

When Drugs Were Legal in Mexico

(Mexico City, 1940)

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When drugs were legalized in Mexico, Lola la Chata (“Snub-Nose Lola”) was furious. She’d been pushing in Mexico City since, well, forever, but “narcotics” sales on the part of the government, at market rates, messed up the whole racket. Two days after they opened the heroin dispensaries, the junkies stopping buying from her. There was little she could do, except offer loyal customers a *pilón*—a little extra for free. But it wasn’t enough.

Then the prices fell. So maybe you had to let go of the margins. But business was in the toilet.

That’s when she began to threaten them. In desperation, she followed the junkies around, telling them she’d ordered hits—that she’d kill them if they didn’t buy from her. Nothing seemed to work.

After years of effort, scientific experiments, meetings with lawyers, cops and public-morals committees, a handful of doctors at the Ministry of Health had managed to convince the president that the best way to check the current *toxicomanía*—a so-called “drug craze”—was legalization.

A state monopoly was to be set up for distributing drugs as well as treating addicts as patients, offering previously illegal substances—seen as a “necessary evil in our civilization”—to users at market prices. Thus on 17 February 1940, the Lázaro Cárdenas administration’s Ministry of Public Health enacted new federal regulations regarding drug addiction, which were duly published in the government’s official gazette. Their rationale was in fact quite eloquent.

“Whereas experience has demonstrated that prosecution [of “drug addiction” (*toxicomanía*) and narcotics trafficking] only apprehends a small number of addicts or, in the short term, drug dealers, who, lacking financial resources, cannot buy impunity; and whereas,

“The prosecution of drug addicts as called for in 1931 legislation contravenes conceptions of the justice that is denied those convicted, addiction should be understood more as an illness to be treated and cured, and less as a criminal act to be punished; and whereas

“Due to a lack of state financial resources, it has to date been impossible to follow appropriate recovery protocols in the case of all addicts inasmuch as it has not been possible to establish an adequate number of hospitals for the treatment of such addicts; and whereas

“The sole outcome from the enforcement of the 1931 statute has been an excessive rise in drug prices, which in turn affords enormous earnings to traffickers...”

In real terms, the new laws placed a rather onerous burden on Health Ministry physicians. The Hospital for Addicts that was next door to the Castañeda Psychiatric Facility was closed due to its inefficiency as a rehabilitation center, and in any case, doctors knew addicts could carry on with their normal lives outside, acquiring their usual doses of heroin, morphine or cocaine at the dispensaries. All the facility’s addicts were sent home.

They even let the ones facing criminal or police-related charges go free. When criminal charges were dropped, the rage went with them.

At the same time, clinical dispensaries were opened to distribute daily doses. A registry of imprisoned users was established so that they, too, could get their fixes.

One of the most popular dispensaries was 33 Sevilla Street. The space was by no means luxurious: a small installation, attended by Dr. Martínez, an experienced, conscientious and diligent physician. He toiled up to twelve hours daily, with two assistants, Dr. Clotilde Oroci Bacien and young Dr. José Quevedo.

Every kind of person would show up—an average of five hundred per day. Other dispensaries, such as one on Versailles Street, that was a little bit nicer, was favored (at least according to rumor) by attorneys and doctors. Thirty-three Sevilla, on the other hand, served mechanics, carpenters, construction workers, potters, bums and the odd petty thief.

Dr. Oroci was quick to grow impatient. It was a lot of hard work for so few people—there were never enough resources—but Dr. Martínez didn’t seem to want to hear about it. He wanted everything in order, every visit to be carried out by the book, with everything in its place. He oscillated between patient visits and general reprimands. Suddenly a patient showed up, limping and completely disheveled.

“Doctorcito, good morning.”

“Good morning, my boy. How are you feeling?”

“Not good...not good at all.”

The patient placed his crutches aside once the doctor had prepared a number-20 vial with ten millimeters of alkaloid. He asked the patient for his arm and jabbed the syringe into his grubby skin.

“Next!” And as the next patient appeared he barked another order. *“Throw out everyone who’s already gotten his dose! And make sure to collect their tokens or they’ll try to come back for a second fix!”*

This was no place to be wasteful.

Dr. Oroci merely harrumphed. If that weren't bad enough, reporters in search of today's hot item showed up to bombard her with questions. That's when this kid of sixteen came in. A beardless pup, he approached Dr. Martínez, rolled up his sleeve and got his fix.

It left Miguel Gil, a reporter from *El Nacional Revolucionario*, heartsick. How could someone so young be so far gone, he asked, and was told—as they used to say back then—that the boy had fallen victim to “evil dope pushers.” He was a working potter who brought home 1 peso 75 centavos daily, most of which went to his fix. If he didn't shoot up, he felt like his bones were cramping. It had all started several months ago.

“*Manito*, you've got to try this stuff. I'm telling you, man, it makes you feel incredible!” a neighborhood friend enthused to the young potter.

“What is it?”

“Just try it...you'll see I'm not kidding...”

At the beginning he gave it to him for free, and then began to charge when the kid really needed it.

The story upset Miguel Gil. Questions swirled in his reporter's brain, but Dr. Martínez couldn't spare any time for him. There were three other journalists and patients were swarming all about. He asked Dr. Quevedo to respond.

The young doctor's youthful appearance intrigued Miguel Gil. He was tall and stocky, with dark, restless eyes “that shone with intelligence.” He asked Gil to step into his office, where he began an extensive and enlightening explanation of the rationale behind the new laws.

“...In short, we've reached the conclusion that in order for addicts to meet the minimum requirements of their life responsibilities, they must use drugs. It's their only path to happiness. That is, if they are forced to go without—if they are forbidden from using—they must go to even greater extremes to get what they need and end up victims of even worse exploitation. What we acknowledge in general terms is that drug addicts are the necessary product of the capitalist civilization in which we currently live. And by the way, I'm no communist. Addiction is a necessary social evil and the only way to assimilate it into a society where people have a right to live is to place it within a legal framework...” Dr. Quevedo went on with his explanation, based, as it was, on ten years of studying addiction. He was convinced that if addicts were treated as medical patients rather than delinquents, it would eliminate the “daring, heroic” glamour associated with “outlaws.” By breaking the spell of prohibition, consumption would gradually decrease—as would illegal trafficking throughout Mexico.

It would undermine and destroy pushers like Lola la Chata, a source of acute resentment to the doctors—she was Mexico City's main heroin, cocaine and marijuana dealer. Everyone knew she'd been at it for years, that she'd learned it from her mother

at La Merced market, and that she'd perfected her skills after living for a time in Ciudad Juárez.

When drugs were legal in Mexico, life was impossible for dealers like Lola. What a shame doctors like José Quevedo are no longer in fashion.

At the same time all this was taking place, the United States suspended its medicinal trade with Mexico. The bad news even reached the president in the form of a telegram during an official visit to Chiapas. The Mexican government initiated diplomatic talks and a few months later the new laws were repealed.

No one was interested at striking any more blows at Lola's racket since the big issue was the acquisition of US-manufactured medicines: the Second World War had complicated buying from German pharmaceutical companies. Doctors who had worked in dispensaries returned to tasks they had carried out before. Addicts penned letters from prison hoping the president might be sympathetic to their plight. How hard would it be to send doses to users on the registry? It was all in vain.

Lola stayed in business and the Ministry of Health rolled out more aggressive enforcement. She was arrested eight times between 1934 and 1945. In spite of aid from US officials, Lola stayed in business for decades, as did her daughters. Doctors resisted the onslaught of criminalization until 1947, when the preamble to the Mexican public prosecutor's authority with regard to "drug dependency" and "trafficking" no longer made mention of *toxicomanía*.