

# **YOUNG PEOPLE'S RECOMMENDATIONS FOR AN ADDICTION PREVENTION POLICY**

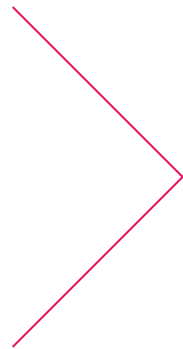
Espolea is a youth-led organization founded in 2006 in Mexico City that works with other young people defending human rights, sexual and reproductive rights, gender equality and fighting HIV/AIDS, stigma and discrimination. It does all of these through conferences, workshops, training and campaigns that allow other young people access to youth-friendly information for debating and proposing changes in local, national and international policy.

This Young People's Recommendations for an Addiction Prevention Policy Paper was compiled by the Drug Policy Programme of Espolea after one year of work, and through a series of different workshops, in order to build on the current drug policy debate and contribute to the engagement of young people in dialogue around prevention, harm reduction, treatment and law enforcement.

The document revises and recommends policy modifications and best practices. This results in a youth paper that can be utilized at every level of government for implementation and serves two parallel purposes: act as thematic guide for young people interested in debating and advocating on a shift on drug policy and propose a series of starting points and policy recommendations through which to build a more comprehensive drug policy that respects human rights.

Drug Policy Programme  
Espolea





## **Table of contents**

<b>I</b>	Why is a youth perspective required in our drug policy?	<i>7</i>
<b>II</b>	State of the art: Current situation of young people in Mexico and what are the needs we foresee?	<i>11</i>
<b>III</b>	Recommendations for the design and implementation of public policies	<i>15</i>
	a. Prevention	<i>17</i>
	b. Harm Reduction	<i>19</i>
	c. Tratamiento	<i>21</i>
	d. Law Enforcement	<i>25</i>
<b>IV</b>	Conclusions	<i>29</i>



**Why is a youth perspective  
required in our drug policy?**



Based on the assumptions that addiction rates in Mexico had increased alarmingly and “it was necessary to keep drugs away from our children”<sup>1</sup>, President Calderón sent the Mexican army to the streets to wage a battle that, as he himself said, could not be put off.

Military operatives soon extended to several Mexican states, such as Chihuahua, Sinaloa and Baja California. In a matter of days, over 30,000 soldiers were deployed in different cities in the country because, as explained by President Calderón, “Mexico was at risk of being dominated by crime, insecurity and violence resulting from the activities of criminal groups.”<sup>2</sup>

Thus, the battle against drug cartels became the priority of Calderón’s administration, with its biggest efforts -and a large budget- focusing on that endeavor. The media featured daily reports of the Mexican army seizing tons of drugs, destroying drug plantations and arresting different drug lords, most of whom were extradited to the United States.

However, violence spread to an increasing number of areas in the country, and the number of casualties of this war increased every single day. In Ciudad Juárez alone, for example, 1,350 young people under the age of 19 were killed in 2007 and 2008. Between September 2009 and January 2010, three massacres where young people were killed occurred in the same city. But Ciudad Juárez is not an isolated case.<sup>3</sup> Those of us under 30 account for more than half of the total number of casualties in the war on drug trafficking.<sup>4</sup>

In many countries, as in Mexico, measures to protect children, adolescents and young people from illegal drug use are limited to ‘zero tolerance’ and ‘just say no’ campaigns; random drug tests followed by social exclusion; forced abstinence treatments;

massive imprisonment of parents, brothers and young people, and the denial of harm reduction services on the basis of arbitrary age restrictions. Are these appropriate measures to protect our younger generations?

We can answer this fundamental question by taking a careful and honest look at the articles of the United Nations Convention of the Rights of the Child (1990) without selective or negligent interpretations. The “*appropriate*” must take into consideration the right to life, health, education, social security and an appropriate standard of living, as well as access to freedom of speech and privacy; a life free of discrimination, violence, negligence and inhuman or degrading treatment, or arbitrary detention or exploitation.

An effective approach to address the issue of young people’s significant participation in the design of a drug policy and the programming and implementation of health services is that of using peer education models to meet training and skill development requirements in this area. Young representatives must take part in a collective and self-reflective analysis to engage in the creation of solutions to their social situations.

In this regard, and also with the objective of showing that the current situation is not the only possible path, we have outlined a series of political recommendations with the aim of contributing to Mexico’s drug policy debate, as well as the design and implementation of comprehensive public policies to effectively prevent and treat drug use and abuse among youth. These recommendations identify a series of gaps and the unmet needs of the community of drug users in the country, and suggest innovative solutions that have proven effective in other countries of the world.

1. Redacción El Universal (2007, 1 December) “*Discurso de Felipe Calderón en el Palacio Nacional*”. El Universal. Available in: <http://www.eluniversal.com.mx/notas/464919.html>
2. Francisco Relea (2007, 21 January). “*Entrevista a Felipe Calderón: La situación en México*”. El País. Available in: [http://www.elpais.com/articulo/internacional/Mexico/corria/riesgo/ser/dominado/crimen/elpepiint/20070121elpepiint\\_5/Tes?print=1](http://www.elpais.com/articulo/internacional/Mexico/corria/riesgo/ser/dominado/crimen/elpepiint/20070121elpepiint_5/Tes?print=1)
3. Espolea A.C. (2010, 8 February). “*Vigilia por todos los muertos de la guerra contra el narco*”. Available in: <http://www.espolea.org/profiles/blogs/vigilia-por-tods-los-muerts-de>
4. Victor M. Quintana (2010, 5 February). “*Modelo Juvenicida*”. La Jornada. Available in: <http://www.jornada.unam.mx/2010/02/05/index.php?section=opinion&article=017a2pol>

**State of the art:  
What is the current situation of  
young people in Mexico and what  
are the needs we foresee?**



In the previously described context, in late 2008, President Calderón submitted to the Mexican Congress a decree to amend the General Health Law, the Federal Penal Code and the Federal Code of Criminal Procedure.<sup>5</sup> With this, he brought back an old initiative to set maximum consumption limits on certain drugs and establish a distinction between drug traffickers and drug addicts.

In general terms, the law is an achievement in the drug policy arena, despite the major deficiencies in its passing. The most significant aspect of the new *narcomenudeo* (retail drug dealing) law is the clear distinction between drug users, drug addicts and drug traffickers. This means that, in the future, a broader debate over the legalization of certain drugs may take place on the basis of a potentially new relationship between drug users, authorities and society as a whole.

It is also important to highlight the inclusion of harm reduction in the law as a State policy, which will guarantee the allocation of resources for the implementation of those policies. In addition to this, the law allows the *de facto* use of certain drugs by indigenous peoples under the 2007 United Nations Declaration on the Rights of Indigenous Peoples.

However there still are many questions left unanswered by the new legislation, and there are too many challenges to its enforcement. The law, for example, lacks a perspective addressing the demand side of the problem of addictions. The new legislation only provides for actions to fight the supply side, a strategy that has historically failed in those places where it has been implemented. Experiences like those of The Netherlands and Portugal have proven more effective. Their legislations include a perspective to reduce the demand and control the use of substances, in addition to harm reduction practices.

### Maximum allowed quantities of possession of drugs under the current law.

Allowed Amounts	Type of Drug
5 gr	Marijuana
2 gr	Opium
500mg	Cocaine
50 mg	Heroin
40 mg	MDA, MDMA (methylenedioxymethamphetamine)
0.015 mg	LSD

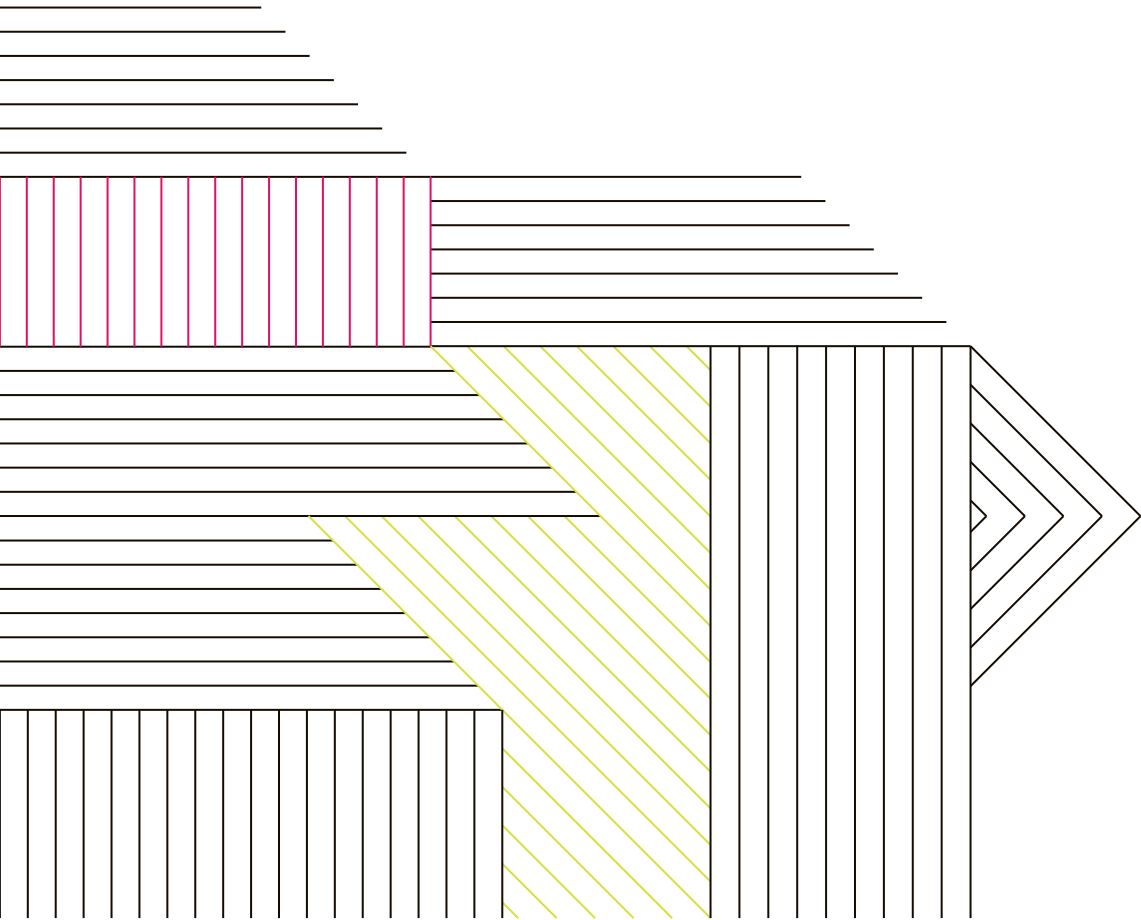
*The quantities presented in this table correspond to those indicated by the Decree amending, supplementing or repealing certain provisions of the General Health Law, the Federal Criminal Code and Federal Code of Criminal Procedure, adopted in 2009.*

5. Jorge Ramos y Ricardo Gómez. (2008, 2 October). “Envía Calderón a Senado reforma contra narcomenudeo”. El Universal. Available in: <http://www.eluniversal.com.mx/notas/543449.html>



**Political recommendations  
for the design and implementation  
of public policies**





## A. **Prevention**

Any addiction prevention strategy aimed at reducing consumption among the target population and exerting a particular influence on young people without unplanned negative consequences, must:

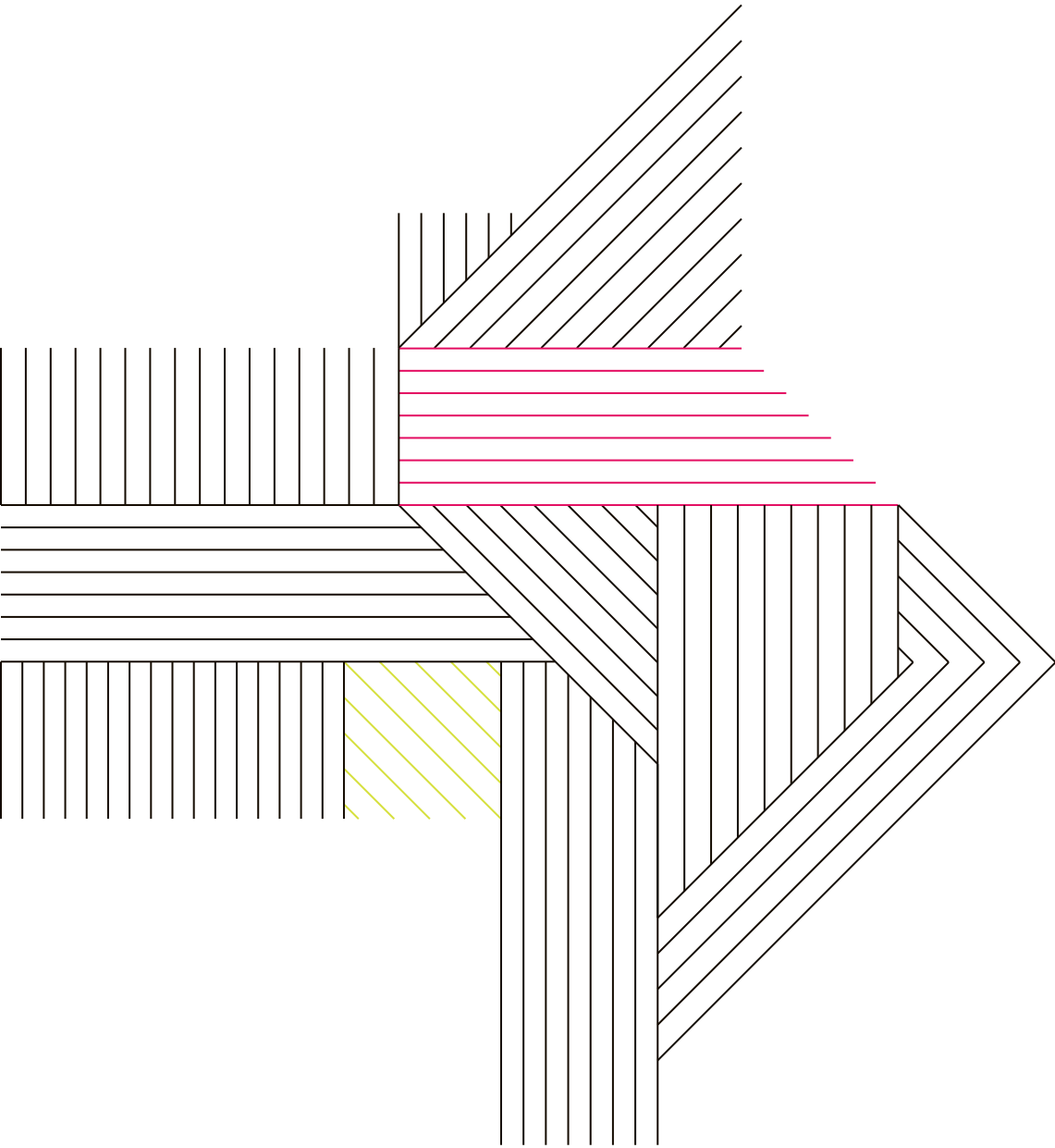
- a) Be based on a Human Rights approach with a generational perspective in order to avoid unintended negative consequences on the target population, and, above all, safeguard young people's integrity;<sup>6</sup>
- b) Promote research on addictions, taking into account the need to disaggregate data and indicators by sex and age. It should also include priority activities, such as a census of the infrastructure specializing in addiction treatment, as well as the preparation and publication of a national directory of treatment and prevention centers;
- c) Ensure young people's participation in the design, implementation, follow-up and evaluation of local and national drug use and addiction prevention strategies;
- d) Provide the target population with sufficient, easy-to-access and relevant information based on scientific knowledge so people can make informed decisions regarding drug use and its effects;
- e) Provide specialized, friendly and relevant counseling services specifically designed for adolescents and young people facilitated by trained adults and/or young people with experience in peer education;
- f) Bring prevention services closer to young people, outside of the places where such services are typically offered (e.g. health centers, Nueva Vida Centers, Juvenile Integration Centers);
- g) Promote the establishment of strategic partnerships between health authorities and the media for the design of

large-scale awareness-raising campaigns that convey useful and relevant messages;

- h) Ensure the implementation of comprehensive education programs that take into account adolescents and young people's specific needs, promote the development of skills and peer education, and recognize the importance of informal education initiatives;
- i) Promote the inclusion of drug use prevention programs in public and private school curricula, with mechanisms for students to participate actively in their design;
- j) Promote training and awareness-raising programs targeting adults to promote solidarity, partnerships and an increased understanding of young people's needs in connection with drugs;
- k) Promote institutional synergy and strengthen multisectoral cooperation mechanisms, embracing the ideal of having advisory bodies that include young people in decision-making processes;
- l) National strategic plans to control tuberculosis, HIV and substance abuse must clearly define the roles and responsibilities of every service provider working with drug users and ensure the follow-up and evaluation of activities to control tuberculosis and HIV targeted to the latter, for example, through the supervision of therapeutic results.<sup>7</sup>

6. The Convention on the Rights of the Child raises this argument in its articles 2, 3, 6 and 12

7. WHO, UNODC, UNAIDS (2008). *Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users*. Evidence for Action.



## B. **Harm Reduction**

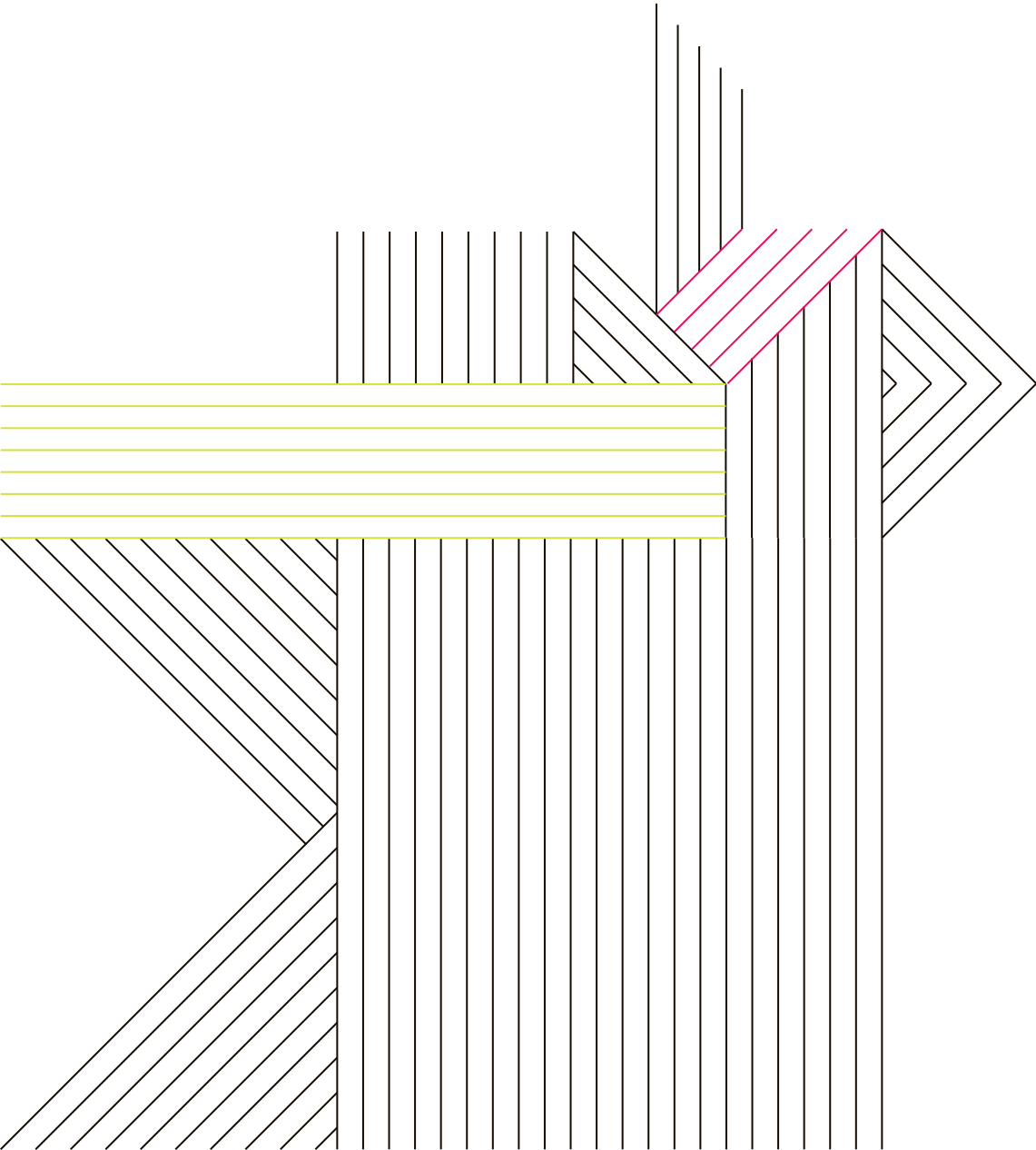
While it is true that some drug users with consumption or addiction problems can find solutions in treatment programs, such as 12-step programs or others, reality shows relapse rates are high, and there is not a single treatment model that is successful among all users facing an addiction problem. An effective policy must be realistic about drug use and recognize that, at any point in time, there will be young people experimenting with drugs for the first time, using drugs, successfully responding to a replacement program or treatment, relapsing or terminating their drug use. For this reason, every strategy is required to:

- a) Ensure access to clean injection equipment, chlorine, and the efficient disposal of contaminated materials and condoms;
- b) Expand replacement and drug addiction treatments, facilitating young drug users' access to voluntary treatment to stop using intravenous drugs;
- c) Ensure young drug users' access to methadone or buprenorphine supplies in health centers and private hospitals;<sup>8</sup>
- d) The population of prison inmates has a very high risk of tuberculosis transmission and HIV infection. Their risk of dual infection with tuberculosis and HIV is also high.<sup>9</sup> For this reason, prisons must provide needle-exchange programs, disposal of contaminated supplies and voluntary treatment with buprenorphine and methadone for users with a problem of addiction to opiates;
- e) Encourage individuals to save lives by calling emergency services if they are witnessing an overdose. Immunity from drug possession charges must be granted to individuals seeking medical help in overdose situations. Witnesses and victims must also be granted immunity to save lives.

f) Facilitate access to naloxone, thus providing help in opiate overdose cases, such as painkillers and heroin abuse.

8. of the cost-effectiveness of these programs are well documented. Some can be found in: WHO , UNAIDS, UNODC (2005). *"Policy Brief: Antiretroviral therapy and injecting drug users"*.

9. Drowbniewski FA, Balabanova YM, Ruddy MC, et al. (2005). *"Tuberculosis, HIV seroprevalence and intravenous drug abuso in prisoners"*.



c. **Treatment**

To ensure the efficient delivery of services, it is important to make sure individuals have access to timely interventions through competent services. These services must be planned in such a way that service providers understand the complex needs of their different target populations. In the specific case of young drug users, services specializing in addiction treatment must take into account the following recommendations:

- a) Any service working with drug users must collaborate with adolescents and young people to guarantee universal access to comprehensive treatment and care interventions and ensure the delivery of relevant services based on a human rights approach that contribute to increased access and increased therapeutic compliance;
- b) Build capacities and raise awareness among health professionals of young people's specific needs in terms of access to health services specializing in addiction treatment;
- c) Take measures to reduce stigmatization and encourage individuals affected to use relevant welfare services, always maintaining their voluntary nature;
- d) Ensure multisectoral coordination on the local, state and national levels, in the areas of planning, implementation and supervision of activities to control tuberculosis and HIV targeted to drug users, using already existing mechanisms where possible;<sup>10</sup>
- e) Ensure that services are sufficiently staffed, and training and education programs promote the creation of efficient and sustainable teams so that all professionals in contact with drug users are appropriately trained in the areas of drug addiction, tuberculosis and HIV;

f) Implement protocols for the detection of tuberculosis, hepatitis B, hepatitis C and HIV in all services targeted towards drug users, so that health personnel can identify the symptoms of those infections and ensure drug users' access to appropriate counseling and detection services, preferably in the early stages of care;

g) In some cases, the simultaneous administration of different drugs may be required to fight different ailments, such as tuberculosis, HIV/AIDS, hepatitis B and hepatitis C, or other infections and diseases related to drug use, in addition to drugs for treatment of addiction problems. In these cases, it must be recognized that, while polytherapy involves difficulties, none of the different options has absolute contraindications related to standard therapeutic programs for tuberculosis, HIV or treatment of diseases associated with drug use;<sup>11</sup>

h) All health services must ensure access for drug users living with HIV to tuberculosis prevention therapies using treatments with isoniazid, once active tuberculosis has been safely discarded;<sup>12</sup>

i) Design youth-friendly services with the participation of young people themselves. These services must show respect for, and interest in, young people's concerns. They should also provide privacy and confidentiality, appropriate interaction time, appointments in convenient locations and times, and peer counseling, where required, in appropriate physical areas;

j) Design mechanisms to measure and evaluate health services and treatment programs (for example, measuring the quality and youth-friendliness of services) operated by public and private treatment centers, particularly through the National Council against Addictions and Addiction Control State Centers;

10. Op. Cit. WHO (2008)

11. Op. Cit. WHO (2005)

12. Op. Cit. WHO (2008)

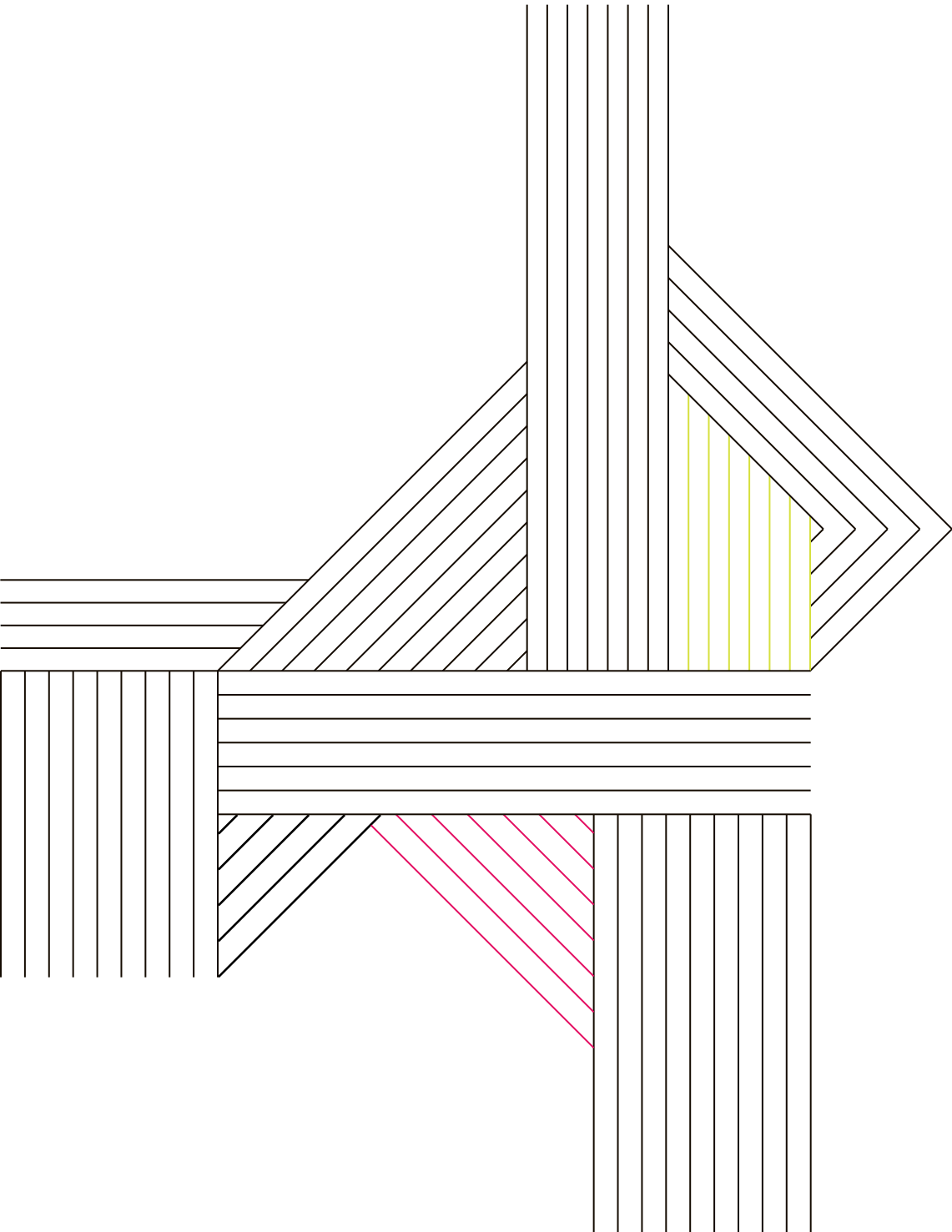




k) Promote access in rural areas with limited access to care, through mobile services and promotional packages specifically targeted to young people. Also, proactively promote the operation of prevention and treatment centers as objective information centers, with professionals providing free counseling without legal obstacles;

g) Recognize *iboga* as a form of voluntary treatment to detoxify the human body from heroin, if this is the user's express desire.





## D. **Law Enforcement**

Increasing the positive impact of any public policy necessarily requires a clear and accurate definition of the coordination mechanisms among the different private and public agencies and stakeholders involved. Thus, in order to develop addiction prevention, care and treatment programs that have a positive impact on young people's quality of life, it is necessary to:

- a) Assign a high priority to specific care for young people in the areas of drug use and drug addiction prevention, and work towards reducing the factors that jeopardize their comprehensive development and health;
- b) Reflect the importance of young people by allocating a specific percentage of annual social expenditure to policies, programs, projects and actions, both locally, regionally and nationally, aimed at drug prevention, care and treatments for this population group;
- c) Integrate a generational perspective into all public health and addiction prevention policies to guarantee the inclusion of adolescents and young people's specific needs in all public programs aimed at improving health;
- d) Establish partnerships with social stakeholders related to young people's comprehensive development, especially the private sector and civil society organizations;
- e) Integrate into national and state strategies and policies an intersectoral and participatory follow-up and evaluation system that includes indicators disaggregated by age and strategic objective;
- f) Harmonize youth policies and health promotion and drug addiction prevention plans and policies, highlighting the strategic importance of investing in young people's well-being;

g) Increase actions aimed at promoting young people's comprehensive development, taking into account the needs of this population group in the areas of education, employment and leisure, and considering the specific vulnerabilities promoting the use of drugs;

h) Eliminate all laws and regulations criminalizing the use of drugs for personal consumption, and design codes of conduct that govern the behavior of health professionals and other actors working with drug users, particularly with young drug users;

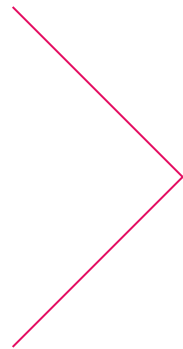


**Conclusions**

All the above recommendations are based on three principles conceived to make the social and collective response to the problem of drugs an inclusive and human response that addresses the needs of communities affected, understanding their context and working hand in hand with them. To this end, it is necessary to recognize that:

- New generations have a key role to play in the definition of the problem, its discussion and, predominantly, the related decision-making process, as well as the implementation of actions and their measurement and follow-up;
- There is a clear and urgent need to generate, publish and disseminate more comprehensive scientific information, free from dogmas, regarding drugs, their use and the impact of policies implemented to control them, in order to put an end to the taboo surrounding them and be able to reduce their negative impacts on individuals and society.
- None of these recommendations will be of use if we fail to promote, above all, every individual's responsibility and the freedom to exercise their right to receive information and make decisions regarding their own body without being subjected to ongoing persecution and criminalization.





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