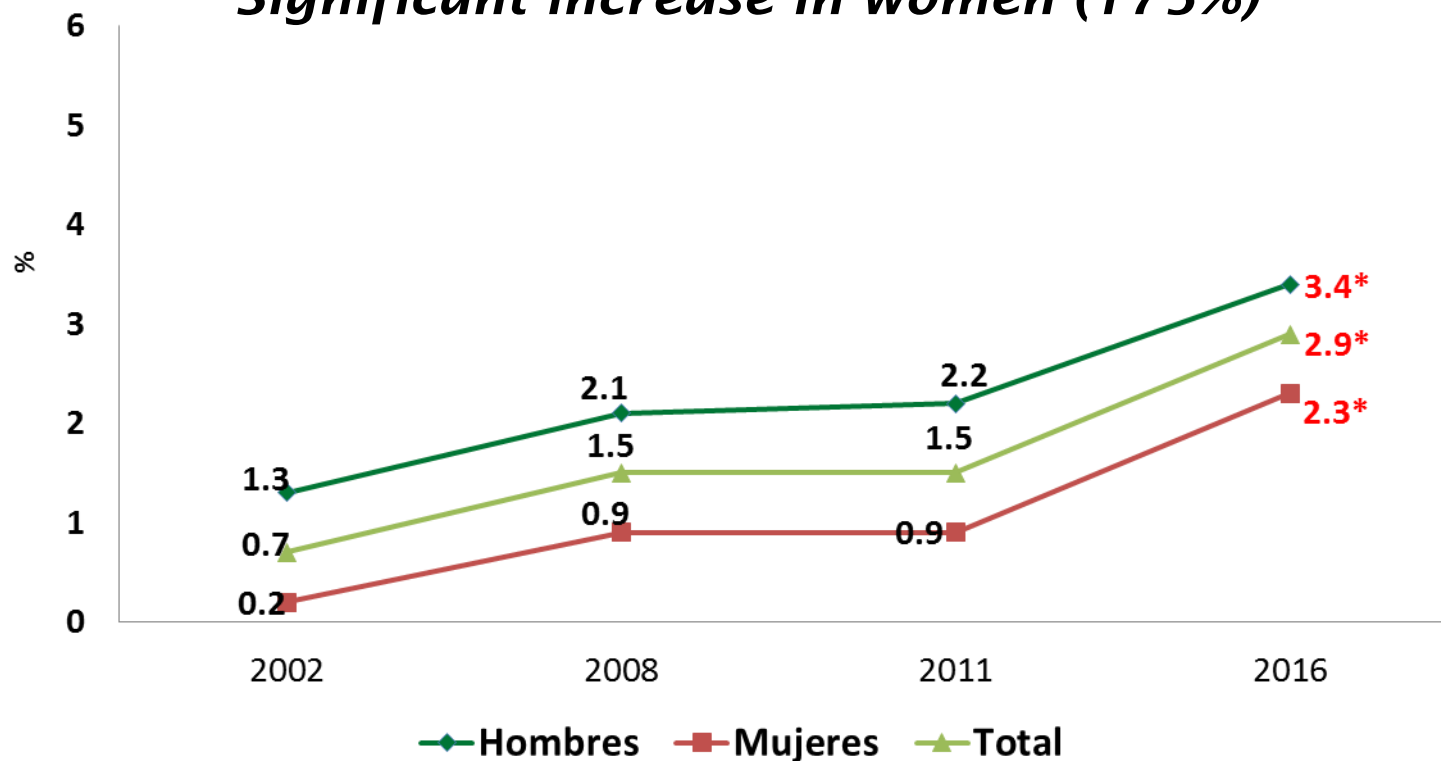
* Statistically significant increase from 2011 to 2016.

Illegal Drug Use within last year

Population of 12 to 17 years of age

Illicit drug use in teenagers increased 99%

Significant increase in women (175%)

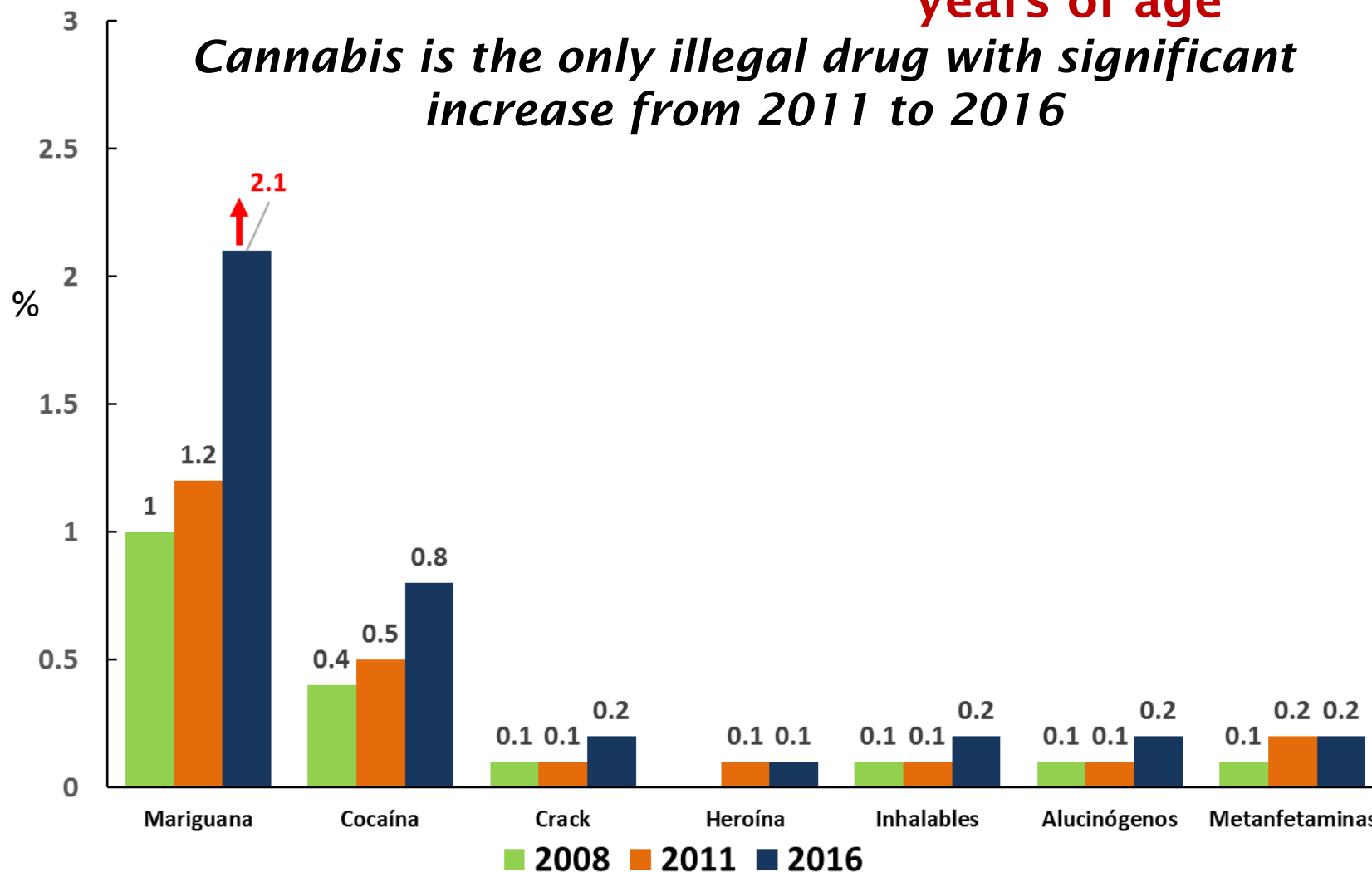


* Statistically significant increase from 2011 to 2016.

Illegal Drug Use within last year

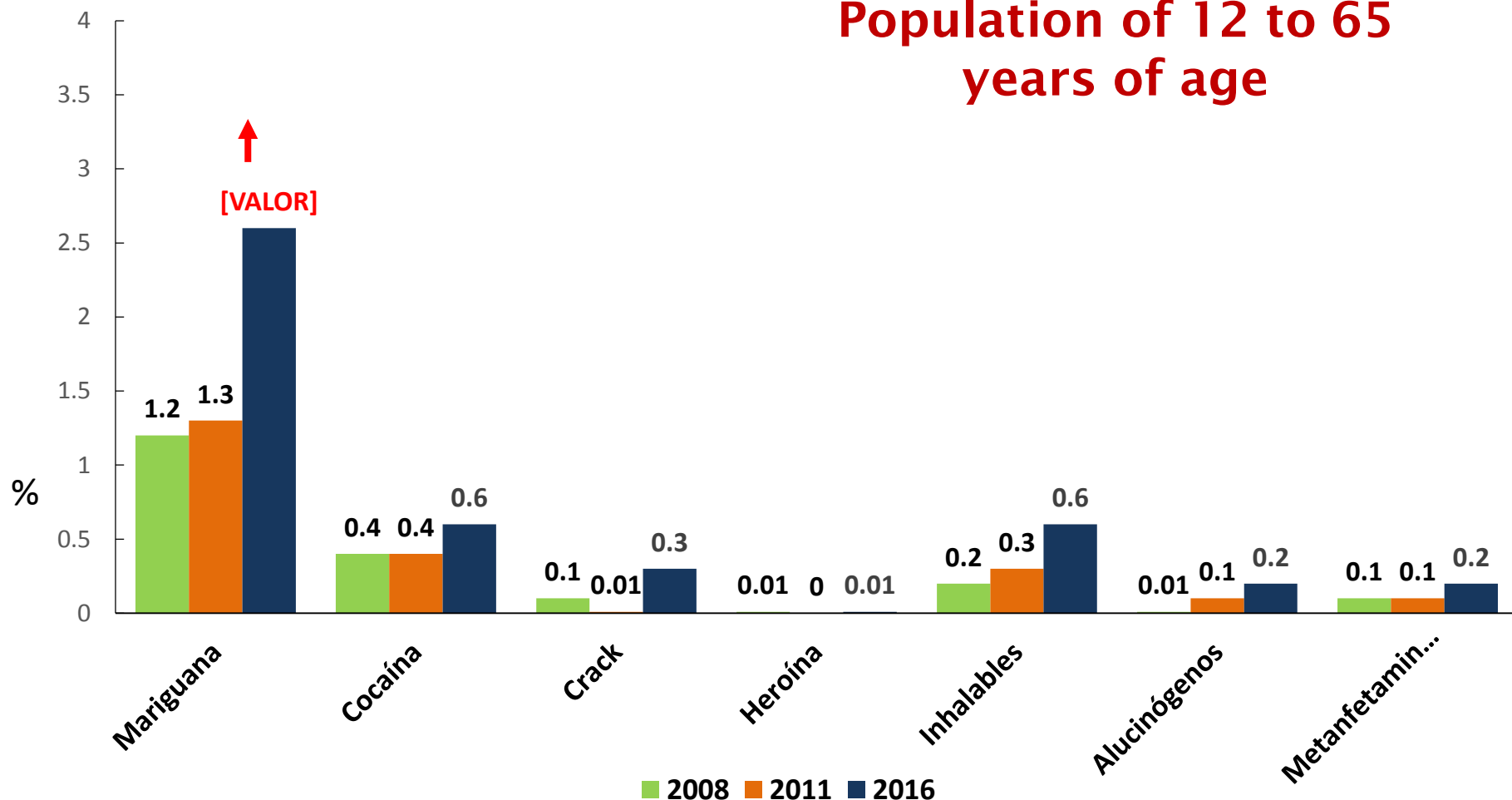
Population of 12 to 65 years of age

Cannabis is the only illegal drug with significant increase from 2011 to 2016



Illegal Drug Use within last year

Population of 12 to 65 years of age

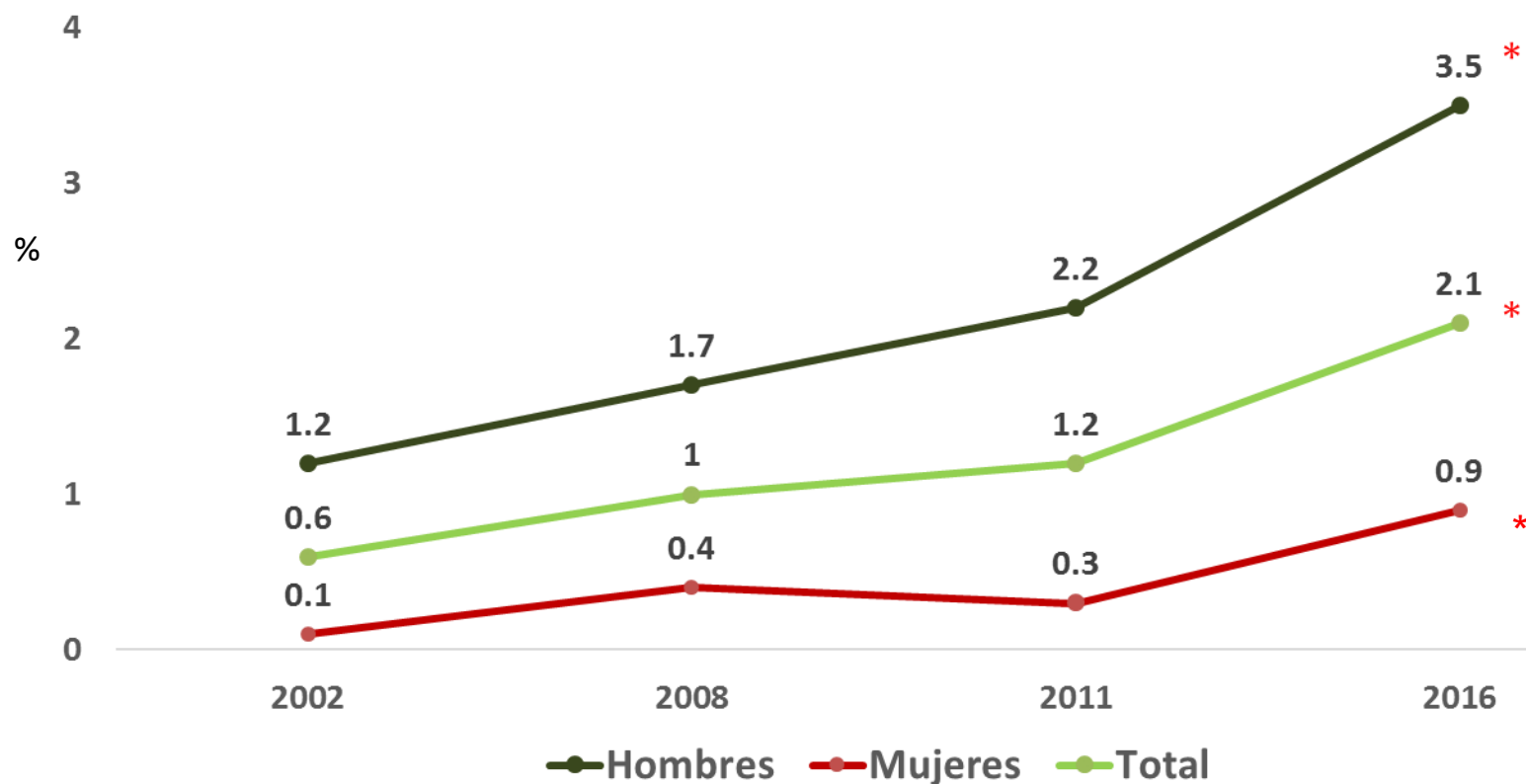


- Cannabis use increased significantly from 2011 to 2016.
- Crack and inhalants use increased but not significantly.

Use within last year CANNABIS

**Population of 12 to 65
years of age**

*Cannabis use in population of 12-65 years of age
increased 89%*



* Statistically significant increase from 2011 to 2016.

Consumption During Last Year - COCAINE

Population from 12 to 65
years

Cocaine consumption has remained stable from 2011 to 2016

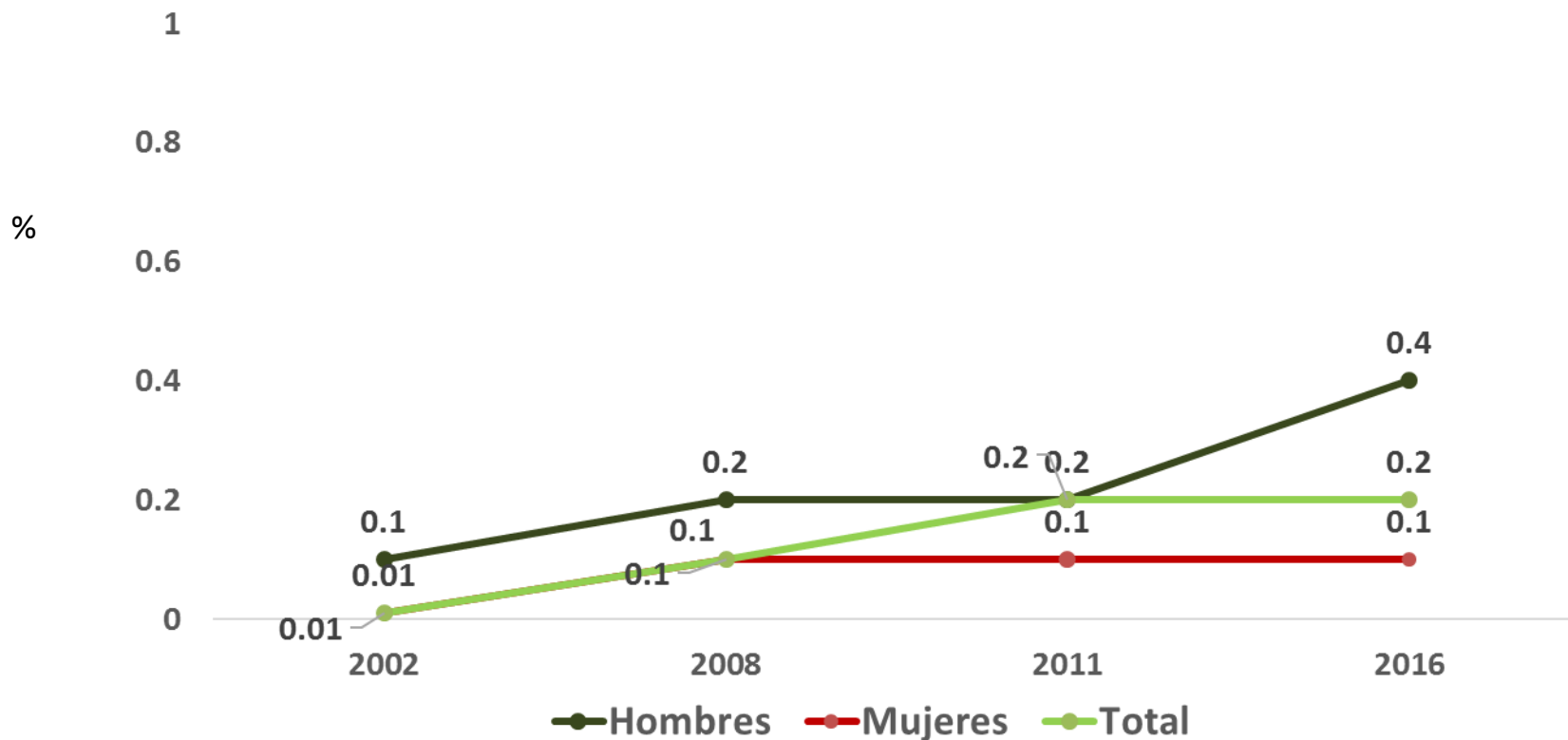
**Significant increase from 2008 to 2016 (from 0.4% to 0.8%)*



Consumption During Last Year - ATS

Population from 12 to 65
years

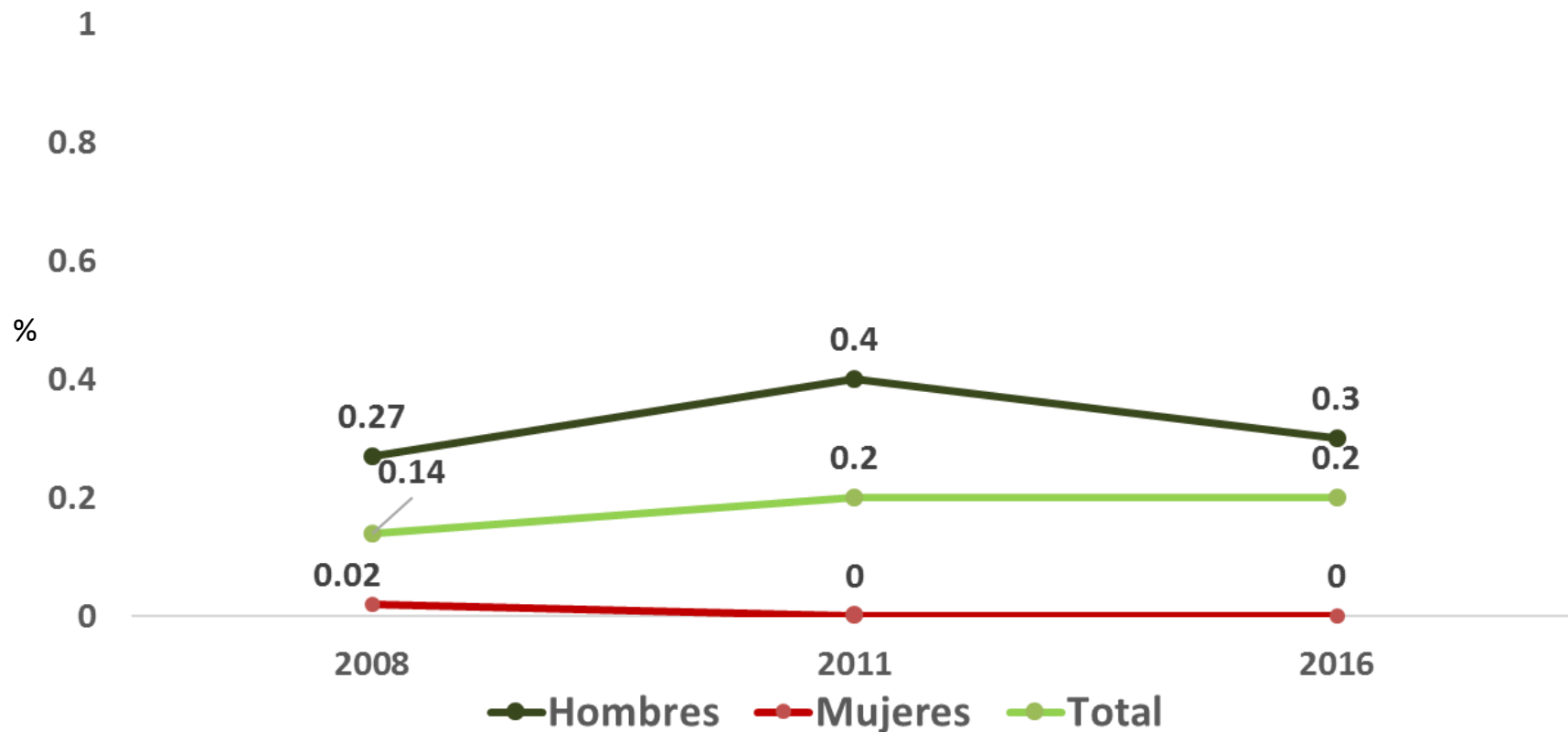
*The consumption of Amphetamine-Type Stimulants
remains stable, below one percentage point.*



HEROINE Consumption “Once-in-a-lifetime”

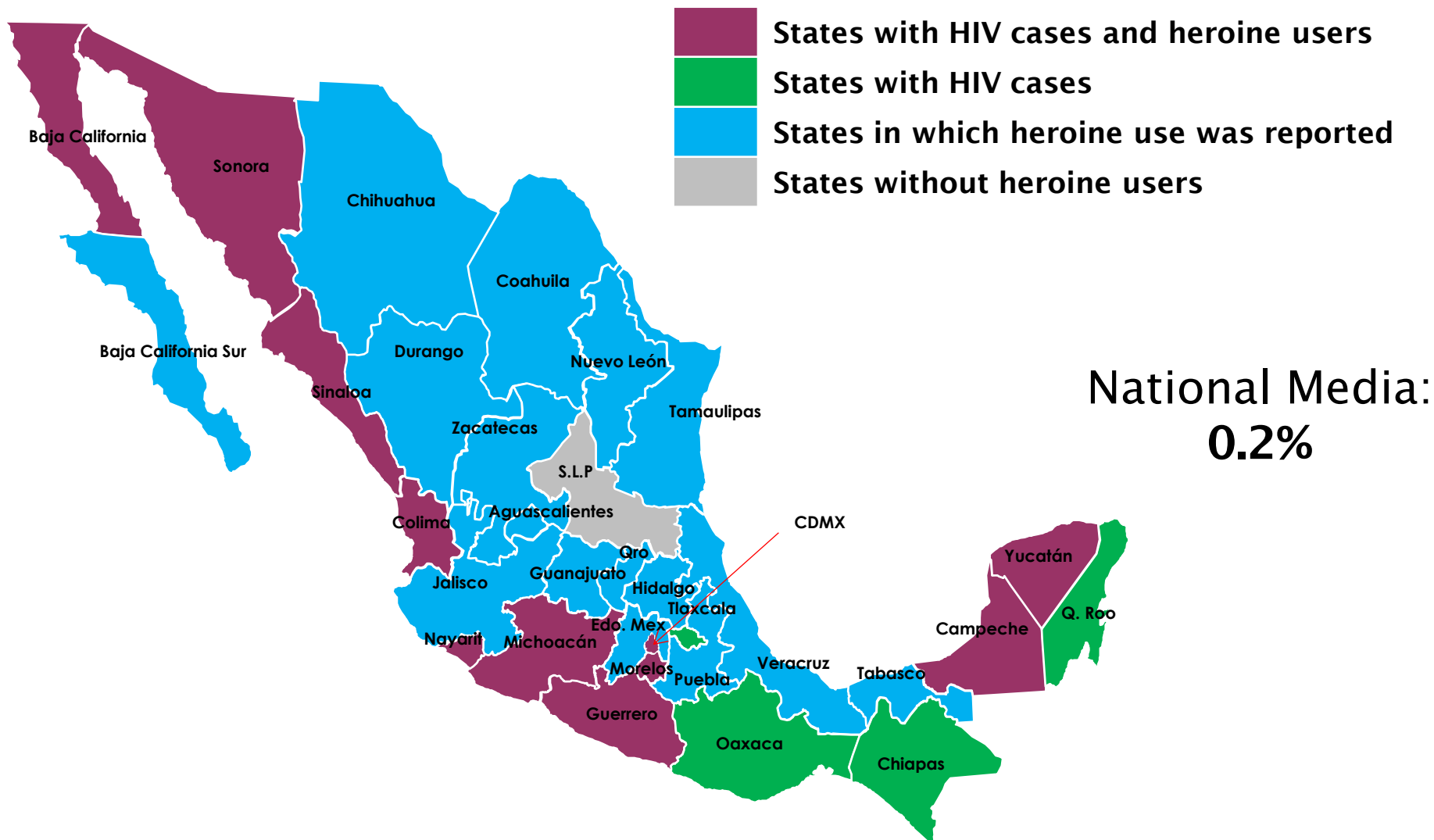
Population from 12 to 65 years

The “once-in-a-lifetime” use of heroine has remained stable and below one percentage point



HEROINE Consumption “Once-in-a-lifetime”

Population from 12 to 65 years



- **Age group from 18 to 34 years old: higher prevalence of drug use:**
 - 12 a 17 years old: 2.9%
 - 18 a 34 years old: **4.6%**
 - 35 a 65 years old: 0.8%
- **Drug use between men and women increasingly similar:**
 - Men: **3.4%**
 - Women: **2.3%**
- **Women between 12 and 17 years old have higher consumption of illegal drugs than those aged 18 to 34 years.**
- **Men between 18 and 34 years old have a higher consumption of illegal drugs than those aged between 12 and 17 years old.**

Increase Marijuana Consumption

High diffusion

False beliefs about innocuousness

Low risk-perception

Supposedly therapeutic when smoked

A D D I C T I O N S



Healthcare Problem



Challenge for health and law enforcement



Public health policies
Demand Reduction
Supply Control

Preventive Actions - Citizen Participation

Early Detection and Timely Reference

Treatment and Rehabilitation

Prevention of Relapse

Training of Human Resources

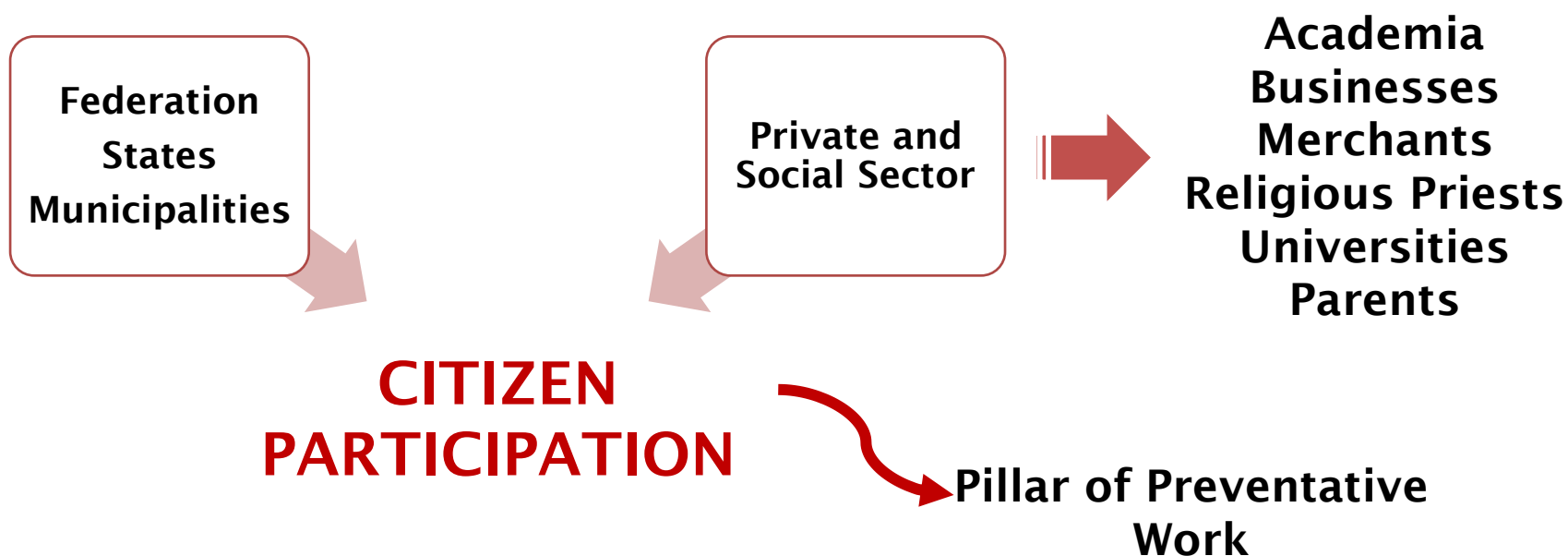
Normativity

Investigation

Epidemiological surveillance

National Program for the Prevention of the Consumption of Psychoactive Substances and Citizen Participation

- Inform, Sensitize and Educate
- Detect, Orient and Refer



National Prevention Program of the Consumption of Psychoactive Substances and Citizen Participation

Objectives



Avoid or delay the age of onset of the use of psychoactive substances

Avoid the transition from experimentation to abuse and dependence

Strengthen protection factors and mitigate the risk factors associated with consumption

Increase the perception of risk to reduce the use of substances

Inform and train individuals, so that they are able to face and avoid the use of drugs

Decrease the negative consequences associated with the use, abuse or dependence of psychoactive substances

Promote regulatory actions to deter and control the use of tobacco, alcohol, and other drugs

National Program for Prevention of Psychoactive Substances Consumption and Citizen Participation

Strategies



1. Inform, raise awareness and educate on the risks of substance use.

2. Strengthen **early detection** and referral of consumers for timely care.

3. Strengthen **treatment and rehabilitation** services.

4. Promote regulations to **discourage the harmful use of alcohol and tobacco**.

5. Strengthen drug use **information systems and epidemiological surveillance**.

National Network of Care and Treatment of Psychoactive Substances Consumption

Outpatient Services

340 CAPA

104 CIJ

14,000 AA groups

Emergency Services

Detoxification Centers

Methadone Clinics

Smoking Cessation Clinics

Residential Services

Public Sector
(35)

Private Sector
(2,000+)

Epidemiological surveillance

- **ENCODAT, 2016-2017**
- **ENCODE, 2014**
- **Assessment of Heroin Consumption in the US-Mexican Border: dimension and context**

Regulatory Framework for Comprehensive Care of Psychoactive Substance Use

- **Update of NOM-028-SSA2-2009 for Prevention, Treatment and Control of Addictions**

Harmful Effects

Mental and Physical Health

- **Anxiety, panic, psychosis, and schizophrenia-related disorders**
- **Concentration, cognition and learning problems**
- **Impaired motor coordination**
- **Risk of depressive disorders**
- **Respiratory conditions, lung diseases**
- **Higher risk of acute coronary syndrome**

Harmful Effects

To society

- **Poor school performance and reduced productivity.**
- **Increased number of work-related accidents and disabilities.**
- **Increased probability of fatal car accidents.**
- **Risk of criminal conduct.**
- **Family Problems**

a. Threats to Public Health

- **Higher costs for prevention and consumption care.**
- Risk increasing consumption frequency.
- **Decreased performance and productivity.**
- Increased number of people involved in **car accidents with THC positive results.**
- Increased emergency services admissions due to poisoning.
- Increased risk of **minors** having access to the drug through adults.

b. Impact on care services capacity

- **Higher drug provision, higher risk of consumption.**
- **Some experimenters will develop abuse and dependence.**
- **This will lead to an increase in the demand for treatment.**
- **It will require larger budgets for the Health Systems to:**
 - **Preventive and citizen participation programs**
 - **Expand the current national network of care services**

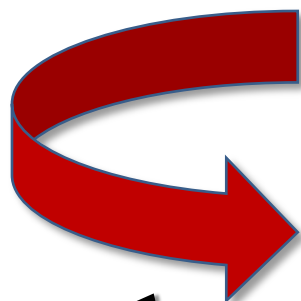
Demand Reduction: Main Challenges

Challenges

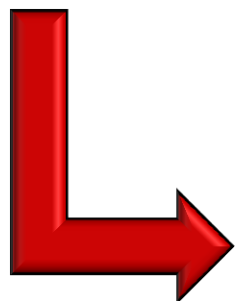
- 1. More resources for demand reduction**
- 2. Delay consumption onset**
- 3. Avoid abuse and dependence**
- 4. Consolidate citizen participation**
- 5. Deter alcohol and tobacco sale to minors**
- 6. Disponibilidad de los servicios de atención**
- 7. Availability of care services**
- 8. Train and improve human resources**
- 9. Research**
- 10. Mexican Observatory of Tobacco, Alcohol and Drugs**

Demand Reduction: Main Challenges

**COLLABORATIVE
SYNERGY**



Effective Public Policies
Successful Models and Programs
Efficient Information Systems
Impact Campaigns
Interventions based on scientific approaches



Thank you for your attention

NATIONAL COMMISSION AGAINST ADDICTIONS
Ministry of Health