

## Public Health Policies and Drug Use in Mexico

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### Abstract

The consumption of psychoactive drugs for non-medical purposes is common in the world, despite the efforts of the public health policies of the governments of many countries. Simultaneously, other cultural and political problems have been causing many poor countries, such as Mexico, to face periodic epidemics that were thought to have been eradicated, such as measles and tuberculosis, in addition to other diseases, such as HIV/AIDS, depression, suicidal ideation, etc. that can facilitate the use of substances.

Drug use can be caused by different reasons, from recreational use, or as an escape route to certain physical, emotional, academic, or family problems, and they can also be prescribed by doctors to treat health problems (infections, interventions surgical, severe pain, anxiety, insomnia, etc.) as various controlled medications that can be addictive.

Its consumption may also be a side effect of certain strategies used to control social health crises or pandemics, such as having to be isolated at home for weeks or months to control the spread of the coronavirus at present, which can lead to an increase in drug use (already high in itself) and the occurrence of other problems, such as domestic and gender violence (in Mexico, the Ministry of the Interior reports a 100% increase in calls for help due to violence of this type).

Some drugs may be legal, such as alcohol and tobacco, from a certain age of the user. Others can be controlled, while others are illegal, or illegal in some places (like alcohol in Muslim countries, and in others not, like cannabis). Even though in some countries (such as Canada or Uruguay and in some in Europe and the United States) the use of cannabis for recreational purposes has been legalized, its use in Mexico is followed by severe police actions directed at consumers and drug traffickers. A high percentage of the Mexican prison population is made up of young people whose crime has been drug dealing or clandestine consumption.

For this reason, the objective of this work asks if it is necessary to rethink the nature of health policies and addictions, as well as if drug-related policies can be formulated from evidence-based research and how they can help well-being public [1], creating alternative healthy options for their consumption, and avoiding stigmatizing and criminalizing attitudes towards consumers.

**Keywords:** Public Health Politics; Drugs; Addictions; Stigmatization; Criminalization; Mexico

### Introduction

Even though the use of psychoactive substances goes back a long way in history, the formulation and use of a drug policy is relatively recent, since until the end of the 19<sup>th</sup> century it emerged in the United States, although with a prohibitionist perspective and questionable results [2,3]. From that time on, the signing of a series of anti-drug treaties promoted particularly by the United States began. Mexico was part of all international treaties throughout the 20<sup>th</sup> century.

However, in pre-Hispanic Mexico and during the colonial period, attempts were also made to control the use of other substances for political and religious reasons. Public health policies (not so called) to prevent the consumption of psilocybin substances, such as mushrooms and other herbs, including marijuana, for indigenous rituals and the consumption of pulque, were first formulated during the Colonial period. Its consumption was prohibited because it was associated with the worship of gods and beliefs different from those promulgated by the Catholic religion.

In the Independent Mexico period, there were also attempts to outlaw these substances, especially marijuana; but it was not until the beginning of the 20<sup>th</sup> century, in the Constitution of 1917, that an anti-alcoholism program was legislated as a first public policy of post-revolutionary Mexico, which included the control of supply, the minimum distance between schools and places of sale, the age to enter the consumption centers, etc. Due to the alliances between politicians and traffickers [4], these measures did not include strategies to guarantee compliance [5].

It was not until the 70s of the 20<sup>th</sup> century that prevention and treatment policies in the area of illegal psychoactive substances began to be evaluated in the United States and other countries through research that increasingly used epidemiology to study prevalence, drug use, distribution of addiction problems in population groups, and underlying causal influences. Epidemiology, sociology, psychology, medicine, psychiatry and other disciplines have made possible the evaluation and application of a drug policy. Science, therefore, can support the development of a drug policy, without excluding the participation of other cultural or human rights forces in the formulation and application of public health policies [1].

However, population health policies may be largely limited by political and economic factors and consequently, by instances not always committed to preserving health. For example, despite the effectiveness of the general ban on tobacco advertising in reducing health risks, only 5% of the world population is under this prevention strategy [1].

Public health policies can encounter many budgetary, political or business obstacles to their application, as happened recently (in 2019) in the Congress of the Union, in Mexico, with the intention of increasing the tax on tobacco, alcoholic beverages, to sugary drinks and high-calorie foods; as well as the postponement of the definition of the legal status of marijuana for recreational consumption and the authorization for medical research and application (which is legal, but the bureaucratic procedures to authorize its import constitute a great barrier to its availability in clinical cases in which it is indicated).

Another problem to be faced in preparing and implementing public health policies is that without the tax revenues that alcohol and tobacco produce, as well as the pharmaceutical industry, governments would find it difficult to address the problems for which they were elected (in Mexico there has been a strong discrepancy between the government and this industry, which has led to a shortage of medicines in public health institutions). The same is true of the food industry (it was not possible to prevent elementary schools with high carbohydrate products and sugary drinks).

Both the legal and pharmaceutical and food drug industries are large tax providers in a country with low tax collection. Thus, health policies are subject to external and internal pressures also derived from the handling of tariffs and trade agreements between countries, which condition their economies [6].

Even though in relation to other countries it is low, the consumption of legal and illegal drugs is serious in Mexico. Legal drugs (alcohol and tobacco) are much more consumed and have a more severe impact on health. According to the National Survey on the Consumption of Drugs, Alcohol and Tobacco (ENCODAT, 2016 - 2017), the consumption of alcohol in the general population from 12 to 65 years of age, in the item "sometime in life", it reaches 70.1%. The prevalence, in the last year, is equal to 49%, while in the last month it is 35.9%. Excessive consumption is equal to 19.8%, while the starting age is around 17 years (41.3%). As for tobacco, the same reference indicates that 17.6% of the population smokes it. The starting age is 16.5 years, and there are 3.9 million passive smokers.

Regarding illegal drugs, Marijuana is consumed by 8.6% of the population, cocaine 3.5%, crack 0.9%, hallucinogens 0.7%, inhalants 1.1%, heroin 0.2%, methamphetamine 0.9%, illegal drugs 9.9%, and any other drug (opiates, tranquilizers, sedatives, barbiturates or amphetamines, without medical prescription) 10.3%.

As the above data show, the real public health problem in Mexico is in the abuse of legal drugs such as alcohol and tobacco and not in the consumption of illicit drugs. Deaths directly related to illicit drug abuse constitute less than a tenth of those produced by HIV (AIDS) and a twentieth of those produced by obesity or overweight (and the consequent associated diabetes), while deaths directly attributed to the abuse of illicit drugs is a fifth of those attributed to licit drugs, such as alcohol or tobacco [7].

Marijuana, despite being the most widely used illegal drug, is also relatively safe, relaxing, and does not cause death by overdose, although it can cause damage to the central nervous system when used chronically and at early ages [8] and can lead to addiction, even when the withdrawal syndrome is not as severe as that produced by other drugs and is of much shorter duration [9]. However, its use in combination with other drugs can be critical.

This information shows the importance of preventive drug education (and other problems that come with it, such as teenage pregnancy, venereal diseases, the transmission of HIV/AIDS, etc.) to formulate related health policies and availability of intervention techniques such as prevention campaigns to promote lasting and long-term behavioral and attitudinal changes in the young population, as well as adopting harm reduction as a paradigm of public health, in addition to financing research on drugs and addictions and integrate researchers-scientists as members with voice and vote in the design, application and evaluation of health policies [10].

However, there is often a lack of information both among the population and among the politicians and advisers responsible for applying policies regarding psychoactive substances. Political leaders should have a scientific understanding of drugs and their prevention (on other topics as well). This knowledge should be part of effective prevention campaigns, aimed not only at the general and specific population through the media and social networks, conferences and risk management practices to be taught in schools of different levels, and courses practical for parents.

This is important because in Mexico it is possible to find the following controversial situations. First, on the one hand, within the National Development Plan, 2019 - 2024, the section dedicated to drugs verbatim says: "(It) seeks to reformulate the fight against drugs. Regarding narcotics, the prohibitionist strategy is already unsustainable, not only because of the violence it has generated but also because of its poor results in public health: in most of the countries in which it has been applied, this strategy has not been translated in a reduction in consumption. Worse still, the prohibitionist model inevitably criminalizes consumers and reduces their chances of social reintegration and rehabilitation. The "war on drugs" has escalated the public health problem of currently banned substances into a public security crisis. The alternative is for the State to renounce the claim to combat addictions by prohibiting the substances that generate them and to dedicate itself to keeping those who already suffer them under control by means of clinical monitoring and the provision of prescription doses for, in a second step, offering them detoxification treatments that are personalized and under medical supervision. The only real possibility of reducing the levels of drug consumption lies in lifting the ban on those that are currently illegal and redirecting the resources currently destined to combat their transfer and applying them to programs - massive, but personalized - of reintegration and detoxification. This must be sought in a negotiated manner, both in the bilateral relationship with the United States and in the multilateral sphere, within the UN".

Second, even though both the representation before the UN and some members of the Congress of the Union intend to open the debate for the possible regulation of marijuana, the highest authority of the country openly declares: (fragment) "To say that there are people who They are in organized crime, and already with an extreme level of decomposition, in general, those who commit these acts, crimes, murders, are generally drugged people. That is proven..." , (November 7, 2019).

Third, the highest authority can also be openly observed in the news media greeting a family member of one of the most important drug lords in the world. It goes without saying that 2019 was the bloodiest year of all since the number of violent deaths per year is measured and since war on drug trafficking was declared, which has become a de facto power in many towns of the Mexican Republic, evidencing the collusion between some regional politicians, local businessmen and drug traffickers, and that in the case of Mexico it has been extensively investigated [4].

The three previous points allow us to realize how the Mexican government sees the need to change the health policy towards drugs and the institutional attitude towards consumers. However, it is also clear that within the same government, attitudes of stigmatization persist and condemn users, criminalizing them in this way, at the same time that they have deferential treatment with a family member of the drug traffickers.

Surely those who commit criminal acts can be drugged (not necessarily), in the same way that those who are drugged can commit a crime (not necessarily), but something else is that who consumes a glass, or a cigarette or some drug, alone or with your friends, be a potential criminal. Herein lies the involuntary criminalization of the drug user and its stigmatization, if the fact becomes social knowledge.

The lack of preparation of politicians on the subject of drugs and addictions makes them unaware of these contradictions, and that public health policies are a failure, demonstrated by the fact that drug trafficking and drug use They have been growing, as is clear from the comparison made since the national addiction surveys were started up to the present (ENCODAT, 2016-2017). The same thing happens with general health, education, and a long etcetera.

### Conclusion

Public policies are action programs and decisions that governments elaborate and apply through laws, regulations, etc. and that are aimed at protecting public interests [5,11]. In the case of legal drugs, public policies are strategies to regulate availability and consumption and to promote health education to modify attitudes towards the substance [12]. Some of the general strategies of health policies that are applied in most of the countries consist of setting a high purchase tax, decreasing its availability on certain dates and political and religious events, establishing the minimum age for its acquisition, the measurement of alcohol or other drugs in the blood at the time of driving a car (antidoping), among many others [13].

These public health policies should include preventive and therapeutic interventions (brief advice, brief intervention, brief therapy, and follow-up). Interventions based on scientific evidence must support public policies [5]. However, according to PAHO, in the Americas, although most countries have health professionals trained in policies available with scientific evidence (although not in sufficient quantity), they are not applied in practice. Some of the possible related causes have been reviewed, which, however, seriously affect the health of the general population and the economy of the countries.

On the other hand, in Mexico, alcoholism is not legally considered as a chronic disease with the right to treatment, it is not included in medical insurance and the organic effects of alcohol abuse are treated in health institutions; and in the social imaginary alcoholism is still seen as a vice. Public policies on the matter are a mixture of colonial and modern traditions.

There are many treatment options, generally accessible, which, however, are not sufficiently exploited for the treatment of alcohol or drug problems in general. The Youth Integration Centers, the Primary Care Centers for Addictions (UNEMES-CAPA), the National Council Against Addictions (CONADIC), dependent on the Ministry of Health, etc. However, it should be noted that most addiction care institutions in Mexico do not depend on the government, but are private institutions, or non-governmental civil associations. There are a large number of groups of Alcoholics Anonymous and their variants such as Narcotics Anonymous and Neurotics anonymous. Also private professional

practice (medical, psychiatric or psychological). The foregoing shows how limited the impact and evaluation difficulties that health policies against addictions can have in Mexico.

In this way, this brief article allows us to understand why the public health policies of drugs and addictions in Mexico have not yielded the expected results, in addition to the insufficient human, material and economic resources assigned to official agencies, it is because they are not in a position to fulfill their mission [14].

### Bibliography

1. Babor Th., *et al.* "Drug Policy and the Public Good". Washington, D.C.: OPS (2010).
2. Escohotado A. "The creation of the Problem". *Spanish Journal of Sociological Research* 34 (1986): 23-56.
3. Escohotado A. "General History of Drugs". Madrid: Editorial Alliance (1998).
4. Astorga L. "The Century of Drugs. From the Porfiriato to the new millennium". Mexico: Penguin Random House (2016).
5. Medina Mora ME., *et al.* "Alcohol, public policy and legislation in Mexico: History and Current Status". Mexico: INP (2009b).
6. Medina Mora M E., *et al.* "Evaluation of public policies for the control of alcohol abuse in Mexico". Mexico: INP (2009a).
7. National system of health; General Death Database 1979-2007; In A. Barra Drug policy in Mexico: prevention, harm reduction and budget reallocation. *Perspective No. 1* (2013): 1-10.
8. De la Fuente J. "Marijuana and Health". Mexico: FCE (2015).
9. NIDA. Marijuana (2017).
10. Barra A. "Drug policy in Mexico: prevention, harm reduction and budget reallocation". *Perspectives, Mexico: Friedrich Ebert Found* (2013): 1-10.
11. Longest BB. "Health Police Making in the United States" (1998).
12. Brunn K., *et al.* "Alcohol control policies in public health perspectives". Helsinki: The Finish Foundation for alcohol Studies (1975).
13. Babor Th., *et al.* "Alcohol No Ordinary Commodity". Research and Public Police. Oxford: Oxford University Press (2003).
14. National Development Plan 2014-2024. Government of Mexico.

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