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**INTER-AMERICAN DRUG ABUSE
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USE OF EVIDENCE IN THE DESIGN OF REGULATORY SYSTEMS

REGULATION AND CONTROL OF THE CANNABIS MARKET LAW 19.172

USE OF EVIDENCE IN THE DESIGN OF REGULATORY SYSTEMS



PRELIMINARY CONSIDERATIONS:

- SCIENTIFIC EVIDENCE IS DYNAMIC AND IS COMPRISED OF:
 - VALIDATION
 - ARBITRATION
 - COMUNICATION (UNIVERSOS DISCURSIVOS)
 - PRODCUTION AND EXCHANGE OF KNOWLEDGE

- DRUG POLICIES AND INSTRUMENTS HAVE NOT ALWAYS BEEN FORUMLATED BASED ON ALL AVAILABLE EVIDENCE

- EVIDENCE IS PRODUCED WITHIN THE PARADIGMS AND IN THE MAJORITY OF CASES THIS IS NOT TAKEN INTO ACCOUNT.

THOMAS KUHN: “Paradigms are values shared by the scientific community during decisions, particularly with respect to the tenacity and the evaluation of competing paradigms; scientific change is more related to sociological factors such as authority, power, reference groups as determinants of scientific conduct.”

PRELIMINARY CONSIDERATIONS :

- PARADIGMS REPLACE EACH OTHER THROUGH **SCIENTIFIC CHANGE PROCESSES**, BUT THIS DOES NOT HAPPEN BECAUSE THE NEW PARADIGM BETTER ANSWERS THE QUESTIONS OF THE OLDER PARADIGM RATHER IT OCCURS WHEN THE OLDER THEORY HAS SHOWN ITSELF INCAPABLE OF RESOLVING THE ANOMOLIES THAT ARE PRESENT AND THE SCIENTIFIC COMMUNITY ABANDONES THEM...
 - IN THIS **“INEFFICIENCY” PHASE** OF THE OLDER THEORY THERE ARE STILL CONFLICTS OVER INTERESTS, CONCEPTS, IMAGINARY AND REAL
 - WHEN PARADIGMS ARE DEBATED (REGARDLESS OF THEIR FORCE) THE STATUS OF THE SCIENTIFIC ARGUMENT IS CIRCULAR, **APPELLING TO PERSUASION, NOT DEMONSTRATIONS**
 - **URUGUAY IS CONSIDERING THE REGULATION OF BOTH ILLICIT AND LAWFUL DRUG MARKETS AFTER HAVING GONE THROUGH THESE PROCESSES OF CHANGE FACED WITH THE INEFFICIENCY OF THE REIGNING PARADIGM AND AS PART OF ITS SOCIAL AND POLITICAL CONTECT IN A HISTORIC MOMENT.**
 - THE CHANGE IN PARADIGM BEGAN LONG AGO....(2002-2015)
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PRELIMINARY CONSIDERATIONS :

- PLACING PEOPLE AT THE CENTER OF DRUG POLICY MEANT HAVING TO COMPLETE PREVIOUS STAGES (**OLD PARADIGM**)
 - THE PREVIOUS PARADIGM UNDERSTOOD THAT IN ORDER TO RESOLVE THE DRUG IT WAS ENOUGH TO
 - ESTABLISH **PROHIBITION** AND CRIMINAL CONTROL
 - UNSPECIFIED PREVENTION CLOSER TO **PERSUASION AND FEAR** RATHER THAN EDUCATION AS AN OPTION
 - ATTRIBUTING WRONGFULNESS WITH SUBSTANCES WITHOUT EXPANDING ON THE LINK BETWEEN PERSONS, THEIR SURROUNDINGS AND THE DYNAMICS OF SUBSTANCE USE
 - THIS FOCUS ON THE DRUG PROBLEM WAS BASED ON “EVIDENCE” **THAT LATER BECAME CIRCULAR JUSTIFICATIONS....**
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CONCEPTS RELATED TO THE “USE” OF EVIDENCE

- GOVERNMENT POLICIES # POLICIES OF STATE
 - CONTRADICTION # OPPOSITION
 - INSTITUED # THOSE WHO INSTITUTE
 - DISPOSITIONS
 - UPDATE # RESISTANCE
 - LINES OF VISIBILITY # UPDATE LINES
 - USE OF EVIDENCE # CREATION OF EVIDENCE
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EVIDENCE (value??) THAT CHANGED THE PARADIGM: REGULATION OF CANNABIS MARKETS IN URUGUAY

“the paradigm must be conceived as a series of shared values, as a group of methods, rules and generalizations used jointly by those trained in scientific work, modeled through the paradigm as an accomplishment ...” T.Kuhn

- **Evidence 1:** “The use of drugs and their regulations are in human history”

There is evidence, thousands of years old, that demonstrates the cultivation and use of diverse types of drugs by humans back then. When the Europeans arrived to our Continent they found drugs (among them tobacco) that were consumed by the inhabitants of the Americas since time immemorial.

As old as their use has been human societies intent to control and tax drugs. Law 19.172

-**Evidence 2:** The deepening (by means of taxes related to the commercialization of cannabis, among other aspects) of the development and diversification of the national system for care for persons with drug problems, in order to produce answers suited for the different situations of problematic consumption presented by users.

• **Evidence 3:** Develop a frontal combat strategy to Drug Trafficking, taking way the business that according to some preliminary estimates is between 30 to 40 million dollars annually and represents a potential for corruption and violence for society as a whole.

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- **Evidence 4:** The global control modality of criminal law and criminal policy is relatively recent, the Single Convention on Narcotic Drugs was approved in 1961.
 - **Evidence 5:** In different national states and regions, particularly in Latin America, steps have been taken in the last two decades to flexibilize the focus of these drug policies based on this legal instrument that leaves little margin for other approaches and has proven to be inefficient, **ineffective** and contradictory in achieving its intended goals.
 - **Evidence 6: 2011: The Global Commission on Drugs** (www.globalcomissiondrugs.org) delivered a very important report. The introduction states:
 - “The global war on drugs has failed. When the United Nations Single Convention on Narcotic Drugs came into being 50 years ago, and when President Nixon launched the US government’s war on drugs 40 years ago, policymakers believed that harsh law enforcement action against those involved in drug production, distribution and use would lead to an ever-diminishing market in controlled drugs such as heroin, cocaine and cannabis, and the eventual achievement of a ‘drug free world...”
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Evidence 7: “the scale of the global illegal drug markets – largely controlled by organized crime – has grown spectacularly during this period. While exact estimates of global consumption for this 50 year period are not available, an analysis of only the last 10 years depict an extensive and growing market. United Nations estimates indicate that consumption of opiates between 1998 and 2009 increased by 34.5% (from 12.9 to 17.35 million consumers); 27% for cocaine (from 13.4 to 17 million) and 8.5% for cannabis (from 147.4 to 160 million).”

Evidence 8: Priority has been given to demand reduction and activities regarding the demand have been nearly abandoned. Very few resources have been allocated to combatting consumption through actions directly linked to prevention, information and persuasion, reparation of harm and general treatment for users; to information campaigns and to research.

Evidence 9: Acknowledgement of regional phenomenon's of problematic drug use and differentiated circuits of local high impact trafficking (such as smokeable cocaine), collateral effects of generalized tax policies centered in other places. Eradication of crops and the development of alternatives in our region must assume an integral character in the economic and social development of our countries, while not accepting the unequal burdens in terms of responsibilities and human costs of this issue.

Evidence 10: Following half a century of harsh application, consumption has expanded and along with it its appalling consequences. It has grown in places it was already consumed but it has also invaded places where before it was not consumed.

The prohibitionist model, that has sustained the political, cultural and budgetary weight is completely unbalanced toward demand reduction, is being questioned for its inefficiency and ineffectiveness.

This Focus has generated more harm not only due to its collateral effects but also for the total lack of conformity with human right instruments enshrined by the international community.

Humanity has wasted colossal sums of money and other resources of wide varieties, including human and scientific, in this incorrect avenue in a wrong war.

Evidence 11: There are recent initial indications that criminal modalities such as the settling of scores or use of hitman are being to be seen in the country, increasingly impacting the most segregated and humble sectors of society.

Evidence 12: The current policies in our country have proven to be ineffective at reducing the individual and societal medical harm associated with the consumption of marihuana, generating an important criminalization and exclusion of users by selectively applying the law and distancing the problematic users from access to networks of specialized attention.

ANTECEDENTES:

- During the 70's , Holland began a pioneering experience of drug policies, based on a pragmatic approach of separating the drug markets from the medical and coexistence care.
 - Along this same line, social cannabis clubs have emerged in Spain in the last few years in various Provinces and Communities of the Spanish State, the first to decriminalize personal consumption.
 - *Since 1994, the **Swiss drug** policy has based itself on a model called “of the four pillars”, whose most spectacular method is the distribution of heroin via medical prescription.*
 - ***In 2001 Portugal** aligns itself with other European Union countries (after Spain and the Czech Republic) in abolishing criminal punishment for drug possession for personal use, without having harm and risk reduction policies as the Swiss model.*
 - **Since 1998, more than 20 states in the United States** have developing diverse systems of access to medical cannabis and four states regulate the production, sale and consumption of marijuana for recreation in addition to Washington D.C., *approved the decriminalization of recreational use of cannabis with public control by popular vote*
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- **In Canada**, the medical use of cannabis is legal.
 - **In Australia** (Capital, South Australia and Northern Territories) possession of cannabis for personal use has been decriminalized along with self cultivation, implementing a system of civil sanctions instead of criminal infractions.
 - **Uruguay is not foreign to the discussion: in the last 7 years, the political system, social movements and academia have been forming a debate regarding its drug policies.**
 - Looking for alternatives that achieve better results in **public health and social coexistence within a framework of rights.**
 - The issue was **scheduled for public discussion** and has been transferred for the consideration of the average citizen, therefore the forms of proposing new policies must consider this factor.
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CONCLUSIONES:

The policies of regulated drug markets in which a public-political actor (State) and actors from civil society (organized or not) sharing a view of the phenomenon from social coexistence perspective, human rights and health as protected public goods...

The regulatory policies in their social dispositive dimension...

The different levels of application and impact that said regulatory policies have on socio-cultural consumption patterns of different objects (among them drugs).

The challenge is not to abandon a critical position from the complexity and completeness of any problem....loosing the naivety

THANK YOU!!

Lic. Augusto Vitale Marino



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