HEROIN USE IN MEXICO

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National Commissioner Against Addictions
### EPIDEMIOLOGIC PANORAMA

**Source:** National Household Surveys

#### DRUG USE WITHIN THE LAST YEAR (12-65 years, household survey)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>2002</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any illegal drug</td>
<td>0.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Marijuana</td>
<td>0.5</td>
<td>1.03</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.3</td>
<td>0.44</td>
</tr>
<tr>
<td>Crack</td>
<td>0</td>
<td>0.13</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.1</td>
<td>0.12</td>
</tr>
<tr>
<td>Heroin</td>
<td>0</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Source: National Household Surveys
HEROIN USE IN MEXICO

North border:
- Detected since 1920’s in Tijuana, BC. Border city with the highest immigrant cross rate in the world. Drug use on rise and detection in other cities like Mexicali. High concentration of users in exclusion zones (“picaderos”, i.e. j 6,000 users in “Canal del Río” zone).
- Later onset in Ciudad Juarez (Chihuahua) and rapid growth of the problem.

Other regions:
- Opium producer states
- Terrestrial trafficking states
- States where seizures are important and clandestine laboratories have been dismantled
- States with returning migrants.

Nongovernmental Drug Treatment Centers 2000 - 2009 "States of the Northern Border"

Source: Epidemiological Surveillance System of Addictions (SISVEA)
Drug use once in a lifetime in a lifetime treatment centers B.C.

**Source:** Epidemiological Surveillance System of Addictions (SISVEA)

**N promedio = 22,900 personas**

- **Inhalables**
- **Heroína**
- **Cocaina**
- **Crystal meth**

**DRUG USE ONCE IN A LIFETIME FIRST TIME PATIENTS (CIJ)**

- **Estado**
- **2011**
  - Baja California: 113
  - Chihuahua: 87
  - Colima: 21
  - Michoacán: 18
  - Puebla: 11
  - Oaxaca: 9
  - Sinaloa: 9
  - Guerrero: 7
  - Sonora: 7
  - DF: 5
  - Estado de México: 5
  - Nayarit: 4
  - Baja California Sur: 4
  - Quintana Roo: 2
  - Campeche: 2
  - Chiapas: 1

**Map of Heroína use once in a lifetime by state.**

The main consumption of heroin is located in the Northwestern region of the country.

- The main consumer states are Chihuahua and Baja California.
- The most used land trafficking routes are located at the regions of the "Bajío", directed to the north border, and of the pacific.
- In the case of the air routes, the scales from South America, are Guerrero and Mexico City, from where they follow to Baja California and Sonora.

CONSUMERS PROFILE
SOCIO DEMOGRAPHIC PROFILE (CIJ)
Drug of impact (Opiates)

- Male subjects 86.2%
- Low socioeconomic profile 50.2%

Source: SISVEA 2009

**GROUPS OF AGE**

- 10-14: 0.4%
- 15-19: 5.9%
- 20-24: 11.4%
- 25-29: 15.3%
- 30-34: 17.9%
- 35+: 49.1%

Source: SISVEA 2009
CONCLUSIONS

- Heroin use is low in Mexico.

- Heroin use was concentrated in 10 states of the 32 to 2000. Consumption has now spread to 31 of the 32 states.

- The only one who has not reported care requirements is Hidalgo.

CONCLUSIONS

- Consumption overtook the cities on the northern border, it was spreading through the Pacific corridor and the “Bajío Zone”, and is currently in almost around the country.

- Consumers are mostly single men, of low socioeconomic level and over 30 years of age.
CONCLUSIONS – CHIHUAHUA

- The highest levels of consumption are concentrated in Ciudad Juarez

- First place in treatment demand for heroin use (twice that in Baja California, CIJ data from 2001 to 2011)

- Amapola producing state and the gate to the US market

- High crime and high levels of violence

- Prison population with high levels of dependence and heroin consumption.

CONCLUSIONS – BAJA CALIFORNIA

- Tijuana was the first city where consumption was detected in the early 20's. It’s the world’s busiest border.

- For 15 years, consumption levels remain high.

- The problem is concentrated in Tijuana and Mexicali. It has 9 methadone clinics.

- Third place of heroin assurances
CONCLUSIONS – OTHER STATES
• In Michoacan and Guerrero have been seen increases in heroin use.

• These states are part of the Pacific route and they have assured heroin laboratories.

• The main producer of amapola is the state of Guerrero, with 51% of the destroyed product (as well as opium gum).

MEXICAN ACTIONS TO FACE THE PROBLEM
• Monitoring system established since 1974, surveys in schools, household, special groups, treatment centers and special facilities.

• Strengthening information systems in the Mexican Observatory on Tobacco, Alcohol and Other Drugs (OMEXTAD).

• Strengthening the National System of drug treatment, and the referral network (training, enhance infrastructure and regulation: NOM-028).

• Apply preventive programs and early detection mechanisms.
Thank you

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