

GUIDELINES FOR DEBATE

15 MYTHS IN THE DEBATE ON DRUGS






BY ARAM BARRA Y LISA SÁNCHEZ

This edition of *Guidelines for Debate* aims to deconstruct the language and myths created around drug policies. This text offers information and data which can be used to debate in an objective and scientific way, focusing on making effective and efficient decisions in policy.

In order to facilitate the reading of the data and information presented here, we have collected arguments that help to break-down prejudices, prevent the misuse of language and recognize myths surrounding drugs, those who use them and the public policy that governs them. All of this is divided into two large blocks, which are: 1) Discrimination, the use of drugs and alternative policies, and 2) Drug policy in Mexico.

The aim of the series GUIDELINES FOR DEBATE is to influence the formulation, implementation and evaluation of programs and policies through guidelines that foster the debate of ideas from a progressive approach. The collection features a cool exchange of data and theoretical and methodological tools for analysis and action aimed at emerging political generations.



OFF WE GO

DISCRIMINATION, THE USE OF DRUGS AND ALTERNATIVE POLICIES

MYTH I

EVERYBODY WHO USES DRUGS IS AN “ADDICT”

- According to the United Nations Office on Drugs and Crime (UNODC), 3% of the world’s population habitually use drugs. Of this number, **ONLY 12% OF THE TOTAL NUMBER OF PEOPLE WHO USE ILLEGAL DRUGS DEVELOP DEPENDENCE OR ADDICTION.**¹ According to the World Health Organization, **OF THE 320 MILLION PEOPLE WHO USE DRUGS IN THE WORLD, 90% ARE NON-PROBLEMATIC USERS.**²
- In the case of cannabis, a substance used by around 200 million people in the world, the percentage of dependence is 10%;³ ⁴ with regard to cocaine 15% are dependent;⁵ for methamphetamines 26% are dependent; and for heroin more than 50% are dependent.⁶
- **THE NOUN “ADDICT” WHEN REFERRING TO PEOPLE WHO USE DRUGS IS INACCURATE.** In reality, this does not reflect more than a minority of the total number of people who use drugs. Furthermore, in line with the application of a human rights perspective,⁷ language must always reflect the character of a “person” before judging them due to their features, behavior or actions, so taking this into account, the correct term should be **A PERSON WHO USES DRUGS.**

MYTH 2

ALL PEOPLE WHO USE DRUGS HAVE THE POTENTIAL TO BECOME DEPENDENT

- **ADDICTION IS PRIMARILY AN ILLNESS, EXACERBATED BY GENETIC, PSYCHOLOGICAL AND ENVIRONMENTAL FACTORS** that influence its development and manifestation. Like any illness, drug dependence is progressive and often fatal. As a pathology, addiction is characterized by **CONTINUAL OR PERIODIC EPISODES** of the user's lack of control, who uses the drug despite its adverse consequences, distortions of thought, and most notably, denial.⁸
- Therefore, addiction is mainly a compulsive behavior that affects the "normal" behavior of the person. According to the Diagnostic and Statistical Manual of the American Association of Psychiatry (DSM-IV), one of the 7 basic criteria when determining if a person is dependent upon a substance is whether there is a substantial change in the routine or way of life of the individual **WITH THE AIM OF OBTAINING, CONSUMING OR RECOVERING THE EFFECTS OF A DRUG.**⁹
- In this sense, it is possible to confirm that, in accordance with the criteria cited above, any person who uses a drug can develop a dependence. However, and in accordance with the information given in **Myth 1**, **THE FACT THAT ANY PERSON CAN BECOME AN ADDICT DOES NOT MEAN THAT ALL PEOPLE WHO USE DRUGS ARE GOING TO BECOME ADDICTS.**
- Understanding that **THE USE OF DRUGS IS NOT THE SAME AS ADDICTION** is to recognize that the consumption of drugs carries an implied continuous spectrum of drug use, **FROM EXCESSIVE AND/OR DEPENDENCE ON DRUGS TO COMPLETE ABSTINENCE FROM THEM, PASSING THROUGH HARMFUL USE, MODERATE USE AND SPORADIC USE.** The steps taken towards decreasing the risks are steps in the right direction. The increase in awareness of the risks associated with drugs help us to move away from excessive use.¹⁰

MYTH 3

LEGAL DRUGS, PARTICULARLY TOBACCO AND ALCOHOL ARE GATEWAYS TO THE CONSUMPTION OF OTHER ILLEGAL DRUGS

- When researching the subject of addictions it has been said that a person who consumes alcohol or tobacco has more opportunities to consume other drugs, legal or illegal. However, **THERE ISN'T ENOUGH EVIDENCE TO CONFIRM THAT THE PROPENSITY TO CONSUME IS DEFINED SOLELY BY THE PREVIOUS CONSUMPTION OF LEGAL DRUGS**,¹¹ nor is it a linear transition, nor is it the same for each person.
- Furthermore, this argument tends to be used in an exaggerated way without explaining, deliberately, that even when this transition was "recurrent", **WE CANNOT CONFIRM THAT THE PEOPLE DEVELOPED AN ADDICTION TO ILLICIT DRUGS**.¹²
- In Mexico, **ONLY 2 OUT OF EVERY 10 PEOPLE IN TREATMENT HAVE TAKEN THE "USUAL PATH" OF CONSUMPTION**, starting with tobacco followed by alcohol and ending up using some illegal drug. The rest presented distinct patterns of consumption, a lot of the time starting off using illegal drugs. Moreover, as notably among this population, **THE IMPACT DRUG (OR DRUG THAT CAUSES THE PERSON TO ENTER INTO REHABILITATION") IS MOST OFTEN ALCOHOL**.¹³
- According to the **WORLD HEALTH ORGANIZATION (WHO)**, "the user's exposure to cannabis and other drugs bought in the illegal market increases the possibility of their buying and using other illegal drugs."¹⁴ Therefore, it is important to take into account **THE PROPOSALS WHICH AIM TO SEPARATE THE MARKETS FOR PSYCHO-ACTIVE SUBSTANCES**.

MYTH 4

DECRIMINALIZATION OF DRUGS INCREASES THEIR CONSUMPTION

- Portugal was the first European country to decriminalize the use and possession of all illegal drugs in 2001.¹⁵ Contrary to many assertions following decriminalization, there was **A REDUCTION IN THE CONSUMPTION** of cannabis, cocaine, heroin and LSD **AMONGST YOUNG PEOPLE BETWEEN 15 AND 19 YEARS OF AGE,**¹⁶ and a slight increase amongst those aged 20 to 24 years old. In the general context, **DRUG USE IN PORTUGAL IS MUCH LOWER THAN THE EUROPEAN AVERAGE.**¹⁷
- In the three years following implementation of this drug policy reform in Portugal, there was a 59% fall in the total number of deaths related to drug consumption.¹⁸ This occurred due to the fact that more drug users sought treatment.¹⁹ Also, **THE NUMBER OF DRUG USERS WHO CONTRACTED HIV FELL.**²⁰

MYTH 5

COUNTRIES WHO HAVE ATTEMPTED OTHER STRATEGIES HAVE NOW RETURNED TO A PROHIBITIONIST POSITION ON DRUGS

- The Dutch government had **PROHIBITED THE SALE OF MARIJUANA TO FOREIGNERS IN COFFEE SHOPS**,²¹ this move was motivated, apparently, by pressure from neighboring countries which ideologically opposed the idea of decriminalization of drug consumption. However, in the last few months the return of drug-trafficking in the streets has caused the State to reconsider, and **NOW THE DUTCH GOVERNMENT HAS ENDORSED ITS ORIGINAL DECISION TO ALLOW THE SALE OF MARIJUANA TO BOTH THE DUTCH AND FOREIGNERS**.²²
- Recently, the media stated that the President of Uruguay, José Mujica, was backing down on his attempt to pass a law legalizing the production, distribution, sale and consumption of cannabis. In reality, **URUGUAY DID NOT REPEAL ITS CONGRESS LAW IN ORDER TO MAINTAIN PROHIBITION, BUT RATHER TO DEEPEN THE DEBATE ON HOW AND WHEN IT WILL IMPLEMENT THE REGULATION OF MARIJUANA**.
- Another fallacy that regularly comes up is to think that only a handful of “highly developed” countries have put into effect processes of decriminalization of the possession of drugs for personal consumption. The reality is that today **26 STATES AND TERRITORIES HAVE CHANGED THEIR LEGISLATION TO ALLOW FOR THE IMPLEMENTATION OF DECRIMINALIZATION POLICIES FOR THE CONSUMPTION OF DRUGS**. Argentina, Australia, Brazil, Chile, Colombia, Mexico, the United States and Uruguay are amongst these countries.²³

MYTH 6

PROHIBITION IS THE MOST EFFECTIVE WAY OF PREVENTING DRUG USE

- **PROHIBITIONIST POLICIES ARE EXPENSIVE AND ARE NOT VERY EFFECTIVE AND/OR EFFICIENT.** It is commonly argued that illegality promotes prevention primarily, and reduces usage. This suggestion, although initially believable, is difficult to measure further than anecdotally.²⁴
- Nine years after the law prohibiting alcohol in the United States was passed (1921), **70% OF THE MARKET HAD RETURNED TO IT PRE-PROHIBITIONIST SIZE.** The increase in the price of alcohol, including the fine for violation of the law, was reduced from 318% in 1921 to 171% in 1929. At the same time, **THE COST OF APPLYING THE LAW HAD INCREASED BY 600% DURING THIS PERIOD.**²⁵
- According to the UN, the market for drugs is worth between 45 and 400 million dollars,²⁶ representing around 16% of total income for organized crime.²⁷ That figure has increased in the last 10 years,²⁸ clearly showing that prohibition has been less effective in reducing the size of the market.

MYTH 7

THE ONLY WAY TO TACKLE THE DRUG PROBLEM IS WITH PREVENTATIVE MEASURES FOR CHILDREN AND TREATMENT FOR THOSE WHO SUFFER ADDICTION

- **HARM REDUCTION COMPLEMENTS THE APPROACHES THAT TRY TO PREVENT OR REDUCE THE CONSUMPTION OF DRUGS.** This strategy is based on the acknowledgement that a lot of people continue to use psycho-active drugs despite the efforts to prevent the initiation or the continuation of drug use.²⁹
- Harm reduction recognizes that **MANY PEOPLE ARE NOT CAPABLE OR WILLING TO STOP CONSUMING DRUGS AT ANY GIVEN MOMENT.** Access to good treatment is important for people with drug problems, but many of them cannot, or do not, receive treatment.
- In Switzerland, more than half the people who used injectable drugs during the 1980s also lived with HIV.³⁰ Because of this, the government chose to implement harm reduction programs.³¹ Between 1991 and 2004, **THE NUMBER OF DEATHS DIRECTLY RELATED TO ILLEGAL DRUGS FELL BY 50%, AND IN 8 TO 10 YEARS HIV INFECTION RATES HAD HALVED.**³²

MYTH 8

LEGAL DRUGS ARE LESS DANGEROUS THAN ILLEGAL ONES, THAT IS WHY THEY ARE LEGAL

- **IT IS NECESSARY TO DIFFERENTIATE SUBSTANCES BASED ON THE DANGERS THEY REPRESENT TO HEALTH.**³³ Alcohol and tobacco together are responsible for approximately 7.5 million deaths in the world. Furthermore, alcohol is associated with more violent crime than any other drug.³⁴
- In 2007 in Mexico, **DEATHS DIRECTLY ATTRIBUTABLE TO THE ABUSE OF ILLEGAL DRUGS WAS A FIFTH OF THOSE ATTRIBUTED TO LEGAL DRUGS**, such as alcohol and tobacco.³⁵
- A study done on drugs according to the dangers they pose to those who use them and for society at large found that **ALCOHOL IS THE MOST DANGEROUS DRUG** (72 out of 100), followed by heroin (55 out of 100), and then crack (54 out of 100). **THE MOST DANGEROUS DRUGS FOR DRUG USERS ARE CRACK, HEROIN, AND METHAMPHETAMINES** (scoring 37, 34 and 32 respectively), while **ALCOHOL, HEROIN AND CRACK ARE THE MOST DANGEROUS FOR SOCIETY** (46, 21 and 17 respectively).³⁶

ON WE GO

DRUG POLICY IN MEXICO

MYTH 9

THE DRUG EPIDEMIC IS A MAJOR PUBLIC HEALTH PROBLEM

- In 2007 in Mexico, **DEATHS DIRECTLY ATTRIBUTED TO ILLEGAL DRUGS WERE LESS THAN A TENTH OF THOSE CAUSED BY HIV (AIDS), AND A TWENTIETH OF THOSE CAUSED BY OBESITY OR BY BEING OVERWEIGHT.**³⁷
- The three principal causes of death in Mexico are diabetes mellitus, ischemic heart disease and cerebro-vascular disease. **NONE OF THESE DISEASES HAS A DIRECT RELATION TO DRUG CONSUMPTION.**³⁸
- For their part, cirrhosis of the liver and chronic obstructive pulmonary disease cause a quarter and a fifth of general mortalities respectively.³⁹ **THIS SHOWS THAT THE TRUE PUBLIC HEALTH PROBLEM IS THE ABUSE OF LEGAL DRUGS** such as alcohol and not the consumption of illegal drugs.⁴⁰
- Despite the National Survey on Addiction (ENA) stating that in Mexico around 1.8% of the population consumed a drug last year, **THE INDICATOR OF ANNUAL PREVALENCE, OR EVEN THAT OF WHETHER A PERSON HAS CONSUMED DRUGS “ONCE IN THEIR LIFE”, DOES**

NOT REVEAL A HEALTH PROBLEM. The fact that an adult has tried drugs once in their life does not meaningfully affect the health of the country.⁴¹

- In comparison to other countries, **MEXICO SHOWS A VERY LOW PREVALENCE IN TERMS OF ILLEGAL DRUG CONSUMPTION.** While 15.2% of the population in the Czech Republic have consumed marijuana, in Mexico the figure comes to only 1%. In Scotland 3.9% of the population have taken cocaine, while in Mexico 0.4% have done so. The same can be said for the use of amphetamines and ecstasy which have a prevalence that does not exceed 0.2%.⁴²

MYTH 10

ONLY MARGINALIZED PEOPLE USE DRUGS

- According to a study carried out in 2012 in Mexico, **A QUARTER OF ALL PEOPLE WHO USE DRUGS HAVE A HIGH SCHOOL LEVEL EDUCATION (27.9%), while MORE THAN HALF HAVE A UNIVERSITY LEVEL EDUCATION (54%).**⁴³ This is higher than in the population generally in Mexico.⁴⁴
- We also know that **2 OUT OF EVERY 3 DRUG USERS IN MEXICO HAVE FULL-TIME EMPLOYMENT (69.9%), A LITTLE LESS THAN HALF ARE ACTIVELY STUDYING (43.7%), and ONE OUT OF EVERY FIVE PEOPLE WHO USE DRUGS ARE STUDYING AND WORKING (22%).**⁴⁵
- According to the World Health Organization, a drug is **“ANY SUBSTANCE THAT, WHEN INTRODUCED INTO THE ORGANISM THROUGH WHATEVER MEANS OF ADMINISTRATION, PRODUCES AN ALTERATION IN SOME WAY TO THE NATURAL OPERATION OF THE CENTRAL NERVOUS SYSTEM OF AN INDIVIDUAL AND IS FURTHERMORE CAPABLE OF CREATING DEPENDENCE, WHETHER IT BE PSYCHOLOGICAL, PHYSICAL OR BOTH.”**⁴⁶ In this sense, any person can use drugs. However, **NOT ALL PEOPLE WHO USE DRUGS ARE PROSECUTED BY THE LAW AS CRIMINALS.**⁴⁷

MYTH 11

THE HEALTH SYSTEM IN MEXICO IS NOT PREPARED FOR DECRIMINALIZATION

- Even though it is possible to confirm that Mexico lags behind on the subject of prevention, harm reduction and treatment for people who use, abuse and depend on drugs, what is certain is that **THE CURRENT DRUG POLICY DOES NO MORE THAN EXACERBATE THE SITUATION AND IMPEDE PROGRESS IN THE AREA OF HEALTH.**
- In order to achieve unattainable objectives such as the eradication of drugs and the elimination of all forms of consumption, the prohibitionist regime forces countries to spend thousands of millions of dollars towards security and strategies that “fulfill the law” to the detriment of investment in health, development and human rights. In 2008 alone, it was calculated that Mexico had **AN IMBALANCE OF 16 TO 1 IN FAVOR OF RESOURCES DIRECTED TOWARDS CONTROLLING THE SUPPLY THAN THOSE DIRECTED TO REDUCING THE DEMAND** – including prevention and treatment for addiction activities.⁴⁸
- In the last 10 years alone a total of 6.8 thousand million pesos has been spent on health programs.⁴⁹ Outside of the New Life Centers, the network of Youth Integration Centers and other toxicological clinics and the mental health sector of the health service system, **THE VAST MAJORITY OF REHABILITATION SERVICES FOR ADDICTION ARE OUTSIDE OF STATE CONTROL.**⁵⁰ In contrast, the budget for public security institutions in 2010 was 53.1 thousand million pesos, i.e. almost 80 times more than the annual average spent on health programs.
- Therefore, the answer is simple: due to the fact that it is lagging behind, **MEXICO CAN AND MUST IMPROVE ITS HEALTH SYSTEM TO GUARANTEE THE CARE OF THOSE WHO NEED IT.** The resources exist but are badly applied. Thus, is it not more desirable to invest in better services rather than persecuting those who use substances, and killing civilians?

MYTH 12

THE DRUG-TRAFFICKING LAW HAS ALREADY DECRIMINALIZED PEOPLE WHO USE DRUGS

- **THE DRUG-TRAFFICKING LAW** (2010) extended the law of prosecution of “crimes against health” to allow possession in small quantities, from the federal to the state level.⁵¹ However, when we speak about small amounts **THERE IS NO WAY TO DISTINGUISH BETWEEN THOSE WHO POSSESS TO SELL AND THOSE WHO POSSESS TO CONSUME.**⁵²
- Although in theory consumption of drugs is not a crime in Mexico, official data for those arrested for possession include the category of “consumers”. Of the absolute number for those arrested for drug-trafficking between 2007 and 2009, **58% WERE CONSUMERS**, thus demonstrating the criminalization of the consumer.⁵³
- The states that prosecuted drug-traffickers as required under Calderon and endorsed by the Legislative Powers, hardly would have done so without neglecting crimes such as homicide, extortion and kidnappings.⁵⁴

MYTH 13

PEOPLE WHO USE DRUGS FEED VIOLENCE IN THE COUNTRY

- Contrary to what is thought, **THE VIOLENCE WE CURRENTLY LIVE WITH IS NOT DIRECTLY RELATED TO DRUG CONSUMPTION BUT RATHER THE ILLEGAL WAY IN WHICH IT IS TRAFFICKED.** The spiral of violence which up to 2012 has cost the lives of around 69,000 people has a direct link with the declaration of a “frontal war against drug trafficking”, and not with the people who use drugs.⁵⁵
- Even if during 2011 more than 11.000 homicides were directly attributed to the violence related to fighting “crimes against health”, including drug-trafficking, **ONLY A LITTLE MORE THAN 600 CAN BE ATTRIBUTED DIRECTLY TO DRUG CONSUMPTION.**⁵⁶
- In the name of the war against organized crime, the Mexican State has de facto authorized the abuse of forces against civilians. With a total of 1,598 civilian deaths and 253 wounded as a consequence of military operations against drugs, the rate of general mortalities caused by the Mexican Army is 6.3 times that of those wounded.⁵⁷ The figures force us to ask **IF THE MAIN HEALTH PROBLEM LINKED WITH DRUGS IS NOT DUE TO THE VIOLENCE GENERATED BY THE ILLEGAL MARKET AND ITS REPRESSION RATHER THAN TO CONSUMPTION.**

MYTH 14

DECRIMINALIZATION WILL RESULT IN AN END TO TRAFFICKING AND VIOLENCE

- Even if organized crime removes itself entirely from the drugs market, it would have means of surviving through other illegal activities. However, **TO USE THE CRIMINAL LAW AS A WAY OF SENDING MESSAGES OF PUBLIC HEALTH OR MORALITY IS AN ODD STRATEGY** which has resulted in its being less efficient.⁵⁸
- **THE REGULATION OF THE DRUGS MARKET WOULD ALLOW THE STATE TO RECOUP ITS CONTROL OVER SUBSTANCES THAT TODAY REMAINS IN THE HANDS OF DRUG-TRAFFICKERS**, and public resources can be **REDIRECTED TOWARDS FIGHTING PREDATORY CRIMES WITH A HIGH IMPACT ON SOCIETY** – kidnappings, violations, extortion, violent robbery, mistreatment of people.⁵⁹
- Even when regulation can only resolve the problems derived from prohibition, and has never claimed to be a magical solution that will put an end to all forms of criminality, **IT DOES OFFER AN UNPRECEDENTED OPPORTUNITY TO EFFECTIVELY PRIORITIZE AND TACKLE THE CRIMINALITY THAT TRULY HURTS CITIZENS.**⁶⁰

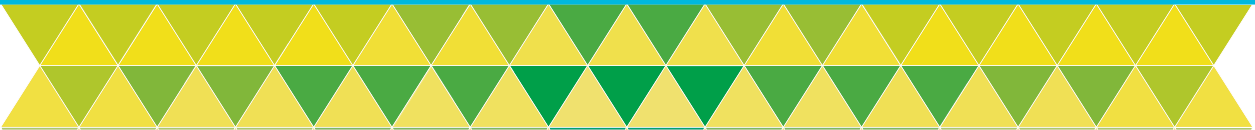
MYTH 15

UNTIL FEDERAL POWERS DECIDE TO CHANGE THE POLICY, THERE IS NOTHING I CAN DO

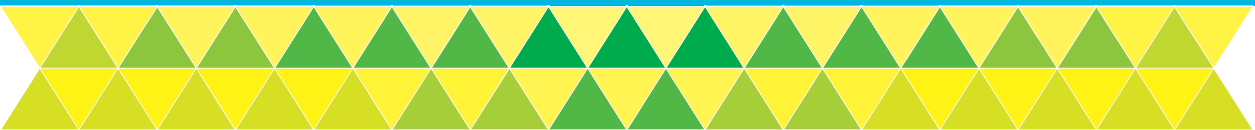
- **SPEAKING AND DEBATING ON DRUG POLICY WITH YOUR FRIENDS AND FAMILY HAS A GREATER IMPACT THAN YOU CAN IMAGINE.** In fact, it is through deconstructing drug policy that Espolea has been able to generate radical changes in the understanding of the drug problem throughout Latin America.⁶¹
- **DRUG POLICY**, like any other public policy, **MUST BE SUBJECT TO SCRUTINY AND PUBLIC ANALYSIS.** It is society's role to decide if the rules that govern it should take one form or another. In the same way, **IT IS THE RESPONSIBILITY OF CITIZENS TO IDENTIFY AND MONITOR IF A POLICY IS NOT EFFECTIVE OR EFFICIENT** and, depending on the case, suggest amendments or substitutes to replace it.⁶²
- **THERE IS A CLEAR AND URGENT NEED TO GENERATE, PUBLICIZE AND DISSEMINATE MORE SCIENTIFIC INFORMATION, COMPLETE AND FREE FROM DOGMA, IN RELATION TO DRUGS, THEIR USE AND THE IMPACT APPLIED POLICIES HAVE ON THEIR CONTROL**, and in this way end the taboo that surrounds them, and can reduce the negative impacts on the individual and on society as a whole.⁶³ If we do not begin to generate this information together, then nobody will do it.


1. UNODC / WHO (2008). "Principles of Drug Dependence Treatment". Online at: <http://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf>
2. *Ibid.*
3. Martin Jelsma (Transnational Institute). "O estado atual do debate sobre políticas de drogas. Tendências da última década na União Européia e nas Nações Unidas". Online at: http://cbdd.org.br/pt/files/2009/10/Martin-Jelsma-CLADD1_Port.pdf
4. United Nations Office for Drugs and Crime (UNODC). "World Drug Report 2012" Online at: http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR_2012_web_small.pdf
5. *Idem.*
6. *Idem.*
7. Daniel Joloy Amkie (Espolea). "Guide for the Debate: What is the Human Rights Perspective?". Online at: <http://www.espolea.org/3/post/2013/01/gpd-qu-es-la-perspectiva-de-derechos-humanos.html>
8. Definition developed from the proposed definitions by the National Council on Alcoholism and Drug Dependence (<http://www.ncadd.org/>) and the American Society of Addiction Medicine (<http://www.asam.org/>)
9. To find out more about DSM-IV and the definition of addiction, use the following link: <http://www.psychiatry.org/practice/dsm>
10. Espolea A.C., "Continuum* del consumo de drogas". Online at: <http://www.espolea.org/3/post/2012/09/continuum-del-consumo-de-drogas.html>
11. Kimberly R. Martin (NIDA Notes). "Youths' Opportunities To Experiment Influence Later Use of Illegal Drugs". Online at: http://archives.drugabuse.gov/NIDA_Notes/NNVol17N5/Youths.html
12. Sánchez, Lisa y F. Zertuche. "Diagnóstico Nacional de Servicios Residenciales en el Tratamiento de las Adicciones". CICAD-CENADIC, México, 2011.
13. *Ibid.*
14. Wayne Hall, Robin Room y Susan Bondy (1998). "WHO Project on Health Implications of Cannabis Use: A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use". Online at: <http://druglibrary.org/schaffer/hemp/general/who-index.htm>
15. Maia Szalavitz (Time). "Drugs in Portugal: Did Decriminalization Work?" Online at: <http://www.time.com/time/health/article/0,8599,1893946,00.html>
16. Glenn Greenwald (Cato Institute). "Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies". Online at: <http://www.cato.org/publications/white-paper/drug-decriminalization-portugal-lessons-creating-fair-successful-drug-policies>
17. *Idem.*
18. Caitlin Hughes y Alex Stevens (The Beckley Foundation Drug Policy Programme). "The Effects of The Decriminalization of Drug Use in Portugal". 2007. Online at: http://kar.kent.ac.uk/13325/1/BFDPP_BP_14_EffectsOfDecriminalisation_EN.pdf
19. *Op. cit.*, Glenn Greenwald y Caitlin Hughes y Alex Stevens.
20. Artur Domoslawski. "Política da Droga em Portugal, Os Benefícios da Descriminalização do Consumo de Drogas". En línea: http://www.opensocietyfoundations.org/sites/default/files/drug-policy-in-portugal-portuguese-20111206_0.pdf
21. El Universal. "Holanda prohíbe venta de marihuana a turistas" May 1, 2012. Online at: <http://www.eluniversal.com.mx/articulos/70473.html>
22. Noticias Terra. "Holanda abandona plano que prohíbe venta de maconha para estrangeiros". October 21, 2012. Online at: <http://noticias.terra.com.br/mundo/noticias/0,,O16269781-E18142,00-Holanda+abandona+plano+que+proibe+venda+de+maconha+para+estrangeiros.html>

23. Rosmarin, Arin y Niamh Eastwood. *A Quiet Revolution: Drug Decriminalization Policies in Practice Across The Globe*. Release, London 2012.
24. Transform Drug Policy Foundation. "A comparison of the cost-effectiveness of prohibition and regulation of drugs". Online at: <http://www.tdpf.org.uk/CBA%20New%202010.pdf>
25. "The Economics of Prohibition: Price, Consumption and Enforcement Expenditures during Alcohol Prohibition" in Transform 2009. "A Comparison of The Cost-Effectiveness of Prohibition and Regulation Of Drugs". Online at: <http://www.tdpf.org.uk/CBA%20New%202010.pdf>
26. United Nations Office on Drugs and Crime (UNODC) "Reporte Global de las Drogas 2005. In the 2005". Online at: <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2005.html>
27. World Federation of United Nations Associations. "2007 State of the Future". Online at: <http://www.millennium-project.org/millennium/sof2007.html>
28. UNODC. October 2011. "Estimating Illicit Financial Flows Resulting From Drug Trafficking and Other Transnational Organized Crimes" Pg. 84. Online at: http://www.unodc.org/documents/data-and-analysis/Studies/Illicit_financial_flows_2011_web.pdf
29. Harm Reduction International. "What Is Harm Reduction?". Online at: <http://www.ihra.net/what-is-harm-reduction>
30. Joanna Csete. (Open Society Foundations). "From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland". Online at: <http://www.opensocietyfoundations.org/reports/mountaintops>
31. Swiss Federal Office of Public Health. "Mesures fédérales pour réduire les problèmes de la drogue, Basic document of the Federal Office of Public Health". decision of the Federal Council of February 20, 1991, Doc. no. 3.4.1f.
32. Savary, Jean-Félix; Hallam, Chris; and Bewley-Taylor, Dave. (The Beckley Foundation Drug Policy Programme) "The Swiss Four Pillars Policy: An Evolution From Local Experimentation to Federal Law," En línea: www.beckleyfoundation.org/pdf/BriefingPaper_18.pdf
33. El Universo de las Drogas. Online at: <http://www.universodelasdrogas.org>
34. Joseph Califano (The National Center on Addiction and Substance Abuse at Columbia University). "Behind Bars: Substance Abuse and America's Prison Population". Online at: <http://www.casacolumbia.org/articlefiles/379-Behind%20Bars.pdf>
35. Alejandro Madrazo y Angela Guerrero (Nexos). "Más caro el caldo que las albóndigas". Online at: <http://www.nexos.com.mx/?P=leerarticulo&Article=2103069>
36. David Nutt, Leslie King, Lawrence Phillips (The Lancet, 2010). "Drug Harms in the UK: A Multicriteria Decision Analysis" Online at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61462-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61462-6/abstract)
37. *Op. Cit.* "Más caro el caldo que las albóndigas".
38. Dirección General de Información en Salud (DGIS). "Base de datos de defunciones generales 1979-2007". Online at: Sistema Nacional de Información en Salud (SINAIS), <http://www.sinais.salud.gob.mx/basesdedatos/defunciones.html>
39. *Ibidem*.
40. Sistema Nacional de Información en Salud (2008). Principales causas de mortalidad general. En línea, disponible en: <http://sinais.salud.gob.mx/mortalidad/>
41. *Op. Cit.* "Más caro el caldo que las albóndigas".
42. Secretaría de Salud (2011). "Encuesta Nacional de Adicciones". Online at: <http://www.spps.gob.mx/spps-ena-2011.html>
43. Colectivo por una Política Integral hacia las Drogas. "Primera encuesta de usuarios de drogas ilegales en la Ciudad de México". 2012. Online at: http://www.campermedia.com/dalia/0/Encuesta_Usuarios_CuPIHD.pdf



44. Claudia Morales. Aula Virtual "Sólo 16 de cada 100 mexicanos tienen estudios universitarios". Online at: <http://e-consulta.com/blogs/educacion/?p=182>
45. *Op. Cit.* "Primera encuesta de usuarios de drogas ilegales en la Ciudad de México".
46. Organización Mundial de la Salud (1964). "Serie de Informes Técnicos No 287". Online at: http://whqlibdoc.who.int/trs/WHO_TRS_287_spa.pdf
47. Bryan Stevenson (Global Commission on Drug Policy). "Drug Policy, criminal justice and mass imprisonment". Online at: http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Bryan_Stevenson.pdf
48. Secretaría de Salud. "Programa de Acción Específico 2007-2012, Prevención y Tratamiento de Adicciones". Online at: http://www.conadic.salud.gob.mx/pdfs/programas/PAE2007.2012_Adicciones.pdf
49. IV Informe de Gobierno, Presidencia de la República, México.
50. *Op. Cit.* Sánchez, Lisa y F. Zertuche
51. International Drug Policy Consortium. "México y su Ley contra el narcomenudeo". Online at: <http://www.druglawreform.info/images/stories/documents/mexico-idpc-esp.pdf>
52. *Op. Cit.* "Más caro el caldo que las albondigas".
53. Centro Nacional de Información a través de su Secretariado Ejecutivo del Sistema Nacional de Seguridad Pública. "Incidencia Delictiva del Fuero Federal 1997-2011". Online at: http://www.secretariadoejecutivo.gob.mx/en/SecretariadoEjecutivo/Incidencia_Delictiva_Nacional_fuero_federal_19972011
54. *Op. Cit.* "Más caro el caldo que las albondigas"
55. Aguilar, Rubén y Jorge Castañeda. "Los saldos del narco". México, 2011 p. 15
56. *Op. Cit.* "Más caro el caldo que las albondigas".
57. Forne, Correa, Gutiérrez, "Uso y abuso de la fuerza letal por parte de las fuerzas federales en enfrentamientos con presuntos miembros de la delincuencia organizada" p. 15 Online at: <http://www.scribd.com/doc/71479941/Abuso-de-fuerza>
58. Transform Drug Policy Foundation. "After The War on Drugs: Tools for The Debate". Online at: http://www.tdpf.org.uk/Tools_For_The%20Debate.pdf
59. Transform Drug Policy Foundation. "La Guerra contra las Drogas: Es tiempo de calcular los costos". Online at: <http://www.countthecosts.org/es>
60. International Drug Policy Consortium. "Guía sobre políticas de drogas, Segunda edición". Online at: <http://idpc.net/es/publications/2012/05/guia-sobre-politicas-de-drogas-segunda-edicion>
61. Aram Barra (Espolea). Guía Para el Debate: "¿Qué es la política de drogas?" Online at: <http://www.espolea.org/3/post/2012/03/gpd-qu-es-la-politica-de-drogas.html>
62. *Ibidem.*
63. Aram Barra y Lisa Sánchez (Espolea). "Recomendaciones de jóvenes para una política de prevención de adicciones". Online at: <http://www.espolea.org/poliacutetica-de-drogas.html>





The views expressed in the text, as well as the analyses and interpretations contained therein, have not been subjected to editorial review and are the sole responsibility of their authors. They do not necessarily reflect the views and stance of Espolea A.C.

Espolea A.C.

Mazatlán 154A-1, Col. Condesa, 06140, México, D.F. Tel. +52(55) 6265-4078

www.espolea.org info@espolea.org

ISBN: 978-607-9162-13-9

First edition: 2013. Printed in Mexico. Design and Layout: Enrico Gianfranchi

