



COLOMBIA'S EXPERIENCE IN DRUG POLICY IN THE LAST DECADE. SHADOW REPORT OF THE COALITION ACTIONS FOR CHANGE



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1. OBJECTIVE

This report presents Colombia's experience in the implementation of the current drug policy with the purpose of contributing to the debates that will take place in the international arena over the next decade about how to address problems related to substances declared illicit.



To this end, the coalition Actions for Change shows the progress that has been made in Colombia in relation to the goals set out in the *2009 Political Declaration and Plan of Action*, describes the repercussions over the past ten years of the current policy on the rights of persons in Colombian territory, highlights good drug policy practices in the country, and identifies the risks and challenges faced in this area.



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2. CONTEXT

Colombia has played a fundamental role in international drug policy. Its position as the largest cocaine producer in the world and the effects that the fight against drugs has had on the rights of its population have legitimized the country as spokesperson for the need to modify the current policy. This was reflected in the Summit of the Americas held in Cartagena in 2012, where a hemispheric debate on the current policy was opened and a request was made for the preparation of reports that proposed alternatives to prohibition¹. This leadership of the Colombian State was also seen in the convening of the United Nations General Assembly Special Session (UNGASS) on drugs in 2016, whose main purpose was to show the consequences of the prohibitionist policy and the urgency of moving towards a policy with a rights and public health approach.

Colombia's international discourse has allowed the domestic promotion of some efforts, such as the regulation of marijuana for medicinal purposes and the design and implementation of local harm reduction and crop substitution programs.

In addition, drug policy was included for the first time in a peace negotiation. The Agreement signed between the Colombian Government and the FARC (Revolutionary Armed Forces of Colombia) to end more than fifty years of armed conflict incorporated under point 4 the "Solution to the Problem of Illicit Drugs," which includes chapters on (4.1) a program for the substitution of illicit crops, (4.2) prevention and public health programs, and (4.3) the solution to the problem of the production and commercialization of narcotics. In addition, since the fight against drugs is a global problem, it includes holding an international conference and regional dialogue spaces with the purpose of advancing towards a solution of the problems related to drugs declared illicit (4.3.5).

In this sense, the end of the conflict with the FARC is an opportunity for change in Colombia's national politics and an example in the region. Two years after signing the Agreement, the Colombian State has the challenge of fully complying with point 4 of the Final Agreement in terms of production, trafficking, and, effectively guaranteeing the security, development, and rights of the groups that have been affected by the prohibition.

Despite these advances, there is concern about the drug policy shift brought about by the change in administration. The "Route to the Future"² policy proposed by President Ivan Duque seeks the return of practices that have violated rights, increased violence, and have not produced effective results, such as the forced eradication of crops declared illicit, the return to glyphosate as an eradication mechanism, the administrative criminalization of drug users, and the persecution of the lowest links in the production chain, among others.

The Member States will meet in the 2019 session of the Commission on Narcotic Drugs (CND) to define the future of the next ten years of global drug policy in the context of a struggle between the 2009 goals that promote "a world free of drugs" and those embodied in the UNGASS 2016 document that advocates a dialogue between drug policy, Sustainable Development Goals (SDS), and respect for human rights. With this in mind, the coalition Actions for Change seeks to contribute to the international debate with data that shows the

¹ IDPC. Inicio del debate: los informes de la OEA sobre la política de drogas del hemisferio. Available at

² See <https://id.presidencia.gov.co/Paginas/prensa/2018/181213-Declaracion-Presidente-Ivan-Duque-presentacion-politica-integral-Ruta-Futuro-enfrentar-problema-drogas.aspx>

level of compliance with the 2009 documents of Colombia, a key country in the implementation of the international drug regime, and the impact of prohibition on international human rights and on the promotion of peace, security, and development.

3. PROGRESS ACHIEVED IN RELATION TO THE OBJECTIVES ESTABLISHED IN ARTICLE 36 OF THE 2009 POLITICAL DECLARATION

The following table presents the objectives and progress achieved by Colombia.

Table 1 Objectives and the situation in Colombia in relation to the 2009 Political Declaration

OBJECTIVES	COLOMBIA'S SITUATION
Eliminate or reduce significantly and measurably "the illicit cultivation of opium poppy, coca bush and cannabis plant."	<p>According to the Survey on Territories Affected by Illicit Crops in Colombia 2017, conducted by UNODC's Integrated Illicit Crop Monitoring System (SIMCI) and published in September 2018³, Colombia had 171,000 hectares of coca cultivation in 2017, an increase of 103,000 hectares from 68,000 a decade ago. The departments with the most coca cultivation continue to be Nariño, Putumayo, Norte de Santander, Cauca, Antioquia, and Caquetá. Special management areas such as the national parks (PNN) have a total of 8,301 hectares, an increase of 7,995 hectares compared to 2016; cultivation in indigenous reservations increased from 16,693 in 2016 to 17,909 in 2017, and in the land of black communities it increased by 10%, from 24,219 hectares in 2016 to 26,702 in 2017.</p> <p>On the other hand, the Colombian Observatory on Drugs of the Ministry of Justice reports the following hectares were manually eradicated: 13,473.46 in 2015, 17,642.43 in 2016, 52,000.80 in 2017, and 28,700 in 2018, for a total of 111,817.36 hectares eradicated in this manner⁴.</p>
Eliminate or reduce significantly and measurably "the illicit demand for narcotic drugs and psychotropic substances; and	<p>According to the Ministry of Health and Social Protection, the yearly prevalence of illegal substance use in Colombia has increased: from 1.6% in 1996 to 2.7% in 2008 and 3.6% in 2013⁵. Of the 2013 total, 871,443.30 persons in Bogotá reported having used</p>

³ See Sistema integrado de monitoreo de cultivos ilícitos (SIMCI)-Oficina de las Naciones Unidas contra la Droga y el Delito (UNODC). 2018. *Informe de monitoreo de territorios afectados por cultivos ilícitos 2017*. Bogotá: SIMCI-UNODC.

⁴ Observatorio de Drogas de Colombia. Available at <http://www.odc.gov.co/sidco/oferta/incautaciones>

⁵ See Estudio nacional de consumo de sustancias psicoactivas en Colombia 2013. Available at https://www.unodc.org/documents/colombia/2014/Julio/Estudio_de_Consumo_UNODC.pdf

<p>drug-related health and social risks.”</p>	<p>at least once in their lifetime; 725,998.62 in Medellin and the Metropolitan Area; 363,833.64 in Cali and Yumbo; and 128,832.06 in the Atlantic region⁶.</p> <p>According to the results of the last National User Survey⁷ carried out in 2013, 13% of the people surveyed used a psychoactive substance at least once in their lives; 11.5% used marijuana, 3.2% cocaine, 1.2% bazuco, 0.7% ecstasy and 0.14% heroin.</p> <p>On the other hand, in 2017 the Center for Security and Drugs (CESED) of the University of the Andes carried out a survey in Bogota and Medellin⁸ that found that in Bogota 51% of those surveyed said they had used <i>marijuana</i> at least once in their lifetime and 16.7% <i>cocaine</i>; in Medellin 36.9% reported using <i>marijuana</i> and 11.4% <i>cocaine</i>.</p>
<p>Eliminate or reduce significantly and measurably “the illicit production, manufacture, marketing, and distribution of, and trafficking in, psychotropic substances, including synthetic drugs.”</p>	<p>According to data from the most recent Survey on Territories Affected by Illicit Crops in Colombia, cocaine seizures increased by 20%, from 362,415 kg in 2016 to 435,431 kg in 2017⁹. According to the Ministry of Justice’s Colombian Observatory on Drugs, as of November 30, 2018, 390,278.52 kg of cocaine had been seized, a decline from the previous year¹⁰.</p> <p>Meanwhile, the number of cocaine laboratories that was destroyed decreased from 4,820 in 2016 to 4,252 in 2017.</p> <p>According to the Colombian Observatory on Drugs, 32 new psychoactive substances have been detected in Colombia since 2010, making it the country in South America that has found the most.</p>
<p>Eliminate or reduce considerably and measurably “the diversion of and illicit trafficking in precursors.”</p>	<p>The Ministry of Justice’s Colombian Observatory on Drugs does not present quantified data on the control and monitoring of precursors, it only refers to coordination activities between the Government and private companies. It also mentions training activities, exchange of information, and reports of unusual cases, focusing on calcium chloride found in crystallization laboratories.</p>

⁶ Observatorio de Drogas de Colombia. Sistema de información de drogas de Colombia - Situación del consumo. Available at <http://www.odc.gov.co/problematika-drogas/consumo-drogas/situacion-consumo>

⁷ See Observatorio de Drogas de Colombia. *Encuesta nacional de consumo de sustancias psicoactivas en Colombia* 2013. Available at https://www.unodc.org/documents/colombia/2014/Julio/Estudio_de_Consumo_UNODC.pdf

⁸ See CESED. Boletín 9. *Consumo de drogas: comparación Medellín y Bogotá*. August 2018. Available at <https://economia.uniandes.edu.co/images/archivos/pdfs/CESED/Boletin9CESED.pdf>

⁹ See Sistema integrado de monitoreo de cultivos ilícitos (SIMCI)-Oficina de las Naciones Unidas contra la Droga y el Delito (UNODC). 2018. *Informe de monitoreo de territorios afectados por cultivos ilícitos 2017*. Bogota: SIMCI-UNODC.

¹⁰ Observatorio de Drogas de Colombia. Available at <http://www.odc.gov.co/sidco/oferta/incautaciones>

Eliminate or reduce considerably and measurably “money laundering related to illicit drugs.”

With respect to drug-related money laundering, the official information systems do not include any quantification of the phenomenon and there are no baseline references that serve to establish any reduction. On the contrary, they only refer to the number of persons charged with the crime: 772 between 2016 and March 2017, of which 337 were sentenced.

4. ASSESSMENT OF THE PROGRESS MADE TOWARDS THE IMPLEMENTATION OF THE 2009 PLAN OF ACTION WITH RESPECT TO THE UNITED NATIONS’ OBJECTIVES: THE PROTECTION OF HUMAN RIGHTS, THE PROMOTION OF PEACE AND SECURITY, AND THE PROMOTION OF DEVELOPMENT

4.1. PROTECTION OF HUMAN RIGHTS

The punitive nature of drug policies that focus on eradicating the illegal market and reducing consumption has resulted in numerous human rights violations in Colombia, especially against vulnerable groups, such as growers, persons in the lowest links of the production chain, women, drug users, and persons with health problems who seek access to the medicinal and phytotherapeutic uses of illicit plants.

4.1.1. RIGHT TO LIFE

The Peace Agreement between the Colombian Government and the FARC that was signed in 2016 led to a considerable decrease of conflict-related deaths. According to statistical data from the Resource Center for Conflict Analysis (CERAC), while in 2002 there were 2,799 combat deaths, including members of the security forces, FARC guerrillas, and civilians, there was not a single case in 2017.

However, illicit drug market operations continue to claim the lives of thousands of people in Colombia. Despite the drop in homicides of the past few years, the high density of violent deaths observed in recent years persists in the country’s main cities –Barranquilla, Bogota, Cali, Medellin– and relates to areas disputed by criminal organizations and the existence of illegal markets¹¹. In the last two years, the homicide rate has increased by 147% in southern Córdoba and the Bajo Cauca Antioqueño, a drug trafficking corridor¹².

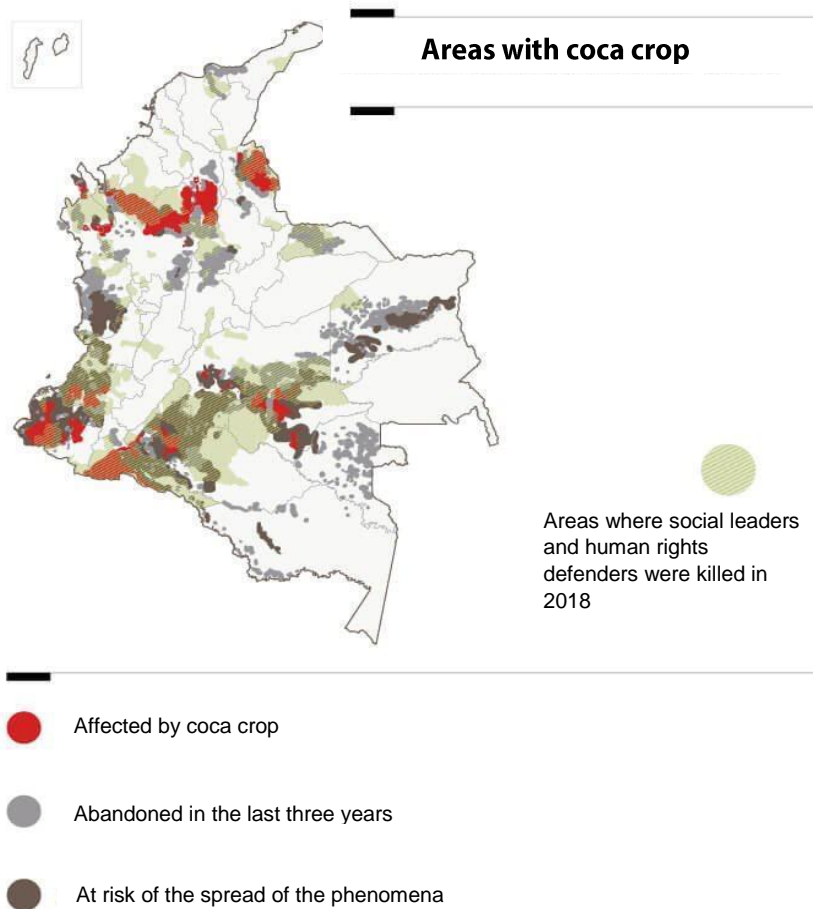
Likewise, violent deaths related to the production and sale of drugs declared illicit have had a differentiated impact on the leaders who accompany the National Comprehensive Program for the Substitution of Illicit Use Crops (PNIS), which originates in point 4 of the Peace Agreement. In the last two years, 64 leaders connected to these programs have been

¹¹ “Así se concentran los homicidios.” Fundación Ideas para la Paz, Instinto de Vida and *El Espectador*. Available at https://www.elespectador.com/static_specials/46/homicidio-en-las-ciudades/index.html

¹² Fiscalía General de la Nación. Censo delictivo 2018: <https://www.fiscalia.gov.co/colombia/noticias/fiscalia-logra-historico-esclarecimiento-de-homicidios/>

killed¹³. According to Indepaz and the Observatory of Crops and Cultivators Declared Illicit (OCDI GLOBAL), 47 of these persons belonged to the National Coordinator of Coca, Poppy, and Marijuana Growers (COCCAM). These deaths demonstrate the real and immediate risk faced by 83,161 families that are part of the National Comprehensive Program for the Substitution of Illicit Crops in different regions of the country (see Map 1) and the great challenge faced by the new administration to preserve the life of the cultivator population (see Map 1).

Map 1. Areas with coca crop and areas where social leaders and human rights defenders were killed



Source: *Semana*, January 2019.

¹³ As of December 21, 2018, 63 killings had been recorded; the most recent murder occurred on January 4, 2019: <https://colombia2020.elespectador.com/territorio/el-riesgo-extremo-de-querer-sustituir-coca>

4.1.2. RIGHT TO HEALTH

A. PEOPLE WHO USE DRUGS

Traditionally, Colombia has been identified as a producer country. However, recent reports show an increase in the number of drug users. According to 2013 data from the Ministry of Health and Social Protection, in recent years the prevalence of illegal substance use has increased from 1.6% in 1996 to 2.7% in 2008 to 3.6% in 2013¹⁴. This latter percentage shows, as can be seen in Table 1, that Bogotá reports 871,443.30 users, Medellín and its Metropolitan Area around 725,998.62, Cali and Yumbo are in third place with 363,833.64 persons who report having used at least once in their lives. The Atlantic region and the rest of Valle del Cauca recorded 128,832.06 and 119,502.36, respectively¹⁵.

With respect to heroin users, according to the 2015 National Heroin Study in Colombia, it is cheap and of high purity (67%). Consumption has become a permanent situation in seven cities, of which almost all have injected consumption. According to official data, the projection of the total population of people who inject drugs is 14,893¹⁶: 3,501 persons in Cali, 2,442 in Pereira, 2,006 in Cucuta, and 1,850 in Armenia, for a total of 9,799 persons in these four cities. There are no data from Santander de Quilichao, where high user demand has been reported. Similarly, those who use heroin continue facing limitations that jeopardize their health and even their lives, such as the restriction on naloxone, which in Colombia is still reserved exclusively for hospital use¹⁷.

It is important to point out that although regulations require that consumption statistics be updated every five years, to date no survey has been carried out to determine the current state of consumption, which affects the design and implementation of public policies in this area. The State's most up-to-date consumption figures are derived from data calculated by the National Planning Department (DNP), which shows the projection of the prevalence of consumption in the last year (see Figure 1).

¹⁴ See Estudio nacional de consumo de sustancias psicoactivas en Colombia 2013. Available at https://www.unodc.org/documents/colombia/2014/Julio/Estudio_de_Consumo_UNODC.pdf

¹⁵ Observatorio de Drogas de Colombia. Sistema de información de drogas de Colombia - Situación del consumo. Available at <http://www.odc.gov.co/problematika-drogas/consumo-drogas/situacion-consumo>

¹⁶ See the GSHR report that includes the national heroin report: <https://www.hri.global/files/2018/12/10/LatinAmerica-harm-reduction.pdf>

¹⁷ Naloxone is a medication that reverses opioid overdose.

Figure 1. Estimated users in Colombia, 2015

2015 ESTIMATE OF USERS IN COLOMBIA

29% of users live intermediate, rural, and dispersed municipalities.

	COCAINE	MARIJUANA	BAZUCO	ECSTASY
NATIONAL TOTAL (2015) 1.482.126 <small>Cocaine, marijuana, bazuco, and ecstasy users</small>	253.952	1.072.728	77.725	82.721
Cities and Urban Agglomerations <small>2015 population: 22,845,585 residing in 110 cities and municipalities. Users: 1,058,892</small>	166.989	775.350	51.107	63.446
Intermediate Municipalities <small>2015 population: 6,693,109 residing in 325 municipalities Users: 227,216</small>	45.503	157.710	13.929	10.074
Rural Municipalities <small>2015 population: 3,829,946 residing in 367 municipalities Users: 115,386</small>	24.093	78.657	7.377	5.259
Dispersed Municipalities <small>2015 population: 2,557,416 residing in 296 municipalities Users: 87,632</small>	17.367	61.011	5.312	3.942

Source: Departamento Nacional de Planeación. 2017. *Narcomenudeo en Colombia: una transformación de la economía criminal*, p. 86. Bogota: DNP.

In the Colombian State, the constitutional framework protects the free development of one's personality since 1994. Despite a constitutional prohibition, the legal framework in Colombia allows developing policies and services to guarantee the right to health of drug users. Article 49 of the Constitution¹⁸ establishes the need to adopt administrative measures and treatments with an educational, prophylactic, or therapeutic character, while respecting at all times the free, prior, and informed consent of the user. Similarly, Law 1566 of 2012 incorporated for the first time in the mandatory health plan (POS) services for the care of psychoactive substance dependence, given that prior to 2012 these services were not available through the health care system¹⁹.

It is also important to highlight the jurisprudence of the high courts, which has contributed to the protection of the decriminalization of the use of psychoactive substances concerning the personal dose and the provision dose (a dose above the maximum allowed for one use,

¹⁸ Acto legislativo 002 de 2009, por el cual se reforma el artículo 49 de la Constitución Política. Available at <http://www.descentralizadrogas.gov.co/project/acto-legislativo-02-de-2009-modificacion-articulo-49-constitucion/>

¹⁹ Ley 1566 del 31 de julio de 2012, por la cual se dictan normas para garantizar la atención integral a personas que consumen sustancias psicoactivas (...). Available at <http://www.descentralizadrogas.gov.co/project/ley-1566-del-2012-el-consumo-de-sustanciaspsicoactivas-un-asunto-de-salud-publica/>

but solely intended to satisfy the user's personal consumption) under a rights-based approach²⁰.

This was adopted by previous administrations in the national consumption plans between 2007 and 2018, which include, in addition to prevention and rehabilitation, the adoption of harm reduction or mitigation measures at the departmental level²¹. In addition, together with civil society organizations, programs were designed and implemented for primary care of the homeless, syringe exchange for heroin users, pilot programs for the supply of naloxone and access to information on recreational use, methadone maintenance programs, among others²². These programs have focused on the use of heroin because of its impact on public health, given that according to studies carried out in Colombia, between 34.8% and 70% of users have shared syringes. The prevalence of HIV among injection networks is between 1% and 8.4%, and of hepatitis C between 1.7% and 44.4%²³.

These programs have had positive results. For example, in the *Cambie* project, assessment of the first eight months of 2014 in cities like Pereira, Cali, Cucuta, and Bogotá, showed that a single short-term intervention can lead to major changes in high-risk practices, although some of these practices will require longer intervention times and an perhaps in-depth exploration of the reasons why in some instances they resist disappearing. These practices were: changing the places they frequent to inject themselves for cleaner and brighter ones, cleaning the hands and skin before each injection, and rotating the areas of the body where they inject. It should be noted that 34% reported back after the *Cambie* intervention in the same year. Also, 22% said they had decreased the number of injections per day and 48% said they used a single syringe for each event²⁴.

The exchange rate in Bogota was 58.5% in 2014 and 16.7% in 2016, according to data obtained by the ATS Corporation through the Survey on Behavior Change among People Who Inject Drugs (PID), based on indicators suggested by the World Health Organization (WHO), and in contrast to the results of the "Report on HIV prevalence and risk practices" in people who inject drugs that was carried out by the CES University of Medellin between 2010 and 2014. In Pereira, the exchange rate was 52% in that first year (2014) and 35.4% in 2016. This data was collected among 84 people who participate in the *Cambie* program for

²⁰ Corte Constitucional. Sentencias C-221 of 1994, C-101 of 2004, C-574 of 2011, C-491 of 2002. See also Corte Suprema de Justicia. Sala Penal, SP3605-2017, March 15, 2017.

²¹ See Elementa, Consultoría en Derechos. Viabilidad jurídica para la instalación de salas de consumo supervisado en Colombia. 2016; Política nacional para la reducción del consumo de drogas y su impacto (2007); y Plan nacional de respuesta al consumo emergente de heroína y otras drogas inyectadas (2013). See also Plan nacional para la promoción de la salud, la prevención y la atención del consumo de sustancias psicoactivas 2014/2021.

²² See CND. Statement submitted by Acción Técnica Social. E/CN.7/2017/NGO/4, 7 de marzo de 2017; and Informe ejecutivo programa de reducción de riesgos y daños dirigido a personas inyectoras de drogas en Cali, agosto 2015-agosto 2018.

²³ La heroína, caracterización química y mercado interno. http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/sat/sat0072016_heroina_caraterizacion_quimica.pdf

²⁴ See Ministerio de Justicia y del Derecho-Observatorio de Drogas de Colombia. 2015. La heroína en Colombia: producción, uso e impacto en la salud pública - Análisis de la evidencia y recomendaciones de política. Bogota: Observatorio de Drogas de Colombia, p. 97. Available at http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/estudios/nacionales/CO03132015-la_heroina_en_colombia_produccion_impacto_salud.pdf

an average period of one and a half years. In Cali, the percentage reported in the first year was 60.6% and 50% in 2016²⁵.

Another harm reduction initiative promoted in 2012 by the Bogota Mayor's Office, the Ministry of Health, and the ATS organization, is the program *Échele Cabeza*, aimed at the analysis of substances in nightclubs and music festivals and which seeks to prevent damage to the health of the users who use for recreational purposes. This program, with the approval of the National Narcotics Fund, has a positive balance: the analysis of 5,553 samples as of October 2018; its impact on 78,500 persons; the reduction by 25% of the adulteration of MDMA tablets; and the development of a culture of responsible recreational consumption. According to ATS, 88% of people whose substance produced a negative result decided not to use it. Also, based on information from the Ministry of Health requested by that organization, the substance analysis have helped reduce hospital emergencies caused by intoxication with substances like methamphetamines or ecstasy, from 82 cases in 2012 to 37 cases in 2015²⁶. In addition, *Échele Cabeza* has contributed to the work of the Ministry of Justice's early warning program, as it has detected the appearance of new substances on the market²⁷.

Despite these efforts, the policy to reduce consumption is still lacking policies aimed at other substances and other vulnerable groups, such as bazuco users and their impact on public health, persons deprived of their liberty, and the incorporation of programs with a gender approach for women who use drugs.

In addition, the demand for services and health care for people who use drugs in Colombia is high, the supply continues to be insufficient, and programs have lost continuity and budget. In 2016, the Ministry of Health conducted an assessment of centers that treat drug users that revealed shortcomings in the provision of treatment. Specialized services to treat drug users are non-existent in about 95% of the country's municipalities. Similarly, 66% of the institutions that provide these services are located in Bogota and five departments: Antioquia, Valle del Cauca, Atlántico, Quindío, and Cundinamarca. Only 8% of the centers for treating drug addiction have are public and the average monthly payment in the other centers is close to 1,000 dollars, something that is beyond the reach of the poorest people²⁸. At least nine of the 32 departments do not have institutions that provide these services which implies that whoever would like to access these centers voluntarily would have to

²⁵ See ATS. Colombia: Tendencia a la disminución en el intercambio de jeringas entre personas que se inyectan drogas - PID. Available at <https://proyectocambie.com/colombia-tendencia-a-la-disminucion-en-el-intercambio-de-jeringas-entre-personas-que-se-inyectan-drogas-pid/>

²⁶ ECOSOC. Statement submitted by Acción Técnica Social, E/CN.7/2017/NGO/4. Available at https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/NGO_Papers/ECN72_017_NGO4_V1701407.pdf

²⁷ Ministerio de Justicia. Sistema de Alertas Tempranas detecta dos Nuevas Sustancias Psicoactivas en Colombia. Available at <http://www.minjusticia.gov.co/Noticias/TabId/157/ArtMID/1271/ArticleID/3964/Sistema-de-Alertas-Tempranas-detecta-dos-Nuevas-Sustancias-Psicoactivas-en-Colombia.aspx>

²⁸ Estudio de evaluación y diagnóstico situacional de los servicios de tratamiento al consumidor de sustancias psicoactivas en Colombia 2016. Available at http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/estudios/nacionales/CO034492016_estudio_evaluacion_diagnostico_servicios_tratamiento_consumidor_sustancias.pdf

move to another department. In the 23 departments where these institutions do exist, half have fewer than five health care institutions (IPS) that provide these services, and most of them are in the capital cities. Finally, only 20% of the institutions that were assessed treat emergencies caused by intoxication or overdose²⁹. This lack of services disproportionately affects vulnerable groups, such as women, persons deprived of their liberty, and the homeless.

Under Colombian law, national and municipal police codes have established administrative sanctions related to drug use. In the police code issued by decree 1355 of 1970, which was in force nationally until 29 January 2017, the only sanction related to drug use was the suspension and closure of commercial establishments that allowed the use of these substances. Agreement 079 of 2003 of the Bogota Council established the capital district's police code. There are fifteen behaviors related to illicit drugs that carry administrative sanctions. All of them concern the consumption of narcotics in public spaces, such as transport, commercial establishments, outdoor shows, recreational, or educational centers. However, the first national police code to sanction the possession of narcotics –in quantities that fall within the personal use thresholds– is the one established in Law 1801 of 2016, which punishes with a 70 USD fine and the destruction of the substance all those discovered in public spaces in possession of a “prohibited substance.” Afterward, Decree 1844 of 2018, the campaign flag of President Ivan Duque, modified the procedure for imposing administrative sanctions for the possession of narcotics. However, this modification lacks legal clarity, to the extent that it simultaneously faces two challenges in two different jurisdictions, and was used as a political flag to revive the frontal fight against drugs, which has hurt users the most.

This brief look at the different police codes that have been in force in the past few years shows that Colombia has shifted its strategy from imposing administrative sanctions on the consumption of illicit drugs in the public space to sanctioning its possession³⁰. This harms human rights, given that it reprimands, through fines, a behavior that only concerns the person because the consequences will be borne by their body, which under no circumstances can be understood as an extension of the public space.

With the new administration, there are concerns that the consumption policy is enunciative, that is, it does not detail how to implement prevention, harm reduction, and treatment, nor how to work with and for the communities, especially regarding the use of heroin and bazuco (cocaine base). There is also insufficient clarity on the availability of resources to ensure the long-term sustainability of the policies implemented by previous governments and to tend to consumption issues that still have to be addressed.

²⁹ Ibid

³⁰ See article 140 numerals 7 and 8 of the Police Code, available at <http://static.elespectador.com/archivos/2017/02/ddaded47db60946fd9e1e59cec13710d.pdf> and Decree 1844 of 2018, available at <http://www.funcionpublica.gov.co/eva/gestornormativo/norma.php?i=88843>. The first surveys about the decree show violations of due process and acts of corruption, among other variables. See <https://www.acciontecnicasocial.com/microtraficantes-y-policias-corruptos-los-grandes-beneficiados-con-el-decreto-de-destruccion-de-dosis-personal/>

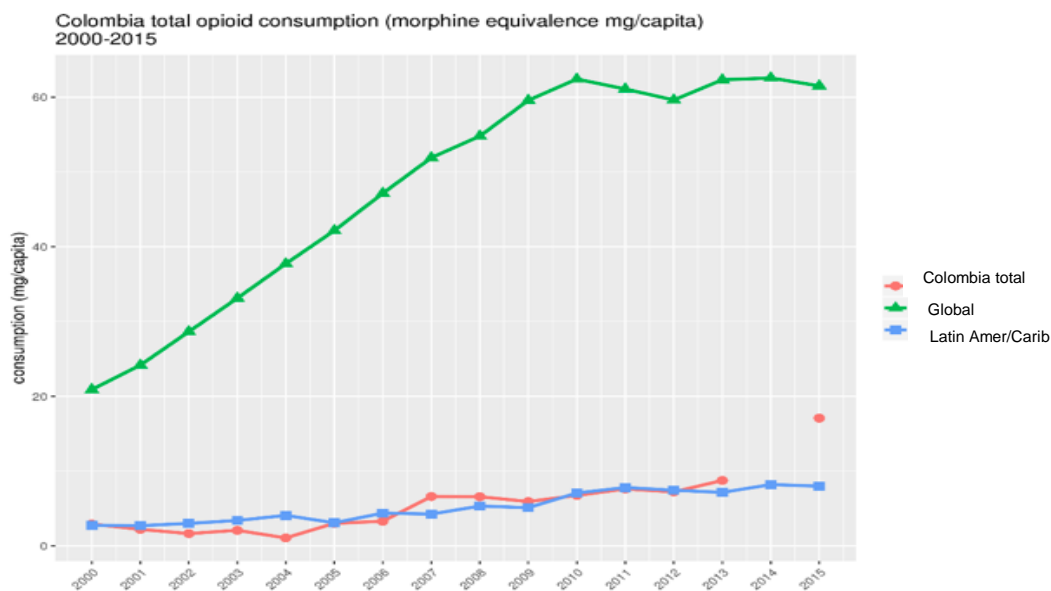
B. ACCESS AND AVAILABILITY OF OPIOIDS

As a consequence of their status as a controlled substance, opioids are difficult to access for patients who need them. There are two groups of patients in particular need: 1) those who suffer pain at the end of their lives and need opioids as part of the palliative care to manage the pain, and 2) those who suffer from heroin dependence and want access to treatment, which uses methadone as a substitute medication. Considering they are part of the WHO list of essential medicines, guaranteeing the right to health includes guaranteeing access to and the availability of these substances.

In Colombia, the consumption of morphine milliequivalents was 17 mg/capita for 2015, compared to a global average of 61.49 mg/capita (see Figure 2)³¹. The consumption of miliequivalents of morphine minus methadone was 15.18 mg/per capita in 2015. Although opioid consumption has increased considerably in recent years in Colombia, a territorial disparity persists because consumption is concentrated in some departments while opioid medicines are not available in others, as shown by the National Survey of the Colombian Palliative Care Observatory³² (see Map 2).

The rise in the incidence of non-communicable diseases and demographic change has made it necessary to focus on palliative care, including effective pain management through these medicines. The growing senior citizen population together with the increase in life expectancy poses a potential need for this type of care. According to ECLAC, Colombia's population over 60 years of age will almost triple between 2010 and 2050: in 2010 it was 9% of the general population, in 2030 it will have risen to 18%, and it is estimated that by 2050 we will be 27.4% of the population.

Figure 2. Colombia: total opioid consumption (morphine mg/per capita), 2000-2015

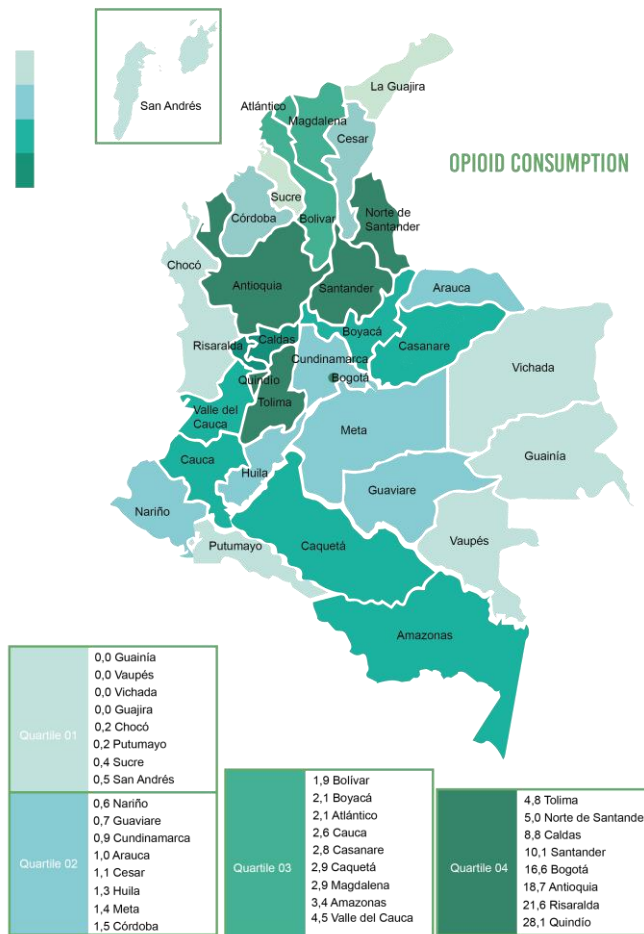


Source: International Narcotics Control Board; World Health Organization population data. Pain & Policy Studies Group, University of Wisconsin WHO Collaborating Center, 2018.

³¹ Pain and Policy Studies Group: <http://www.painpolicy.wisc.edu/home>

³² See <http://occp.com.co/wp-content/uploads/2018/11/disponibilidad-y-accesibilidad-a-medicamentos-opioides-en-colombia.pdf>

Map 2. Opioid consumption



Source: Colombian Palliative Care Observatory.

4.1.3. RIGHT TO PERSONAL FREEDOM

According to data as of July 31, 2018, 24,954 people were being held in the country's prisons for the crime of drug trafficking. Of these, 14,536 were prosecuted for a single crime and 6,864 were convicted of other drug-related crimes. Of this figure 61.6% had been convicted of two drug trafficking crimes, 17.5% of three drug trafficking crimes, and 5.6% of four drug crimes³³.

Of all the persons convicted over drug crimes, only 3,753 were convicted of other types of crime: conspiracy to commit a crime, carrying a firearm, or theft. This means that as of July 31, 2018, of the 16,484 persons convicted of drug crimes, 22.7% committed a concurrent crime. Of these 3,753 persons, 77.6% (2,915) were convicted in concurrence with conspiracy to commit drug trafficking, 11.9% in concurrence with trafficking or carrying firearms, and

³³ Observatorio de Drogas de Colombia: <http://www.odc.gov.co/sidco/Consulta/Criminalidad/Poblaci%C3%B3n-Carcelaria>

4% for theft. This approach has violated the right to freedom of thousands of people in Colombia without reducing consumption or trafficking.

The male population is comprised of 13,976 convicted men and 7,198 defendants, for a total of 21,174 persons. As for women, 1,272 are defendants and 2,508 have been convicted, for a total of 3,780³⁴. In the case of women, the differentiated impact of punitive measures is evident, as 45% have been deprived of their liberty over drug crimes³⁵.

The punitive approach has also impacted the coca growing population. According to data from the INPEC (National Penitentiary and Prison Institute), 255 people have been arrested for keeping crops declared illicit, of which 55% have been convicted. Although the Peace Agreement provides for differentiated criminal treatment in favor of this population, which has been stigmatized for decades, neither the prior nor the current Congress has approved regulations in this area³⁶.

Currently, despite the ineffectiveness of this punitive approach, there are legislative initiatives promoted by the Attorney General's Office and the current Government that seek to use the imprisonment of the lower links of the production and trafficking chain to attack drug trafficking structures.

4.1.4. IMPACTS OF THE USE OF GLYPHOSATE ON LIFE, PERSONAL INTEGRITY, AND HEALTH

In Colombia, almost 1.9 million hectares were aerially sprayed between 1994 and 2015 (see Table 2).

At the same time, according to the Single System for the Management of Litigious Information of the State - eKOGUI, which is run by the National Agency for the Legal Defense of the State (ANDJE), which contains information on the total value of the lawsuits filed against different entities in the country, claims for health effects caused by aerial spraying total 1.7 trillion³⁷.

In addition, between 1999 and 2018, 576,439 hectares were manually eradicated through mobile eradication groups. While there is no exact figure for the sum spent by the Colombian State in all the years that it has used aerial fumigation and manual eradication, some estimates indicate that as of November 2012, the Government would have spent US\$104,331,276,056 on glyphosate and US\$ 458,331,276,056 on counter-narcotics operations, taking into consideration the cost of glyphosate, basic equipment, and airplanes or helicopters³⁸.

³⁴ See <http://www.inpec.gov.co/estadisticas-/tableros-estadisticos>

³⁵ Mujeres, política de drogas y encarcelamiento. Una guía para la reforma a políticas en América Latina. Available at https://www.dejusticia.org/wp-content/uploads/2017/04/fi_name_recurso_801.pdf

³⁶ "Colombia tiene 255 personas condenadas por cultivos declarados ilícitos". *El Tiempo*. November 7, 2018. Available at <https://www.eltiempo.com/politica/congreso/en-colombia-hay-255-personas-detenido-por-cultivos-ilicitos-290834>

³⁷ FIP-Fedesarrollo, Rico, D. and Zapata, J. 2018. *Informe del gasto del gobierno de Colombia en lucha antidrogas 2013-2015*, p. 28. Bogota: FIP-Fedesarrollo. Available at <https://www.repository.fedesarrollo.org.co/handle/11445/3609>

³⁸ OCDI. 2012. "Sobre Colombia han vertido 15 millones de litros de glifosato". Retrieved June 8, 2018 from <https://prensarural.org/spip/spip.php?article9675>

Table 2. Aerial spraying (ha), 1994-2015

YEAR	AERIAL SPRAYING (HA)
1994	3,871
1995	23.915,00
1996	18.518,77
1997	41.860,60
1998	66.028,91
1999	43.111,20
2000	58.074,01
2001	94.152,56
2002	130.363,90
2003	132.817,42
2004	136.551,05
2005	138.774,97
2006	172.025,17
2007	153.133,66
2008	133.495,68
2009	104.771,52
2010	101.939,64
2011	103.302,47
2012	100.548,85
2013	47.051,72
2014	55.532,43
2015	36.494,04
2016	
2017	
2018	
TOTAL	1.896.334,57

Source. Colombian Observatory of Drugs.

However, the strategy has not succeeded. Restrepo, Mejía, and Rozo assert that to reduce one hectare of cultivated coca, every year, on average, an additional 33 hectares should be fumigated³⁹. From 2000 to 2010, the average direct cost for the United States of fumigating one hectare was US\$750. Therefore, if 1,356,099 hectares were fumigated during that decade, the direct cost of the program could have been \$1,017,074,685.

According to data from the Integrated Illicit Crop Monitoring System (SIMCI), in 2017 coca cultivation reached 170,000 hectares. National Parks reports a 4% increase in the cultivation of coca in natural parks: there were 7,995 hectares in 2016 and 8,301 were reported in 2017

³⁹ Mejía, D., Restrepo, P. and Rozo, S. V. 2015. *On the effects of enforcement on illegal markets: Evidence from a quasi-experiment in Colombia*, pp. 1-33. No. WPS7409. The World Bank. Available at <http://documents.worldbank.org/curated/en/517811468189273130/On-the-effects-of-enforcement-on-illegal-markets-evidence-from-a-quasi-experiment-in-Colombia>

(SIMCI, 2018, p. 65). Of the area cultivated with coca in national parks, 67% is located in three of them: Sierra de la Macarena, Nukak, and Paramillo⁴⁰.

The policy focused on crops, in addition to being ineffective, has caused damage to the health of the persons that take part in the programs. Camacho and Mejía studied this damage and concluded that in terms of consultations for dermatological harm and respiratory problems, the areas located inside the one-kilometer perimeter around a fumigation point saw an increase in cases of 0.35% and 0.4%, respectively⁴¹. The researchers' findings also show, using a mathematical model, that aerial spraying has a statistically significant effect on miscarriages. Even when it is stated that the results may be overestimated, the authors argue that in the municipalities of the sample, an increase of one standard deviation in aerial spraying implies a 2.9% increase in the rate of spontaneous miscarriages. In the case of municipalities that have higher levels of aerial fumigation, the miscarriage rate rises to 8.7%⁴².

The manual eradication strategy has also impacted the lives and personal integrity of the peasants who implement it. According to data from the Territorial Management Directorate, which is currently charged with the eradication program, in the first eleven years of the strategy 67 civilian eradicators have died and 442 more have been injured. Of these 509 persons, 452 were affected by anti-personnel mines, unexploded ordnance, and improvised explosive devices (10.2% of all the civilian victims of these weapons since 1990), while 57 suffered some form of harassment⁴³.

According to a report of the Comptroller General's Office, aerial spraying by the National Police in the period between 2010 and September 2015 amounted to 457,350 million pesos. Considering that 444,891 hectares of coca cultivation were sprayed, the average cost of spraying one hectare was \$1,028,000⁴⁴. In the same period, manual eradication costs were 214,897 million pesos and 94,751 hectares were eradicated, resulting in an average cost per hectare of 2.3 million pesos. It is important to point out that the solution to this expense should not be aerial spraying: we should focus on strengthening alternative development

⁴⁰ See Informe SIMCI, September 2018. Available at https://www.unodc.org/documents/crop-monitoring/Colombia/Colombia_Monitoreo_territorios_afectados_cultivos_ilicitos_2017_Resumen.pdf

⁴¹ Camacho, A. and Mejía, D. 2017. The health consequences of aerial spraying illicit crops: The case of Colombia. *Journal of Health Economics*. 54: 147-160. <https://doi.org/10.1016/j.jhealeco.2017.04.005>

⁴² Ibid

⁴³ Procurador General de la Nación advierte sobre violación de los derechos de los erradicadores manuales de cultivos ilícitos. Available at <https://www.procuraduria.gov.co/portal/Procurador-General-de-la-Nacion-advierte-sobre-violacion-de-los-derechos-de-los-erradicadores-manuales-de-cultivos-ilicitos.news>; and "La vida trágica de los campesinos que el Gobierno usa como erradicadores de cultivos ilícitos." *Pacifista*, September 9, 2016. Available at <http://pacifista.co/la-vida-tragica-de-los-campesinos-que-el-gobierno-usa-como-erradicadores-de-cultivos-ilicitos/>

⁴⁴ Contraloría General de la República. 2016. *Evaluación de la política antinarcóticos en Colombia, desde la perspectiva de la producción de cocaína*, p. 58. Bogotá: Contraloría General de la República. Available at <https://www.contraloria.gov.co/documents/20181/466201/Evaluaci%C3%B3n+de+la+Pol%C3%ADtica+Antinarc%C3%B3ticos+en+Colombia%2Cdesde+la+perspectiva+de+la+producci%C3%B3n+de+la+coca%C3%ADna+2010+-+2015%2C+septiembre+de+2016/e9a3713c-316b-4a1b-8bde-1092f3a98e4b?version=1.1>

projects and voluntary substitution of crops that benefit the communities and guarantee the economic, social, and cultural rights of the grower population.

According to data from the Ideas for Peace Foundation (FIP) and Fedesarrollo, of the of the almost half a trillion pesos in total operational costs for the Program for the Eradication of Illicit Crops with the Herbicide Glyphosate (PECIG), only 43 million were allocated for the execution of the Environmental Management Plan in 2013 and 217 million were allocated in 2014⁴⁵. The specific purpose of this program is “to prevent, mitigate, control, compensate, and correct any effects on the environment caused by aerial spraying.”

In 2015, the implementation of the PECIG was suspended in application of the precautionary principle after the World Health Organization⁴⁶ cataloged glyphosate as a possible carcinogen in March 20 of that year⁴⁷. Despite the damage caused by the measure and its lack of effectiveness, the current Government announced that the country will resume aerial spraying with glyphosate through drones, beginning operations in the Bajo Cauca in October 2018, with the authorization of the governor of Antioquia.⁴⁸

4.2. PEACE AND SECURITY

The current policy of eradicating illicit crops and the international commitments made in the fight against drug trafficking have strengthened the strategy of *forced eradication*. In 2019, the National Government plans to forcibly eliminate 100,000 hectares of coca cultivation, with priority given to the departments of Nariño, Putumayo, Norte de Santander, Cauca, and Antioquia⁴⁹. This strategy is contrary to the Peace Agreement, which provides that the forced eradication of crops will be the last measure and will only be used when voluntary substitution has not been possible.

⁴⁵ FIP-Fedesarrollo, Rico, D. and Zapata, J. 2018. *Informe del gasto del gobierno de Colombia en lucha antidrogas 2013-2015*, p. 130. Bogota: FIP-Fedesarrollo. Available at <https://www.repository.fedesarrollo.org.co/handle/11445/3609>

⁴⁶ See IARC. Monographs. Volume 112 Evaluation of five organophosphate insecticides and herbicides. Available at <http://www.iarc.fr/en/mediacentre/iarcnews/pdf/MonographVolume112.pdf>

⁴⁷In relation to the connection between glyphosate exposure and the development of cancer in humans, in 2005 a group of researchers suggested the existence of an association between the incidence of multiple myeloma and melanoma with the use of glyphosate in farmers in Iowa and North Carolina (United States). Among those who had been exposed to glyphosate, the risk of melanoma increased by 80%, in addition to a 30-60% increase in the estimated risk for colon, rectum, kidney, and bladder cancer. The authors concluded that when comparing the association between people who had some exposure and people who had never been exposed, the association between glyphosate use and multiple myeloma increases fourfold in the first group. A relationship between glyphosate exposure and breast cancer has also been suggested, in the sense that the compound produced effects on the human hormone that is dependent on this type of cancer. That is, glyphosate may increase the risk of abnormal cell proliferation only in breast cancer that is dependent on estrogen A56. For additional information see https://www.dejusticia.org/wp-content/uploads/2017/04/fi_name_recurso_895.pdf, p. 14.

⁴⁸ See *El Tiempo*. “Así es la fumigación con glifosato en el Bajo Cauca a través de drones”. October 19, 2018. Available at <https://www.eltiempo.com/colombia/medellin/drones-para-fumigacion-con-glifosato-ya-están-en-el-bajo-cauca-282606>.

⁴⁹ See Canal 1. “Erradicación forzosa de cultivos ilícitos reiniciará el 15 de enero”. 13 de enero de 2019. Available at <https://canal1.com.co/noticias/erradicacion-forzosa-cultivos-ilicitos-reiniciara-15-enero/>

These actions, led by the National Government through the Ministry of Defense, have generated a number of consequences that affect the rights of the communities. For thirteen years, more than 1.8 million hectares of illicit crops were fumigated by air through the PECIG. However, this program, coupled with poverty and the lack of food and security conditions, led to the displacement of indigenous, Afro-descendant and peasant populations from various regions of the country⁵⁰.

At the same time, despite the signing of the Peace Agreement and the initial dialogues between the government of Juan Manuel Santos (2010-2014, 2014-2018) and the ELN (National Liberation Army), and as was mentioned previously, the killing of community leaders, indigenous people, Afro-descendants, human rights, crop substitution and land restitution defenders continues to rise⁵¹. Furthermore, the security conditions of rural municipalities where coca crops are present are marked by the presence of illegal armed groups, social control, and the use of violence. During the first seven months of 2018, there was a 40% increase in homicides in comparison to the same period in 2017⁵². According to information from the Ministry of Defense, the reconfiguration of the conflict and the presence of armed groups are summarized in the following map that has been prepared based on military and police intelligence⁵³ (see Map 3).

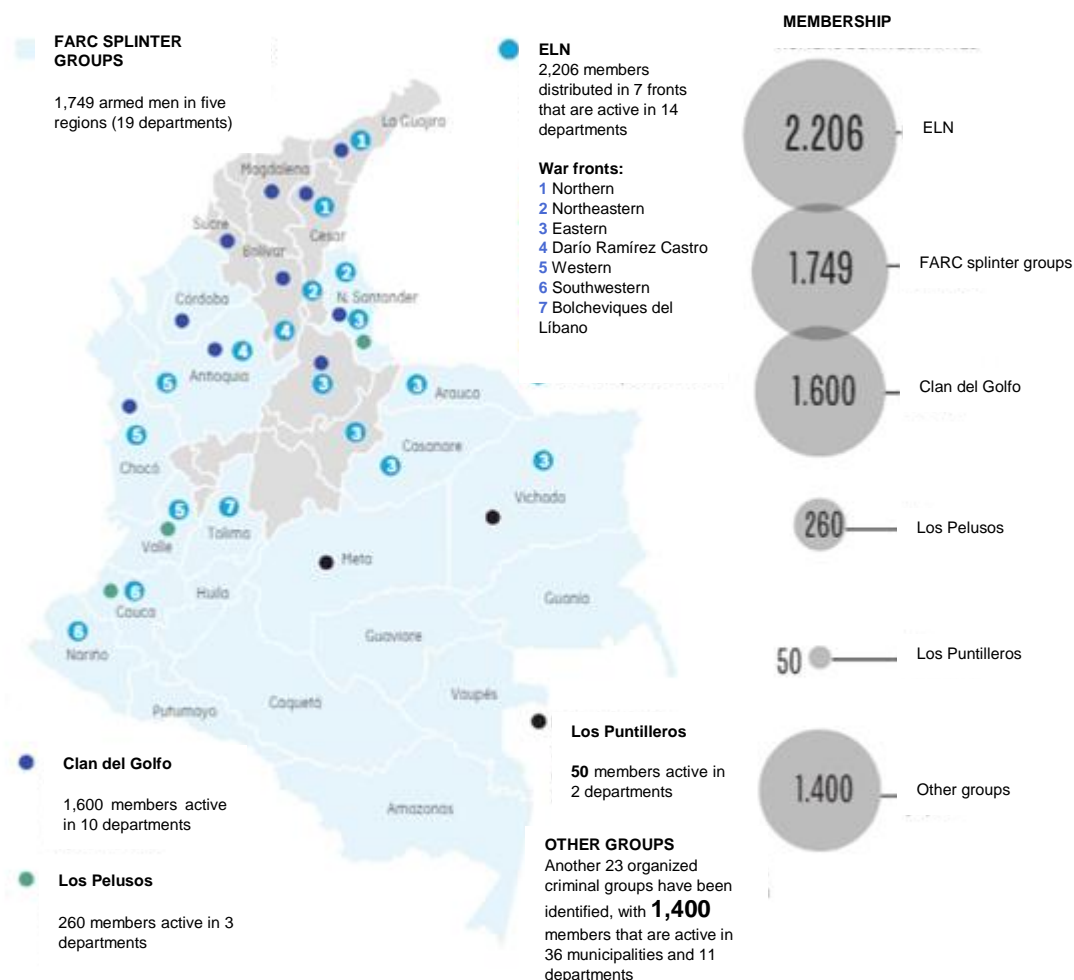
⁵⁰ See CODHES. Boletín Informativo. 75. 2009, p. 5.

⁵¹ See *Semana*. "Impunidad: solo 48 sentencias de 600 líderes asesinados". 24 de septiembre de 2018. Available at <https://www.semana.com/nacion/articulo/impunidad-solo-48-sentencias-de-mas-de-600-lideres-asesinados/584300>

⁵² See Fundación Ideas para la Paz. 2018. "¿En qué va la sustitución de cultivos ilícitos? Desafíos y recomendaciones para el nuevo gobierno". Informe 05. Bogotá. Available at http://ideaspaz.org/media/website/FIP_sustitucion_vol5.pdf

⁵³ See *El Tiempo*. "Los ejércitos ilegales que enfrentará la nueva cúpula militar". 21 de diciembre de 2018. Available at <https://www.eltiempo.com/justicia/investigacion/los-ejercitos-ilegales-que-enfrentara-la-nueva-cupula-militar-305714>

Map 3. Armed groups: presence and number of men



Source: Ministry of National Defense.

4.3. THE PROMOTION OF DEVELOPMENT

Prohibitionism has had a major impact on historically discriminated populations, directly violating their economic, social, and cultural rights through policies that do not take into account the existing evidence and data about their limited effectiveness. In addition, the Colombian State, which should be the guarantor of these rights, has not identified the most relevant goals and objectives in terms of drug policy, as established by the 2030 Agenda for Sustainable Development⁵⁴. This is reflected in the need to resort to illegal economies such as the cultivation and sale of coca leaf in order to subsist and face economic and social gaps. According to information of the Ideas for Peace Foundation:

⁵⁴ See IDPC. 2018. *Balance de una política de drogas. Informe sombra de la sociedad civil. Resumen ejecutivo.*

57% of the families living in coca growing areas are in monetary poverty (while rural monetary poverty is 36%), and 35% are in extreme poverty. The average monthly net income per hectare for a coca farmer is \$410,541 [\$130 USD]; that is, 56% of the minimum wage⁵⁵.

In addition, 46.9% of the persons in the families who grow coca leaf are women; 41% of the cultivator population is under the age of 19; 59% of the families claim ownership of the land –which does not mean that they have title to back up the claim– and 13% are tenants⁵⁶. The motivations that lead families to cultivate include the following (see Figure 3).

Figure 3. Reasons to become involved in illicit crops



Source: UNODC. 2018. Published in: *¿Quiénes son las familias (sic) que viven en las zonas con cultivos de coca? Caracterización de las familias beneficiarias del Programa nacional integral de sustitución de cultivos ilícitos.*

In relation to the National Comprehensive Program for the Substitution of Illicit Crops provided for in the Peace Accord and designed with the aim of replacing these crops with productive projects that guarantee an economy based on legality for 83,161 families that participate in the program, President Ivan Duque decided to comply with the substitution commitments that had already been acquired and reaffirmed his campaign promise that substitution would be mandatory⁵⁷.

⁵⁵ FIP. Garzón, J. C., Gélvez, J. D. and Equipo de Monitoreo al Desarrollo Alternativo de UNODC. August 2018 *¿Quiénes son las familias (sic) que viven en las zonas con cultivos de coca? Caracterización de las familias beneficiarias del Programa nacional integral de sustitución de cultivos ilícitos (PNIS).* Available at http://ideaspaz.org/media/website/FIP_familiascoca_final.pdf

⁵⁶ Ibid

⁵⁷ See Presidencia de la República. "Presidente Duque honrará acuerdos de sustitución voluntaria de cultivos ilícitos, pero pide resultados". August 18, 2018. Available at <https://id.presidencia.gov.co/Paginas/prensa/2018/180818-Presidente-Duque-honrara-acuerdos-de-sustitucion-voluntaria-de-cultivos-ilicitos-pero-pide-resultados.aspx>

However, there is still a lack of coordination between efforts to reduce crops and rural development policies. In 2016, the National Planning Department found that 58% of municipalities where coca is present have poor connectivity, which means that they do not have tertiary roads to facilitate the commercialization of their products⁵⁸. This, added to the uncertainty and discontent that exists in the communities caused by late payments and delays in the implementation of alternative productive projects⁵⁹, strengthens mistrust, which may result in the renewal of coca cultivation for subsistence motives.

In departments like Putumayo, with a high presence of coca cultivation, the multidimensional poverty rate is 76.3%. In this department, the unsatisfied basic needs (UBN) percentage for the urban population is 26.54% and 46.22% for the rural population. The characterization of Putumayo conducted by the Unit for the Comprehensive Attention and Reparation of Victims (UARIV) estimates that only 4.5% of the total population of the department has preschool education, 50.8% primary education, 25.8% secondary education, 2% technical education, 0.1% teacher training, and 5.4% higher education, while 11.4% have no education at all⁶⁰.

In addition, according to UNODC and FIP, almost half of the family members of the families located in areas where coca cultivation is present are women (46.9%), a higher proportion than in other areas with dispersed rural settlements, where the proportion of women is 36%. In addition, women head 29% of the families, which shows the need for a cross-cutting gender approach for all crop substitution policies⁶¹.

In territories where there is a large presence of coca cultivation, there is a convergence of low indices for local justice performance (see Table 2), taxation or Gini ownership. Likewise, in those municipalities where the presence of coca is high and very high, there tends to be a higher homicide rate (see Table 3), a higher infant mortality rate, and a higher percentage of the population lacks drinking water⁶².

⁵⁸ See Departamento Nacional de Planeación. 2016. Narcomenudeo en Colombia: una transformación de la economía criminal. Available at <https://www.dnp.gov.co/Paginas/Narcomenudeo-un-lucrativo-negocio-que-mueve-6-billonesde%20pesos%20anuales.aspx>

⁵⁹ See Colombia 2020. "Nariñenses se sienten engañados con plan de sustitución de cultivos de coca". October 30, 2018. Available at <https://colombia2020.elespectador.com/territorio/narinenses-se-sienten-enganados-con-plan-de-sustitucion-de-cultivos-de-coca>

⁶⁰ Bautista Revelo, A. J., Capacho, B., Cruz, L., Martínez, M., Pereira, I. and Ramírez, L. 2018. *Voces desde el cocal: mujeres que construyen territorio*. Bogota. Available at <https://cdn.dejusticia.org/wp-content/uploads/2018/07/Voces-desde-el-Cocal-versi%C3%B3n-final-para-WEB.pdf>

⁶¹ FIP-UNODC. 2018. *¿Quiénes son las familias (sic) que viven en las zonas con cultivos de coca?* Bogota: Fundación Ideas para la Paz-Unodc, p. 9. Available at http://ideaspaz.org/media/website/FIP_familiascoca_final.pdf

⁶² Chaparro, S. and Cruz, L. 2017. *Coca, instituciones y desarrollo: los retos de los municipios productores en el posacuerdo*. Bogota: Dejusticia. Available at <https://www.dejusticia.org/publication/coca-instituciones-y-desarrollo/>

Table 2. Local justice performance index average

LOCAL JUSTICE PERFORMANCE INDEX AVERAGE				
CROP DENSITY	DISPERSE RURAL	RURAL	INTERMEDIATE	CITIES
01- Very high	0,87	1,52	1,44	1,25
02- High	2,36	1,92	1,13	
03- Medium	2,11	2,12	1,49	4,89
04- Low	3,46	4,32	4,21	3,39
05- Very low	4,37	4,92	5,89	3,40
06- No coca	7,64	7,45	7,48	5,89
General total	5,92	5,29	7,19	5,52

Source: Chaparro, S. and Cruz, L. 2017. *Coca, instituciones y desarrollo: los retos de los municipios productores en el posacuerdo*. Bogota: Dejusticia.

Table 3. Homicide rates average, 2013

HOMICIDE RATES AVERAGE, 2013				
CROP DENSITY	DISPERSE RURAL	RURAL	INTERMEDIATE	CITIES
01- Very high	52,14	62,29	76,24	116,83
02- High	53,05	58,94	45,88	
03- Medium	44,33	48,68	98,86	22,65
04- Low	53,50	54,05	54,24	41,36
05- Very low	22,90	35,20	26,12	47,71
06- No coca	19,99	21,33	25,06	27,56
General total	25,42	28,62	26,72	31,23

Source: Chaparro, S. and Cruz, L. 2017. *Coca, instituciones y desarrollo: los retos de los municipios productores en el posacuerdo*. Bogota: Dejusticia.

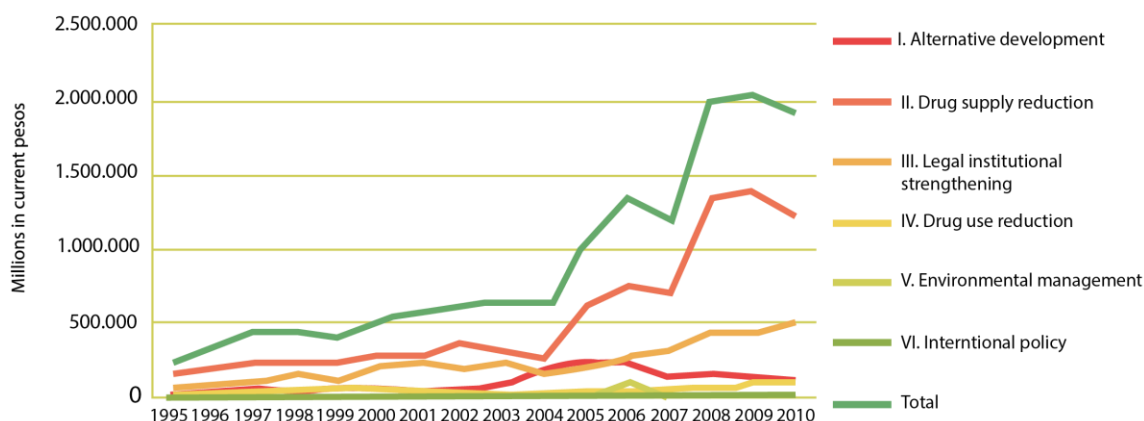
5. DRUG POLICY COSTS AND PRIORITIES IN COLOMBIA

According to data from the National Planning Department, between 1995 and 2010 the executed budget for drug policy in Colombia amounted to nearly \$20 trillion Colombian pesos. In 2010, of the six strategies that were initially outlined, supply reduction had the greatest resources, with \$1.2 trillion (64.2%), followed by legal and institutional strengthening with \$0.4 trillion (25.7%), alternative development with \$0.1 trillion (5.5%), and consumption reduction with \$0.08 trillion (4.1%). In that sense, budget priorities have concentrated on supply, primarily in the reduction of crops through forced eradication, a policy that has produced few results. This has led to a shift away from aspects related to the health of users and the economic, social, cultural, and environmental rights of the cultivator population.

With the exclusion of spending in the defense and security sector, the Colombian government invested \$1,174,651, \$1,140,019 and \$970,480 million pesos in the fight against drugs in 2013, 2014, and 2015, respectively (see Figure 4). This is the equivalent of 0.58%, 0.55%, and 0.47% of the country's overall spending in each of those years. In 2015, the

recorded spending in the fight against drugs was 5.3 times higher than the budget of the Ministry of the Environment⁶³.

Figure 4. Expenditure on the drug problem, 1995-2010 (2010 millions in constant pesos)



Source: Entities at the national and territorial level. DNP-DJSG calculations.

In terms of security and defense, in the 2010-2015 period the national police's Antinarcotics Directorate allocated 764,600 million pesos, 27% of which was spent on fuels and lubricants, 15% on navigation and transportation equipment, and 14% on spare parts (Contraloría General de la República, 2016, page 45). The national police also received 43,885 million pesos in international aid (in kind), consisting of weapons, telematics, consumer items, and logistics items⁶⁴.

Between 2011 and 2015, the National Navy executed 1.3 trillion pesos in the fight against drug trafficking (Contraloría General de la República, 2016, p. 52). The accompaniment of manual eradication operations cost 295,329 million pesos and maritime and river interdictions amounted to 1,005,199 million pesos. On average, during the analyzed period, the cost of manual eradication for the national navy was 84 million pesos per hectare. The value of each average maritime or fluvial operation for the same period was 903 million⁶⁵.

⁶³ FIP-Fedesarrollo, Rico, D. and Zapata, J. 2018. *Informe del gasto del gobierno de Colombia en lucha antidrogas 2013-2015*, p. 130. Bogota: FIP-Fedesarrollo. Available at <https://www.repository.fedesarrollo.org.co/handle/11445/3609>

⁶⁴ Contraloría General de la República. 2016. *Evaluación de la política antinarcóticos en Colombia, desde la perspectiva de la producción de cocaína*, p. 58. Bogota: Contraloría General de la República. Available at <https://www.contraloria.gov.co/documents/20181/466201/Evaluaci%C3%B3n+de+la+Pol%C3%ADtica+Antinarc%C3%B3ticos+en+Colombia%2C+desde+la+perspectiva+de+la+producci%C3%B3n+de+la+coca%C3%ADna+2010+-+2015%2C+septiembre+de+2016/e9a3713c-316b-4a1b-8bde-1092f3a98e4b?version=1.1>

⁶⁵ Ibid

Finally, in the fiscal periods between 2012 and 2015, the army's Special Brigade against Drug Trafficking spent 146.425 million in accompanying mobile manual eradication groups. In addition, 77 aerial spraying operations were carried out, using 9,135 flight hours⁶⁶.

6. RECOMMENDATIONS: EXPERIENCES IN COLOMBIA TO CONTRIBUTE TO THE INTERNATIONAL DISCUSSION

In the last decades, drug policy in Colombia has prioritized the eradication of the illegal market and the reduction of drug consumption at the expense of alternative development strategies or the reduction of risks and damages. The absence of updated data on the number of users and their frequency of use generates uncertainties in the monitoring and evaluation of prevention, treatment, and rehabilitation strategies. Moreover, the substance control policy itself has become a barrier for accessing medicines that are essential for the treatment of pain.

The country did not make progress in eradicating the illegal market. The allocation of resources for crop eradication exceeded the efforts expended on alternative development and crop substitution programs. Although more than 24,000 people have been imprisoned for this crime, the fight against drug trafficking has not led to the disappearance of the drug market. On the contrary, drug trafficking based on the export of cocaine has begun to create urban microtrafficking networks that, by 2015, had generated more than 6 trillion pesos in profits.

The persistence of organized crime financed by the illegal drug economy poses an enormous challenge for peace and security in Colombia, especially in the context of the implementation of the Peace Agreement signed with the FARC. The murders of social leaders in the regions where the substitution program is being implemented show the structural difficulties faced by institutions in these territories to establish their presence, guarantee the security of the populations, and contribute to overcoming the precariousness of public goods and services.

With all these lessons learned, the Colombian Government played a leading role in leading the call to debate drug policy on the international scene. Recognizing the successes and costs that the country has paid –in violence, institutional and economic development– has placed Colombia in a position that is relevant for urging the international community to reflect based on the evidence of what the strategy implemented by the United Nations conventions on narcotics has meant. That was, without a doubt, the role of Colombia when it requested, together with Guatemala and Mexico, UNGASS 2016.

In 2015, the Government convened a group of experts that presented the State with a report entitled "Guidelines for a New Approach in Drug Policy." Many of the recommendations that we present here align with those made at the time by the Advisory Commission for Drug Policy, regarding the guiding principles that were proposed: 1) adoption of a public health approach, 2) adoption of a human rights approach, 3) strengthening of the territorial approach, 4) adoption of a human development approach, and 5) based on and oriented towards scientific evidence.

⁶⁶ Ibid

It is important for the country to maintain leadership in the assessment of drug policy in the United Nations arena, particularly at the High-Level Ministerial Segment on March 14 and 15. Furthermore, evaluations of the progress achieved in the last decade should be carried out in accordance with the Plan of Action, in which the major challenges faced by humanity with the world drug problem should be discussed from the perspectives of public health, human rights, respect for cultural differences, and gender-based affectations. The High-Level Ministerial Segment is the setting in which Colombia must also recognize the importance of the UNGASS 2016 outcome document within the United Nations and strengthen the international discussion on the following points that also concern national policy.

1. THE UNGASS DOCUMENT MUST BE THE CORNERSTONE OF THE INTERNATIONAL DEBATE.

A drug-free world, a goal set out in the 2009 Action Plan, is unrealistic and has had a number of negative effects on people's rights. The objective of global drug policy must be the effective enjoyment of human rights, in connection with the 2030 Agenda on development. In this sense, the UNGASS 2016 outcome document, which puts forth guidelines in this direction, should be the cornerstone of the debate.

2. DEVELOPMENT AS A PRIORITY OF CROP SUBSTITUTION

The primary focus of crop substitution policies and programs should be a voluntary model that has the objective of providing quality of life to communities. Development, the guarantee of the economic, social and cultural rights of the cultivator population, and the realization of the Sustainable Development Goals must be the foundations to achieve a comprehensive policy for the substitution of crops declared illicit.

This should be achieved through a gradual strategy that ensures the safety of those who lead the processes. At the same time, there must be sustainable alternative development projects that diversify markets and incorporate public services, technical assistance in farming areas, and land formalization policies. States should refrain from developing eradication policies that jeopardize people's rights and damage the environment in cultivated areas.

The indicators currently used to monitor drug policies related to illicit crops only account for the hectares cultivated or eradicated, a measurement that does not reveal the situation of the communities involved. It is suggested that the indicators include measurements of the social well-being of the populations that live in the regions that are affected by illicit crops, in order to account for the improvement of their living conditions.

3. POLICIES FOR THE CARE OF USERS WITH A PUBLIC HEALTH APPROACH

Prohibition has disproportionately affected drug users due to lack of access to health services and information to ensure responsible use. It is necessary to overcome the legal barriers that, by prohibiting consumption, prevent the creation of policies to reduce harm with a public health focus and the availability of the necessary resources for their implementation.

It is necessary that States continue successful harm reduction programs and allow implementation that will benefit persons in vulnerable situations, as well as health

care policies that include low threshold treatment and social services with a human rights approach.

4. ALTERNATIVES TO THE DEPRIVATION OF LIBERTY AND CRIMINALIZATION

The national strategies that address organized crime structures should be geared towards measures other than the deprivation of liberty of those at the bottom of the production and trafficking chain, especially those who grow plants declared illicit. They should also refrain from measures that criminalize drug users administratively, especially historically discriminated groups.

5. INTEGRATE THE GENDER APPROACH TO DRUG POLICY

It is essential to recognize that the current drug policy has had differentiated gender impacts. The assignment of gender roles and stereotypes place women in a situation of greater vulnerability; therefore, it is necessary that both the national and international debate incorporate a differential approach to policies related to production and trafficking, as well as in the area of consumption.

6. PROTECT THE ANCESTRAL USES OF THE INDIGENOUS POPULATION

The ancestral use of plants and derived substances included in the list of prohibited substances under United Nations conventions and that have traditionally been part of the practices of indigenous peoples across the world must be guaranteed. As well as the national and transnational transit of plants and their derivatives through harmonizing national standards with international obligations on indigenous autonomy.

7. SCIENTIFIC EVIDENCE FOR POLICY CHANGE

Scientific evidence must be a pillar for transitioning to a new drug policy. States should take into consideration the positions of the World Health Organization on the effects of plants declared illegal in order to reclassify them in the lists of the United Nations conventions. The evidence of the failures of the prohibition model should lead governments to consider experimenting with different models that include strict regulation of substances according to their specificities. Given the reality of regulation in certain countries, it is important to start a debate on the advisability of assuming regulatory positions and how the international regime could adjust to these changes.

8. MILITARIZATION: A FAILED STRATEGY TO COMBAT DRUG TRAFFICKING

The use of the army for public security tasks has had a negative effect in a number of States: the exponential increase in violence and the commission of serious human rights violations. In this regard, it is necessary to preserve human security standards, strengthen civilian security forces, and implement non-warlike strategies that impact the structure of drug trafficking groups and not the civilian population and the weakest links in the production and trafficking chain.

9. ACCESS TO INFORMATION MUST BE GUARANTEED IN DRUG POLICY

All the information that States obtain and generate on the production, commercialization, and consumption of psychoactive substances should be public. The

databases where this information is stored should be compatible with all the national and international *habeas data* obligations. State agencies should ensure that their work produces solid information in understandable language that can be used as input to formulate public policies that are based on empirical evidence.

10. THE NEED TO REFORM INDICATORS

Until now, the metrics used in drug policy are basically indicators of process of law enforcement efforts but do not measure the impact of those laws on the illegal drug economy.

As this civil society group has put forth on previous occasions, it is necessary to systematically develop and use new indicators that, instead of measuring the number of hectares eradicated or substituted, the tons of drugs seized, or the number of people arrested and convicted for drug crimes, evaluate the progress that is being made in reducing the violence associated with these illegal markets, the dismantling of criminal groups and the reduction of their sources of financing, the lawful economic and social development in regions where the economy used to depend on drugs, and the health situation of the people who use them.

These indicators must be public so that civil society and the population can monitor them. At a minimum, drug policy indicators should intersect with the indicators for general social welfare–unsatisfied basic needs, multidimensional poverty index or even agricultural production– with a gender focus, and those of the implementation framework plan. Further, the impact of drug policies should not be measured by the entities in charge of the implementation of those policies, so that they are not judge and party in the evaluation of their work. In this regard, a key mechanism for transparency and accountability is to guarantee effective public access to the corresponding information.

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