



Series on Legislative Reform of Drug Policies Nr. 6
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Argentina: Reform on the way?

By Graciela Touzé¹

“
*I gave the order not to go after consumers.
Gangs blossomed and have become what they are today,
because we have focused on consumers.*”

Aníbal Fernández²

In a memorable decision in August 2009, the Argentina Supreme Court declared as unconstitutional legislation that criminalized drug possession for personal consumption. The court decision followed the same line of thinking as a process started in 2005 within the executive branch, to reformulate the national drug policy. An advisory committee created in 2007 drafted a series of legislative proposals and guidelines for defining public policies on drugs that adhered to human rights standards in the criminal, social and health spheres. The committee's proposals emphasize the need for a new focus in the field of mental health and education.

The initiative can be traced to the judicial branch, and the judges, prosecutors and legal scholars who best understood the weight and impact of the law. Profound criticism of the way the criminal system disproportionately targeted consumers emerged; particularly the treatment of those smoking marijuana. At the same time, Argentina was witnessing a change in its role in the drug-trafficking chain, becoming a more important country for transshipment of drugs, a producer and



CONCLUSIONS & RECOMMENDATIONS

- The debate over reforming drug policies has finally gotten underway in Argentina and small steps have been taken in the right direction, but there is still much to do before a reform agenda can be implemented.
- The Supreme Court's jurisprudence and new institutional stakeholders have novel proposals and resolutions that can return proportionality, efficacy and humanity to judicial practices and public policies.
- The time has come to transform discourse into legislation and bring the intervention practices of public institutions in line with the new laws as a way of guaranteeing better results and reducing harm related to the problem of drug consumption.

exporter of precursor chemicals, and experiencing an increase in cocaine consumption. A derivative of cocaine, known locally as *paco*, also began making inroads,

causing social concerns and having an impact on poorer sectors of the population.

Since then, obvious tensions and contradictions have become evident within the state and among public opinion in general, on how best to deal phenomena related to the country's market for illicit drugs. Perhaps the time has come to take a step forward in the process, reflecting a new level of maturity in the national debate, and in a regional context, that widely recognizes the failure of current policies.

LEGAL CONSIDERATIONS ABOUT DRUG POSSESSION FOR PERSONAL USE

It has been decades since Argentina first considered the idea of excluding from criminal prosecution possession of small quantities of drugs. The principle was included in a reform of the criminal code in 1968, which introduced for the first – and last – time in Argentine criminal law, a clause that expressly excluded from its scope anyone who possessed drugs or materials used for their preparation in quantities that did not exceed “*those corresponding to personal use.*”³

This position was modified after only a short time with passage of a new law in 1974 that introduced prison sentences between one and six years, as well as fines, for possession of psychoactive substances and controlled drugs, even if they were only for personal consumption.⁴ The Supreme Court upheld this law throughout the following decade, during the period of military dictatorship, based on the rationale of “defending national security.”⁵

The situation began to change when democracy was restored in 1983, with a new judicial approach that questioned the constitutionality of a law that criminalized drug possession without exception. In August 1986, the Supreme Court handed down the well-known “Bazterrica” decision, declaring the article on drug posses-

sion unconstitutional, stating that it “*invades the sphere of personal freedom.*”⁶

Nevertheless, the legislative climate during this period had not changed and in 1989 a new law was passed that called for prison sentences between one month and two years,⁷ or the equivalent in education or treatment, for possession of drugs intended for personal use. This is the legislation on the books today. This law has raised numerous political, legal and academic criticisms⁸ after 20 years of its application, with opponents frequently stating that it has resulted in the criminalization of drug users.⁹

History repeated itself with the Supreme Court decision in August 2009.¹⁰ Known as the “Arriola” verdict, the court ruled on the case of five people who were caught leaving a house that the authorities had under surveillance for alleged drug sales. The five people were arrested by the police a few meters from the house and a search by officers found three marijuana joints on them. The court, re-examining the precedent set by the Bazterrica decision, unanimously declared unconstitutional the famous article based on the right to privacy protected by Article 19¹¹ of the Argentine Constitution. The judges ruled that the right to privacy was supreme, but established certain limits on this constitutional protection when conduct affects third parties.

The court went beyond simply ruling on the case, exhorting “all public powers to ensure a state policy against illicit drug trafficking and to adopt preventative health measures, with information and education to dissuade consumption, focused above all on the most vulnerable groups, especially minors, to guarantee proper compliance with the international human rights treaties signed by the country.” The ruling can be understood as an appeal to the executive branch to adopt more effective drug policies and a call for reforms to the current system.¹²

The arguments in the Arriola decision

“The second paragraph of Article 14 in Law 23.737 must be invalidated, because it infringes on Article 19 of the National Constitution given that it invades the sphere of personal freedom that excludes the authority of state agencies. For this motive, this legal regulation is declared unconstitutional in that it incriminates drug possession for personal use under conditions that do not entail a concrete danger or harm to the rights or assets of third parties” (opinion of Judge Elena Highton de Nolasco).

“Drug possession for personal consumption on its own does not offer elements to affirm that the accused were involved in anything other than a private action that cannot be seen as offending public morality or the rights of others” (opinion of Judge Carmen Argibay).

“Prosecuting drug users (...) becomes an obstacle to the recuperation of the few people who are addicts, because it does nothing more than stigmatize them and reinforce their identification to the use of a toxic substance with a clear prejudice against the progress of any form of detoxification therapy or behavior modification that proposes the inverse objective, which aims to remove this identification to try and establish self-esteem based on other values” (opinion of Judge Raúl Eugenio Zaffaroni).

“None of the conventions signed by the Argentine state in relation to the issue (1988

UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances; 1971 Convention on Psychotropic Substances and the 1961 Single Convention on Narcotic Drugs) commit it to criminalize narcotic possession for personal use. On the contrary, they state that the issue is ‘subject to constitutional principles and the basic concepts of its legal order’ (Article 3, subsection 2; Article 22 and Articles 35 and 36 of the conventions, respectively), with the conventions demonstrating their respect for Article 19 of the constitution” (opinion of Judge Ricardo Lorenzetti).

“It is clear that definitive responses for these approaches cannot be found in the framework of criminal cases notwithstanding the possibility of solutions in other spheres. It is undoubtedly inhumane to criminalize individuals, subjecting them to a criminal process that will stigmatize them for life and applying, in this case, a prison sentence (...) ‘it is a health problem and those afflicted should not be incarcerated’.¹³ On the contrary, it is primarily within the sphere of health – and through new models for an integral approach – where the response to personal drug consumption should be found. This combines proper protection of human dignity without losing sight of the broader focus this problem requires, which above all is related to dependency on these substances” (opinion of Judge Carlos Fayt).

INSTITUTIONAL REFORMS: PENDING POLICIES

The institutional context regarding drugs in Argentina is similar to the rest of Latin America, with the government creating a high-level bureaucratic structure and giving it a broad scope for action. In 1989, the government created¹⁴ the Secretariat of Planning and Coordination for Drug Pre-

vention and Drug Trafficking (*Secretaría de Programación y Coordinación para la Prevención de la Drogadicción y la Lucha contra el Narcotráfico*—SEDRONAR) that is controlled directly by the president’s office. The initial objective of this agency was to assist the president on all issues related to programme, control and legislation related to illicit trafficking and illegal use of drugs, narcotics and psychotropic

substances, and coordination of national policies and foreign policy regarding this issue.

Responsibilities as disparate as criminal prosecution, medical attention and prevention were concentrated in this way under one agency. At the same time, this concentration kept other ministries (Health and Education, for example) from focusing on the issue, while the task of interdiction exposed the difficulties of coordinating with security forces dependent on other agencies.

In 1996, SEDRONAR¹⁵ was given the task of preparing and approving the Federal Plan for Integral Prevention of Drug Dependency and Control of Illicit Drug Trafficking, with the most recent plan corresponding to the 2005-2007 period.¹⁶

The Interior Ministry in 2007 began pushing a series of measures that would lead to the process of looking for ways to transform Argentina's drug policies. The creation of the Scientific Advisory Committee on Control of Illicit Trafficking of Drugs, Psychotropic Substances and Complex Criminality, which was installed in February 2008,¹⁷ generated new proposals for legislative changes and public policies, and created a climate of controversy regarding the government's official position.

This quickly became obvious during the 51th meeting of the Commission on Narcotic Drugs in 2008 in Vienna. The head of SEDRONAR abruptly left the meeting, as the Argentine minister of Justice, Security and Human Rights asserted that the government's official position was depenalization of drug possession for personal consumption, adoption of harm reduction as a health policy, separating health care from persecution of criminal activity, international criminal cooperation, efficiency in the investigations involving controlled deliveries, rigorous control of precursor chemicals and efforts to follow the drug money trail.

Shortly thereafter, the Scientific Advisory Committee presented its first official document with a hard-hitting evaluation of the national context: *"After nearly 20 years since passage of the drug law and its multiple reforms, the administrative and criminal legislation on asset laundering and the administrative regulation on precursors and chemical substances have not contained the exponential increase since the 1990s in supply and demand of legal and illegal substances. The de-legitimization of legal control based principally on criminal law generates impunity and, simultaneously, the social perception that the punitive sanction targets the most vulnerable and weakest segments, which are the consumers."*¹⁸

This final point received strong political backing during the public presentation of a national survey on drug consumption, which included the presence of nearly all Cabinet ministers, when the president supported the initiative, stating: *"I do not like it when someone with an addiction is treated like a criminal. Those who need to be condemned are the ones selling these substances."*¹⁹

This process culminated with the creation,²⁰ under the umbrella of the Cabinet chief's office, of the National Coordinating Commission for Public Policy Regarding Prevention and Control of Illicit Drug Trafficking, International Organized Crime, and Corruption with the goal of "preparing and proposing national and regional public policies to combat transnational organized crime, asset laundering, corruption and illicit drug trafficking, establishing inter-ministerial, inter-governmental and inter-regional institutional spaces, advising at all levels the Cabinet chief, in order to coordinate joint actions to optimize public policies."

This National Commission has proposed a five-year National Drug Plan that includes prevention, assistance, inclusion, education, and criminal prosecution of drug trafficking. The document places criminal

Recommendations of the Scientific Advisory Board

1) Integral reform of criminal legislation on drugs to adapt regulations from the 1994 constitutional reform, particularly the regulations that elevated the right to health care to the constitutional level;

2) Development of policies regarding crime and proposals for actions in such a way that criminal persecution of consumers and the lowest levels of the trafficking chain do not cover up other aspects, such as corruption and extortion.

3) Whenever the crime of trafficking is transnational, increase international criminal cooperation and information exchange to improve the effectiveness of strategies for controlled deliveries, control of illicit trafficking and research of complex crimes.

4) Effective administrative control of medicines in general and controlled drugs and psychotropic substances in particular, closely monitoring availability to children and adolescents.

5) Adopt national and provincial administrative mechanisms related to quality control and diversion of substances or precursor chemicals used to guarantee the quality of products, while also offering necessary control of the illegal market.

6) Design public communication policies that emphasize prevention and education

as a way of improving quality of life and control messages that stimulate and foster consumption of legal and illegal substances as a guideline for social integration.

7) Suggest that the bulk of national and provincial government investment go to the public health system, focusing principally on legal substances, such as tobacco and alcohol, as well as on illegal substances, emphasizing prevention as a way to create a balance in budgets, which have prioritized security over prevention for years.

8) Actions related to demand should be framed within a plan that includes proposals for state policies and resources, with measurable objectives and timeframes that extend beyond an administration's term in office and are based on the following pillars: A. Prevention (run by the Ministries of Education, Social Development and Health); B. Treatment (run by the Ministries of Health and Social Development); C. Social rehabilitation (run by the Ministries of Social Development, Health, Labor, Education, and Justice Security and Human Rights); and D. Repression (run by the Ministry of Justice, Security and Human Rights). All of these will be developed in a coordinated fashion and will guarantee the rule of law.

policy within the context of complex issues and links national, provincial and municipal systems for medical attention, and includes several bills that have not yet been presented to Congress.

In the meantime, there continue to be conflicting positions within the state structure. Nearly a year after the Supreme Court's Arriola decision, the head SEDRONAR stated that "*depenalization of drug consumption inhibits the path to assistance.*"²¹

REFORM AND SOCIAL, HEALTH AND EDUCATION POLICIES

An important aspect of the current debate on drug policy reform is linked to the right to health care as an issue that cannot be separated from fundamental human rights. The Arriola decision, which removed drug possession for personal use from the criminal sphere, clearly identified drug addiction as a problem that must be addressed by the

health-care sector. This carries with it the risk of considering all drug consumers as medical or psychiatric cases. While no longer treated as criminals, drug users could be labeled as (mentally) ill. As such, it is necessary to point out the distinctions that some official documents and legislative proposals make between “users” and “problematic users,” as well as the emphasis on protecting the rights of people who suffer from mental illness, including those who are problematic drug users.

Taking into account that attention to mental health issues and problematic consumption of drugs continued to fall under a hegemonic model of guardianship or internment, two Supreme Court rulings²² deserve special attention, because they highlight that *“in processes that call for involuntary or coercive psychiatric internment, it is essential to respect the rule of due process to uphold the fundamental rights of the persons involved.”* They also stipulate that internment needs to be seen as an exceptional measure.

Along these same lines, the proposed Mental Health Law,²³ which was approved by the House of Representatives on Oct. 14, 2009 and is currently awaiting a vote by the Senate, is an important step forward. Article 4 of the proposed bill establishes that, *“addictions must be addressed as part of mental health policies. People with problematic consumption habits, whether of legal or illegal drugs, enjoy all the rights and guarantees established in this law with respect to health services.”*

Nevertheless, the best normative framework could be inoperable without the necessary institutional support. The official document on drug users and policies for working with them, prepared by the Scientific Advisory Committee on Control of Illicit Trafficking of Drugs, Psychotropic Substances and Complex Criminality, recommends: *“Among the universe of people who consume substances, the vast majority will not engage in problematic*

consumption. This is reserved for people who are in a special situation of bio-psycho-social vulnerability. This population can be reached through preventative measures (...) in the education system and in areas that include the presence and participation of young people (...) A relatively small proportion of the universe of substance users acquires problematic characteristics (...) This group of people require proper treatment appropriate to the manifestations of pathological consumption. These welfare interventions should allow for multiple alternatives, including strategies for harm and risk reduction, that should extend to the true construction of the state and civil society with the participation of specific sectors, such as the Ministries of Health, Education, Labor and Social Development (...).²⁴

A recent decree²⁵ incorporated these concepts in the creation of the National Mental Health and Addictions Bureau within the Health Ministry. The justification for the decree highlights *“the need to strengthen public mental health policies, especially compliance with the rights of people with mental illnesses or addictions.”*

The crucial point in the decree refers to the governing principles in the area of primary care for mental health and states that treatment of addictions should be based on *“a perspective that is respectful of the human rights and individual guarantees of people, with interdisciplinary criteria for attention that prioritizes family and communitarian participation and accompaniment.”* The same approach can be seen in the implementing legislation approved in March 2009 for the National Law to Combat Alcoholism,²⁶ which was approved 12 years earlier but was not applied until last year.

Additional progress can be found in the Ministry of Education, which created the National Program for Education and Prevention of Addiction and Unlawful Consumption of Drugs.²⁷ Its purpose is to guide educational practices for education

Proposed Mental Health Law

ARTICLE 7: The state recognizes the following rights of people suffering from mental illness:

- a) Right to receive integral and humane medical and social care through free, equal and equitable access to the necessary care and treatment with the goal of ensuring recovery and preservation of health;
- b) Right to know and preserve one's identity, social groups, genealogy and history;
- c) Right to receive care based on scientific foundations in line with ethical principles;
- d) Right to receive treatment and be treated with the most appropriate therapeutic alternatives that are least restrictive of rights and liberties, fostering family, labor and community integration;
- e) Right to be accompanied before, during and after treatment by family, other loved ones or the person designated by the patient suffering mental illness;
- f) Right to receive or reject spiritual or religious assistance or care;
- g) Right of the patient, his or her lawyer, family member or person designated by the patient to have access to their family background, charts and clinical history;
- h) Right to periodic supervision by a review board in the case of prolonged involuntary or voluntary internment to evaluate the conditions of the internment;
- i) Right not to be identified by or discriminated against for current or past mental illness;
- j) Right to be informed in an adequate and understanding way of rights and anything inherent to health and medical treatment, according to the norms of informed consent, including alternative treatment. These will be communicated to the family, guardian or legal representative if they are not understood by the patient;
- k) Right to make decisions regarding care and treatment within reason;
- l) Right to receive personalized treatment in an appropriate environment that provides privacy, always recognizing the patient as a subject of rights, with full respect for their private life and freedom of communication;
- m) Right to not be subjected to clinical research or experimental treatment without full prior consent;
- n) Right of patient suffering mental illness not to be considered unable to recover;
- o) Right to not be subjected to forced labor;
- p) Right to receive fair compensation for work in the case of activities that are part of labor therapy or community work that imply the production of objects, works or services that are later sold.

and prevention of addictions and unlawful drug consumption throughout the national education system.

This program has defined a series of objectives and activities for the educational community from an integral focus on prevention. According to the Ministry of Education, *“The habitual approaches and tools for prevention based on total prohibition, which promote fear, including fear of*

*loss of freedom, health and even one's life, have been ineffective when the results obtained to date are considered.*²⁸

THE REFORMS: A GOOD START

A debate on reform of drug policy is underway in Argentina like never before. Despite the initial confrontational content and contradictory positions within the state, the mechanisms for negotiation are

improving and leading to promising results. Nevertheless, we have to wait and see how far it will be possible to advance achieving change.

The jurisprudence established by the Supreme Court and the actions of new institutional stakeholders have created solid foundations to develop different responses that are more effective and humane. While it is true that many lower courts are applying the jurisprudence established in the “Arriola” decision, police forces (in some districts with the support of political powers) maintain the old practice of arresting drug users, making it necessary for clear directives to be issued.

Regarding social and health issues, the main challenge today is translating innovative discourses that are respectful of rights and guarantees into effective intervention practices. Without the creation and/or adjustment of health-care provisions that respond to social demands it will be difficult to counter the voices calling for a “heavy hand” and internment of drug users.

As such, it is up to the country’s lawmakers to consolidate the progress that has been made with legislative reform. Its viability is likely to be conditioned on power struggles and a socio-political logic involving complex and heterogeneous elements. We hope that the evidence accumulated outweighs petty interests and that the following comment becomes reality: *the most effective way to attempt to resolve the serious health problems created by toxic substances seems to be staying as far away as possible from repressive measures.*²⁹

NOTES

1. President of *Intercambios Asociación Civil*; Professor and researcher at the School of Social Sciences, University of Buenos Aires.

2. *Página /12*, 19 June 2007. “The order is to no longer go after consumers.” Interview with

Aníbal Fernández, who was Interior Minister at the time. He is now Cabinet chief.

3. Decree Law 17567, Art. 204.

4. Law 20771, Art. 6.

5. In the “Colavini” decision, handed down 28 March 1978, the Argentine Supreme Court dictated a two-year suspended sentence and fined a young man who was detained by police officers while walking through a public park. They confiscated two marijuana joints from him. Among the justifications for the sentence, the justices stated: “Given the poisonous influence of the spread of drug abuse around the world, which is a social calamity comparable only to the wars that devastate humanity or the plagues that in the past decimated humankind, the consequences of this plague, as much in the annihilation of the individual as in the impact on the moral and economy of peoples, leading to laziness, common crime and subversion, inability for actions that require a strong will and destruction of the family, which is the foundation of our civilization, it would be an unacceptable irresponsibility for governments of civilized states not to use the appropriate means to eradicate in a drastic manner this evil and, if this is not possible, confine it to its minimum expression.”

6. In the “Bazterrica” decision, the Supreme Court overturned a one-year suspended sentence and fine that had been applied for drug possession. There are three key arguments among the justifications supporting the ruling: 1) Article 19 of the Argentine Constitution prohibits lawmakers from legislating on conduct undertaken in private; 2) It has not been proven that the simple fact of drug possession leads to concrete danger for public order, so Article 6 of Law 20.771 punishes an individual for the mere hypothetical creation of a risk; 3) The criminal punishment applied to the drug user is not an effective remedy to the problem posed by drugs.

7. Law 23.737, Article 14, subsection 2.

8. An example is the document drafted by 80 Argentine judges and prosecutors stating: “After 15 years of Law 20.771 and nearly 20 years of applying Law 23.737, the current state of the supply and demand of drugs is at unprecedented levels.” They asked lawmakers to modify Law 23.737, warning that “criminal law can only be used to address criminal

conduct and in no case can social problems that go beyond its scope or which it cannot resolve be transferred to it.”

9. “Around 90% of the violations of Law 23.737 are initiated by the security forces, who detain people in public with small quantities of drugs – generally marijuana or cocaine – and who are not armed and not committing any other crime. The detainees tend to be male, young, Argentinians, single, without criminal records or having been arrested before (...) The majority of the cases were for possession for consumption.”

Corda, A. and Frisch, P. (2008) “Introduction to an analysis of the application of Drug Law N° 27.737 in the Autonomous City of Buenos Aires and the Province of Buenos Aires between the years 1996 and 2007” at the *Ninth National Congress of Legal Sociology, “From Law to Practice: Social confrontation for the use of law* . Rosario, 13-15 November 2008.

10. “Arriola” decision.

11. National Constitution, Article 19. The private actions of man that in no way offend order or public morals, or harm a third party are reserved only for God and outside the purview of judges. No inhabitant of the nation will be forced to do what is not mandated by law or stopped from doing what is not prohibited.

12. See the box to understand the rationale of some of the judges.

13. UNODC, United Nations Office on Drugs and Crime. World Drug report 2009, Executive summary

14. Decree 271, 17 July 1989.

15. Decree 623, 7 June 1996.

16. SEDRONAR Resolution No. 210/05. A report to the Comptroller General of the Nation, dated 05/02/2009, concludes that this federal plan “had not become an effective instrument to address the problems of drugs at the national level, as (...) the plan has not been conceived as a global strategy to deal with the problem of drugs in the country, given that it is geared basically toward actions that should be carried out by SEDRONAR in the framework of the specific responsibilities assigned to it by the decrees that created its organizational structure. As a consequence, still to be defined in this instrument are strategies, actions and measurable results on the part of other national

bodies, as well as provinces and municipalities, through the preparation of their respective jurisdictional plans, which should put these strategies into action as the parties directly responsible for the majority of the intervention regarding drug dependency.” Available at http://www.agn.gov.ar/informes/fichas/f_004_09_01_06.pdf. Consulted 28/06/2010.

17. Ministry of Justice, Security and Human Rights Resolution, 28 February 2008. The resolution defined the committee’s functions and objectives:

a) Advise the Minister of Justice, Security and Human Rights on related issues;

b) Prepare and present draft legislation to reform and update laws on related issues;

c) Provide technical assistance in relating to representative non-governmental organizations, and professional and academic associations working on drug-related issues;

d) Provide assistance in the design of a plan that encompasses and coordinates all areas of state intervention on related issues;

e) Advise in the implementation of technical collaboration agreements with public agencies;

f) Provide technical assistance in coordinating activities for national and international cooperation on related issues;

g) Present to the Minister of Justice Security and Human Rights reports, recommending specific studies and training models related to the issue for the Judiciary, Attorney General’s Office, Ombudsman’s Office, national and provincial legislatures, and other areas of the Executive Branch, as well as for academics.

18. “The integral reform of the drug law and identification of social policies.” Official document of the Scientific Advisory Committee on Control of Illicit Trafficking of Drugs, Psychotropic Substances and Complex Criminality.

19. Clarín, 30 July 2008. “*Cristina backs decriminalization of personal drug consumption.*”

20. Decree 1359, 30 September 2009.

21. La Nación, 17 June 2010. “*The path to assistance is curtailed.*”

22. *Competencia N° 1511. XL*. Tufano, Ricardo Alberto s/ Internment. 27 December 2005.

Competencia nro. 1195. XLII R. M.J. s/insanity,
19 February 2008.

23. Proposed National Mental Health Law. D-2009.

24. Official document of the Scientific Advisory Committee on Control of Illicit Trafficking of Drugs, Psychotropic Substances and Complex Criminality on drug users and policies to reach them. Available in

<http://www.jgm.gov.ar/archivos/comisionnacional/DO1usuarios.pdf>. Consulted 24/06/2010.

25. Decree 457, 5 April 2010. Creation of the National Mental Health and Addiction Bureau, a dependency of the Secretary for Health Determinants and Health Relations within the Ministry of Health.

26. Law 24788, approved 5 March 1997. Implementing decrees 149/2009 and 688/2009. The law creates the National Program for Prevention and Combat Excessive Alcohol Consumption, codified by a resolution of the Ministry of Health, July 1, 2010.

27. According to Law 26.586, approved 29 December 2009.

28. Sileoni A (2010) "Presentation" in: *Prevention of Problematic Drug Use: From the perspective of the adult in educational community*. Buenos Aires: Ministry of Education.

29. Zaffaroni, E.R. (2010) "Prologue" in: Cuñarro M. (director) *The criminal policy of drugs*. Buenos Aires: Ad-Hoc.

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TNI/WOLA Drug Law Reform Project

The TNI/WOLA Drug Law Reform Project promotes more effective and humane drug policies through dialogue and up-to-date analysis of developments in the region.

The project was created amidst growing evidence that the decades long “War on Drugs” has failed. Current international drug control policies have not decreased drug consumption, curbed the planting of crops destined for the illicit market, or curtailed the expanding drug trade.

Instead, they have marginalized drug users who are pushed out of reach of treatment programs, repressed farmers who may have no other means of survival, overcrowded prisons, and overwhelmed criminal justice systems. Such policies have targeted users and small-scale traffickers, while large-scale criminal organizations have remained unrestrained.

It is time for an honest discussion based on research and analysis into the effectiveness of current and alternative drug policies. The Drug Law Reform Project aims to inform national and international debates, incorporating human rights and harm reduction principles into the drug policy debate.

It also aims to stimulate the debate about appropriate legislative reforms by pointing out good practices and lessons learned in areas such as effective law enforcement practices, proportionality of sentences, prison reform, and reclassification of substances in national legislations and the United Nations conventions.

Our analysts – scholars, policy-makers, and legal experts – provide up-to-date information on drug policy developments in Latin America. The TNI/WOLA Drug Law Reform Project is coordinating a series of informal drug policy dialogues and workshops in the region. Our in-country researchers are conducting investigations of drug control laws, their applications, and prison conditions in eight key countries: Argentina, Bolivia, Brazil, Colombia, Ecuador, Mexico, Peru, and Uruguay.

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