

Editorial

On the policies, assumptions about drugs and the stigmas that guide social actions

Isabel Cristina Posada Zapata*

For many years, international agencies, government institutions, experts and grassroots communities have been insisting on the need to invest in promoting healthy behaviors and contexts and prevention, not in repression as a way of responding to the growing phenomenon of production and drug use worldwide. Such a call stems from the failure of policies that are based on the denial of consumption and the absolute restriction of consumer behavior.

How to understand the efforts focused for years in a frontal fight against the drugs? How can one understand that many of these policies do not differentiate between those who produce and market illegal substances and those who acquire and consume them? To try to answer these questions, it is important to accept that in the history of human beings drugs have always been present, and will continue to do so in spite of all the restrictive measures that are imposed. As subjects, we have tried to escape from pain or to feel more comfortable and happy with others and with ourselves, and drugs have allowed us such feelings of well-being; therefore, and because of our condition of living beings that reject the feeling of mourning, loss and loneliness, drugs have been and will continue to be our company. However, its consumption was historically particularized, with what have been used to refer to those who thought they were inferior to the white man, wealthy, colonizer and of European origin. Thus, drugs served to mark Negroes, Indians and Asians, naming them as lazy, delinquent, crazy and dangerous.

Therefore, thinking and investing in policies of zero tolerance or eradication of consumption, is an investment of an illusory nature in the public level, in a horizon that is unattainable, and for many also undesirable, as it increases the gaps between groups, generating enormous distances between capacities and opportunities of one and the other for the achievement of equitable and fair development.

* Magister in Public Health, Professor National Faculty of Public Health. University of Antioquia
Email: isabel.posada@udea.edu.co

As in decision-making scenarios, dogmas, traditions, fear, stigmatization and arbitrariness are on many occasions the foundational axes on which decisions are made that affect the collectives. Zero tolerance, the killing that kills, the indissoluble and arbitrary relationship between assumptions about drugs and prostitution, the no-future and crime, have been lodged in human groups with such force that already for many is an irrefutable truth, that anyone who consumes drugs (whether experimentally or occasionally) is someone who does not comply with the norms and must be marginalized socially because of the high level of danger it represents.

The international conventions on drugs, promoted by multilateral organizations and to which most countries are attached, have contributed to generate these assumptions, since until recently they did not make precise differentiation among the substances, their effects, or potential risks of addiction; likewise, the agreements included the criminalization of the production and possession of prohibited substances, leaving to the governments of each country the decisions on the sanctions and / or obligatory treatments that had to be imposed. All these discourses had an emphasis on the prohibition, without taking into account the contexts and the structural determinants that promote the consumptions and that exacerbate the problems that can derive from these practices.

Against this background, non-governmental organizations have made an analysis of such interventions and political stances and have managed to determine that this series of conventions have contributed to a myriad of mistakes: there is no significant and sustained reduction of the market, there is an increase in crime related to the trafficking of substances, have increased health problems due to the criminalization of consumers, there are great difficulties for the guarantee of human rights in the fulfillment of its implementation, and in addition, it is concluded that the policies have been inefficient.

It is for this reason that experts in policy analysis insist that these should be based on the knowledge developed from the academic community and grassroots organizations, having as a horizon the recognition of a subject of rights, both in the producer and in the consumer. Next, policies should focus on reducing the harmful consequences of drugs, including marginalization, for the achievement of inclusive societies and with possibilities for participation and construction by all its members.

For some years, this type of proposal has been taking force and has been called for a vision of rights and health, instead of the repressive and war against the phenomenon of drugs in the world. While in some countries long prison sentences and even death are applied, both producers and consumers continue to be condemned. In the Americas, more reflexive and coherent positions are being adopted with social policies that advocate the reduction of damages associated with this conduct. From the Organization of American States, presidents and

international consortiums a change of perspective is insisted, since the previous one was not only wrong, it also claimed thousands of victims while not addressing the problems related to drug production, trafficking and consumption .

In Colombia, the focus was for many years in the fight against drugs and the eradication of crops, thus leaving a problem that we refused to recognize: a consumer country, not only a producer of illegal drugs. In the country today we see a reality that shows us greater consumption of psychoactive substances, use earlier in our adolescents and children and substances increasingly lethal because of their addictive capacity. The problems presented in this scenario are gradually increasing, and although there are significant efforts in some sectors, they do not have sustained and enough integration, systematization and evaluation mechanisms. Thus, many people with substance use problems do not have timely and appropriate treatment, and on several occasions, health promotion programs are not a priority or remain subject to dogma and suspicion.

That is why, as an academic community, we have a social duty to continue promote the necessary debates that link the knowledge produced from and with the communities on the matters about drugs and the decisions that are made in governmental scenarios. We must also position ourselves as agents of transformation of obsolete policies and programs, which have not contributed to the construction of healthy environments where children, youth and adults have the necessary tools to deal with daily problems, without this resulting in a problematic disorder use of drugs. Drugs themselves are not a condemnation; inequality and exclusion have been, and are ideal contexts for any problem, including those arising from the use of drugs, to thrive.