



NATIONAL REPORT 2017 ABOUT THE DRUG SITUATION IN MEXICO

COOPERATION PROGRAM BETWEEN LATIN AMERICA, THE CARIBBEAN AND THE EUROPEAN UNION ON DRUGS POLITCIES

MEXICAN DRUG OBSERVATORY

NATIONAL COMMISSION AGAINST ADDICTIONS





Institutional Management for the integration of the National Report

Obtaining the information required for the different sections of the report involved interinstitutional coordination and the delivery of formats to obtain different data from the following institutions:

Reducing Drug Demand

- General Directorate of Epidemiology (Www.gob.mx/salud/acciones-y-programas/direccion-generalde-epidemiologia)
- General Directorate of Health Information (Www.gob.mx/salud/acciones-y-programas/direcciongeneral-de-informacion-en-salud-dgis)
- National Institute of Psychiatry (www.inprf.gob.mx/)
- Youth Integration Centres (ICJ), A.C. (www.gob.mx/salud/clj)

Drug supply Control

- National Security Commissioner (Www.gob.mx/segob/estructuras/comisionado-nacional-de-seguridad)
- Criminal Investigation Agency Of the Attorney-General's Office (Fgr) (www.gob.mx/pgr/articulos/agencia-de-investigacion-criminal?idiom=es)
- Attorney of Human Rights, Crime Prevention and Community Services In the Fgr (Www.gob.mx/pgr/acciones-y-programas/subprocuraduria-de-derechos-humanos-prevencion-del-delito-y-servicios-ala-comunidad)















Institutional Management for the integration of the National Report

It was feasible to obtain information given the extensive tradition of raising national surveys and epidemiological information systems on the consumption of psychoactive substances and associated risk factors, namely:

Reducing Drug Demand

- National Survey on Drugs, Alcohol and Tobacco Use (ENCODAT 2016 2017)
- System of Epidemiological Surveillance of Addictions (SISVEA)
- National Assessment Commission CONEVAL
- Information System of the State Councils against Addictions (SICECA)
- Epidemiology Report/National Register of Cases of HIV and Aids CENSIDA
- ICJ's Epidemiological Information System for Drug Use (SIECD)
- INAI National Transparency Platform *

Reducing the supply of drugs

- National Survey of the Private Population of their Freedom /INEGI (ENPOL 2016)
- National Census of Government, Public Security and State Penitentiary System /INEGI (2017)
- National Diagnosis of Prison Supervision /CNDH (DNSP, 2017)
- Report of criminal incidence of federal jurisdiction /SEGOB 2012 2018

2017-2018

Advantage: Sufficient Information

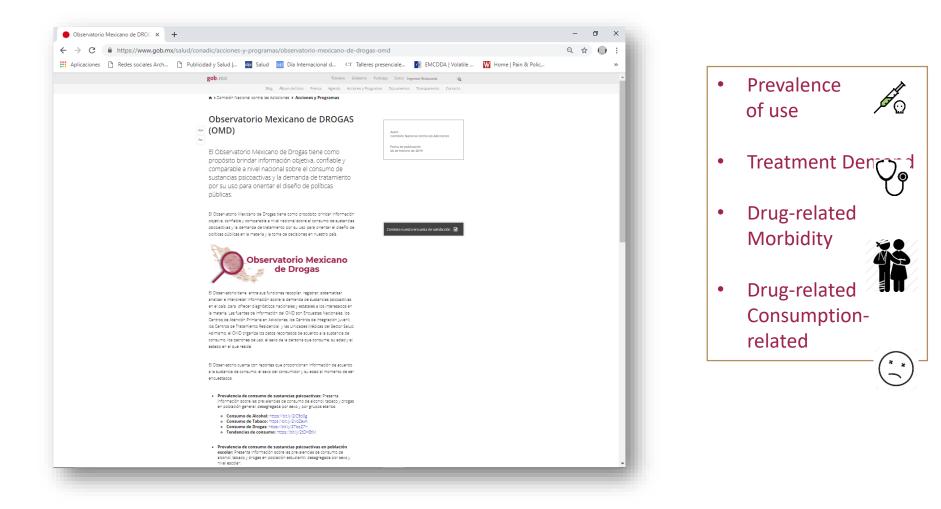
Disadvantage: Disjointed Information



GeInstitutional stión for the integration of the National Report



Since the second half of 2018, the Mexican Drug Observatory integrates the information on the Demand Reduction axis:





Main obstacles or problems in the elaboration of the report



- With delay of up to a year and a half
- Information Management in different periods per year
- Concentration of information in general categories that do not allow further breakdown
 - E.G. Budget Reduction of supply
- Information dispersion in different sources and information systems
 - Institutions focused on the same topic of but with different information systems (difficulties for the integration)
 - An important level of articulation is required to ensure the consistency of the data
- Difficulty capturing information from actions carried out by civil society organizations
 - There are no systems that capture the activities of prevention, treatment and harm reduction carried out by Civil Society Organizations













It Was decided to develop the full version of the National Report, incorporating the following Indicators:

LEGAL FRAMEWORK

Demand Reduction

- Political Constitution of the United Mexican States
- International Conventions
- National Development Plan 2013-2018 (goals, strategies and lines of action)
- General Health Law and other federal laws
- Regulations
- Official Mexican Standards
- Decrees and codes

Supply Reduccion

- Political Constitution of the United Mexican States
- International Conventions
- Political Statement on Global Drug Control
- Federal Penal Code
- General Health Law
- Federal Crime Law



DRUG POLICY

- Public Health Approach
- Prevention and reduction of social harm associated with the drug phenomenon
- Containment and deterrence of the production, transit and distribution of drugs



ECONOMIC ANALYSIS

- Demand Reduction
- Expenditure of institutions that have competence in the care of drug use with fiscal resources
- Budget Program, including the program E025 Prevention and Care against Addictions









DRUG DEMAND

- 1. Drug Use in the general population and young people from 12 to 17 years
 - Drug Use ever in life in general population, by drug type and age group
 - Drug Use in the last year in general population, by type of drug and age group
 - Drug Use in the last month in general population, by drug type and age group
 - Drug Use among students (10 to 17 years)
- 2. Drug Use in specific groups/contexts
 - Drug Use in young people in conflict with the law in internment
- 3. High-risk drug Use
 - Trend and consumption of synthetic opioids Fentanyl









Indicators incorporated in the National Report



Prevention of drug use

Description of preventive interventions by levels of Universal, Selective and Indicated prevention/media campaigns

- Preventive programmes that are developed in the country
- Actions and coverage of government agencies
- Quality Assurance of interventions
- Evaluation and monitoring of preventive programmes

National Network for Integral treatment of addictions

Organization and treatment offer

- Ambulatory care Network, hospitalization and residential centers
- People admitted to treatment of external consulting services and in treatment of hospitalization services and residential centers
- Profile of drug use and sociodemographic characteristics of people admitted to treatment
- Methods of treatment of external consultation and of public and private hospitalization
- Quality Assurance of interventions
- Evaluation and monitoring of treatment programs







Indicators incorporated in the National Report



Morbidity and mortality

1. Drug-related Emergencies

- Number of cases attended in emergency services for mental disorders and behavior due to drug use, 2017
- Number of cases attended in emergency services for accidental and self-inflicted poisoning by exposure to narcotics and exposure to other drugs that act on the autonomic nervous system, 2017
- Hospital emergency Services

2. Deaths directly and indirectly associated with drug use

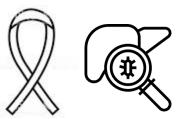
- Deaths from mental and behavioral disorders due to drug use (2010 2016)
- Accidental poisoning by, and exposure to narcotics and exposure to other drugs acting on the autonomic nervous system, 2016
- Poisoning inflicted by, and exposure to narcotics and exposure to other drugs that act on the autonomic nervous system, 2016

3. Drug-related infectious Diseases

People with HIV/Aids who inject drugs (Pid)

4. Harm Reduction Services

- Methadone Maintenance Program
- Patients treated with methadone and number of tablets administered annually
- Evaluation and Monitoring







Indicators incorporated in the National Report



Drug Supply

Drug Market

- 1. Drug Seizures (by drug type)
- 2. Country of transit prior to entry into Mexico of seized drugs or chemical precursors
- 3. Means of transportation used at the time of seizure
- 4. Drug smuggling method used
- 5. Retail and wholesale drugs price
- 6. Purity of drugs

Drug Research

- National Institute of Psychiatry: 24
- Youth Integration Centers, A.C.: 5
- National Council of Science and Technology: 5

Drug Crimes

1. Crimes against Health. Persons detained by type of crime



- 2. Criminal incidence according to the General Health Law
- 3. Criminal Incidence in accordance with the Federal Law against Organized Crime
- 4. Number of persons who entered, graduated and detained for crimes of retailing



- 5. Penalties for offences against health
- 6. Data related to transactions with resources of illicit origin (money laundering)





Indicators that showed trend (demand reduction)

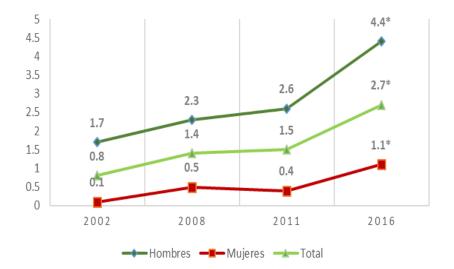


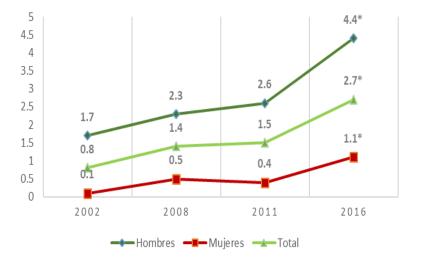
Ever in life drug use: Significant increase

Last year drug use Trend of illegal drugs from 2002 to 2016. Population from 12 to 65 years by sex.

Last year drug use: Significant increase

Last year drug use trend of illegal drugs from 2002 to 2016. Population from 12 to 65 years by sex.





* Statistically significant Increase from 2011 to 2016. Source: National Survey of Drug, Alcohol and Tobacco Consumption 2016-2017 * Statistically significant Increase from 2011 to 2016. Source: National Survey of Drug, Alcohol and Tobacco Consumption 2016-2017



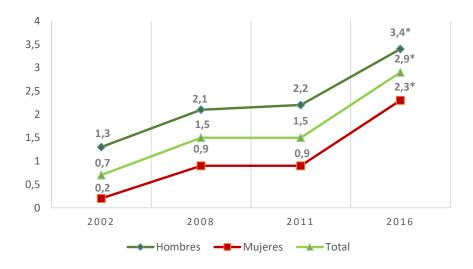


Last-year Illegal drug use, adolescents aged 12 to 17: Significant increase

Last year use of illegal drugs trend from 2002 to 2016. Adolescent Population from 12 to 17 years by sex.

Last-year marijuana use in adolescents from 12 to 17 years: Significant increase

Last year marijuana use trend from 2002 to 2016. Adolescent Population from 12 to 17 years by sex.





* Statistically significant Increase from 2011 to 2016. Source: National Survey of Drug, Alcohol and Tobacco Consumption 2016-2017 * Statistically significant Increase from 2011 to 2016. Source: National Survey of Drug, Alcohol and Tobacco Consumption 2016-2017



Indicators that showed trend (demand reduction)



Age of onset of drug use: Decrease Age of onset of drug use Population of 12 to 65 years 25 23,6 Edad de inicio 20,6 20,1 20,1 20 19,8 18,8 18,7 18,2 18,5 18,3 17,8 17,7 15 2008 2002 2011 2016 Año de la encuesta Hombres - Mujeres - Total

* Statistically significant Increase from 2011 to 2016. Source: National Survey of Drug, Alcohol and Tobacco Consumption 2016-2017

Main findings:

- Increase in use ever in life and last year.
- The increase is mainly explained by marijuana use.
- Young people have a more pronounced increase.
- Decreases the starting age.





Indicators of the report that showed trend (supply reduction)



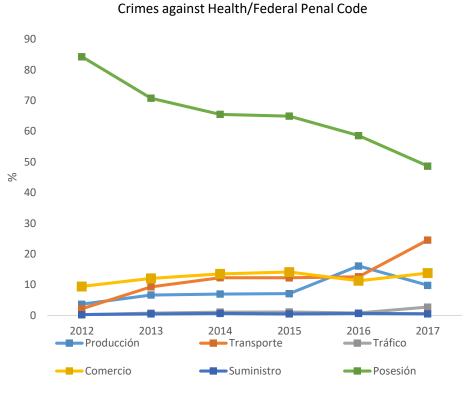
Crimes Against Health: Decrease

Crimes Against Health and total offences established in the Federal Penal Code

Year	Total Number of offences Cpf	Total Crimes against Health/Cpf	Compared (%)
2012	69.445	27.870	40.13
2013	52.544	8.836	16.82
2014	55.149	7.757	14.07
2015	56.059	8.689	15.50
2016	43.360	6.219	14.34
2017	60.493	6.324	10.45

Source: Report of criminal incidence of federal jurisdiction by federative Entity 2012 – 2018. Ministry of the Interior – Executive Secretariat of the National Public Security System, March 2018.

Crimes against Health (possession): Decrease



Source: Report of criminal incidence of federal jurisdiction by federative Entity 2012 – 2018. Ministry of the Interior – Executive Secretariat of the National Public Security System, March 2018.

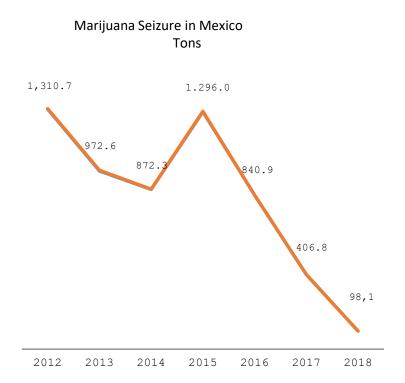


Indicators that showed a trend (supply control)

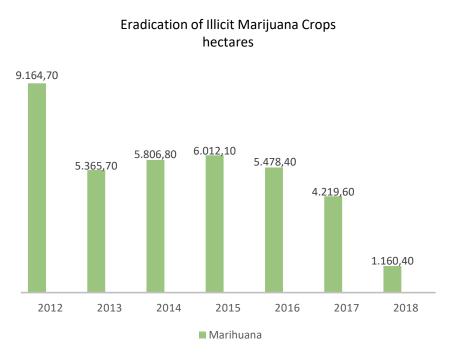


Marijuana seizures: Decrease

Eradication of marijuana crops: Decrease



Source: Criminal Investigation Agency/National Drug Policy Office with data from the Sixth Government Report (2018 preliminary figures June)



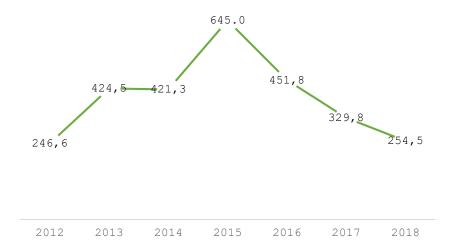
Source: Criminal Investigation Agency/National Drug Policy Office with data from the Sixth Government Report (2018 preliminary figures June)





Heroin seizures: Decrease

Heroin Seizure In Mexico From January 2012 to June 2018 Kg



Source: Criminal Investigation Agency/National Drug Policy Office with data from the Sixth Government Report (2018 preliminary figures June)

Main findings:

- Reduction of offences against health, in the modality of possession.
- Decreased seizures and eradication of marijuana.
- Decreased Heroin seizures.
- Variations in poppy eradication.





Continuity

- Expected Update with information corresponding to the 2018
 - Considerations:
 - Not all information is updated in a timely manner
 - Cutting periods are not the same for all sources of information
- Expected periodic realisation of the report

Dissemination

- Publication on the Mexican DrugsObservatory site
- Presentation to Officials from institutions in other sectors of the Mexican government
- Dissemination with State Commissions against Addictions











Thank you very much

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