



BECKLEY FOUNDATION

JULIO CALZADA

GENERAL SECRETARY OF THE NATIONAL DRUG BOARD, URUGUAY

“As citizens we have lost our sense of citizenship because of the drug trafficking problem, so we really want to promote co-existence.”

Summary: Julio Calzada argued that the debate on drug policy had to be democratic and manifold, focused not exclusively on the criminal aspect, but also on public health. It should also take into account the links between drugs, poverty, inequality, and segregation in Latin America.

DRUGS, POVERTY, AND SEGREGATION IN SOUTH AMERICA

There is a need for an evidence-based global debate, in which coherence and consistency are essential. The debate needs to be broad, democratic, and inclusive, and not focus solely on criminal aspects.

The constitution of Uruguay was enacted in 1848, and it does not prohibit the use of drugs – something that distinguishes Uruguay from other South American countries, and in fact from other countries in the world. The focus for Uruguay is therefore on public health. The government of Uruguay believes that drug policies should respect human rights, while still reducing supply and controlling demand. In Uruguay (and other South American countries), the main problem is not the drug itself, but rather poverty, inequality, and segregation. Latin America is the continent with the greatest level of inequality and disparity worldwide, and this problem is very much associated with both the production and trafficking of drugs in the most impoverished areas.

But the main issue is what to do next.

We need to introduce the concept of regulation into the global debate. In this sense, Uruguay has made some progress: In 2006, we regulated the tobacco market with a focus on public health, and in 5 years' time, cardiovascular and related diseases decreased significantly. Uruguay is currently also regulating the alcohol market. There have been complex epidemiological consequences of an unregulated market in the 12-17 age group, where there is a 70% prevalence rate, and alcohol is thought to be a 'gateway' to other drugs – among men aged 19 to 25, there is a 95% rate of smoking and using cannabis. Cannabis regulation is on the table right now, and all parties represented in Parliament have offered initiatives with respect to this topic, showing that there is a political will. From a public health and human rights point of view, it is possible to make progress.

Uruguay is a small country (only 600km wide), without some of the significant geographical issues that Brazil, Argentina, or Colombia might have. However, 98.2% of drug users – including alcohol – do not receive any healthcare. This is the main problem with drug use in Uruguay, and it is necessary to open the gateway to healthcare for the general public, so that all users have access. Uruguay enjoys the support of several NGOs and the minister of Colombia, and wants to offer basic community treatment and resources to large sectors of the population.

We are also looking for alternatives to the penalisation of small-scale trafficking. This is an unregulated part of the market, most affecting the poorest sectors (up to 8% of the population), and represents collateral damages for those countries that are not producers.