



Published in final edited form as:

Lancet. 2010 August 14; 376(9740): 493–495. doi:10.1016/S0140-6736(10)60883-5.

Tackling HIV and Drug Addiction in Mexico

Jose Guadalupe Bustamante Moreno¹, Jose Antonio Izazola Licea², and Carlos Rodriguez-Ajenjo³

¹Secretaria de Salud, Baja California

²Centro Nacional para la Prevención y el Control del VIH/SIDA

³Consejo Nacional contras las Adicciones

Keywords

HIV; Mexico; sex work; injection drug use; harm reduction; policy

Mexico serves as a major producer of heroin, marijuana and methamphetamine and a trans-shipment route for cocaine destined for U.S markets, which has profound effects on the health of its people. Since 2007, over 20,000 drug-related fatalities occurred nation-wide in association with warring drug trafficking organizations.

Social, political and economic forces coupled with wide economic disparities between Mexico and the U.S have created major corridors for drug trafficking and migration through northern border states, such as Baja California and Chihuahua, which now face twin epidemics of HIV and drug addiction.¹ Baja California has the second highest cumulative AIDS incidence among Mexico's 32 states.² In Tijuana, a city of 1.5 million people adjacent to San Diego, CA, up to 1 in 116 persons aged 15–49 was HIV-infected in 2006.³ Among female drug injectors, HIV prevalence is 12%.⁴ Compared to Mexico overall where 0.2% injected any drug in 2008, 4.8% injected drugs in Baja California, and rates of methamphetamine use were highest in the country.⁵ Methamphetamine use was independently associated with HIV infection among the city's female sex workers and their clients, among whom HIV prevalence is nearly identical (5–6%).⁶

Until recently, Mexico's response to its drug problem mirrored that of the U.S., emphasizing supply reduction and interdiction. Harm reduction was initially limited to grassroots efforts of local non-governmental organizations (NGOs) in Ciudad Juarez and Tijuana. There was only one publicly funded methadone program in the country, in Ciudad Juarez. However, with growing recognition that rising HIV rates were linked to drug abuse in these cities and others, harm reduction became officially embraced, both in Baja California⁷ and nation-wide.⁸

In scaling up its response to HIV prevention, Mexico's Federal Ministry of Health mobilized the *Centro Nacional para la Prevención y el Control del VIH/SIDA* and state health officials to implement mobile clinics ('condonetas'), delivering condoms, rapid HIV testing, educational materials and syringe exchange to high risk neighborhoods in border cities like Tijuana and other Mexican cities.⁹ By 2010, syringe exchanges were operating in nine Mexican states.

Mexico has also embarked upon drug policy reform. On August 24, 2009, Mexican President Felipe Calderon approved an unprecedented law that deregulates possession of small, specified amounts of cocaine, heroin, methamphetamine and marijuana for personal use.¹⁰ The law specifies that police apprehending persons possessing these drugs in equal or

lesser amounts will receive no penal action until a third apprehension, whereupon they will be required to enter drug treatment or jail. This law, to be enacted in August 2010, is intended to re-direct law enforcement to drug dealers and traffickers, while moving towards a harm reduction approach for drug dependence. A nation-wide expansion to expand opioid substitution treatment programs is underway under the direction of the *Consejo Nacional contras las Adicciones*, placing appropriate emphasis on demand reduction. These bold steps to addressing Mexico's drug problem reflect a shift away from the 'war on drugs' philosophy that many deem to have failed,¹¹ towards a more balanced approach. Other countries in Latin America (e.g., Ecuador, Argentina, Brazil) and elsewhere (e.g., Portugal) have also embarked upon drug policy reforms that involve some degree of decriminalizing drug possession.¹¹ Mexican health officials, NGOs and researchers from Mexico and the U.S. are working in partnership to implement and evaluate the health and societal outcomes of these initiatives, and a new police education program focused on demand reduction, harm reduction and human rights being introduced in Baja California and Chihuahua. These initiatives will help ensure that Mexico's health and drug policies are grounded in empirical evidence and the right to health for all people.

Acknowledgments

The authors acknowledge Dr. Steffanie Strathdee, Dr. Carlos Magis-Rodriguez, Dr. Maria Elena Medina-Mora, Dr. Remedios Lozada, Alicia Vera, Jessica Cubeta, MLA, and the Municipal and State Health Departments of Tijuana, Baja California; Prevencasa, A.C, staff from CENSIDA and CONADIC, and grants from the National Institutes on Drug Abuse (R01 DA019829 and R21 DA024381), USAID and Higher Education for Development.

References

1. Strathdee SA, Magis-Rodriguez C. Mexico's evolving HIV epidemic. *JAMA*. 2008 August 6; 300(5):571–573. [PubMed: 18677029]
2. Secretaria De Salud. Panorama epidemiologico del VIH/SIDA e ITS en Mexico. Secretaria De Salud Consejo Nacional para la Prevencion y Control del VIH/SIDA. 2009 [Last accessed: 5-1-2010]. Available from: URL: http://www.censida.salud.gob.mx/descargas/2009/cifras/Nov2009/02_casoIncidenacum.pdf
3. Iniguez-Stevens E, Brouwer KC, Hogg RS, et al. Estimating the 2006 prevalence of HIV by gender and risk groups in Tijuana, Mexico. *Gac Med Mex*. 2009 May; 145(3):189–195. [PubMed: 19685824]
4. Strathdee SA, Lozada R, Ojeda VD, et al. Differential effects of migration and deportation on HIV infection among male and female injection drug users in Tijuana, Mexico. *PLoS One*. 2008; 3(7):e2690. [PubMed: 18665250]
5. National Council against Addictions, National Institute on Psychiatry Ramon de la Fuente, National Institute on Public Health. 2008 National Household Survey on Addictions, Mexico. *SALUD*. 2009 [Last accessed: 5-20-2010]. Available from: URL: http://www.inprf.org.mx/epidemiologicas/encuestas_ena2008.html
6. Patterson TL, Goldenberg S, Gallardo M, et al. Correlates of HIV, sexually transmitted infections, and associated high-risk behaviors among male clients of female sex workers in Tijuana, Mexico. *AIDS*. 2009 August 24; 23(13):1765–1771. [PubMed: 19584699]
7. Bustamante Moreno, JG.; Philbin, MM.; Lozada, R., et al. Stakeholder attitudes towards and feasibility of needle exchange programs to reduce drug-related harm in Tijuana, Mexico (for Proyecto El Cuete). Proceedings of the International Conference on AIDS; 2008 Mar 8; Mexico City, Mexico. 2008.
8. CENSIDA. Actividades de reducción del daño en usuarios de drogas: Informe interno. CENSIDA. 2006 [Last accessed: 5-1-2010]. Available from: URL: <http://www.censida.salud.gob.mx/interior/udis/udis.html>
9. Philbin MM, Mantsios A, Lozada R, et al. Exploring stakeholder perceptions of acceptability and feasibility of needle exchange programmes, syringe vending machines and safer injection facilities in Tijuana, Mexico. *Int J Drug Policy*. 2009 July; 20(4):329–335. [PubMed: 18963906]

10. Consejo Nacional contras las Adicciones. Normatividad y Legislación. Consejo Nacional contras las Adicciones. 2010. Available from: URL:
<http://www.conadic.salud.gob.mx/interior/normas.html>
11. Beyrer C, Malinowska-Sempruch K, Kamarulzaman A, Kazatchkine M, Sidibe M, Strathdee SA. A Call to Action for HIV/AIDS among People Who Use Drugs. *Lancet*. 2010 In press.