NEW TRENDS AND IMPACT ON HEROIN POLICIES
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MEXICO
INTRODUCTION

-The consumption of drugs in Mexico has increased due to the availability made possible by trafficking throughout the national territory.

-Consumption rates vary from one region to another, depending on various factors, such as family desintegration, high incidence of drugs trafficking, and the settlement of criminal drug organizations.

-With regard to heroin’s trafficking the detected routes reveal that most of it is produced in South America, destined to North America and Europe.

POPPY ERADICATION
Production:

- The production areas are located mainly in the Pacific, including the states of Guerrero, Durango, Sonora, Sinaloa, Chihuahua and Nayarit, states that concentrate 98% of the total eradication.

- The climatological conditions that prevail in the country make it possible to sow and cultivate opiates. Their high incidence cycle is from January to April and the low production from May to September and December.

- During the present Administration 254,864 poppy fields have been destroyed in 46,521.81 hectares.

- The state of Guerrero (23,881.64 hectares) concentrates 51% of the total eradication in the country.

- As from the year 2006, there has been a tendency for decrease (16,889.90 hectares) while 2008 shows a gradual increase.
The seizure of 1,493.58 kg. of opium gum has been reported in the present Administration.
SEIZURE OF OPIUM GUM

- The most significant seizures have been registered in Guerrero (801.35 kg.), Chihuahua (226.39 kg.), Durango (111.22 kg.) and Nayarit (109.15 kg.). These amount to 84% of the total seizures within the national territory.

- The year 2009 registered two historical events: April 22 in Guerrero (200 Kg.) and November 4 in Chihuahua (203 Kg.).

- Opium gum seizure were done by means of 334 operations; 333 of these were by lard and only one by air. The operation trafficking modality for this opiate is registered in hidden spaces of vehicles. It is also seized from persons that transported hidden in their bodies.

ROUTES BY LAND TRAFFICKING

- Trafficking in this kind of drug is more frequently identified as using passenger transportation, through federal roads leading to the cities at the northern border.

- Routes have also been identified from Culiacan (Sinaloa) towards the state of Jalisco.
HEROIN SEIZURES

KILOGRAMS

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SOURCE: Uniform Statistical System for Crime Analysis (SEUNAD) 2010
*Data up to April 15 (Preliminary numbers). The years 2005 and 2006 relating to total data, are only for reference purposes.
• In the present Administration 976.47 kg. of heroin have been seized.

• The total amount of heroine seized took place in 25 states of the Mexican Republic, mostly in Sonora (324.38 kg.), Sinaloa (195.00 kg.), Baja California (147.54 kg.) and the Federal District (120.77 kg.), representing 81% of the total at national level.

• During the present Administration, the most relevant seizure was registered December 2, 2008 in Badiraguato (Sinaloa) weighing 90 kg.

• The heroin seizure was carried out by means of 1,046 operations: 994 by land, 53 by air and 3 by sea. 83% of the seized opiates (808.65 kg.) took place through land operations.

• Heroin land trafficking was carried out mainly in hidden spaces in private vehicles and passenger buses as well as by means of packages hidden in the passengers bodies.

• Air trafficking was carried out in suitcases with false bottoms and in packages stuck to passengers’ body.
The route more frequently used is through the lowland region in the direction of the Northern Frontier of the states of Baja California and Sonora. Also identified are the routes coming from cities of easy access to the Pacific, such as the ports in Mazatlan (Sinaloa) and Manzanillo (Colima).

Other routes used originated in the central states of the country (Zacatecas, Guanajuato and Guerrero), with destinations to Chicago and Denver, USA.

The heroine enters the Mexican territory through the international airports of Mexico City and Acapulco coming from Panama, Brazil, Colombia, Argentina and Peru, with destination to the border cities of Mexicali and Tijuana, as well as to the city of Chicago in the United States.
During the present Administration a total of 366 laboratories have been disrupted throughout the Mexican Republic. Only 8 of these were for the production of heroin. The state of Sinaloa stands out for having managed to destroy 5 of them –in Culiacán (3), Mocorito (1) y Badiraguato (1); the remaining 3 were seized in Guerrero, Nayarit and Michoacan.

The total classification of the 366 laboratories disrupted is as follows:

- 299-methamphetamine.
- 9 - cocaine.
- 1 -ecstasy
- 1 -amphetamine
• The most relevant event took place December 12, 2008 in a laboratory located in Badiraguato, Sinaloa by the Defense Department “SEDENA” that seized 90 kg. of heroin, 3 lt. of opium gum, 2lt of acetic acid, 25 kg. of sodium hydroxide, as well as various laboratory instruments.

• It is worth mentioning that of the total heroin seized in the national territory, 11% (109.97kg.) were confiscated in laboratories.

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NATIONAL ADDICTIONS SURVEYS (ENA)


Urban Population 12 to 65 years old

Marijuana Cocaine Total Crack Hallucinogens Inhalants Heroin Amphetamine 

‐ type Stimulants

Fifth National Addictions Survey, SS, CONADIC, INPRFM, INSP
Needs for medical care in the prevention and treatment of drug use and dependency

- 0.6% Dependency
- 5.2% Use without dependency
- 13.6% Exposure without consumption
- 80.7% Non-consumption

428,819 Specialized treatment
3'869,093 Timely detection and medical care
10'184,064 Selective and appropriate medical care

Situation in México*

- The accumulated incidence of heroin consumption, among the population 12 to 65 years old at national level, amounts to 0.1% (106,939), which represents the lowest incidence in national results.

- The tendency to consume heroin in the last 6 years, has not registered an important increase as related to the accelerated increase of other drugs like crack and methamphetamines.

- The heroin rate of consumption in men 12 to 65 years is 0.3%, while in women is less than 0.1%

- The highest consumption rate in both sexes is at the age of 26 to 34 years, the percentage being 0.3%

- Consumption initiation starts more frequently between 18 and 25 years of age (45.7%)

*Source: National Addictions Survey 2008
Heroin consumption was detected in 17 states:

- Chihuahua
- Coahuila
- Distrito Federal
- Aguascalientes
- Colima
- Baja California
- Nuevo León
- Veracruz
- Durango
- Estado de México
- Querétaro
- Quintana Roo
- San Luis Potosí
- Sinaloa
- Tamaulipas
- Yucatán

Chihuahua is the state having the largest rate of consumption of heroin. It shows an accumulated 1.3% rate among the population 12 to 65 years old. Consumption initiation of heroin in starts between 12 and 17 years of age, representing 52.6% of the total users of this drug.

It is estimated that in the "canal" zone at Tijuana, B.C, there are at least 6,000 heroin addicts living in the street.

It is important to point out that in some central states of the country, that traditionally send down migrants, cases of heroin consumption have been detected related to the return of migrants to their place of origin.
Demand for Treatment

- According to the Epidemiological Surveillance System (SISVEA 2008), between 2006 and 2007 heroin was the third drug having the greatest impact among the population of the beforementioned states. Of the persons that asked for treatment at non governmental treatment centers, 34.9% were heroin consumers, only below those of cocaine (69.1%) and marijuana (60.4%)

- Data from the Report of CJJ (Juvenile Integration Centers), corresponding to the second semester of 2008, show that of a total of 9,773 persons who asked for treatment for the first time during the last month of that period, 2.4% were heroin consumers, only above of hallucinogens consumers. (*)

Within the rank of drugs taken during the first year of consumption by first time treatment parients at CJJ, the consumption of heroin, at national level, was of 0.1%. Chihuahua, Baja California, the state of Mexico and Sinaloa were reported to have the highest incidences in this indicator. Of the total number of first time patients, 5.2% used heroin sometime in life.

National data on the use of heroin in patients taken care of at CJJ, during the first semester of 2009, are 4.1% for those that used it sometime in life ; of 2.1% for those that used it during the last year and of 2.8% for those that used it in the last thirty days.
Heroin Consumption Treatment with Metadone*

- There are in the country around thirty clinics for the care of heroin consumers, most of them private, offering various treatment programs.

- The only recognized clinics at governmental level are those using metadone, that CIJ set up at the Northern border of our country. One of those clinics is located in Ciudad Juárez and another one in Tijuana. A new clinic is soon to be opened in Mexicali.

- These clinics are the first of their kind to be established in the public sector. They have an integral program that, in addition to the prescription of metadone by specialized doctors and administrated by an expert chemist in narcotics, it grants general medical attention, psychiatric, psychological and of social work.

- The purpose of the program with Metadone or Buprenorphine is to achieve the clinical stabilization of persons dependent on illegal opiates, in order to reduce the illicit use, intoxication and abstinence syndromes, as well as risk and harm behaviors, by promoting loss of habit, rehabilitation and social reinstatement.
Treatment for heroin consumption with metadone in CJ

### Stages of the Program

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<th>Stage</th>
<th>Description</th>
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| I     | Substitution of heroin by metadone use of antagonist  
  - Diminishing craving  
  - Abstinence control  
  - Individual dosage  
  - Clinical stabilization  
  - Laboratory Analysis  
  - Antidoping  
  - AIDS  
  - Pregnancy |
| II    | Maintenance with metadone  
  - Stable dosage  
  - Therapeutic support services  
  - Tx. of comorbidity  
  - Psychotherapies  
  - Programmed antidoping control |
| III   | Gradual reduction  
  - School  
  - Work place  
  - Decrease  
  - Suspension of the metadone  
  - Use of antagonists  
  - Follow-up |

- Two weeks
- 3 to 6 months
- 4 to 6 months

Source: Uniform Statistical System for Crime Analysis (SEUNAD) / CENAPI / PGR  
*Preliminary Numbers*