

# PGR

PROCURADURÍA GENERAL  
DE LA REPÚBLICA



## CRIMINAL INVESTIGATION AGENCY

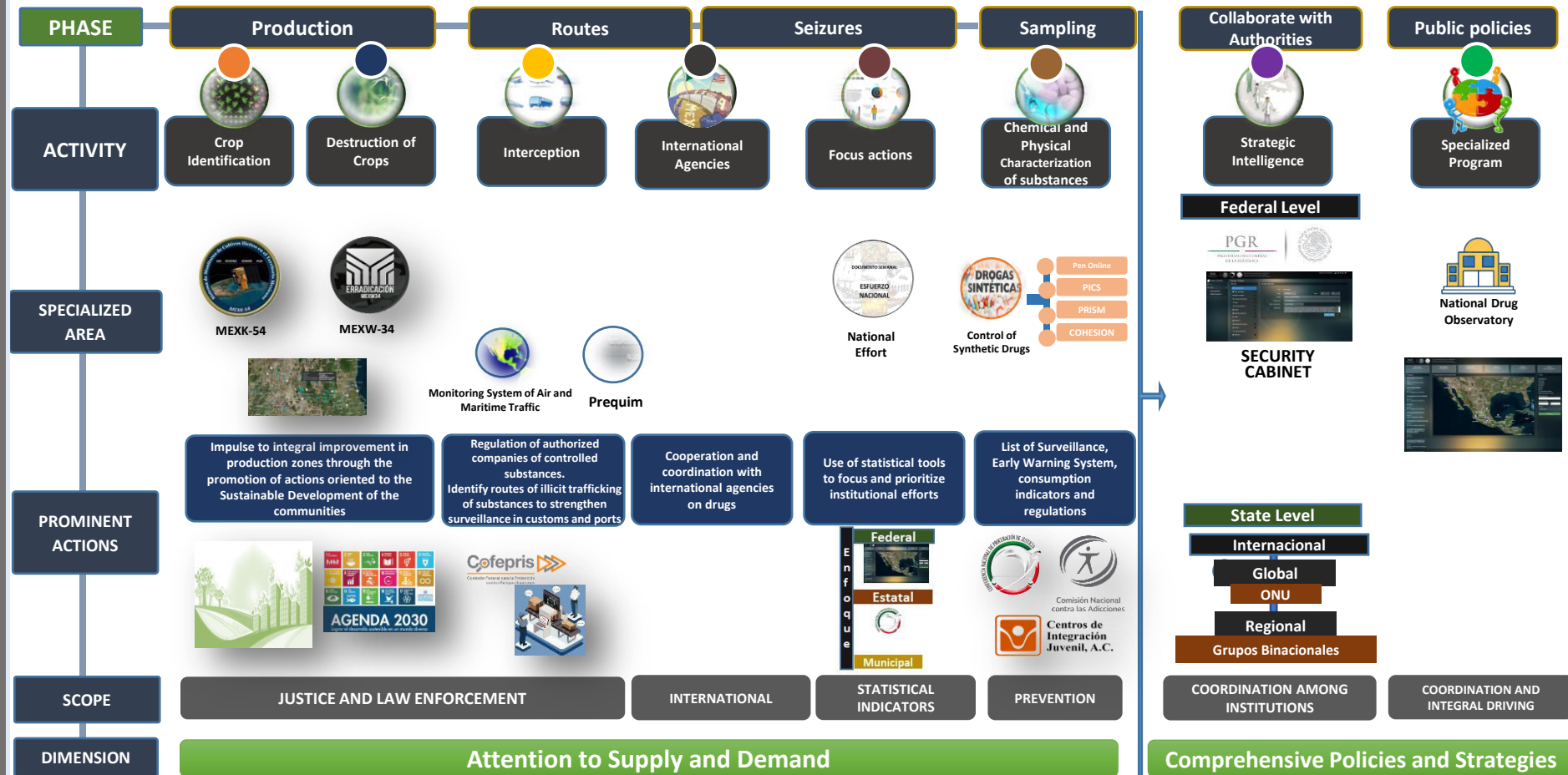
“SCIENCE AT THE SERVICE OF JUSTICE”

### National Office for Drug Policy

Use, abuse and trafficking of opioids in Mexico:  
The importance of international collaboration

October, 2018

# HIGH SPECIALIZATION IN DRUGS



# OVERVIEW

**People worldwide used  
drugs at least once in 2016**

275 million

**People whose drug use is  
harmful to the point where they  
may need treatment**

31 million

**Deaths related with drug use in 2015**

450 000

**Deaths indirectly  
attributable to  
drug**

24%

**Opioids  
implicated**

**Deaths  
associated with  
overdoses in  
2015**

167, 750

76%

**It is estimated that in 2016, 34.3 million people used opioids and opiates for non-medical purposes**

# OPIOID USE IN MEXICO

## International:

Single Convention on Narcotic Drugs of 1961; Yellow List, List 1.

## National:

General Health Law (LGS) Art. 234  
(Narcotics).

Its use is permitted for medical and scientific  
purposes LGS Art. 235; Medical Prescription  
(prescription) LGS Art.226, frac. I

AGREEMENT: The compulsory nature of the comprehensive  
management of palliative care schemes is declared, as well  
as the processes indicated in the Guide.



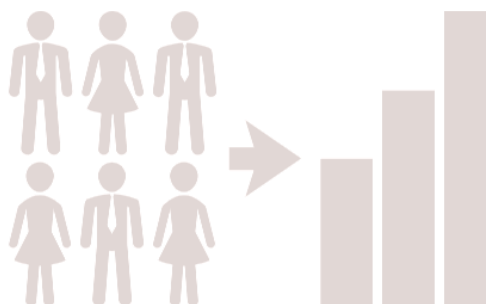


LGS, Art.226, frac. I

- ☐ Methadone
- ☐ Fentanyl
- ☐ Morphine
- ☐ Codeine
- ☐ Hydromorphone
- ☐ Oxycodone
- ☐ Oxycodone / Paracetamol
- ☐ Sufentanil
- ☐ Remifentanyl

The electronic special prescription is mandatory to get these narcotics for medical use.

# **ABUSE OF PRESCRIPTION DRUGS IN MEXICO**



**1.3% of the population aged 12 to 65 has used medical drugs at some time (1.7% men, 0.9% women); 0.5% consumed them in the last year (0.6% men, 0.4% women).**

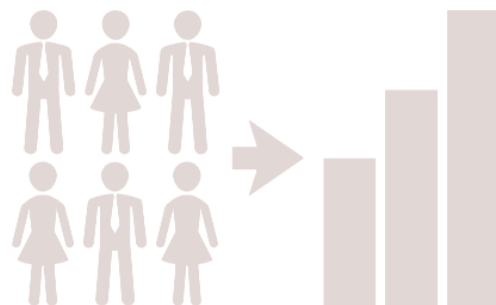


**Consumption once: 406 235**  
**Consumption in the last year: 163 166**



**Consumption once: 690 986**  
**Consumption in the last year : 248 292**

Medical drugs: Opiates, tranquilizers, sedatives, barbiturates or amphetamines, the use must be out of prescription or for a longer time or amount than indicated by the doctor.



**2011: 178, 680 users**  
**2016: 145, 382 users**  
**The downward trend**  
**is 18%.**

**0.2% of the population aged 12 to 65 has ever consumed**



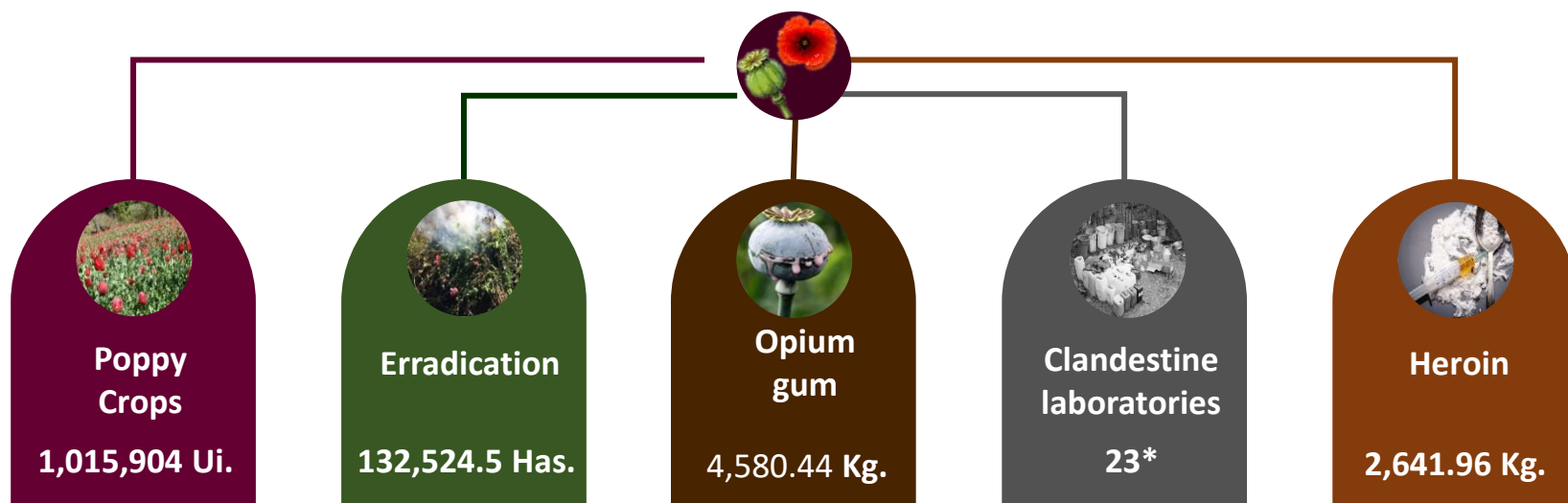
**4, 812**



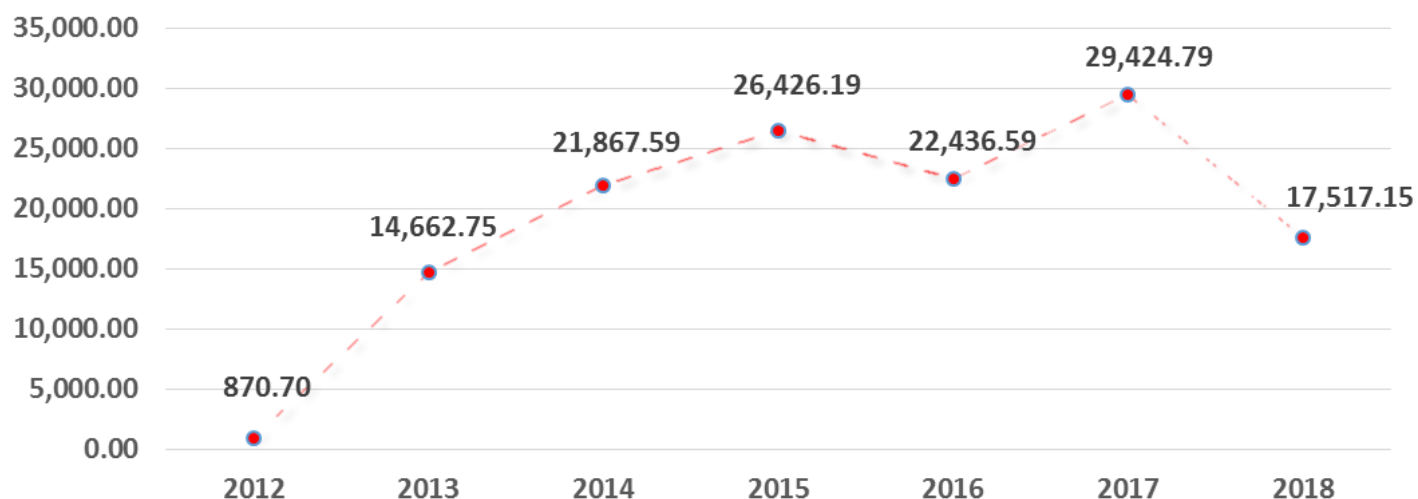
**140, 570**

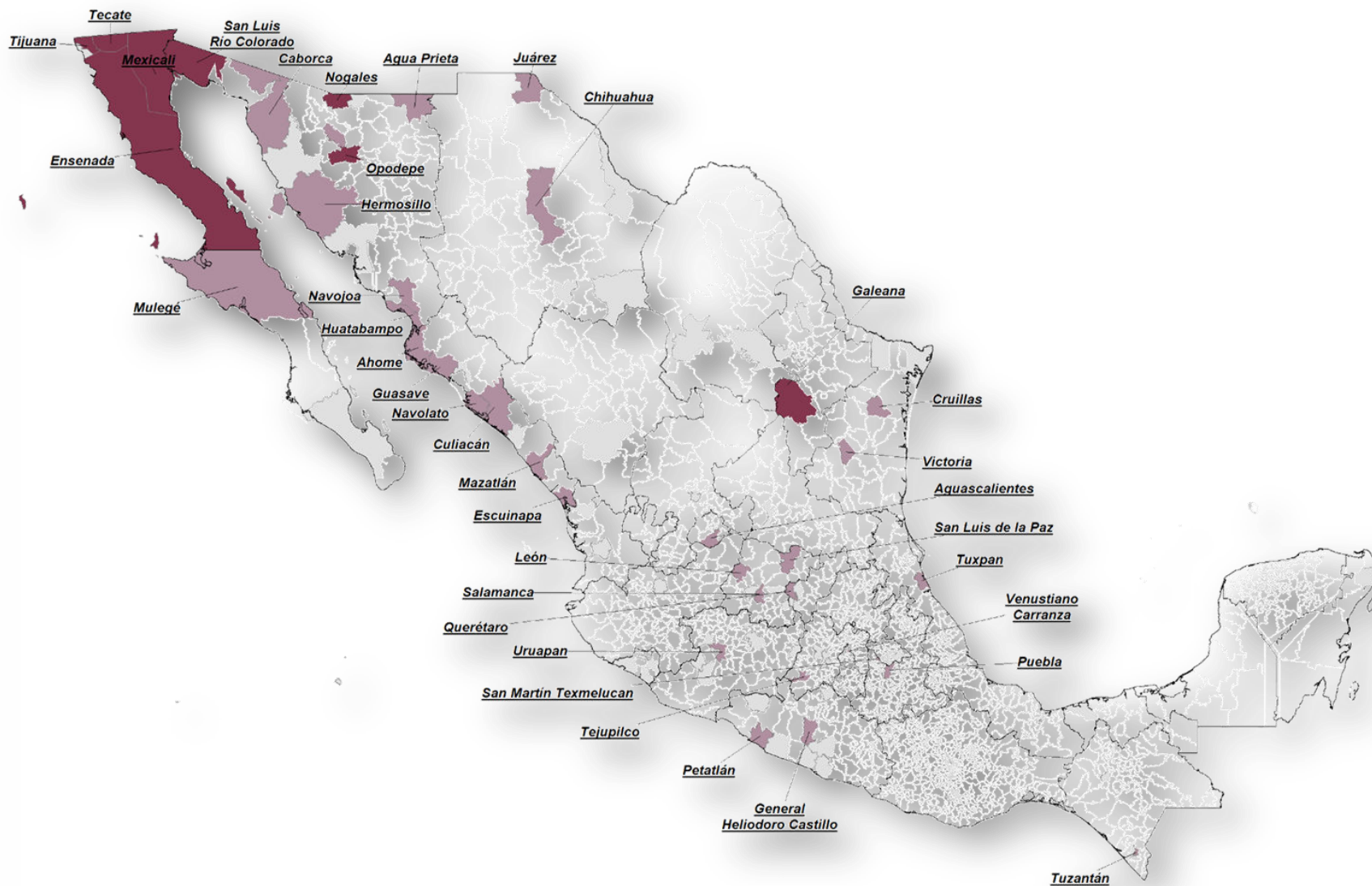
# HEROIN

## SEIZURES RELATED WITH HEROIN

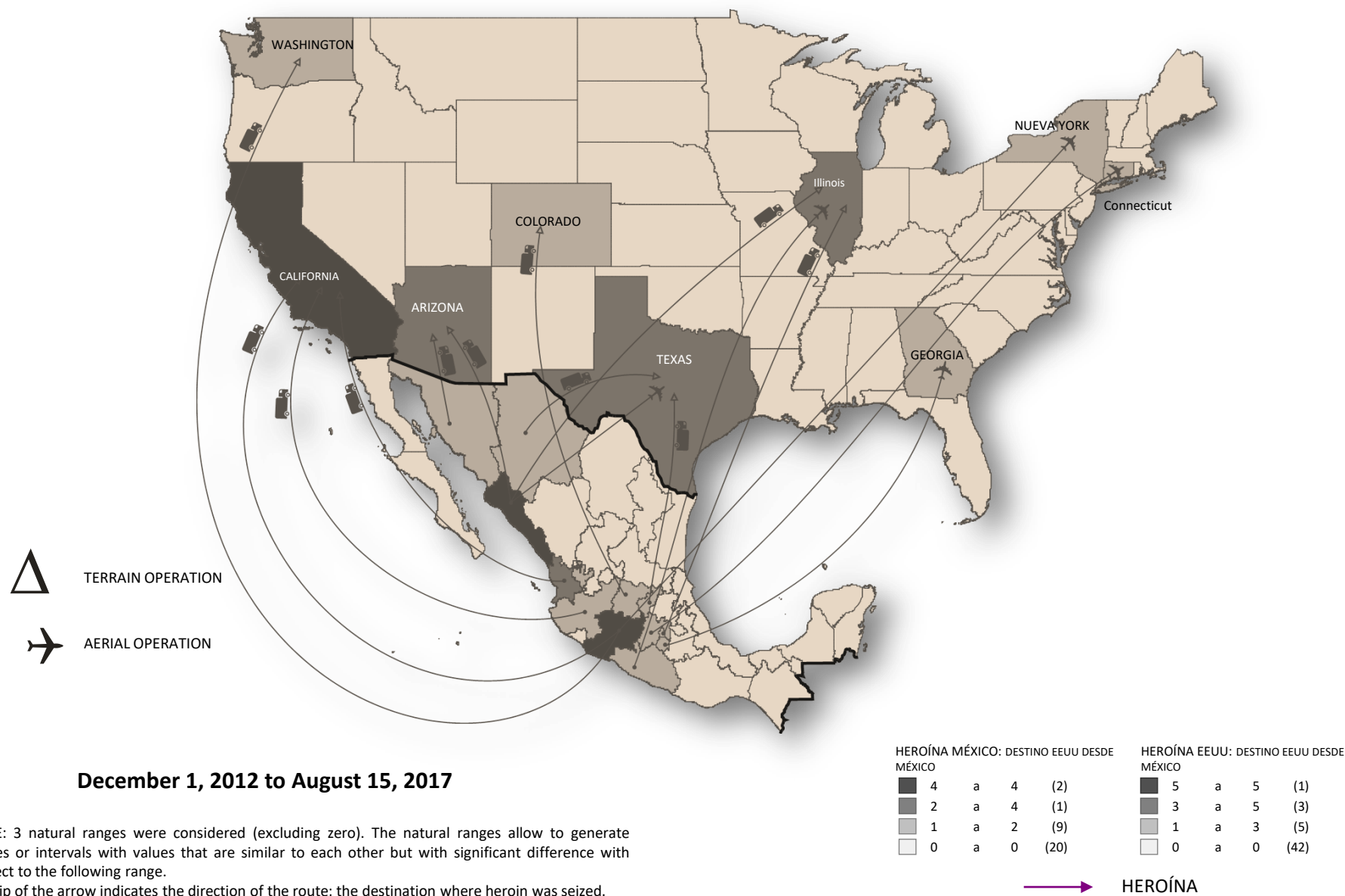


Poppy eradication hectares

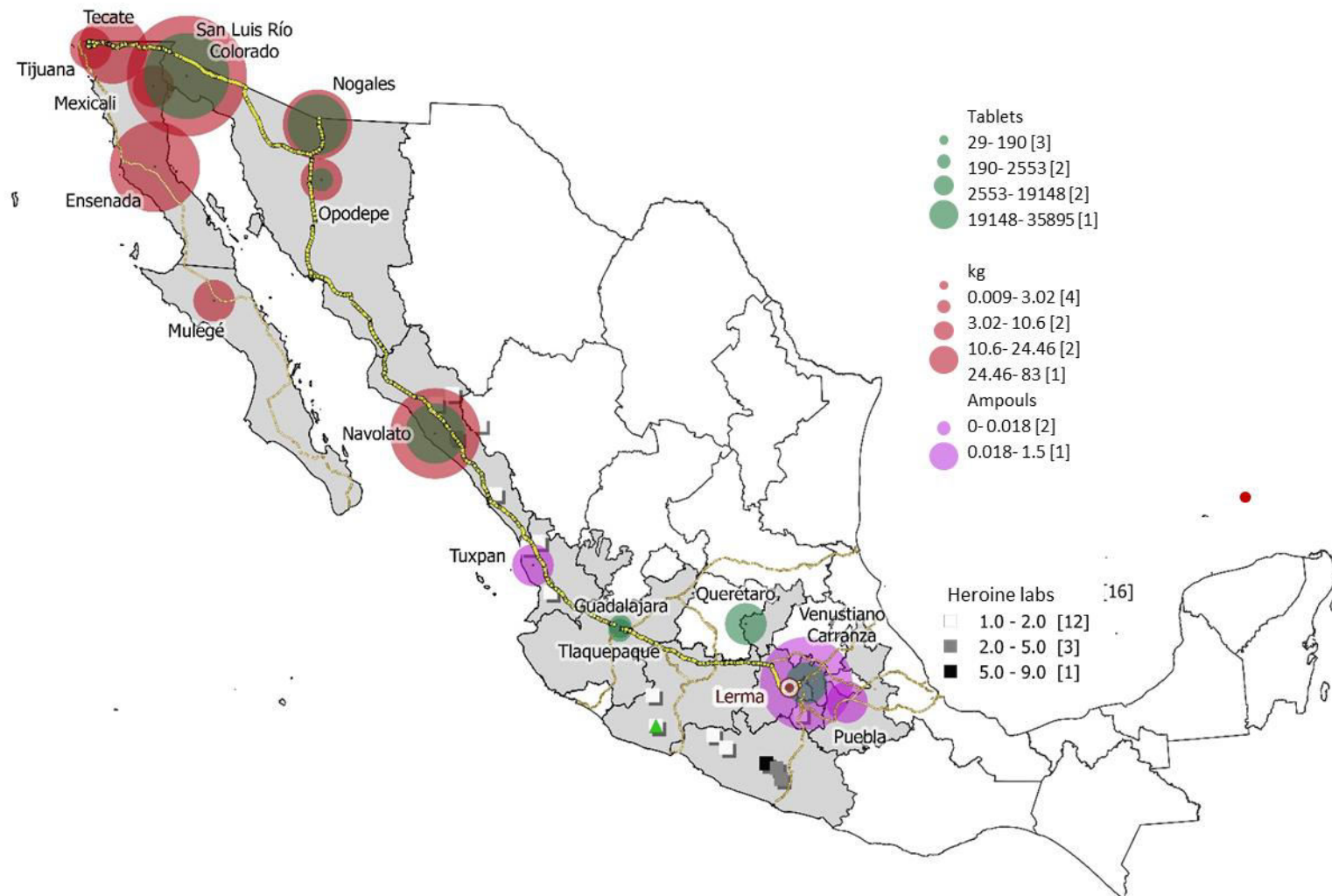




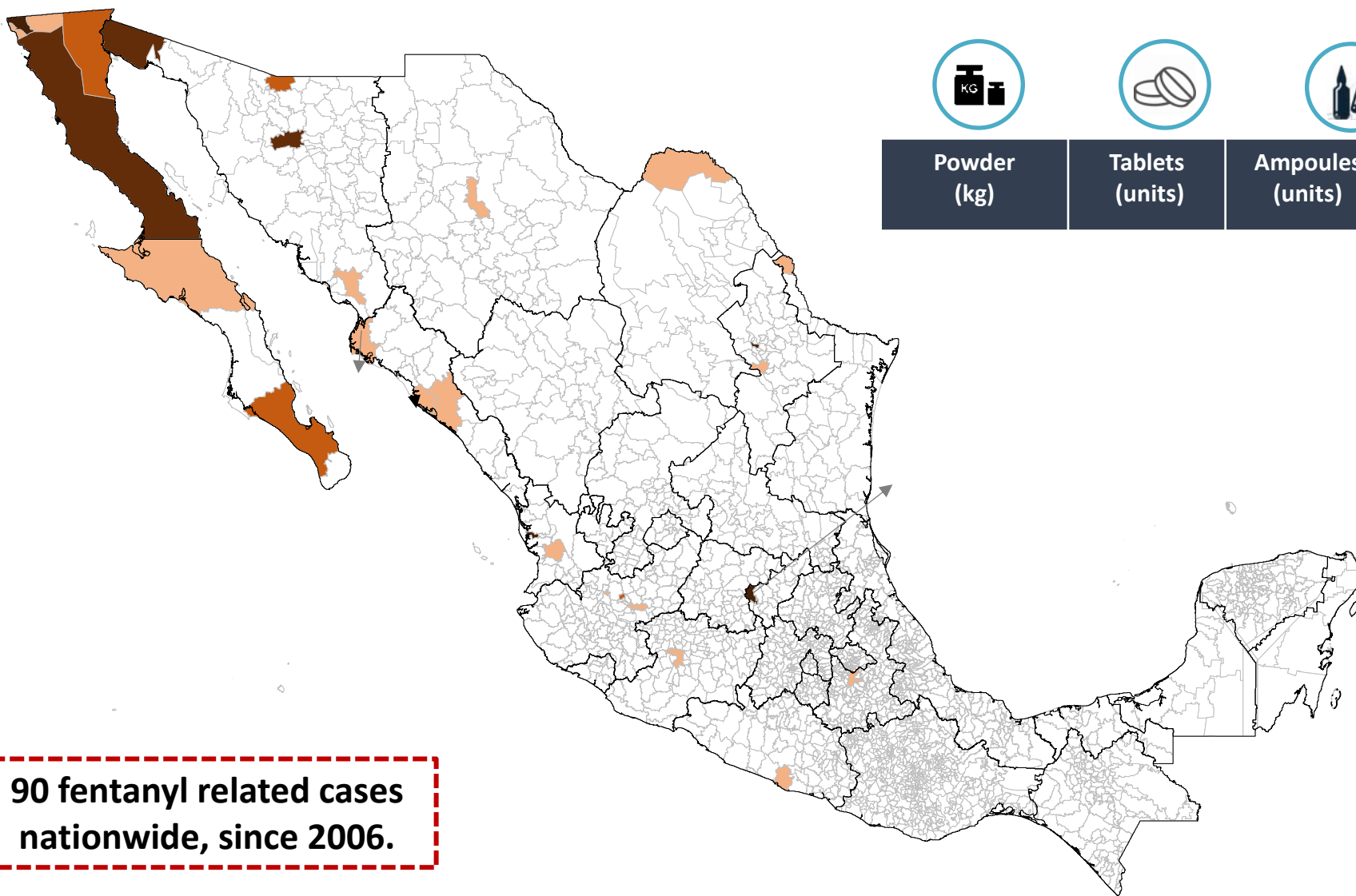
**Source: Criminal Investigation Agency. National Effort. Preliminary figures**



**FENTANYL**



## FENTANYL OVERVIEW 2018

Powder  
(kg)Tablets  
(units)Ampoules  
(units)

**90 fentanyl related cases  
nationwide, since 2006.**

## **EFFORTS OF THE MEXICAN GOVERNMENT**

## Paper

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UNIVERSIDAD NACIONAL AUTÓNOMA DE MÉXICO  
CÉDULA PROFESIONAL 00000

Norte 99 No. 6 Col. Casas Grandes  
C.P. 06700 D.F. Tel. 53-88-99-00  
Radio: 68-40-33-15 Clave 998  
De 16:00 20:00 Hrs.

ANESTESIÓLOGO

DÍA MES AÑO

NOMBRE DEL PACIENTE \_\_\_\_\_

DOMICILIO DEL PACIENTE \_\_\_\_\_

DIAGNÓSTICO Ca de esófago

NOMBRE COMERCIAL Y GENÉRICO DEL MEDICAMENTO Fentanest (citrato de fentanilo)

CANTIDAD 6 PRESENTACIÓN ampolleta DOSIFICACIÓN 10 mcg/kg cada 24 h

No. DE DÍAS DE PRESCRIPCIÓN 6 VÍA DE ADMINISTRACIÓN endovenosa

NO MAYOR DE 30 DÍAS

SECRETARÍA DE SALUD  
COFEPRIS

FIRMA AUTÓGRAFA  
DEL MÉDICO

ORIGINAL PARA LA FARMACIA

## Electronic

SALUD SECRETARÍA DE SALUD COFEPRIS

Folio XXXX  
Día Mes Año

Nombre del paciente \_\_\_\_\_

Domicilio del paciente \_\_\_\_\_

Diagnóstico \_\_\_\_\_

Nombre comercial y genérico del medicamento \_\_\_\_\_

Cantidad \_\_\_\_\_ Presentación \_\_\_\_\_

Dosificación \_\_\_\_\_

No. de días de prescripción \_\_\_\_\_ Vía de administración \_\_\_\_\_

ORIGINAL FARMACIA

Firma autógrafa del médico

5D4690TX

Both forms in  
TRIPLICATE  
(Pharmacy,  
Patient, Doctor)

The electronic form can be generated through the website of the Ministry of Health.

The electronic validation of the prescriptions through the alphanumeric reference of the two-dimensional code and the folio number, allow the validation by the pharmacies before being dispensed.

## Who can prescribe?



**Medical surgeons**



**Dental surgeons**



**Veterinary doctors:  
For use in animals**

## Dispensing special prescriptions

### SPECIAL PRESCRIPTIONS

Medical Prescription (prescription)  
LGS Art.226, frac. I

- Medication for 30 days from prescription.
- Validity of 30 days from the prescription.
- It is supplied and retired.

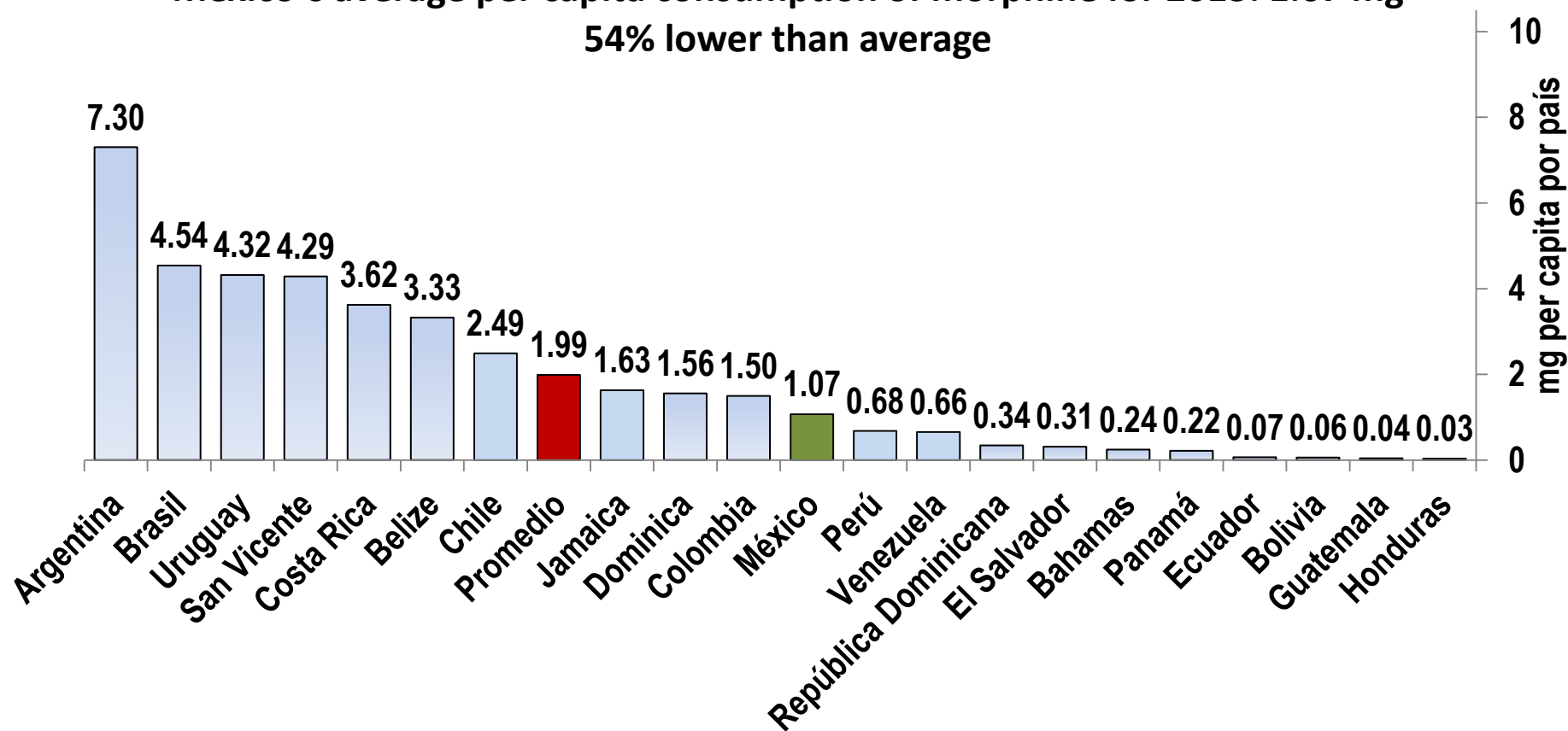
## OBJECTIVES OF REGULATING THE WHOLE SUPPLY CHAIN OF NARCOTICS AND PSYCHOTROPIC SUBSTANCES

1. Allow and promote use for therapeutic and scientific purposes.
2. Minimize the risk of abuse.
3. Reduce the risk of their illicit production, demand and traffic.



# LIMITED AVAILABILITY OF NARCOTICS AND PSYCOTROPIC SUBSTANCES FOR MEDICAL AND SCIENTIFIC PURPOSES

México's average per capita consumption of morphine for 2013: 1.07 mg  
54% lower than average



- ☐ Became mandatory for all Health institutions to have operational and overall policy schemes for palliative care.
- ☐ COFEPRIS had to develop the operational guidelines for special prescription books for controlled substances. As a result, COFEPRIS created the electronic prescription books for opioids.
- ☐ COFEPRIS had to establish guidelines to facilitate the access and assure the supply of opioids.

# Pain reduction and Palliative care

## Characteristics of Prescription books

- ✓ Doctor data is protected
- ✓ Authorization via internet
- ✓ 200 prescriptions per application
- ✓ 1 day response.
- ✓ Prescription validation in pharmacies.
- ✓ Traceability of medicines.

## Results\*

- ✓ **4,643** doctors with electronic prescription books ( 300% increase).

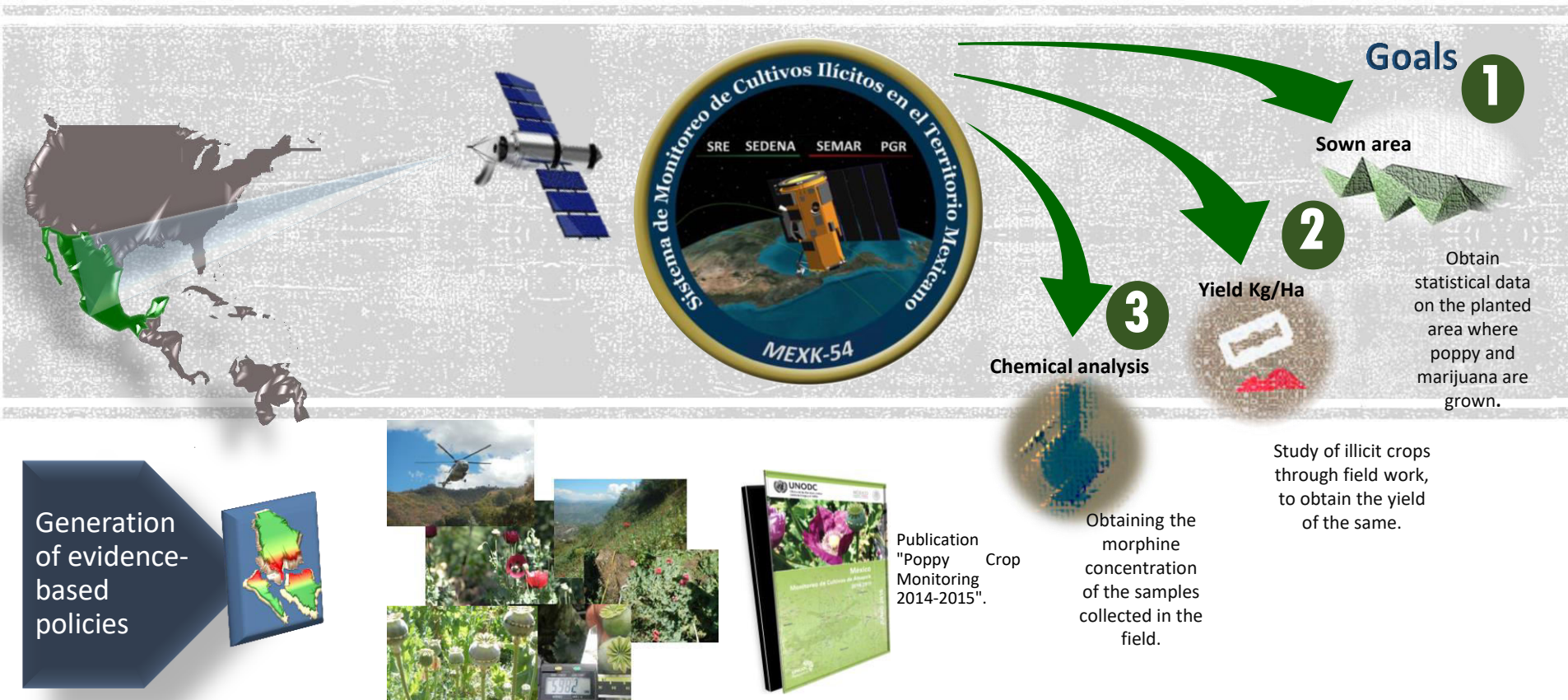
## **ACTIONS FOR DRUG CONTROL**

# ILLICIT CROP MONITORING SYSTEM IN THE MEXICAN TERRITORY "MEXK54 PROGRAM"

## Objectives

- ✓ Technical capabilities
- ✓ Detection of illicit crops.

- ✓ Comprehensive public policies.
- ✓ Combat the supply and demand of drugs.

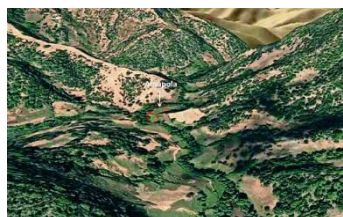


**For the period July 2014 - June 2015, the information was evaluated by the UNODC-Vienna to obtain the estimate of the area sown with poppy crops.**

**The results were published in June 2016 in a national report and in the 2016 World Drug Report.**

## Results 2014 - 2015<sup>1</sup>

	Minimum	Medium	Maximum
Poppy sown Surface (Ha)	21,800	26,100	30,400



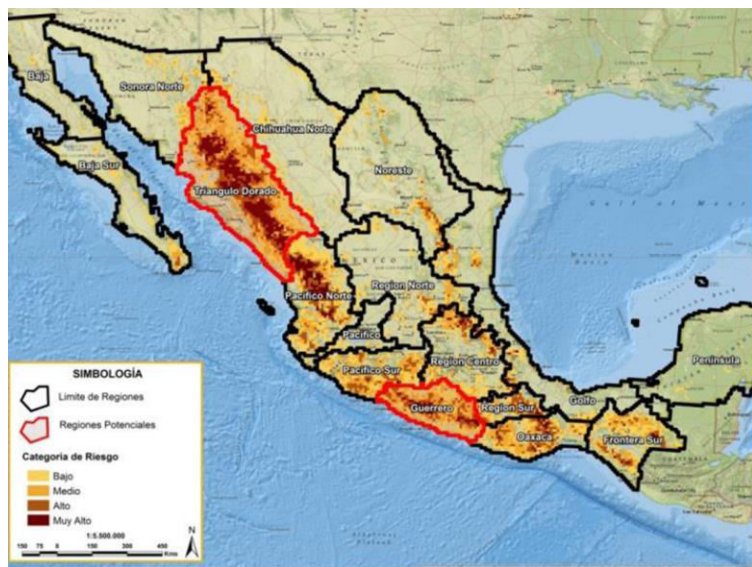
**For the period July 2015-June 2016, the estimate of poppy crops has been calculated.**

## Results 2015 - 2016<sup>2</sup>

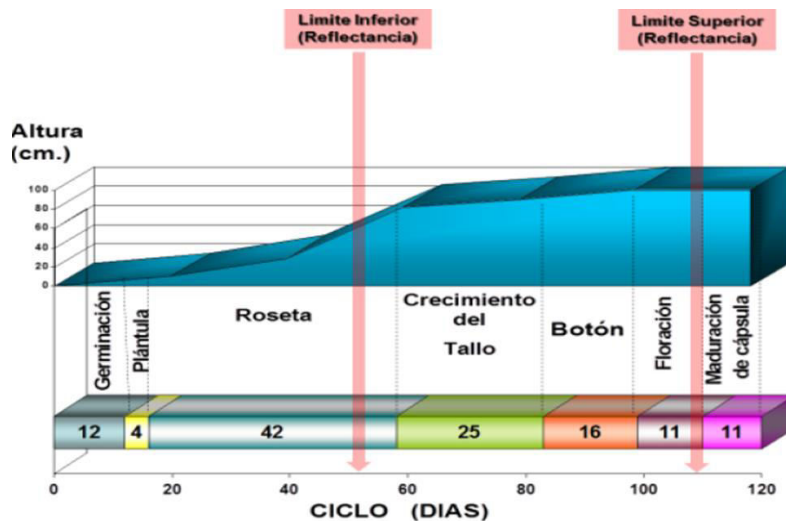
	Minimum	Medium	Maximum
Poppy sown Surface (Ha)	20,400	25,200	30,000

Source: MEXK54 Project

<sup>1</sup> Las cifras correspondientes a 2015 publicadas en la página 51 del Informe Mundial sobre las Drogas 2016 (publicación de las Naciones Unidas, número de venta: S. 16. XI. 7) se han revisado debido a un ajuste estadístico procesado por la UNODC. Estas Cifras corresponden al periodo de estimación de julio de 2014 a junio de 2015.  
[https://www.unodc.org/wdr2017/field/Booklet\\_2\\_HEALTH.pdf](https://www.unodc.org/wdr2017/field/Booklet_2_HEALTH.pdf)



Fuente: Proyecto MEXK54 (2016)



Source: MEXK54 Project

## Procedure used to collect field data



1. Elección de la dirección del transecto al azar.



2. Medición del transecto con cinta métrica.



3. Selección de 3 números aleatorios para ubicar las parcelas de 1 m<sup>2</sup>



4. Ubicación de las parcelas de 1 m<sup>2</sup> sobre la línea del transecto.



5. Limpieza de la parcela 1 m<sup>2</sup> para realizar la colecta de los datos.



6. Conteo del número de plantas, botones, flores, etc.



7. Medición de la altura y ancho de las plantas.

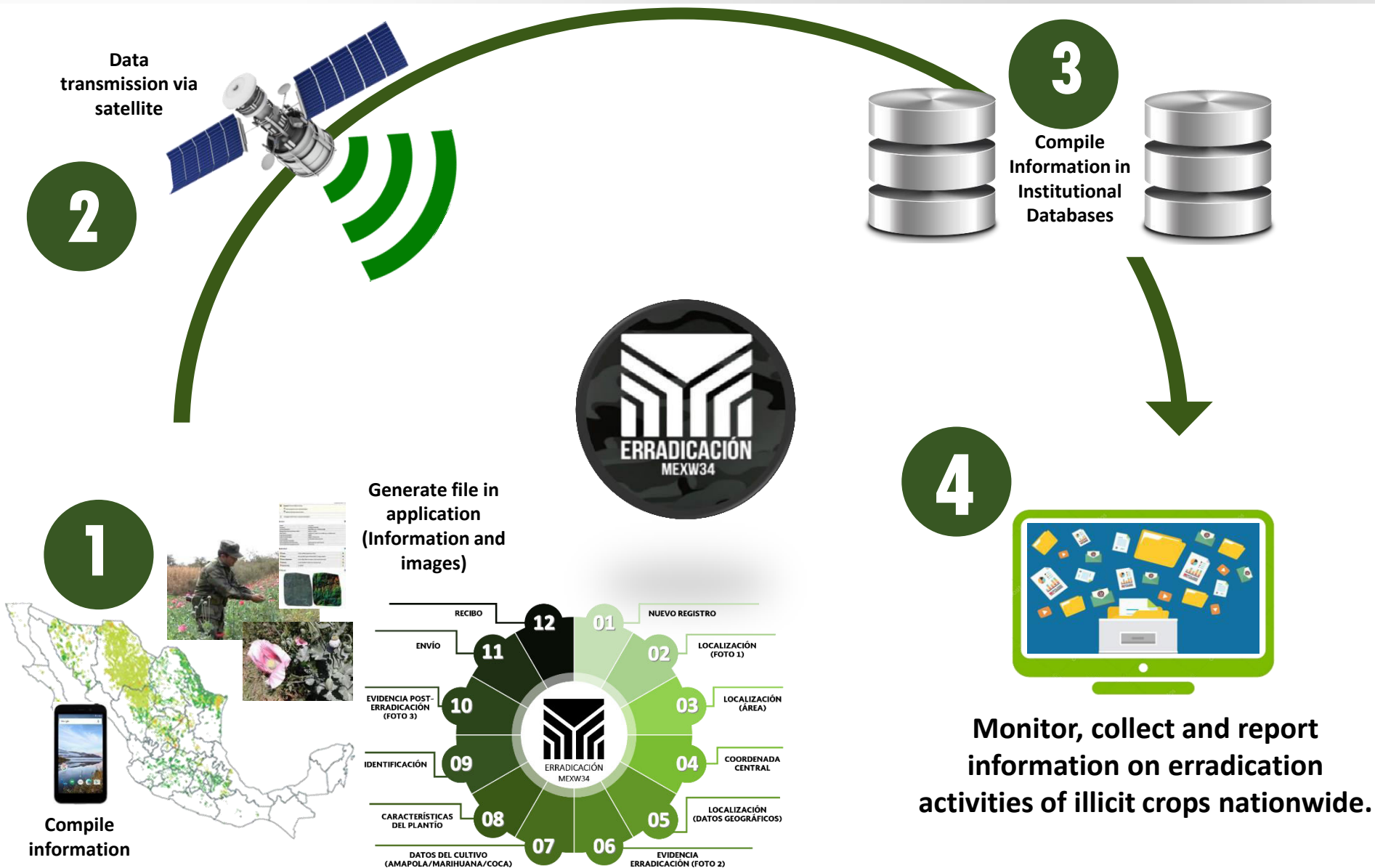


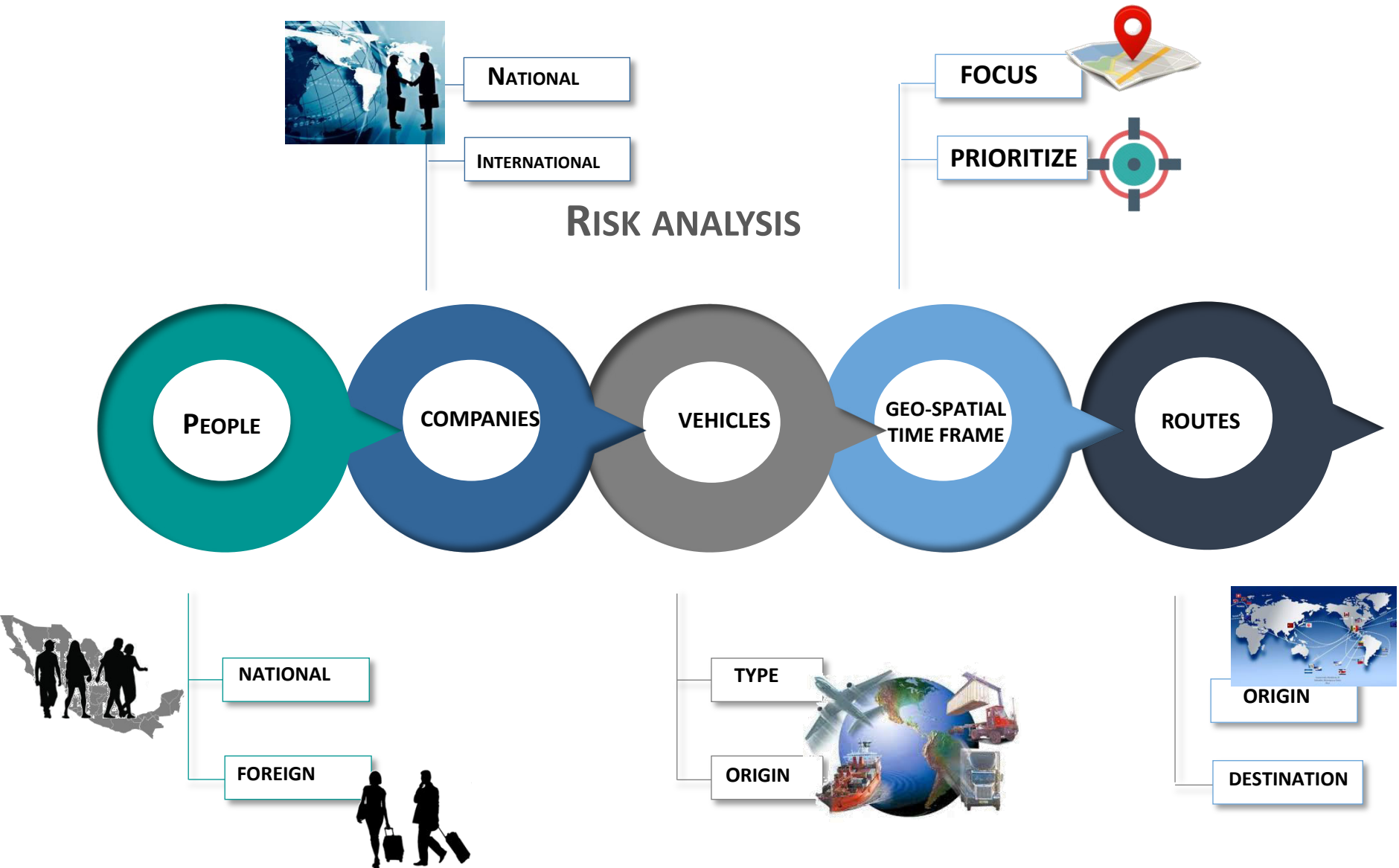
8. Conteo del número de rayas y medición de altura y ancho de los bulbos.

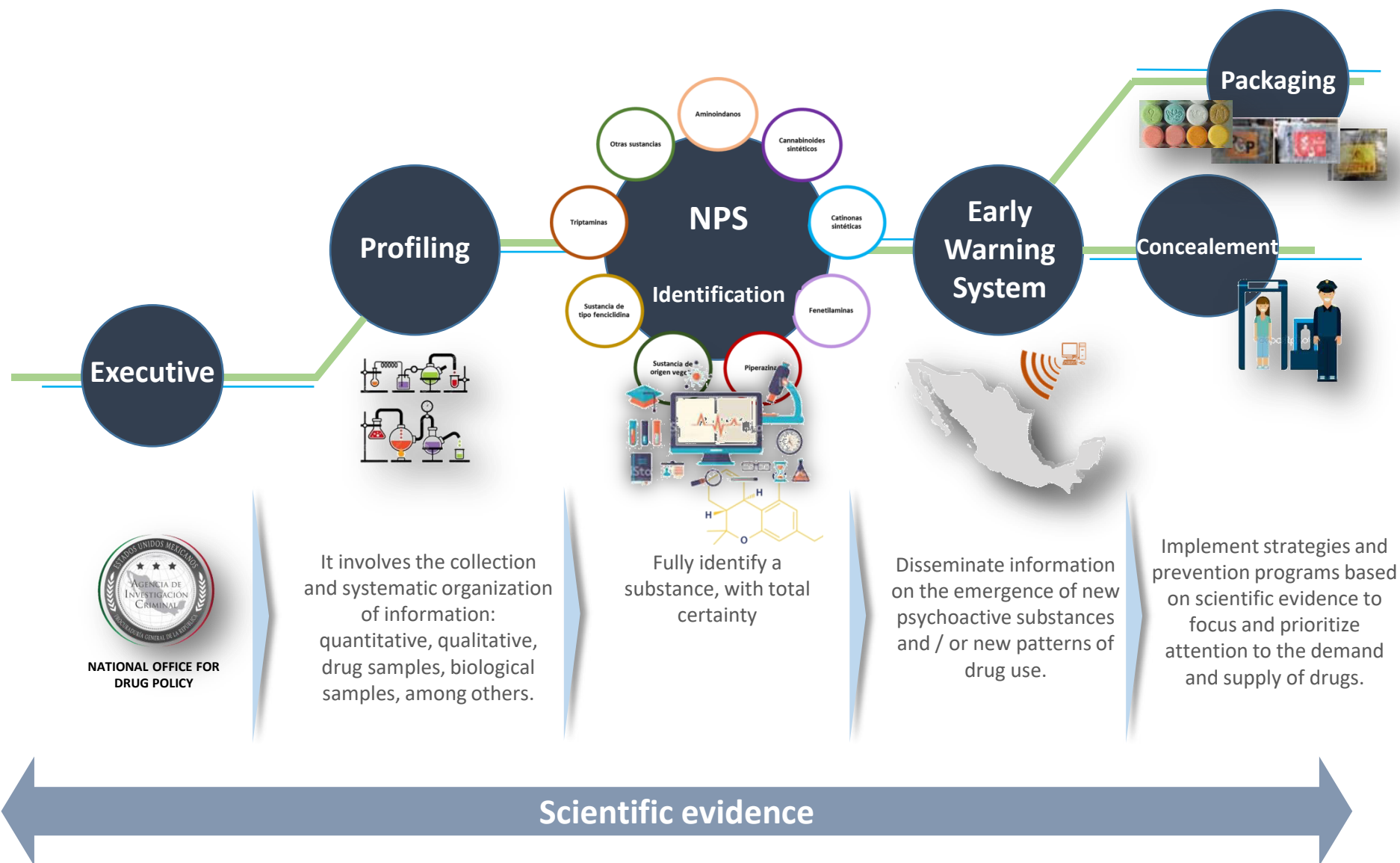


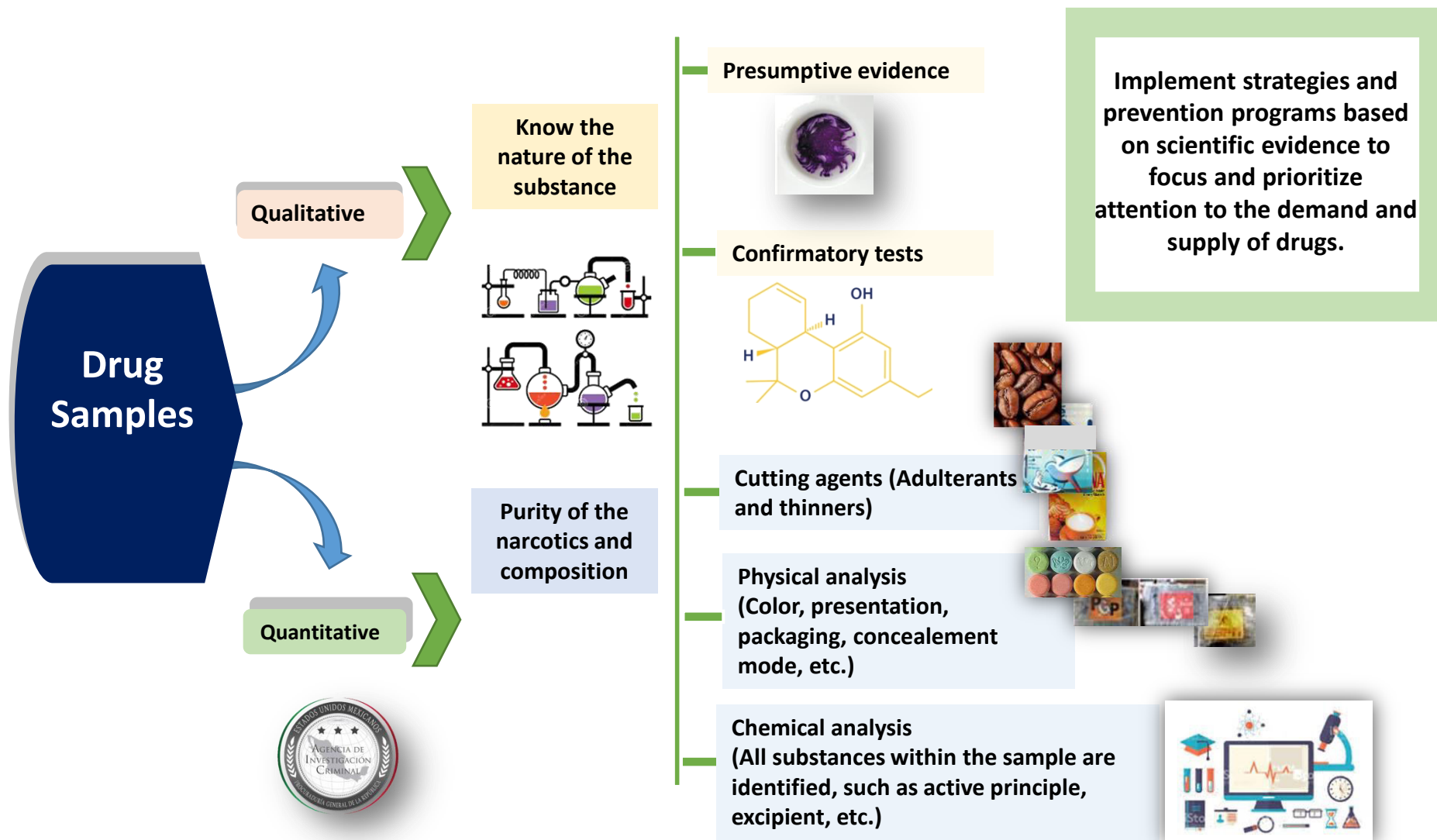
9. Registro de los datos en los Formularios 1 y 2.

## 2. STRENGTHENING THE PROCESS OF COLLECTING DATA OF ERADICATION ACTIVITIES MEXW34









**1**

**Inter-institutional Group to continue promoting activities throughout Mexico and monitoring inventories of morphine.**

**2**

**Statistical analysis of electronic platform records to generate new public policies and improve existing measures.**

**3**

**In conjunction with UNODC develop a diagnosis and promotion strategy for palliative care in Mexico City and a replicable throughout the country.**

**4**

**Support the implementation of palliative care schemes in the National Health System.**



## Guide for selling controlled medicines in pharmacies



**Concentrates all regulatory information related to the access of controlled medicines.**

### **Contents:**

- **Legal framework**
- **Self assessment questionnaire**
- **Detailed explanation of electronic prescription books and their validation**
- **Detailed information about routine inspections, safety measures and sanctions.**

- ☐ In conjunction with UNODC prepare a diagnosis about service and availability of controlled medication in Mexico City's Hospitals, to ensure access.
- ☐ Distribute the Guide for selling controlled medicines in pharmacies
- ☐ Assure traceability of controlled medicines
- ☐ Monitor compliance with prescriptions
- ☐ Assure there are no shortages and minimizing abuse risks
- ☐ Inminent launch of the Electronic Control Books platform



- ☐ **Preparation of a Surveillance List of non-controlled substances that can be used in the manufacture of drugs.**
- ☐ **Application of risk models.**
- ☐ **Addressing 100% for the review of sensitive merchandise (Fentanyl, its salts and other derivatives of piperidine).**
- ☐ **Send alerts of risk identified by analyzing the information.**
- ☐ **Specific training on the use and safe handling of Fentanyl, aimed at the first respondents.**

- ☐ **Strengthen the exchange of information between equivalent authorities of the countries (origin and destination).**
  
- ☐ **Rapid market development, expansion and diversification.**
  
- ☐ **Poor perception of risk and poor perception of legality**

- ☐ Increasing challenges to identify transnational criminal groups.
- ☐ New dynamic involving production, trafficking and marketing.
- ☐ Accurate data, Real Time, Good practices.

- 
- ☐ Palliative care in Mexico has a human rights perspective
  - ☐ Mexico has advanced in facilitating access
  - ☐ There are a significant challenges ahead
  - ☐ Technology is fundamental

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