



Will Cuba Update its Drug Policy for the Twenty First Century?

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Credit: Yahily Hernandéz Porto, Juventud Rebelde

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Isabella Bellezza-Smull¹

Abstract

Cuba has one of the lowest homicide rates in the Western Hemisphere. This is all the more impressive given that the country is located in a region long wracked by drug-related violence and home to the largest drug producers and consumers in the world. Reported negligible rates of illicit drug consumption, production, and retail suggest that Cuban authorities have successfully kept drugs like marijuana and cocaine out of Cuban hands.

Notwithstanding this relative success, Cuba faces a number of imminent challenges with respect to illicit drugs. As the country continues to open its doors to foreign trade, travel, and a domestic private sector, illicit drug retail, production, and consumption will likely increase on the island. As this occurs, certain punitive aspects of Cuba's drug policy may reproduce adverse effects trademark to drug prohibition seen elsewhere in Latin America and the Caribbean, jeopardizing public health and safety.

Cuba has an unprecedented opportunity to avoid such outcomes by proactively upgrading its drug policy as it updates its economy -- by building on strengths while adjusting for new vulnerabilities. Among other things, Cuba's National Drug Commission, National Anti-Drug Directorate, and other bodies tasked with formulating and implementing national drug policy should continue to fortify border controls, to develop anti-money laundering measures, and to strengthen bilateral counternarcotics

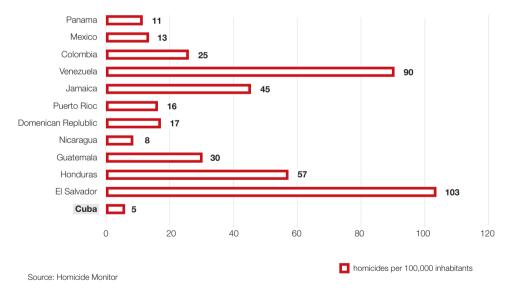
¹ The author is grateful to Robert Muggah, the research director of the Igarapé Institute, and Ana Paula Peleggrino, for reviewing early versions of this draft.

cooperation. More importantly, they could also emphasize prevention and treatment by decriminalizing the possession of all drugs for personal use, by adopting proven harm-reduction strategies, and by elaborating alternative sentencing procedures for non-violent drug offenders, including low-level traffickers and producers.

Introduction

Cuban authorities have publicly pledged to keep Cuba free from illicit drugs.² Their commitment appears to have generated results. Reported levels of illicit drug consumption, production, and retail on the island are negligible.³ Moreover, Cuba has not experienced the spectacular levels of lethal violence that are so common in other parts of Latin America - much of which is associated with the drug trade and counter-narcotics measures.⁴ Cuba's homicide rate has long been among the hemisphere's lowest, averaging between 5 and 6 murders per 100,000 inhabitants since 2000.⁵ What is more, this violence has been distributed relatively evenly throughout the country: not one of Cuba's 16 provinces registered a homicide rate above 9 per 100,000 inhabitants.⁶





² H.E María Esther Reus González, Minister of Justice, headed the Cuban Delegation at the 2016 Special Session of the United Nations General Assembly (UNGASS). See Reus's statement at https://papersmart.unmeetings.org/media2/7657403/cuba-eng-.pdf. Since the early 1990's, International Narcotics Control Strategy Reports (INCSR) by the U.S Department of State have corroborated claims that levels of Illicit drug consumption, production, and transit are low in Cuba.

³ Ibid

⁴ See Garzón-Vergara, J. (2016) at https://igarape.org.br/wp-content/uploads/2016/06/Homicide-Dispatch_3_EN_23-05.pdf.

⁵ See Homicide Monitor at https://homicide.igarape.org.br.

⁶ Ibid

Cuban officials credit low rates of domestic drug consumption, production, and retail to the country's drug policy. To its drug enforcement counterparts in the US Cuba has long highlighted its tough-on-drugs elements, including punitive sanctions for drug possession, production, and trafficking along with an anti-drug police force, interdiction operations, and some 40 bilateral counternarcotics agreements. Meanwhile, to other partners Cuban authorities stress the National, Cubans stress the National Drug Commission's multi-sector, humanistic prevention and treatment efforts. Many also note common informal practices, such as the diversion of illicit drug users from the criminal justice system to health clinics by Cuban authorities, even though possession is legally a crime on the island.

Prohibitionist approaches to drugs, even when supplemented with prevention and treatment, fall short of their stated aims of a drug-free world. Instead, they tend to generate negative collateral effects on citizen security, public health, governance, and development. The overwhelming failure of these policies across Latin America and the Caribbean would suggest that Cuba's unprecedented success may be more appropriately attributed to certain unique national conditions than to its drug policy. Cuba is comparatively isolated in economic terms which limits the inflow of drugs. Cubans also have limited disposable incomes which curbs local demand. These circumstances are changing, however, and will almost certainly change further with increased trade, travel, and the opening of a domestic private sector to Cubans and to foreign investors.

If Cuba continues to grow and diversify its foreign trade, the possibility of drugs reaching Cuban shores will increase. Existing abstinence only and "just-say-no" approaches to drug prevention will be challenged as Cuban's come into ever greater contact with recreational drug cultures from abroad. The country's movement towards a mixed-market model will increase the disposable incomes of a burgeoning class of Cuban entrepreneurs, enabling more to satisfy their basic preferences -- which could include an appetite for new drugs. And growing domestic inequalities will likely compel more Cubans to enter the illicit-drug market, whether as producers or retailers. A well-established context of informal markets and back-channel networks already exists that could be repurposed to distribute drugs. These economic and social transformations will challenge Cuba's relative success in keeping drugs out of Cuban hands.

⁷ On Cuba's multisector approach to illicit drugs, see Cuba Ministry of Foreign Affairs (n.d.) at http://anterior.cubaminrex.cu/ Narcotrafico/Articulos/Prevencion/inicio.htm.

⁸ See Global Commission on Drug Policy (2014) at http://www.gcdpsummary2014.com/counting and (2011) at https://www.globalcommissionondrugs.org/reports/war-on-drugs/; London School of Economics (2014) at https://www.lse.ac.uk/IDEAS/publications/reports/pdf/LSE-IDEAS-DRUGS-REPORT-FINAL-WEB.pdf; & International Drug Policy Consortium (2011) at http://idpc.net/alerts/2011/03/count-the-costs.

⁹ On Cuba's pursuit of diverse economic relations, see LeoGrande, W. (2016) at http://www.nnoc.info/cuba-diversifies-its-risk-by-william-m-leogrande/.

^{10 &}quot;It is a priority to foster a culture of conscious rejection in adolescents and young people." See Juventud Rebelde (2016) at http://www.juventudrebelde.cu/cuba/2016-04-26/cuba-dice-no-a-las-drogas/.

¹¹ For a factsheet of Cuba's 21st century reforms, see Washington Office on Latin America (2016) at https://www.wola.org/analysis/factsheet-reforms-in-21st-century-cuba/.

¹² On modest but unprecendented inequality in contemporary Cuba, see interview with Mayra Espina (2015) at http://oncubamagazine.com/a-fondo/mayra-espina-la-tarea-social-no-debe-quedar-para-despues/; De la Fuente, A. (2011) at https://oncuba.com/arcicle/race-and-income-inequality-contemporary-cuba & Nolen, S. (2016) at http://www.theglobeandmail.com/news/world/a-new-cuban-revolution-and-the-stark-divide-between-rich-and-poor/article/28073917/.

¹³ Great shortages of basic goods and services paired with prohibitive government restrictions regulating self-employment during Cuba's Special Period (a period of economic crisis that began in the early 1990s) promoted the expansion of informal economic behavior into part of daily life. On Cuba's informal sector, see Ted Henken (2002) Condemned to informality: Cuba's experiments with self-employment during the Special Period.

In light of changing circumstances, Cuba will need to carefully consider to what degree the "drug-free world" mantra is tenable. Cuban authorities would do well to examine which alternative drug-control approaches can best reduce drug-related harm to its citizens and to society, at large. Given Cuba's robust public health, educational, and community-based institutions - the basis of protective factors related to drug abuse - the country has an opportunity to adopt a more progressive approach to drug control that places substance abuse squarely in the realm of public health and that invests in alternatives to incarceration for nonviolent, low-level participants in illicit drug markets involved in production, transport, and sale. 14

To better secure access to health services for problematic drug users, Cuba could strengthen current treatment and prevention practices by decriminalizing drug-use and possession and by adopting harm reduction measures. Available evidence suggests that criminalization has little to no impact on levels of drug use in open societies. Instead, the policy encourages high risk behaviors that increase the spread of infectious diseases like HIV/AIDS, hepatitis and tuberculosis as well as death from overdose, diverts law enforcement resources from serious criminality, and contributes to exploding prison populations. What's more, these consequences disproportionately impact vulnerable populations - women, youths, and racial and ethnic minorities often from low-income neighborhoods.

Decriminalization would remove practical and political obstacles to the implementation of proven health interventions that do safeguard public health and safety, like measures that prioritize reducing harms associated with drug abuse rather than use, itself. ¹⁷ Such a shift would entail acknowledging that Cuban's access to illicit drugs will likely increase, accepting that enough Cubans who come to use drugs will be unwilling or unable to stop outright, distinguishing between drug use and abuse, de-emphasizing abstinence as the singular goal of prevention and treatment, and incorporating strategies to make use safer - including for recreational purposes.

¹⁴ These recommendations are aligned with alternative drug policies proposed by the Global Commission on Drug Policy to address failures of global drug prohibition. Comprised of high-level political figures, business leaders, and academics from all over the world, the Commission aims to bring to the international level an informed, science-based discussion about humane and effective ways to reduce the harm caused by drugs to people and societies. See Global Commission on Drug Policy (2014) at http://www.globalcommissionondrugs.org/reports/taking-control-pathways-to-drug-policies-that-work/.

¹⁵ See Degenhardt, L. et al. (2008) at http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0050141; Single, E. et al. (2000) at www.ncbi.nlm.nih.gov/pubmed/10881453; & European Monitoring Center for Drugs and Drug Addiction. (2011) at www.emcdda.europa.eu/online/annual-report/2011/boxes/p45.

¹⁶ See Colectivo de Estudios de Drogas y Derecho (2017) at https://www.scribd.com/document/341863026/Castigos-Irracionales; Washington Office on Latin America (2010) at https://www.wola.org/analysis/systems-overload-drug-laws-and-prisons-in-latin-america/; WOLA (2016) at https://www.wola.org/sites/default/files/WOLA%20WOMEN%20FINAL%20ver%2025%2002%201016.pdf; & the Global Commission on Drug Policy (2012) at https://issuu.com/igarape/docs/gcdp_hiv-aids_2012_en.

¹⁷ For more on harm reduction, see Harm Reduction International (n.d) at https://www.hri.global/what-is-harm-reduction; Harm Reduction Coalition (n.d) at http://harmreduction.org/about-us/principles-of-harm-reduction/; & Hunt, N. (2003) at https://www.hri.global/files/2010/05/31/HIVTop50Documents11.pdf.

Prohibition

The establishment of criminal sanctions for the production, distribution, and possession of certain drugs (for other than medical or scientific uses). This term is used in reference to the international drug control regime as defined by the UN conventions and treaties of 1961, 1971 and 1988, as well as domestic legislation (sanctions vary widely).

Decriminalization

Most commonly used to describe the removal or non-enforcement of criminal penalties for use or possession of small quantities of drugs or paraphernalia for personal use (sometimes also used in reference to other minor drug offences). While no longer criminal, possession still remains an offence subject to administrative or civil sanctions, such as fines or referrals to services.

Legalization

The process of ending prohibitions on the production, distribution and use of a drug for other than medical or scientific uses. In the drug policy context 'Legalization' is generally used to refer to a policy position advocating 'legal regulation' or 'legally regulated drug markets' for currently prohibited drugs.

Regulation

The set of legally enforceable rules that govern the market for a drug, involving application of different controls depending on drug risks and needs of local environments. Includes regulation of production (licensed producers), products (price, potency, packaging), availability (licensed vendors, location of outlets, age controls), and marketing (advertising and branding).

Harm reduction

'Harm reduction' refers to policies, programs, and practices that aim to mitigate the negative health, social, and economic consequences of using legal and illegal psychoactive drugs, without necessarily reducing drug use.

Source: Global Commission on Drug Policy¹⁸

¹⁸ See Global Commission on Drug Policy (2014) at http://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP_2014_taking-control_EN.pdf.

There are several positive experiences to build on. Cuba's National Drug Commission already advocates prevention and treatment over repression. The entity coordinates national health, education, justice, and community sectors to prevent and delay the initiation of drug use - and to treat it as a public health issue when it does occur. While the country does criminalize the possession of illicit drugs, legislation omits reference to their consumption. Public health initiatives operate in this gap, though they have been traditionally oriented by abstinence-only approaches. There are encouraging signs that harm reduction practices are beginning to be explored by Cuba's leading research group for drug addictions, *Centro para el Desarrollo Académico sobre Drogodependencias* (CEDRO).

If, instead, Cuba responds to increasing domestic drug production, sale, and use with criminalization, crack-downs and stiffer penalties, it may suffer consequences similar to other countries savaged by the war on drugs. Cuba has an unprecedented opportunity to avoid such outcomes by proactively upgrading its drug policy as it updates its economy -- by building on strengths while adjusting for new vulnerabilities.

Evolution of Cuban Drug Policy (1959-present)

Cuba's public commitment to fighting illicit drugs dates to the country's 1959 revolution, but it's hardline anti-drug shift didn't occur until the late 1980s. On its accession to power, the Castro regime set out to extinguish the domestic market for cocaine and marijuana closely associated with the Mafia-run casino-nightclub scene. ¹⁹ Still, ties between members of the regime and foreign drug-trafficking organizations persisted well into the 1980s. ²⁰ In 1986, the quiet contact was upended in a high-profile case. A group of Cuban Ministry of Interior officials along with General Arnaldo Ochoa, a decorated hero of the Cuban revolution and high ranking military official, were tried by the regime for collaborating with Colombia's Medellín Cartel to transit drugs through Cuba. In 1989, Ochoa and three other officers were executed by firing squad after admitting to the charges. ²¹

¹⁹ Cuba's Ministry of External Relations still reads: "The fight against drugs in our country is part of the humanist conception of our Revolution. Recall that among the first tasks assumed by the Federation of Cuban Women in 1959 was precisely its decisive contribution to the eradication of the objective and subjective conditions that had turned Cuba into a brothel and a casino with all the vices associated with these practices." Avaiable at http://anterior.cubaminrex.cu/Narcotrafico/Articulos/Prevencion/Apoya-FMC.html.

²⁰ See U.S Senate Subcommittee on Terrorism, Narcotics, and International Operations. (1989) pp 62-69 at http://nsarchive.gwu.edu/NSAEBB/NSAEBB113/north06.pdf; Frontline (1991) at http://www.pbs.org/wgbh/pages/frontline/shows/drugs/archive/cubaandcocaine.html; Lee (2009) at http://www.fpri.org/docs/media/testimony.20090429.lee_.cubadrugs.pdf.

²¹ For a detailed account of the Ochoa case, see Oppenheimer, A. (1992).

Why was Ochoa's penalty so severe?

Why Cuba's star general was executed for involvement in drug trafficking is highly debated. Some argue that the Castros' were complicit in allowing Cuba to be used as a transit point for cocaine destined to the U.S. In this scenario, Ochoa was a sacrificial lamb to distance themselves from scrutiny. Some say that the regime's response was a genuine repudiation of activity threatening to Cuba's revolutionary project. Others suggest the case had less to do with drugs and more to do with a political struggle within the administration whereby Castro sought to eliminate high ranking officials who threatened his control. Still others propose that the application of the death penalty was a signal to the U.S that Cuba was serious about fighting drugs and cooperation. In this way, the execution was intended to dissuade the US from using the Ochoa case to justify aggressive intervention into Cuba under the pretext of fighting drugs, as it had done elsewhere in the Americas. Indeed, case-by-case cooperation on counternarcotics did become an important back-channel of communication between the U.S and Cuba prior to the restoration of diplomatic relations in 2015.²²

The Ochoa case marks Cuba's hard turn towards a zero-tolerance drug policy. In 1987, Cuba amended its penal code to strengthen penalties for drug use, production, and trafficking. It also created a drug-fighting institution, the National Anti-Drug Directorate, to enforce these sanctions. Thereafter, while illicit drugs did not become a significant social problem within Cuba, each successive wave of economic integration has made the country more porous and increasingly attentive to its drug policy.

Cuba began opening to the world in the early 1990s following the collapse of the Soviet Union and the end to Soviet era subsidies. The regime pursued investment and development in sectors that could provide the quickest economic relief, namely tourism. While the opening was designed to minimize contact between foreigners and Cubans, expanded tourism with Europeans and Canadians exposed Cubans to diverse peoples and values as well as to dollars and drugs.

In 1996, the U.S Department of State's Bureau for International Narcotics and Law Enforcement recognized Cuban counter-drugs efforts, stating that the Cuban government was giving anti-narcotics policies higher public profile in the face of growing narcotics transshipments and consumption.²³ That same year, Cuban authorities cooperated with

²² See Thale, G. (2010) at https://www.american.edu/clals/upload/WOLA-drug-coop-trip-report-FINAL.pdf and LeoGrande, W. & Kornbluh, P. (2015) at http://foreignpolicy.com/2015/08/14/u-s-cuba-diplomacy-replace-interests-section-embassy-havana/.

²³ See International Narcotics Strategy Report (1996) at https://www.state.gov/www/global/narcotics_law/1996_narc_report/carib96.html.

the U.S in the seizure of seven tons of cocaine aboard a Miami-bound Honduran freighter, the *Limerick*. The cooperation lead to increased communication between Cuban and U.S law enforcement personnel in subsequent years.²⁴ Cuba enhanced its formal bilateral cooperation on counter-narcotics by entering into agreements with the UK in 1995, Canada in 1997, and Spain in 1998.²⁵

In 2003, Cuba again tightened the screws on drug enforcement domestically. In response to the emergence of an incipient, but growing, domestic market for illegal drugs, ²⁶ legislation was passed allowing for the confiscation of business and residential property where drugs were produced, sold, stored, or consumed. ²⁷ It was followed by nationwide raids of homes and farms (Operation Coraza) and increased maritime counter-narcotics efforts (Operation Hatchet III).

Cuba's second big opening began in 2008 when Raúl Castro assumed the presidency. The economic upgrades gave way to the largest expansion of the non-state sector in socialist Cuba's 50-year history. Indeed, the number of Cuban self-employed workers grew from 141,600 in 2008 to half a million in 2015.²⁸ The pace of reform quickened in 2015 when the Obama administration and the Cuban government formally agreed to resume diplomatic relations, increasing travel and trade to the country. Regulatory changes weakened U.S economic sanctions on Cuba, further enabling the country to pursue diverse economic partnerships.²⁹ Indeed, as 2016 came to a close, Havana's annual International Trade Fair boasted its highest attendance in Cuban history with over 75 countries and representatives from 50 chambers of commerce present.³⁰

"There was talk here yesterday that there are drugs in all the countries of this continent. I want to clarify that, in Cuba, there are no drugs... Just a little bit of marijuana which can be cultivated on any balcony in any Cuban city. But there are no drugs, nor will there be... I personally had a meeting with all the bodies with some relevance to the problem, and we made a decision: we will fight drugs, which are starting to threaten us, with blood and fire."

Raúl Castro, President of Cuba, declaration to CELAC, 2013.

 $²⁴ See \ Kornbluh \ (2000) \ at \ http://www.admissions.american.edu/clals/upload/Counternarcotics.pdf.$

²⁵ Ibid.

²⁶ See Vicent, M. (2003) at http://elpais.com/diario/2003/02/02/internacional/1044140413_850215.html.

²⁷ See Decree 232 (2003) at http://www.cubanet.org/htdocs//ref/dis/02030301.htm.

²⁸ See Cuba's National Office of Statistics (2015) at http://www.one.cu/aec2015/07%20Empleo%20y%20Salarios.pdf.

²⁹ See the U.S Department of the Treasury (2016) at https://www.treasury.gov/press-center/press-releases/Pages/jl0581.aspx.

³⁰ See la Agencia Cubana de Noticias at http://www.cubanews.acn.cu/economy/5950-over-75-nations-to-attend-havana-s-intl-trade-fair.

Amidst all this change, drug policy debates reached Cuban national television in 2016. Some public officials indirectly challenged President Raúl Castro's statement that drugs do not exist in Cuba except for "un poquito de marijuana." The country's popular Mesa Redonda television program, hosted the heads of the justice, health, and education ministries to address drug trafficking and consumption internationally and within Cuba. The head of the National Anti-Drug Directorate, Colonel Juan Carlos Poey Guerra, reported that illicit use of marijuana occurs throughout the island and that synthetic cannabinoids, crack, and cocaine circulate in the capital. He added that the highest rate of domestic marijuana cultivation occurs in the provinces of Granma and Santiago de Cuba and is increasing in non-traditional ones like Camagüey, Las Tunas, and Ciego de Ávila. Further, Poey observed that Cuba is increasingly impacted by trafficking due to the country's increased exchange with the outside world. The panel reiterated its commitment to a comprehensive, preventative anti-drug approach that draws on community, health, and education. Still, the commitment to prohibition remained.



Mesa Redonda TV Show Photo: Roberto Garaycoa, CubaDebate

Cuban Drug Policy

At the 2016 Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS), Cuba's Minister of Justice, María Esther Reus González, reiterated the government's commitment to achieving a society free of drugs. Cuba, she insisted, would fight for a drug-free world by continuing an anti-drug strategy that combines prevention, treatment, confrontation, and collaboration.³³

³¹ Cuban President Raúl Castro stated "En Cuba no hay drogas - solamente un poquito de marihuana" at the 2013 CELAC summit. View at https://www.youtube.com/watch?v=co2sEHsB1s0.

³² For a summary of the Roundtable discussion, see CubaDebate at http://www.cubadebate.cu/noticias/2016/04/27/cuba-frente-a-las-drogas-una-batalla-de-todos-fotos-video-e-infografia/#.WEBGEbTi7zl. The full discussion is available at https://www.youtube.com/watch?v=VR1Je8TCA74.

³³ See Reus, M. (2016) at https://papersmart.unmeetings.org/media2/7657403/cuba-eng-.pdf.

National and International Dimensions of Cuba's Anti-Drug Policy, post-1987

	Prevention and Treatment	Confrontation	Collaboration
Legislation / Plans	Integrated Drug Use Prevention Plan, 1999 Ministerial Resolution No. 67, 1996		40 bilateral counter-narcotics agreements
		Penal Code Law 62, article 190 1987	Member of the UN Commission on Narcotic Drugs
		Decree 232, 2003	Party of UN drug control conventions
		Decree 316, 2013	
		Decree 317, 2013	Ratified UN instruments related to money laundering
Coordinating Institution	The National Drug Commission, 1989	National Anti-Drug Directorate	Ministry of the Interior (MININT)
Operations	National Substance Abuse Program	Internal confrontation: Operation Coraza, 2003	
	Preventative Education Strategy	Maritime confrontation:	Active Participant in UNGASS 2016
	CEDRO - Centro para el Desarrollo Académico en Drogodependencias	Operation Hatchet (Aché), 1999	

Collaboration

At the international level, Cuba is a staunch supporter of the prohibition of drugs. Cuba is party to the three United Nations treaties that form the international framework of the global drug control regime: the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol; the Convention on Psychotropic Substances, 1971; and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Further, Cuba has ratified international instruments related to money laundering like the UN Convention against Transnational Organized Crime in 2000 and the UN Convention on Corruption in 2005.

Cuba is also a member of the Commission on Narcotic Drugs (CND), the governing body charged with organizing, negotiating, and applying international drug control resolutions. Cuba was an active participant in the lead-up to UNGASS, 2016, alongside China, Iran, and Russia, CND member states strongly in favor of repressive drug policy. Unsurprisingly, the CND-negotiated outcome document preserved the prohibitionist drug control regime, despite a growing international appetite to explore new paradigms. While an improvement on previous declarations, the outcome document did not criticize the death penalty for drug-related offenses - a punishment still present in Cuban law-, nor advocate for harm-reduction treatment strategies. It called for greater cooperation between nations for counter-narcotics while maintaining the prohibitionist framework which criminalizes all drug use that is not for medical or scientific purposes. The Cuban Minister of Justice, María Esther Reus, strongly endorsed the outcome document.

Cuba has signed at least 40 bilateral counternarcotics agreements, protocols, and memoranda of understandings with nations including Britain, France, Spain, Canada, Colombia, Mexico, Venezuela, Brazil, Jamaica, the Bahamas, and, most recently, the U.S.³⁷ Accords generally commit Cuba to sharing information relating to suspects and shipments as well as to providing evidence for criminal prosecutions. Some agreements include aid and training programs for Cuban law enforcement and customs officials.³⁸

³⁴ For a primer on UN drug control conventions, see Transnational Institute (2015) at https://www.tni.org/en/publication/the-un-drug-control-conventions.

³⁵ See Commision on Narcotic Drugs (CND) blog (2014) at http://cndblog.org/2014/03/high-level-segment-cuba/.

³⁶ For a summary of the UNGASS outcome document, see GCD (2016) at http://www.globalcommissionondrugs.org/wp-content/uploads/2016/04/publicstatementforGCDP.pdf. For a review of the new drug policy debate in Latin America, see Szabo, I. (2013) at https://igarape.org.br/wp-content/uploads/2013/10/latin_america_awakes_NOREF.pdf.

³⁷ In 2016, Cuba and the U.S signed a counternarcotics arrangement, although it is unclear if it contains an implementation protocol. 38 See Kornbluh, P. (2000).

Confrontation

Cuba has tough drug laws by any standard. Law 62 (Article 190.1, 191, 192.1, and 193) of Cuba's 1987 penal code addresses "production, sale, demand, trafficking, distribution, and possession of illicit drugs, narcotics, psychotropic substances, and others of similar effects." Individuals convicted of international drug trafficking will be sentenced from 15 to 30 years of incarceration and even death. Domestic cultivation, production, and transit of illicit drugs are punishable by between four and 20 years of prison, depending on the quantity, through thresholds are not specified. Low quantity possession of cocaine for personal use is punishable by one to three years, of cannabis from six months to two years, and of other psychotropic substances from three months to one year.

"This scourge [of drugs] will not be solved either through the legalization of drugs or assuming them as harmless substances. Understanding this as a solution could involve accepting that States cannot or will not fulfill their obligations to combat crime and protect the health of their citizens. Therefore, Cuba does not favor this approach."

María Esther Reus González, Cuban Minister of Justice, UNGASS 2016.40



Cuba's Justice Minister, María Esther Reus, at the UN General Assembly UNGASS 2016: ONU/Loey Felipe, pulled from Radio ONU

³⁹ See Ley No. 62 - Codigo Penal, Seccion cuarta (1987) at http://www.wipo.int/edocs/lexdocs/laws/es/cu/cu004es.pdf. 40 See Reus, M. (2016) at https://papersmart.unmeetings.org/media2/7657403/cuba-eng-.pdf.

The National Anti-Drug Directorate in the Ministry of Interior is charged with the enforcement of the penal code. The body coordinates the national police, border guards, and customs authorities while also focusing on collaboration from the national to the local levels. At the neighborhood level, a Unified Prevention and Vigilance System (SUPV) is comprised of pre-existing community groups like the Committees for the Defense of the Revolution (CDRs) and new ones such as the Special Brigade. Decree 232, passed in 2003, allows for the confiscation of business and residential property where drugs are produced, sold, stored, or consumed. Similar legislation exists in the United States, where it is frowned upon by critics who see it as increasing people's vulnerability to homelessness. It is complemented by Operation Corazón Popular, an ongoing internal enforcement strategy that includes nationwide house-to house searches, as well as by Operation Hatchet, maritime counter-narcotics interdiction efforts.

Cuba, at the national level, has a policy of zero tolerance regarding the production, consumption and trafficking of drugs. Our territory will never be used as deposit, warehouse, transit or destination of drugs."

-Statement by the Cuban Delegation at the UN Joint Debate of International Drug Control, 2015.

Independent sources confirm that Cuba's strong tradition of community policing privileges outreach to drug users and diversion to treatment long before turning them to the criminal justice system. This experience, to the extent that it is a representative, is in tune with alternative-to-arrest programs like the Law Enforcement Assisted Diversion program (LEAD) adopted in cities across the United States.

⁴¹ See Dirección Nacional Antidrogas at http://anterior.cubaminrex.cu/Narcotrafico/Articulos/Enfrentamiento/DireccionNacionalAntidrogas.html.

⁴² See Hudson, R. (2002) at https://www.justice.gov/sites/default/files/eoir/legacy/2013/06/13/CS_Cuba.pdf.

⁴³ See Decree 232 (2003) at http://www.cubanet.org/htdocs//ref/dis/02030301.htm.

⁴⁴ On the impact of civil asset forfeiture laws on homelessness in the United States, see Vallas, R. et al. (2016) at https://cdn. americanprogress.org/wp-content/uploads/2016/03/31133144/032916_CivilAssetForfeiture-report.pdf.

⁴⁵ See U. S International Narcotics Control Strategy Report (2004) at http://www.state.gov/documents/organization/29959.pdf.

LEAD - Law Enforcement Assisted Diversion Program

LEAD's goal is to reduce the harm caused by drug use and drug related incarceration by diverting low-level, nonviolent drug offenders from the criminal justice system to community-based treatment and support services. These include access to housing, healthcare, job training, drug addiction treatment, and mental health support. LEAD was piloted in Seattle, Oregon in 2011 and has since spread across the country, most recently to Baltimore, Maryland in 2017.

Reports have found that individuals diverted to LEAD are far less likely to be rearrested than similar defendants processed through the criminal justice system.
Further, LEAD participants are more likely to acquire housing, join the legal job market, and obtain legitimate income and benefits subsequent to their program involvement.

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Prevention

Cuba's national drug use prevention system appears aligned with international standards. According to the UNODC, an effective national drug prevention system involves multiple sectors (education, health, youth, etc.) coordinated by a strong leading agency that implement evidence-based interventions (like targeting vulnerable populations, addressing risk and protective factors, and reaching the population through multiple settings like families, schools, and communities) at different levels (national, sub-national, and local).⁴⁸ CND member states, including Cuba, have recognized these standards in various UN resolutions (57/3, 58/3, 58/7, 59/6).

The National Drug Commission (CDN), created in 1989, is Cuba's interagency coordinating body focused on drug-use prevention and rehabilitation. Coordinated by the Ministry of Justice, it includes the Ministries of the Interior, Foreign Relations, Public Health, and Higher Education. The CND oversees the implementation of the National Integrated Drug Use Prevention Plan (Programa Nacional Integral de Prevención del Uso Indebido de Droga), created in 1999.⁴⁹

⁴⁶ University of Washington LEAD Evaluation Team (2015) at http://static1.1.sqspcdn.com/static /f/1185392/26121870/1428513375150/LEAD_EVALUATION_4-7-15.pdf?token=4K2SOc7vi3HoHqjssDAYMujd66l%3D.

⁴⁷ University of Washington LEAD Evaluation Team (2015) at http://static1.1.sqspcdn.com/static/f/1185392/26121915/1428514214557/2015-04-08+LEAD+Press+Release+and+Evaluation+Summary.pdf?token=K6rbCNjQX7KMrPJeWtkAmzpk%2FH4%3D.

⁴⁸ See United Nations Office on Drugs and Crime Interntaional Standards on Drug Use Prevention (2015) at http://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf.

⁴⁹ See Prevención Nacional (n.d.) at http://anterior.cubaminrex.cu/Narcotrafico/Articulos/Prevencion/inicio.htm.

Justice Ministry of Internal Affairs Ministry of Public Health Ministry of The National Education Republic Drua Comission General Ministry Prosecutor of of Higher the Republic Education Ministry of Foreign Áffairs

The National Drug Commission (created in June 1989)

Source: Cuba Debate. April 27, 2016. "Cuba frente a las drogas: una batalla de todos."

The Ministry of Education coordinates drug use prevention campaigns in Cuban schools. In the early 2000s, the Ministry doubled down on its efforts with the Preventive Education Strategy. It has aimed "to strengthen the values of students and their discipline" by increasing educators trained in enhancing protective factors like healthy habits, self-esteem, and communication skills; disseminating posters and videos with basic information about drug use and its consequences; broadcasting discussions about drugs on public radio and television; including the subject of drug addiction in school health programs; and providing tailored care for students with relatives arrested for drug-related crimes or in treatment for addiction, among other activities. ⁵⁰ The Strategy extends its reach into Cuban families through family education schools that help parents develop values and customs by way of home visits, parent meetings, family consultations, recommended reading, and other collaborative activities. ⁵¹

⁵⁰ See Conferencia de Prensa, MINREX (2004) at http://anterior.cubaminrex.cu/Narcotrafico/Articulos/Prevencion/El-trabajo-preventivo.html.

⁵¹ For more on the role of the school in Cuban family education, see Padrón, A. & Brito, T. (2005) at http://www.cubaeduca.cu/medias/pdf/5288.pdf.

"Creating a culture of rejection in adolescents and young people towards the consumption of drugs is a fundamental objective of the actions that the Union of Young Communists carries out in each student group."

Yuniasky Crespo Baquero, The first secretary of the National Committee of the Union of Young Communists

Cuba's Union of Young Communists (UJC) supplements the Ministry of Education's norms-based approach to shaping drug use behavior. Often acting as a bridge between specialists and youth, the UJC facilitates dialogue around drugs with the intention of creating an anti-drug culture and raising awareness about penalties that can be incurred from committing drug-related crimes.⁵²

Yet while education and resilience skills are proven components of effective drug education,⁵³ their impact can be undermined when complete, factual information about the effects of use, especially short-term risks, are not provided.⁵⁴ Anti-drug campaigns that dramatize the risks of substance use or that monolithically align drugs with moral failing and danger lose effectiveness when their information contradicts the experience of users. Misinformation or incomplete information risks delegitimizing drug education programs, thus turning away potential users and missing a chance to prepare individuals to make informed decisions.

When access to illicit drugs is more limited, however, the effects of some prevention policies are potentially reduced. Yet contradicting discourses on the presence of drugs in the country show that, while apparently effective, prevention strategies may not be achieving their goal of keeping Cuban society drug-free. If illicit drugs become more present and consumption rates increase, abstinence based approaches that divert problem users from treatment and that don't educate about safe ways to use drugs recreationally could have adverse public health effects.

⁵² The UJC has turned its advocacy focus to rural youth, noting that "in our country, marijuana cultivation is also penalized." See Domínguez, A. (2016) at http://www.juventudrebelde.cu/cuba/2016-04-26/cuba-dice-no-a-las-drogas/.

⁵³ See Hawks, D., Scott, K., McBride, N., Jones, P., & Stockwell, T. (2002) p. 46 at http://apps.who.int/iris/bitstream/10665/42615/1/9241590424.pdf.

⁵⁴ Ogborne, P., Paglia-Boak, A., Graves, G. (2010) p. 41 at http://nnadaprenewal.ca/wp-content/uploads/2012/01/Health_Canada_2005_Interventions_Supported_by_Sci_Ev_for_SA_Treatment_HR_Prevent.pdf & Center for the Study and Prevention of Violence (2010) at http://www.colorado.edu/cspv/publications/factsheets/positions/PS-001.pdf.

¿En Cuba no Hay Drogas?

Marijuana, cocaine, and crack are the most consumed illicit substances in Cuba, according to independent news sources. In Havana, drug use varies by municipality. Cocaine is most present in Playa, particularly in the neighborhoods of Vedado and Miramar amongst more affluent residents. Avenidas de los Presidentes, or la Calle G, is a popular spot for recreational drug use amongst youth. Crack has a greater presence in Old and Center Havana as well as in San Miguel de Padrón and Cerro, the center of the local crack trade in the early 2000s. Some say crack is becoming increasingly popular due to it's affordability. Slang has emerged referring to certain drugs:

Marijuana yuma - Imported cannabis

Marihuana criolla - Cannabis cultivated on the island

Un pito; la patá de King Kong; el verdadero Fidel Castro - Marijuana cigar

Primo; 5 con 10; Maduro con queso - Mixture of powdered crack / cocaine and marijuana

El principito - Drug with high percentage amphetamine

El bullino / El cambolo - Makeshift pipe made from disposable beer or soft drink cans used to smoke crack and crack mixtures

Embullinar-se - To drug one's self; verb from el bullino

Un(a) chivo(a) - Someone who sells drugs but works for the police

Sources: García, I. (2012); García, I. (2013); Pérez, E. (2016); Olivera (2014); Martí Noticias (2016).

Treatment

Cuba's national health policy mandates guaranteed access to essential medicines to ensure all sick persons receive appropriate medical attention. To meet this objective under constraints imposed by the U.S embargo, Cuba developed a relatively sophisticated pharmaceutical industry that imports almost all active ingredients used in medicinal drug production. The Ministry of Public Health regulated their import and export with Ministerial Resolution No. 67 in 1996 to keep precursor chemicals from being repurposed to manufacture illicit drugs. Still, the use of marijuana for medicinal purposes remains illegal despite a growing body of scientific studies that affirm the plant's potential to alleviate chronic pains as well as symptoms associated with diseases like multiple sclerosis and conditions like sleep apnea. Ware of such studies, Cuban practitioners and researchers maintain that the medicinal value of marijuana does not come from smoking the plant but from certain active ingredients. As such, Cuban labs are at work isolating cannabinoids to explore the therapeutic effects of different marijuana strains.

"From the start, we established that Cubans who came to our program for help battling addiction would not be subject to police or judicial action; this continues to be the case. Patients may enter at their own request or that of their families, with patient consent."

Dr Ricardo A. González, founder of Cuba's first patient service for substance abuse at the Eduardo B. Ordaz Psychiatric Hospital in Havana, 2013.

The Ministry of Public Health, through its Operative Group of Mental Health and Addiction (GOSMA), implements Cuba's National Substance Abuse Program in provinces and municipalities. The program aims to provide information, counseling, and psychological support for drug users and their families. Towards this end, a 24-hour confidential antidrug hotline for free counseling was opened in 2003 and Cuba's National Toxicology Center provides 24-hour medical information to health professionals and the general

⁵⁵ See World Health Organization (2015) at http://apps.who.int/medicinedocs/documents/s21938en/s21938en.pdf.

⁵⁶ See Cuban Delegation to the United Nations (2016) at http://www.unodc.org/documents/postungass2016//contributions/MS/Cuba/Contribution_acciones_de_cuba_drogas.pdf.

⁵⁷ For more on the health impacts of cannabis and cannabis-derived products, see the National Academies of Sciences, Engineereings, and Medicine (2017) at http://nationalacademies.org/hmd/reports/2017/health-effects-of-cannabis-and-cannabinoids. aspx & Hazekamp, A. & Grotenhermen , F. (2010) at http://www.advancedholistichealth.org/PDF_Files/Review_Cannabinoids.pdf.

⁵⁸ See World Health Organization (2011) at http://www.who.int/mental_health/who_aims_country_reports/who_aims_report_cuba_es.pdf.

population. For cases requiring specialized care, Cuba has 113 community mental health centers, and addiction treatment clinics are slowly spreading throughout the country. Many clinics are modeled after the Eduardo B. Ordaz Psychiatric Hospital, whose approach to treatment identifies "lifelong abstinence from all drugs" as a central objective of rehabilitation. The hospital is a national reference center for 17 more programs -- two in Havana and one in each of Cuba's 15 provinces. To receive treatment, prospective patients must sign therapeutic contracts that indicate their intention to become and remain drug free. Yet, approaches that do not adequately differentiate between drug use and abuse but deem any use unacceptable miss the chance to reduce harm and disseminate the necessary knowledge to empower users to make responsible decisions when it comes to taking drugs.

While the Cuban health system has long privileged abstinence as the only therapeutic option for treating problematic drug use, there are encouraging signs that alternative treatment strategies, like harm reduction, are being explored. The country's chief research group for drug addiction, CEDRO, seems to be leading the way. According to its General Coordinator, Dr. Justo R. Fabelo Roche, CEDRO recently concluded a study on a group of adolescents who were unwilling to give up consumption but still permitted to participate in outpatient psychotherapy. Results were apparently promising. Those who voluntarily agreed to participate in discussion groups and listen to the experiences of their peers gained information about potential harms of substance abuse, leading to a reported reduction in consumption. Discussion about harm reduction continued in May 2017 at CEDRO's third symposium on addiction.

⁵⁹ Cuban Delegation to the United Nations (2016) at http://www.unodc.org/documents/postungass2016//contributions/MS/Cuba/Contribution_acciones_de_cuba_drogas.pdf

⁶⁰ For an interview with Dr González, founder of the Eduardo B. Ordaz Psychiatric Hospital, see Mills, C. (2013) at http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1555-79602013000400003

⁶¹ Ibid.

⁶² Ibid.

⁶³ CEDRO was created in 2001 after Cuba launched a massive training programme for professionals and public employees in substance-abuse prevention and treatment. The Center is mandated to "prepare human resources in health capable of promoting the prevention and reduction of effects caused by the misuse of drugs on health, society, the economy, and the quality of life of the Cuban people." See CEDRO (n.d) at http://instituciones.sld.cu/cedro/acerca-de-cedro/.

⁶⁴ Correspondence with Dr. Justo R. Fabelo Roche, General Coordinator of CEDRO, April 4, 2017.

Cuba's Drug Policy Moving Forward

Drug prohibition has not worked in Latin America for over forty years. It is unlikely that it will work in Cuba as the country integrates more intensively into the global economy and moves towards a mixed-market model at home. While Cuba is undertaking needed economic reforms, it faces less immediate pressure to update its policy towards illicit drugs. Still, the present relative absence of a domestic illicit narcotics market, of drug-related violence, and of problematic illicit drug-use are not indications that current policy will continue to keep Cuban's safe and healthy. These factors buy Cuba time – time that Cuba's National Drug Commision should spend carefully reviewing and revising existing legislation and practices to ensure they are adequate for contemporary realities. According to findings, the Commission should bolster and improve upon strengths while addressing vulnerabilities.

4 Reasons to Update Drug Policy in Cuba

To adapt to new national realities

To avoid negative collateral effects of drug prohibition

To keep Cubans safe

To keep Cubans healthy

Figure 2: Strengths and vulnerabilities of Cuba's current policy towards illicit drugs

Strengths	Vulnerabilities	
Strong national drug-use prevention system	Consumption of illicit drugs is still considered a crime	
Strong national health system giving increasing attention to harm-reduction measures	Low-level, non-violent drug offences are criminalized and punished with long prison sentences, including the death	
Innovative pharmaceutical industry researching the therapeutic value of cannabinoids	penalty Treatment for and prevention of drug use has been traditionally focused on	
Tradition of community policing and high public trust in security institutions	abstinence rather than harm reduction The use of marijuana for medicinal and	
Cooperation to address organized crime, as exemplified by 40 bilateral counter-narcotics agreements and attention to fortifying customs and intelligence capacities as well as Cuba's nascent banking system against money laundering	therapeutic purposes is illegal	

While measuring the success of Cuba's drug policy, the Commission would do well to elevate goals like the improvement of health and welfare along with enhanced security of people involved with drugs over achieving a drug free society. To measure if these goals are being effectively met, impact indicators are needed to track changes. ⁶⁵ These include metrics associated with changes in lethal and non-lethal drug-related violence, in drug-related detentions, arrests, and incarcerations, and in the prevalence of drug-related infectious diseases among drug-users. Such metrics should be incorporated into the monitoring and evaluation mechanisms of Cuba's existing programs, and findings should be publicized to contribute to the ongoing international debate on best practices regarding drugs. For further information sharing, the Commission could organize exchanges with countries and drug policy networks with experience implementing alternative drug-control models.

 $⁶⁵ See Muggah, Aguirre, and Szabo (2015) at https://igarape.org.br/wp-content/uploads/2015/05/AE-12-Measurement-mattes-07h-jan_.pdf.\\$

An initial agenda for Cuban drug policy reform might include the following:

- Decriminalize low level possession of all drugs for personal use, privileging proven harm reduction programs and policies to address problematic drug use
- 2. Invest in alternatives to incarceration for nonviolent, low-level participants in illicit drug production, transit, and sale. Suspend the death penalty for drug-related offenses.
- **3. Produce and publish updated information** on drug use, the treatment and prevention of drug use, drug-related violence, and drug-related incarceration.
- **4. Regulate the medical use of marijuana** strains with proven therapeutic value and make them available as prescription medicines.
- Approve clinical investigations that evaluate the potential for psychoactive drugs like lbogaine to treat substance abuse disorders, as well as other harm reduction interventions.⁶⁶

While some Cuban officials and scholars privately recognize that new drug realities are likely to arise in the country, potential roadblocks to reform include a looming fall-out with the U.S, rapprochement with China, and some degree of revolutionary puritanism. Given credible threats that the Trump administration will burn newly forged U.S - Cuba bridges, Cuba may not want to weaken one that has proven durable through the toughest of times: bilateral cooperation on drug interdiction. Furthermore, while the political cost for breaking international drug convention is weaning in Latin America, China has emerged as a leading proponent of maintaining drug prohibition. China is also Cuba's second largest trade partner. Cuba may see taking a hard-line on the drug-trade as a way to signal commitment to the Chinese relationship.

Since its inception, the regime has worn the reduction of prostitution, gambling, and illicit drug consumption associated with Batista-era moral depravity as a badge of revolutionary success. Yuniasky Crespo Baquero, the first secretary of the National Committee of the Union of Young Communists, comments that "The way of drugs is the opposite of where the Revolution wants its young people to go, for that new man of whom Che [Guevara] spoke is a bearer of moral and ethical values that distances him

⁶⁶ In 2016, the government of São Paulo, Brazil issued a statement calling for further research into the medical potential of psychoactive substances to treat substance use disorders. The announcement was the first of it's sort from a South American government agency. See Franciotti (2016) at http://www.drugpolicy.org/blog/ibogaine-treatment-expanded-brazil-will-us-take-note.

from addictive behavior that can lead to the commission of criminal acts." Moral rectitude defines the Cuban socialist prototype, symbolized by Che Guevara and dubbed the "New Man." In this framework, illicit drugs are seen as antagonistic to the conditions necessary for revolutionary consciousness building.

Perhaps, we would be better off as a drug-free society avoiding coffee, chocolate, tobacco, and alcohol in addition to illicit drugs, but history shows that most cultures are not, have never been, and likely never will be completely drug free. Many countries are recognizing this reality after decades plagued by the deadly consequences of fighting drugs. Cuba doesn't need to suffer the same mistakes. It can learn from its neighbors' experiences -- the good and the bad -- and develop a health centered, evidence-based drug policy fit for changing domestic realities.

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Design and layout:

Raphael Durão - STORM.pt

ISSN 2359-0998



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