Harm Reduction Model in Mexico's Drug Policy

Modelo de reducción de daños en la política de drogas de México

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ABSTRACT

Harm reduction is an approach in drug policy based on health issues and human rights. The aim of this article is to present the essence of the harm reduction model, as well as its implementation in Mexico after the year 2006. The study is an attempt to answer the following research questions: firstly, what is the scale of psychoactive drugs consumption in Mexico – and what goes with it – its negative health implications; secondly, to what extent does the Mexican drug policy takes account of aspects related to public health? This analysis proves that Mexico lacks a comprehensive harm reduction strategy and the main role in implementing this model is played by civil society organizations.

KEYWORDS: *harm reduction, drug policy, Mexico, drugs, public health.*

RESUMEN

La reducción de daños es un enfoque de la política de drogas basado en cuestiones de salud y derechos humanos. El objetivo de este artículo es presentar la idea principal del modelo de reducción de daños, así como su implementación en México a partir del año 2006. El estudio intenta responder a las siguientes preguntas de investigación: en primer lugar, cuál es la magnitud del consumo de drogas psicoactivas en México y sus implicaciones negativas para la salud; en segundo lugar, en qué medida la política de drogas de México tiene en cuenta los aspectos relacionados con la salud pública. Este análisis demuestra que México carece de una estrategia integral de reducción de daños y que el papel principal en la aplicación de este modelo lo desempeñan las organizaciones de la sociedad civil.

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Introduction

Psychoactive drugs[1] represent a social construct meaning that in various time periods they were defined and valuated differently by sundry social groups. Over the years, influenced by the Age of Discovery and the development of science, they have been desacralized, i.e., drugs have been moved from the *sacrum* sphere, in which access to them was restricted and controlled by certain social groups, to the *profanum* realm, where drugs are used for the so-called recreational purposes (Motyka & Marcinkowski, 2014). Greater drugs availability on the market, the emergence of new psychoactive substances and the lack of proper legal regulations pertaining to them caused health and social issues to mount. Most countries all over the world implemented the policy of drug prohibition as a response to these problems. Internationally, this policy is realised within international drug control regime. Nevertheless, global war on drugs has not yielded the expected results, it has not reduced demand and supply for psychoactive drugs. This fact is testified by the data from the report compiled in 2020 by the United Nations Office on Drugs and Crime which says that over the last twenty years there has been an increase in drugs consumption, as well as their number and types on the market. In 2018, 269 million people took psychoactive drugs, which constitutes a 30% growth in comparison to 2009. Approximately 35.6 million people suffer from disorders resulting from drug-taking and only 1 in 8 people in need receives medical treatment, while among 11 million people taking psychoactive drugs by injection, 50% are reported to be suffering from type C hepatitis (HCV) and 1.4 million are carriers of HIV (UN, 2020, p. 1). Therefore, experts point out that the presence of drugs in culture and social space is inevitable and, therefore, more measures and resources need to be committed to the elimination of negative health and social impacts connected with their consumption, such as: addictions, overdose, the spread of contagious diseases, or marginalisation and discrimination towards people taking drugs. Schemes aiming to curb such processes are realised within the so-called harm reduction[2].

The main objective of this article is to present the essence of harm reduction model and to outline its implementation in Mexico after the year 2006. In the global drug market, Mexico performs the functions of psychoactive drugs

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[1]   For the purposes of this article, expressions „drugs”, „psychoactive drugs”, "psychoactive substances" will be used interchangeably. These expressions denote illegal substances.

[2]   Harm reduction may also concern alcohol abuse issues.

producer[3] and a transit country for drugs smuggling[4], which is reflected in the organised crime groups activity, who profit by distributing and selling drugs (Nieto, 2018), thus generating violence which raises a serious issue for the country's security. It needs to be noted that since 2006 Mexico's drug policy has been mainly directed towards the militarisation in combating drug cartels (Jargiełło, 2018). Taking all the above issues into account, this article is an attempt to answer the following questions: firstly, what is the scale of psychoactive drug consumption and its negative health impacts?; secondly, to what extent does the Mexican drug policy allow for aspects related to public health? The following hypothesis has been put forward in this paper – Mexico lacks appropriate harm reduction strategy. To verify this claim, various methods and techniques of research have been used, for instance: institutional and legal analysis, analysis of literature and research, analysis of statistical data.

The essence of harm reduction model

Drug policy is one of the public policies pursued by a government or its representatives providing for a system of laws, regulations, courses of action, as well as budget priorities regarding psychoactive drugs. It encompasses a range of strategies involving issues such as: education, treatment, drug legislation, the police activities and control of borders[5]. Since the scope of drug policy is rather broad, three basic models may be distinguished. This article primarily centres around the harm reduction model, however, to fully understand its core, one must scratch beneath the surface and take a closer look at the other two.

The most common approach is supply reduction with its underlying conviction that drugs are bad, and drug-taking affects health and societies in a negative way, thus the need to curb the amount of drugs on the market and hinder access to them, which can be achieved by inhibiting illegal production of drugs and their distribution (Zamecka, 2018, pp. 112–115). The production may also be constrained by crop eradication or by implementing the alternative development programmes. Moreover, this policy also entails the liquidation of illegal laboratories and controlling the chemical precursors. In addition, drug distribution is hindered by both police and border guards' activities, for example – drug seizure (UN ODCCP, 2000, p. 69) Supply reduction involves legal control which makes use of harsh penalties or repressive measures. This essentially constitutes the policy of combating criminality by penal measures oriented on drug control and fighting drug crime. The model in question may take extreme forms such as: prohibition, capital punishment

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[3] Heroine, marijuana, methamphetamine.
[4] Cocaine.
[5] Author's own definition based on: EMCDDA, 2017, p. 3; UN ODCCP, 2000, p. 23.

for drug-related offences or the militarisation of activities against drug crime, which is often figuratively called war on drugs.

Demand reduction model constitutes a crucial component of drug policy in many countries. It refers to policies and schemes orientated on limiting psychoactive drugs consumption. Contrary to the former model, one of the assumptions of demand reduction model is the fact that the existence of a drug-free society is an unreal concept. Yet, the risk of reaching out for drugs needs to be reduced by taking preventative and therapeutic measures[6]. This model involves strategies regarding prevention and education i.e., raising social awareness and compounding knowledge of threats related to drug consumption, especially among adolescents. The key factor seems to be enabling easy access to high quality services falling within therapy and treatment of people addicted to psychoactive drugs, however the mandatory requirement to receive such help is to stop using drugs and stay sober (Zamecka, 2018, pp. 115–117).

The model which addresses the drug issue in the most humanitarian and health-promoting way is harm reduction. According to the definition provided by a non-governmental organization Harm Reduction International:

> *Harm reduction refers to policies, programmes and practises that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination (…).* (Harm Reduction International, 2021)

It does not stigmatise drug users, claiming that drug consumption and addiction stems from various factors: social, environmental, cultural, and personal. As in the case of demand reduction, drug-addicted people should be treated as people suffering from an illness who ought to be offered treatment. Contrary to the previous model, it is not mandatory for a person to stop using psychoactive substances and keep drug-abstinence. At the bottom of this model lies the concern for the well-being of a person who takes and is addicted to psychoactive drugs and the concern for public health which manifests itself in hindering the "harm" resulting from taking drugs such as, for example, the spread of HIV across the population or other diseases or viruses, which may be the result of some "risky behaviour" – for instance – taking drugs by injection, using non-sterile injection equipment which had been used before.

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[6] This model mainly involves using the social policy measures. It must be borne in mind that the demand might also be curbed using criminal law. The so-called "deterrence mechanism" is supposed to prevent people from drug consumption in the fear for penal responsibility (Krajewski, 2001, pp. 69–70).

Harm reduction entails a comprehensive set of services recommended by the World Health Organization (WHO), United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV and AIDS (UNAIDS) (UNAIDS, 2019, p. 17).

These activities include:
1. Needle and syringes exchange programmes[7].
2. Drug dependence treatment, including opioid substitution therapy[8].
3. Testing for HIV services.
4. Anti-retrovirus therapy[9].
5. Prevention and treatment of sexually transmissible diseases.
6. Condom distribution programmes for people injecting drugs and their sexual partners.
7. Directed information, education, and communication.
8. Prevention, vaccination, diagnostics and treatment of type B and C hepatitis.
9. Prophylaxis, diagnostics, and treatment of tuberculosis.
10. Distribution of naloxone[10].

Apart from the above-mentioned components, harm reduction might also involve such aspects as: the existence of the so-called consumption rooms, in which drugs may be taken under the supervision of qualified staff and in hygienic conditions; giving out dressings and disinfection materials; housing initiatives for the addicted homeless; psychosocial support and providing information about drugs and their safe use (Harm Reduction International, 2021).

Despite the obvious differences between the above-mentioned models, they should be treated complementarily, which means that they can co-exist and complement one another. In effect, however, most countries base their drug policy on supply reduction, which is expensive, and often does not yield the desired results. Therefore, research-based attitude change towards drug issue is necessary. According to UNAIDS report from 2019, implementing com-

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[7] The exchange involves giving out sterile materials to people taking drugs by injection with the intention to lower the risk of them getting infected with HIV and HCV and to collect used equipment from them which is intended to prevent random people from being exposed to it (Michalewski, 2021, p. 26).

[8] It involves giving people addicted to heroin and other opiates its synthetic equivalent – mainly methadone. This action aims to combat withdrawal syndrome and to prevent the rejection effect thanks to which a patient will be able to function in a society. Methadone therapy leads to a decrease in or a complete withdrawal from drug-taking (Michalewski, 2021, p. 26).

[9] It involves treating people infected with HIV aiming to improve their health condition, restore their immune system, lower the risk of AIDS progression and the risk of other people getting infected.

[10] Distribution of naloxone is recommended by WHO. Naloxone is a substance which blocks opiates. If given at the right moment to a person who overdosed drugs, it will prevent death and save the person's life. Typically, other addicted people are witnesses to overdose, that is why, it is recommended that they have naloxone so that they could react in time (Michalewski, 2021, p. 27).

prehensive harm reduction services reduces "the incidence of blood-borne infections, problem drug use, overdose deaths and other harms. Countries that have successfully scaled up harm reduction have experienced steep declines in HIV infections among people who inject drugs" (UNAIDS, 2019, p. 2). Harm reduction arouses some controversy, but it appears to be of the most humanitarian, pragmatic and health-promoting nature. Its main goal is to improve the quality of life of people taking drugs without imposing abstinence upon them. This, though, should not be associated with promoting the use of psychoactive substances, but rather the care for an individual and the whole society.

Drug use in Mexico and its negative health implications

The key study on the tendencies of psychoactive drugs use is National Trends in Alcohol, Tobacco and Drugs Consumption in 2016–2017 (*Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco*, ENCODAT 2016–2017), which was conducted in 2016 when 56,877 people were interviewed, 12,440 of whom were adolescents aged 12–17 and the other 44,437 were adults aged 18–65. According to this research, there has been an increase in consumption of "any drug"[11] taken by a person at a certain stage of their lives. In 2011, 7.8% of interviewees admitted to having used such drugs, while in 2016 the number rose to 10.3%. Between 2011–2016 the consumption of illegal drugs used at a certain stage of a person's life rose from 7.2% to 9.9% with cannabis being the most popular drug (used by 8.6% of people surveyed) followed by cocaine with 3.5% of people admitting to its consumption. Moreover, 0.6% of people who took part in this study exhibited a possible consumption dependency on drug use in the last year and 20.3% of them signed on for treatment. Interestingly, in recent years the average age of people who start using drugs decreased from 20.6 in 2002, 18.7 in 2008, 18.8 in 2011 to 17.8 in 2016 (Encuesta Nacional…, 2017; CONADIC, 2017, pp. 50, 56, 115).

In Mexico, a staggering 164,157 people take drugs by injection, and bearing in mind the whole population of the country, it is the highest number in Latin America. For comparison, in Argentina the number of people who inject drugs amounts to 8,144, in Colombia to 14,893. Harm Reduction International report from 2020 provides a percentage number of HIV, type C (anti-HCV) and type B (anti-HBsAg) carriers among people who inject drugs. The prevalence rate of HIV looks the following: in Mexico 4.4% of people, in Argentina 3.5% and in Colombia 5.5%. Nevertheless, the most worrying

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[11] The expression "any drug" refers to the use of medical substances (opioids, sedatives, barbiturates, or amphetamine) without prescription or their consumption exceeding a doctor's recommendation over a longer period of time or the use of illegal drugs such as: marijuana, cocaine, cocaine paste, crack, hallucinogens, intoxicative inhalants, heroine, and stimulants of methamphetamine type and other substances such as ketamine or GHB etc.

data concern the prevalence of type C hepatitis. In Mexico, 96% people who use injected drugs are carriers of this disease, which constitutes the highest number in the region, and one of the highest in the world. As a comparison, in Argentina this rate comes to 4.8% and in Columbia it totals 31.6%, whereas in the case of hepatitis B, this rate only amounts to 0.2% in Mexico, 1.6% in Argentina and there are no data available for Colombia (Harm Reduction International, 2020, p. 100).

Territorial data show that it is in the northern areas of the country that the issue of drug consumption and addictions is most apparent. This fact is reflected in the research conducted in 2017–2018 by the National Institute of Psychiatry Ramón de la Fuente Muñiz (*Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz*, INPRM) in association with the Ministry of Health and with the participation of three non-governmental organisations[12]. This study concerns the use of heroin in three major, cross-border cities in Mexico, namely: Tijuana (Lower California), San Luis Rio Colorado (Sonora) and Ciudad Juarez (Chihuahua), and it was conducted in addiction treatment centres on a group of 600 people and at consumption sites on a group of 391 people. Based on the results, it has been concluded that in the population of people taking heroin, the majority were male, migrants who tried to cross the border and/or were deported from the USA. These individuals also had had experimentation phases with other psychoactive drugs – as many as 96.5% had used marijuana at least once in their lifetime, and 91.3% used cocaine. In addition, the research indicates that 66.8% of surveyed people experienced overdose at some point in their lives, which represents a total of 401 cases. The data regarding risky practices connected with taking drugs also need to be taken into consideration. As many as 75.1% of interviewees admitted having lent a used syringe to other people, while 69.8% admitted having used a syringe which had been used before. Thereupon, a high rate of reactive hepatitis C cases has been reported in treatment centres. It amounts to 76.9%, which represents 455 cases. In the context of negative social implications such as discrimination or marginalisation, as many as 58.6% of the population surveyed claimed to have been treated with contempt and to have been rejected or offended by a family member, while 49.5% have been rejected by potential employers during the job-seeking process (Fleiz-Bautista & Domínguez-García …, 2019, pp. 61, 68, 90, 93, 162).

The problem of drug consumption and the number of addictions surge in northern states stems from the specific character of these areas, namely, the fact that they border the southern states of the USA. These are territories of both geographical and goods and services mobility, where people cross the border both for touristic and earning purposes. Moreover, these are key points of smuggling drugs into the USA. For these reasons, in some parts of the cities drug trafficking and consumption, prostitution and crime have simmered.

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[12] *Prevencasa, Integración Social Verter* and *Programa Compañeros*.

Increasing the number of border patrols, combined with the endeavours to seal the border, resulted in people – who did not manage to cross the border or have been deported from the USA – having to settle in cross-border cities. Consequently, no prospects and source of income made them resort to psychoactive drugs. It must be stated that due to the opioid crisis[13] in the USA, in northern Mexican states an increase in heroin and fentanyl consumption, resulting from the change in drug demand, and thus, the heroin price reduction, has been noted. Additionally, as a result of security police operations, a share of drugs produced in Mexico does not make it across the border and reach its American consumers. Therefore, to make up for the financial loss, drug cartels try to stimulate and meet the local drug demand (Bonello, November 1, 2019), which results in the increase in psychoactive drug consumption in the country.

The implementation of harm reduction model in Mexico

In the context of public health, Mexican drug policy is regulated by several legal acts. The fourth article of the Political Constitution of the United States of Mexico (*Constitución Política de los Estados Unidos Mexicanos*) states that every person has the right to health (Diario Oficial de la Federación, May 28, 2021). The control and supervision over particular psychoactive drugs have been defined in the General Health Law (*Ley General de Salud*), which provides a definition of the so-called "therapeutic values" of psychotropic substances[14], and determines whether they pose a threat to public health (Diario Oficial de la Federación, August 20, 2009). Another important piece of legislation concerning drugs which took effect on 21st of August 2009 is the decree known as Small-Scale Drug Law (*Ley de narcomenudeo*) which decriminalises psychoactive drugs and determines the maximum number of dosages allowed for personal and direct use without facing criminal charges[15]. Any individual taking more drugs than stated in statutory law, caught by the police for the third time, will have to attend compulsory rehab treatment. Moreover, the law determines the kinds of crime committed against health in the context of drug dealing, and more importantly, designates the following terms: "user", "addicted person" and "retailer" (Hernández, 2010).

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[13] By the term "opioid crisis" we refer to the epidemic of prescribed opioid medication addiction (mainly fentanyl) which goes back to 1990s. Since 2017 a steep increase in opioid addictions and overdose deaths has been observed. See: National Institute…, March 11, 2021.

[14] The term "psychotropic substances" refers to substances affecting central nervous system. It is synonymous to "psychoactive drugs" frequently used in legal parlance.

[15] The 2009 reform eliminates legal sanctions for the possession of the following drugs: 0.5 g of cocaine, 50 mg of heroin, 0.015 mg of LSD, 40 mg of methamphetamine, 5 g of marijuana (Mackey & Werb…, 2014).

The most important legal instrument regulating issues regarding drug use in terms of health is the Official Mexican Standard 028 (*Norma Oficial Mexicana, NOM-028-SSA2-2009*) which pertains to the prevention, treatment, and control of addictions. The standard provides a definition of harm reduction which, in a nutshell, says that it is a complex of activities aiming to avoid completely or limit the risk and curb harms caused by psychoactive drugs consumption. Thus, it is imperative to provide treatment and prophylaxis. This does not necessarily mean abstinence. In the case of HIV/AIDS, it is a strategy which involves providing information about HIV/AIDS to drug users; instructing them how to properly clean syringes and how to use sterile needles and syringes; distributing condoms, chlorine, gauze bandages, as well as giving medical advice, conducting HIV tests; community service for people who inject drugs, creating interdisciplinary advice groups regarding drug consumption. Such activities are the safest and most effective method of limiting the HIV transmission among individuals who inject drugs (CNDH, 2009). This definition corresponds to the UN-promoted definitions, nongovernmental organisations, and academic centres.

There are two methods of treating people addicted to psychoactive substances available in Mexico, namely: ambulatory and stationary. The former is represented by 341 governmental Primary Health Care Centres for Addictions (*Centros de Atención Primaria en Adicciones*, CAPA), 104 external consulting units of the Centres for Youth Integration (*Centros de Integración Juvenil*) and medical services provided by an unspecified number of private clinics. As far as the stationary care goes, it consists of 11 hospital wards of the Centres for Youth Integration, the so-called public housing units (45) and 2,108 private care facilities for the addicted, many of which were set up over a dozen years ago. All this constitutes the civil society's response to the fact that such facilities are extremely scarce in the country. Almost half of these facilities are registered, and 348 entities are officially approved, which means that medical services provided there comply with the rules of law (CONADIC, 2019, p. 44).

Within the framework of harm reduction, needle exchange schemes (NSP) are realised. However, according to the data obtained from the Harm Reduction International report from 2020, less than 5% of people injecting drugs have access to such programmes. Heroin addicts may use opioid agonist therapy (OAT), which primarily involves methadone therapy. Nonetheless, neither NSP nor OAT are accessible for the inmates. In Mexico, naloxone is distributed with the intention to prevent deaths resulting from opioids[16] overdose. People who take drugs do not have the possibility to use the so-called drug consumption rooms (DCR), with only the city of Mexicali having this type of facility available. Yet, this place is not officially supervised

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[16] Opioids are a group of substances including opiates (among others opium, morphine, and heroin) and synthetic opioids (for instance fentanyl) and pharmaceutical opioids (prescribed medicine).

by the public service administration organs (Harm Reduction International, 2020, p. 100).

Detailed data showing precise information regarding the realisation and financing of harm reduction schemes are missing. It is known that in the last 10 years public health expenditure fluctuated between 2.5% and 2.9% of the country's Gross Domestic Product (Méndez, 2020). It needs to be stressed that during the presidential term of Felipe Calderón (2006–2012), who declared a "war on drug cartels", as much as 97.07% (790 billion pesos) of overall drug policy expenditure was channelled to law enforcement activities, and as little as 2.91% (23 billion pesos) was used for prophylaxis and treatment including human rights programmes (Zedillo Ponce de León, Pérez Correa González…, 2019, p. 42). The public institution coordinating and financing harm reduction is the National Centre for the Prevention and Control of HIV and AIDS (*Centro Nacional para la Prevención y el Control del VIH y el Sida*, CENSIDA). It subsidises projects realised by private sector – only to a small extent, though. Between 2011–2017 CENSIDA financed 31 social and research programmes, 19 of which were realised in conjunction with nongovernmental organisations. A 23 million pesos investment went directly to 44,444 and indirectly to 22,468 participants (Magis-Rodríguez & García-Sánchez…, 2018, p. 155). Nongovernmental organisation Global Fund was an important entity financing harm reduction operations. From January 2011 until December 2013, it aided the HIV struggle in Mexico appropriating 34,680,258 US dollars (Global Fund, 2021) for the cause. However, due to the country's increasing GDP, financial support was terminated, which translated to the limitation of harm reduction services by decreasing the number of civil society organisations which, at the time, did not receive enough funding from the Mexican government.

Essentially, it is the civil society organisations that play a major role in implementing harm reduction. This funding has been in effect since 1988 with the support of international organisations and academic centres (Ospina-Escobar, September 23, 2019). Thanks to their interventions, people with a drug abuse problem living in extreme poverty on the fringes of society may gain access to health services. These organisations centre around Mexican Harm Reduction Network (*Red Mexicana de Reducción de Daños*, REDUMEX), whose members include people taking drugs, former drug users, activists, and scientists. According to the CENSIDA data, in 2014 there existed 38 registered organisations in the north of the country. However, by 2017 this number had dropped to 8. The number of facilities offering replacement therapy also decreased significantly. In 2013, CENSIDA recorded 21 such facilities nationwide, but in 2017 there were just 10. These facilities were shut down also because of the medication deficit. The depletion of financial backing also resulted in the reduction of syringes distribution to people who inject drugs. The biggest number of syringes was given out during the realisation of the Global Fund programme in 2013 when the number of syringes per person amounted

to 19.7 while in 2017 it dropped by 30% and came to 6.2 syringes per person annually (Ospina-Escobar, June 11, 2019). Considering WHO recommendations, these numbers were low[17].

Although civil society organisations are the key entity providing harm reduction services, in 2019, President Andrés Manuel López Obrador announced that they would not be subsidised by the state. This decision was legitimised by the government's fight against corruption, financial abuse, and fraud. According to Angélica Ospina Escobar from REDUMEX, the lack of governmental support is going to hit smaller organisations, which do not have international backing and are more of a communal nature, the hardest, meaning that frequently they are the only service provider in terms of harm reduction among local communities (Ospina-Escobar, June 11, 2019). It must be borne in mind that the lack of funds is going to hinder the process of helping people in need. Consequently, it may increase the chances of HIV epidemic occurring in the future. The data regarding the efficiency of harm reduction schemes in terms of reducing the number of infections were published in 2019 in *Salud Mental* scientific journal. It has been calculated that in Mexico, between 2015–2018, among 66,973 people who inject drugs, 869 HIV infections were successfully prevented. The total CENSIDA's investment spent on harm reduction came to 13,206,323.20 pesos, which meant that the average cost of preventing 1 HIV infection amounted to 15,197 pesos, whereas an annual anti-retrovirus treatment of an infected person came to 31,344 pesos (Valenzuela-Lara, Ponce-Ramos *et al.*, 2019, pp. 160–161). It may be concluded that prevention is more cost-effective than treatment since the cost of preventing a single infection is 50% lower than an annual treatment cost of an infected person whose survival rate may reach 20 years.

Presidential decree concerning funding restrictions for civil society organisations proves that the government continues their predecessors' drug policy which, above all, relies on supply reduction, with little regard given to the issue of public health. Even though The National Development Programme for years 2019–2024 (*Plan Nacional de Desarrollo 2019–2024*) (Diario Oficial de la Federación, July 12, 2019) highlighted the necessity to reformulate drug policy, put an end to drug war and adopt the prevention strategy treatment of addictions, in effect, the government did not devise any strategy in this respect. Mexico lacks the proper system which would be able to monitor the efficacy of such programmes, and the one which would include data coming both from state institutions and private entities, which in turn, would make it possible to coordinate activities in a better way and to provide more effective health care for patients, thus curbing drug-related social and health harms.

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[17] WHO recommends distributing 200 syringes per person annually.

Conclusions

Mexico is among the states most severely affected by the negative impacts of drug prohibition related to combating organised crime groups. What is more, in recent years the use and abuse of psychoactive drugs has posed a serious health and social issue in the country – the fact which is related to the increase in HIV and HCV infections, as well as the marginalisation and discrimination of drug addicts. It can be noticed that drug problem affects different parts of the country to a varying degree, which is mainly caused by an array of socio-economic factors and the proximity of the USA.

Mexico lacks an integrated approach to drug policy which would rely on harm reduction to a greater extent and whose purpose would be to contain the negative health, social and economic implications of taking drugs. Despite the existing legal mechanisms regulating this model, in effect, they do not translate into any particular strategy. There is no public institution being solely responsible for the coordination of harm reduction programmes. These activities rest with CENSIDA, whose goal is to prevent the spread of HIV and AIDS or HCV across society. However, it must be borne in mind that harm reduction should also encompass other aspects aiming to improve the general well-being and quality of life of people taking psychoactive drugs. In Mexico, it primarily concerns the needle and syringe exchange scheme and substitutional programmes. These activities are essentially performed by the civil society organisations, which are not sufficiently subsidised by the government.

In recent years, in Mexico there has been the liberalisation of drug law[18]. Still, there are no projects aiming to protect public health which would observe human rights, while experts emphasise the fact that positive effects of decriminalisation or legalisation of psychoactive substances depend on the degree to which the harm reduction model or preventative schemes have been implemented. Ensuring the appropriate harm reduction services for people taking drugs is crucial, especially now, during COVID-19 pandemic, when access to health is restricted – the consequences of which most deeply affect the addicted living in extreme poverty. It needs to be stressed that by signing The Sustainable Development Goals, Mexico declared that AIDS epidemic should be contained by 2030. In 2020, the Ministry of Health announced the launch of the national programme whose purpose is to eliminate type C hepatitis, viewed as a public health issue, by 2030. Nevertheless, the above-mentioned goals will not be realised without implementing a proper harm reduction stra-

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[18] Since 2017, medical use of marijuana has been legal in Mexico. In 2018, the Supreme Court pronounced that the ban on possessing and cultivating marijuana is non-constitutional and it ordered that the appropriate law be changed in that respect. According to the stand ready legislative bill, adults will be allowed to possess up to 28 grams of marijuana for personal use and cultivate up to 6 plants. The bill is meant to regulate issues concerning the rules of the operation of commercial market and the system of granting licenses (Lopez, July 14, 2021).

tegy which should allow for the diversity of the society including aspects, such as: sex, LGBT+ or the indigenous people.

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