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Bogotá's medical care centres for drug addicts (CAMAD)

An initative wedged between political discourse and technical action

By Julián Quintero[1]

In September 2012, the mayor of Bogotá, Gustavo Petro, launched the first centre for drug addicts in the Bronx, a marginalised city-centre neighbourhood. Called the Medical Care Centre for Dependent Drug Users (*Centro de Atención Médica a Drogodependientes* - CAMAD), it is staffed by psychiatrists, psychologists, doctors and nurses. The people given care in these centres are in an at-risk situation and socially excluded due to their high levels of drug dependency. They are people linked to criminal activities associated with the use and sale of drugs, and they often suffer from mental illness associated with drug use and diseases resulting from problem drug use.

Petro revealed that the national government "authorised" his proposal to supply controlled drugs to dependents only under a strict medical prescription. The initiative seems to fit within a broader new appraisal of drug control policies in Colombia. On several occasions in the last few months, President Juan Manuel Santos has announced that it is necessary to take forward an analysis and debate about the results, effectiveness and future prospects of the so-called "war on drugs," and the possible alternatives to it.

The initiative represents a first step in an attempt to design more humane and effective drug policies in the country's capital city, and reflects a shift away from the approach characterised by police crackdowns. As such, it should be positively welcomed.

RECOMMENDATIONS FOR THE GOVERNMENT AND CIVIL SOCIETY

- The Ministry of Health and the Bogotá Mayor office could take advantage of international experience and work together with NGOs involved in these issues and with communities to develop projects like the CAMAD.
- Both the Bogotá Mayor and the Ministry of Health should take forward administrative reforms to speed up project implementation and remove the obstacles in contracting and resource management procedures. There is also a need to educate public officials and update their knowledge of the new policy concepts.
- It is essential to educate society by producing guides on how to deal with the drugs issue and providing information on the progress achieved in other countries. Actions should be taken to raise awareness and support associations of drug users to defend their rights.
- The alert that has been raised about heroin in Colombia is timely. With the knowledge and experience gained internationally in methadone substitution therapy, heroin supply, needle exchange, supervised injection sites and support for user groups, the conditions are in place for heroin use to be controlled, avoiding the negative impacts that its clandestinity generates.
- The government has the opportunity to make innovative proposals for more effective, more humane policies on drugs. This would be an excellent sign of the political reconciliation and pragmatism that Colombia so urgently needs, especially while peace talks with armed insurgent organisations are ongoing.

Nevertheless, the introduction of the CAMAD provoked a fierce debate in the press, the Attorney General's office and the political community, due to the lack of clarity about the scope of the initiative in the absence of a strategy to deal with the complex issues involved in problem drug use, poverty and exclusion in run-down areas of Bogotá.

As drug expert Ricardo Vargas pointed out, one of the shortcomings that emerged when the CAMAD were announced was the absence of a drug policy strategy within which the initiative ought to be carried out.[2] "The very announcement of the CAMAD is in itself something which should be subordinate to a strategy that hasn't yet been presented," Vargas argued. "In other words, the instrumental, secondary aspect has come to be seen as the key component of the strategy, and this distorts the complexity of the problem and the policies that ought to be drawn up."

For good or bad, the nature of the measure has hit the front pages in the media but, as Vargas says, "… very few people have been asking the more important questions: What is the strategy that the CAMAD initiative forms part of? Does the city have a drugs strategy that is the result of a serious and coherent process of research and reflection? Why did the mayor present the CAMAD to the public before his drugs strategy?"

This report presents a brief account of the history of the relationship between the state and drug trafficking, and the open war declared by the traffickers at the end of the 1980s. It then goes on to describe the different stages in the way the drugs issue has been addressed, both in terms of legislation and in policies on health in the country. Against this background, the technical and legal assumptions behind proposals such as the CAMAD in the city of Bogotá are set out. The report concludes by offering a list of recommendations to continue making progress in the reform of drug policies.

DRUG TRAFFICKING AND VIOLENCE
The cartels hit back against the state

The history of drugs and drug trafficking in Colombia has roots that go back to the mid-20th century, but for the purposes of this report we will take as the starting point a law enacted in 1986, known as the National Narcotics Statute (*Estatuto Nacional de Estupefacientes*, Law No. 30 of 1986). This emerged as a first, timid response to the war that the drug traffickers had declared on politicians, the government and Colombian society in general.

The 1980s was the decade when the drug traffickers, under pressure and hounded by the international community and especially by the United States, became the main criminal target to be attacked by the Colombian government. The money and violent power produced by drug trafficking was starting to seep into every sphere of society, including the main social clubs, football teams, farming and the land, beauty contests, political parties, etc. Drug trafficking had become a threat to the stability of the Colombian state.

This whole empire of power and money began to reach its climax in 1989 when the combination of a series of terrorist acts united society against a common enemy.[3] Nevertheless, the traffickers did not achieve their success through terrorism but rather by negotiating. The negotiations with the M19 guerrilla movement and the enactment of a new constitution (which did not include extradition) created a favourable climate for a period of relative calm in the war between the cartels and the Colombian state.

This period, which may be considered one of negotiation between the cartels and the state, ended with a pyrrhic victory. The Medellín cartel was unable to keep its promise not to commit any more crimes, and shortly afterwards the final persecution of Pablo Escobar began, culminating in his death on 2 December 1993.

Box 1: Attempts to overturn the "personal dose"

Although attempts have been made since 1994 to do away with Colombia's personal dose arrangement by means of referenda, laws, judicial rulings and even constitutional reforms, they have all failed and it is still in force. Some of the most significant attempts to overturn it are listed below.

The statement in ruling C-221/1994 is this: "To consider a person autonomous has inevitable and inexorable consequences. The first and foremost of these is that those matters that only concern the person should therefore be decided upon by that person alone."[4]

1994 Then-president César Gaviria Trujillo (now a member of the Global Commission on Drug Policy and a supporter of the argument that the "war on drugs" has failed) indicates his intention to call a referendum to eliminate the personal dose of drugs.

2002 Law 745, which sought to impose fines on anyone using drugs in front of minors and – in passing – introduce sanctions on the possession and use of the personal dose, is declared unconstitutional by the Constitutional Court in its ruling C101/2004.

2003 With Álvaro Uribe president, the *Rumbos* programme (a presidential programme to prevent drug use) is closed down and a referendum is held on banning the possession and use of the personal dose. The government loses at the ballot box.

2007 Law 1153 reintroduces the articles in 2002's Law 745. Once again, the Constitutional Court declares it unconstitutional in its ruling C879/2008.

2009 After seven attempts to reform the constitution, members of congress aligned with the ideas of Álvaro Uribe Vélez manage to approve Legislative Act 002 of 2009,[5] which restricts the scope of Article 16 of the Constitution with regard to the possession and use of the personal dose. In practice, it prohibits possession and use, but it has never been regulated and neither has it got past the Constitutional Court.

2011 Article 11 of the "Public Safety Law" (Law 1453) seeks to criminalise possession and use of the personal dose, but weeks later the Constitutional Court rules that the personal dose cannot be criminalised.

2012 Leaks to the press reveal that the draft law on the National Drugs Statute – which would replace Law 30 of 1986 – seeks to punish possession and use of the personal dose by imposing fines and community service. This proposal has been heavily criticised and is currently being debated.[6]

The violent events that Colombia has suffered as a result of its commitment – as a state – to the international fight against drug trafficking have lent support to a discourse on the country's "moral authority" to weigh up and evaluate the impacts of the current drugs strategy. It was only very recently, however, that this moral authority started to be used effectively to push forward reforms. We will come back to this later.

THE 1991 CONSTITUTION

Individual freedoms and secularisation

Colombia's most recent constitution was enacted on 4 July 1991, replacing the constitution that had been in force since 1886. The new constitution sought to shape a new era in Colombia's history, and one of its key principles was the issue of individual freedoms. Article 16 states that "Everyone has the right to the free development of

their personality with no limitations other than those imposed by the rights of others and those laid down by the law."

Invoking this article, in 1994 Colombia's Constitutional Court opened the way for the possession and use of very small quantities of any drug, under the ruling C221/1994 by Carlos Gaviria Díaz, a Constitutional Court judge at the time. In practice, this amounted to the decriminalisation of the possession of minimum doses of drugs for personal use, drawing on a libertarian discourse of respect for citizens' autonomy. Although there have been many attempts to overturn the personal dose ruling (see box 1), the ruling itself can be considered a watershed – the first major blow to the prohibitionist regime in Colombia's drugs policy, at least as far as personal drug use and how it relates to citizens' autonomy and health is concerned.

FROM PRODUCER TO CONSUMER COUNTRY

The next drug policy chapter

Although it may seem from the issue of the personal dose that there has been constant observation and monitoring of drug use in the country, this is not the case. It was only well after the start of the 21st century that the national government and society in general realised that Colombia had gone from being a producer country to one where drug use is increasing. While countries such as Brazil, Mexico, Argentina and Chile had been undertaking studies on drug use since the 1990s, it was only at the end of the first decade of the 21st century that methodical epidemiological studies on the use of legal and illegal psychoactive substances began to be carried out in Colombia.

This interest in describing and investigating the phenomenon of drug use in the country opened the door to one of the great paradoxes in Colombia's drugs policy over the last ten years. While the government of Álvaro Uribe Vélez (2002-2010) was determined to use policies and the law to criminalise, prohibit, persecute and punish the use of illegal psychoactive substances, lower-level officials in the Ministry of Health, influenced by more progressive tendencies in ways to address drug use elsewhere in the world, were taking forward a national baseline study that would enable the extent of drug use to be revealed. The studies carried out as part of this initiative included the National Mental Health Study (2003), the National Study on Drug Use by Schoolchildren (2004), the National Drug Use Study (2008), and the National Study on Drug Use by Schoolchildren (2011), which enabled comparisons to be made with the 2004 study.

In addition, in-depth research and studies of drug use in medium-sized cities were carried out, such as the studies on heroin use in Santander de Quilichao (2008), Pereira and Medellín (2010) and Cúcuta (2011), the study on heroin and the retail drug trade in Bogotá and Medellín (2010) (see box 2), and the study on the use of psychoactive substances by minors who have committed a criminal offense (2010).

These studies, together with the political will of officials and middle-ranking politicians at national and regional levels, international pressure and support for drug policy reform, and the increasingly proactive role played by civil society organisations, NGOs and drug users themselves, started to have an impact on the national government. The National Commission for Drug Demand Reduction was set up in 2004, with the main objective of coordinating actions to prevent and reduce drug use in Colombia.

The National Policy to Reduce the Use of Psychoactive Substances and its Impact was published in 2007.[7] This policy, which adopts a *social risk management* approach whereby everyone has a key role to play in developing appropriate responses to the phenomenon of drug use, managed to place two innovative ways of working on Colombia's public policy agenda: *harm reduction*

Box 2: Heroin consumption in Colombia

It is not easy to make an accurate estimate of the total number of heroin users in Colombia, but since the start of the 21st century sectoral studies have been carried out on this issue.

The 2003 study *Intravenous drug use in Bogotá: a hidden reality* found that heroin was the main injected substance for 71.8% of the people interviewed. The 2010 study entitled *Heroin: use, treatment and connection to the retail drug trade in Bogotá and Medellín* looked at information from departments of health and treatment centres, and found evidence that Cúcuta was the city where heroin use was most prevalent, with 92 requests for assistance due to heroin use in 2005 (three times higher than in Medellín, with 34 requests) and 35 in 2006. In 2008 the *National Study on the Use of Psychoactive Substances* acknowledged that "due to the nature of heroin use (highly clandestine and individualised) and the scope or coverage of the study (the general public in households), the overview presented here may be very far from reflecting the real magnitude of the problems associated with it."

A study of heroin use and HIV infection carried out in 2010 in the cities of Pereira (with a sample of 297 people) and Medellín (with a sample of 237 people), which looked at the use of injection drugs, found that the most commonly used substance was heroin and that 2% of heroin users in Pereira and 3.8% of those in Medellín were HIV-positive.

In 2011 a study of heroin use and HIV infection was carried out in the cities of Cúcuta and Pamplona. In the sample of 141 heroin users surveyed, 9% were HIV-positive. In the last few months there has been a huge increase in heroin use in Colombia, but there are no comparative studies looking at the issue over time and no recent studies have been carried out in Cali and Bogotá. This may change as a result of the increase in the number of deaths due to overdose reported in the city of Bogotá, as well as the fact that there is already sufficient evidence of heroin use in the country as a whole. Now, with all this information, it can only be hoped that the authorities will adopt measures before the problem becomes unmanageable.

and *response capacity*. This means that the discussion is no longer only about prevention (how to avoid contact with drugs) or abstinence (getting people to stop using drugs), but now also includes talking about how to reduce risks and mitigate the harm caused by drug users who are unwilling or unable to stop. In addition, it recognises the urgent need to develop a public system with the capacity to deal with drug use and keep up to date with new intervention approaches aimed at respecting human dignity.

This policy led to a measure called the *"Strategic Management System: a way to set up regional policies and plans to reduce the use of psychoactive substances and its impact."* It also led to the National Drugs Plan which, in the five years since 2007, has reached most of the country's departments and changed the way drug use is addressed, shifting the paradigm, developing public policies, and encouraging and strengthening research.

BOGOTÁ WAKES UP TO DRUGS

Many of the country's departments and medium-sized cities have been reforming drug policies in practice for years. They include the cities of Medellín, Bucaramanga, Cúcuta (on the border with Venezuela), Cartagena (a tourism hub), Cali, Pereira, Manizales and Armenia.[8] While the departments and regions were slowly making changes in drug policies, carrying out research and implementing new strategies – such as the listening centres,[9] school service areas and community-based work – Bogotá lagged behind due to the city government's refusal to get involved in the National Policy to Reduce the Use of Psychoactive Substances.[10] Meanwhile, Bucaramanga was

doing outstanding work with people living on the street, Medellín with the service centres for drug users, Pereira and Risaralda with their public methadone administration system.

Bogotá is a city of about eight million which is divided into 20 districts to make administration easier. In the mid-1990s, Bogotá set up the Integrated Prevention Coordination Unit (*Unidad Coordinadora de Prevención Integral* - UCPI), which set the standard for the approach to addressing the use of psychoactive substances. By 2002 or 2003, however, its capacity to act started to become weaker as a result of the policy decisions taken by successive government administrations. From then until 2009, the prevention work was reduced to isolated, unconnected activities in the local districts, and to pathological treatment in the form of medical care for the sick.

In 2009 the issue was revived with the Study on the Use of Psychoactive Substances in Bogotá D.C.[11] That same year, under Agreement 376 of 2009, the Bogotá City Council exhorted the local government to establish "guidelines for the city's policy on preventing the use of tobacco, alcohol and other psychoactive substances by children and adolescents in Bogotá, D.C." The Bogotá City Council's main principles and guidelines included the emphasis on children and adolescents, an explicit focus on preventing drug use, healthy lifestyles, cultural change and the proper use of free time. They also identified those responsible – including the family, the community and the school – and suggested institutional responsibilities and actions for this policy to be implemented.

Despite the drug use study and this mandate, however, it was not until the end of 2010 that the local government gave a decisive push to the development of the city's drug use prevention policy. In spite of all the political, bureaucratic and technical obstacles in the administration, it was finally published by Decree 691 of 30 December 2011 under the name of *"Public Policy to Prevent and Address Drug Use and Prevent Involvement in the Supply of Psychoactive Substances in Bogotá, D.C."*[12] This policy, which is currently being reviewed by the Bogotá City Council, provides solid foundations for the actions now being taken forward by the current administration under Mayor Gustavo Petro, the former member of the guerrilla movement M19 who is now mayor of Bogotá.

The policy focuses on reducing drug use, but also seeks to prevent involvement in the supply (retail drug trade), especially among adolescents and young people. Incorporating the guidelines requested by the Bogotá City Council, it focuses on preventing drug use but it does not stipulate its emphasis on children and adolescents explicitly. It also represents progress with the introduction of risk and harm reduction strategies, as well as recognising the rights of users and their participation in the design and policy implementation. Besides, it acknowledges the urgent need to carry out in-depth research on the issue and ensure that public employees update their knowledge and learn about new approaches, as well as raising society's awareness of a paradigm shift.

2011, A YEAR OF MOBILISATION

Controversy and debate leading to political action

In 2011 there were many events that stoked and encouraged the debate on the reform of drug policies in Colombia. Firstly, the position on the failure of the "war on drugs" was increasingly gaining in strength, and secondly the Constitutional Court was issuing rulings obliging healthcare providers in the public and private sector to offer treatment to all problem drug users who needed it, as well as providing inputs to change the perception of drug users, no longer seeing them as criminals but rather as people with an illness.

In March 2011 the national government presented the first draft of the proposal to

Box 3 : Use of psychoactive substances in Bogotá

- The study on the use of psychoactive substances in Bogotá carried out by the Health Secretariat in 2009 (*Estudio de Consumo de Sustancias Psicoactivas en Bogotá D.C.)*[11] produced the following findings:

- **Marihuana** is the illicit substance most used in Bogotá. The figures reveal that some 125,000 people have used marihuana at least once in the past year: about 4% of men and 1% of women. If use of marihuana in the last year is taken as the indicator, its use in Bogotá (2.4%) is slightly higher than the national average (2.27%), but lower than the rates in Medellín and its metropolitan area (5.26%), or Cali and Yumbo (a municipality in the Cali Metropolitan Area) (3.85).

- **Cocaine** is in second place in the list of illicit substances most used in Bogotá. About 28,000 people in the city have taken cocaine at least once in the last 12 months. The largest number of users of this substance – about 9,000 people – live in the districts of Engativá and Fontibón. The rate of cocaine use in the last year in Bogotá (0.54%) is lower than the national average (0.72%), and also surpassed by the rates recorded in Medellín and its metropolitan area (2.05%) and in Cali and Yumbo (0.86%).

- ***Bazuco*** (cocaine base paste) has been used recently or in the last 12 months by about 7,000 people in the city. Proportionally, the users of this substance include the highest percentage of drug abusers and dependents. Most are men from the lowest socio-economic strata in terms of income, living in the districts of Santafé, Los Mártires and La Candelaria.

- Regarding the use of **inhalants**, the study indicates that about 9,500 people have used these substances at least once in the last year. Users of these substances are concentrated mainly in the 12-17 age group, and their use is more prevalent among men than among women.

- About 12,500 people in the city have used **ecstasy** in the last year. Users are mainly men, young people between the ages of 18 and 24, and from the highest socio-economic and income groups.

- 0.09% of those interviewed stated that they have used **heroin**, and its use is more prevalent among men than among women. (There are few precise figures on heroin use, because no study has been carried out since 2002. However, in 2011 the health secretariat's legal office reported the death of eight people due to overdose in Bogotá, and in the first half of 2012 twelve people went to hospital emergency departments as a result of opiate use. In its monitoring of heroin use in Bogota, *Corporación Acción Técnica Social* (ATS) detected under-reporting due to the lack of awareness among professionals and the tendency to conceal information for fear of the stigma associated with heroin use.)

- The substance most people perceive to be the **most risky** to use is *bazuco*; inhalants are in second place, followed in descending order by cocaine, ecstasy and marihuana.

- With regard to the **supply/availability** of illicit substances or how easy they are to obtain, half of those interviewed stated that it is easy to obtain marihuana, slightly over a third (35%) believe it is easy to get *bazuco*, nearly a third (28%) think it is easy to obtain cocaine and nearly a quarter (23%) said it is easy to get ecstasy.

The study also attempted to classify users in a situation of "abuse" or "dependency". For example, according to the study, about 70,000 of the 125,000 recent users of marihuana may be considered to belong to the "abuse" or "dependency" categories. This is equivalent to nearly 56% of all users. To determine whether "abuse" or "dependency" applies, the study used two methods: the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) was used to assess abuse, and the International Classification of Diseases (ICD-10) was used to assess dependency.

These methods are controversial and there is little scientific information about the real level of problem use or dependency on cannabis among the general public. There is no consensus on the definition, but it is very unlikely that 56% of the recent users of marihuana in Bogotá can be considered "problem users".

reform the National Narcotics Statute (Law 30 of 1986) and the debate on drugs intensified in the lead-up to the Americas Summit. Nevertheless, because of the harsh criticisms of the draft statute due to the lack of consultation, as well as its prohibitionist and coercive approach, it was never presented.

In common with the rest of the country, Bogotá was in the midst of an election campaign to choose its new mayor. Towards the end of August 2011, *Corporación Acción Técnica Social* (ATS) and the Universidad Javeriana hosted a political debate between the candidates on the issue of drugs in the city. During the debate, the candidate Gustavo Petro set out his "Progressive" views (the name of the political movement backing him for mayor of Bogotá) on how to address drug use. Three things stood out in what he said: the first concerned "home-grown marihuana as an urban agriculture product" (the mayor's words); the second concerned drug use in prisons; and the third referred to the reform of the UPJ (*Unidad Permanente de Justicia*), a place where drug users and people committing petty crimes are detained for periods of 24-36 hours.

At the beginning of October 2011, a group of activists, experts, intellectuals, drug users, professionals and researchers, backed by 15 international organisations and platforms and 20 national organisations, held a demonstration outside the Ministry of Justice. They delivered to the minister a proposal for reforming the new narcotics statute, together with a methodological proposal for democratising the debate on drugs policy through the new statute.[13]

The debate on drugs reached a high point at the Summit of the Americas in April 2012 in Cartagena (Colombia), when Colombia's President Juan Manuel Santos presented a proposal to review current the international policy to combat drugs, seeking results that could open up new avenues. Though brave, this speech did not meet the expectations that had been raised, and disappointed activists because it proposed designating the Inter-American Drug Abuse Control Commission (CICAD), part of the OAS (Organisation of American States), as the institution responsible for coordinating an assessment of drug policies, even though CICAD's prohibitionist stance and support for the war on drugs are widely known.

While the international discourse spoke of reform, the actions being taken by the national government in Colombia continued to focus on interdiction, without any significant changes. Meanwhile, the marches of cannabis users that took place in May 2012 in Bogotá, Medellín and Cali likewise shook up the worldwide debate. For the first time in Colombia, the media reported on the existence of cannabis users who, by "coming out of the psychoactive closet" and proclaiming their identity as a group of citizens calling for changes in drug policies, were demanding recognition of their rights.

CAMAD and supplying drugs to compulsive and addicted users

To start with, CAMAD stood for '*Centro de Atención **Móvil** a la Drogadicción*' (**Mobile** Care Centre for Drug Addiction), but its current name is '*Centro de Atención **Médica** a Drogadictos*' (**Medical** Care Centre for Drug Addicts). These variations in the name provide an indication of the confusion that exists in society and the media, among professionals and even in the Bogotá City Hall itself. A hospital and one of the city's social secretariats both claim to be the originators of the idea, but the organisation that took up the issue again in this government term was CEACS (*Centro de Estudios y Análisis en Convivencia y Seguridad Ciudadana*), the centre for the study and analysis of public safety and social harmony, which documented violent deaths and personal injury associated with the abuse of substances, especially *bazuco* (cocaine base), in areas where the drug trade is rampant and there are a high number of drug dens and users living in the street.

The CAMAD proposal emerged as a public safety and social harmony strategy. By means of a street healthcare unit and the risk and harm reduction approach to drug use, it sought to reduce the indicators of violent deaths and personal injury in these areas and thus in the city as a whole, under the philosophy of "Bogotá Humana" ("Humane Bogotá") – the local government's slogan under the current mayor.

Continuity is essential in the implementation of the project, and the Health Secretariat is responsible for developing the proposal and providing the technical staff needed to operate it. However, the traditional medical care provided by hospitals, which mostly tend to deal with the victims of drug use, and how to harmonise this with the risk and harm reduction approaches, have been the subject of internal debate within the administration. CAMAD, operating as the Medical Care Centre for Drug Addicts, [14] is currently a pilot project in the phase prior to the launch of a process to develop community networks, a description of types of drug use and strategies for risk and harm reduction, as well as developing a strategy for conflict resolution in groups of this type, with the participation of the community at every step.

When the project began it was expected to address drug use by means of risk and harm reduction measures, today, however, it is a mobile medical centre that sends users for detoxification and rehabilitation treatment to help them to stop using. With the initial expectation in mind, international experiences of supervised injection sites (*Insite* in Vancouver, Canada, for example) and needle exchange vans were looked at. However, these experiences focus particularly on heroin use, while the problem of drug abuse by socially excluded people in the ghettos of Bogotá is associated with the use of *bazuco*. Therefore, Bogotá is a unique, particular case that must be seen in context.

With regard to dispensing drugs for users, the Bogotá city office has not yet produced a policy paper about it. The idea is being discussed in the media, and experts are correct in their opinion that the idea will not only imply reforming the constitution and the law but also providing society with a sufficiently broad explanation. The speech given by Gustavo Petro on 6 September 2012 at the event organised by CEACS on alternative ways to address drug use, may throw light on the policy intentions of the current governor of Bogotá.[15]

Colombian President Juan Manuel Santos suggested the idea of reviewing current drug policies to look for new alternatives, but so far the mayor of Bogotá has been the one to put them in practice, or at least included them in the policy debate in his position as an authority with the power to take action. In response to this, the national government, drawing on the technical experience of its professionals in the Ministry of Health and Social Security, has sought to initiate a technical discussion following the launch of these initiatives.

Although Petro's ideas about the way in which this process should be taken forward are close to what the national government wants, the mayor has managed to snatch the policy agenda and media attention away from the national government in his determination to play a leading role in the international debate on the drugs issue. Although pressure from the United States and international organisations involved in the war on drugs has prevented the initiatives from going further, nevertheless an important space has been established for the ideas of a left-wing mayor who demobilised from the guerrilla movement in a peace process context similar to that currently is under way in Colombia.

In this context, there are optimistic hopes of more decisive involvement by Alejandro Gaviria, the new Minister of Health and Social Security who comes from academia and was a well-known scholar of the drugs issue with reforming ideas. It is also hoped that Congress will take action. In Law 1566

of 2012, senators such as Juan Manuel Galán managed to lay down the essence of what the Constitutional Court had said in its ruling T-814 of 2008, seeing drug use as an illness that must therefore be included in compulsory health plans for anyone requesting them.

INTERNATIONAL RULES OF THE GAME
Taking moral authority to the political arena

The war on drugs, a failed strategy that has become a means to systematically violate human rights, has its supporters who argue in favour of it from the most dissimilar standpoints. These include the UN drug control system, its conventions and declarations – seemingly immovable objects that countries must obey.

But within the UN drug control system member states do in fact have some room for manoeuvre that allows them to adopt measures in line with their national needs and interests, without this implying a break with the commitments they have signed up to.[16] Proposals such as the CAMAD are perfectly compatible with the UN drug control system.[17]

The oft-mentioned "moral authority" of Colombia in the debate about the drugs issue (as a result of the high levels of violence that continue to affect the country even today) needs to be given substance and raised above the set of empty slogans in electoral politics. What does a "moral authority" imply? To do more of the same when we know it hasn't worked?

The national government must be brave when the time comes to interpret the UN drug control system in innovative ways. Likewise, Colombia's "moral authority" must be backed by practical initiatives that will clearly show what it means and where new approaches to addressing the drugs issue are being developed. The nation could now set itself the goal of recapturing the policy and media agenda on drugs rather than merely continuing to support the Bogotá administration with its reforms.

The national government recently circulated a new draft of the proposal to reform the National Narcotics Statute (Law 30 of 1986), in order to gather opinions, criticisms and suggestions before it is presented to Congress for debate and approval. On 5 and 6 December 2012 Bogotá hosts the 4th Latin American Conference on Drug Policies, an event organised by *Intercambios* from Argentina and *ATS* from Colombia, with the support of the Bogotá city office and Colombia's Ministries of Health and Justice. The aim of the event is to give new momentum to the debate in Colombia and reflect critically on the euphoric reformism politicians have been talking about all year but not yet put in practice.

CONCLUSIONS AND RECOMMENDATIONS

Developing links between the Ministry of Health and Social Security, the Bogotá city office, NGOs, international experiences and communities are fundamental to the success of projects like the CAMAD, the safe supply of drugs, and future projects.

For the administration in Bogotá, as well as for the Ministry of Health and Social Security, it is essential to undertake a robust reform of the administrative procedures. Bureaucratic obstacles in contracting, project implementation, resource management and other areas block action and prevent the state from responding appropriately and swiftly to citizens' demands. Neither can we ignore the urgent need to update the knowledge of public officials and educate them in a new policy, a new approach and a paradigm shift in drug policies, as procedures and officials sometimes act as obstacles due to their lack of knowledge, but also for political reasons or because they resist the change in approach.

It is crucial to move forward with reforms to the law and educate the media by pro-

ducing guides on how to deal with the drugs issue. The media, and everyone else who provides information, need to adopt an educational and ethical stance in the debate on drugs. It is also necessary to take action to raise society's awareness about the change in approach and support associations of drug users to defend their rights.

The alert that has been raised about heroin in Colombia is timely. With the knowledge and experience gained internationally in methadone substitution therapy, heroin prescription, needle exchange, supervised injection sites and support for user groups, the conditions are in place for heroin use to be controlled, avoiding the negative impacts that its clandestinity clearly generates (social exclusion, sexually transmitted diseases, overdose). It is up to public officials not to miss this opportunity to reduce the problem to a minimum and prevent it becoming unmanageable, the object of political interests, and the originator of excessive bureaucracy.

It is crucial to pay attention and seek the support of the international cooperation agencies, civil society organisations and national and local governments around the world who have developed proposals of this type and others that are even more avant-garde. It is essential for the Bogotá administration and the national government to get the international community involved to provide technical advice, resources and political support for proposals of this type, given the several decades of well-documented experience in numerous countries.

The government under President Santos should stop being afraid of joining hands with a left-wing government led by a former guerrilla fighter, and "stand up for itself" in the eyes of the world, with the legitimacy conferred upon it by being the government of the country that has suffered the most from the war on drugs. The government has the opportunity to make innovative proposals for more effective, more humane policies on drugs. As well as being a way to implement strategies that will give substance to that "moral authority," this would be an excellent sign of the political reconciliation and pragmatism that Colombia so urgently needs, especially while peace talks between armed insurgent organisations and the government are ongoing.

NOTES

1. Julián Quintero is a sociologist with a masters in Social Studies in Science and Technology. He is the Executive Director of *Corporación Acción Técnica Social* (ATS), www.acciontecnica.com. From this position he has contributed to the reform of drug policies in Colombia, both in terms of policy design and in practice. He has successfully lobbied for the introduction of risk and harm reduction measures in Colombia, with research projects on heroin, needle exchange, and risk and harm reduction among young recreational drug users. For the last few years he has been advising the Bogotá city government and the national government on how to implement projects of this type and others under their auspices.

2. Vargas Meza, R. (2012), *Del impacto mediático a una estrategia alternativa de drogas*, Corporación Viva la Ciudadanía, N° 00316, 17-23 August 2012, http://www.druglawreform.info/es/weblog/item/3765-del-impacto-mediatico-a-una-estrategia-alternativa-de-drogas

3. The murder of minister of justice Lara Bonilla in 1989 marked the start of a period known as the "narcoterrorism" years.

4. See the complete ruling on the personal dose (in Spanish): http://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=6960

5. Text of the modification (in Spanish): http://www.secretariasenado.gov.co/senado/basedoc/cp/acto_legislativo_02_2009.html

6. National Drugs Statute proposal, September 2012 (in Spanish): http://acciontecnica.jimdo.com/documentos/

7. Política Nacional para la Reducción del Consumo de Sustancias Psicoactivas y su Impacto: http://www.descentralizadrogas.gov.co/portals/0/Politica%20nacional%20SPA.pdf

8. These latter three cities make up the so-called "coffee triangle," a region that has suffered the highest rates of migration to Europe and the United States. This situation has led to the "absent families" scenario, which might be related to the

high levels of psychoactive substance use among schoolchildren (a surplus of money and a lack of authority).

9. A listening center is a low threshold service access for immediate counseling, support and referral to address mental health, psychoactive substance use and associated problems, and generate response options with community actors and resource networks. Colombia's listening centers are developed by organizations belonging to RAISSS Colombia. See: *Centro de escucha y acogida comunitaria*, http://www.siamisderechos.org/banco/todo/ATT1328125938.pdf

10. Although the country was governed from 2002 to 2010 by Álvaro Uribe Vélez (from the right of the ideological spectrum), the city of Bogotá was governed by left-wing administrations (under Luis Eduardo Garzón 2004-2007 and Samuel Moreno 2008-2011).

11. Estudio de Consumo de Sustancias Psicoactivas en Bogotá DC 2009: http://www.descentralizadrogas.gov.co/Portals/0/Estudio%20de%20Consumo%20en%20Bogota.pdf

12. Política Pública de Prevención y Atención del Consumo y la Prevención de la Vinculación a la Oferta de Sustancias Psicoactivas en Bogotá, D.C.: http://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=45195

13. The letter presenting the proposal and the organisations supporting it can be found on this blog: http://echelecabeza.blogspot.com/

14. The CAMAD is staffed by a group of professionals in the fields of medicine, dentistry, psychology, social work and psychiatry, and operates between 8am and 5pm. There are two mobile units, one in the "El Bronx" district in the city centre (see photos at: http://www.semana.com/foto-nacion/galeria-entranas-del-bronx/925.aspx), and the other in "El Amparo" in the south-west of the city.

15. *Conversatorio internacional sobre tratamiento para drogadictos* – speech by *Mayor Gustavo Petro*: https://www.youtube.com/watch?feature=player_embedded&v=e3ZwwydJi2w"

16. Bewley-Taylor D., Jelsma, M. (2012), *The UN drug control conventions: the limits of latitude.* Series on Legislative Reform of Drug Policies No. 18, Transnational Institute, March 2012. http://www.druglawreform.info/images/stories/documents/dlr18s.pdf

17. It is worth highlighting the response of the UN to the speeches given at the most recent general assembly in September 2012 by Felipe Calderón, president of Mexico, Juan Manuel Santos, president of Colombia and Otto Pérez Molina, president of Guatemala, to the effect that the member states are the ones who should be seeking to reform the UN drugs system rather than waiting for the UN to take forward such reforms on its own initiative.

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TNI Drug Law Reform Project

The project aims to promote more humane, balanced, and effective drug laws. Decades of repressive drug policies have not reduced the scale of drug markets and have led instead to human rights violations, a crisis in the judicial and penitentiary systems, the consolidation of organized crime, and the marginalization of vulnerable drug users, drug couriers and growers of illicit crops. It is time for an honest discussion on effective drug policy that considers changes in both legislation and implementation.

This project aims to stimulate the debate around legislative reforms by highlighting good practices and lessons learned in areas such as decriminalization, proportionality of sentences, specific harm reduction measures, alternatives to incarceration, and scheduling criteria for different substances. It also aims to encourage a constructive dialogue amongst policy makers, multilateral agencies and civil society in order to shape policies that are grounded in the principles of human rights, public health and harm reduction.

Transnational Institute (TNI)

De Wittenstraat 25
1052 AK Amsterdam
The Netherlands

Tel: -31-20-6626608
Fax: -31-20-6757176
E-mail: drugs@tni.org
www.druglawreform.info
www.undrugcontrol.info