

Drug Decriminalization in Mexico

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This Command College Independent Study Project is a FUTURES study of a particular emerging issue in law enforcement. Its purpose is NOT to predict the future, but rather to project a number of possible scenarios for strategic planning consideration.

Defining the future differs from analyzing the past because the future has not yet happened. In this project, useful alternatives have been formulated systematically so that the planner can respond to a range of possible future environments.

Managing the future means influencing the future--creating it, constraining it, adapting to it. A futures study points the way.

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Drug Decriminalization in Mexico

If Mexico's attempt to decriminalize drugs is successful, the impact on U.S. law enforcement could be significant. Is their proposed legislation good public policy, or just a bad trip?

INTRODUCTION

Despite the deployment of considerable resources at significant expense since the “war on drugs” began, the effectiveness of efforts by U.S. authorities to stem the flow of illegal drugs into the United States from Mexico has received mixed reviews. Yet, in 2006 Mexico’s legislature sent proposed law to former President Vicente Fox that would have decriminalized the possession of nearly all common “street” drugs for personal use, including marijuana, heroin and cocaine. In the face of strong opposition from U.S. officials, the legislation failed. Such an attempt is telling, and prompts consideration of the impact drug decriminalization in Mexico could have on U.S. law enforcement.

BACKGROUND

Citing an effort to shift their emphasis from small time offenders to major traffickers, in May 2006 Mexico’s Congress sent to then-President Fox a bill that would have allowed small amounts of drug use without criminal penalties. The idea was originally proposed two years earlier by the Fox administration to curtail drug dealing and consumption, and the Mexican President initially expressed his

support for the new law.¹ Under the proposed law, anyone arrested for simple possession of several specified drugs, (table 1.1) would face only administrative sanctions instead of criminal prosecution. Though not entirely unlike existing Mexican law, (which allows charges to be dropped if someone can prove that he or she is an addict) the new legislation would remove that burden of proof.

A law that removed criminal penalties for the simple possession of street drugs was quickly rebuffed in many quarters. San Diego Mayor Jerry Sanders – himself the former police chief of that city – said he was “appalled” by the bill, adding, “We need to register every protest the American government can muster”.² A critical look at several provisions in the bill, however, shows some promising (albeit controversial) potential for the legislative change.

For example, the new law would empower Mexico's 400,000 state and local police to help federal authorities – only 21,000 strong – enforce drug trafficking laws, provide for stiffer penalties, and

Table 1.1 – Drugs, quantities that would be decriminalized

<i>Drug</i>	<i>Quantity</i>
Opium (raw, to be smoked)	5 gm
Heroin	25 mg
Marijuana	5 gm
Cocaine	500 mg
LSD	.015 mg
MDA	200 mg
MDMA (Ecstasy)	200 mg
Mescaline	1 gm
Peyote	1 kilogram
Psilocybin (concentrate, pure, active ingredient)	100 mg
Hallucinogenic mushrooms (raw, off the farm)	250 mg
Amphetamines	100 mg
Dexamphetamine	40 mg
Phencyclidine (PCP)	7 mg
Methamphetamines	200 mg
Nalbuphine (synthetic opiate)	10 mg

Source: The Seattle Times – May 4 2006

¹ *Mexico Backs Off Legalizing Drug Use*; Hugh Dellios, The Seattle Times, May 4, 2006; http://seattletimes.nwsourc.com/html/nationworld/2002970860_mexdrugs04.html

² *Fox Nixes Drug Decriminalization Law*, CBS News website, May 3, 2006; available at <http://www.cbsnews.com/stories/2006/05/03/world/main1584840.shtml>

eliminate the loopholes that were advantageous to dealers. The intent of the law, proponents argued, would be to steer drug addicts into treatment facilities instead of jail and place greater emphasis on large-scale traffickers – an intent that is suspect, some would suggest, given a system believed to be overwhelmingly corrupt. Irrespective of the expressed intent, however, it was language in the bill that strengthened opposition by the U.S. and reportedly caused President Fox to send the legislation back to Congress.³ Specifically, the proposed law replaced *addict*, (as used in existing law), with *consumer*, stating that *consumers* found to possess the newly defined personal use quantities of specified drugs would not be prosecuted. Regardless of whether such a mistake is, in reality, more telling of Mexico's true intent, the political support the legislation received – 53 members of Congress favored the law, while 26 were opposed⁴ – suggests Mexico will eventually decriminalize the simple possession of illegal drugs.

Population Demographics

While it is difficult to predict with any absolute certainty how far-reaching the impact on U.S. law enforcement that Mexico's drug decriminalization would be, statistically, if not anecdotally, any impact is likely to be the greatest in border communities. Demographics of this region support such a hypothesis. For example, nearly 2.7 persons (2.5% of Mexico's population) live in the border

³ *Mexico Backs Off Legalizing Drug Use*; Hugh Dellios, The Seattle Times, May 4, 2006; http://seattletimes.nwsourc.com/html/nationworld/2002970860_mexdrugs04.html

⁴ Ibid

state of Baja California⁵; 75% of these individuals, in turn, live in the capital city of Mexicali, (855,000),⁶ or the most populous city, Tijuana, (1.4 million);⁷ both cities are adjacent to the U.S. – Mexico border. With an annual growth rate of more than 5%,⁸ the population of Tijuana is projected to reach 3.8 million, comparable to projections for San Diego County, by 2020.⁹

With the total population of the U.S. – Mexico borderlands (defined as those counties and *municipios* lining the border on either side) at more than 12 million people,¹⁰ a border length of 1,951 miles¹¹, and 350 million persons crossing legally each year¹², (many through the San Ysidro Port of Entry at Tijuana, recognized as the busiest land border crossing in the world),¹³ the potential impact of one country's social and political policies on the other is evident. As the entire border region continues to grow, so too will the extent of that influence.

THE IMPACT OF DRUGS

While officials can predict with relative certainty which regions are most likely to experience the greatest impact of drug decriminalization, such a prediction about the nature and extent of that impact is less absolute. However, understanding

⁵ 2005 estimate; Wikipedia (2006); http://en.wikipedia.org/wiki/Baja_California

⁶ 2005 estimate; Wikipedia (2006); <http://en.wikipedia.org/wiki/Mexicali>

⁷ 2005 estimate; Wikipedia (2006); <http://en.wikipedia.org/wiki/Tijuana>

⁸ 2005 estimate; Wikipedia (2006); <http://en.wikipedia.org/wiki/Tijuana>

⁹ *Institute for Regional Studies of the Californias, San Diego State University*

¹⁰ Wikipedia, (2006); http://en.wikipedia.org/wiki/U.S.-Mexico_border

¹¹ Wikipedia, (2006); http://en.wikipedia.org/wiki/U.S.-Mexico_border; source: International Boundary and Water Commission

¹² Wikipedia, (2006); http://en.wikipedia.org/wiki/U.S.-Mexico_border; source: U.S. Embassy – Mexico, *Borders and Law Enforcement*

¹³ Wikipedia, (2006); http://en.wikipedia.org/wiki/San_Ysidro,_California

the current impact of illegal drug use in the United States will provide a frame of reference for the reader and offer some indication of how significant the impact could ultimately become.

Use and Addiction

Proponents of drug policy reform argue that legalizing drugs would decrease addiction rates for two reasons. First, they maintain that people use drugs because they're illegal, and breaking a social taboo is in itself motivating. Second, they argue that if legalization did occur, money currently used to enforce drug laws could be spent on the treatment of addicts.¹⁴ While Mexico's legislation would decriminalize the simple possession of drugs and not legalize them outright – granted, a significant distinction – the argument that drug use occurs simply because it's illegal is applicable in either scenario, yet fundamentally flawed in both.

According to basic economic principles, increasing availability and decreasing price will increase the demand for a commodity.¹⁵ For example, in 1989, several years into the war on drugs, Dr. Herbert Kleber of Columbia University suggested that legalizing cocaine would increase its use five to six fold.¹⁶ Similar predictions have been made elsewhere, and though (again) Mexico's proposed

¹⁴ Drug Legalization: Myths and Misconceptions, Chapter 1: Addiction Rates and Drug Legalization, *U.S. Department of Justice*

¹⁵ Drug Legalization: Myths and Misconceptions, Chapter 1: Addiction Rates and Drug Legalization, *U.S. Department of Justice*

¹⁶ David Corcoran, "Legalizing Drugs: Failures Spur Debate," *New York Times*, November 27, 1989

legislation would not legalize drug use, decriminalization largely removes the fear of criminal penalties. Consequently, drugs once purchased on the black market only would become far more readily available.

There is other evidence to suggest that this argument is flawed as well. Studies conducted on senior high school students in California and New Jersey proved that the illegality of drugs discouraged their use,¹⁷ while the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration found that consumption of alcohol increased when it became legal to do so.¹⁸

Because marijuana, methamphetamine and cocaine are likely to be the most sought-after drugs by Americans traveling to Mexico for the purpose of “drug tourism” (i.e., going to that country because drugs have been decriminalized and are available with no threat of criminal sanctions), a statistical review of existing use is helpful to better appreciate how that use might increase and the impact that could potentially result.

According to the 2005 National Survey on Drug Use and Health (NSDUH), an estimated 97.5 million Americans aged 12 or older tried marijuana at least once in their lifetimes, representing 40.1% of the U.S. population in that age group.

¹⁷ Robert E. Peterson, "Stop Legalization of Illegal Drugs," Drug Awareness Information Newsletter, July 1988

¹⁸ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

The report also found that 2.1 million persons aged 12 or older had used marijuana for the first time within the past 12 months.¹⁹ A particularly telling statistic was shown in the 2002 Substance Abuse and Mental Health Service Administration (SAMHSA) report, *Initiation of Marijuana Use: Trends, Patterns and Implications*, which found that the younger children are when they first use marijuana, the more likely they are to use cocaine and heroin and become dependent on drugs as adults.

While many argue that marijuana is harmless, (despite studies that show the potency of THC, the active ingredient in marijuana, has increased from .36% in 1974 to 4.4% in 1984 and as much as 29.82% in 1992),²⁰ the number of admissions to treatment facilities in which marijuana was the primary drug of abuse increased from 142,906 in 1994 to 298,317 in 2004.²¹ Likewise, of an estimated 106 million emergency department visits in the U.S. during 2004, the Drug Abuse Warning Network (DAWN) estimates that 1,997,993 were drug-related, with marijuana accounting for 216,665.²²

¹⁹ Substance Abuse and Mental Health Services Administration, [Results from the 2005 National Survey on Drug Use and Health: National Findings](#), September 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Marijuana*

²⁰ Drug Legalization: Myths and Misconceptions, Chapter 1: Addiction Rates and Drug Legalization, *U.S. Department of Justice*

²¹ Substance Abuse and Mental Health Services Administration, [Treatment Episode Data Set \(TEDS\) Highlights—2004](#) (PDF), February 2000, summarized in the Office of National Drug Control Policy report, *Drug Facts – Marijuana*

²² Substance Abuse and Mental Health Services Administration, [Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits](#), April 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Marijuana*

The statistics for methamphetamine use are equally as disturbing. According to the 2005 NSDUH report, an estimated 10.4 million Americans aged 12 or older used methamphetamine at least once in their lifetimes for non-medical reasons, representing 4.3% of the U.S. population in that age group, and 192,000 persons aged 12 or older had used methamphetamine for the first time within the past 12 months.²³ Similarly, from 1994 to 2004, the number of admissions to treatment facilities in which methamphetamine was the primary drug of abuse increased from 33,443 in 1994 to 129,079 in 2004,²⁴ while emergency department visits totaled 73,400.²⁵

Finally, data suggests the extent of cocaine use is significant as well. The 2005 NSDUH report found that approximately 33.7 million Americans aged 12 and older – 13.8% of the population in that age group – had tried cocaine at least once in their lifetimes. Although the number of persons aged 12 or older reporting first time cocaine use in the preceding 12 months dropped to 872,000 from over one million in 2002, the numbers are significant nonetheless.²⁶

²³ Substance Abuse and Mental Health Services Administration, [Results from the 2005 National Survey on Drug Use and Health: National Findings](#), September 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Methamphetamine*

²⁴ Substance Abuse and Mental Health Services Administration, [Treatment Episode Data Set \(TEDS\) Highlights—2004](#) (PDF), February 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Methamphetamine*

²⁵ Substance Abuse and Mental Health Services Administration, [Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits](#), April 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Methamphetamine*

²⁶ Substance Abuse and Mental Health Services Administration, [Results from the 2005 National Survey on Drug Use and Health: National Findings](#), September 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Cocaine*

Cocaine was involved in 383,350 emergency department visits,²⁷ while admissions to treatment facilities also declined somewhat, from 297,408 in 1994 to 256,387 in 2004.²⁸

Drugs and Crime

The impact of crime on society is evident; so too is the impact of drug use, and the correlation between both. In its report on drug-related crime, the Office of National Drug Control Policy (ONDCP) concluded that “Drug-related offenses and drug-using lifestyles are major contributors to the U.S. crime problem...”²⁹ Though some debate the extent of this correlation, the statistical evidence is quite compelling.

In the same report ONDCP referred to several studies that strengthen the drug-crime relationship. One such study, the National Institute of Justice (NIJ) Arrestee Drug Abuse Monitoring (ADAM) program, found that male arrestees in 1998 testing positive for any drug ranged from 42.5% (Anchorage, Alaska) to 78.7%, (Philadelphia, Pennsylvania). Female arrestees testing positive, in turn, ranged from 33.3% in Laredo, Texas, to 82.1% in New York, New York.³⁰

Another study found that 22.4% of Federal prisoners and 32.6% of State prisoners reported being under the influence of drugs at the time of the offense

²⁷ Substance Abuse and Mental Health Services Administration, [Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits](#) (PDF), April 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Cocaine*

²⁸ Substance Abuse and Mental Health Services Administration, [Treatment Episode Data Set \(TEDS\) Highlights—2004](#) (PDF), February 2006, summarized in the Office of National Drug Control Policy report, *Drug Facts – Cocaine*

²⁹ *Drug Related Crime*, (March 2000); The Office of National Drug Control Policy

³⁰ *Drug Related Crime*, (March 2000); The Office of National Drug Control Policy

for which they were arrested; violent crimes were particularly prevalent.³¹ Yet another study cited by ONDCP found that offenders often committed offenses to support their drug habit. According to a 1991 joint survey of Federal and State inmates, an estimated 17% of State prisoners and 10% of Federal prisoners reported committing their offense to get money to buy drugs.³² Finally, citing the FBI Uniform Crime Reports, ONDCP concluded that drugs generate violent crime, and do so for the following reasons:³³

- Competition for drug markets and customers;
- Disputes and rip-offs among individuals involved in the illegal drug market;
- The tendency toward violence of individuals who participate in drug trafficking.

According to the March 2000 ONDCP report *Drug Related Crime*, during the review period 1991-1998 the number of drug-related homicides in the United States declined, but drugs remained one of the main factors leading to the total number of *all* homicides. In fact, out of 24 categories of circumstances leading to murder, those related to narcotics ranked fourth.³⁴ The nexus between drugs and crime as reported by ONDCP was echoed in the Police Executive Research Forum's (PERF) recently released publication, *A Gathering Storm – Violent Crime in America*. Among several factors cited by PERF as influencing the rise

³¹ *Substance Abuse and Treatment, State and Federal Prisoners*; U.S. Bureau of Justice Statistics, 1987

³² *Drug Related Crime*, (March 2000); The Office of National Drug Control Policy

³³ *Ibid*

³⁴ *Ibid*

in violent crime was the noted resurgence of drugs, particularly methamphetamine.³⁵

The nexus between illicit drug use by juveniles and violent behavior is also evident. In its 2005 Survey on National Drug Use and Health, the Substance Abuse and Mental Health Services Administration found that juveniles who had ever used an illicit drug were twice as likely to have previously engaged in a violent act as youth who had not used illicit drugs.³⁶

Far-reaching Violence

While the statistics cited focused on the United States, the impact that drugs have had in Mexico is equally apparent. Almost daily, stories of graphic violence south of the border appear in the media – violence that often extends into the now predominantly Hispanic San Diego region, where friends and family members of these victims often live. For example:

- In 2006 there were 457 murders throughout Baja California – 338 in Tijuana alone. About 30% - 40% of these are believed to be drug-related.³⁷
- By October 31, 2006 at least 120 people were kidnapped in Tijuana alone³⁸ – doubled in comparison with 2005, and possibly higher than anywhere else in the world except for the Middle East³⁹

³⁵ *A Gathering Storm – Violent Crime in America*, (2006); The Police Executive Research Forum

³⁶ Results from the 2005 National Survey on Drug Use and Health: Substance Abuse and Mental Health Services Administration (SAMHSA), 2006. Available at <http://www.oas.samhsa.gov>.

³⁷ *Summary of Articles in the Mexican Press*, James Woerner

- According to public comments by Tijuana Secretary of Public Safety Luis Javier Algorri Franco and Public Safety Advisory Council President Jesús Alberto Capella Ibarra there have been 91 abductions in the city since the beginning of the year, including seven incidents over the 48-hour period beginning 7/18/07.⁴⁰
- On July 31, 2006, Mexican law enforcement officers assigned to the Baja California Public Safety Coordination Group detained three individuals who confessed to membership in an Arellano-Felix kidnapping cell; one of the three was a resident of Chula Vista, California⁴¹
- On September 6, 2006, an armed gang of suspected drug traffickers wearing ski masks threw five human heads onto the dance floor of a bar in western Mexico in an apparent revenge killing⁴²
- On January 26, 2005, the State Department urged U.S. citizens “to be especially aware of safety and security concerns when visiting the border region”.⁴³ And on September 15, 2006, the U.S. Embassy issued a statement warning Americans to be careful when traveling to Mexico because of the “near-lawlessness of some parts of (the) border region”⁴⁴

³⁸ *El Mexicano (12-a), El Sol de Tijuana (10/30/06)*

³⁹ Richard Marossi, *The Los Angeles Times*, (10/25/06)

⁴⁰ *El Mexicano*; 7/20/07

⁴¹ *Summary of Articles in the Mexican Press*, James Woerner

⁴² Drug gang dumps five human heads in Mexican bar, *SignOnSanDiego.com*, (9/6/05)

⁴³ Drug violence spurs U.S. to issue travel alert for northern Mexico, *San Diego Union-Tribune*, (1/27/05)

⁴⁴ Drug Violence ‘boiling over’, Greg Brosnan, *news.com.au*, (9/15/06)

While it can be argued that much of the violence which has plagued Mexico is done at the hands of organized crime, nearly all of these organizations traffic in illegal drugs. Advocates of drug policy reform suggest there would be less violence if the black market element was removed, (and cite as one example the repeal of prohibition). The data on drug use and crime indicate otherwise.

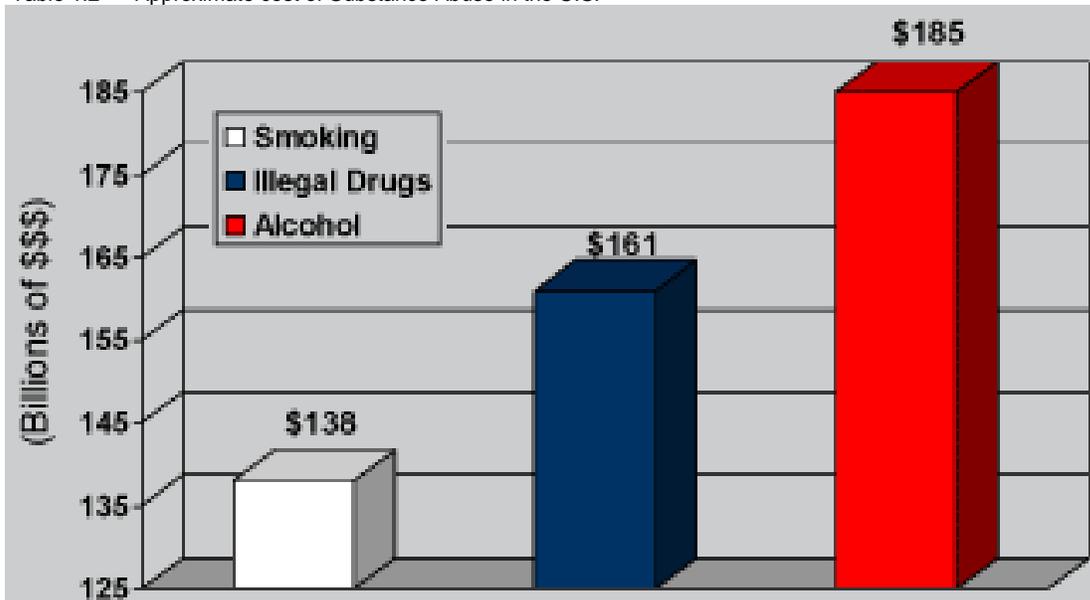
Economic Impact

Between 1980 and 2003, the United States spent more than \$300 billion on federal, state, and local anti-drug efforts. In 2002, the federal government alone spent an estimated \$18.8 billion to combat illegal drugs.⁴⁵ However, according to the National Institute on Drug Abuse these expenditures represent only a fraction of the \$484 billion per year cost of substance abuse in the United States, which includes health care, lost earnings, and costs associated with crime and accidents (table 1.2)⁴⁶.

⁴⁵ An Introduction to Criminal Justice, 4th ed., *Bohm & Haley*, McGraw-Hill 2006, (page 51)

⁴⁶ Drug Abuse and Addiction: One of America's Most Challenging Public Health Problems, *National Institute on Drug Abuse* (10/99)

Table 1.2 Approximate cost of Substance Abuse in the U.S.



POST DECRIMINALIZATION

Although data about addiction rates, drug-related emergency room visits, admissions to rehabilitation facilities, and drug-related arrests in the United States are readily available, forecasting with certainty how the decriminalization of drugs in Mexico would impact the issue is somewhat speculative. Proponents suggest the impact would be negligible in both countries, and point to the Netherlands, where cannabis is readily available, (though not completely legal)⁴⁷ as one example of successful drug policy reform. But how successful has that policy been with regard to drug use and crime, and is such a comparison appropriate?

⁴⁷ <http://en.wikipedia.org/wiki/Amsterdam>; accessed 8/9/07

In the Netherlands, nearly half of all “coffee shops” selling cannabis in Rotterdam have been ordered to shut down because they are located within 200 meters of schools.⁴⁸ The U.S. Department of State Consular Information Sheet on the Netherlands makes no mention of these coffee shops or the tolerance of drug use therein. On the contrary, their website indicates there are strict penalties for the possession, use or trafficking in illegal drugs.⁴⁹ The Netherlands experience also prompted heated debates in Switzerland about whether to follow the Dutch model. Based on their understanding of the issues, that country decided against it in 2004.⁵⁰ Perhaps more telling, some cities in the Netherlands have barred tourists from shops that sell marijuana and hashish,⁵¹ while other restrictions are under consideration.

Even absent anecdotal evidence suggesting that the drug policy in Amsterdam has been something less than a success, comparing this policy with what has been proposed in Mexico oversimplifies a far more complex sociological issue. The comparison fails to consider the significant distinction between policy in the Netherlands, where rules prohibit hard drug sales on the coffee shop premises,⁵² and those in Mexico, where the list of drugs that would be decriminalized under proposed law includes cocaine, heroin and LSD.

⁴⁸ http://en.wikipedia.org/wiki/Drug_policy_of_the_Netherlands#Recent_developments; accessed 8/9/07

⁴⁹ http://travel.state.gov/travel/cis_pa_tw/cis/cis_982.html; U.S. Department of State, Consular Information Sheet; accessed 8/9/07

⁵⁰ http://en.wikipedia.org/wiki/Drug_policy_of_the_Netherlands#Recent_developments; accessed 8/9/07

⁵¹ http://www.washingtonpost.com/wp-dyn/content/article/2007/06/22/AR2007062202015_pf.html; The Washington Post; Molly Moore; June 23, 2007

⁵² http://en.wikipedia.org/wiki/Cannabis_coffee_shops; accessed 8/9/07

Drug tourism

If Mexico is successful in its attempt to decriminalize drugs, in effect it will open up a new market for visitors to that country. Like minors who travel to Mexico so they can purchase alcohol at age 18, *drug tourism* would become at least as prevalent. Amsterdam has experienced the impact of drug tourism first hand. During an interview with the Washington Post Foreign Service, Frank de Wolf, a member of the Amsterdam City Council, told a reporter he was “fed up with the planeloads of British thrill-seekers who take cheap flights to Amsterdam each Friday evening for weekend binges of sex, drugs and alcohol...”⁵³

It is the conduct – intentional or otherwise – of those returning from Mexico while under the influence of a controlled substance that will be most problematic. With the strong nexus between drugs and crime, one could anticipate additional criminal incidents in border regions. It is often events that lack malicious intent, however, that have the most profound impact on society. In a recent report, the National Highway Traffic Safety Administration (NHTSA) found that drugs other than alcohol are involved in about 18% of motor vehicle driver deaths.⁵⁴ As drug tourism becomes a reality, increased injury and fatal traffic collisions in the United States are also a foreseeable impact of drug decriminalization in Mexico.

⁵³ http://www.washingtonpost.com/wp-dyn/content/article/2007/06/22/AR2007062202015_pf.html; The Washington Post; Molly Moore; June 23, 2007

⁵⁴ Drugs in Crash-Involved Drivers, *RK Jones, et. al*; NHTSA report DOT HS 809 642; <http://www.nhtsa.dot.gov/people/injury/research/StateofKnowlegeDrugs/StateofKnowlegeDrugs/pages/5Epidemiological.html>; reported on the Centers for Disease Control and Prevention website, available at <http://www.cdc.gov/ncipc/factsheets/drving.htm>

Increased Use and addiction

While in itself the greater availability of drugs in a neighboring country does not guarantee that use and addiction rates will increase, (indeed, anyone so inclined can easily acquire them now), the simple fact that Mexico has in essence legitimized the use of drugs by removing criminal penalties sends an unintended message that *responsible* drug use is safe. This same message, in turn, perpetuates the self-serving philosophy that drug use is only wrong for those incapable of handling it. Those who begin to use drugs consider, at least on a subconscious level, both the addict and the casual user, believing that they too will be like the latter, (but failing to recognize addiction is something over which they may have little control).

Demands on law enforcement

Given the increase in drug use (and potentially, addiction rates) on both sides of the border that will likely occur if Mexico is successful in its attempt to decriminalize drugs, the demands on law enforcement could be significant.

While proponents of this reform in drug policy argue that the new law will place more resources and greater emphasis on the pursuit of traffickers by empowering state and local authorities to assist in enforcement efforts, violence in that country by narco-traffickers is likely to go unabated – violence that is, unfortunately, unrestrained by geographic boundaries. Likewise, irrespective of the (potentially staggering) economic impact that may be realized, other social issues such as homelessness, domestic violence, drug-addicted babies, and

child abuse will become even more prevalent as well. So how can law enforcement agencies prepare themselves for what could *potentially* occur?

If Mexico ultimately decriminalizes possession of the personal use quantities of drugs, the United States should adopt certain policies and practices to ensure that any impact is minimal, and to mitigate that impact in general. Realistically, the impact on society will fall somewhere between virtually no measurable change, as proponents suggest, and a society rampant with addicts, replete with U.S. criminal justice and health care systems that are overrun to the point of near collapse. Absent anticipating what that change will be, and undertaking focused efforts to prepare accordingly, law enforcement is likely to experience the same failures it did when the proliferation of gangs began in 1980.

On a national level, much can be done to mitigate the impact of drug decriminalization. First and perhaps foremost, greater emphasis should be placed on sustained public education and other anti-drug outreach efforts. While similar campaigns currently exist, they are either marginalized or altogether eliminated in favor of other academic programs. Additionally, different programs or presentation formats are used, resulting in a message that is fundamentally sound but inconsistent from one jurisdiction to the next. To ensure consistency, such a campaign would be coordinated at the national level, with state and federal funding tied to participation by local schools.

Consideration should also be given to the enactment of drug tourism laws, as well as the implementation of a policy prohibiting travel to Mexico by military personnel without the consent of a commanding officer. While existing sex tourism laws are seldom enforced, (and therefore, arguably ineffective), military curfews in Mexico have been successful in the past.

As a partner in the anti-drug efforts, federal law enforcement agencies play a key role as well. For example, consideration should be given to enhanced screening of persons entering the United States, with a policy of zero tolerance for *all* drug offenders, including those who are found to be under the influence. While increased scrutiny and a zero-tolerance policy might delay border crossers, (which could conceivably lead to an economic impact on both countries),⁵⁵ the benefits – less vulnerability at the border, deterrence for drug tourism, and the prevention of drug-related incidents – outweigh the potential consequences. Ultimately there may be a need for additional lanes at certain ports of entry, but the impact of drug decriminalization may justify the appropriation of additional funding. Given the increase in arrests and prosecutions that will likely result from a zero tolerance policy at ports of entry, the expansion of drug courts and other diversion programs throughout the country may also be necessary.

The role of local law enforcement agencies to mitigate the impact of drug decriminalization will undoubtedly be significant as well. In addition to providing

⁵⁵ *El Mexicano* newspaper, 8/19/07, page 26A, from a *Summary of Articles in the Tijuana News*, quoting Juan Palombo, head of the Tijuana Curio Shops Association

education about the ills of drug use, border municipalities might consider implementing periodic southbound checkpoints. Used for many years to prevent minors from entering Mexico without a parent or legal guardian, these checkpoints enjoyed considerable success. While it might be cost-prohibitive to conduct checkpoints on a permanent basis, even occasional, random checks would likely serve as an effective deterrent.

MEASURES OF SUCCESS

Given the uncertain impact of Mexico's proposed law, how best can law enforcement, and the United States, determine the effectiveness of their mitigating strategies?

One quantitative measure of success will be the number of drug-related arrests in border regions. Using a statistical baseline of these arrests one year, and five years prior to implementation, periodic analysis will attempt to show how these numbers have changed post-drug decriminalization in Mexico. Other quantitative measures of success might include addiction rates, drug-related emergency room visits, and admissions into drug rehabilitation centers. To ensure consistency of comparison, the same baseline data should be used.

Unfortunately, even given a detailed analysis of these traditional measures, it will be difficult to determine the true impact of drug decriminalization in Mexico. Statistics in Mexico may be inaccurate, and will provide little benefit to any

objective analysis conducted by the United States. More importantly, it will be difficult to ascertain if an increase in arrests is the result of drug decriminalization, or the additional emphasis that has been placed on anti-drug efforts in response to this legislation. Even addiction rates and drug rehabilitation admissions can be influenced by an increased police presence, as those arrested for being under the influence of a controlled substance will often enter treatment as a condition of probation. An increased crime rate, in turn, can be difficult to attribute to drug use, as this measure is cyclical and doesn't necessarily mirror similar crime rates in other regions. Even drug-related visits to the emergency room, arguably one of the more reliable measures, can be misleading, as any increase could be temporary and result from drugs that are either tainted, ("bad drugs"), or unusually pure. A longitudinal study, showing the increase is sustained, though, would have greater value, and should be included in any analysis.

CONCLUSION

While public opinion on both sides of the international border varies widely, and concerns persist about the existence of other motives by an inherently corrupt government, only if decriminalization occurs will we be able to determine with any certainty the real impact of such a shift in policy. Statistics suggest, however, the impact could be significant, particularly on border communities in the United States. Not only are drug use and addiction rates likely to increase, but so too will crime in our communities. Consequently, it is incumbent upon law enforcement organizations to anticipate this impact, prepare accordingly, and

adjust mitigating strategies when necessary. To do any less invites failure and falls short of our responsibility to protect the communities we serve.