

CASE STUDY

URUGUAY

A National Drug Strategy With Harm Reduction at its Core

Summary

In the 1990s, psychologists, therapists and psychiatrists working at treatment centres for people who use drugs in Uruguay began to question the country's prohibitionist stance to drug use and its punitive approach to people who use drugs. Slowly, some authorities began to acknowledge the potential benefits of legalising certain substances. In 2013, in an effort to prioritise health and safety in communities, Uruguay became the first country globally to legalise the production, distribution and sale of marijuana. One major outcome of this was a downward trend in imprisonment for drug-related offences – something that was desperately needed to relieve severe overcrowding. This landmark decision also marked a shift towards more progressive drug policies, leading to various state-supported health-based programmes run by the National Drug Network. This includes the Aleros programme which connects people experiencing extreme social vulnerability and drug dependency to health and social support networks through a community-centred approach. It also includes the Centros Ciudadela programme, which supports people who use drugs plus their families and close social connections. The Uruguay government allocated the National Drug Board an annual budget of around USD 795,900 for 2020-2024. This included funding increases for both the Centros Ciudadela and Aleros programmes. This additional investment has enabled 29 Ciudadela centres to open around the country, while the Aleros programme has doubled its coverage. This shift in approach is making a significant difference to individual lives, communities and public health.

Key statistics

38%

By 2009, Uruguay's prison occupancy rate was 38% over capacity, with over half of the people in prison being held in pre-trial detention.

19,172

In 2013, Uruguay approved Law N° 19,172, becoming the first country in the world to legalise the commercialisation of marijuana.

\$727,680

Between 2020 and 2024, USD 727,680 was allocated annually to Centros Ciudadela, one of the programmes under the National Drug Strategy which adopts a harm reduction approach.

29+

This investment supported 29 centres to be established across the country, where people who use drugs and their families can receive advice, guidance or referrals.

The punitive approach

From the beginning of the 20th century until the end of the military dictatorship in 1985, Uruguay maintained a punitive and prohibitive stance on drug trafficking and drug use. Policing efforts predominantly targeted people who use drugs, harassing those involved in drug-related activities and penalising drug possession.¹

By 2009, the prison occupancy rate was 38% over capacity, with over 60% of people in prison there on pre-trial detention. In 2010, over 43% of police procedures regarding drug-related offences resulted in very small quantities of drugs being seized (10 grams or less) in what amounted to an absurd waste of police and judicial resources.²

Challenging the punitive approach

During the 1990s, psychologists, therapists and psychiatrists working at treatment centres for people who use drugs began to question the dominant prohibitionist stance. They proposed a different understanding of drug use which would eventually develop into an alternative approach to drug policies.³

Citing evidence of the counterproductive outcomes of current policies and successful results of international experiences, health professionals began to advocate for the focus to be shifted from punishment to the mental and physical health of people who use drugs, and providing support without requiring people to abstain from drug use. It was in this context that non-government organisations such as El Abrojo and El Grupo de Cavia were established to implement new approaches based on voluntary participation and provide differentiated and needs-based solutions for people who use drugs.

Instigating change

In early 2000, some authorities began acknowledging the potential benefits of legalising certain substances, motivated mainly by levels of corruption and public safety concerns.⁴ By 2010, the Parliament of Uruguay released a report urging a revision of existing drug laws, stating that drug policies must be supported by broad consensus which make it possible to achieve strategic objectives, including harm reduction.⁵

In 2013, in an effort to prioritise health and safety in communities, Uruguay became the first country globally to legalise the production, distribution and sale of marijuana.⁶ One major outcome of this was a slow but steady downward trend in imprisonment for drug-related offences. For instance, in 2010, 92% of men who were prosecuted for drug offences served a prison sentence. By 2017, this number reduced to 85%.⁷

This landmark decision marked a shift towards more progressive drug policies. In 2015, Uruguay launched the 2016-2020 National Drug Strategy. This gave people who use drugs the right to access comprehensive healthcare, including harm reduction, yet it failed to define specific ways to achieve this goal.⁸

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Investing in community, health and justice.

Following the 2016-2020 strategy, Uruguay's 2021-2025 National Drug Strategy was published. This document redefined drug-related issues as a complex, multifaceted and dynamic phenomenon, involving various factors and dimensions with respect to its nature, causes and development and the approach needed to address it.⁹

This strategy adopts a harm reduction model as a core approach. It aims to design and implement responsive actions that can anticipate, prevent and reduce the risks associated with drug use. This also allows for a range of interventions, tailored to each individual's characteristics, needs and relationship with drugs.

The Aleros programme, for instance, promotes service accessibility for people facing extreme social vulnerability and problems with their drug use, connecting them to health and social support networks through a community-centred approach.¹⁰ It is funded by the National Drug Network (Red Nacional de Drogas or RENADRO), which provides care, treatment and social integration for people who use drugs, which in turn is funded through a trust supported by various institutions, such as the Health Services Administration or the Seized Property Fund.¹¹ Other RENADRO initiatives, such as Centros Ciudadela, provide information on drug use and support people who use drugs as well as their family members and close social connections.

The National Drug Board was allocated an annual budget of UYU 35 million (around USD 795,900) for 2020-2024. While the Centros Ciudadela programme was given an annual allocation of UYU 32 million (around USD 727,680).¹² This is a vast increase from 2016 when only UYU 20 million (around USD 454,800) was allocated to RENADRO programmes (to fund eight centres under the Centros Ciudadela programme and two Alero Centres).

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“The increased investment in the Ciudadela programme funded the establishment of 29 centres around the country. In 2020, these centres reached 2,438 people who required some type of social service and carried out 16,919 guidance sessions. The Aleros programme, which began in 2012, has since doubled its coverage area.”

Impact

Many of the services that exist within RENADRO provide support for people who use drugs in the form of information, counselling, diagnoses and referrals. Support also includes day treatment centres and residential centres. This is making a significant difference to individual and community lives.

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Sources

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This is one in a series of case studies which captures the experiences of governments and donors around the world divesting from punitive approaches to drugs, and investing in programmes which prioritise community, health and justice. These case studies are not meant to be comprehensive but provide examples of effective divestment and investment, and related advocacy strategies.

**DIVEST FROM
THE UNJUST
DRUG WAR.**



**INVEST IN
JUSTICE.**