



Organization of  
American States

**ORGANIZATION OF AMERICAN STATES**

**SECRETARIAT OF MULTIDIMENSIONAL SECURITY**

**REMARKS OF THE EXECUTIVE SECRETARY OF THE INTER AMERICAN DRUG ABUSE CONTROL  
COMMISSION (CICAD) AMBASSADOR PAUL SIMONS**

**HIGH LEVEL SEGMENT**

**COMMISSION ON NARCOTIC DRUGS**

**VIENNA**

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Thank you very much for the opportunity to represent the Organization of American States at this meeting, and to share with you some hemispheric perspectives on the world drug problem.

How can we characterize the role of the Organization of American States at this gathering?

For the past 28 years, we at the OAS have been collaborating with our member states on the drug issue, from the platform of our Inter American Drug Abuse Control Commission (CICAD). We have negotiated three hemispheric drug strategies by consensus among our 34 member states, with each state contributing its particular perspective. We recently completed the sixth round of our Multilateral Evaluation Mechanism, during which our member states evaluated each other's success in making progress toward completing 27 separate objectives derived from the Plan of Action of our current Hemispheric Drug Strategy. We are currently drafting a new plan of action for the period 2016-2020. We coordinate policy, craft mutual evaluations, offer

technical assistance, promote regional cooperation, and share best practices. We salute the presence of many of our drug commissioners who are present here at this gathering. Each of them works tirelessly to carry out the goals of his/her country's respective national drug control strategy. And we accompany all of them in their efforts.

As you know, the drug issue is of keen political interest to Hemispheric Heads of State and other political leaders. We have been very active over the past three years examining the issue from both technical and political points of view.

Discussions were launched in a private meeting of heads of state and government at the Cartagena Summit of the Americas in April 2012. At that session, heads focused largely on two areas of broad concern: increasing drug consumption throughout the hemisphere, and violence associated with drug trafficking.

The mandate from Colombian President Santos to the OAS at the closure of summit was expressed as follows:

*"We, the region's leaders, held an invaluable discussion on the global drug problem. We agreed on the need to analyze the results of the current policy in the Americas and to explore new approaches to strengthen this struggle and to become more effective. We have issued the OAS a mandate to that end."*

Based on this mandate, under the supervision of Secretary General Jose Miguel Insulza, the OAS spent the following year preparing a two part report for hemispheric heads of state: an analytical report on the status of the problem and a scenario report on potential futures.

This was a large, multi-stakeholder process with over 300 experts involved. The UNODC provided invaluable inputs throughout the process.

Final reports were submitted to President Santos in May 2013. In total, we prepared eight volumes of work: an analytical report, a scenario report, and six accompanying thematic studies. Last year, here at the CND, we had the opportunity to present this work, both in the High Level Session as well as in a side event together with our colleagues from Guatemala, Mexico, Colombia and Uruguay.

While the analytical report did not incorporate recommendations, we did assemble a number of key findings:

- The drug problem affects every country in the hemisphere, but with widely varying impacts.
- The drugs/security relationship is complex and differs by country and sub-region.
- Insecurity has greater impact on societies in which the state is not in a position to deliver effective solutions.
- A public health approach is needed to address drug consumption challenges

- Decriminalization of personal use and alternatives to incarceration need to be carefully examined.
- The drug problem requires a flexible approach which captures different realities in many countries in the hemisphere:
  - It is important to develop evidence, conduct analysis and undertake evaluations.
  - Flexibility in policy implementation is essential to reflect distinct realities
  - At the same time, it is essential to maintain overall unity within this diversity and a sense of collective action

International press and member state reaction to our drug report has been uniformly positive, with many commentators noting that it had opened up a long awaited debate on drug policy in the hemisphere.

Meanwhile, OAS Member States and the General Secretariat have been extremely active on the drug front since the publication of our Report some eighteen months ago.

One month after publication, we presented the drug report to our foreign ministers at the OAS General Assembly in Antigua Guatemala. We had an extensive public as well as private debate with 28 of our 34 foreign ministers on the drug issue at that meeting, and adopted by consensus the “Antigua Declaration” on June 6, 2013.

Key elements of the Antigua Declaration include the importance of broad and open debate on drug problem, including civil society, the importance of institutional strengthening, a public health approach to prevention, treatment and social integration, a human rights focus to drug policy, the importance of strengthening international cooperation on money laundering and chemical precursors, and a focus on alternatives to incarceration, proportionality of sentences, and reducing prison overcrowding.

Finally and perhaps most importantly, the Antigua Declaration charged member states with launching a comprehensive process of consultations on the drug problem, with the cooperation of the OAS, taking into account our report and other recent resolutions.

In New York, we had extensive discussions with Heads of State at the UNGA on this issue. We convened regional health ministers at the Pan American Health Organization to receive the report, as well as regional security ministers in Medellin. We also presented the report to European authorities in Spain, Portugal, and Brussels. And we had a lively discussion last year here in Vienna at the Conference on Narcotic Drugs (CND) on the report and its findings.

We held two meetings of our regional drug commission CICAD in the intervening months. Those meetings were particularly productive, leading to a number of new initiatives and focus to our work:

- First, a more intensive focus on Public Health, through a partnership between CICAD and the Pan American Health Organization (PAHO). We are currently implementing

a detailed work plan focused on strengthening capacity building and institutions in the health sector throughout the hemisphere.

- Second, a more intensive focus on judicial and sentencing reform and alternatives to incarceration. Colombia is chairing a working group on this issue and we expect a major study to be concluded by the middle of this year. This was also the subject of an interesting side event held at this year's CND.
- Third, more intensive international cooperation in money laundering and asset management.
- Fourth, a more active debate on new hemispheric drug policies, including proposals relating to cannabis. Our commissioners have been particularly interested in the developments in Uruguay and the state initiatives in the U.S., and how they relate to issues of health, prevention, and institutional strengthening. We have dedicated half a day to the topic of cannabis at each of our last two commission meetings.
- Fifth, a more intensive focus on synthetic drugs, new psychoactive substances, and chemical precursors.
- Finally, an enhanced role for civil society in all our deliberations. In addition to programming a half day civil society side event prior to our commission meeting, we have invited civil society representatives to present and moderate panels, and to participate actively in our deliberations.

On the **public health issue**, our PAHO-CICAD Strategic Partnership seeks to define specific public health policies and actions to address the drug problem in the Americas through a coordinated, comprehensive effort to create healthier communities. The agreement aims to strengthen the capacities of OAS Member States to establish national systems for drug abuse prevention, early detection, brief intervention, treatment, rehabilitation, and social integration policies and services within the framework of countries' public health systems.

Three Sub-Regional Forums have been held to address the drug problem in a comprehensive manner, with a focus on public health and the participation of public health officials, National Drug Commissions, and civil society from Mexico, Costa Rica, El Salvador, Guatemala, Panama, Honduras, Belize, Dominican Republic, Uruguay, Argentina, Colombia, and Chile.

The goals of this effort include identifying the needs of national health systems in the region for addressing the drug problem through a public health perspective; defining training profiles, competencies, and needs of the national public health systems; and drafting a document that would identify empirically effective public health demand reduction policies and programs to optimize the health and wellbeing of the countries' populations.

On the issue of **alternatives to incarceration**, in the last few years, many of the countries in the Americas have experienced a significant increase in the number of people incarcerated for drug-related offenses. The length of sentences for these offenses have an important relationship to prison overcrowding – a problem experienced by many of countries in the region. The perceived disproportionality of these punishments is not only an increasing burden on judicial and penitentiary systems, but also detrimental to the human rights of drug-related offenders. What makes disproportionality an even more pressing issue is that it often weighs most heavily on the weakest links of the drug supply chain, normally individuals in precarious socio-economic conditions with low levels of education, exposing them to the stigma and marginalization that are often a result of incarceration.

Through the Working Group on Alternatives to Incarceration, created at the 54th Regular Session of CICAD, Member States together with the CICAD Executive Secretariat are in the process of identifying alternatives to incarceration in place in the hemisphere and beyond for drug-related offenders. A report to be presented at next month's CICAD plenary will incorporate a matrix of these alternatives for consideration, including the drug treatment court model, which is being explored or implemented by more than one third of our member states.

On the issue of **cannabis**, a number of countries in the hemisphere and their subnational jurisdictions have undertaken policy adjustments in recent years, which have been the focus on intensive discussion and debate in our drug commission CICAD.

- **Uruguay** is implementing legislation passed in 2013 that establishes a regulated market in cannabis through three separate mechanisms – cannabis clubs, self-cultivation, and registered sales through pharmacies. The principal goal of the program is to divert existing cannabis consumers from criminal markets toward regulated sources of supply. Implementation is currently underway, with due attention to preventing an increase in problematic use, limitations on amounts, quality control, advertising prohibitions, and prohibitions on drug tourism. With OAS support, Uruguay is also actively involved in developing a baseline for monitoring and evaluation the health and criminal justice impacts of this initiative.
- Following popular referenda, the U.S. states of **Colorado** and **Washington** are implementing commercial markets in recreational cannabis. The states of **Alaska** and **Oregon** have passed popular initiatives to create commercial markets for cannabis that may be operational in the next year. Meanwhile, the **District of Colombia** has passed a law decriminalizing possession of small amounts of marijuana and allowing home cultivation. Public health concerns in several of these models have competed with commercial concerns, with public debate focusing more on tax revenues than on public health issues including youth consumption. There are no agreed benchmarks for measuring the success of these various initiatives.
- **Jamaica** has recently passed legislation that decriminalizes possession of up to two ounces of cannabis, imposing a modest fine that carries no criminal record; allows

cannabis to be used by individuals for religious, medical, scientific and therapeutic purposes; allows home growing of five or fewer plants for medical or therapeutic purposes; and establishes a regulated and licensed cannabis industry to produce and distribute the drug for medical, therapeutic and scientific purposes.

- On the issue of **medical marijuana**, approximately half of the U.S. states have programs in place for the medical use of marijuana, under widely varying legal and regulatory structures. Canada has a similar program in place, one Chilean municipality has implemented a pilot project, and legislative debate on medical marijuana is underway in Colombia and Costa Rica.
- Meanwhile, a number of OAS member states are **removing criminal sanctions for cannabis users**. In the U.S., decriminalization of marijuana possession has been adopted in a number of U.S. states. This is in addition to the twelve countries of the hemisphere which have never criminalized drug use of any kind.

Within our regional drug commission, we continue to have a lively, informed and respectful debate on the cannabis issue.

By the time of the **OAS Special General Assembly**, chaired by the Guatemalan foreign minister, on September 19 of last year, we had made major progress in defining a new hemispheric agenda on drug policy, one that could provide important hemispheric leadership for the UNGASS 2016 process.

The Guatemala resolution adopted by consensus at that meeting places a special focus on the individual and human aspect of the drug problem; calls for a review of traditional approaches and consideration for the development of new approaches based on scientific evidence; calls for strengthening national health systems and programs for prevention, treatment, rehabilitation and social reintegration, focusing on CICAD/ PAHO joint work plan; promotes alternatives to incarceration, sentencing reforms, and relief of prison overcrowding; asks our drug commission CICAD to work with member states to analyze the impact of new policy approaches to the drug problem, on the basis of scientific evidence; promotes international cooperation on money laundering and asset forfeiture, working through CICAD's Expert Group; provides for strengthening international cooperation on organized crime through intelligence and information exchanges, and institutional strengthening; calls for the evaluation of the results of our current Hemispheric Drug Strategy and plan of action; and requests CICAD to prepare a new plan of action for the period 2016-2020, taking into account new challenges, scientific evidence, and appropriate indicators.

This resolution adopted by consensus by our Foreign Ministers in Guatemala, was presented by Secretary General Insulza and Guatemalan Foreign Minister Morales to Permanent Representatives of CND countries in Vienna in January. The resolution was also presented to both GRULAC members as well as to the President of the U.N. General Assembly last November in New York.

We hope this document as well as other products we develop over the next year will provide a valuable input for the UNGASS special session in 2016. Indeed, we are confident that they demonstrate the leadership that this hemisphere can demonstrate vis a vis the rest of the world on the drug issue. An approach focused on the human being, not the substance, and oriented more toward treatment and rehabilitation of drug users, not incarceration.

We are hopeful that this document and other subsequent work undertaken by our drug commission CICAD in the areas of public health and alternatives to incarceration will provide valuable inputs for UNGASS 2016.

Thank you for your attention, and we look forward to continuing to work closely together as we move toward UNGASS 2016.