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UNGASS 2016 five years later: A perspective from Mexico

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In April 2016, at the 30th Special Session of the United Nations General Assembly, heads of state and government, together with ministers and representatives of the member states, convened to review progress in the implementation of the “Political Declaration and Plan of Action on International Cooperation in Favor of a Comprehensive and Balanced Strategy to Counter the World Drug Problem” (*Oficina de las Naciones Unidas Contra la Droga y el Delito [UNODC], 2016*).

At that occasion, member states recognized that while tangible progress had been made in some areas, the world drug problem continued to pose challenges to the health, safety, and welfare of all humanity, and that the high cost of the drug problem reaffirmed the need for comprehensive, balanced, sustainable, and viable policy interventions to promote the livelihoods of the world’s people. Today, five years after the UNGASS declaration, we evaluated its impact.

UNGASS 2016 revealed a global interest in approaching drug problems from a public health rather than a criminal justice perspective, and a renewed interest in prevention, ensuring treatment and care, and harm reduction as well. Collaboration between WHO and UNODC gave us the tools to make progress within this new paradigm (*Nougier, Cots-Fernández, & Putri, 2021*).

The declaration highlighted evidence-based approaches to drug policy based on public health principles, emphasizing social protection and health care instead of criminalization and punishment. Rather than the seizure of drugs or the incarceration of people, the well-being of communities became the focus point for drug policy. Human rights and development were also part of the new policy, and gender issues stood out, emphasizing a more humanitarian approach. Important initiatives followed in many countries, including Mexico (*Volkow, Poznyak, Saxena, Gerra, & UNODC-WHO, 2017*).

Mexico, heavily affected by the production of opium, cannabis, and amphetamine-type stimulants, as well as a high rate of drug-related homicides, is in the process of decriminalizing cannabis and other drugs. This reform includes an increase in the amount of drugs individuals may possess for personal use, which aims to reduce the likelihood of drug users ending up in jail. For example, the legal limit for possession cannabis would increase from five to 28 grams. On June 28, Mexican’s Supreme Court (SCJN) proposed the amendment for two articles of the General Law of Health (LGS) to defend the right of any adult to decide about cannabis use for recreational purposes. It also allows self-cultivation of plants at home to get the substance legally.

Young people are still being arrested for possession of small amounts of cannabis, however, and 12% of the adolescents in treatment who have problems with the law are imprisoned for drug offenses. Women and socially marginalized ethnic minorities are the groups most vulnerable to arrest and receive the harshest sentences (*Buxton, Margo, & Burger, 2021*). Yet the balance of spending continues to favor the fight against drug trafficking without increasing investment in treatment: in 2018, approximately 90.05 million US dollars were spent on demand reduction in Mexico, as compared with 7,042.5 million US dollars on supply reduction. No increased investment in treatment or harm reduction services has been documented (*Secretaría de Salud, 2019*). The war on drugs also continues to promote the abuse of human rights. Indigenous communities are forced by cartels to participate in drug trafficking activities while they are at the same time persecuted by government authorities.

The adoption of medicinal cannabis programs is progressing in Mexico, but children with uncontrolled epilepsy and other disorders that could benefit from medicinal use still do not have access to inexpensive, medicinal-quality cannabis derivatives. Access to controlled substances for medicinal purposes still needs to be improved. Five billion people around the world, including half the Mexican population, lack access to these drugs for pain management, surgical anesthesia, and treatment of mental and drug use disorders, including maintenance treatment.

This lack of access is the result of various unsolved problems, ranging from the lack of training of physicians, patients, and their families to reduce stigma, to the high cost of medicines, especially for pain management, which places them beyond the reach of low-income patients. Patients in low- and middle-income countries have access to only 10% of the morphine produced for medical purposes, far less than their actual need (Junta Internacional de Fiscalización de Estupefacientes [JIFE], 2019).

In Mexico, there is a shortage of hospitals and services, especially for the severely ill. There are only two public methadone treatment services and there is no naloxone available to prevent overdose deaths (Chimbar & Moleta, 2018). People with terminal illness, including children, are denied the right to live and die free of pain. Prescription regulations allow for treatment only during the six months prior to death, not from the beginning of a life-threatening illness, and pediatric dosages are not available.

At the same time, deaths related to drug use continue to increase: from 2010 to 2017, an estimated 22,856 persons died as a result of illegal drug use.

In the context of the COVID-19 pandemic, many treatment services have had to close, and self-help groups, the most common strategy for coping with drug use disorders, have not been able to meet because of social distancing measures. Fortunately, online services have remained open, but access to such services is low for the economically disadvantaged. As in many parts of the world, COVID-19 has exacerbated health disparities in Mexico (Medina-Mora, 2020).

There is still a long way to go to fulfill the goals of the UNGASS 2016 declaration in Mexico. Among the most pressing needs are the following:

- Additional investment in prevention and treatment, especially for people with severe substance use disorders, and for harm reduction and pain management medications to be made available to all (Harm Reduction International, 2020).
- Deregulation of naloxone and an improvement in overdose care both with training and equipment for local emergency personnel and with community naloxone programs.
- Strengthening of care services for illnesses associated with drug use, such as HIV, HCV, tuberculosis, mental health disorders, and the health con-

sequences of contaminants and new substances being added to the traditional drugs offered on the illegal market (Fleiz et al., 2020).

- Decriminalization of the use and users of all illegal drugs.
- Investment in and implementation of harm reduction and treatment programs in prisons (Valenzuela-Lara, Ponce-Ramos, Ruiz-Herrera, & López-González, 2019).
- Review of indicators to evaluate the impact of drug policy and improvement of information systems to document progress on these issues.
- Access to justice for those who have suffered violation of their human rights in relation to drug policy.
- Recognition of the human rights of those affected and actions to insure their access to voluntary treatment and welfare programs that provide housing, education, and employment.
- In brief, a humanitarian drug policy that reduces risks and promotes the well-being of communities.

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