

Briefing Paper

Resources for developing integrated national policies on controlled drugs in Latin America and the Caribbean

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The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organizations about particular drug-related matters, and offers expert consultancy services to policymakers and officials around the world.

All governments now face increasingly complex challenges in deciding how to respond to the problems caused by illegal drug markets and drug use in their territories. Around the world, policy makers have found that traditional ‘war on drugs’ approaches have not led to the eradication of illegal markets, or the significant reductions in levels of use, that were hoped for. This reality means that governments now need to find balanced and integrated strategies and programmes that are effective in containing the scale of the illegal market, while at the same time minimising the associated harms – drug related crime, risks to public health, and the social impact on families and communities. Identifying the right mix of strategies and programmes for individual countries, particularly in a period of cutbacks in public expenditure, is a daunting challenge. However, governments need to address this challenge carefully in the coming years, as the drug policies and programmes that produce better results (the so-called ‘pro-active expenditure’) have been shown to deliver much greater savings in government expenditures on reacting to the negative consequences of drug markets and use, such as crime and health problems (referred to as ‘re-active expenditures’). Developing good drug

policies can therefore have long term impacts on the overall social conditions, and economic productivity, of individual countries.

Policy makers can feel overwhelmed by the mass of analysis, research, policy options, and often polarised debate in the drug policy field. They are also pressured by a public and media that want quick solutions, and opposition politicians who are eager to criticise them for failing, or for being ‘soft on drugs’. In addition, crime and citizen insecurity concerns more broadly often result in popular support for “mano duro” or hard-line approaches to drug and crime issues. Fortunately, 2010 has seen the publication of two easily accessible guides for policy makers that provide information and advice on how to take a structured approach to developing a comprehensive and integrated national drug strategy:

- **How To Develop a National Drug Policy: A Guide for Policy Makers, Practitioners and Stakeholders.**

Inter-American Drug Abuse Control Commission (CICAD) and the Caribbean Community (CARICOM) Secretariat. CICAD was established by the General Assembly of the Organization of American States (OAS) in 1986 as the Western

Hemisphere's policy forum on all aspects of the drug problem. Each member government appoints a high-ranking representative to the Commission, which meets twice a year. CICAD promotes regional cooperation and coordination among OAS member states through action programmes, carried out by CICAD's Executive Secretariat. The CARICOM Secretariat is the principal administrative organ of the Caribbean Community and is headed by a Secretary General who is the Chief Executive Officer of the Community. The mission of the secretariat is to provide dynamic leadership and service in partnership with Community Institutions and groups, toward the attainment of a viable, internationally competitive and sustainable Community, with improved quality of life for all. This guide was jointly produced by the two regional bodies in response to a need expressed by member states for technical support in this area, and was developed with the help of policy and institutional experts from within these organisations, along with several expert consultants. Based on the idea that good drug policy needs to encompass clearly planned strategies and actions across many areas of government – security, justice, social affairs, health, education, law enforcement and foreign affairs – the guide focuses on the institutional processes that should be followed to ensure that policies and programmes are comprehensive and cost-effective. A full copy of the guide can be downloaded from both organisations' websites (www.cicad.oas.org or www.caricom.org).

- **The IDPC Drug Policy Guide.** International Drug Policy Consortium (IDPC). The International Drug Policy Consortium is a global network of NGOs who have come together to promote humane and effective drug policies. The Consortium has 60 organisational members worldwide, and a network of experts focusing on various aspects of drug policy and programme

development, many of whom have been involved in writing and reviewing government policies in this area. It aims to provide a mechanism for interested NGOs to engage constructively with national governments and international agencies on drug policy issues, and offer a consultancy and advice service to policy makers as they work to review and modernise their policies and strategies. This publication is a collaborative effort involving a large number of IDPC members and consultants, and brings together global evidence and best practices on the design and implementation of drug policies and programmes at national level. As with the CICAD/CARICOM guide, it covers the overarching principles and processes that should inform the development of effective national policies, but also includes chapters giving advice and recommendations on specific areas of policy under three broad headings – Criminal Justice, Health and Social Programmes, and Strengthening Communities. The full guide can be downloaded from the IDPC website (www.idpc.net).

Principles and Processes

Both publications strongly emphasise the importance for national governments to give urgent priority to policy review, and to take a structured and comprehensive approach to progressive policy and programme options. Both guides explicitly endorse a number of principles for effective policy:

- **Structure.** There should be a systematic approach to the development, implementation and review of national drug strategies, that is overseen by an institutional structure that balances the needs and interests of the various departments and agencies. The CICAD/CARICOM guide goes into greater detail on the processes policy makers should follow in this regard, describing a rolling

four-component process that encompasses 'Community' (full consultation with all stakeholders and change agents in order to assess the nature of the problem); 'Strategy' (the articulation of a clear direction, objectives, and set of activities); 'Budget' (clarity on how state resources are going to be used to support the implementation of the strategy); and 'Evaluation' (a framework for assessing whether the various elements of the strategy are achieving the objectives set out for them). The IDPC Guide emphasises the importance, in such a politically sensitive policy area, of objective and independent evaluation of policy impact. Evaluations should be conducted on the extent to which policies and programmes have reduced drug related crime, health and social problems, rather than measures of activity such as seizures or arrests. Policy makers are understandably wary of reviews that may highlight failings, or raise difficult political questions, but a commitment to greater understanding of impact is essential if we are to learn from experience. Timescale is also important – reviewing policy over too short a period will make it difficult to assess trends and impacts, whereas the fast moving nature of drug markets and patterns of use mean that governments can not afford to lock themselves into fixed strategies for long.

- **Diversity.** The pursuit by governments of similar drug policy development processes should not in any way lead to the same conclusions in terms of policy or programmes. The nature of the problems faced by different governments, the social, economic and cultural context, and the political and social priorities of different administrations, will all vary across time and territory. The range of policies and programmes that are appropriate for one country may not fit the situation in another. While there is a certain level of shared responsibility and common principles in the way that all countries address drug problems, each government should also be supported to

find the appropriate strategy and activities adapted to its own situation. International co-operation should not become a strait-jacket that prevents creativity, but should focus on operational co-ordination in the supply reduction field, and the sharing of experience and best practices in the fields of local law enforcement and criminal justice, and on social and healthcare programmes.

- **Evidence.** In a policy area where ideology and opinion are so prominent, policy makers should particularly invest time and resources in developing an understanding of the available evidence – the scale and nature of the problem, what works (and doesn't work) in reducing the various aspects of the problem, and the impacts on public expenditures (i.e. the interaction between the proactive and reactive expenditures outlined above). This means investing in the appropriate data systems and research, and assessing the implications of these results. This is, of course, difficult when resources are scarce, and the findings in such a complex policy area will never provide an absolutely clear answer on what policies to pursue – but a commitment to evidence-based policy will at least give policy makers the necessary 'sign-posts' to guide their directions and decisions and, just as importantly, provide reasons for curtailing investment in ineffective programmes
- **Civil Society.** The CICAD/CARICOM paper gives prominence to proper civil society engagement by governments as part of the cycle of policy making described above. IDPC is a civil society network that has long promoted more meaningful and constructive mechanisms for civil society to contribute to the policy making process at national and international level. Civil society encompasses all the non-governmental structures that have information and expertise on the nature of drug markets and drug use patterns, and that have a stake in the successful implementation and results of drug policies (such as service

providing NGOs, community and faith groups, or representatives of users or growers). So far, the dialogue between civil society and governments on drug policy has tended to be dominated by debates on morality, ideology and politics. Much more productive exchanges are possible if both groups commit to mechanisms that focus on sharing information and experiences to gain a better understanding of the nature of the drug problem, and what responses may be most effective.

Section One of the IDPC Policy Guide articulates 5 principles for effective drug policies. These broadly mirror the process advice of the CICAD/CARICOM Guide, but go into more detail on three areas that we think are crucial for the development of humane and effective policies and programmes.

Human Rights

It is only recently that researchers and policy analysts have begun to examine the various ways in which drug policies and programmes can infringe on the fundamental rights and freedoms enshrined in the UN Charter, and the subsequent Conventions and declarations that make up the global human rights apparatus. These infringements include the use of the death penalty for drug offences, extra-judicial punishments, or unwarranted invasions of privacy, but also widespread cases of the denial of access to essential health services, the application of disproportionate punishments, or the use of torture, cruel and inhuman punishment in the name of drug dependence treatment. All of these drug control activities are in conflict with government agencies' international obligations to promote and protect human rights. The compliance of drug control policies with human rights obligations is therefore a key principle for the development and review of drug policies. Increasingly, countries are being criticised by the United Nations Human Rights rapporteurs, and through the Universal Periodic Review process, for drug policies and programmes that contravene these obligations.

Social Inclusion

The 'war on drugs' was at least partly based on the idea that, if society showed a total disapproval of drug use and government agencies worked hard to identify and punish drug users, then potential users would be deterred from becoming involved. Many aspects of current drug strategies are therefore based on the theory of social exclusion acting as a deterrent for drug use – widespread arrest and punishment of drug users, drug testing and exclusion from school or work, and denial of access to state benefits, all follow this principle. However, this deterrent principle rarely works in practice. More importantly, this process of **exclusion** is most often applied to already marginalised groups in society – the poor, ethnic minorities and migrants – when, at the same time, other government social and economic development programmes are trying to increase the **inclusion** of these very same groups. Drug control policies based on deterrence can therefore unintentionally undermine the work of social and economic development programmes. The IDPC therefore proposes that national drug strategies should be based on the overall principle of social inclusion – the objective should be to maximise the social and economic integration of the poor and marginalised communities where drug use and drug markets currently thrive. This means a greater alignment between drug control and development strategies and programmes.

Harm Reduction

The CICAD/CARICOM guide proposes that national strategies be broadly divided into two sections – 'supply reduction' and 'demand reduction'. In this typology, harm reduction (programmes that aim to reduce the health and social harms of drug use) is proposed as a sub-section of demand reduction. The IDPC guide views harm reduction as an overarching principle – the ultimate aim of drug policy is to reduce social and health harm, and activities across the spectrum are judged according to their contribution to that objective. Of course, activities that successfully reduce supply or

demand can contribute to the reduction of health and social harms, but this relationship is not always that simple. For example, successful law enforcement operations that break up one group of dealers may lead to higher levels of violence and disorder as more ruthless groups fight over the vacant market; or efforts that deter a small number of potential drug users from entering the drug market may also increase the social marginalisation and health risks for other users.

The concept of harm reduction has become controversial because a growing number of potential drug strategy activities can be effective in reducing specific health and social harms – such as HIV/AIDS, accidental overdoses, or petty crime – without necessarily reducing supply or demand. The direct impact of these policies on reducing harm is not contested. However, questions continue to be raised about the value of these harm reduction activities. Firstly, do these policies increase demand, or at least undermine or take resources away from demand reduction programmes. This issue has been closely researched, and the findings have concluded that the fear was unfounded – the provision of public health support services for drug users, or of drug dependence treatment for petty criminals, does not lead to an increase in use. Secondly, do these ‘tolerant’ approaches to drug users undermine the general social disapproval of drug use. As stated above, IDPC considers that governments should take a more tolerant approach to drug users – as Antonio Costa, the Executive Director of the United Nations Office on Drugs and Crime, declared, by treating them as ‘patients, not criminals’.

Policies and Programmes

The CICAD/CARICOM guide does not provide any detailed advice on the nature of specific programmes and activities, or evidence of effectiveness. It limits itself to a generic list of areas of activity that should be included in a national strategy, under the broad headings

of demand and supply reduction. The IDPC guide does attempt to summarise available evidence and experience into recommendations for effective policy and best practice under the following headings:

Criminal Justice

In this section of the IDPC guide, consideration is given to the functions of law enforcement agencies and criminal justice systems in responding to drug markets and drug-related crime. This section advises national governments to move their attention away from measuring success in terms of numbers of arrests and prosecutions, or amounts of drugs seized, as these ‘process’ measures do not seem to lead to reducing the scale of the problem. Rather, strategies should focus more directly on reducing the specific health, crime and social consequences of drug markets and drug use – and this change of focus will necessitate a review of criminal justice strategies and tactics, including:

- The modernisation of drug laws, so they can better distinguish between the different actors interacting in the drug market – casual users, dependent users, ‘social’ dealers, ‘mules’, and commercial dealers – and focus harsh punishments on those that control drug markets for significant commercial gain.
- Refocusing law enforcement strategies so that they explicitly aim to reduce the violence, intimidation and corruption associated with drug markets – applying most attention to the most violent and ruthless groups – and work in closer partnership with health and social agencies.
- The implementation of programmes to divert minor offenders away from expensive court proceedings or prison sentences. The clogging up of court and prison systems with minor drug cases is expensive, creates management problems, and does not help reduce the overall drug problem.

- The creation of prison drug strategies that combine security, treatment and public health measures in the best combination to manage the concentration of drug users in crowded, state controlled settings.

Criminal justice agencies have a key role to play in future drug strategies, but their resources and tactics need to be explicitly focused on a wider set of objectives.

Health and Social Programmes

The IDPC analysis calls for greater investment in prevention, treatment and harm reduction programmes as the most cost effective way of reducing the health and social problems associated with drug markets and drug use. However, within this general context, there are more detailed assessments of how international evidence and experience can inform national strategies:

- While drug prevention is clearly preferable to responding after problems occur, there has been little evidence that generalised drug prevention campaigns (such as mass media campaigns or schools based programmes) effectively reduce overall levels of drug use. While many of these initiatives have improved awareness of risks or contributed to a more general development of decision making skills, they have not achieved the primary objective of reducing prevalence or rates of initiation. Many governments are therefore turning more attention to targeted prevention programmes that focus on particular risk groups, and aim to reduce levels of problematic use, rather than all drug use in society.
- Drug dependence treatment has a very strong research base showing that well designed and delivered programmes can deliver significant reductions in the health and crime problems associated with drug dependency. The IDPC guide emphasises the need for governments to

develop integrated treatment ‘systems’ that encompass properly co-ordinated mechanisms for identifying drug dependent individuals, offering them access to a range of treatment programmes, and managing their re-integration into jobs, housing and community life. Integrated drug dependence treatment systems should be designed and implemented through partnerships between health, social affairs and criminal justice agencies.

- The wider concept of harm reduction is discussed above, but in the context of responding to the health problems associated with drug dependency, there is very clear evidence for the implementation of a range of activities to reduce infections such as HIV/AIDS and Hepatitis, or the level of death through accidental overdoses. While these activities do not necessarily reduce the overall level of demand, they are effective in reducing some of the health and social consequences of drug dependency.

Strengthening Communities

The IDPC analysis of drug strategy experience around the world is not optimistic about the potential for drug law enforcement or prevention programmes to significantly reduce the overall level of drug use in society. However, there seems to be a much stronger correlation between the level of drug problems in a particular community, and the general social cohesion and inclusion within that community. Put simply, lower levels of drug use and drug problems are generally found where there are strong ‘protective factors’ – such as close family ties, strong community cohesion, low levels of inequality, and good education and employment opportunities. Developing these protective factors is a major challenge for governments and local authorities, particularly in resource poor environments, but they are more likely to have a long term impact on the scale of drug problems than specific drug prevention programmes. The policy implications of this finding are significant,

and apply to both demand reduction and supply reduction strategies – while governments do need to find strategies and activities that provide an immediate response to violent drug markets, or to growing levels of drug use, these problems are only likely to be reduced in the long term by development approaches that aim to increase the social inclusion of affected populations. When communities are experiencing positive social and economic development, there is less incentive for individuals to get involved in drug dealing or drug use.

Governments in Latin America and the Caribbean have for many years faced up to problems caused by international drug markets, and drug use amongst their own citizens. Drug problems have become more complex and intractable, and it is becoming clear that our traditional strong law enforcement approaches cannot solve the problem. It is therefore high time to review and rebalance national drug strategies to formulate plans that apply evidence and experience from around the world to the unique conditions and priorities in each country. Fortunately, policy makers can get easy access to information and guidance on this issue from both regional intergovernmental agencies (CICAD and CARICOM), and the NGO and academic sectors (through the IDPC).

Requests to the IDPC for information or assistance can be made through our website (www.idpc.net) or by email to Ann Fordham at afordham@idpc.net.

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