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JAMA. 2009;302(5):482-483 (doi:10.1001/jama.2009.11108)

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# Mexican Drug Violence Intertwined With US Demand for Illegal Drugs

Thomas B. Cole, MD, MPH

VIRTUALLY EVERY WEEK BRINGS reports of the latest episodes of drug-related violence in Mexico that has claimed the lives of thousands over the past few years. To rein in these violent eruptions, the Mexican government has deployed its military and police to fight the major drug cartels that control the lucrative distribution networks that bring illegal drugs into the United States.

But some experts say that the trafficking of illegal drugs, like all businesses, is one of both supply and demand and that the demand side—those who abuse drugs—also should be targeted. These experts propose that a concerted effort to quash demand by making treatment for substance abuse available to those who need it would make the drug trafficking enterprise significantly less profitable.

## DEMAND FOR DRUGS

The number of drug-related homicides in Mexico is currently about 400 per month, a total that includes the deaths of government officials and law enforcement officers as well as members of drug trafficking organizations, according to the Justice In Mexico Project of the Trans-Border Institute of the University of San Diego (<http://www.justiceinmexico.org>). The proximate cause of the violence is the Mexican government's crackdown on drug trafficking organizations, says Peter Reuter, professor in the School of Public Policy and Department of Criminology at the University of Maryland and director of the Program on the Economics of Crime and Justice Policy.

But the root cause of the violence is competition for the US drug market, which is enormously lucrative. More than 35 million individuals used illegal drugs or abused prescription drugs

in 2007, according to the *National Drug Threat Assessment*, published in 2009 by the National Drug Intelligence Center of the US Department of Justice (<http://www.usdoj.gov/ndic/pubs31/31379/31379p.pdf>).

The killings in Mexico and the US market for illegal drugs are directly related, agrees Mark A. R. Kleiman, PhD, professor of Public Policy and director of the Drug Policy Analysis Program, at the University of California, Los Angeles, School of Public Affairs. Mexico has been the primary transshipment point for illegal drugs such as heroin, cocaine, and marijuana entering the United States for more than a decade, he notes, so it stands to reason that a substantial decrease in the US demand for drugs might lead to reduced violence in Mexico. However, the heaviest users account for the greatest demand, he says, and so an effective intervention would have to target heavy users to have an important effect on the illegal drug economy.

Substance abuse treatment can be effective, depending on the drug of abuse, says Herbert D. Kleber, MD, professor of Psychiatry at Columbia University College of Physicians and Surgeons and director of the Division on Substance

Abuse at the New York State Psychiatric Institute in New York City. For example, says Kleber, methadone, buprenorphine, and naltrexone are all effective therapies for opiate addiction. However, effective pharmacotherapies for dependence on marijuana and stimulants such as cocaine and methamphetamine have not yet been developed. Studies of vaccines for cocaine dependence are under way, but Kleber cautions that a vaccine may be years away from commercial availability.

## RESOURCES FOR TREATMENT

The good news, Kleber says, is that there already are sufficient resources to treat the 800 000 to 1 million individuals in the United States who are dependent on heroin, as well as the even larger number who are dependent on prescription opiate drugs. Prescription opiate abusers may become future consumers of Mexican drugs; many eventually switch to heroin because it is cheaper, easier to obtain, and provides a more intense high, according to the National Drug Intelligence Center report. Only about 260 000 opiate abusers are currently maintained on methadone and another 170 000 on



Mexico's escalating drug war fills morgues in border cities with bodies awaiting autopsies. Here, bodies crowd a walk-in refrigerator in the border city of Ciudad Juarez. According to Mexican authorities, in 2008, drug violence claimed 6290 lives in Mexico, double the number from the previous year, and more than 1000 drug-related deaths were reported in the first 8 weeks of 2009 alone.



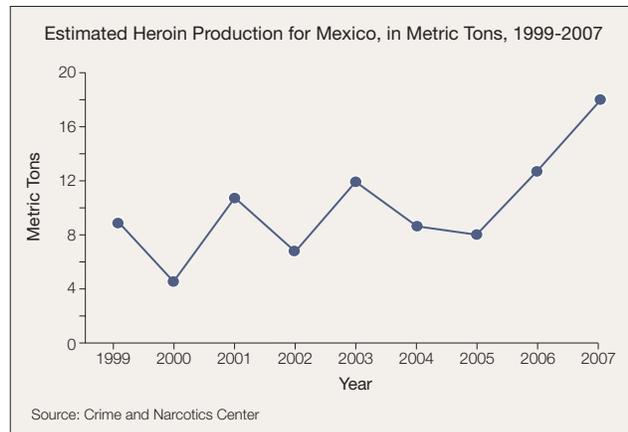
buprenorphine, but detoxification centers and residential treatment facilities are not the only providers of opiate pharmacotherapy. Primary care physicians can register with the Drug Enforcement Administration to prescribe narcotic addiction treatment after obtaining as few as 8 hours of specialized training ([http://buprenorphine.samhsa.gov/waiver\\_qualifications.html](http://buprenorphine.samhsa.gov/waiver_qualifications.html)). About 16 000 US physicians have registered so far, Kleber says.

While substance abuse treatment has many advantages, there are challenges in bringing this intervention to those who might benefit from it. For instance, individuals who need help are often reluctant to seek services, says Reuter. In addition, those who do enter treatment with methadone sometimes continue to use illegal drugs and many are unable to stay in treatment for long periods. Moreover, notes Reuter, the public may hesitate to support treatment services for substance abusers, who are often perceived as having harmed themselves and the rest of society through their own behavior.

For substance abusers who are charged with criminal offenses, some may qualify for a drug diversion program, which mandates drug treatment in lieu of incarceration. For individuals on probation or parole, long-acting naltrexone therapy may be especially useful for maintaining sobriety, says Kleber.

#### ENSURING COMPLIANCE

However, typical drug diversion programs may be ineffective because they often lack sufficient enforcement and follow-up to ensure that probationers—convicted offenders on probation—comply with program requirements, such as random drug testing and treatment visits, explains Kleiman. Compliance with the requirements of a drug diversion program depends on criminal offenders being convinced that infractions of the rules will be detected and punished quickly. Sanctions for breaking the rules need not be severe to ensure compliance, provided that they are applied quickly and



The US government estimates that dramatic increases in the production and purity of heroin in Mexico have fueled distribution of the drug in the United States. In less than a decade, heroin production in Mexico more than doubled, from 8.8 metric tons in 1999 to 18 metric tons in 2007.

consistently, he says. For example, an effective sanction for failure to take a random test for illegal drug use may be a short jail sentence that starts immediately.

Kleiman and his colleague Angela Hawken, PhD, assistant professor of Public Policy at Pepperdine University in Malibu, Calif, have recently completed a randomized trial of a substance abuse prevention program for individuals who are on probation for drug possession or for property crimes (which are often committed to obtain money for drugs). Probationers randomized to this program, called Hawaii's Opportunity Probation with Enforcement (HOPE), were required to comply with random drug tests under the threat of short jail stays that increased in length with subsequent violations. Substance abuse treatment was mandated only for those who repeatedly violated probation rules; for other probationers with drug problems it was available, but not required.

Preliminary unpublished findings of the trial indicated that probationers randomized to HOPE, compared with those who received the usual monitoring and sanctions, had a 91% reduction in positive urine drug tests and were less likely to be arrested or have their probation revoked. The investigators attribute the apparent success of HOPE to its emphasis on delivering relatively modest sanctions swiftly and consistently, which addresses known characteristics of offender popula-

tions, such as poor impulse control, valuing immediate consequences higher than even slightly delayed consequences, and attributing events in their lives to luck and the actions of others rather than to their own actions.

If found to be effective and replicated in multiple jurisdictions, such a substance abuse prevention program for probationers at risk for heavy drug use might also have a benefit that would go beyond helping the program's participants. Inmates in federal prisons convicted and sentenced for drug offenses (nearly 100 000, more than 52% of all federal prisoners, according to the National Drug Intelligence Center report), along with offenders incarcerated in state prisons and local jails, are at risk for resuming the sale or use of illegal drugs once they are placed on probation. If they do resume selling or using drugs, they could account for a disproportionate share of illegal drugs imported to the United States from Mexico, helping to sustain the Mexican market and the drug-related violence there. On the other hand, if enrolling these individuals in a substance abuse prevention program actually does help prevent future substance abuse, it might also help shrink the market for illegal drugs—and in so doing, decrease the high-stakes profits that motivate the violent clashes of drug trafficking organizations.

The bottom line, says Kleiman, is that "taking away the drug dealers' best customers will reduce their earnings." □