



## CONTRIBUTIONS TO THINKING ABOUT DRUG-RELATED ISSUES

### *Discussing the drug issue: Articles and monographs*

We hope that this series of articles, essays, and monographs will be of interest and will contribute to thoughtful debate on drug policy. The views expressed in these documents do not necessarily reflect the opinions or positions of the Executive Secretariat of CICAD or of the OAS.

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### Number 1

# NEW CHALLENGES IN DRUG POLICY

## NEW CHALLENGES IN DRUG POLICY IN THE AMERICAS

### Abstract

The drug issue has changed over the past several decades, of that there is no doubt. Added to the traditional plant-based substances that are grown in known areas we now have drugs of chemical origin of which the production area is more varied. And these changes are taking place more and more rapidly and for that very reason pose great challenges for the countries of the region: they require thinking about different, more imaginative, responses, but above all, responses that are more rapid. In addition, the new regulatory frameworks on the recreational use of marijuana are also giving rise to significant discussion, and represent a challenge to the traditional models, the outcomes of which have not been without their critics. In this context, there is without a doubt much room for discussion of the future of drug policy in the countries of the Americas. Nonetheless, there are other topics that should be looked at carefully as we seek better responses to the drug problem; indeed, research into the causes associated with the drug problem in each country may help over the long term to minimize the consequences of the problem. Along the same lines, identifying the most vulnerable groups to which policies should be directed demands greater efforts and a better knowledge base. It should be recognized, however, that the situation with regard to the drug issue is different in each country, and at a different stage, with the result that “old” problems and unresolved challenges still remain, most of which are institutional in nature. Close attention must be paid to these problems as well, representing as they do the essence of the diverse nature of the drug problem in the Hemisphere. It would be wrong to think that the new challenges are and will continue to be the same in all OAS member states. History shows that the opposite is true, and therefore each country must clearly define the factors, whether “old” or “new” challenges, that best explain its own particular problem.

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## NEW CHALLENGES IN DRUG POLICY IN THE AMERICAS

### Context

One of the great merits of the 2013 OAS report *The Drug Problem in the Americas*<sup>1</sup> was its emphasis on the idea that there is not just “one drug-related problem,” and that what best characterizes our region is its diversity. Thus, “*the drug problem needs to be dealt with in a flexible, differentiated fashion, wherein countries adopt an approach tailored to the particular ways in which they are affected*”, an approach that fully respects the sovereignty of states. And this diversity, which has different impacts on different countries, is what leads to the proposal that dealing with the problem “*calls for a multifaceted approach, great flexibility, a sound grasp of often different circumstances, and, above all, the conviction that, in order to be successful, we need to maintain unity in the midst of diversity.*”

Until very recently, policies focused mainly on controlling production and distribution in what was known as the “war on drugs”, which classified countries as producer, transit, and consumer countries, with each blaming the other. That also led to a dichotomy between supply reduction and demand reduction policies, with the balance clearly tilted towards the former in an effort to reduce the security problems clearly being experienced in some countries. In other words, the policies in most countries were geared to eliminating drugs. However, at the same time, the demand for drugs was becoming increasingly evident and more visible in many countries. We often heard countries say, “As well as being a producer or transit country, we are now a consumer country.” While that may have been true in some cases, many of our countries did not use reliable procedures to document drug use, and therefore it was not “zero” use, or no drug use or minimal drug use that we were seeing, but rather an absence of information about the actual reality, which is not the same thing at all.

We have learned a great deal from the past:

- Rates of drug use differ from country to country;
- The types of substances used differ from country to country, beyond cross-sectional issues;
- The violence that occurs along the production and distribution chain manifests itself differently in different countries;
- There is clearly a greater variety of substances available, predominantly of chemical origin;
- All of the countries are potentially producer, transit, and consumer countries;
- Drug use is not concentrated simply in a few countries, as was thought earlier; in other countries, it was simply not measured, as discussed above;
- Perhaps the most important point: policies cannot be developed unless the central focus of the interventions is the individual and not the substance, as was traditionally the case;

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<sup>1</sup> [http://www.cicad.oas.org/Main/Template.asp?File=/drogas/elinforme/default\\_eng.asp](http://www.cicad.oas.org/Main/Template.asp?File=/drogas/elinforme/default_eng.asp)

- And lastly, drug policies cannot be successful unless there is scientific evidence that will properly describe the problem in each country, and on the basis of that information, examine which interventions would be the most appropriate, and then evaluate them.

In short, as noted in the 2013 *OAS Drug Report* and equally in the 2013 Declaration of Antigua Guatemala, *For a comprehensive policy against the world drug problem in the Americas*, which reiterated “the need to cooperate through a comprehensive approach, based on scientific evidence and experience, taking into account the needs and realities of each country in order to more efficiently and effectively face the challenges, threats, risks, and vulnerabilities generated by the world drug problem.” ***The countries experience what we call “the drug problem” in different ways, and it is therefore on the basis of this diversity that we should think about drug policies.***

### **New Challenges**

In the context of this diversity, which is now fully recognized, there is a consensus that drug policies must be people-centered, with full respect for human rights, and should take a multi-faceted, comprehensive, and balanced approach that is based on scientific evidence and in which *a public health approach* is taken to the development and implementation of drug policies. And this is, without a doubt, the first major challenge we face: to put into practice the “high hopes” of evidence-based policies that take a public health approach. This means that sufficient financial resources need to be made available and above all, specialized human resources who can take the lead in this new paradigm in drug policy, and who can define precisely and unequivocally both of these concepts: the public health approach, and scientific evidence.

Another major challenge is to correctly identify the problem(s) in each country. It will be possible to deal successfully with a problem only to the extent that we have available the best possible information with which to assess the size of the problem, analyze its determinants and identify the people who are the most vulnerable. But it is also important to bear in mind that just as the problems differ among countries Hemisphere-wide, a similar issue may arise within a given country: differences between departments or provinces, cities, and neighborhoods. This leads us to think about the need to describe these differences and thus develop local responses to these specific problems.

Hemisphere-wide, as described in the *Report on Drug Use in the Americas* published by CICAD/OAS in 2015,<sup>2</sup> the main aspects of drug use problems in our region can be summarized as follows:

- High rates of alcohol use in all age groups, but particularly among younger people. The report notes a high use of alcohol among high school students (13-17 years), and states that 50% of those who consumed alcohol in the past year reported at least one episode of binge drinking. We know that first use of alcohol at an early age increases the risk of dependency on alcohol and also increases the likelihood of the use of other substances.

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<sup>2</sup> <http://cicad.oas.org/apps/Document.aspx?Id=3208>

Hence, policies on alcohol use and abuse should be fully integrated into policies on illicit drugs.

- A rise in the number of people using any illicit drug, and a high percentage of people with problem drug use. We note with concern an increase in the demand for drugs and in particular the high proportion of young people and adolescents involved.
- The geographical spread of heroin use. While ten years ago, heroin use was confined to a few countries, the report notes with concern that heroin use has spread to other countries. History has shown that when heroin is present, its health consequences (deaths from overdose, transmission of infectious diseases, and so forth) mean adopting specific policies that will change priorities. A drug policy where heroin is present is certainly not the same as a drug policy where there is no heroin.

In addition, there are a number of other challenges that need to be addressed, some technical and some policy-related. These include:

- ***New Psychoactive Substances (NPS) and Amphetamine-Type Stimulants (ATS)***. In the past, policies that were centered on the substances themselves basically focused on controlling the supply of and demand for coca leaf derivatives, heroin and other derivatives of opium, and marijuana. However, that is not today's reality. Added to those drugs are two new classes of substances, NPS and ATS. Some of them such as ecstasy have become widespread among young people and adolescents. Greater efforts must be made to develop early warning systems and protocols for the scientific analysis of drugs, in order to inform the general public about the health risks involved in using these substances.
- ***Opioids (including fentanyl)*** and pharmaceuticals of abuse, that is, lawfully prescribed medications that are used in doses, timeframes, and for reasons other than what is specified in a prescription. The use of these substances is causing serious concern in some countries because of the high number of deaths associated with this pattern of use.
- ***Adulterants***. Paradoxically, while policies have centered mainly on the substances, it appears that little is known about the substances themselves. To maximize the economic benefit, drugs are frequently diluted with adulterants to turn two kilos into three, or simply to mimic them with cheaper and possibly harmful substitutes. While some adulterants are not toxic (caffeine in cocaine), some are very harmful (PMA/PMMA in ecstasy, fentanyl in heroin). For example, we talk lightly about "ecstasy" as if all of the tablets sold to the user were 100% MDMA. But the reality is that this is not the case: a high proportion of these substances are adulterated or cut with different amounts of other substances, and therefore consumers expose themselves to unknown harms of differing potential risk, beyond the known potential harms intrinsic to any drug and that can be produced by the active principle of the drug itself. Something similar occurs with LSD: a study in Colombia, for example, showed that what was sold as LSD was in fact 25B-

NBOMe and 25C-NBOMe.<sup>3</sup> Another example along these lines are the findings of the project on the *Chemical composition of smokable cocaine substances*, conducted by CICAD's Inter-American Observatory on Drugs (OID) in coordination with five South American countries to carry out joint lines of research on smokable cocaines. One of the principal findings of the study was the great variation in substances carrying the same name, not only between countries but also within countries; there is significant variation in the concentration of the alkaloid present in the samples analyzed, and different concentrations of different adulterants were also found. One of the principal adulterants was caffeine, and here we note the study by Galvalisi et al,<sup>4</sup> who examined the effect of caffeine as an adulterant used to cut cocaine base paste. They showed the stimulant effect of caffeine when added to the active principle, that is, it increases the addictive stimulant effects of cocaine.

Another important issue, which is being examined in only a few countries, is the chemical composition of marijuana and the presence of adulterants in marijuana, a topic on which little research has been done beyond investigating the different levels of concentration of THC and of other cannabinoids.

In short, adulteration of psychoactive substances is a fact, it does occur, and it is part of the process of distribution and sales of illicit substances that has or may have serious consequences for the health of users. As noted above, standardized systematic methods and techniques need to be established for analysis of the composition of substances that are on the market, and thus inform users and alert them to the health risks. This could allow users to shed some light on these unknown harms and take an informed decision—or at least, a less arbitrary decision—as to whether to use the drug or throw it away. Broadly speaking, there are three ways in which drugs are analyzed: test kits, on site testing in clubs and festivals, and testing of samples in a professional laboratory.

**Mass incarceration.** Of no less concern is the fact that mass incarceration for petty drug crimes continues to increase around the region, as shown in a number of recent publications and studies. In the context of this concern over the situation of people involved in committing drug-related behaviors [crimes], alternatives to incarceration are a concrete measure that member states can adopt within the framework of the United Nations Conventions on Narcotic Drugs and Psychotropic Substances. They are reforms that are feasible in the short term, without having to wait for the international community as a whole to discuss global drug policies.

**Development in the context of drugs.** The countries are increasingly aware of the need to promote strategies for the development and social integration of vulnerable groups, including those involved in rural and urban areas in the production, manufacture, distribution, trafficking and use, under the umbrella of sustainable development and the

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<sup>3</sup> <http://www.odc.gov.co/Portals/1/Docs/SAT/AlertaLSD.pdf> (Spanish only).

<sup>4</sup> <http://latp2016.org/documents/Scorza/Galvalisi%20et%20al.%202016.pdf> (Spanish only).

rule of law in order to create trust among the community and the government. The concept of traditional alternative development has been changing as theories and trends about the social, economic, cultural, and security realities that it attempts to resolve have evolved. The current challenge is precisely to develop this comprehensive, multisectoral, gender-sensitive approach and to implement it in affected areas and populations.

**New regulatory frameworks.** This is probably one of the topics that has generated and will continue to generate the most controversy and discussion in terms of drug policy. Particular attention has been paid to the use of cannabis for therapeutic purposes and the recreational use of marijuana, and even to decriminalizing small plots of land used to grow coca, and not to punish small producers. As discussed earlier, drug policies must be designed on the basis of scientific evidence, and this must be a requirement also in the discussion of new legal frameworks to regulate the chain of production through to substance use. The economic and social costs should also be assessed, along with the benefits of the current situation in the different countries. Research should be encouraged on different scenarios and specifically, scientifically monitoring the experiments that are taking place.

- **Causes versus consequences.** Policy discussions of “the drug problem” tend to emphasize the visible consequences of trafficking, sales, and use, such as street violence and health problems, but not the deeper, more systemic causes that are at the root of the issue. There may be political reasons for not making the true causes visible, and there may also be practical reasons, such as the time needed to understand and monitor the social, cultural, and economic determinants.
- It is also important here to recall what the OAS member states decided in the resolution of Guatemala adopted by the forty-sixth special session of the General Assembly in 2014, namely to *“develop, according to the reality of each state and on the basis of increased understanding of the causes of the new challenges posed by the global drug problem, responses that prevent social costs or contribute to their reduction; and, when appropriate, reviewing traditional approaches and considering the development of new approaches, based on scientific evidence and knowledge.”*<sup>5</sup>

While it is necessary to provide rapid responses to these consequences, it seems that such an approach falls short in the search for comprehensive, long-term solutions. When thinking of the public health approach to drug policy, we are thinking not only about the study of the extent and consequences of the problem, but also about the search for its determinants, that is, examining the causes and assessing and acting on the consequences. For example, it is clear that those who have developed an addiction to or dependency on drugs should be given the best possible care, in terms of coverage and quality. It is also true that the factors driving this situation should be identified, so as to

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<sup>5</sup> <http://www.oas.org/consejo/GENERAL%20ASSEMBLY/Resolucionesextraordinarias.asp>, AG/RES.1 (XLVI-E/14) rev.1

develop interventions and prevent the size of the drug dependent group from growing over time.

We are aware that this approach (identifying the causes and intervening on them) involves timeframes that probably collide with the “policy timeframes”, which are often shorter than the time periods needed to produce evidence (the basis for defining and implementing programs and interventions to deal with the causes). And of course, this is the great challenge: to do both things. Partnerships with academia and research centers may be a good strategy in this direction.

- **Monitoring and Evaluation:** Both the *Hemispheric Drug Strategy*, which CICAD/OAS adopted in light of the circumstances of each country and is based on respect for human rights, and the current *Plan of Action on Drugs 2016-2020* emphasize two fundamental points. On the one hand, developing or adapting programs that have a scientific basis for evaluation to demonstrate their effectiveness, and second, evaluating drug programs and policies. This is an area where much more progress must be made. First, monitoring and evaluation must be an integral part of drug policy (if we want to be guided by the public health approach), and must therefore be made explicit in the policy, and have well-defined time frames and indicators, as well as sufficient financing. As stated earlier, the realities of the drug issue change rapidly, and proper monitoring processes will enable the changes to be identified so that corrections and adaptations to the policy can be made accordingly. In addition, the results of the evaluation are crucial to determining whether the policies were going in the correct direction or, if not, to making the necessary adjustments. Publishing these monitoring processes and their results contributes to the store of evidence that may be of use to other countries.
- **A changing reality.** As we said earlier, a major feature of the drug problem in our Hemisphere is the diversity among countries and the many different situations that occur within countries. However, the situation in the Hemisphere, its subregions, countries and localities within countries also changes over time. It is very likely that the current drug situation is different (in size and characteristics) from the situation even five years ago, and will be different from the situation in the years to come. It is in this context that we need to take decisions. What is the best policy for the next ten years? This is the logical question whenever it is proposed that a drug strategy be developed. Part of the answer lies in the history of the drug situation in the country itself, but knowing what happened in other countries may also be helpful. But above all, the answer must be grounded in the current reality. This means having a solid knowledge base, with information that is not only reliable from a methodological standpoint, but just as importantly, is sufficient in quantity, and is timely and up-to-date. Taking decisions for the future based on partial, out-of-date information can be complex and dangerous.



## Final considerations

The topics discussed here are perhaps merely a sample of the challenges we face; some may be considered new, but there are others that we may call “old” challenges, which are still prevalent in many countries. We have the case of heroin, for example, which is an “old” problem that a number of countries have been dealing with and yet is a new challenge for others. And there are others that are in any event “new”. What we mean here is that while not ignoring the fact that new challenges are emerging, we must remember that there are still many other problems yet to be resolved, some of which are institutional and structural in nature. Any scenario will require institutions that have more robust resources and management capability, and that are in accordance with the extent of the problem that the country is facing. **It would be wrong to think that the new challenges are and will continue to be the same in all OAS member states.** That has not been the case in the past, and so why would it be in the future? This does not mean that we should stop examining and staying alert to what happens elsewhere, and that if at all possible, we should react in advance so as to minimize the consequences of the new threats. But we should not forget that a number of challenges still remain to be addressed.