



## INFORMAL DRUG POLICY DIALOGUES

An initiative of the Transnational Institute (TNI)  
and the Washington Office for Latin America (WOLA)

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## Foreword

The ninth meeting of the Informal Drug Policy Dialogues in Latin America, an initiative of the and the Transnational Institute (TNI) and the Washington Office on Latin America (WOLA), was held in the Hotel del Lago, in the department of Maldonado, Uruguay. It was supported by the National Drugs Board (Junta Nacional de Drogas), Friederich Ebert Stiftung and the government of Maldonado, Uruguay.

The two-day dialogues were structured around seven sessions focusing on different “dilemmas of the regulation of the cannabis market”: (1) The Uruguayan proposal for cannabis regulation: dilemmas and challenges. (2) Current models of regulation: United States, Spain and the Netherlands. (3) The fine art of regulation: state monopoly vs. self-regulated market – which works better and for whom? (4) Addressing cross-border differences and market mobility. (5) Tensions between cannabis regulation and international drug-control treaties: What options do governments have? (6) Cannabis reforms under way in Latin America. (7) Strategy and paths to reform: scenarios and next steps.

As always, the meeting followed Chatham House rules to encourage confidentiality and a free exchange of ideas. This report therefore safeguards the anonymity of opinions and omits any information that could reveal the participants’ identities.

To stimulate and organize the exchange of views, a group of participants was asked to present a brief thematic introduction in each session to start discussion; dialogue followed among the participants. This report gives a general overview of the opinions expressed during the meeting and indicates the questions and challenges identified by the participants with regard to dilemmas in the regulation of the cannabis market. It should be noted, however, that the opinions in this report do not necessarily represent the majority opinion of those present.

## Introduction

The meeting began with an expression of thanks to the local institutions that supported the event and to the guests attending. The rules for the meeting were then explained and the agenda for the dialogues was presented.

The local representatives noted that the event offered an important opportunity for learning. Given the resounding failure of prohibition, we are forced to act. This type of discussion helps us explore possibilities **“without dogmatism or facile slogans.”** In the case of Uruguay, the difference is that the country has developed draft legislation and the political will exists to **discuss it seriously in the near future. This is seen as another step in the process of “serious, deep and concerned discussion” of drug policy reform, to which the convening stakeholders and institutions are committed.**

## Session I: Uruguayan proposal for cannabis regulation: dilemmas and challenges

The first session was dedicated to the presentation of the Uruguayan proposal for the regulation of cannabis.

A representative of Uruguay’s Executive Branch noted that the overall approach of the proposal is **“the direct effect of drug policy on public health and safety.”** This initiative falls within the general framework of drug policy reform in Uruguay, which **“emphasizes a public health approach.”** It is understood that no substance should be **“deregulated;”** therefore much work has been done on the regulation of tobacco, and progress is being made with alcohol and cannabis. **“The illegal market is basically deregulated.”** Approval of the law regulating cannabis is therefore a necessary, although insufficient, step toward the consolidation of a policy whose main goals are: i) to combat drug trafficking, and ii) to establish an effective and efficient health policy for the reduction of risks and harm related to increasing cannabis use.

The backbone of the **“single-article”** draft legislation submitted by the Executive Branch is therefore to remove the economic resources that undergird drug trafficking. In terms of prevalence rates, marijuana is by far the illegal substance that is most used by Uruguayans between ages 14 and 64; it is used by about 14 percent of the population. The number of people who consume other illegal substances is negligible compared to cannabis: only 1 percent has used cocaine and 0.8 percent have used cocaine base (a figure that falls within the **“statistical error”** range). **Worldwide, cannabis consumption represents about 80 percent of illicit drug consumption, and in Uruguay that figure is probably higher.** How does drug trafficking affect Uruguayan society in terms of security and peaceful coexistence?

In Uruguay, interdiction operations to control the drug supply have tripled. Between 2001 and 2011, substantially more was confiscated, especially marijuana. In 2011, 10 percent of the estimated total amount consumed in the country was seized.

Despite growing efforts at control, however, consumption continued to increase. Between 2001 and 2011, it rose by 126 percent.

Finally, in the past five years, we have confirmed a systematic increase in crimes that used to be unknown in Uruguay, such as retaliatory killings and murders for hire, connected with turf battles between criminal groups.

This draft legislation was submitted in late 2012 by the Executive Branch to the Congressional Commission on Addictions, which was already debating a complementary measure. A team of legislators from the governing party, the Frente Amplio, synthesized the two, and in November 2012, presented to the opposition a draft bill consisting of 36 articles. The key elements of this draft legislation are:

1. Description of the possible uses of cannabis: recreational, medicinal, scientific, productive/industrial
2. Creation in the Executive Branch of the Institute on Regulation and Control of cannabis for aspects related to production, consumption and user health (education and prevention).
3. The institute will process permits for production (of industrial cannabis -cáñamo- and psychoactive cannabis), personal supply and commercialization.
4. Personal supply of psychoactive cannabis will be handled with a combination of cultivation for personal use, membership clubs (both with a six-plant ceiling) and purchase in authorized shops (up to 40 grams). The common denominator of these elements is registration with the Institute. This information is protected and considered sensitive - habeas data.
5. Cannabis for medicinal use will be accessible with prior authorization from the Ministry of Public Health.
6. The measure establishes rules analogous to those for tobacco, prohibiting its use in public places and advertising for promotional purposes.
7. The proposal maintains current penalties for sale to minors and unauthorized production (from 20 months to 10 years in prison).
8. No one may drive a vehicle or engage in hazardous activities while under the effects of cannabis.

The draft legislation emphasizes that the Institute for Regulation and Control of cannabis is a tool, similar to local models for regulating the market for meat or wine, that allows the Executive Branch to determine the policy to be implemented at each level: production, **commercialization and use**. **“The draft legislation creates a regulatory framework for development of a new policy, but we must not confuse it with the policy.”**

**Meanwhile, the draft legislation has two “loose ends” remaining for parliamentary debate.** One is how to invest potential revenue from regulation – if it will go to the general fund, be used to strengthen the institute or be invested in education and health. The second is in what part of the Executive Branch the institute will be located – whether it will part of the Ministry of Public Health or the Ministry of Livestock, Agriculture and Fisheries.

With regard to the political viability of the draft legislation, one self-criticism necessary on the part of the governing party is related to the handling of the debate and the public presentation **of the proposal. Government representatives' arguments, which were sometimes unclear or even contradictory, led to errors and to resistance from some sectors of the public and the opposition, which has been supporting the congressional commission's proposal for cultivation by users for personal use.** On the positive side, observers say the new draft is better because it is more comprehensive and broader in scope, and because it generally raised public awareness about the issue.

Between now and July-August (when the approval process for the draft legislation is expected to end), it **will be necessary to ensure the new model's political viability, both within the Frente Amplio and with opposition parties.** Approval of this measure implies a profound cultural change, with arguments in three main areas: i) drug trafficking, ii) health, and (iii) expansion of rights. The latter line of argument is the one about which there is least public discussion, **because it is understood that there is not yet a clear "cultural consensus" that marijuana use is a matter of individual freedom, placing the rights of users within the hierarchy of rights.** In that sense, the measure is seen as cutting-edge legislation, and arguments will require great tact to **avoid the perception that it is a "pro-drug" measure.**

## Discussion

After the draft legislation was presented, discussion centered on four main areas. First was whether or not the government has a monopoly role in the planned regulation. Second was the role of registration and possible unintended consequences for decreasing the black market. Third was the most effective argument to justify the reform. And fourth was how to understand, within the framework of arguments proposed by the Uruguayan government, that the measure focuses exclusively on cannabis, excluding other illegal drugs.

Regarding the first point, a government monopoly, the philosophy behind the measure, as **noted in the rationale for the draft legislation, is that "throughout history, humanity has traded various goods, including consciousness-altering substances." The legislation aims to "decommercialize marijuana, eliminating its exchange value." Under this philosophy, in practical terms, private companies can be set up at any point in the chain – production, distribution and retail sale – but the spirit is that in no case will the laws of the free market govern its distribution.**

More specifically, the government monopoly will consist of regulation and handling of permits, **"as in the case of fishing or telecommunications." Permits can be granted to private or public entities. This is a flexible system that could facilitate "a shift from one model to another," as permits may or may not be renewed. Therefore, "private entities could participate at some points in time and not at others." The volume of production will be "determined and defined"** by the institute, based on an estimate of consumption in Uruguay, to prevent diversion to the rest of the region. All cannabis produced will be purchased by the government, to be distributed later to shops. This system – technically, when there are various sellers and a single

purchaser, it is a monopsony – allows greater control of the price and the total amount produced.

Given this technical lack of definition (strictly speaking, it is not a monopoly), there are questions about whether to talk about a government monopoly, as that term is ideologically charged, and in itself has drawn criticism.

There are also questions about how regulation of the seed market will operate, and there are doubts about whether it will be very restrictive in terms of variety. A comparison can be made **with tomatoes: “What is the basis for limiting the freedom of someone who decides to grow his grandfather’s tomatoes and not the Marmán variety, for example?”** Varieties are not just a matter of taste; there are also differences in their effects. Bodies are different, and some people use them for very specific purposes – to sleep at night, when they are with friends, etc.

To avoid the commercialization of cannabis, it will be important to be careful about who will be responsible for providing it. The only legal providers now are a few pharmaceutical companies that target the medicinal market. If they are responsible and the same model is used in other **countries, “we could end up in a situation where four or five pharmaceutical companies** produce all the recreational marijuana in the world. That would be a monopoly, and not a **government-dominated one.”**

Returning to the case of the seeds, for example, much has been said of the genetic modification of seeds in recent years. What has changed, **however, is the companies’** advertising strategy. In the Basque Country, seeds used for cultivation have been analyzed, and none has had a THC content of more than 13 or 14 percent, not even those advertised as having 25 percent.

Regarding the role of registration and possible unintended consequences for reducing the black market, questions have been raised about the basis for the register of consumers. There are doubts about who would be responsible for managing such a register. On the one hand, it is argued that records are kept of the consumption of most goods and services, and that is not a problem for people. On the other hand, the rationale for the record-keeping system is that the international legal status of cannabis is not the same as that of alcohol or tobacco. Perhaps in the medium term, greater restrictions on this substance would not be necessary, but in the short term, to avoid international conflicts, it is important to try to limit the possibility of trafficking. The register is meant to do that. The idea is that incentives for participating in the regulated market will be greater, mainly because of the quality of the substance. The register is also a guarantee of transparency for users and growers, showing that they are not drug traffickers.

It is noted that in the first years after the prohibition of alcohol in many parts of Canada and the United States, the move toward a legal market was also subject to the granting of permits to users, which could be withdrawn for various reasons. This shows that Uruguay can learn much from history, especially the process of regulating alcohol, for this effort to regulate cannabis.

The third point of discussion involved the arguments to be used as rationale for the draft legislation. First, more detail was requested about the factors supporting the argument that prohibition has failed as a model for regulation of drugs. What specific aspects is the draft legislation designed to address, and what is its expected scope?

There are three clear areas in which prohibition has failed. In terms of public health, the number of drug users has not decreased, and many obstacles to improving their health currently exist – lack of access to health care, substance control, separation of markets. In the area of public security, the number of deaths associated with drug trafficking in Latin America and the lack of effectiveness of spending to try to stop the drug supply. Some participants noted that health-related arguments are more effective with the public than those related to security, because there is a certain degree of indifference about violence associated with drug trafficking. The possibility of comparing risks and harm with those of other legal drugs, as a rationale for risk- and harm-reduction strategies, was also mentioned. There is also a need to flesh out the argument about the failure of prohibition with concrete examples of its effects on **people's everyday lives, and not just statistics. This raises awareness and makes the costs more real**; it also appeals to the emotional aspect of persuasion, and not just to logic. Participants noted that it is also necessary to show the potential benefits of regulation for sectors that are not directly linked to cannabis use and to politicians in general, to expand the base of support for the draft legislation.

**Finally, it was noted that it is important to be careful about people's prejudices on this issue.** It is necessary to be aware that for many people, even now, proposing changes in drug laws is tantamount to supporting drug use. Also, **“prejudices result in votes, and you have to deal with that in a democracy.” It is therefore crucial that arguments be interpreted not as encouraging the use of drugs, but as ensuring their control and regulation.**

From a different standpoint, it was noted that it is also necessary to complement changes in the legal framework with cultural efforts; the importance of destigmatizing cannabis users, so as to build a truly democratic society, was specifically emphasized.

One final point discussed in this session was how to justify focusing the Uruguayan measure exclusively on cannabis, excluding other illegal drugs, if the ultimate goal is to combat drug trafficking. Given the assessment that the prohibitionist system has failed, how can treating cannabis differently from other drugs in legislation be justified? One possible solution discussed is to make the proposed reform progressive. Beginning with cannabis is justified **because of the scope of its use; marijuana's market share makes it one of the main sources of revenue.** At the same time, Uruguay is a very small country that carries little weight internationally. At present, the controversy that would be unleashed by any proposal for the regulation of all drugs would be difficult to handle in that country alone.

Another discussion related to progressive reform revolved around whether the most strategic approach would be to aim for the minimum – cultivation for personal use – or the maximum, **as in the current draft legislation. The response depended on “how we define the problem.” For Uruguay's president, the main problem is that of violence, which he associates with drug trafficking. To address it, he aims to attack the traffickers' economic base, which is cannabis, because it is the most widely used drug.** Cultivation for personal use represents a very small

portion of the market. While cultivation for personal use is an advance in terms of rights, its impact on the market is very limited.

## Session II: Current models of regulation: United States, Spain and the Netherlands

The second session began with a brief account of the experience of Colorado, in the United States, where an initiative to regulate the recreational use of marijuana by people over age 21 was recently approved. This has been a key step toward a shift in drug policy. What made it possible?

First, a robust, controlled system for the medicinal use of cannabis had already existed for several years. As a result, people did not see the new step as a giant leap into the unknown, and points of sale for marijuana were already familiar in the state. Second, the public campaign strongly emphasized two points: the potential uses of revenues from taxes on the sale of marijuana, and comparison with the market for alcohol. **The term “legalization” is not well understood in the United States. There is confusion about its implications, and there are distorted beliefs about what it could mean. For that reason, the slogan was “regulate like alcohol,” a concept that people understood and trusted. The case of tobacco in Uruguay could be analogous.** The campaign also pointed to the relative consequences of the use of both substances and the fact that alcohol can be far more harmful.

Colorado is currently moving ahead with regulation – places of use, advertising, driving under the influence of cannabis, assessing diversion to the black market, etc. The models implemented in the United States are not as detailed or as comprehensive as the Uruguayan proposal.

One last comment highlighted the strategy for giving the proposal legitimacy, recommending **that an effort be made to “befriend” the opposition, because ultimately, many of the concerns are shared.** These include control of sale to minors – in Colorado, in contrast to the rest of the United States, marijuana use has decreased among adolescents – driving under the influence of marijuana, avoiding leakage to the rest of the region, etc.

In closing, the presentation highlighted the importance of these experiments with responsible regulation of the marijuana market in the **country that has been the world’s strongest** proponent of prohibition.

This was followed by the experience of the Netherlands. In Holland, drug use is governed by the Opium Act, which makes possession of narcotics illegal. It also classifies substances into two categories -- hard and soft – depending on their level of harm. Cannabis is considered a drug with low levels of harm.

The main goal of the coffee shop model was to separate the cannabis market from other illegal drugs. The first shops were private initiatives **developed “from the bottom up.”** When they proved to function well, various legal norms were established, in which their existence was



tolerated as long as certain guidelines were followed, including not selling to minors, maintaining a certain distance from schools and not advertising to encourage consumption.

The number of coffee shops increased rapidly after those guidelines were established, peaking at 846 shops. The number has decreased since 1999, and stood at 641 in 2012. Amsterdam has the highest concentration, with 220 at present, but that number is expected to decrease. The last government, which was conservative, introduced a series of restrictions, such as limiting sale to Dutch citizens and setting the maximum allowable strength for it to be considered a soft drug.

**The main problem in Holland remains the “back-door issue,” because cultivation depends on “penal tolerance” in practice, but remains illegal under the law. There is some exploration of the possibility of petitioning for an exception to the Opium Act for cultivation for the purpose of protecting public health, although the chances of success are uncertain.**

Finally, the situation in Spain was described. First, it was noted that although the situation varies throughout the country, overall about 3 million people used cannabis in the past month, and about 700,000 use it daily. One-fourth of the population between ages 14 and 18 has tried it at least once. Use in public places is punishable by a fine or with an educational sanction.

Catalonia has a rich body of risk- and harm-reduction policies, mainly addressing opiates. Some, such as places for supervised use, are highly innovative and legally bold.

The first collective cultivation was done in the late 1990s, and the first Social Cannabis Clubs appeared in 2000. These clubs have the following basis: First, the legal framework for decriminalization of consumption was approved in 1974 in a very conservative political climate, during the Franco dictatorship. The legal philosophy has been, **“In trying to protect people from the dangers of the drug, we will not add to the punishment of those who suffer the consequences of this illness.” The lack of regulation has kept this decriminalization from reaching its ultimate conclusion, as in Portugal. The club model was also “driven by civil society, and despite the government.” It exploited the contradiction in the fact that use is not prohibited, but cultivation for personal use is. Second, historically, the judiciary has always resisted political pressure. “If the government could, it would close all the clubs,” but judges maintain their independence, because they do not consider it a very important legal issue. Third, society shows growing tolerance for cannabis use. Fourth, police are increasingly tired of making apparently useless arrests and of the ambiguity in the criteria for taking action and for the behavior that should be punished. Fifth, international treaties on drugs do not require countries to punish personal consumption, and each country has some for discretion in establishing regulations to implement the treaties. “In the rule of law, there can be no doubts about the criteria for decriminalization of consumption. Even if a profound reform of the treaties is not achieved, there is a legal loophole with regard to personal use that can be exploited.” The Federation of Associations of Cannabis Users (Federación de Asociaciones Cannábicas) has funded a legal report that analyzes the way in which the clubs’ actions do not fall into the criminal sphere because their goal is self-organization of use. For that reason, the clubs are self-managed, non-profit cooperatives, in which there are user members and worker members (both participate in the governing assembly). Because it is a model that is decriminalized but not regulated, it still faces many legal problems: “Regulation is necessary.”**

In Catalonia, for example, there are 50 registered clubs, 50 with registration pending and approximately 200 that are known to exist, but which are not registered. The registration is an administrative process in which a direct reference does not appear; instead, they are registered as clubs for “social welfare purposes,” often “cannabis studies.” In fact, “this registration has little value,” and there is lobbying for a more transparent system that focuses on the clubs, rather than on the users.

Three types of clubs currently exist: (i) non-restrictive, commercial clubs, (ii) clubs for medicinal purposes, and (iii) small clubs (of between 50 and 100 members), which have very strict membership conditions. The vast majority of users (about 40,000) are affiliated with 20 commercial clubs.

Because this is an ad-hoc model, the lack of regulation led to an explosive situation in which there was a sense that “a new club cropped up every day, and the situation was getting out of hand.” As a result, a parliamentary commission was established to address the situation.

Regarding the clubs’ mandatory registration of members, there are advantages – it facilitates control – and disadvantages – in a context of stigmatization, it could dissuade entry into the legal market. Meanwhile, there is a need to promote regulatory models that avoid following the hegemonic pattern of capitalist markets: “We don’t want a Philip Morris of marijuana.” It is also necessary to raise awareness about drug users and ensure that they are treated with dignity, so they can participate actively as citizens.

Because the current national government has opposed these alternatives, more than legal regulation, in the short term the goal is regulation through a “code of best practices,” whose principles include:

- Mandatory declaration of crops, which must coincide with the expected consumption of the club’s members.
- Non-profit nature
- Without advertising or promotion of use
- Membership at the invitation of a member
- People must be informed about the properties and risks of cannabis
- Analysis of the active ingredients and possible pathogens in the product
- Democratic, transparent management
- Medium size (maximum 500 members, but ensuring the club’s viability in terms of the quality of the substance)
- Maximum per-person limit to avoid diversion to the illegal market (generally 60 grams, although average use is approximately 15 grams per month)
- Extra costs (distribution, information, social security) make the product’s price equivalent to the price in the black market
- Protocol for detecting and addressing problem use
- Private areas for consumption
- Prohibition of access to minors
- Restricted to residents of Spain

- Payment of sales tax, societies tax and income tax (a special tax could violate international treaties).

## Discussion

During the discussion, there was a request for precision about strategies to address diversion to the black market that are used or planned under the different models. For example, for medicinal use in the United States, there are various norms and strategies for addressing that situation. It is useful to learn from such experiences, which are cumulative and have reached a high degree of maturation. In some states only registered users can have access to cannabis. In Colorado, for example, users must register with the state, and they have access to any approved sales location. In other states, such as Massachusetts, the patient registers and is authorized to purchase at a single location. That is the most restrictive model. From the standpoint of the producer, in California, providers can purchase marijuana from an indeterminate number of growers. Massachusetts again is the most restrictive, as sellers must **grow 100 percent of what they sell. Colorado has an “in-between” model, in which sellers must grow at least 70 percent of what they sell and can purchase the rest.** These latter models, while they offer greater control over diversion, also face a series of practical operational problems, such as dealing with the risk of a ruined harvest.

When analyzing diversion to the black market, participants were also asked to explain why punishment of such diversion was considered important. The key reason was seen as political. For example, when initiatives for regulation of the cannabis market in Washington were passed, the Mexican Institute for Competitiveness (Instituto Mexicano para la Competitividad) published a report speculating that one indirect impact of regulation in the United States was a significant decrease in the profits of Mexican cartels, which are assumed to be the main suppliers of that market.

A second area of discussion centered on the development of policy in Holland. Some participants asked how it was **possible to reach an agreement like that of “penal tolerance”** among stakeholders. The answer was that it was very important to set common goals. One key factor was working with the police, who were attracted by the possibility of freeing up resources invested in pursuing non-violent users to pursue other types of crime. For them, shifting from a punitive approach to a public-health approach to drug use means **“one less problem.”** Finally, **one necessary condition was that Dutch law allowed some discretion** about what crimes would be pursued.

## Session III: The fine art of regulation: government monopoly vs. the self-regulated market – which works better and for whom?

The first part of the third session of the dialogues involved general comments about the operation of alternative models for regulation of cannabis.

Any assessment of the options between a government monopoly and a self-regulated market must recognize that there is a wide range of intermediate options. Identifying the optimal

model involves a series of **“tensions and conflicting priorities,”** including (i) the balance between public health and profit; (ii) the conflict between political urgency and evidence- and reason-based policy; and (iii) a balance in terms of the restrictiveness of the model: a very restrictive model could create incentives for diversion to the black market, while a model with little restriction could have significant control failures.

Important lessons can be learned from models for regulating alcohol and tobacco through history and around the world, **“both their victories and their failures.”**

Regarding tensions, it was noted that while profit is based on maximizing consumption, a public health approach aims to minimize harm and risks from drug use. **“The public health approach justifies certain levels of government intervention in regulation of the market.”** Tobacco is a good example of that. Historically, the market has been very liberal, and in recent years there has been a worldwide movement – in which Uruguay is a leader – to increase controls on the substance. There are also cultural aspects to be addressed: In the United States, for example, a government monopoly is difficult to justify, because it is a very market-oriented country and state intervention generally is not accepted.

In drug policy, **“political necessity has been the big winner. We owe it to the future to base policies more on evidence and less on electoral motivations.”** Nevertheless, some significant strides have been made in this area in difficult political contexts. For example, risk- and harm-reduction policies, such as supervised **“injecting rooms”** in Vancouver; progress in the decriminalization of drug use in Latin America and Europe; and the introduction of controls on smoke or **“smoking bans”** in public places are all examples of measures that were not necessarily popular when they were implemented, but **“they were the right thing to do, they proved effective and they quickly won widespread public support.”** Drug policy reform therefore depends on leadership in decisions **“that we know are the ones that must be made,”** looking beyond immediate political pressures.

With regard to balance in terms of the model’s restrictiveness, there are clearly conflicting priorities. If the model is not restrictive enough, we could make cannabis accessible to vulnerable populations, such as minors, and its use could increase overall because of irresponsible marketing. Too many restrictions, however, perpetuate the existence of the black market, which, among other things, also makes cannabis accessible to vulnerable populations.

Finally, it was emphasized that **“it’s not necessary to expect to be perfect.”** We must think of this as a gradual process, of trial and error to a certain extent. **“Initially, it would probably be helpful to be more restrictive and then gradually increase flexibility in some areas.”**

The presentation about the experience in Spain aimed to **“combine theory and practice.”** It began with the story of a small, relatively unknown population in Catalonia that made news because it was the area with the second-highest public debt in Spain. Concerned about the crisis, the mayor consulted the people to develop an anti-crisis plan that included a contract with the users’ association so a public company could provide cannabis to adults. A referendum was held in April 2012 and the proposal was approved. A few days later, the national Attorney General’s Office blocked the procedures, and a resolution is still pending.

Returning to the experience of the cannabis social clubs, as they are known today in Spain, it was mentioned that the model arose out of user cooperatives that were highly restricted, limited and not for profit.

**Comparing that model with Dutch coffee shops, the problem with the latter is the “back door.” Spain’s clubs have a similar scope, but they supply users more transparently: “It is a more highly evolved coffee shop model.”**

Some ethical questions for evaluating the models also arose: in a capitalist society, is it licit to earn money with marijuana? Most people have no problem with a market for accessories such as papers, light bulbs, etc. – but they do with the sale of cannabis.

**There is also debate over the types of clubs to be regulated. If the option is for “small clubs” of approximately 500 members, the impact on the black market is small. The “danger” generally mentioned with regard to “commercial” clubs is that they encourage consumption, although this is a different issue from size. For a private entrepreneur, meanwhile, a model that is closer to the coffee shop than the cooperative is desirable, because it makes it possible to make a profit.**

**Finally, there was discussion of the fact that “drugs are not prohibited because they are dangerous; they are dangerous because they are prohibited.” Ninety percent of the drug users in the world are not problem users, but policies have been very biased toward that population: “they are policies for the minority.”**

**The third and last speaker framed the presentation around four “regulatory decisions” that we must consider in developing a new model. First, we must ask if we want the cannabis market to resemble that of alcohol. That market, historically freed from the laws of the free market in most Western countries, encourages the existence of a small group of frequent or “heavy users,” which maintains it. The political power that these corporations amass could later become a major obstacle for the implementation of controls, as is the case with alcohol.**

The second decision concerns production. In a regulated cannabis market, production costs will go down. Today there is a series of risks associated with the sale of marijuana – because of violence and the possibility of being arrested, for example – that are offset by the price. It can be expected that under a legal regime, production would be enhanced by the use of new technologies and the existence of economies of scale. For those reasons, production costs could be expected to drop. There are therefore two important, interrelated decisions to be made, about quantity and the type of authorized providers: whether it will be a government monopoly or will be handled by the private sector.

Third, we must decide the final price of cannabis. If it is lower than the current price, consumption can be expected to increase, although it is extremely difficult to estimate the impact on levels of consumption under the different regimes, as there is currently a lack of information about the cannabis economy. Another point to keep in mind is that this is not a homogeneous item: **different varieties have different qualities and potencies. “The best way to approach this is to think of a price in relation to the quantity of THC per unit.”**

The fourth point refers to the tax rate that is established. If taxes are too high, the final price will also be high, and there will be incentives for the persistence of a black market. Too low a price could encourage an increase in consumption. Another decision is related to the type of taxes to be imposed. There could be taxes based on quantity or active ingredient: if the main concern is the potency of the substance consumed, one possibility is to base the tax on the quantity of TCH in the substance or in other cannabinoids, such as THC/CBD. Such a tax could help channel consumption toward less-potent substances.

Two additional points should be kept in mind. First, whatever type of regime is ultimately chosen, it is important that its conditions be flexible, especially with regard to the type of taxes imposed. This is because there is little technical information on this topic, and it is therefore **desirable to have a window for adjustment and correction, based on the market's response.** Second, when taxes are set, it is also important to ensure that they are adjusted for inflation.

## Discussion

In the second part of the session, the discussion of government monopoly vs. private operators was expanded. Some comments were also made about the possibilities for evaluating the model and possible direct and indirect effects of cannabis regulation that should be considered.

To begin, some of the potential benefits of a government monopoly of cannabis regulation were mentioned. At the retail level, a monopoly would allow comparatively fewer and better-controlled points of sale. It would be easier to control advertising, and there would be greater regulation, formality and stability among vendors, who would also tend to be unionized. There would be fewer incentives for diversion to the black market and sale to minors, since public employment is generally highly valued and people would be less willing to commit violations that would jeopardize their jobs if controls were in place. In addition, the goal of the model – protection of public health – does not coincide with the private interest in making a profit. In general, these markets are also more transparent and open to research, compared to private markets.

The question arises, however, of whether the government can take charge of investing and guaranteeing the cannabis supply. And even if it could, would there be public support for it? The option of licenses or permits is good, because it would allow greater flexibility. It is also important to ensure oversight of the use of revenues from a market that would be extremely lucrative for the government.

There are also cultural elements to keep in mind when analyzing the viability of a government monopoly. **This is not merely a technical debate. “As with the question of why regulate only cannabis – because that is the product that can be regulated – with regulation, it must be regulated in the way that is possible.” Mexico chose a private model similar to that of the United States, because people do not trust the government to be transparent. Uruguay has a long history of state-run monopolies. People generally trust that there are no major problems of government corruption. Nevertheless, there are doubts about its efficiency and effectiveness, especially in the area of control. “Legitimacy must be won in the process.”**

It is also necessary to do away with the idea that there must be one universal drug policy. In this process of accumulation of knowledge in the area of policy reform, it is good to test various models of alternative regulation. Each must be adapted to the particular cultural characteristics of each country and to the diversity of substances. They must be “made to order.” It is not a matter of seeking “the” model. Along the same line, the question arises of why, given the cultural diversity in the world, most countries are governed follow a single model, taking a prohibitionist approach. Prohibition has not failed in the same way everywhere; “In China or in the Arab countries, prohibition is successful. In Latin America, it is not, among other reasons because prohibition is based on a Protestant moral system that is not rooted here.” In any event, “the shift from a single approach to a complex approach is inevitable; it is just a matter of time.”

Finally, some political aspects that must be considered in developing a new model in Uruguay were mentioned: (i) Having clear rules; (ii) education and cultural promotion among the public; and (iii) having control mechanisms, which “in Latin America is one of the greatest problems that we have.” One example mentioned was a study by an Uruguayan legislator, which showed that more than 80 percent of the laws passed by Parliament were not enforced.

As mentioned above, a second area of discussion focused on the possibilities for evaluating the model and the direct and indirect effects of cannabis regulation. A question arose about the extent to which evaluation is foreseen in the Uruguayan draft legislation and how to apply the lessons learned in the process. In Washington, evaluation is mainly done by surveying young people about prevalence of use and perception of risks. Another area in which further work is necessary is cost-benefit analysis.

It is also important to pay attention to promises about the effects of a new model, especially those of a consequential nature. Politicians tend to promise to solve everything, but it is important to understand that this will not happen. It is important to be modest and realistic, so “unfulfilled expectations do not blow up in our faces.” From a more technical standpoint, all the analyses done so far to adjust the model have been carried out under substantively different conditions – within the framework of prohibition – and as that changes, it will be a source of uncertainty. One example is the possible impact on consumption of a change in cannabis prices in the legal market. There could be a displacement effect between alcohol and cannabis, if prices of the latter drop. This is a little-studied mechanism, and “if there is an increase in cannabis consumption, but accompanied by a decrease in alcohol use, it would still be a success in terms of public health.”

## Session IV: Addressing cross-border differences and market mobility

The fourth session of the informal dialogues began with the presentation of the experience in Czechoslovakia, a country internationally known for its progressive cannabis policy. Three major milestones are emphasized in the recent evolution of the country’s drug policies. In 1990, at the end of the Communist regime, the use and possession of small amounts of drugs were decriminalized. A legal distinction was also drawn between “plant-based” illegal drugs and others. In other words, there was a classification that distinguished among illegal

substances in terms of punitive approaches and emphasis. In 2010, the amount of cannabis that a person could have in his or her possession was defined, and cultivation of up to five female plants for personal use was permitted.

It is noteworthy that marihuana use in that country is low for Europe, although the price is **similar. Regarding “drug tourism,” in the Czech Republic, there is much more alcohol-related tourism**, which is not seen as a problem in the country. One significant example is that the breweries in Prague are world famous tourism destinations. Nevertheless, neighboring countries are concerned because their citizens travel to the Czech Republic to purchase marihuana.

The Catalan experience reflects two types of problems related to cross-border differences. First, in that region, a significant effort is being made to address harm reduction, particularly with regard to the use of opiates. **Recently, some “neighbors staged a strong protest outside one of the assisted-use hospitals, but it withstood the demonstration.”** Second, although **“drug tourism” is not a significant problem, there is some concern that “Barcelona could become an Amsterdam of uncontrolled consumption.”** To prevent that, there is discussion of a club model with a delayed acceptance of membership.

The Dutch experience shows that although drug-related tourism does exist, its scope and the degree to which it is a problem depend largely on (i) the size and type of zone, and (ii) the type of tourism that result. For example, it is not a major problem in Amsterdam. The city already has a large amount of tourism, which is a major source of revenue. Cannabis use goes unnoticed, and alcohol-related tourism is much more significant. In smaller cities, the situation is different. In small cities in the south, such as Maastricht, the flow of tourists from northern France and Morocco to purchase drugs is much more invasive. Steps have been taken to move some coffee shops toward the border, so tourists would not have to enter the city to reach them.

**An important point in assessing this situation is whether “drug tourism” is a problem for the tourists’ country of origin or for the destination country.** Holland could be more assertive in saying that it is a problem for that country, not for its neighbors.

The first part of the session ended with comments about the need for users to feel included in both the public discourse and the proposed legislation. This implies acknowledging and defending the long-standing demand by grassroots organizations and users for cultivation for **personal use. This demand is based on an ethical position by users “not to collaborate with either drug traffickers or the capitalist system.”** This, however, does not mean ignoring the need to supplement cultivation for personal use with certain levels of sale, to reach a larger share of the market.

Meanwhile, there is discussion of the need for user registries from two standpoints. The first relates to incentives for participating in the legal system. Marihuana users are accustomed to **illegality; “they don’t need regulations to get what they want.”** If incentives for moving toward the legal system are not planned, there is the risk that the system might not capture them. Second, although the need to communicate a sense of control is understandable in strategic



terms, regardless of whether there is trust in the institution responsible for regulation, if users have rights, why must they be registered in order to guarantee those rights?

Finally, the legal model will have to compete with the existing market, which is probably **relatively well organized, given the high degree of access to it. "This market is basically driven by demand." Therefore, "the model should not be very rigid."**

## Discussion

During the discussion, questions arose about the statement that the market is driven by demand. In the case of alcohol, for example, at least in Uruguay, the market is strongly driven by supply. **The same is true with medications. In Brazil, "cocaine base was available for many years, but it was latent, because the drug traffickers did not want to activate it." That does not mean that the problem of cocaine consumption in the United States is a consequence of the supply of coca leaves in the Andes.**

Regarding the role of drug users in the model under discussion in Uruguay, it was noted that users have participated in the advisory group for drafting the law, and that they and people who cultivate for personal use will also participate in the institute created to control cannabis under the law.

**With regard to "drug tourism," it was noted that this is a direct consequence of international treaties, and results partly from a preconception of prohibitionist policies. People are tourists, and later, perhaps, users; "Calling it drug tourism can make it seem more important than it really is." There was also some skepticism about the proof of existence of the problem: "There are facts and there are fears, and in this area, fears predominate."**

Finally, a good bit of time was given to discussion of the need for and role of user registers in regulatory models. In the Uruguayan model, the register is designed to domestic consumption consistent with domestic supply. This is part of the trade-off between international obligations **and users' privacy. At the same time, questions arise about rights and the register. For example, people do not have to be registered to exercise their rights to education or health. "Undoubtedly, privacy is a complicated issue in the modern world." In addition, for a group that has historically been stigmatized, there is a certain cost in telling it, "Come and identify yourself as stigmatized." Nevertheless, it is considered a feasible concession: in fact, civil society in Uruguay understood it and has expressed full support for the draft legislation, even this aspect, which was considered the most negative; "It was the price of coming up with a new model." It also provides a guarantee for users themselves before the law: "The law currently allows personal use, but there are many users in prison."**

Finally, there are three possible ways to keep the registry from discouraging users from participating. One is to appeal to the solidarity of society and organize collective registration, regardless of whether people are users, to protect them and remove the stigma from registration. A second is to control cross-border movement through the traceability of economic transactions, ensuring that marijuana purchases go through the banking system. A third possibility for dealing with this problem is the one found in the Czech Republic: destruction of the registries after they have been used for one month.

## Session V: Tension between cannabis regulation and international drug-control treaties: What options do governments have?

The first presentation offered a range of options for regulating the marijuana market, within the framework of international drug treaties.

The definition of cannabis in those treaties specifically prohibits the flowers, but not the leaves and stems of the plant. That is because there is a long tradition in India of using cannabis tea. One option is to follow that example. A second option is medicinal marijuana. This type of use is not defined in the treaties and is practiced in various parts of the world. A third is the **“Bolivian option” of withdrawing from treaties and then rejoining them with reservations. A fourth is the “Dutch option” of an informal arrangement for penal tolerance without changing laws.**

A significant number of countries have, in fact, moved away from international norms. Examples include ceremonial uses in India, Cambodia, Pakistan, Morocco and Egypt. This is very informal, but the use is condoned. The most notable cases of tolerance are those of the Netherlands, the Basque Country and medicinal uses.

International treaties do not distinguish among the different uses – recreational, medicinal and scientific – or define those uses. Cannabis is on the agenda of the next **“expert committee”** of the World Health Organization. We are now reaching a point at which the accumulation of reforms will be difficult to maintain under the international regulatory framework, but a specific international reform on cannabis does not yet **appear to be close. “The tensions will continue.”**

It was noted again that we are at a critical moment in the international scenario. On the one hand, there is growing awareness of the need to evaluate not only the goals, but also the means that have been used to attain them, as they have resulted in a series of consequences and externalities that must be addressed. On the other hand, the recent approval of marijuana for recreational use in Washington and Colorado has great geopolitical significance. Although in the United States the federal government takes the lead in monitoring, publicizing and punishing drug policies that deviate from the prohibitionist paradigm, law-enforcement power is in the hands of the states, which makes for contradictory approaches within the country and creates an important window of opportunity for reforms in other parts of the world.

Development of these models is based on tolerance for medicinal use, which has been growing in the country for a number of years. Although the national government never approved the system for licensing points of sale for medicinal use, there also was little public awareness of the problem. The situation eventually will have to change, and in the medium term the government is likely to make it a national policy.

The presentation ended with a proposal to evaluate, as an alternative to international treaties, **that given that cannabis is allowed “for scientific use,” without specification, the experimental**

nature of Uruguay's experience could be emphasized, especially the goals of combating drug trafficking and separating markets.

The third presentation highlighted the fact that, although the process in Uruguay has attracted some international attention, the US State Department report does not mention cannabis or the "Uruguayan situation." There is no definite formal concern. There are also questions about the tangible consequences of such an action. "The INCB could raise objections, etc., but what else could happen?"

Among alternatives in this area, a series of regulatory inconsistencies exists that could be exploited. First, the Vienna Convention establishes that treaties must be "performed by [countries] in good faith." Those same treaties establish that there is freedom to consume. To do that, one must have access to the substance. Therefore, isn't regulating the substance a good-faith measure for complying with the treaty?

Second, international treaties must not be incompatible with national legislation. In this case, neither penalizes consumption, so this interpretation remains plausible.

Third, it is also established that the subsequent practice of member states must be observed as a legal guide, and there is a cumulative set of practices making the regime more flexible.

Fourth, states can stop enforcing any norm that contradicts another international norm of equal rank. In this case, it is possible to appeal to the contradiction between the drug-control system and human rights treaties, such as the San José Pact. Because the Vienna Convention does not specify what constitutes medical and scientific use, for example, that could be interpreted in light of human rights treaties. The country's interpretation could be: "I have the mandate to criminalize certain types of use. In the domestic sphere, however, consumption is legal (it is a right). Therefore, legalizing it is the only way to guarantee that right, and that is what the San José Pact mandates, since the country must safeguard rights."

Finally, it was stressed that if the INCB is very strict in oversight of international treaties, yet they are not enforced even in the United States, "When there are complaints about non-compliance, we can say, 'You don't comply, either.'"

## Discussion

During the discussion, it was emphasized that "the history of treaties is actually the history of their non-enforcement." This is especially true in the United States, which has a long tradition of not ratifying international treaties, such as the Universal Declaration of Human Rights. That gives legitimacy to a pragmatic position: "The ICNB is a paper tiger; it roars a lot, but it has little ability to punish."

Second, the idea of exploiting the "creative interpretation" of treaties was emphasized. The key point is that "there are many reasons why it is irresponsible for countries to continue to

interpret international drug-control treaties literally.” There are legitimate reasons (contradictions, inconsistencies, alternative implementations, etc.) not to enforce certain aspects of the treaties in order to comply with their ultimate purpose, which is to protect public health and combat drug trafficking. “The current system of market control conspires against the most important right, the right to health. The human rights system must be the highest system for controlling the controllers.”

The possibility of requesting a suspension of the treaties because of a “state of emergency” was also suggested. Mexico considered this because of the degree of violence associated with drug trafficking. Uruguay’s arguments have also focused on separating the market for marihuana from the market for cocaine base, a substance that has created a health and public security emergency.

Finally, there is also a difference between domestic positions, where there is little emphasis on rights of users (to consume, to health), and the international sphere, where arguments are based on safeguarding such rights.

## Session VI: Cannabis reforms under way in Latin America

The first part of this session began by highlighting the importance of this political moment for moving beyond the war on drugs. What is happening in Uruguay could influence all of Latin America and the world; “every effort to get it approved is a holy effort.”

Brazil has played an important role in international drug policies. In 1998, it tested very positive risk- and harm-reduction policies, as in the case of Sao Paulo and injection drugs. Currently, however, the situation is very complex, and 20 percent of all prison inmates, mainly women and youths, have been incarcerated under the drug law. This punitiveness has increased in recent years, aggravating the disproportion between crime and punishment, as well as the problem of security.

A particular cultural element in that country is the great influence and political weight of religion. Those groups have taken a clear stand on reforms that are under way, such as those related to abortion and sexual diversity. The same is true of drugs; a highly regressive law is being discussed, which, among other things, proposes mandatory treatment, a register of drug users in schools and expansion of the definition of drug trafficker: “There is a wave of heavy-handedness that we are trying to contain.”

One positive aspect is the large and growing participation by young people in the demonstrations known as “marchas da maconha,” which have been gaining ground as an expression of social demands.

In the future, two possible alternatives are foreseeable: The first is to bring to fruition the demand that Brazil implement a model like the one in Portugal to withdraw users and small-scale dealers from prisons. The second is to follow the Uruguayan model.

The next presentation focused on the situation in Chile, highlighting some factors that could determine the possibilities for the success of drug-policy reform. In particular, it was noted that the long right-wing dictatorship between 1973 and 1990 created a series of bureaucratic and legal obstacles to change. **“This system depends greatly on agreements and negotiations, which nuances and waters down many initiatives. This has led to considerable indignation among civil society.”** The political class tends to resist accepting community and grassroots movements; culturally, there is strong moral authoritarianism, in which the church carries great weight. In many aspects of the debate, Chilean society is very backward. One example is that **Chile’s health minister opposes the initiative to legalize cultivation for personal use on the grounds that “marihuana is dirty.”**

One optimistic note is the electoral reform under way, which will include the automatic registration of all new voters, although voting remains voluntary. This will create greater incentives for young people to participate in elections, because it decreases paperwork and costs. That could mean that their interests will be considered more in election campaigns.

Efforts by former presidents who have taken a positive stand on this issue were also highlighted, because they have had an impact on society.

The next presentation began with the philosophical underpinnings of the debate over drugs, **illustrated by the positions of “Hobbes vs. Rousseau.”** The former assumes that humans in their natural state are savage and selfish, a condition that must be reined in when societies are established and the State arises. This the rationale for the prohibition of drug use, with individual rights ceding to life in society. In that view, culture is a web of conventions and arbitrary rules imposed on the first human. From that standpoint, the purpose of laws should be to protect human freedom. In terms of drug policy, this translates into control of consumption vs. safeguarding of rights. From a liberal standpoint, the key issue is the right to **do what one likes with one’s own body and, of course, self-harm.**

The presentation on Mexico noted that the last president followed a highly orthodox policy, **even though that country has “an excess of examples of the failure of the war on drugs.”** Examples include the 70,000 deaths – 50,000 of them among criminal gangs – and 26,000 disappearances in six years of war on drugs, according to official figures; the systematic increase in cannabis use; and the high rates of migration from Mexico to the United States, **termed “massive migration of the terrified.”** In terms of political debate, it was noted that some sectors, including the wealthiest classes, have begun to talk about the need for a review of public policy. Debate has also been fostered by proposals for legislation, such as the general law for comprehensive regulation of cannabis and prevention of addiction, which will come up for a vote between September and December. Although opinion polls show that prospects for support are not favorable, approval of at least a model of regulation of marihuana for medicinal use is considered viable **and would represent “a liberal island in a conservative sea.”** One suggested arguments on this issue is that regulating the cannabis market does not mean **being in favor of using the substance, but is aimed at reducing criminals’ revenues and preventing addiction.**

The presentation on Argentina included the assessment that there is a regional view that is sympathetic to moving beyond the war on drugs. In that country, however, legislation still

criminalizes use, as well as cultivation and possession of seeds, with prison terms, which can be replaced by mandatory treatment. There has been an effort to revitalize a measure promoted by a senator 20 years ago to regulate medicinal use, but it has made little progress.

Meanwhile, there are currently nine pieces of draft legislation proposing complete **decriminalization of cannabis use. They increased after the “Arriola decision” two years ago**, in which the Supreme Court of Justice reinterpreted the criminal law and established that decriminalizing possession for personal use did not violate international treaties. Constitutionally, the judicial system cannot invade individual privacy as long as third parties are not harmed. That ruling involved a specific case, and although some judges are likely to take that ruling as a **precedent, it has not yet been enshrined in law. “Of 173 cases that reached the courts, 73 percent followed the Arriola judgment.” Most of the cases in which it was not invoked** involved possession in the family home and in public places. A major problem that persists in Argentina is anonymous accusation and police abuse in searches.

Meanwhile, 50 percent of the public disagrees with regulation. One major obstacle is the association of crime with drug use in general. Therapeutic communities have also grown and have generated profits based on the criminalization of users (mandatory treatment); they are among the strong stakeholders opposed to regulation. It is also important to note that efforts at change have been led by civil society. The grassroots movement has grown substantially in recent years, reflected in growing participation in the global march in May.

## Discussion

During the discussion, participants highlighted the value of reframing the issue based on the Uruguayan initiative, regardless of the results of the most recent vote. It was also noted that the work done during the dialogues has helped frame the issue better and understand the scope of the initiative. Although the debate over and presentation of the draft legislation has not been free of **problems, the legislation as drafted is “the most virtuous possible” and casts Uruguay in a positive light internationally for its protection of sovereignty and defense of the public interest. Its main goal is to “remove economic support from drug trafficking and organized crime, goals to which we have also committed in various treaties.” As with tobacco**, an effort was made to determine what is really important for countries. One example is the legal case in which the country is facing Philip Morris over alleged violation of investment-protection treaties that Uruguay has signed. Finally, the possibility of creating a regional political advisory group was raised; such a group could provide support so that countries do not feel that they are alone in assuming the political cost of reform.

One of the most important challenges is to find ways to change the perceptions underlying **negative public opinion and emphasize that doing nothing has a high cost: “the failure of the war on drugs means that the worst has passed, not that nothing has happened.” It was also noted that this debate “is not just a matter of minds, but also a matter of hearts,” and that it is closely tied to moral positions: drugs trigger a sense of disgust, fear and insecurity. Worse yet, if people who participate in the taboo feel unable to express their opinions just because they use drugs, we are at a dead end. If reforms are to be sustainable, therefore, one key task is to change the view of cannabis in particular and drugs in general. If people do not conceal their**

use, “it will help users come out of the closet, so society can realize that there are all kinds of people in that group.”

## Session VII: Strategy and paths to reform: scenarios and next steps

The last session of the informal dialogue began with a presentation about the situation in Washington, where voters recently approved regulation of marijuana for recreational use. The strategy was to permit certain amounts and delegate the development of a regulatory model for legal access to those amounts to the agency currently responsible for regulation of alcohol. The model also includes licenses for producers, growers, processors and sellers, who can only sell this substance. The measure requires that taxes collected be used for education and public health. The goal was to give the regulatory agency the greatest possible flexibility to propose regulations.

To achieve this outcome, one key point was to develop a communications strategy for people who do not like marijuana. It was determined that it may not be possible to change those **people’s attitudes toward use of the substance, but it could be possible to change their attitudes about drug policies.** Changing attitudes about the substance is a long-term goal, “a battle of common sense against prejudices.” **Changing attitudes about laws is a short-term, realistic goal.** Where could common ground be established with these groups? In wanting safe communities and families, more peaceful coexistence, and respect for the law and regulations and the people responsible for enforcing them. To achieve this, marijuana laws must change. Once that step is taken, changing underlying attitudes will be easier.

It was noted that despite those initiatives, at the international level, the various UNGASS activities have generally been disappointing, so we can expect little on that front. The main **challenge is to “keep this historical momentum going.” Reinforcing the various initiatives that are emerging and trying to identify a group of like-minded countries to begin to work on points of agreement for policy reform.** Internationally, and especially in Latin America, there is growing awareness of the importance of drug policies, the need for their reform and, by extension, the need to change the relationship with the United States. Nonetheless, although criticism of the prohibitionist system has increased and become more nuanced, joint efforts are needed to bring about change, taking advantage of opportunities that allow progress. **We must not forget that “the world is still prohibitionist.” Positions critical of that policy, which were once unknown, have gained strength, although they are still the minority.** For example, the Bariloche Summit and the Sixth Cartagena Summit, where some Latin American representatives clearly established their own position, were important turning points with **regard to US hegemony. All of us involved in this “reformist alliance” must protect the democratic right to debate drug policies.** So far, the debate has been framed as a matter of good guys and bad guys. The good guys are those who protect our children from the scourge of drugs. The bad guys are those who are in favor of drugs and want to make the oversight system more flexible. The fact that an OAS report proposes the hypothetical possibility of alternative scenarios, as the most recent one does, is a breath of fresh air that encourages us to move ahead. Uruguay can only gain international prestige if it keeps human rights at the **center of its foreign policy: “The position Uruguay has maintained along with Argentina, Bolivia and Brazil, that drug policies must be in line with human rights, must be the way forward.”**

Whether to work at the national or international level is seen as a “false dichotomy.” Consensus-driven change at the international level is a long-range goal. To achieve it, we must “advance as much as possible at the local level, work together, recognize and support different approaches, support one another and buy time.” To achieve deeper changes, it is necessary to “change the focus in a positive way,” and not get bogged down in a yes or no to cannabis. The debate must include other issues, such as organized crime, weapons trafficking and money laundering. Here, too, there are inconsistencies and contradictions that can be exploited: in both the arms market and the financial system, the United States has a large amount of **trafficking and organized crime.** “We cannot continue to tolerate such rigid control in the drug market and such liberalization of those markets in many countries, with the United States at the top of the list.”

## Discussion

During the discussion, it was noted that there is a need to integrate civil society and activists into platforms supporting reforms. Many initiatives for alternative regulation that have been debated and approved are developed by such movements. Moreover, many proposals have emerged despite the ignorance of legislators and their efforts to discredit the initiatives, not **because of the legislators’ own initiatives.** “Often, at the grassroots, we have found that people don’t even know what the starting point is in the country.” It is necessary to continue to teach and raise awareness among the political classes.

Much of our discussion also focused on the substance of law. Another area that merits discussion, however, is to identify common ground regarding the strategy and arguments to be used. There are three types of audiences: those in favor, those who are opposed and those who are indifferent. We need to develop specific messages for each of those groups. One possibility would be to create a workspace to share information about how to address public opinion and the consequences of political actions in terms of communication.