

The Opioid Crisis in Mexico

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About one million people have died from drug overdoses since the year 2000. Opioids, including synthetic opioids such as fentanyl, account for the largest number of deaths.

In the United States, there is a daily average of 195 opioid-related deaths. Death figures in Mexico are significantly lower, but the consumption of synthetic drugs grew 218% between 2013 and 2020¹.

According to the World Health Organization (WHO)², opioids are a group of drugs that have analgesic and sedative effects and are generally used for the treatment of pain, under the prescription and supervision of health specialists³.

Fentanyl is a drug of the opioid group, which was initially designed as an analgesic to abolish the metabolic response to stress during a surgical approach and also for the treatment of patients with cancer and severe pain. Clearly, although its use is permitted and regulated as a pain-relieving drug, it is not a drug for the treatment of pain³, the use of opioids – particularly fentanyl – has increased exponentially in nonmedical settings.

Fentanyl deaths in the U.S. are the worst drug overdose crisis in its history, which was published in the Financial Times on November 8 last year. This is mainly due to its potency, as its effect has been catalogued as 50 to 100 times greater than that of heroin⁴.

This epidemic undoubtedly generates an immense human impact, but it also generates a significant economic impact and constitutes a threat to public safety in several countries and also in Mexico.

It is important to consider that the opioid crisis has deep roots, originating through prescription drugs, continuing with heroin use and currently with the use of fentanyl and other synthetic opioids illegally⁵.

Currently, illegal fentanyl from China is being synthesized in Mexico, most of which is destined for the

United States. Despite this, even though in Mexico marijuana and cocaine continue to be the main drugs consumed by the population and account for most of the deaths related to substance use, the opioid group now ranks seventh among the most consumed drugs in our country, after amphetamines, tranquilizers/sedatives, solvents and inhalants, and hallucinogens⁶. On the other hand, in the medical context, there is another opioid crisis in our country, which is related to the accessibility and availability of this group of drugs for therapeutic purposes.

The right to health and pain control are considered fundamental human rights, so access to pain-relieving drugs must be continuous and uninterrupted, which is not necessarily the case in many countries, including Mexico.

The World Health Organization has recently published a list of drugs considered essential for pain management and palliative care, including several opioids such as codeine, fentanyl, morphine, hydromorphone, oxycodone, and methadone in its supplementary list⁷. All of them are used for the treatment of pain of different etiologies, mainly in those syndromes secondary to oncological processes; furthermore, opioid analgesics can also be effective for the management of dyspnea in palliative patients. In our country, the General Health Law guarantees palliative care and pain management. However, the availability of analgesic opioids has been a constant problem in the Mexican health system, which worsened terribly during the covid-19 pandemic, due to the need to sedate patients who were treated in intensive care units and when there was the possibility and availability, they were prescribed for the management of dyspnea and for terminally ill patients due to this infectious process. Thus, accessibility to opioids was lower for the rest of the population requiring them.

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Publications from 2018 in Mexico, estimated that by that time there were 27 million people suffering from some model of acute or chronic pain as a consequence of different diseases, of which only 5% received adequate pain relief treatment, the remaining 95% did not have it.⁸ This same publication made reference that the per capita consumption of morphine in 2011 was 0.51 mg, 67% lower than the average for Latin America. By 2022, this figure was not very different from that of 2011.

All of the above has been the result of different factors that have caused the pharmaceutical industry that supplies morphine in oral presentation as injectable, injectable fentanyl, oxycodone, etc. to be unable to import the raw material, or to import the drug(s) ready for commercialization or to be prevented by a sanction imposed by the regulatory bodies (Federal Commission for Protection Against Health Risks) for its distribution in pharmacies authorized for the sale of this group of drugs.

In most public and private health institutions there has been a shortage of opioid analgesics such as morphine, oxycodone, buprenorphine, methadone and even fentanyl, so that in many cases even for the treatment of severe pain there is the need to resort to the almost only opioids available, which are tramadol or tapentadol.

This situation improved slightly at the beginning of 2023, however, and due to the regulations in the forecast notices (document where COFEPRIS is specifically informed of the requirement of each of the opioids that will be imported or produced or purchased per year) that the pharmaceutical industry and the hospital units must submit in writing and for a specific period of time to the Commission, normally for the months of November and December the shortage of opioids in the authorized pharmacies worsens significantly and it is until the month of February that they can be accessed again in the best case scenario.

In view of the above, it is necessary to implement measures so that this group of drugs for therapeutic purposes can be accessible to those patients who require it, while public health and safety policy should design strategies to minimize drug trafficking, distribution, and consumption, including illicit fentanyl, and raise awareness among the population that the use of an analgesic opioids such as fentanyl for therapeutic purposes is not the same as the consumption of illicit fentanyl.

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