

CHARLES UNIVERSITY
FACULTY OF SOCIAL SCIENCES
Institute of Sociological Studies
Department of Public and Social Policy

Master's Thesis

2020

Henry Dominguez

CHARLES UNIVERSITY
FACULTY OF SOCIAL SCIENCES
Institute of Sociological Studies
Department of Public and Social Policy

**Marijuana regulation in Colombia and Uruguay:
A Comparative Policy Analysis**

Master's thesis

Author: Henry Dominguez

Study programme: Public and Social Policy

Supervisor: Martin Nekola, PhD

Year of the defense: 2021

Bibliographic note

DOMINGUEZ, Henry. *Marijuana regulation in Colombia and Uruguay: A Comparative Policy Analysis*. Charles University, Faculty of Social Sciences, Institute of Sociological Studies.

Supervisor: Martin Nekola, PhD

Abstract

This study uses a Comparative Policy Analysis (CPA) between Colombia and Uruguay using the common analytical framework created by Rogeberg, Bergsvik, Phillips, Amsterdam, Eastwood, Henderson and Nutt (2018) where it can be described, assessed and discussed policy regimes. First, it describes the development of the drug policy towards the marijuana use in Latin-American countries, and secondly, each country is classified according to the characteristics of the Policy Regimes: a) Absolute prohibition regime, b) decriminalization, c) State control, and d) free market. Besides, each country is evaluated according to the seven clusters designed in the common analytical framework.

Keywords

Legalization of Marijuana, Policy Cycle, Comparative Policy Analysis, Drug Policy

Range of thesis: 89 pages

Declaration

1. I hereby declare that I have compiled this thesis using the listed literature and resources only.
2. I hereby declare that my thesis has not been used to gain any other academic title.
3. I fully agree to my work being used for study and scientific purposes.

In Prague on 04.01.2021

Henry Dominguez



Name: Henry Dominguez Silva

Topic: Marijuana Regulation in Colombia and Uruguay: A Comparative Policy Analysis

Key words: marijuana, legalization, comparative policy analysis, drug policy, drug regime

Academic year: 2018/2019

Language of diploma theses: English

Supervisor: Martin Nekola, PhD.

Field of study: Public and Social Policy

A. Research problem definition:

“The Colombian Government has declared illegal the use of marijuana for recreational purposes. The basis of this decision is to decrease the index of Marijuana consumption and criminality in the country. This step has been taken in contrast to the trend in Latin America where many countries have made decisions towards legalization of the use of marijuana with some restrictions. In this case, Uruguay has been the first country in the world to legalize the use of marijuana for all purposes. Current data of the Colombia's Drug Observatory Office shows that the price of marijuana rises up, and marijuana micro-traffic increases by the use of delivery options from social network platforms, likewise, it does not show a significant decrease of criminality. This thesis aims to evaluate which country has more relevant results about the legalization of marijuana in terms of seven clusters: health, social, political, public, crime, economic and cost, and the policy decision suggested by Houborg E., Bjerger B., Frank V.A., 2018.

B. Objectives

- a. The main objective of this research is to identify the differences of the drug policies in Colombia and Uruguay regarding the marijuana usage in order to determine the factors that influence the consumption of marijuana in both countries aside from the impact caused according to the legalization policy, reduction of criminality and the seven clusters proposed by Houborg E., et. al., 2018.

C. Research questions

1. Have the objectives formulated in public policies in Colombia and Uruguay been achieved regarding the reduction of marijuana use and the criminality associated to it?

D. Theoretical concept

This thesis is based on the investigation “A new approach to formulating and appraising drug policy: A multi-criterion decision analysis applied to alcohol and cannabis regulation.” by Houborg E., et. al. (2018) on which the authors stated that “This study aimed to develop an analytical framework to describe, assess and discuss different drug regulatory regimes for a Western context (Western Europe and North-America).” (P.145).

The authors created a framework model of four generic regulatory regimes defined as: absolute prohibition, decriminalisation, state control and free market. 27 relevant criteria were identified as well which were organised into seven thematically related clusters that are assessed in this research.



Based on the lack of investigations about the state regimes in Latin-american countries, this thesis uses the framework model proposed to evaluate the consumption of marijuana in these two countries attributed to what authors set in their research. They concluded that “state control was the preferred regime for both alcohol and cannabis” (p.144) and at the end of the research, the authors concluded that “combining data and expert judgments to assess real and hypothetical policy states, this new approach can contribute to the literature on comparative policy analysis” (Ritter, Livingston, Chalmers, Berends, & Reuter, 2016).

Thanks to the Houborg E., et. at (2018) work, this investigation compares the drug policies among Colombia and Uruguay by using the Comparative Policy Analysis (CPA) methodology as of the following criteria:

Table 1
Policy criteria and their definitions

Cluster	Criterion	Definition
Health	Reduces user harms	Prevents medical harms to a user resulting from consumption of intended substance. Includes blood-borne viruses (BBV)
	Reduces harms to others	Prevents health harms (including BBVs) to third parties due to either indirect exposure (e.g., second hand smoking) and behavioural responses to consumption (e.g., injury due to alcohol induced violence)
	Shifts use to lower-harm products	Decreases consumption of more harmful substances or increases consumption of less harmful substances (e.g., cannabis prohibition leading to synthetic cannabinoids)
	Encourages treatment	Encourages treatment of substance-use problems
Social	Improves product quality	Assures the quality of products due to mislabeled or counterfeit/adulterated product, unknown dose/purity
	Promotes drug education	Improves education about drugs
	Enables medical use	Policy does not impede medical use
	Promotes/supports research	Policy does not impede research
	Protects human rights	Policy does not interfere with human rights as distinct from the individual's right to use.
	Promotes individual liberty	Policy does not interfere with individual liberty (individual's right to use)
Political	Improves community cohesion	Policy does not undermine social cohesion in communities
	Promotes family cohesion	Policy does not undermine family cohesion
	Supports international development/ security	Policy does not undermine international development and security
Public	Reduces industry influence	Insulates drug industry influence on governments (less lobbying is preferable)
	Promotes social and personal well-being	Promotes social and personal well-being
Crime	Protects the young	Protects children and young people
	Protects vulnerable	Protects vulnerable groups other than children and young people
	Respects religious/cultural values	Respects religious or cultural values
	Reduces criminalisation of users	Does not criminalise users
Economic	Reduces acquisitive crime	Reduces acquisitive crime to finance use
	Reduces violent crime	Reduces violent crime due to illegal markets
	Prevents corporate crime	Prevents corporate crime, e.g. money-laundering, tax evasion
	Prevents criminal industry	Extent to which the policy discourages illegal market activity
Cost	Generates state revenue	Generates state revenue
	Reduces economic costs	Reduces public financial costs not directly related to the enforcement policy (e.g., spillover effects on health policy budgets)
Cost	Low policy introduction costs	Financial costs of introducing the policy
	Low policy maintenance costs	Financial costs of enforcing the policy

Source: Houborg E., Bjerger B., Frank V.A. Editorial: Comparing drug policies. International Journal of Drug Policy, Volume 56, 2018

(Supervisor comments)

The CPA will analyze the seven cluster and will find the similarities and differences between each country.

This cluster was made by Houborg E., Bjerger B., Frank V.A in 2018 using a Multi-criterion decision analysis 17 experts of different topics of public policy. The main topics is the drug policy towards “cannabis and alcohol separately, participants evaluated each regulatory regime on each criterion and weighted the criteria to provide summary scores for comparing different regimes. (p.144).



E. Research plan -

TASK	DECEMBER/2018	JANUARY/2019	FEBRUARY/2019	MARCH/2019	APRIL/2019
Aim and methods					
Theoretical part					
Results till					
Final version					

F. Literature:

1. Houborg E., Bjerre B., Frank V.A. Editorial: Comparing drug policies. International Journal of Drug Policy, Volume 56, 2018
2. Tamar M. J. Antin, Sharon Lipperman-Kreda, Geoffrey Hunt
Am J Public Health. 2015 Dec; 105(12): 2426–2429. Published online 2015 Dec. doi: 10.2105/AJPH.2015.302806
3. Hernández Avendaño, J., Parra Alvarez, D. De políticas y drogas: análisis comparativo del modelo colombiano .Univ. Estud. Bogotá (Colombia) N° 14: 129-146, Julio-Diciembre 2016. <https://cienciasjuridicas.javeriana.edu.co/documents/3722972/7912168/8-DE+POL%C3%8DTICAS.pdf/b00f1fa7-4984-45ca-8057-eb8f68ee9349>

H. Signatures

Henry Dominguez
Student

.....
Martin Nekola, PhD.
supervisor

CONTENT

ABBREVIATIONS	ix
1. HISTORICAL PERSPECTIVE OF THE DRUG POLICY	1
1.1. Colombia	6
1.2. Uruguay	8
2. LITERATURE REVIEW	11
2.1. Policy regimes in Latam	11
2.2. Definition of policy regimes for Colombia and Uruguay	17
2.2.1. Absolute prohibition regime.....	17
2.2.2. Decriminalization	19
2.2.3. State control.....	21
2.2.4. Free market	22
3. ANALYTICAL FRAMEWORK	24
3.1. Multicriterion decision analysis	24
3.2. Research aim and objectives	26
4. DATA AND METHODOLOGY	27
4.1. Methodology	27
4.2. Limitation of the thesis	29
5. MARIJUANA POLICY IN COLOMBIA AND URUGUAY	30
5.1. Health	30
5.1.1. Reduces user harms.....	30
5.1.2. Reduce harms to others.	31
5.1.3. Shifts use to lower-harm products.	32
5.1.4. Encourages treatment.....	33
5.1.5. Improves product quality.	35
5.2. Social	36
5.2.1. Promotes drug education.....	36
5.2.2. Enable medical use.....	38
5.2.3. Promote/supports research.....	39
5.2.4. Protects human rights.....	40
5.2.5. Promote individual Liberty.....	41
5.2.6. Improves community cohesion.	41
5.2.7. Promotes family cohesion.	43
5.3. Political	44

5.3.1.	Supports international development/security.	44
5.3.2.	Reduces industry influence.	46
5.4.	Public.....	47
5.4.1.	Promotes well-being.....	47
5.4.2.	Protects the Young.	47
5.4.3.	Protects vulnerable.....	49
5.4.4.	Respects religious/cultural values.	50
5.5.	Crime	51
5.5.1.	Reduces criminalisation of users.	51
5.5.2.	Reduces acquisitive crime.....	52
5.5.3.	Reduces violent crime.....	54
5.5.4.	Prevents corporate crime.....	56
5.5.5.	Prevents criminal industry.....	58
5.6.	Economic.....	60
5.6.1.	Generates state revenue.....	60
5.6.2.	Reduces economic costs.....	61
5.7.	Cost.....	63
5.7.1.	Low policy introduction costs.	63
5.7.2.	Low policy maintenance costs.	64
6.	DISCUSSIONS.....	66
7.	CONCLUSIONS.....	71
8.	BIBLIOGRAPHY	76

Table 1: Latest one-year data period prevalence in some South American countries regarding marijuana use in the general population.....	3
Table 02: Captures for the crime of trafficking, manufacture or possession of narcotic drugs in Colombia (2011-2015).....	51
Table 03: Imputations ⁵ in drug-related crimes in Uruguay (2018-first four months 2020).....	52
Table 04: Kilograms of marijuana seized in Uruguay (2013-2017).....	54
Table 05: Percentage of homicides committed in Uruguay related to the conflict between criminal groups, drug trafficking or settling old scores.....	56
Table 6: Money laundering investigations in Colombia (2012-2016).....	57
Table 7: Investigations, indictments and sentences related to money laundering in Uruguay (2015-2018).....	58
Table 8: Tax collection for Consumption Tax that includes the National Tax on the Consumption of medical cannabis in Colombian pesos.....	60
Table 09: IRCCA income in Uruguayan pesos.....	61
Table 10: Budget in Colombian pesos for the prevention approach in drug policies (2013-2014).....	62
Table 11: Budget in Colombian pesos for the violence prevention against women in the National Public Policy of Gender Equality of Colombia (2013-2016).....	62
Table 12: Expenditure on drug policy in millions of Colombian pesos.....	64
Table 13: Budget of the National Drug Board in American Dollars.....	65
Figure 01: Policy criteria and their definitions.....	25

ABBREVIATIONS

AUCI	Agencia Uruguaya de Cooperación Internacional [Uruguayan Agency for International Cooperation]
CICAD	Comisión Interamericana para el control del abuso de drogas [English Inter-American Drug Abuse Control Commision]
CONPES	Consejo Nacional de Política Económica y Social [National Council for Economic and Social Policy]
DIAN	Dirección de Impuestos y Aduanas Nacional [National Tax and Customs Directorate]
DNP	Departamento Nacional de Planación [National Planning Deparment]
FGN	Fiscalía General de la Nación [Attorney General of the Nation]
FIP	Fundación Ideas para la Paz [Ideas for peace Foundation]
GAFILAT	Grupo de Acción Financiera de Latinoamérica [Financial Action Task Force of Latin America]
IDPC	International Drug Policy Consortium
IRCCA	Instituto de Regulación y Control del Cannabis [Institute of Regulation and Control of Cannabis]
JND	National Drug Board [Junta Nacional de Drogas]
MERCOSUR	Mercado Común del Sur [Southern Common Market]
OAS	Organization of American States
ODU	Observatorio Uruguayo de Drogas [Uruguayan Drug Observatory]
UN	United Nations
UNASUR	Unión de Naciones Suramericanas [Union of South American Nations]

1. HISTORICAL PERSPECTIVE OF THE DRUG POLICY

The concept of policies refers to premeditated actions or omissions carried out in both, the public and private sectors, in order to obtain focused results. In this way, policies are always oriented to solve problems and, therefore, their study and planning, in a responsible way, apply to get the desired results; even, if it is decided not to take action for the problem situation (Astorga and Facio, 2009, p. 2).

Now, in the public sector, the policies constitute action plans for the institutions of each state, they are directed to the fulfillment of the essential purposes that have been embodied in their Constitutions. These action plans imply intervention in some dimensions of life in society that may encompass economic, social, health, security, education or access to technology, which have been identified as relevant and require some improvement or state intervention.

According to the previous paragraphs, the academy has expressed different concepts about the notion of public policy. In the words of Thomas Dye (1987, p. 1), policies are “whatever governments choose to do or not to do” and their functions are “regulate behavior, organize bureaucracies, distribute benefits, or extract taxes” (1987, p. 1). Although Dye's position is traditional, it is too general and does not allow it to create a precise notion of what policies are in the public sector. Therefore, it is important to mention other concepts. Thus, Richard Wilson refers to policies as “the actions, objectives, and pronouncements of governments on particular matters, the steps they take (or fail to take) to implement them, and the explanations they give for what happens (or does not happen)” (2006, p. 154).

More recently, Wilson, (2009, p.5, as cited in Kevin Smith and Christopher Larimer) suggest that, instead of defining a single concept of public policy, it may be better to define its field (or fields) of action, for this, there are fundamental three processes: policy

evaluation, policy analysis, and policy process. In general, Astorga and Facio point out that public policies are processes or cycles aimed at solving problems that are developed with the participation of various social actors, including the directly related population, and in which not only problems are discussed, but also how to handle them (2009, p. 6).

In this way, the need of social welfare and the goals that each state seeks to materialize in its society, influence directly in the formulation and creation of the public policy. Therefore, the state is the main legal subject in the decision-making process (formulation, develop, execution and evaluation) of those public policies that have been projected as convenient for the improvement of the quality of life of its citizens (Torres and Santander, 2013, p. 24).

It is relevant to point out that public policies coexist within a state with other complementary tools that allow the fulfillment of constitutional functions, such as legal norms and citizen participation, important to make their construction and execution a legal, democratized, and legitimate exercise. Therefore, public policies and the state have a relationship of interdependence aimed at guaranteeing the individual and collective rights of the inhabitants of a country (Torres and Santander, 2013, p. 19).

Under this understanding, drug use has historically been the object of public policies throughout the world, aimed not only at individual or public health care but also to those problems that may arise in other dimensions such as social and economic.

A clear example of public policies is the care, prevention, and treatment of problem drug users since public policies have been the main tools for states to attend to a large number of drug users around the world. The interest in this phenomenon arises from the fact that, historically, there has been a large number of people who use drugs in the world. In 2017 the estimate of consumers was 271 million people, which would be equivalent to "5.5% of the world population aged 15 to 64 years". (United Nations Office on Drugs and Crime

[UNODC], 2019, p. 9). The variety of drugs consumed in the world is wide, and, taking the concept from the same organization that defines drugs as “In the context of international drug control, “drug” means any of the substances in Schedule I and II of the 1961 Convention, whether natural or synthetic” (United Nations Office on Drugs and Crime [UNODC], 1973, p. 4). In this context, alcohol and tobacco are not listed as drug in this Schedule. On contrary, marijuana, is a part of this list, and has been the most widely used drug on all continents in modern history. Moreover, its production expanded to everywhere (Arriagada and Hopenhayn, 2000, p. 8). Currently, it continues to be the most widely consumed drug with about 188 million users mainly in North America, South America and Asia (UNODC, 2019, p. 9).

In South America, the prevalence of marijuana use varies in each country (Table 1). Therefore, this reality has been taken into account by each state in order to propose policies that respond to their needs.

Table 01.

Latest one-year data period prevalence in some South American countries regarding marijuana use in the general population.

Year	Country	Percentage
2016	Chile	Around 14,5% of general population
2014	Uruguay	Less than 10% of general population
2017	Argentina	Around 8% of general population
2013	Colombia	Less than 4% of general population
2016	Brazil	Less than 4% of general population
2011	Venezuela	Less than 2% of general population
2014	Bolivia	Less than 2% of general population
2010	Peru	Less than 2% of general population
2014	Ecuador	Less than 2% of general population
2003	Paraguay	Less than 2% of general population

Note: Own elaboration based on the Organization of American States [OAS] and the Inter-American Drug Abuse Control Commission [CICAD], 2019, p. 68

It is highlighted that the most recent public policies in Latin America deal with drug use from different dimensions have been the result of a historical process closely linked to

legal developments. For this reason, a historical overview is needed in order to understand the public policies of these countries, especially Colombia and Uruguay.

During Pre-Columbian America, the consumption of psychoactive plants, tobacco, and alcohol was a widely accepted and standardized practice. The existence of thousands of objects and drawings related to consumption found in different archaeological sites showed that this practice was a central element to understand subsistence methods, relationships of help and healing, decision-making, and, in general, the way of life of these groups (García, 2002, p. 11).

The historical panorama includes, in addition to consumption, other widely related phenomena such as cultivation and sale. During the seventeenth century, the cultivation and massive trade of psychoactive plants and their derivatives was an activity regulated by the colonial administrations of the European powers who made tax collections (Pérez, Vizcaíno, and Tirado, 2015, p. 13)

In South America, until the beginning of the 20th century, the consumption, cultivation, and sale of marijuana and other substances were accepted mainly for medical and recreational purposes. However, this permissive situation began to change from the issuance of a series of international conventions that sought, in principle, to regulate the cultivation and massive trade of psychoactive plants and their derivatives, but over time, they ended up limiting and stigmatizing the consumption. This is the case of the International Opium Convention of 1912, the Geneva Convention to limit the manufacture and regulate the distribution of narcotics of 1931, and the Convention for the Suppression of Illicit Traffic in Dangerous Drugs of 1936, among others (Pérez, Vizcaíno, and Tirado, 2015, p. 12).

Subsequently, modern international legal frameworks ratified by Colombia and Uruguay were issued, giving legal force to their absolute prohibitionist rules for regulating

marijuana and other drugs, such as the case of the 1961 Single Convention on Narcotic drugs¹, modified by the 1972 Protocol, which referred that the states parties should adopt the necessary measures to “prevent the improper use or illicit traffic of the leaves of the cannabis plant” (United Nations, 1961, p. 34). Similarly, it pointed out that the use of cannabis for purposes other than related to medicine and research should “cease as soon as possible” (United Nations, 1961, p. 48). In the same sense, more recently, the Convention on Psychotropic Substances of 1971² and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances³, were issued, which reiterated a strong control of production, trafficking and abuse of drugs including marijuana (United Nations, 1988).

The historical panorama on drugs In South America includes, besides consumption, production and trafficking in several countries, a phenomenon that expanded during the decade of the 1980s and merged in the decade of the 1990s (Rementería, 1997, p. 23). Regarding production, during the nineties, in countries like Colombia, Bolivia and Peru, illicit crops were more profitable than the cultivation of other licit products. Additionally, the difficult or little access of farmers to bank credits, new production technologies and local, regional and national markets slowed the progress in the substitution of illicit crops (Arriagada and Hopenhayn, 2000, p. 13).

The geographical position and the multiple sources of river access from countries such as Colombia and Brazil favored the export of drugs mainly to the United States and Europe. Likewise, other countries such as Argentina, Venezuela and Chile were used as transit zones by drug trafficking networks in their desire to reduce capture risks and create alternative and new transport routes (Arriagada and Hopenhayn, 2000, p. 17). Besides the above, intra-urban micro-trafficking and drug trafficking also merged as another characteristic phenomenon in Latin America countries in which, the same consumers

¹ Approved by Colombia through Law 13 of 1974 and in Uruguay through Decree-Law 14.222 published in 1974.

² Approved by Colombia through Law 43 of 1980 and in Uruguay through Law 14,369.

³ Approved by Colombia through Law 67 of 1993 and in Uruguay through Law 16579 published in 1994.

commercialized the drugs and used the money from the profits to buy more drugs for their own consumption (Arriagada and Hopenhayn, 2000, p. 18).

1.1. Colombia

The aforementioned international conventions constituted a solid legal framework to issue prohibitionist and sanctioning norms. First, in Colombia, from the 1920s onwards, the authorities realized that the cultivation and consumption of marijuana and prohibitionist regulations were largely influenced by the control of drug use that the United States began to pursue during that time.

In this context, at the beginning of the 30's in Colombia, the prohibitionist norms on the consumption, cultivation, and trade of drugs were widely influenced by the control that the United States began to exercise during that time so that this country began to consider these phenomena as public problem health. The Colombian national government undertook an educational campaign to show the harmful effects on health generated by the use of marijuana. This campaign may be the first antecedent of preventive public policy about this topic in Colombia. However, in the general panorama of the time, traffickers were equated with consumers, since the latter was also captured and prosecuted (Sáenz, 2007, p. 210).

Facing with the problem of cultivation and trade of marijuana, the Colombian government, through resolution 645 of 1939, prohibited the cultivation of marijuana and ordered the destruction of crops, penalizing those who violate this legal provision (Sáenz, 2007, p. 209). Subsequently, Law 45 of 1947 was issued, through which the penalties for the sale of drugs indicated in the Criminal Code of the time were increased.

Despite the above, Colombia consolidated the export of marijuana from the 1950s (Sáenz, 2007, p. 213) thanks to the geographical position and the multiple fluvial sources

that favored the export of drugs mainly to the United States and Europe. At the beginning of the 1960s, cultivation and consumption had already spread throughout the country, which generated an increase in the number of arrests and prosecutions for trafficking, cultivation or possession of marijuana (Sáenz, 2007, p. 217).

Before the 1961 convention, Colombia didn't have any policy aimed to social programs that contains prevention programs and treatment facilities for addiction and so on. In this context, there were no public policies aimed at controlling the use of marijuana, but merely simply legal norms of prohibition and sanction. That happened because the illicit crops were more profitable than the cultivation of other legal products. Additionally, the difficult or little access of peasants to credit, to new production technologies, and to local and national customer markets, slowed progress in substituting illicit crops (Arriagada and Hopenhayn, 2000, p. 13).

However, at the beginning of 90s, provisions on drug use varied rapidly in Colombia thanks to Law 30 of 1986, which decriminalized the use of personal doses⁴ for drugs such as marijuana and cocaine, a declared rule constitutional by judgment C-221 of 1994 in which it was stated that decriminalization responded to the protection of the right to the free development of the personality, since the Political Constitution of this country "is libertarian and democratic and not authoritarian" (Colombian Constitutional Court, 1994).

Under this legal regulation, they formulated in 2007 the National Policy for the Reduction of Psychoactive Substance Use and its Impact (Ministry of Health and Social Protection of Colombia, 2007, p. 18). Later, in 2008, the National Plan for the Reduction of Drug Consumption 2009-2010 was formulated, later in 2015, the National Plan for the

⁴ The personal dose of marijuana in Colombia corresponds to 20 grams in accordance with Law 30 of 1986. However, recently the Criminal Cassation Chamber of the Supreme Court of Justice of Colombia through Judgment # 29402016 (41760) of the year 2016 has given new interpretations on the personal dose: I) the carrying of an amount equal to or less than the personal dose can be prosecuted when it is not for personal consumption but for marketing and II) the carrying of an amount greater than the personal dose It should not be prosecuted when it is shown that it is for personal consumption, this last interpretation is called "supply dose".

Promotion of Health, Prevention and Attention to the Consumption of Psychoactive Substances 2014 - 2021 was created and it is running nowadays. The most recent public policy in Colombia on the care of drug use is the Comprehensive Policy for the Prevention and Care of the Use of Psychoactive Substances issued in 2019, whose aim is “the comprehensive care of people, families and communities with risks or problematic consumption of psychoactive substances” (Ministry of Health and Social Protection of Colombia, 2019, p. 20), and its aims are the strengthening of protective factors, the prevention of risk factors, the provision and strength of comprehensive treatment for consumer care, comprehensive rehabilitation and social inclusion and sectoral and intersectoral coordination (Ministry of Health and Social Protection of Colombia, 2019).

1.2. Uruguay

A similar situation occurred in Uruguay in the 1930s. The prohibitionist norms began to be uttered in the 1930s, influenced by American policies and international conventions.. In USA, new laws and policies became to appear, such is the case of law 8947 of 1933, that were influenced by Geneva Convention in 1931 where it approved a policy for the “limitation, manufacture and regulation of the distribution of narcotic drugs” (Tenenbaum, 2017, p. 300), and the first Penal Code of 1934 in which the drug trade was criminalized (Tenenbaum, 2017, p. 300). Subsequently, Decree-Law 14,222 published in 1974 was issued, through which the Single Convention of 1961 on narcotic drugs was approved.

However, in Uruguay, the absolute prohibitionist norms on drug consumption started to change after the creation of the due to Law 14,294 of 1974, which decriminalizes the carrying of a minimum quantity of drugs, destined only for personal consumption (Senate and House of Representatives of the Oriental Republic of Uruguay, 1998, p. 5), a provision supplemented by Law 17,016 of 1998, which reiterates the decriminalization of the consumption of a reasonable quantity of drugs “in accordance with the moral conviction that is form the Judge in their regard” (Senate and House of Representatives

of Uruguay, 1998, p. 1). Despite this, they maintain sanctions for the cultivation and trafficking of narcotic drugs.

Under these regulations, in 2007, the Ministry of Public Health issued the National Program for the care of problematic drug users. Later, the international conventions ratified by Uruguay in the 20th century were discussed in the National Strategy for the Approach to the Drug Problem, period 2011-2015, in which the ineffectiveness of the absolute prohibitionist approach was explained and the need of developing a new policy was raised regarding the attention of consumption of marijuana and other drugs, founded on an approach to protect human rights (National Drug Board, 2011, p.1), which marked the beginning of the change in legislation and policies public on the production, sale and consumption of marijuana.

In 2013 the law 19,172 was passed, which it provides tools for control and regulation measures of psychoactive cannabis and emphasizes the execution of public policies for education and prevention of addictions with the aim of protect Uruguayans from illegal trade, drug trafficking, and organized crime (Senate and House of Representatives of Uruguay , 2013, p. 1). In 2014, through regulatory decree No. 120/014, it was stipulated that the commercialization of cannabis for medicinal or recreational purposes would be carried out by authorized pharmacies, where all capable people and those over 18 years of age, upon registration, would be able to acquire the substance for personal use in an amount of up to 40 grams per month, additionally, the acquisition is authorized through domestic crops and membership clubs (Presidency of Uruguay, 2014).

Under this legal regulation, the current National Strategy for Addressing the Drug Problem was issued during the 2016-2020 period, in which commitments and goals of the Uruguayan Government were indicated, focused on the principles of human rights, equity, democracy, cooperation, participation, evidence scientific and good practices. Likewise, the components of: "Institutional Strengthening, Social Equity, Integral Health, Justice and

Coexistence, Control Measures and Market Regulation and International Relations and Cooperation” were proposed (National Drug Board, 2016, p. 11).

In accordance to the previous idea, the public policy approach in South America has been divided into different regimes: absolute prohibition, decriminalization, state control and free market (Rogeberg, et al., 2018, p. 147). Thus, an example of the “decriminalization” regime is Colombia, so that, although the production and trafficking of drugs are prohibited and penalized, the legal norms have eliminated the penal sanctions in case of consumption according to the minimum dose and this public policies have been directed to the comprehensive care of problem consumers.

On the other hand, Uruguayan policies are framed in the “state control” regime aimed at minimizing the risks for the consumption of psychoactive marijuana and its derivatives within a legal order of legalization of cultivation, sale and consumption for recreational, medicinal or scientists.

Finally, comparing the public policies implemented in both countries, Colombia and Uruguay, regarding the phenomenon of marijuana use and which are related to the objective of this research work, may allow determining which are the factors that intervene in this phenomenon and evaluate the results of these public policies using their respective regime policy and the seven clusters proposed by Rogeberg et al (2018).

2. LITERATURE REVIEW

This chapter carries out a necessary analysis of the Latin American context on the drug problem and the political regimes that have been established to deal with this situation, which has been largely influenced by a belief system. Authors such as MacCoun, Reuter, and Pryce (2013, as cited in Sanjurjo G, 2013, p. 296) agree on the moral and ideological arguments underlying drug policies, which are based on positions rooted in legal moralism that places drugs in the angle of evil and immorality, to the classical liberalism that tends to limit individual freedoms as a means of protection to third parties and to the legal paternalism that involves the protection of the state over individuals against the damages that they may cause themselves.

However, Latin America has been one of the regions worldwide that have been questioning the results and the effectiveness of the implemented strategies, which has generated the search for new alternatives and the breakdown of the predominant paradigms, thus, the following subchapters define each of the political drug regimes, focusing mainly on the development that they have had in Colombia and Uruguay.

2.1. Policy regimes in Latam

Since the 1980s, Latin America has been one of the regions with the highest production, transit and trafficking of a wide variety of illegal psychoactive substances such as cocaine, cannabis and opioids. Drug trafficking has become one of the biggest problems in the region, also generating an increase in the rates of violence, human rights violations, corruption, and criminalization of politics, which has become a great threat to democracy and the development of countries (Observatorio Parlamentario, 2016).

According to the World Report 2019 of the United Nations Office on Drugs and Crime (UNODC), compared to 2009, the number of people in the world who use drugs has

increased by 30%, showing a high consumption in Latin America. South, especially cannabis. Likewise, the number of drug seizures have been increasing. In case of cocaine, it has doubled, with the largest traffic coming from the Andean countries from South America to North America and Western and Central Europe. Due to the enormous increase of cocaine production that reached a historical maximum of illicit global manufacturing of 1,976 tons in 2017, Colombia alone produced around 70% of the world's cocaine in that same year.

As part of this complex situation, the governments have developed strategies derived from an interpretation strictly adhering to the prohibitionist model of drug control and psychotropic substances of the United Nations Conventions, prevailing the military strategy of "war on drugs" and the establishment strong punitive measures (Corda, 2015).

However, the result of this approach has brought that drug production, trafficking and consumption have increased, the same happens to the rates of violence, human rights violations, corruption and criminalization of politics environment, which has been become a great threat to democracy and the development of countries and becomes one of the biggest problems in the region.

Thus, more and more voices are calling attention to their failure to reduce the supply and consumption of drugs and the perverse effects of these repressive policies. For instance, the exacerbation of violence and armed conflicts, the consolidation of illegal economies because of the profitable business, overcrowded judicial systems with less citizen guarantees, and the stimulation of racist behavior (Uprimny, 2003). Also, impacts on security, public health, human rights, the environment, the economy and development of the regions, as criminal companies seek to control drug production and trafficking in regions with economic and governmental weakness and the application of drug laws involved in chemical agent eradication operations, arbitrary arrests and torture (Count the Costs, 2013)

Despite this, some attempts have been made to pave the way for new directions towards the drug problem have not been easy to follow. The intransigent positions of international organizations based mainly on ideological conceptions have been a constant obstacle to advance towards policies more consistent with the guarantee of human rights. However, the political, economic and social dynamics and the sovereignty of the states have made it possible to implement less punitive initiatives. (UNODC, 2019)

Thus, in the first decade of the 21st century, new ideas coming from Europe began to spread in Latin America, primarily about “harm reduction” policies, basically, aimed at mitigating serious consequences on people’s health and well-being when using psychoactive drugs. Countries such as Brazil, Argentina, Mexico, Uruguay and Paraguay slowly started to develop strategies in this matter, such as substitution with less harmful stimulants, in some cases with marijuana, and delivery of items such as crack pipes or syringes in order to reduce the spread of blood-borne diseases from shared use (Blickman & Jelsma, 2009).

At the same time, some states became to promote more flexible policies and laws boosting drug differentiation and partial decriminalization of drug possession for personal consumption. As the case of Brazil and Mexico, which also proposed greater prevention and treatment programs, recognizing the problem of drugs as a public health issue, recognition that Ecuador already contemplated in its Constitution, being the only country that has declared this matter in its Magna Carta. On the other hand, in Colombia, the personal dose was declared permitted by a decision of the Constitutional Court, which could not be penalized due to the right to the free development of the personality and as long as the rights of others were not affected (Youngers, 2013, pp. 18-20).

Despite these incipient advances, and the punitive measures have been a constant, the main problem relies on that most Latin countries do not classify consumption as a crime,

while possession or ownership are, which ends up criminalizing the consumer (Pérez , Corda, & Boiteux, 2015). This has generated that the imprisonment rates of countries such as Argentina, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, Mexico, Peru and Uruguay are above the world average, which for some researchers, the increase in prison population agrees temporarily with the drug war strategy (Corda, 2015, pp. 3-4).

All these situations have raised criticism from academics, experts and civil society at different times. For this reason, the Latin American Commission on Drugs and Democracy was created in 2009 thanks to the mutual agreement of several presidents and ex-presidents from different countries in Latino-America. This situation marked an important milestone in the public debate. The few favorable results of the prohibitionist and repressive strategies with the need to establish new safer, more efficient and humane policy paradigm. Based on human rights and hinted at the co-responsibility that assist the United States and the European Union as main consumers, and the importance of the participation of the different social actors for the construction of more inclusive alternatives.

Likewise, the Commission presented a series of recommendations that would mark the challenges regarding the subject, aimed mainly at: a) facing drug use as a public health issue, b) reducing consumption through information and prevention actions, c) Focus the repression on organized crime and d) evaluate the decriminalization of the possession of marijuana for personal consumption.

In this sense, Bolivia and Uruguay marked a paradigm shift in Latin America in drug policies in contravention of international guidelines. Bolivia, for example, was the first country to denounce the 1961 Convention on Narcotic Drugs, from which it withdrew in 2011 and re-adhered under reservation that allowed the traditional uses of the coca leaf in its territory. For its part, Uruguay, amid harsh international questions, bet on a new policy of control and regulation of cannabis and its derivatives for different uses. Its

strategy began with the inclusion of a human rights perspective that is based on implementing initiatives that managed to justify its reason, generate allies and contain criticism from the international level.

With this new panorama created by Uruguay and with the support of several countries , it was approved an approval motion the Commission on Narcotic Drugs urging the UN High Commissioner for Human Rights, WHO, FAO and UNDP to participate in the next UN General Assembly in 2016 where the drug issue would be discussed (La República, 2014). This, together with the support of the OAS, which since 2013, drug policy was discussed as a result of the 2012 Summit of the Americas, and it had presented a report entitled “The drug problem in the Americas”, in which a call was made to approach drug use with a public health approach and to evaluate the decriminalization and legalization of marijuana.

Subsequently, regional organizations assumed certain positions reflected in documents such as the Regional Vision of the South American Council on the world drug problem of UNASUR for UNGASS 2016, in which the possibility of establishing internal alternatives is left open, given the different opinions of the countries and the difficulty of assuming unanimous positions; the Declaration of Brasilia-Points of convergence of the state’s parties and associates of MERCOSUR vis-à-vis UNGASS 2016, which sets out the comprehensive, multidisciplinary, balanced approach based on the principle of common and shared responsibilities and respect for human rights in drug policies, as well as the flexible interpretation of the international legal framework; and the Quito Declaration of May 22, 2015, through which CELAC supports the inclusion of the human rights approach in drug policies and ratifies the sovereignty of countries to formulate strategies to address Going to their realities (Álvarez, Pose, & Luján, 2017, pages. 32-33).

Precisely, one of the highest expectations was focused on the third Special Session of the United Nations General Assembly held in 2016 (UNGASS 2016), which was promoted

by a group of Latin America countries in order to analyze the policy approach of drugs. However, in a report published by the Council on International Relations of Latin America and the Caribbean (RIAL) (Garzón, 2016) on this event, it was indicated that it did not produce major changes, although it did reveal the decreasing support for prohibitionism and the increasingly flexible language in the face of the application of drug policies.

Within the same document, it was stated that in despite of Latin America has led important processes of changes to drug policy regimes, regional consensuses have lost strength due to the plurality and particularity of the positions and the few practical actions, which its forcefulness and ability to influence has decreased. Despite this, progress was made in the debates within the countries, in the change of perspective based on human rights, public health and development, and the flexibility to interpret international conventions was recognized. (Garzón, 2016).

Thus, the discussions have been leading around the legalization of cannabis, the decriminalization of its use and the design of comprehensive policies with a gender approach that contemplates the criminalization of drug trafficking and organized crime. Prevention, access to medicines and treatment for dependents drug and alternative economic development policies as a long-term strategy in order to facilitate access to another source of lawful income generation towards farmers or producers. In this matter, UNODC has stressed the importance of this strategy, for which governments are required to carry out actions aimed at the transfer of skills and access to land, credit and infrastructure, support for the commercialization of products, and access to markets (Observatorio Parlamentario, 2016).

In this sense, countries such as Bolivia, Colombia, Peru, Ecuador, Venezuela, El Salvador, Guatemala and Mexico, have shown progress in the inclusion of comprehensive programs within their drug policies. In addition, trends towards the authorization of production and consumption of cannabis for medicinal uses in countries

such as Argentina, Brazil, Chile, Colombia, Mexico, Paraguay, Peru and Uruguay are shown (Observatorio Parlamentario, 2016).

Finally, although a significant block of countries including major powers such as China, Russia and United States of America, strongly oppose any innovation within international conventions, contrary to the changes that occur mainly in terms of marijuana, the pressure from governments from different sectors for the regulation of its various uses are increasing. A report from 2018 made by the Global Commission on Drug Policy emphasizes the importance of recognizing the reality of drug use in the world and, therefore, the urgency of taking responsible and evidence-based measures that entail regulation and control of drugs (2018, p. 7).

This is a great challenge for Latin America, where cannabis is the most widely used illegal declared substance (Corda, Cortés, & Piñol, 2019, p. 3), both for medicinal and recreational uses, with its problematic use causing the least damage compared to other drugs, therefore, the impacts of responsible regulation on harm reduction issues could be significant.

2.2. Definition of policy regimes for Colombia and Uruguay

2.2.1. Absolute prohibition regime.

The regime of absolute prohibition dates back to the beginning of the 20th century, when, based on moral reasons, a group of nations decided to ban the practice of smoking opium. From this, the regulations were directed to the control of the non-medical consumption of drugs, and this policy was strengthened towards the 70s when the United States declared the strategy of War on Drugs (Samper Pizano, 2016, p. 21).

This was characterized by a frontal struggle through repressive measures and penalization of the production, commercialization and consumption of substances considered harmful or immoral, in order to eradicate them totally, preparing for this with the state forces as well as the judicial system, under the understanding that if there were no drugs there were no consumption and, therefore, neither abuse of them. Thus, the absolute prohibition of the production and commercialization of drugs was, according to this regime, the most favorable option to suppress the offer or prevent access to consumption due to the difficulty in obtaining them, a policy assumed by the vast majority of countries in the world, between these Colombia and Uruguay.

However, the considerable increase in the supply of drugs despite the intensity of the repressive and punitive measures has revealed their ineffectiveness, as happened in Uruguay after the end of the dictatorship of the years 1973-1985, at the moment when there was a significant increase in the drug market, showing the weakness of the health-police model and in the face of democratic openness, punitive policies began to be rejected due to the evident failures in the fight against drugs. This, in addition to the rise of rehabilitation clinics, the intervention of social psychologists, therapists and psychiatrists towards a change of beliefs and the influence of European trends such as the harm reduction model implanted in the Nordic countries, allowed that in the decade of the 90' public policies would be reoriented towards the mental and physical health of consumers (Sanjurjo G., 2013, pp. 298-299).

In contrary to this, it was observed in Colombia how its policies continue to give prominence to international conventions and its regulations for penalizing the use, consumption, production and marketing of substances such as cocaine, marijuana and opioids. Particularly in the case of marijuana, its prohibition has been questioned because some research results have indicated that its effects show that are minimally harmful and less addictive effects and, and on the contrary, its traditional use could boost national economies (Corda, Cortés, & Piñol, 2019).

Nowadays, this is an important point of discussion, since there are more and more approaches that come together in favor of greater flexibility of the drug regime. Authors such as MacCoun, Reuter, and Schelling carry out an analysis of the different alternative regimes and evaluate drug control policy from a multidimensional approach, proposing precisely the need to establish intermediate models that achieve a balance between access and restrictive measures (MacCoun, Reuter, & Schelling, 1996), likewise, Uprimny stated that “the prohibition and war on drugs, far from allowing greater control over the production, distribution, and consumption of illicit drugs, make that market “uncontrolled”, thus, the user would be involved into violent distribution networks, with all the perverse effects that we have pointed out” (2003).

2.2.2. Decriminalization

As has been pointed out previously, repressive policies have not yielded favorable results, on the contrary, there are many serious consequences that it has caused, mainly on consumers, who, being mostly criminalized, turn out to be the most vulnerable, being exposed to marginalization, to risks to health and to control by organized crime (Global Commission on Drug Policy, 2018).

According to the previous statement, different studies have shown the effects of repressive policies, for example, on public health issues, given that the fear of consumers before punitive measures generates their distance from health services and harm reduction, which affects the increase in blood-borne diseases such as HIV and hepatitis C and deaths from overdoses. Likewise, it also drives the users toward risky behaviors such as the exchange of injection drug paraphernalia, the use of clandestine spaces, the expansion of the prison population, and the increase in consumption in detention centers. (Global Commission on Drug Policy, 2018).

Consequently, one of the alternatives that has been proposed is decriminalization, which consists of the elimination of criminal penalties for activities such as drug use, possession of drugs and paraphernalia for personal use, and the controlled cultivation and acquisition of plants for personal use, marking a difference with the legalization that happens when all drug-related activities become legal and with the decriminalization, which is the process by which the criminal sanctions for certain behaviors that continue to constitute criminally punishable offenses (Blickman & Jelsma, 2009).

This policy is intended to mitigate the harmful effects associated with the use of psychoactive substances, eliminating punishment and discrimination towards consumers and offering them different social and health care services, treatment and harm reduction. (International Drug Policy Consortium (IDPC), 2016, p. 68).

It should be noted that Uruguay is one of the few countries in the world that has never criminalized the consumption or possession of drugs for personal use, even during the times of the dictatorship, as they were considered “private actions of men”, individual liberties protected by constitutional norms. However, the regular forces de facto penalized tenure under the figure of supply, since there was no clarity regarding the minimum amount allowed, a situation that also complicated with the discretionary judicial system applied in the country (Sanjurjo G., 2013, p. 297). Different social sectors maintained a constant criticism in this matter, also because it was not possible that the law allowed the possession of cannabis, but it could not be acquired legally. At the end of the 90s, the legislation was modified, ratifying the decriminalization of consumers and increasing penalties for traffic.

In this regard, in Colombia during the administration of Gustavo Petro in Bogotá, Capital of Colombia, the so-called Centers for Attention to Drug Addicts -CAD- were implemented, which provided psychology, physical education, occupational therapy and social work services to drug users (El Espectador, 2015).

But the achievements that have marked differences have occurred initially through judicial rulings, as is the case of judgment C-221 of 1994 of the Constitutional Court, where it stated the use of the personal dose was decriminalized in the guarantee of fundamental rights such as human dignity, personal autonomy and the free development of personality.

However, there have been several attempts by the government to regulate this measure, which has also generated clashes between judicial courts because during the previous year, while the Constitutional Court ruled in favor of consumption in public places, on the other hand, the State Council keeps a firm position in favor of the government decree that allows the seizure of drugs in the streets and public squares (El Espectador, 2019).

2.2.3. State control

As explained above, one of the current trends in drug policy is towards the state control regime or regulated legalization, which contemplates the decriminalization or regulation of the production and distribution of all or some of the prohibited psychoactive substances, due to the reduction of damages and the serious consequences of the prohibition and repression strategy. In this regard, organizations such as the Global Commission on Drug Policy have insisted on the successes of this model, which “must be cautious, gradual and informed in evidence, guided at all times by the principles of protection and promotion of human rights, public health, sustainable development, peace and security” (2018, p. 7).

Precisely, one of the first countries flagged in this new model has been Uruguay with the regulation of the production, distribution and commercialization of cannabis products, a strongly regulated strategy that goes from cultivation to sale but which has been novel due to its comprehensiveness including human rights, public health and internal security

issues, taking into account the various uses of cannabis (medicinal, recreational, among others) and allowing domestic cultivation, commercial sale and “cannabis clubs” for collective consumption. Under this new regulation, the consumption of cannabis in closed public spaces is prohibited and the advertising and promotion of this product is not allowed. In addition, the Institute for Cannabis Regulation and Control (IRCCA) was created to oversee the implementation of the law and to keep anonymous records on buyers, home growers and club members (Hudak, Ramsey, & Walsh, 2018).

For its part, Colombia under the rule of US policies and its predominant conservative ideology, despite various attempts, has not been able to advance sufficiently in alternatives other than the war on drugs, on the contrary, it has regressed in some measures such as the reform to article 49 of the Political Constitution that deals with health services and guarantees by the state through Legislative Act 02 in 2009, through which the carrying of any amount of illicit drugs was prohibited, arguing health public.

Likewise, during 2019 the expectation and hope to reformulate the prohibitionist approach was created under the creation of a bill that was under study by the National Congress, where it stated subjects related on the regulation of cannabis for recreational purposes, achieving the acceptance of different benches such as the green alliance, the liberal party, the polo, the patriotic union, the FARC, the U, and the radical change and obtained approval in the First Committee of the House of Representatives, but in the end, it did not go through the parliament to be approved (El País, 2019).

2.2.4. Free market

From an angle totally opposed to the prohibitionist regime, this alternative has been proposed as the total liberalization of the drug market, bringing up the regulatory power of the market and the maximum expression of individual liberties, thus, relegating any state intervention, and subjecting the psychoactive substances to the rules of the market

like any other product. Among the main defenders of this strategy, it could be found authors such as the anti-psychiatrist Thomas Szasz and some radical neoliberal economists, and in practice, it has been applied to products such as tobacco by a large majority of countries, however, it has been subject to regulation by part of governments. (Advisory Commission for Drug Policy in Colombia, 2015)

At the time when Uruguay opened the possibility of legalizing the possession, sale, trafficking, and cultivation of cannabis, within the strong criticism received by the international community, countries such as China came out to denounce the liberalization of this product with the measures that were being adopted, which were contrary to International Conventions (Álvarez, Pose, & Luján, 2017, p. 35). But within Uruguay, the social movements promoting cannabis liberalization grew stronger and stronger, founded on consequentialism philosophies and on the natural right of human beings to make decisions about their bodies and lives as long as their rights were not violated from others (Sanjurjo G., 2013, p. 303).

Given this, a government strategy to continue with its policies and suppress international criticism a bit was to propose not the liberalization of the cannabis market but a regulation by the state, taking into account that a price setting would be made and brands or advertising would not be allowed. Thus, if there were still reservations on the part of the countries to take the step towards regulation, thinking of this regime as a model of drug policies is almost unreal at the moment.

3. ANALYTICAL FRAMEWORK

3.1. Multicriterion decision analysis

This thesis is based on the investigation “A new approach to formulating and appraising drug policy: A multi-criterion decision analysis applied to alcohol and cannabis regulation.” by Rogeberg et al. (2018) on which the authors stated that “This study aimed to develop an analytical framework to describe, assess and discuss different drug regulatory regimes for a Western context (Western Europe and North-America).” (P.145).

The authors created a framework model of four generic regulatory regimes defined as: absolute prohibition, decriminalization, state control and free market. 27 relevant criteria were identified as well which were organized into seven thematically related clusters that are assessed in this research.

Due to the lack of investigations about the state regimes in Latin-American countries, this thesis uses the framework model proposed to evaluate the consumption of marijuana in these two countries attributed to what authors set in their research. They concluded that “state control was the preferred regime for both alcohol and cannabis” (p.144) and at the end of the research, the authors concluded that “combining data and expert judgments to assess real and hypothetical policy states, this new approach can contribute to the literature on comparative policy analysis” (Ritter, Livingston, Chalmers, Berends, & Reuter, 2016).

Thanks to the Rogeberg et al. (2018), their investigation compares the drug policies among Colombia and Uruguay by using the Comparative Policy Analysis (CPA) methodology as of the following criteria:

FIGURE 01.

Policy criteria and their definitions

Policy criteria and their definitions.

Cluster	Criterion	Definition
Health	Reduces user harms	Prevents medical harms to a user resulting from consumption of intended substance; includes blood-borne viruses (BBV)
	Reduces harms to others	Prevents health harms (including BBVs) to third parties due to either indirect exposure (e.g., second hand smoking) and behavioural responses to consumption (e.g., injury due to alcohol induced violence)
	Shifts use to lower-harm products	Decreases consumption of more harmful substances or increases consumption of less harmful substances (e.g., cannabis prohibition leading to synthetic cannabinoids)
	Encourages treatment	Encourages treatment of substance-use problems
	Improves product quality	Assures the quality of products due to mislabelled or counterfeit/adulterated product, unknown dose/purity
Social	Promotes drug education	Improves education about drugs
	Enables medical use	Policy does not impede medical use
	Promotes/supports research	Policy does not impede research
	Protects human rights	Policy does not interfere with human rights as distinct from the individual's right to use.
	Promotes individual liberty	Policy does not interfere with individual liberty (individual's right to use)
	Improves community cohesion	Policy does not undermine social cohesion in communities
Political	Promotes family cohesion	Policy does not undermine family cohesion
	Supports international development/ security	Policy does not undermine international development and security
Public	Reduces industry influence	Impedes drug industry influence on governments (less lobbying is preferable)
	Promotes well-being	Promotes social and personal well-being
Crime	Protects the young	Protects children and young people
	Protects vulnerable	Protects vulnerable groups other than children and young people
	Respects religious/cultural values	Respects religious or cultural values
	Reduces criminalisation of users	Does not criminalise users
Economic	Reduces acquisitive crime	Reduces acquisitive crime to finance use
	Reduces violent crime	Reduces violent crime due to illegal markets
	Prevents corporate crime	Prevents corporate crime, e.g. money-laundering, tax evasion
	Prevents criminal industry	Extent to which the policy discourages illegal market activity
Cost	Generates state revenue	Generates state revenue
	Reduces economic costs	Reduces public financial costs not directly related to the enforcement policy (e.g., spillover effects on health policy budgets)
Cost	Low policy introduction costs	Financial costs of introducing the policy
	Low policy maintenance costs	Financial costs of enforcing the policy

Note. Policy criteria and their definition. Rogeberg et al. (2018)

Using the previous information about the seven clusters, the Rogeberg et al have worked with 17 experts of different topics in public policy using a Multi-criterion decision analysis. The main topics were the drug policy towards “cannabis and alcohol separately, where participants evaluated each regulatory regime on each criterion and weighted the criteria to provide summary scores for comparing different regimes” (2018, p.144).

The CPA will analyze the seven cluster and will find the similarities and differences between each country evaluating their respective policy regimes.

3.2. Research aim and objectives

The research aim of this thesis is to assess the drug policy regimes, differences and similarities in the marijuana use between Colombia and Uruguay according to the seven clusters proposed by Rogeberg et. al., 2018, using a comparative policy analysis (CPA).

Thus, the research objectives are

1. Evaluate the drug policy regime in Colombia and Uruguay based on the seven policy clusters.
2. Identify the differences of the marijuana use in Colombia and Uruguay according to the drug policy regimes of each country and the seven policy clusters.
3. Identify the similarities of the marijuana use in Colombia and Uruguay according to the drug policy regimes of each country and the seven policy clusters.

4. DATA AND METHODOLOGY

4.1. Methodology

Rogeberg et al (2018) have used a Multi-criteria decision analysis (MCDA) combined with a group of experts of drug policy in order to provide a common analytical framework when researchers work in comparative policy analysis related to drug policy.

The outcome of their research is to contribute with a new approach in the study of drug policy. This thesis would not use the MCDA and groups of experts to analyze the data but use the final framework of this research as a main tool for the analysis.

Regarding to choosing Colombia and Uruguay as the selected countries for this thesis are related to their current trends in the development of the proper drug policy and their societies. The Colombian Government has declared illegal the use of marijuana for recreational purposes in 2019. The basis of this decision is to decrease the index of marijuana consumption and criminality in the country as well as protect the children and the society. This step has been taken in contrast to the trend in Latin America where many countries have made decisions towards legalization of the use of marijuana with some restrictions. In this case, Uruguay has been the first country in the world to legalize the use of marijuana for all purposes.

First, Colombia had followed the trend towards the legalization of drugs as a consequence of the peace process with the main guerilla group, The Revolutionary Armed Forces of Colombia (known by its Spanish acronym, FARC). (Beittel, 2019),

As consequences of the peace talks between this group and the Colombian government, they had reached an agreement on illicit crops and drugs in general. It was the first time

that Colombia had considered another approach towards drug policy and “many observers have highlighted the apparent shift in Colombia’s counter narcotics strategy in 2015 from a criminal justice and enforcement approach to one that potentially places drug policy within a broader public health framework” (Beittel & Rosen, 2017, p. 5-6)

However, a new Government established in 2018 and it was one of the main opponents of this peace process since the beginning. Regarding marijuana policy, the president created a decree that was intended to ban people for carrying small amount of marijuana and cocaine in public alluding the protection of the children from traffickers near school areas. (Voanews, 2018)

In contrast, Uruguay has regulated the production, distribution and commercialization of cannabis products, a strongly regulated strategy that goes from cultivation to sale and taking into account the various uses of cannabis (medicinal, recreational, among others) and allowing domestic cultivation, commercial sale and “cannabis clubs” for collective consumption. (Hudak, Ramsey, & Walsh, 2018).

For this reason, this thesis is a multiple-case study that uses most different systems design used by J.S Mill (Heuveln, 2000); This type of study design is used to describe regimes, to analyze them using given analytical framework, in this case, the work of Rogebert et al, 2018, and it provides criteria for evaluation, in this case, analyzing the policy regimes in Colombia and Uruguay and how their policy regimes impacts in the seven clusters.

Likewise, chronological approach has been using to describe how the development of the policies regarding the marijuana policy was develop in each countries. However, this thesis is mainly focus in the period of 2010 until nowadays.

4.2. Limitation of the thesis

One of the main limitations of this thesis is that the author was the only researcher, therefore, no group of experts were involved in the analysis according to the criteria above mentioned. However, this investigation has an analytical framework based on the seven clusters and four regime policies stated by Rogeberg et al (2018).

Likewise, this is a trend topic in Colombia and some other Latin-American countries, thus, the data and the information that is written here is only valid until 1st of July 2020. Some policies are under discussion in some states and it could result in new approaches regarding the marijuana policy and its use.

Finally, there is still no consensus in researchers about the policy regimes in Latin America. The literature is not well-developed as it happens with European countries and USA. The information regarding this topic in this thesis is a first approach about it and the intention to catalog a specific country in a specific regime is merely for the purpose of this thesis.

5. MARIJUANA POLICY IN COLOMBIA AND URUGUAY

5.1. Health

5.1.1. Reduces user harms.

In Colombia, both the National Plan for the Promotion of Health, Prevention and Care for the consumption of psychoactive substances 2014 - 2021 and the Comprehensive Policy for the Prevention and Care of the Use of Psychoactive Substances 2019, present a harm reduction component in which They propose actions to reduce the negative effects and risks of drug consumption, for this, the need to strengthen the access of users to health care networks is pointed out, which allows the improvement of their quality of life and the delivery of elements of safe administration of substances (Ministry of Health and Social Protection of Colombia , 2017, p. 43).

In this way, reducing risks and damages associated with the use of psychoactive substances is one of the main purposes of the treatments carried out by government entities that have consumer treatment services in Colombia with a percentage of 53.8%; However, the main purpose of the treatments is total abstinence from any type of psychoactive substances with 59.4% (Ministry of Health and Social Protection of Colombia, 2016, p. 127).

In Uruguay, the National Strategy for Addressing the Drug Problem period 2011-2015 indicated as a line of action the strengthening of the Risk and Harm Reduction Model as a tool for prevention and treatment for problematic drug use (National Drug Board, 2011, p. 9), likewise, the risk and harm reduction policies are contemplated in the National Strategy for the Approach to the Drug Problem period 2016-2020 (National Drug Board, 2016, p.16). Under these provisions, the reduction of the consequences of consumption is the second most pursued objective in the therapeutic processes of problematic drug users in Uruguay with a percentage of 31.4%, however, the first objective is the

elimination of consumption of drugs with a percentage of 72.1% (National Drug Board, 2015, p. 53).

According to the previous figures, both in Colombia and Uruguay, the reduction of the harm and risks associated with drug consumption is an important goal of the treatments that consumers receive. However, the total elimination of drug use is consolidated as the main goal of treatment in both countries.

5.1.2. Reduce harms to others.

Within the component "Promotion of Social Coexistence and Mental Health" of the National Plan for the Promotion of Health, Prevention and Attention to the consumption of psychoactive substances 2014-2021 in Colombia, the development of public policies aimed at recovering of public spaces for coexistence, recreation, sports and the use of free time was as a line of action (Ministry of Health and Social Protection of Colombia, 2017, p. 36). Additionally, in the National Drug Policy of Colombia is contemplated the integral recovery of the environments affected by urban drug market, thus, a line of action is proposed aimed at the recovery of public spaces to promote social coexistence and decrease the health damages that can occur in the community (Ministry of Justice and Law of Colombia, 2017, p. 26).

As for Uruguay, Law 19.172 states in its article 3 that all people have the right to “enjoy public spaces in safe conditions and to the best conditions of coexistence” (Senate and House of Representatives of Uruguay, 2013, p. 1), therefore, article 13 of the same law establishes that the rules on the protection of spaces contained in article 3 of Law 18,256 are also applicable to the consumption of cannabis. In this sense, smoking marijuana is prohibited in I) closed spaces that are for public use; II) health establishments and institutions in the health area of any type or nature and; III) teaching centers and

institutions in which teaching practice is carried out in any of its forms (Senate and House of Representatives of Uruguay, 2008, p. 1)

Additionally, the National Strategy for Addressing the Drug Problem from 2016–2020 also considers the importance of creating safe spaces from a risk reduction perspective (National Drug Board, 2016, p. 8). Despite the above, there are no consolidated data at the national level issued by Colombia and Uruguay or their public institutions that account for the decrease in indirect damage caused to the community by the consumption of marijuana or other psychoactive substances that may generate secondhand smoke.

5.1.3. Shifts use to lower-harm products.

In Colombia, the supply of medicines and the use of substitutes for risk reduction and the gradual detoxification of consumers is part of the pharmacological treatments implemented within the procedures and interventions of care and assistance to consumers in the National Plan for the Promotion of Health, Prevention and Attention to the consumption of psychoactive substances 2014 - 2021 (Minsalud, 2016, p. 33).

Despite this, the treatment with substitutes to control the withdrawal syndrome and improve the quality of life of consumers is one of the least desired ends in the treatments carried out by entities with consumer treatment services with a percentage of 13, 4% (Minsalud, 2016, p. 127). In contrast, the recreational use of more potent varieties of cannabis has become common since “of all marijuana users, 75.1% reported using cripy”, a substance with a higher content of tetrahydrocannabinol (MJD and ODC, 2017, p. 31).

In Uruguay, pharmacological treatments or the supply of opioid substitutes are also foreseen to give attention to clinical situations resulting from intoxication due to the consumption of psychoactive substances or abstinence within the procedures handled by specialized medical personnel (JND, 2007, p. 101), however, the total elimination of consumption is consolidated as the most widely used treatment in healthcare centers.

However, the consumption of other synthetic drugs more harmful than marijuana is not a predominant figure in Uruguay, especially in the youth population, since according to the data indicated in the First Pilot Study on drug use in university students in Uruguay (2015), only 17.4% of the students surveyed reported using marijuana and some other substance, while 80.5% of the students reported using exclusively marijuana (CICAD, JND and Observatorio Uruguayo de Drogas [OUD], 2015, p. 6).

Following the mentioned above, both in Colombia and Uruguay substitutes are used for the medical management of problematic drug users. However, for recreational purposes, in Colombia, a high percentage of marijuana users also consume other substances such as “cripy”, while in Uruguay the majority of university marijuana users’ state that they exclusively consume this substance.

5.1.4. Encourages treatment.

In the treatment component of the National Plan for the Promotion of Health, Prevention and Attention to the Consumption of Psychoactive Substances 2014 - 2021 in Colombia, the main objective is to “improve the supply, access, opportunity and quality of the provision of care services for consumers of psychoactive substances” (Ministry of Health and Social Protection of Colombia , 2017, p. 40). Against this, the total population of users treated for psychoactive substance use reached 43,982 people in 2015, while in 2016 it went higher and reached 51,736 people (Ministry of Health and Social Protection of Colombia, 2016, p. 12), however, for 2016 only 8,688 people remained on treatment (Ministry of Health and Social Protection of Colombia, 2016, p. 118). Marijuana use was reported by 97% of users as the reason for consultation and admission to treatment (Ministry of Health and Social Protection of Colombia, 2016, p. 121).

According to the previous data, the care and treatment of consumers are insufficient, considering that, in Colombia, it is estimated that some 484,000 people would require some type of assistance for problems related to drug use (Ministry of Justice and Law of Colombia, Colombian Drug Observatory, and Ministry of Health and Social Protection of Colombia, 2014, p.15). Additionally, in nine of the 32 departments of Colombia, there is no coverage of consumer treatment institutions and specialized services are non-existent "in about 95% of the 1,122 municipalities in the country" (Ministry of Health and Social Protection of Colombia, 2016, p. 94).

As for Uruguay, as of 2007, with the creation of the Integrated National Health System, a list of minimum mandatory benefits for problem drug users was recognized (National Drug Board, 2015, p. 16). Subsequently, the National Strategy for Addressing the Drug Problem period 2011-2015 contemplated the strengthening of the drug assistance network as an objective (National Drug Board, 2011, p. 9), for which reason, in 2013, the National Network for Attention in Drugs (RENADRO) was created. In this sense, the National Strategy for Addressing the Drug Problem period 2016–2020 aims to consolidate RENADRO, through the availability of medical devices, care and treatment centers with sufficient coverage and adapted to the needs of problematic consumers (National Drug Board, 2016, p.15).

In this context, the National Integrated Health System in Uruguay has coverage of the entire population with a number of 3,524,022 million users, which guarantees all problem drug users access to the minimum benefits provided from 2007 (National Drug Board, 2015, p. 38). However, of the estimated 27,042 people with problematic drug use (National Drug Board and Uruguayan Observatory of Drugs , 2015, p. 14), only 3,029 people treated in 40 care centers were reported in 2014 (National Drug Board, 2015, p. 57) More recent figures indicate that between 2018 and 2019 RENADRO treated 6,585 people for problematic drug use (National Drug Board, 2019).

In the analysis of the above, both Colombia and Uruguay have policies for the care and treatment of problem drug users, however, none of the countries has achieved full coverage in the care and treatment of all estimated problem users in each country.

5.1.5. Improves product quality.

The public policies in Colombia do not present lines of action aimed at verifying the sanitary measures for the production, labeling, and quality of psychoactive substances that are being consumed for recreational purposes, due to the illegality of the production and marketing of these substances. In this sense, the sale and distribution of recreational marijuana presents an approach of criminality and not of individual or public health.

There is different information regarding medical or scientific cannabis, so, according to resolution 2892 of 2017, applicants for licenses for the production and manufacture of marijuana derivatives are required to develop a safety protocol in infrastructure that must be approved by the Ministry of Justice and Law. Additionally, the National Institute for Food and Drug Surveillance (INVIMA) and the Colombian Agricultural Institute (ICA) are the authorities in charge of the sanitary control of finished products. Finally, the supervision of the correct use of licenses corresponds to the Technical Group of Quotas through control visits in accordance with the provisions of Decree 613 of 2017 (Ministry of Health and Social Protection of Colombia, 2017, p. 19).

In Uruguay, the decree 120/014 states that the quality control of the psychoactive cannabis harvest for all purposes will be carried out by laboratories authorized by the Institute of Regulation and Control of Cannabis (IRCCA). The authority will determine the destination of the cultivation in In the event that it does not comply with the quality parameters established in accordance with the license granted to the applicant (Presidency of Uruguay, 2014).

Likewise, decree 120/014 states that psychoactive Cannabis can only be marketed in first-class Pharmacies, which must guarantee that the product is packaged in safe containers with a maximum content of 10 grams and that they preserve the quality of the product for a time not less than 6 months. Likewise, pharmacies must store the product at adequate security conditions and with restricted access. Additionally, the IRCCA regulates the other conditions of packaging and labeling of the (Presidency of Uruguay, 2014).

In accordance with the previous information, Colombia only guarantees the quality of cannabis for medical or scientific purposes, while in Uruguay quality control of cannabis is generalized for any purpose.

5.2. Social

5.2.1. Promotes drug education.

The National Plan for the Promotion of Health, Prevention and Attention to the consumption of psychoactive substances 2014 - 2021 in Colombia presents a component of "Promotion of Social Coexistence and Mental Health", in which the development of activities is proposed as a line of action and education and communication strategies (Ministry of Health and Social Protection of Colombia, 2017, p. 36). Likewise, a "Prevention" component is presented with lines of action focused on creating spaces for information and awareness (Ministry of Health and Social Protection of Colombia, 2017, p. 39).

Thus, it is how educational prevention programs have been carried out in the school environment, in which the following programs have been implemented: "Yomi Vida" in which 191,600 primary school children have participated, "Let's Take Back" with the participation of 13,287 young people, "Consentidos" that has impacted 25,000 young people and their families, "Leones Educando" (Lions Quest). In 2016 trained 3,383

teachers and attended to 110,186 students and the “Drug Abuse Prevention School Program” of the Anti-Narcotics Police that in 2016 it had the participation of 780,847 children and adolescents (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 41-43). Likewise, at the community level, the programs “Preventive System: Communities that Care (CQC)” and “Protected” are highlighted.

Regarding Uruguay, Law 19.172 of 2013 provides that both, the National Public Education System and the National Drug Board, are obliged to carry out educational and awareness campaigns for the general population regarding the risks, consequences and potential damages of the use of drugs (Senate and House of Representatives of the Uruguay, 2013, p. 4 and 5). For this reason, the National Strategy for Addressing the Drug Problem for the period 2011-2015 proposed a preventive-educational approach aimed at the execution of programs in coordination with the educational system (National Drug Board, 2011, p. 8) and the National Strategy for Addressing of the Drug Problem period 2016-2020. Also includes educational programs to promote social insertion and reduce “vulnerabilities associated with problematic drug use” (National Drug Board, 2016, p.14).

In developing the aforementioned policies, the Plan to Strengthen Capacities on Drugs for Educational Communities "Dale Vos" has been executed, led by the JND, the National Public Education Administration (ANEP) and the Pan American Health Organization (OPS). Thanks to the Plan, during 2016 and 2017, 190 education institutions were visited throughout the country and more than 3,000 teachers and staff from educational communities were trained (Presidency of Uruguay, 2018).

In accordance with the previous information, the promotion of prevention and the development of educational programs are fundamental approaches within public drug policies in both countries.

5.2.2. Enable medical use.

In Colombia, Decree 2467 of 2015 was the first legal provision to regulate the cultivation, production processes, manufacture, and use of cannabis for medicinal and scientific purposes. Subsequently, with the issuance of Law 1787 of 2016, the medical use of cannabis and its derivatives was regulated in Colombia and it was established that the state assumes control and regulation of the activities of cultivation, production, manufacture, and acquisition of cannabis and its derivatives for medical and scientific purposes.

However, for the cultivation of psychoactive and non-psychoactive cannabis and for the manufacture of cannabis derivatives, a license must be requested from the Ministry of Justice and Law and INVIMA respectively, in this context, until March 2020, 171 licenses have been granted for the manufacture of cannabis derivatives for medicinal purposes, mostly for national use and export (Ministry of Health and Social Protection of Colombia, 2020). Within the mentioned legislation, the creation of a National Prevention Program in the educational community led by the Ministry of National Education in coordination with the National Drug Demand Reduction Commission, whose objective is to educate children and young people on the effects of cannabis use is contemplated. (Congress of Colombia, 2016, p.8)

In Uruguay, Law 19.172 of 2013 authorized the cultivation, production, and commercialization of the cannabis plant for the elaboration of therapeutic products for medical use; in any case, such activities must be authorized by means of licenses previously granted by the IRCCA, the authority that will carry out direct control of them (Senate and Chamber of Representatives of Uruguay, 2013, p. 2). So far, 4 licenses have been granted for the cultivation of psychoactive cannabis for medicinal purposes, 42 licenses for the cultivation of non-psychoactive cannabis, 8 industrialization licenses for the production of medicinal, veterinary and cosmetic products, and 14 pharmacies have

been authorized for the marketing of products throughout the country (Institute of Regulation and Control of Cannabis, 2020).

5.2.3. Promote/supports research.

In Colombia, Law 1787 of 2016 also regulated the use of cannabis for scientific purposes and established that licenses for cultivation and manufacture must be requested from the Ministry of Justice and Law and INVIMA, being a requirement to accredit the research project that will be carried out. In this context, 73 out of 171 licenses granted for the manufacture of cannabis derivatives, have been authorized for scientific research (Ministry of Health and Social Protection of Colombia, 2020).

Additionally, within the component "Institutional Strengthening" of the National Plan for the Promotion of Health, Prevention and Attention to the consumption of psychoactive substances 2014 - 2021 in Colombia, the "development of the national research program on psychoactive substances" was established as a priority line of action. (Ministry of Health and Social Protection of Colombia, 2017, p. 34). Under this scenario, there has been an increase in the participation of treatment, rehabilitation, and social reincorporation institutions to consumers in research activities or studies related to the consumption of psychoactive substances, with a percentage of 51% for 2016 compared to a percentage of 30% of the year 2004 (Ministry of Health and Social Protection of Colombia, 2016, p. 103).

In Uruguay, Law 19.172 of 2013 authorized the cultivation, production, and commercialization of the cannabis plant for scientific research purposes, an activity that must be previously authorized by the IRCCA (Senate and House of Representatives of Uruguay, 2013, p. 2). Under this legislation, the National Strategy for Addressing the Drug Problem, period 2011-2015, proposed as a line of action the promotion of scientific

research on the properties, risks and damages of the use of legal or illegal psychoactive substances (National Drug Board, 2011, p. 14).

In the same sense, the National Strategy for Addressing the Drug Problem for the period 2016-2020 indicated the need to promote research in conjunction with various academic fields (National Drug Board, 2016, p. 13). Thanks to the aforementioned policies, 18 licenses have been granted to different universities and companies for the development of research projects (Institute of Regulation and Control of Cannabis, 2020). Therefore, in both countries, the promotion of research is a strategy present in public policies on drugs and it is also a matter duly regulated and controlled by the state through the granting of licenses.

5.2.4. Protects human rights.

The National Plan for the Promotion of Health, Prevention and Attention to the consumption of psychoactive substances 2014 - 2021 of Colombia did not present a clear approach to the protection of human rights, however, the Comprehensive Policy for Prevention and Attention to Consumption of Psychoactive Substances 2019, precise an approach to the recognition of human rights, in which personal autonomy, the free development of personality and human dignity are prioritized (Ministry of Health and Social Protection of Colombia, 2019, p. 18). The Comprehensive Policy indicated that people who consume psychoactive substances "are subjects with possibilities of transformation and development" (Ministry of Health and Social Protection of Colombia, 2019, p. 19) and are a priority population for health care.

In Uruguay, the National Strategy for the Approach to the Drug Problem for the period 2011-2015, developed its policies from a perspective of the protection of individual and collective human rights claimed by Uruguayan society (National Drug Board, 2011, p. 4). Likewise, the current National Strategy for Addressing the Drug Problem period 2016-

2020 referred that “drug policies are based on human rights, gender and citizenship” (National Drug Board, 2016, p. 13). Thus, both Colombian and Uruguayan public policies are based on the protection of the human rights of their citizens.

5.2.5. Promote individual Liberty.

The recognition of human freedom as an indisputable condition of a dignified life was one of the guiding principles for the implementation of the Comprehensive Policy for the Prevention and Care of the Consumption of Psychoactive Substances 2019 (Ministry of Health and Social Protection of Colombia, 2019, p. 19), which constitutes big progress in the protection of individual freedom as a fundamental human right within public policies on drug use in Colombia, since the National Plan for Health Promotion, however, in the plan of Prevention and Attention to the Consumption of Psychoactive Substances 2014-2021 did not contemplate this principle.

In Uruguay, the current National Strategy for Addressing the Drug Problem, period 2016–2020, maintains the focus on the protection of individual rights that was contemplated in the previous National Strategy; in this sense, the approach is aimed at strengthening the ability to create autonomy, freedom, and citizenship (National Drug Board, 2016, p. 14). In accordance with the above, current public policies on drugs in Colombia and Uruguay recognize the importance of the rights to liberty and individual autonomy and propose lines of action that seek to promote them.

5.2.6. Improves community cohesion.

Within the public policies in Colombia, some strategies have been developed to promote social inclusion through interventions in the community, in which all people could participate, without distinction, to identify local problems related to drugs, which has

managed to have a direct impact on the social cohesion of the communities (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 47).

Three strategies of social inclusion processes have been developed through community-based interventions: I) Listening Centers (CE) that seek to promote inclusion through participation networks in different communities, in which all people and not just those who have problems with drug use; II) the University Orientation Zones (ZOU) in which social inclusion is promoted in university environments, and orientation is offered to university members to receive care and training related on drug use issues; and III) the School Orientation Zones (ZOE) through which it is sought to reduce social exclusion and school dropout due to problems related to drug use (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 47).

In Uruguay, the National Strategy for Addressing the Drug Problem for the period 2011-2015 pointed out the need to strengthen Community Intervention Programs on Drugs within the framework of preventive-educational policies at the local level, always from a perspective of inclusion and social integration (National Drug Board, 2011, p. 9). In the current National Strategy for Addressing the Drug Problem, period 2016-2020, the construction of public policies with community participation is proposed as a principle (National Drug Board, 2016, 10) and the lines of action aimed at social insertion and community approaches (National Drug Board, 2016, 14).

In compliance with the previous policies, during 2018, 40 community technicians and referents were trained in the program "Caring also is learning" (National Drug Board, 2018, p. 6). In addition, the programs "Strengthening prevention networks in family and community controls: Entramando" and the "Social and Community Insertion Program" led by the National Institute for Adolescent Social Inclusion were carried out to favor the reintegration into the community of the adolescents graduated from the penal system

(National Drug Board, 2018, p. 10). Above, Uruguay also has Listening and Social Inclusion Centers led by RENADRO.

In this sense, both Colombia and Uruguay have public policies that contain lines of action aimed at promoting social inclusion and reducing the stigmatization of consumers through educational programs in which the entire community can actively participate.

5.2.7. Promotes family cohesion.

Within the component "Promotion of Social Coexistence and Mental Health" of the National Plan for the Promotion of Health, Prevention and Attention to the consumption of psychoactive substances 2014 - 2021 of Colombia, contained the program of the development and promotion of protective environments within of family life (Ministry of Health, 2017, p. 36), which implies improvement in communication and care patterns, as well as the promotion of healthy lifestyle habits.

In the family sphere, the execution of the program "Strong Families: Love and Limits" (Strengthening Families), selected by PAHO as "the best model to prevent behaviors harmful to health in adolescents in Latin America" (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 44). Through this program, it has been sought to improve family relationships and reduce problematic behaviors generated by drug use and interfamily violence. Its results have been positive, impacting 11,035 families that were 44,000 people approximately (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 44).

In Uruguay, the National Strategy for Addressing the Drug Problem for the period 2011-2015 considered as a line of action the development of programs aimed at families to minimize the abuse and problematic use of drugs among their members (National Drug

Board, 2011, p. 8), in the same way, the current National Strategy for Addressing the Drug Problem period 2016-2020 establishes the need for actions to promote health and prevention of problematic drug use within the family (National Drug Board, 2016, p. 16).

To meet the aforementioned objectives, a communication campaign was launched in 2018, emphasizing the importance of family dialogue as a preventive factor for problematic cannabis use (National Drug Board, 2018, p. 15). Likewise, the program “Strengthening prevention networks in family and community settings Entramando” was launched (National Drug Board, 2018, p. 6). In accordance with the above, promoting family cohesion is a line of action being implemented within public drug policies in both Colombia and Uruguay.

5.3. Political

5.3.1. Supports international development/security.

Historically, within public policies in Colombia, the strengthening of international relations to combat drug trafficking as a cross-border problem has been proposed as a strategy and thereby contribute to the prevalence and preservation of peace in the territory and the region. Under this premise, Colombia has had international aid materialized through agreements, treaties, plans, and projects, in which countries such as the United States have been linked, which contributed to the fight against drugs in the so-called Plan Colombia where it carried out contributions of 3,782 million dollars approximately (DNP, 2006, p. 11).

Likewise, the United Nations Organization through the UNODC has developed different projects in cooperation with Colombia such as the Integrated System for the Monitoring of Illicit Crops (SIMCI), Shared Responsibility Project, Program for the Decentralization of the National Drug Plan, Support for the Monitoring and Implementation of a

Comprehensive and Sustainable Strategy for the Reduction of Illicit Crops and Promotion of Alternative Development in Colombia, Legal Assistance Program for Latin America and the Caribbean, among others (Arellana, 2009, p. 41). Additionally, Colombia has criminal legal norms that allow extradition and favor international judicial investigation in the case of the crime of drug trafficking.

Uruguay's National Strategy for Addressing the Drug Problem Period 2016-2020 included within its principles the cooperation and common responsibility of the states, for which it develops an axis of international relations and cooperation in which different guidelines are proposed such as I) maintain the active participation of the country in the different instances and organisms of multilateral and regional cooperation, II) promote bilateral cooperation to attend to border areas, III) promote international agreements, programs, and projects and IV) continue with the debate and review of policies to face the cross-border drug problem from a human rights protection approach (National Drug Board, 2016, p. 22).

Under these policies, through the Uruguayan Agency for International Cooperation (AUCI), the country carries out cooperation activities with the OAS Member states, third states, and international organizations such as the Southern Common Market (MERCOSUR) and the Union of South American Nations. (UNASUR) to prevent crimes associated with drug trafficking such as weapon trafficking, extortion, kidnapping, money laundering, and corruption (CICAD, 2019, p. 34). In addition to this, Uruguay has legal norms that favor international investigation and extradition in crimes related to drug trafficking, money laundering, and related matters (CICAD, 2019, p. 36).

In accordance with the above, both Colombia and Uruguay have worked with other states and international organizations in order to contribute to the security of the region and reduce crime resulting from drug trafficking and related crimes.

5.3.2. Reduces industry influence.

In Colombia, before the issuance of Decree 2467 of 2015, the first provision to regulate the processes of production, manufacture, and use of cannabis for medicinal and scientific purposes, some companies of Canadian origin, began to lobby together with national companies that by having knowledge of the legislative initiative contemplated the benefits that could be obtained. Once Decree 2467 was issued, the first beneficiaries of licenses for medicinal cannabis marketing were the Colombian company Labfarve-Ecomedics and two Canadian companies PharmaCielo and Cannavida, which reflects the success of their lobbying (Transnational Institute, 2019, p. 13).

On the other hand, in Uruguay, the initiative to legalize cannabis for recreational use was led by José Mujica's government with alliance with the Frente Amplio political party and civil organizations at the national level at that moment. Additionally, the proposal was supported by international organizations such as the Open Society Foundation, whose president, George Soros in September 2013 offered President Mujica “all possible help” to advance the legalization process (Presidency of Uruguay, 2013).

In October 2013, the same support was expressed by the Washington Office for Latin America (WOLA), where they pointed out that the policy proposed by Mujica demonstrates a pioneering attitude and an example for other countries (Presidency of Uruguay, 2013). The European Observatory for Drugs and Drug Addiction and the recreational and medicinal cannabis industry also supported the initiative (Álvarez, Pose, and Luján, 2017, p. 46). In this sense, both in Colombia and Uruguay, civil, political, and industrial sectors lobbied before the regulatory provisions in each country were issued.

5.4. Public

5.4.1. Promotes well-being.

In Colombia, the "Prevention of psychoactive substance use" component of the National Plan for Health Promotion, Prevention, and Attention to the use of psychoactive substances 2014-2021 aims to improve the individual and collective well-being of the community through the decrease in early contact with psychoactive substances (Ministry of Health and Social Protection of Colombia, 2017, p. 37). Likewise, the Comprehensive Policy for the Prevention and Care of Consumption of Psychoactive Substances 2019 aims to "achieve an optimal level of health and well-being of the population, which takes into account their characteristics, needs, and interests" (Ministry of Health and Social Protection of Colombia, 2019, p. 6).

In a similar sense, the Uruguayan Government renews its commitment to contribute to the improvement of the quality of life of its inhabitants through the provisions of the National Strategy for Addressing the Drug Problem, Period 2016-2020 (JND, 2016, p. 9). Therefore, the central objective of the aforementioned strategy is to contribute to the well-being and health of Uruguayan society (JND, 2016, p. 8).

In this way, public policies in Colombia and Uruguay contain clear objectives for the protection and promotion of social well-being in all areas of life, the scope of which is not only aimed at populations in which drug use is a problematic factor but to the whole of society in general.

5.4.2. Protects the Young.

In Colombia, the National Plan for Health Promotion, Prevention, and Attention to the consumption of psychoactive substances 2014-2021 indicates as goals to keep the

prevalence of marijuana use among schoolchildren below 5.5% and to increase the average age of initiation of consumption of psychoactive substances from 13.1 to 15.5 years (Ministry of Health and Social Protection of Colombia, 2017, p. 20).

Despite the above, the consumption have increased, the use of marijuana among secondary school students in Colombia went from 7.7% in 2004 to 8.4% in 2016 (CICAD, 2019, p. 90) and Consumption in the university population went from 11.2% in 2009 to 20.8% in 2016 (CICAD, 2019, p. 107). Added to this, the perception of ease in access to marijuana is close to 70% (CICAD, 2019, p. 112), the perception of risk due to marijuana use in Colombian university students increased from 72.8% in 2012 to 61.4% in 2016, which implies that young people see marijuana use less risky (CICAD, 2019, p. 107).

In Uruguay, public policies for the protection of youth focus on prevention programs of an educational nature aimed at preschoolers, primary and secondary students, however, prevention programs aimed at university-level students are not implemented (CICAD, 2019, p. 15). Under this scenario, the consumption of marijuana among secondary school students in Uruguay has a record of over 15% (CICAD, 2019, p. 83) and the consumption of university students is 29.8% (CICAD, 2019, p. 105). Additionally, Uruguayan university students have a perception of ease in accessing marijuana of 72.5% (CICAD, 2019, p. 112), the perception of risk for occasional use is below 10% and for frequent consumption is over 40% (CICAD, 2019, p. 110).

In accordance with the previous information, Colombia proposes public policies focused specifically on reducing drug use by young people, while in Uruguay only prevention programs aimed at school children are contemplated, but not at university students. In this context, the figures analyzed indicate that the youth population is consolidated as the main consumer of marijuana in both countries.

5.4.3. Protects vulnerable.

The National Plan for Health Promotion, Prevention and Attention to the consumption of psychoactive substances 2014 - 2021 of Colombia does not present a differential focus of attention for the population in unfavorable social conditions, however, the Comprehensive Policy for the Prevention and Attention of Substance Psychoactive Consumption 2019 does present an approach of “differentiated care according to population and territorial needs and particularities” (Ministry of Health and Social Protection of Colombia, 2019, p. 33).

Due to this, in 2016, the entities with treatment services reported significant attention to the consumer population in unfavorable social conditions such as homeless people in 51%, displaced by violence in 47.5%, minor offenders in 42 %, people serving sentence in 47.5%, people living with HIV/AIDS in 39% and sex workers or in sexual exploitation in 31% (Ministry of Health and Social Protection of Colombia, 2016, p. 102). In general, the largest population served corresponds to socioeconomic strata 1 and 2 (Ministry of Health and Social Protection of Colombia, 2016, p. 102).

In Uruguay, the National Strategy for Addressing the Drug Problem for the period 2011-2015 contemplated the need to link vulnerable groups to the socio-health system (JND, 2011, p. 13). Thanks to this, in 2015, the care and treatment centers in Uruguay reported important attention to vulnerable population: sexual minorities in 91.4%, pregnant women or with children in 90%, people serving sentence in 87.1% and people living on the street in 61.4% (JND, 2015, p. 66). Additionally, the current National Strategy for Addressing the Drug Problem for the period 2016-2020 maintains the previous approach by proposing as a line of action the development of a system for health promotion and prevention of problematic drug use with an emphasis on vulnerable populations (JND, 2016, p. 2016).

In this sense, public policies on drugs in both countries contain approaches to protection and health care for vulnerable populations with problematic drug use.

5.4.4. Respects religious/cultural values.

In Colombia, the Comprehensive Policy for the Prevention and Attention of the Consumption of Psychoactive Substances 2019 emphasizes the development of public policies within the framework of respect and strengthening of cultural and nurturing practices of ethnic groups (Ministry of Health and Social Protection of Colombia, 2019, p. 22). Likewise, it has as a line of action the strengthening of the mechanisms of transmission of knowledge and communication typical of their culture with the aim of strengthening crafts and arts that contribute to the construction of life plans as a form of prevention of substance use (Ministry of Health and Social Protection of Colombia, 2019, p. 23).

Regarding Uruguay, the National Strategy for Addressing the Drug Problem for the period 2016-2020 recognizes the importance of respect for diversity and conceives drugs as a social problem with specific cultural hallmarks that must be taken into account for the implementation of the lines of action or strategies contemplated (JND, 2016, p. 8). Thus, public policies on drugs in both countries highlight the importance of respect for cultural differences and work towards their conservation, however, they do not make specific reference to religious issues and in the case of Uruguay, there are no contemplate programs aimed at indigenous or ethnic peoples.

5.5. Crime

5.5.1. Reduces criminalisation of users.

Although the 2014-2018 National Development Plan of Colombia aimed to guarantee the safety and coexistence of citizens through activities to the prevention, the criminal policy was consolidated as the main tool of control and punishment used to guarantee the aforementioned objective and promote legality.

In this sense, drug-related conduct was classified in the Colombian Penal Code (C.P.) within crimes against public health, among which is the trafficking, manufacture, or possession of narcotics (art. 376 C.P). Regarding this crime, the number of captures presents a constant trend according to the figures presented by the DNP – Departamento Nacional de Planeación (2017, p. 128):

Table 02.

Captures for the crime of trafficking, manufacture or possession of narcotic drugs in Colombia (2011-2015)

	2011	2012	2013	2014	2015
Total captures	74.328	86.700	90.797	85.526	75.361

Note: Own elaboration based on DNP (2017, p. 128)

Of the total arrests, 30% were made while possessing marijuana (Ministry of Justice and Law of Colombia, 2017, p. 155), of the total convictions, 30.71% were for the guiding verb 'carry with you' which implies only the possession of drugs for non-marketing purposes (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 166). Additionally, the trafficking, manufacture, or possession of narcotic drugs is the second crime for which young Colombians are most prosecuted with a percentage of 22.07% (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 165).

In Uruguay, the criminal provisions on narcotics were contained in Law 14,294 of 1974, modified by Law 17,016 of 1998 and by Law 19,172 of 2013. In them, the consumption of any drug and the possession of a reasoned amount of drugs provided that it is for personal consumption in accordance with the considerations of the judge in each specific case, therefore, the sanctioned conducts are the production, transportation, importation, storage, and trafficking of narcotics, and in the case of cannabis, the commission of such conduct without registration or license.

According to the most recent figures published by the Fiscalía General de la Nación de Uruguay (2020, p. 18), between 2018 and 2020, there has been an increase in the number of indictments in drug-related crimes according to the following figures:

Table 03.

Imputations⁵ in drug-related crimes in Uruguay (2018-first four months 2020)

	2018 (Jan-Jun)	2018 (Jul-Dec)	2019 (Jan-Jun)	2019 (Jul-Dec)	2020 (Jan-April)
Reports with one accused at least.	47	58	75	76	76

Note: Own elaboration based on the the Fiscalía General de la Nación de Uruguay (2020, p. 18)

The analysis of the above data does not allow check if there is a significant reduction in the number of prosecutions for carrying narcotics in Colombia, while in Uruguay the charges have increased for crimes related to narcotics (cultivation, production, distribution), but not Cannabis consumers are prosecuted.

5.5.2. Reduces acquisitive crime.

The Colombian Ministry of Justice and Law has led the strategy "Control of the drug dealing phenomenon from a social intervention approach and control of the territories" contained in the National Development Plan 2014-2018 to reduce the social consequences of micro-trafficking through of activities that allow the interruption of drug

distribution in the local sector and decrease acquisitive crime, as is the case of seizures (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 132).

Between 2000 and 2015, seizures of pressed marijuana made by the Colombian public forces increased by 200% (DPN, 2017, p. 63). In 2015, 174,062 operations were carried out in which 478 tons of narcotics were seized, of which 45.8% corresponded to marijuana (DPN, 2017, p. 108), these operations only managed to confiscate 3.3% of the total number of psychoactive substances produced in the country during that year (DPN, 2017, p. 111). In 2016, 206,000 operations were carried out in which around 1,246 tons of narcotics were seized, of which 47% corresponded to marijuana (Ministry of Justice and Law of Colombia; and Colombian Drug Observatory, 2017, p. 155).

Despite the above, drug dealing or retail sale of marijuana for recreational purposes has a profit of 99.8%, since although the vendors incur expenses of up to 2.2 billion colombian pesos, they have a consumer market that it can generate up to 4.4 trillion colombian pesos (DPN, 2017, p. 121). In this context, for 2015, the profits from drug dealing represented 0.75 points of Colombia's GDP, and when adjusting this figure with the value of the seized narcotics it only decreases to 0.71% of the national GDP (DPN, 2017, p. 123).

The above data indicates that the public policies adopted by Colombia are far from reducing purchasing crime since, on the contrary, it is consolidating itself as a business with a stable purchasing market and large profitable profits.

Table 04.

Kilograms of marijuana seized in Uruguay (2013-2017)

	2013	2014	2015	2015	2017
Marijuana seized in kilograms	2284	1753	2797	5062	2098

Note: Own elaboration based on JND and Uruguayan Drug Observatory (ODU) (2019, p. 17)

The kilograms of marijuana legally marketed are equal to the quantities seized, since, between July 2017 and October 2019, 670,211 legal transactions of 5-gram packages of cannabis were carried out, totaling 3,351 kilograms sold in 27 months (JND and ODU, 2019, p. 13) which indicates that seizures allow the interruption of the illegal sale of a significant quantity of product. Despite the above, in Uruguay it is estimated that 259,000 people consumed marijuana in 2018 (JND and ODU, 2019, p. 15) of which only an approximate of 67,000 consumers acquired, prior registration, the product through any of the legal routes of access: pharmacies, home cultivation and membership clubs (JND and ODU, 2019, p. 14). In this sense, the legal market does not cover the demand of all consumers.

In accordance with the above, while in Colombia the purchase of cannabis for recreational purposes constitutes a purchasing crime, in Uruguay, the purchase of this product with proper authorization does not represent any type of crime since 2013, which directly influences the decrease in illegal buying. Despite this, in both countries, the illegal cannabis market persists, which is why the development of seizures continues with the aim of reducing the distribution and drug dealing of narcotics.

5.5.3. Reduces violent crime.

The Office of the Attorney General of the Nation has developed strategies to reduce the commission of drug-related crimes based on comprehensive social interventions, the control of violence or the reduction of territorial disputes between groups, and the

dismantling of criminal organizations (FGN, sf, p. 9-10). However, there is still a close relationship between drugs and other crimes such as homicide, forced displacement, restraint, the use of minors for the sale of narcotics and theft (MJD and ODC, 2017, p. 132).

It has been identified that there is a relationship between urban drug markets and homicides in cities such as Bogotá, mainly due to territorial control disputes for micro-trafficking (FGN, s.f, p. 6). Likewise, it has been identified that marijuana seizures have an impact on the commission of homicides and personal injuries in this same city (Fundación Ideas para la Paz [FIP], 2016, p. 10).

In general, in 2008, a study carried out financed by the Colombian Ministry of the Interior and Justice, the National Narcotics Directorate and the OAS, it was identified that the most frequent crimes committed under the influence of drugs are intentional homicide, theft and the sale of drugs on a small scale, alcohol and marijuana also appear as the most frequent drugs (Pérez, Ruíz, Valencia, and Rodríguez, 2008, p. 36). Likewise, there are no updated and unified figures at the national level issued by public institutions that account for the reduction in violent crimes related to drug trafficking, sale, and consumption.

On the other hand, the National Strategy for Addressing the Drug Problem for the period 2016-2020 of Uruguay indicates the development of actions to “combat the association of drug crimes with trafficking and trafficking in persons, sexual exploitation, arms trafficking and the different forms of violence towards people with greater social vulnerability” (JND, 2016, p. 17).

However, the most recent figures published by the Observatorio Nacional sobre Violencia y Criminalidad de Uruguay (in English: Observatory on Violence and Crime of the Ministry of the Interior of Uruguay), show that approximately half of the completed homicides are

related to the conflict between criminal groups, drug trafficking or the adjustment of accounts, also with an increasing trend:

Table 05.

Percentage of homicides committed in Uruguay related to the conflict between criminal groups, drug trafficking or settling old scores.

Indicator	2017	2018	2019
Percentage of completed homicides related to the conflict between criminal groups, drug trafficking or settling old scores	45%	47%	50%

Source: own elaboration based on the National Observatory on Violence and Crime (2017, 2018, and 2019).

In any case, it has been identified a relationship both in Colombia and Uruguay a close relationship between drug trafficking and other crimes, mainly homicide, due to the territorial control of criminal groups or settling old scores.

5.5.4. Prevents corporate crime.

Colombia has adopted a national anti-money laundering and anti-terrorist financing policy that focuses on improving prevention, reporting, investigation, prosecution, and punishment strategies in accordance with international standards (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 174). The greatest efforts are aimed at combating organized crime, reducing the crime of money laundering that is typified in the Penal Code, and confiscating or extinguishing the right of ownership of the assets used in these activities.

In this context, the Directorate of the National Anti-Narcotics and Money Laundering Prosecutor's Office is the authority in charge of carrying out investigations into conduct

related to money laundering. The investigation values increased according to the rates indicated by the Financial Action Group of Latin America (GAFILAT):

Table 6.

Money laundering investigations in Colombia (2012-2016)

	2012	2013	2014	2015	2016
Number of investigations	311	345	283	377	450

Note: own elaboration based on GAFILAT (2018, p. 51)

Regarding criminal proceedings, between January 2016 and March 2017, 769 people were charged, of which 620 people were convicted (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 176). Between August 2017 and July 2018, the figures dropped when 187 people were charged, of which 81 have been convicted (FGN, 2018, p. 28).

Uruguay's National Strategy for Addressing the Drug Problem for the 2016-2020 period indicates as a line of action the reinforcement of "policies for the prevention and repression of money laundering, including the investigation of assets, seizure, and confiscation of the assets of criminal organizations" (JND, 2016, p. 20). Likewise, in 2016, Law 19,355 was enacted, which created the National Secretariat for the Fight against Money Laundering and Terrorism Financing, an institution in charge of proposing new policies to combat money laundering.

Under these provisions, during 2018, the highest number of judgments and indictments were issued in crimes related to money laundering compared to previous years in Uruguay, while in 2016 the highest number of investigations were initiated, according to the following figures:

Table 7.

Investigations, indictments and sentences related to money laundering in Uruguay (2015-2018)

Criteria	2015	2016	2017	2018
Investigation initiated	12	20	13	12
Formulation of indictments	7	3	1	9
Sentences/Judgments	6	3	4	8

Note: own elaboration based on GAFILAT (2020 p. 59)

In this way, within the public policies of Colombia and Uruguay, a strong component of prosecution and punishment is included in crimes related to money laundering that is developed in conjunction with the competent judicial institutions in each country with the aim of reducing crime corporate.

5.5.5. Prevents criminal industry.

To discourage the illegal drug industry, the Colombian State has developed strategies against illicit crops and drug products that include voluntary substitution or forced manual eradication and the destruction of production laboratories (Ministry of Justice and Law of Colombia and Colombian Drug Observatory, 2017, p. 79). In 2015, the aerial spraying with glyphosate was suspended for the eradication of illicit crops because it was considered a health risk.

Regarding forced manual eradication, the figures have changed: in the period 2005 to 2008 there was an increase, going from 37,523 hectares to 96,000 destroyed hectares; between 2009 and 2015 the figures decrease, from 60,565 hectares to 13,445 destroyed hectares; In 2016, 17,642 hectares were eradicated and between January and June 2017, 19,634 hectares were destroyed, of which only 131 corresponded to marijuana cultivation (Ministry of Justice and Law of Colombia and Colombian Drug Observatory,

2017, p. 80). Regarding the destruction of production laboratories, between 2010 and 2014 between 2000 and 2500 laboratories were destroyed per year and in 2015 the figure increased to 3,500 laboratories (DPN, 2017, p. 63).

Despite this, the marijuana cultivation industry maintains a profitability rate of 145.8%, since drug trafficking networks, although they incur expenses of up to 98,600 million, the sale market is 242,500 million per which is estimated a net profit of 143,800 million. Likewise, the distribution networks achieve profitability close to 291% so that, although they incur expenses of up to 563,000 million, they have an internal consumer market that can generate income of up to 2.2 trillion having a profit of 1.64 trillion by year. (DPN, 2017, p. 121).

On the other hand, with the objective of reducing the supply of drugs and discouraging its illegal industry, Uruguay has the Integrated Permanent National Plan of Operations against Drug Trafficking and Money Laundering approved by decree 499/009, which includes activities aimed at the detection and destruction of laboratories that produce illicit drugs of synthetic or natural origin, the seizures of illicit drugs and the quantification of illicit crops.

However, the Inter-American Drug Abuse Control Commission stated in the Evaluation Report on Drug Policies (2019) that "Uruguay does not have action protocols for the detection, investigation, and dismantling of laboratories or facilities for the illicit manufacture of drugs" (CICAD, 2019, p. 31). Additionally, she also pointed out that "Uruguay has not designed alternative and sustainable development programs to reduce illicit crops" (CICAD, 2019, p. 22), possibly because no significant areas of illicit crops have been detected (CICAD, 2019, p. 24). Despite the above, the National Drug Board and the Uruguayan Drug Observatory pointed out that from 2014 to 2018 the classic drug trafficking (pressing) was reduced 5 times, going from 58.2% to 11.6% by virtue of the validity of Law 19.172 (JND and OUD, 2019, p. 10).

The figures above indicate that the public policies adopted by Colombia are far from discouraging the illegal activity of the drug market, on the contrary, it is consolidated as a business with large lucrative profits. While, in the case of Uruguay, public authorities have reported a significant reduction in drug trafficking thanks to the issuance of Law 19,172.

5.6. Economic

5.6.1. Generates state revenue.

The Colombian state only generates income with respect to marijuana for medical purposes by virtue of the National Tax on the Consumption of Medicinal Cannabis contemplated in Law 1819 of 2016. The aforementioned tax applied on sales and the rate is 16% of the value of the final product that contains psychoactive or non-psychoactive cannabis in any presentation, in this sense, all cannabis converters must collect this tax from the consumer at the time of sale of the product (Congress of Colombia, 2016, p. 53).

From 2017, the year in which the collection of the National Tax on the Consumption of Medicinal Cannabis began, the general collection of the consumption tax presents an increasing trend according to the figures indicated by the National Tax and Customs Directorate (DIAN):

Table 8.

Tax collection for Consumption Tax that includes the National Tax on the Consumption of medical cannabis in Colombian pesos

	2017	2018	2019
Consumption Tax Collection	\$ 2.107.892	\$ 2.214.402	2.412.341

Note: own elaboration based on DIAN (2020)

On the other hand, the IRCCA is the Uruguayan entity in charge of the administration of the resources obtained from the regulation of medical and recreational cannabis that come from the collection of licenses granted or by fines imposed in accordance with article 32 of Law 19,172. Thus, the IRCCA has reported a significant increase in revenue related to the production and distribution of cannabis for non-medicinal use in pharmacies and licenses for the use of medicinal cannabis and for research purposes:

Table 09.

IRCCA income in Uruguayan pesos

	2016	2017	2018	2019
Income from production and distribution of non-medicinal cannabis for sale in pharmacies	\$1.230.200	\$ 4.457.592	\$ 14.568.644	-
Income from licenses to private entities for the use of medical cannabis and research	-	\$360.575	\$2.391.878	\$5.910.704

Note: own elaboration based on IRCCA (s.f, p. 2)

In accordance with the information, both countries receive income from the regulation of the cannabis market, in the case of Colombia only for medicinal or scientific purposes, and in the case of Uruguay for any purpose.

5.6.2. Reduces economic costs.

The current policies on drugs in Colombia contain among their lines of action, education, and prevention in the family environment with the aim of creating healthy lifestyle habits

and at the same time, reducing intra-family violence and violence against women as a result of problematic drug use of psychoactive substances. In this sense, the execution of these programs is foreseen within the budget of the drug policy prevention approach. The aforementioned approach had the following budget between 2013 and 2015:

Table 10.

Budget in Colombian pesos for the prevention approach in drug policies (2013-2014)

	2013	2014	2015
Budget – Prevention approach	\$ 25,234	\$ 33,840	\$ 25,821

Note: own elaboration based on FIP, DNP y Centro de Investigación Económica y Social (2018, p. 34)

In accordance with the above, it is possible that the execution of the prevention action lines aimed at the protection of the family and women, developed within the framework of drug policies in Colombia, has an indirect benefit and contributes to gender policies contemplated by this government. However, this benefit is not evidenced in a reduction in spending for the implementation of gender policies, since from 2013 to 2016 the budget for the prevention of violence against women of the National Public Policy on Gender Equality has remained constant in accordance with the following figures:

Table 11.

Budget in Colombian pesos for the violence prevention against women in the National Public Policy of Gender Equality of Colombia (2013-2016)

	2013	2014	2015	2016
Budget for violence prevention against women	\$ 52.628	\$ 51.385	\$ 52.425	\$ 54.400

Note: own elaboration based on Consejo Nacional de Política Económica y Social and DNP (2013, p. 50)

As well as in Colombia, Uruguay's National Strategy for Addressing the Drug Problem for the 2016-2020 period presents a cross-gender line for the protection of women and the eradication of all types of violence that may be suffered as a result of problematic drug use. The mentioned approach must be taken into account for the development of all programs and actions implemented in the area of drugs and its execution is foreseen within the JND budget (table 10). Despite this, the government of Uruguay plans to execute the National Plan to Fight Gender-Based Violence, which has an independent budget of \$ 39,069,000 million Uruguayan pesos for the years 2016 to 2020 (Oficina de Planeamiento y Presupuesto y Ministerio de Desarrollo Social , 2015, p. 5).

In accordance with the provisions, public policies on drugs in both Colombia and Uruguay do indirectly benefit other areas of community life, such as the eradication of violence against women, so that within the framework of In the prevention and education programs on drug use, attendees are also made aware of the serious social consequences that domestic violence implies, violence against women, social exclusion, among other issues. However, the reduction in the costs of executing public policies on gender is not perceived in each country; on the contrary, the budget items remain constant.

5.7. Cost

5.7.1. Low policy introduction costs.

The data found on costs refer to the investment for the execution of drug policies and do not present a difference in costs between the introduction of the policies and their maintenance. In this sense, there are no official figures that account for the expenditure that Colombia and Uruguay have incurred to introduce public policies on drugs.

5.7.2. Low policy maintenance costs.

Colombia has focused on different approach for drug management such as alternative development, reduction of the supply of drugs (reduction of illegal activities), reduction of demand (prevention and treatment of consumers), strengthening legal and institutional, environmental management and international policy (FIP, DNP and Centro de Investigación Económica y Social [Fedesarrollo], 2018, p. 11). In this sense, the expenses incurred by the Colombian State to implement the drug policy have remained in a constant trend since 2008 according to the following figures:

Table 12.

Expenditure on drug policy in millions of Colombian pesos⁵

	2009	2010	2013	2014	2015
Cost	\$954.442	\$990.029	\$1.174.651	\$1.140.019	\$ 970.480

Note: own elaboration based on (2018, p. 99)

Reducing the supply is the approach with the largest budget available and it shows an increasing trend. According to the figures, in 2013 it received 57% of the total budget for the fight against drugs of that year, in 2014 it received 58% and in 2015 it received 60%, which is a clear reflection of the prohibitionist policy implemented in Colombia (FIP, DNP, and Fedesarrollo, 2018, p. 12).

As for Uruguay, the National Drug Board (JND) is the national authority in charge of executing public policies on drugs in coordination with other national institutions, therefore, it has an independent annual budget that has remained constant since the year 2014 to 2018 according to the figures indicated by CICAD (2019, p. 5):

⁵ There is no official information from DNP for the years 2011 and 2012.

Table 13.*Budget of the National Drug Board in American Dollars*

	2014	2015	2016	2017	2018
Budget JND	\$2.100.000	\$2.020.000	\$2.100.000	\$2.100.000	\$2.100.000

Note: own elaboration based on CICAD (2019, p. 5)

According to the data above, there is no evidence of a decrease in costs for the execution of public policies on drugs in Colombia and Uruguay, on the contrary, investment from both countries has remained constant in recent years.

6. DISCUSSIONS

Both in Colombia and Uruguay, public policies present different approaches aimed at the care and treatment of problem drug users, however, the coverage of services does not extend to all the estimated people with problem use. Regarding treatments, the harm and risk reduction model is an alternative used in the rehabilitation of problematic drug users in both countries, however, most of the treatments carried out are aimed at permanently eliminating consumption through abstinence. Likewise, substitutes or pharmacological treatments are used to a lesser extent.

Regarding the reduction of damage to third parties, although the policies of both countries include the recovery of public spaces used for drug use or drug dealing and in the case of Uruguay, the prohibition of cannabis use in closed spaces, educational or health institutions, there are no official data issued by the states that make it possible to analyze whether these measures have indeed had a positive influence on reducing possible harm to third parties due to the reduction in exposure to smoke generated by consumption.

In Colombia, a large percentage of marijuana users report the use of other more harmful psychoactive substances such as "crypys" at the same time, while in Uruguay the majority of the university population exclusively consumes marijuana. In this sense, it is possible to conclude that the prohibitionist policies of Colombia encourage the consumption of various psychoactive substances that are more harmful than marijuana, while the legalization of the sale of cannabis in Uruguay has favored the exclusive use of this substance.

In Uruguay, the quality of cannabis cultivation is supervised and the adoption of sanitary measures for the packaging, labeling, and storage of products derived for both medicinal or scientific and recreational purposes. On the contrary, in Colombia, this control is only

exercised over medicinal products or for scientific purposes, which are the only ones allowed for their cultivation, production, and commercialization.

The promotion of education and prevention on drugs, the protection of human rights, respect for individual freedom and the promotion of family and community cohesion are priority approaches in public policies on drugs in Colombia and Uruguay, since, First, the rights and freedoms of all people are recognized and provided as a basis or starting point for the execution of the activities contemplated in the policies, second, lines of action of a preventive-educational nature are contemplated to raise awareness and sensitize all people about the consequences of drug use and, thirdly, the promotion of social inclusion, the elimination of stigmatization and the strengthening of family networks are sought to promote community and social cohesion.

Legal provisions in Colombia and Uruguay allow the use of cannabis for medicinal and research purposes under the granting of licenses and supervision by their institutions. Similarly, public policies in both countries promote scientific research on the consumption of psychoactive substances, the possible harmful consequences that can be generated in the human body, the medicinal, veterinary and cosmetic use of cannabis, among other topics.

International support is a strategy present in the drug policies of both Colombia and Uruguay. Both countries have worked in alliance with other states and international organizations with the aim of combating drug trafficking and related crimes, recognized as cross-border problems. Likewise, in both countries, there were national and international civil, political, and industrial groups that, through lobbying, exerted pressure and raised their support for the cannabis legalization projects that were developed. On the one hand, in Colombia, the national and Canadian industry supported the issuance of Decree 2467 of 2015, the first provision to regulate the processes of production, manufacture, and use of cannabis for medicinal and scientific purposes in Colombia. On

the other hand, in Uruguay, the issuance of Law 19,172 was led by the president of the time with support from the “Frente Amplio” party and international organizations such as the Open Society Foundation and the Washington Office for Latin America.

Public policies on drugs in Colombia and Uruguay aim to preserve social welfare. Likewise, lines of action aimed at the protection of young people are contemplated, however, the figures indicate that the consumption of marijuana has not decreased in this population, on the contrary, it is consolidated as the one with the highest consumption. Additionally, the protection of the vulnerable population is conceived through their care in health centers and respect for cultural values is recognized for the construction and execution of policies. In both countries issues of a religious nature are not contemplated in politics.

Regarding crime-related policies, it is important to note that in Uruguay the consumption and possession of cannabis for personal use does not represent any type of crime, however, the cultivation, production, or distribution of other psychoactive substances are classified as crimes. On the other hand, in Colombia the consumption and possession of cannabis are only decriminalized in accordance with the minimum dose indicated in the law, therefore, the other related behaviors are criminally sanctioned. Regarding the criminalization of users, the figures analyzed do not show a significant decrease in the number of prosecutions for carrying narcotics in the case of Colombia. While in Uruguay there are no prosecutions for possession or consumption of narcotic drugs, but there is an increase in charges for other drug-related crimes.

The illegal purchase of narcotics in Colombia is a consolidated and profitable business, while in Uruguay a large number of consumers acquire cannabis through the legal market, however, the supply is not enough and the illegal market persists. In this context, both countries propose the making of seizures as a policy to weaken the illegal or drug dealing market. Regarding the criminal industry, both countries propose policies aimed at the

identification and destruction of illicit crops and production laboratories, however, in Colombia, the drug industry is consolidated as a business with broad profits, while, in Uruguay, public institutions report a significant decline in the drug trafficking industry.

Both in Colombia and Uruguay, there is a relationship between drugs and other crimes, so public policies are contemplated to reduce them. On the one hand, in Colombia, the commission of homicides due to territorial disputes between criminal groups has been identified, as well as the commission of homicides, personal injuries, and thefts by subjects under the influence of psychoactive substances, however, there are no data updated reports that account for the decrease in this type of crime. On the other hand, recent information in Uruguay indicates that a large percentage of completed homicides are related to the conflict between criminal groups, drug trafficking, or the settlement of accounts.

Faced with corporate crime, the public policies of Colombia and Uruguay include lines of action the prosecution and punishment of crimes related to money laundering, for this, investigations are carried out by the competent judicial institutions in each country. Likewise, the confiscation of assets used in these activities is contemplated.

Colombia only receives state income regarding medicinal cannabis by the National Tax on the Consumption of Medicinal Cannabis contemplated in Law 1819 of 2016, which is equivalent to 16% of the value of the final product, on the other hand, in the Uruguayan State, cannabis has not been taxed so your income comes from licenses issued or penalties imposed.

Public policies on drugs in Colombia and Uruguay do indirectly benefit on other sectors of social life, such as the gender approach and the eradication of violence against women, precisely because these programs are conceived within drug policies, doing prevention and education in which these issues are a priority. However, there is no perceived

reduction in the costs of implementing gender policies in these countries as a result of their development in drug policies; on the contrary, budgets remain constant.

In terms of costs, no indicative data are available on the costs of introducing drug policies in both countries. The information analyzed shows that the maintenance expenses of the policies have been reduced neither in Colombia nor in Uruguay, on the contrary, they have remained constant.

7. CONCLUSIONS

Colombia and Uruguay started to change their drug policy program at the same time, however, both countries have developed their own policy regarding drug policy and specifically marijuana use since 2019. For the purpose of this thesis, I have related the absolute prohibition policy regime to Colombia and the state control policy regime to Uruguay.

First, Colombia has come back to its roots of the policy or “war on drugs”, approaching international Conventions and penalizing the use of marihuana, alluding the protection of the children and the society, while Uruguay has put his effort in the state control guided by the principle of the protection of human rights.

Following this idea, one of the main difference of the drug policy regarding marijuana use is that in Colombia is not permitted the use of marihuana since 2019, even though there are policies that decriminalized this behavior. In Uruguay, all the processes related to marijuana (production, distribution and commercialization of cannabis products) is under supervision of the state.

Taking in consideration their approach and their own policy, the cluster that are used in this research work has showed difference and similarities in the achievement of the objectives that each state seeks regarding the topic of marijuana as it can be seem previously.

In the health cluster, the information has shown that both countries seek the total elimination of the drug use according to their public policies. Likewise, they try to protect the environment and society looking for alternatives to the impact to others people, however, they didn't have any data regarding how this situation has been done during the application of their policies. Furthermore, both public policies are alike and try to reach

the same result that is eliminate the consumption and promote health habits in their society.

However, the main difference in this cluster is the one related to encourage treatment. Both countries have this topic in their policies, however, Colombia uses its public and privates hospital to attend this phenomenon, while in Uruguay, they created a specific care centers for drug problem. However, both of them have failed to reach the full coverage or their population. In addition, the improvement of the quality of the product, only Uruguay has contemplated this topic trying to improve the quality of the product to reduce any harm or use of dangerous substance in the population that uses marijuana, while Colombia only contemplated the quality product for the medical or scientific purpose.

Respecting the social cluster, both public policies contemplate the drug education and they mainly focus in the scholar population using the educational system. Most of their strategies are applied in school, providing training to teachers and working with NGO's and trying to cover most of the students but also focus in the family cohesion and community development. The shared approach is that both countries considered the use of marijuana for medical and scientific purpose is allowed as long as the company or organization have the license approved by the Government. Likewise, regarding to human right, only Uruguay has used the protection of individual and collective human rights in all their policy, something that is missing in Colombia.

In the political cluster, it is the one that contains the main difference in both countries: on one hand, Colombia has cooperate with USA and its war on drugs historically. Nowadays, both countries have a cooperation program that it has been for almost 30 years named "Plan Colombia". This plan wants to reduce the cultivation of illicit crops (in Colombia all crops are illicit except the ones that have licensed and the product is used for medical and scientific purpose). The logic of this plan is that reduction of the drops, reduces the

quantity of the product, thus, the trade of the product is reduced, mainly, towards the USA. Also, Colombia has criminal legal norms that allow extradition and favor international judicial investigation in the case of the crime of drug trafficking with the support of the United States.

On the other hand, Uruguay has international cooperation mainly with UN, Organization of American States (OAS), and compromises that are the result of the trade agreement with some countries. The government cooperates and has legal norms in favor for international investigation and extradition crimes to those behavior that seeks to prevent crimes associated when the use or marijuana is related to drug trafficking, money laundering and so on. However, they mainly focus on the crimes associated to drug use (marijuana is in this approach). Due to their approach toward marijuana use, Uruguay has received critics mainly for USA, China and Russia, thus, they don't have any program pointing to the reduction of crops neither the trade or consumption of marijuana.

In the Public cluster, both public policies regarding the well-being contemplated the youth population as the main consumer. The data has shown that Colombia seeks to decrease the consumption of its population and increase the age of initiation, especially those in scholar and university age. On the other hand, Uruguay started the promotion of the well-being of its citizens through support programs. The data on the prevalence and age of initiation is similar in both countries despite their different approach regarding marijuana consumption.

The crime cluster also shows some differences regarding the results of the public policies applied by both countries. On one hand, in Colombia, as we have stated previously, any form of use (cultivation, trading, possession, etc...) is illegal and prosecuted by authorities. The data shows and constant increase in criminal felony to users. On the other hand, Uruguay only prosecuted those organizations that don't have a license to cultivate

marijuana, and there is no information about cannabis users are prosecuted because it is legal the possession.

Colombia has failed to reduce the acquisition of crime and violent crime regarding marijuana use. The data has shown a permanent increase in felony and the profit of illegal groups who trade marijuana. Uruguay, on the other hand, its main problem is that the marijuana that is used for consumption in Uruguay in the legal market doesn't cover the demand of all consumers, thus, the consumers are stocked by the illegal market. Both countries share the same approach regarding the prevention of money laundering that is under the control of the criminal industry and corporate crime.

In the economic cluster exists one difference between these countries because the marijuana consumption in Uruguay is regulated by the state through a license and verified possession for consumption, meaning for any purpose, the country received better and more benefits through taxes than Colombia, that only receive contribution through taxes from those organization that is permitted to process marijuana for a scientific or medical reason.

The income received by taxes for the use of marijuana has permitted that both countries develop policies regarding other aspects of their societies, for example, the development of a strategy to reduce the violence against women and gender equality programs. However, it is not clear that both approaches have reduced the economic cost of each country, on the contrary, the budget remains constant.

Finally, in the cost cluster, none of the countries have data regarding the introduction of the marijuana policy but the maintenance. The data shows that Colombia is increasing slightly its cost trying to keep their policy working to achieve its objectives meanwhile in Uruguay, the budget has been the same during the last decade.

To sum up, Colombia and Uruguay use different policies, the first one through the prohibitionist regime and the second through the state control. However, their objectives are the same because it looks for the way to increase the well-being of their society and the population that use marijuana.

On the other hand, the data showed in this research work using the 7 clusters (health, social, political, public, crime, economic, and cost) indicate that Colombia and its policy are not achieving its objective in the cluster of crime, social and crime. Meanwhile, in Uruguay, the information registers that their policy has contributed to the income to the national budget through the legalization and expedition of license for any use of marijuana. Likewise, the data doesn't show any felony of marijuana users but the money laundering and the corporate crime that still are and persist in the country despite the legalization of marijuana.

The Uruguayan approach, taking into consideration all the information previously, could have a better impact on the development of the country and the implementation of other social programs. In the case of Colombia, it indicates that increasing the budget for the maintenance of its prohibitionist policy doesn't bring the expected results, thus, it could be expected that their plans would not work and the problem would remain in the future.

8. BIBLIOGRAPHY

- Advisory Commission for Drug Policy in Colombia. (2015). *Lineamientos para un nuevo enfoque de la política de drogas en Colombia* [Guidelines for a new approach to drug policy in Colombia]. Bogotá.
http://www.odc.gov.co/Portals/1/comision_asesora/docs/informe_final_comision_asesora_politica_drogas_colombia.pdf
- Álvarez, N., Pose, N., y Luján, C. (2017). *La política internacional de la regulación del cannabis en Uruguay. Un análisis de la respuesta uruguaya a los desafíos y oportunidades del régimen internacional de drogas* [The International Politics of Cannabis Regulation in Uruguay. An Analysis of the Uruguayan Response to the Challenges and Opportunities from the International Drugs Regime]. *Desafíos*, 19-59. <http://www.scielo.org.co/pdf/desa/v29n2/0124-4035-desa-29-02-00019.pdf>
- Arellana, C. (2009). *Análisis de la cooperación de naciones unidas al gobierno de Colombia en el ámbito de la lucha internacional contra el problema de las drogas ilícitas*. [Analysis of the United Nations cooperation with the Colombian government in the field of international fight against the problem of illicit drugs]. <https://repository.urosario.edu.co/bitstream/handle/10336/1093/53176496.pdf;jsessionid=1198468881A9656555CB0509765921AD?sequence=1>
- Astorga, C., y Facio, M. (2009). *¿Qué son y para qué sirven las Políticas Públicas?* [What is and how works the Public Policies for?]. *Contribuciones a las Ciencias Sociales*. http://proxse16.univalle.edu.co/~secretariageneral/consejo-academico/temasdediscusion/2014/Documentos_de_interes_general/Lecturas_politica_publica/Que%20son%20y%20para%20que%20sirven%20las%20politicas%20publicas_Aguilar.pdf
- Arriagada, I., y Hopenhayn, M. (2000). *Producción, tráfico y consumo de drogas en América latina* [Production, trafficking and consumption of drugs in Latin America]. United Nations.
https://repositorio.cepal.org/bitstream/handle/11362/5974/1/S0000001_es.pdf
- Beittel, J.S & Rosen, L.W. (2017). *Colombia's Changing Approach to Drug Policy*.
<https://fas.org/sqp/crs/row/R44779.pdf>

- Beittel, J.S. (2019). *Colombia: Background and U.S. Relations*. Congressional Research Service. 2019. <https://fas.org/sqp/crs/row/R43813.pdf>
- Blickman, T., & Jelsma, M. (2009). *La reforma de las políticas de drogas. Experiencias alternativas en Europa y Estados Unidos* [The reform of drug policies. Alternative experiences in Europe and the United States]. *Nueva Sociedad*(222), 81-103. <https://biblat.unam.mx/es/revista/nueva-sociedad/articulo/la-reforma-de-las-politicas-de-drogas-experiencias-alternativas-en-europa-y-estados-unidos>
- Colombian Constitutional Court. (1994). *Sentencia C-221/94* [Sentence C-221/94]. <https://www.corteconstitucional.gov.co/RELATORIA/1994/C-221-94.htm>
- Congress of Colombia. (2016). *Ley 1787 de 2016* [Law 1787 from 2016]. <https://dapre.presidencia.gov.co/normativa/normativa/LEY%201787%20DEL%206%20DE%20JULIO%20DE%202016.pdf>
- Congress of Colombia. (2016). *Ley 1819 de 2016* [Law 1819 from 2016]. <https://gydconsulting.com/userfiles/Ley-1819-29-dic-16-Reforma-Tributaria-Diario-Oficial-50101.pdf>
- Consejo Nacional de Política Económica y Social y Departamento Nacional de Planeación. (2013). *Documento CONPES Social: equidad de género para las mujeres* [CONPES Social document: gender equity for women]. <http://www.equidadmujer.gov.co/ejes/Documents/Conpes-Social-161-de-2013-Equidad-de-Genero.pdf>
- Corda, A. (2015). *Reforma a las políticas de drogas en Latinoamérica: Discurso y realidad* [Reform of drug policies in Latin America: Speech and reality]. Colectivo de Estudios Drogas y Derecho, CEDD. <https://idpc.net/es/publications/2015/11/reforma-a-las-politicas-de-drogas-en-latinoamerica-discurso-y-realidad>
- Corda, A., Cortés, E., & Piñol, D. (2019). *Resumen del Informe regional CEDD, Cannabis en Latinoamérica: la ola verde y los retos hacia la regulación* [Summary of the CEDD regional report, Cannabis in Latin America: the green wave and the challenges towards regulation]. Colectivo de Estudios Drogas y Derecho, Bogotá, Colombia. <https://www.dejusticia.org/publication/resumen-del-informe-regional-cedd/>

Count The Costs. (2013). *La Guerra contra las Drogas: Amenazando la salud pública, difundiendo enfermedades y muerte* [The War on Drugs: Threatening Public Health, Spreading Disease and Death].

http://www.countthecosts.org/sites/default/files/Health_Spanish.pdf

Departamento Nacional de Planeación [DNP]. (2006). *Balance Plan Colombia 1999-2005* [Balance Plan Colombia 1999-2005].

https://colaboracion.dnp.gov.co/CDT/Justicia%20Seguridad%20y%20Gobierno/Bal_plan_Col_espanol_final.pdf

Departamento Nacional de Planeación [DNP]. (2017). *Narcomenudeo en Colombia: una transformación de la economía criminal* [Drug dealing in Colombia: a transformation of the criminal economy].

<https://es.slideshare.net/johnanzola/narcomenudeo-en-colombia-transformacin-de-la-economia-criminal>

Dirección de Impuestos y Aduanas Nacionales [DIAN]. (2020). *Estadística de los Ingresos Tributarios Administrados por la DIAN 1970-2019* [Statistics of Tax Income Managed by DIAN 1970-2019].

<https://www.dian.gov.co/dian/cifras/EstadisticasRecaudo/Estadísticas>

Dye, T. (1972). *Understanding Public Policy*. <https://www.pearson.com/us/higher-education/program/Dye-Understanding-Public-Policy-15th-Edition/PGM1834486.html>

El Espectador. (2015. December 17). *Bogotá estrena centro de atención a drogodependientes* [Bogotá opens a center for drug addicts].

<https://www.elespectador.com/noticias/bogota/bogota-estrena-centro-de-atencion-a-drogodependientes/>

El Espectador. (2019, June 7). *¿El fallo de la Corte afectó todo el decreto que permite decomisar la dosis mínima?* [Did the Court's ruling affect the entire decree that allows the minimum dose to be confiscated?].

<https://www.elespectador.com/noticias/judicial/el-fallo-de-la-corte-afecto-todo-el-decreto-que-permite-decomisar-la-dosis-minima/>

El País. (2019, November 20). *Proyecto que permite consumo de marijuana con fines recreativos se hundió en la Cámara* [Bill allowing recreational marijuana use was dropped in the House of Representatives].

<https://www.elpais.com.co/colombia/proyecto-que-permite-consumo-de-marijuana-con-fines-recreativos-se-hundio-en-la-camara.html>

Fiscalía General de la Nación de Uruguay. (2020). *Desempeño del sistema penal uruguayo: Primer cuatrimestre de 2020* [Performance of the Uruguayan criminal system: First four months of 2020].

http://www.fiscalia.gub.uy/innovaportal/file/5980/1/20200624_fgn_desmpeno-sistema-penal-hasta-abr-2020-v1.02.pdf

Fiscalía General de la Nación [FGN]. (2018). *Rendición de cuentas 2017-2018* [Accountability 2017-2018].

<https://www.fiscalia.gov.co/colombia/wp-content/uploads/Informe-de-gestion-v-22-11-2018-PDF2.pdf><https://www.fiscalia.gov.co/colombia/wp-content/uploads/Informe-de-gestion-v-22-11-2018-PDF2.pdf>

Fiscalía General de la Nación [FGN]. (n.d.). *Documentos de Política Pública y Política Criminal: drogas y homicidios* [Public Policy and Criminal Policy Documents: drugs and homicides]. <https://www.fiscalia.gov.co/colombia/wp-content/uploads/Drogas-y-homicidios-vf1.pdf>

Fundación Ideas para la Paz [FIP]. (2016). *Homicidios y venta de drogas: una peligrosa dupla en Bogotá* [Homicides and drug sales: a dangerous duo in Bogotá].

<http://cdn.ideaspaz.org/media/website/document/5762d06e91de6.pdf>

Fundación Ideas para la Paz; Departamento Nacional de Planeación; y Centro de Investigación Económica y Social. (2018). *Informe del gasto del gobierno de Colombia en la lucha antidrogas 2013-2015* [Report on the Colombian government's spending on the fight against drugs 2013-2015].

https://www.repository.fedesarrollo.org.co/bitstream/handle/11445/3609/Report_Mayo_2018_Fedesarrollo_y_FIP.pdf?sequence=4&isAllowed=y

García, F. (2002). *El consumo de drogas en los pueblos precolombinos. Elementos para una "política criminal" alternativa* [Drug consumption in pre-Columbian peoples. Elements for an alternative "criminal policy"]. *Revista Electrónica de Ciencia Penal y Criminología*. Obtenido de http://criminnet.ugr.es/recpc/recpc_04-r3.pdf

- Garzón, J. C. (2016). *Pos UNGASS 2016: América Latina y la perspectiva de la política de Drogas*. Consejo de Relaciones Internacionales de América Latina y el Caribe (RIAL) [Post UNGASS 2016: Latin America and the Drug Policy Perspective. Council for International Relations of Latin America and the Caribbean (RIAL)]. <https://consejorial.org/publicaciones/posungass-2016-america-latina-y-la-perspectiva-de-la-politica-de-drogas/>
- Global Commission on Drug Policy. (2018). *Regulación: El control responsable de las drogas* [Regulation: Responsible control of drugs]. https://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/SPA-2018_Regulation_Report_WEB-FINAL.pdf
- Grupo de Acción Financiera de Latinoamérica [GAFILAT]. (2018). *Informe de Evaluación Mutua de Cuarta Ronda de República de Colombia* [Mutual Evaluation Report of the Fourth Round of the Republic of Colombia]. <file:///E:/DATOS%20DE%20SEGURIDAD/Downloads/iemcolombia4tagafilat.pdf>
- Grupo de Acción Financiera de Latinoamérica [GAFILAT]. (2020). *Evaluación Mutua de Cuarta Ronda de la República Oriental del Uruguay* [Fourth Round Mutual Evaluation of the Oriental Republic of Uruguay]. <https://www.gafilat.org/index.php/es/biblioteca-virtual/miembros/uruguay-1/evaluaciones-mutuas-16/3725-iem-uruguay-es-ene-2020/file>
- Heuveln, B.V. (2000). *A Preferred Treatment of Mill's Methods: Some Misinterpretations by Modern Textbooks*. Informal Logic, 20. https://ojs.uwindsor.ca/index.php/informal_logic/article/view/2252
- Hudak, J., Ramsey, G., & Walsh, J. (2018). *Ley de cannabis uruguaya: pionera de un nuevo paradigma*. Oficina en Washington para Asuntos Latinoamericanos – WOLA [Uruguayan cannabis law: pioneer of a new paradigm. Washington Office for Latin American Affairs - WOLA]. <https://www.wola.org/es/analisis/ley-de-cannabis-uruguay-pionera-de-un-nuevo-paradigma/>

Inter-American Drug Abuse Control Commission. (2019). *Informe de Evaluación sobre Políticas de Drogas: Uruguay* [Evaluation Report on Drug Policies: Uruguay]. <http://filesserver.idpc.net/library/Uruguay-7thRd-ENG.pdf>

Inter-American Drug Abuse Control Commission; Drugs National Board; and Uruguayan Observatory of Drugs. (2015). *I Estudio Piloto sobre consumo de drogas en estudiantes universitarios de Uruguay* [I Pilot Study on drug use in university students in Uruguay]. http://www.cicad.oas.org/oid/pubs/UniversityStudyReport_Uruguay_SPA.pdf

International Drug Policy Consortium. (2016). IDPC Drug Policy Guide – 3RD Edition. International Drug Policy Consortium Publication. http://filesserver.idpc.net/library/IDPC-drug-policy-guide_3-edition_FINAL.pdf

Institute of Regulation and Control of Cannabis. (2020). *Licencias aprobadas*. [Approved licenses]. <https://www.ircca.gub.uy/licencias-aprobadas/#investigacion>

Instituto de Regulación y Control del Cannabis [IRCCA]. (n.d.). *Sobre los fondos del IRCCA, origen, destino y forma de gestión* [About IRCCA funds, origin, destination and form of management]. <https://www.ircca.gub.uy/wp-content/uploads/2019/04/InformeBalance2018.pdf>

La República. (2014, March 23). *A instancias de Uruguay, la ONU revisará en 2016 política de drogas* [At the urging of Uruguay, the UN will review drug policy in 2016] <https://www.republica.com.uy/a-instancias-de-uruguay-la-onu-revisara-en-2016-politica-de-drogas/>

MacCoun, R., Reuter, P., & Schelling, T. (1996). Assessing Alternative Drug Control Regimes. *Revista de análisis y gestión de políticas*, 15(3), 330-352.

Ministry of Health and Social Protection of Colombia. (2007). *Política nacional para la reducción del consumo de sustancias psicoactivas y su impacto: resumen ejecutivo* [National policy for the reduction of psychoactive substance use and its impact: executive summary]. Bogotá D.C. http://www.odc.gov.co/Portals/1/Docs/politDrogas/politica_nacional_consumo.pdf

Ministry of Health and Social Protection of Colombia. (2016). *Estudio de Evaluación y Diagnóstico Situacional de los Servicios de Tratamiento al Consumidor de Sustancias Psicoactivas en Colombia* [Situational Assessment and Diagnosis Study of Psychoactive Substances Consumer Treatment Services in Colombia]. Bogotá, D.C.
http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/estudios/nacionales/CO034492016_estudio_evaluacion_diagnostico_servicios_tratamiento_consumidor_sustancias.pdf

Ministry of Health and Social Protection of Colombia. (2017). Decreto 613 de 2017 [Decree 613 from 2017].
https://www.minsalud.gov.co/Normatividad_Nuevo/Decreto%20613%20de%202017.pdf

Ministry of Health and Social Protection of Colombia. (2017). *Plan Nacional de Promoción de la Salud, Prevención y Atención al consumo de sustancias psicoactivas 2014 – 2021* [National Plan for Health Promotion, Prevention and Attention to the consumption of psychoactive substances 2014-2021].
<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/plan-nacional-consumo-alcohol-2014-2021.pdf>

Ministry of Health and Social Protection of Colombia. (2019). *Política Integral para la Prevención y Atención del Consumo de Sustancias Psicoactivas* [Comprehensive Policy for the Prevention and Care of the Consumption of Psychoactive Substances]. Bogotá, D.C.
<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/politica-prevencion-atencion-spa.pdf>

Ministry of Health and Social Protection of Colombia. (2020). *Licencias de fabricación de derivados de cannabis* [Cannabis derivatives manufacturing licenses].
<https://www.minsalud.gov.co/salud/MT/Paginas/cannabis-uso-medicinal.aspx>

Ministry of Justice and Law of Colombia. (2017). *Política Nacional de Drogas* [National Drug Policy].
http://www.odc.gov.co/Portals/1/publicaciones/pdf/pnacional/PN031152017_lineamientos_politica_nacional_drogas_2017.pdf

Ministry of Justice and Law of Colombia; and Colombian Drug Observatory. (2017). *Reporte de Drogas de Colombia* [Colombia Drug Report]. Bogotá, D.C.

http://www.odc.gov.co/Portals/1/publicaciones/pdf/odc-libro-blanco/reporte_drogas_colombia_2017.pdf

Ministry of Justice and Law of Colombia; Colombian Drug Observatory; and Ministry of Health and Social Protection of Colombia. (2014). *Estudio Nacional de consumo de sustancias psicoactivas en Colombia 2013* [National Study of the consumption of psychoactive substances in Colombia 2013]. Bogotá D.C. https://www.unodc.org/documents/colombia/2014/Julio/Estudio_de_Consumo_UNODC.pdf

National Drug Board. (2007). *Programa Nacional de Atención a Usuarios Problemáticos de Drogas* [National Program of Attention to Problematic Drug Users]. <http://dspace.mides.gub.uy:8080/xmlui/bitstream/handle/123456789/533/958-Programa%20Nacional%20de%20Atenci%C3%B3n%20a%20Usuarios%20Problem%C3%A1ticos%20de%20Drogas.pdf?sequence=1&isAllowed=y>

National Drug Board. (2011). *Estrategia nacional para el abordaje de del problema drogas periodo 2011-2015* [National strategy to address the drug problem for the period 2011-2015]. https://www.dianova.org/wp-content/uploads/2015/08/www.infodrogas.gub.uy_html_estrategia_20110623_Estrategia_Nacional_%20Problema_Drogas_2011_2015.pdf

National Drug Board. (2015). *La oferta de Atención y Tratamiento para personas con uso problemático de drogas en Uruguay: Alcance, Características y Guía de Recursos* [The Care and Treatment offer for people with problematic drug use in Uruguay: Scope, Characteristics and Resource Guide]. https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/2018-01/Oferta_tratamiento_Uruguay_OUD_2015.pdf

National Drug Board. (2016). *Estrategia Nacional para el Abordaje del Problema Drogas Período 2016–2020* [National Strategy for Addressing the Drug Problem Period 2016-2020]. <https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/2018-05/Estrategia%20JND%202016-2020.pdf>

National Drug Board. (2018). *Memoria Anual 2018* [Annual Report 2018]. https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/documentos/publicaciones/2018_MemoriaAnual_JND.pdf

National Drug Board. (2019). *¿Sabías que? entre 2018 y 2019 la Red Nacional de Atención en Drogas atendió a más de 5000 personas por uso problemático* [Did you know? between 2018 and 2019, the National Drug Attention Network served more than 5,000 people for problematic use]. <https://www.gub.uy/junta-nacional-drogas/comunicacion/publicaciones/sabias-entre-2018-2019-red-nacional-atencion-drogas-atendio-5000>

National Drug Board; and Uruguayan Observatory of Drugs. (2019). *Resultados en dimensión y aplicación de justicia y seguridad* [Results in dimension and application of justice and security]. https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/documentos/noticias/Justicia_%20y_Seguridad%20OUD_MarcosBadean.pdf

National Drug Board; and Uruguayan Observatory of Drugs. (2019). *Monitoreo y evaluación de ley 19.172: principales indicadores del mercado de cannabis en Uruguay* [Monitoring and evaluation of law 19,172: main indicators of the cannabis market in Uruguay]. https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/documentos/noticias/Principales_Indicadores_Cannabis_OUD_HectorSuarez_0.pdf

Observatorio Nacional sobre Violencia y Criminalidad. (2017). *Homicidios 2016 – 2017* [Homicides 2016 – 2017]. https://www.minterior.gub.uy/observatorio/images/pdf/2017/homicidios_2017.pdf

Observatorio Nacional sobre Violencia y Criminalidad. (2018). *Homicidios 2017-2018* [Homicides 2017-2018]. https://www.minterior.gub.uy/images/2019/PDF/hom_2018.pdf

Observatorio Nacional sobre Violencia y Criminalidad. (2019). *Homicidios 2018-2019* [Homicides 2018-2019]. https://www.minterior.gub.uy/images/pdf/HOMICIDIOS_CONSUMADOS_-_31_de_Diciembre_20194410.pdf

- Observatorio Parlamentario. (2016, Marzo 03). *América Latina y el debate global acerca de política de drogas* [Latin America and the global debate on drug policy]. Biblioteca del Congreso Nacional de Chile - BCN-. Observatorio Parlamentario: <https://www.bcn.cl/observatorio/americas/noticias/america-latina-y-el-debate-global-acerca-de-politica-de-drogas>
- Oficina de Planeamiento y Presupuesto y Ministerio de Desarrollo Social. (2015). *Incorporación del enfoque de Género en el Presupuesto Quinquenal 2015-2019* [Incorporation of the Gender approach in the 2015-2019 Five-Year Budget]. <https://www.gub.uy/ministerio-desarrollo-social/sites/ministerio-desarrollo-social/files/2019-08/informe-final-peg-2015-2019.pdf>
- Organization of American States [OAS] Inter-American Drug Abuse Control Commission [CICAD]. (2019). *Informe sobre el consumo de drogas en las américas* [Informe sobre el consumo de drogas en las américas]. <http://www.cicad.oas.org/oid/Informe%20sobre%20el%20consumo%20de%20drogas%20en%20las%20Am%C3%A9ricas%202019.pdf>
- Pérez C., Corda, A., & Boiteux, L. (2015). *La regulación de la posesión y la criminalización de los consumidores de drogas en América Latina* [The regulation of the possession and criminalization of drug users in Latin America]. Colectivo de Estudios Drogas y Derecho, CEDD. http://www.drogasyderecho.org/wp-content/uploads/2015/10/Catalina_v09.pdf
- Pérez, A., Ruíz, J. I., Valencia, J. E., y Rodríguez, C. (2008). *Fracciones atribuibles en las relaciones entre crimen y drogas en Colombia* [Attributable fractions in the relationship between crime and drugs in Colombia]. http://www.mamacoca.org/docs_de_base/Consumo/Docs_Obs_Drogas_DNE/fracciones.pdf
- Pérez, B., Vizcaíno, A., y Tirado, M. (2015). *Las drogas: políticas nacionales e internacionales de control. Bogotá* [Drugs: national and international control policies. Bogota]. Universidad Católica de Colombia. <https://repository.ucatolica.edu.co/bitstream/10983/14335/4/Las-drogas-politicas-nacionales-e-internacionales-de-control.pdf>

Presidency of Uruguay. (2013). *Mujica y Soros mantuvieron encuentro para dialogar sobre la regulación de la marijuana* [Mujica and Soros held a meeting to discuss the regulation of marijuana]. <https://presidencia.gub.uy/Comunicacion/comunicacionNoticias/mujica-soros>

Presidency of Uruguay. (2013). *WOLA destaca actitud "pionera" y "progresista" de Uruguay en materia de políticas sociales* [WOLA highlights Uruguay's "pioneering" and "progressive" attitude in terms of social policies]. <https://www.presidencia.gub.uy/comunicacion/comunicacionnoticias/homenaje-romani-wola>

Presidency of Uruguay. (2014). *Decreto N° 120/014* [Decree No. 120/014]. <https://www.impo.com.uy/bases/decretos/120-2014>

Presidency of Uruguay. (2018). *Plan de Fortalecimiento de Capacidades en el Tema Drogas para Comunidades Educativas visitará 250 centros* [Plan to Strengthen Capacities on Drugs for Educational Communities will visit 250 centers]. <https://www.presidencia.gub.uy/comunicacion/comunicacionnoticias/fin-2018-plan-fortalecimiento-capacidades-en-el-tema-drogas-+visitara-250-centros-educativo>

Rementería, I. (1997). *La economía política de las drogas en la década de los noventa: una nota de síntesis* [The Political Economy of Drugs in the 1990s: A Synthesis Note]. En L. C. Caribe, *La Grieta de las drogas: desintegración social y políticas públicas en América latina* (págs. 29-32). Santiago de Chile.

Ritter, A., Livingston, M., Chalmers, J., Berends, L. & Reuter, P. (2016). *Comparative policy analysis for alcohol and drugs: Current state of the field*. International Journal of Drug Policy. 31. 10.1016/j.drugpo.2016.02.004. https://www.researchgate.net/publication/293647068_Comparative_policy_analysis_for_alcohol_and_drugs_Current_state_of_the_field

Rogeberg, O., Bergsvik, D., Phillips, L. D., Amsterdam, J. v., Eastwood, N., Henderson, G., and Nutt, D. (2018). *A new approach to formulating and appraising drug policy: A multi-criterion decision analysis applied to alcohol and cannabis regulation*. International Journal of Drug Policy, 144–152.

- Sáenz, E. (2007). *La Prehistoria de la marihuana en Colombia: consumo y cultivos entre los años 30 y 60* [The Prehistory of marijuana in Colombia: consumption and cultivation between the 30s and 60s]. *Revista Cuadernos de Economía*, XXVI (47), 205-222. <http://www.scielo.org.co/pdf/ceco/v26n47/v26n47a08.pdf>
- Samper Pizano, E. (2016). *Drogas, legalización o prohibición* [Drugs, legalization or prohibition]. In I. E. Estratégicos, & M. d. Defensa (Ed.), *América Latina: nuevos retos en seguridad y defensa* (pp. 17-32).
- Sanjurjo G., D. (2013). *El cambio en las políticas de estupefacientes: el ejemplo de Uruguay* [The change in drug policies: the example of Uruguay]. *RJUAM*(27), 291-311.
- Senate and House of Representatives of Uruguay. (1974). *Ley N° 14.294 de 1974* [law No 14.294 from 1974]. http://www.cicad.oas.org/fortalecimiento_institucional/legislations/PDF/UY/ley_14_294.pdf
- Senate and House of Representatives of Uruguay. (1998). *Ley N° 17.016 de 1998* [Law No 17.016 from 1998]. http://www.cicad.oas.org/fortalecimiento_institucional/legislations/PDF/UY/ley_17_016.pdf
- Senate and House of Representatives of Uruguay. (2008). *Ley N° 18.256* [Law No 18.526]. <https://legislativo.parlamento.gub.uy/temporales/leytemp5662853.htm#art3>
- Senate and House of Representatives of Uruguay. (2013). *Ley N° 19.172* [Law No 19,172]. https://ircca.gub.uy/wp-content/uploads/2014/06/Ley_19.172.pdf
- Tenenbaum, G. (2017). *El crimen organizado de las drogas ilegales en el Uruguay del siglo XXI. Una aproximación normativa y cuantitativa* [Organized crime of illegal drugs in Uruguay in the XXI century. A normative and quantitative approach]. *Revista de la Facultad de Derecho Universidad de la República* (43), 287-326. <http://www.scielo.edu.uy/pdf/rfd/n43/2301-0665-rfd-43-00342.pdf>

- Torres-Melo, J., y Santander, J. (2013). *Introducción a las políticas públicas: Conceptos y herramientas desde la relación entre Estado y ciudadanía* [Introduction to public policies: Concepts and tools from the relationship between State and citizenship]. Bogotá D.C: IEMP Ediciones. https://www.funcionpublica.gov.co/eva/admon/files/empresas/ZW1wcmVzYV83Ng==/imgproductos/1450056996_ce38e6d218235ac89d6c8a14907a5a9c.pdf
- Transnational Institute. (2019). *Los desafíos del cannabis medicinal en Colombia: Una mirada a los pequeños y medianos cultivadores* [The challenges of medicinal cannabis in Colombia: A look at small and medium growers]. https://www.tni.org/files/publication-downloads/policybrief_52_web.pdf
- Uprimny, R. (2003). *Drogas, derecho y democracia* [drugs, law and democracy] http://www.mamacoca.org/FSMT_sept_2003/es/doc/uprimny_drogas_y_democracia.htm
- United Nations. (1961). *Single convention on narcotic drugs*. United Nations Conference in 1961. New York. https://www.unodc.org/pdf/convention_1961_en.pdf
- United Nations. (1988). *United Nations convention against illicit traffic in narcotic drugs and psychotropic substances*. https://www.unodc.org/pdf/convention_1988_en.pdf
- United Nations Office on Drugs and Crime - UNODC. (1973). *Commentary on the single convention on narcotic drugs - 1961*. https://www.unodc.org/documents/treaties/organized_crime/Drug%20Convention/Commentary_on_the_single_convention_1961.pdf
- United Nations Office on Drugs and Crime - UNODC. (2019). *Informe Mundial sobre las Drogas 2019* [World Drug Report 2019]. http://201.217.213.202/Portals/1/publicaciones/pdf/internacionales/WDR2019_B1_S.pdf
- Wilson, R (2006). *Policy Analysis as Policy Advice*. In: Smith, K., y Larimer, C. (2009). *The Public Policy Theory Primer*. United States of America: Westview Press.

VoaNews. (2018, October 01). *Colombia's President Cracks Down on Drug Use*.
<https://www.voanews.com/americas/colombias-president-cracks-down-drug-use>

Youngers, C. A. (2013). *El debate sobre políticas de drogas en América Latina* [The Drug Policy Debate in Latin America]. *URVIO, Revista Latinoamericana de Estudios de Seguridad*(13), 13-25. Retrieved from
<https://www.redalyc.org/pdf/5526/552656544002.pdf>