

**Las medidas alternativas a la privación de libertad y el impacto de la COVID-19:  
situación en América Latina y el Caribe**

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Good morning from Washington and good afternoon to those of you who are on the other side of the Atlantic Ocean. I am sorry we cannot be together in person today, but pleased that we are together virtually. I hope you, your families, and your colleagues are all well during these extraordinary times.

On behalf of the Executive Secretariat of the Inter-American Drug Abuse Control Commission (or CICAD, by its Spanish-language acronym), I would like to thank the European Union, and more specifically COPOLAD II, EL PACCTO, and EUROSociAL+, for organizing this meeting and for inviting CICAD to participate, as you have done for the two previous bi-regional conferences on this important matter.

I would like also like to extend my appreciation, and that of my team, to Teresa Salvador and her COPOLAD team—especially Claudia Liebers—for the spirit of partnership they have always shown in our work together over the years.

Today we are in the midst of a pandemic that has altered our fundamental human social dynamics. As part of a global effort, OAS member states have responded to the pandemic with urgent public health measures aimed at stopping the transmission of the coronavirus. These emergency measures have made it much more difficult for drug dependents to receive treatment, and of course has limited the services treatment professionals can provide.

Similarly, COVID-19 has raised some difficult issues regarding incarcerated populations, given that they are often hotbeds of contagion. With the region's overcrowded and underfunded prisons, many countries are faced with challenging questions such as: Should inmates be released? Can any of them be diverted into

some alternative to incarceration? And, could new defendants be placed into such programs? The answers require weighing public health and public safety issues in a constantly changing environment, and this conference will undoubtedly provoke thoughtful discussion on this topic.

CICAD took quick action to try to bridge the gap in treatment caused by the pandemic. Our Demand Reduction Experts Group, in collaboration with the Pan American Health Organization, issued recommendations in May focusing on basic concepts in treatment that should be addressed during the health emergency: safety, hope, tranquility, containment, and community. We have shared this document with COPOLAD.

Justice and health are inseparable when discussing alternatives to incarceration for drug-related offenses, and especially during the current pandemic. The political economy of drugs involves millions of people in the Western Hemisphere, many of whom live in a condition of vulnerability. More than three-and-a-half-million people are in prisons in the Americas, with one-third of these incarcerated for drug-related offenses, often for drug use or micro-trafficking. This translates into significant costs, both monetary and social.

Substance use disorders must be seen as a disease, and we must better understand what leads drug-related offenders to commit crimes. The key, of course, is identifying which drug-related offenders are committing crimes due to their substance use disorders. Years of empirical studies show that if we fail to treat the underlying disease, members of this particular demographic are very likely to commit additional crimes in the future. Conversely, if we do treat the underlying problem, the recidivism rate falls sharply. This dynamic sets these individuals apart from others in the criminal justice system, and calls for a different approach, one in which human rights and public safety can be achieved simultaneously.

Fortunately, OAS member states have -- for many years -- viewed drug dependence as a disease and a public health issue. The OAS Hemispheric Drug Strategy, issued in 2010, and its corresponding plans of action, state this clearly. Moreover, nearly

half of OAS member states have alternatives to incarceration programs for drug-related offenses, with several of these countries seeking to expand their programs, and others interested in establishing programs. In this regard, the Americas are in the vanguard of this important development in addressing drug dependence.

The CICAD Executive Secretariat has worked hard to identify viable alternatives to incarceration models that reduce drug-related crime and prevent prison overcrowding while still respecting the sovereignty of states, guaranteeing human rights, and promoting the rule of law. These programs include pre-detention, post-arrest, sentencing, post-sentencing, and reentry alternatives. Examples include diversion, restorative justice, drug treatment courts, community courts, case and care management, and social reintegration models.

We provide technical assistance to interested member states at three levels: **legislative**, through the design of effective laws and regulation; **policy**, through specific programs and strategies; and **operations**, working hands-on with courts, health providers, and social integration actors.

Initially, our work in this area focused exclusively on adults, but now includes juveniles in several member states. Eighty percent of adults in prison had contact with the criminal justice system when they were juveniles. This tells us two things. First, we need to focus more on preventing juveniles from coming into contact with the criminal justice system. Second, we need to invest more capital in preventive measures.

When we talk about preventive measures, not only for juveniles but also for adults, we need to emphasize the importance of diversion programs, which in Spanish are often called *procesos de remisión* or *disuasión*. The laws in many countries give prosecutors discretion to send defendants to these diversion programs instead of seeking prison time -- but prosecutors tell us that they often fear using that discretion because they feel they cannot guarantee those programs will provide quality rehabilitative services. Judges often echo this sentiment; since these

programs are usually operated by people that do not work in the criminal justice system, they feel they may be accountable for things outside their control.

The CICAD Executive Secretariat is working with several OAS member states to improve rehabilitative services via a Case-Care Management system. This system is a structured protocol for the social integration component of alternative to incarceration programs, and promotes better understanding of diversion programs, including the respective responsibilities of program implementers.

CICAD also promotes robust monitoring and evaluation of alternatives to incarceration. For example, we published a scientific monitoring and evaluation guide last year, to assist member states in setting up their own systems to conduct process and impact evaluations—the first such guide ever written. We also funded the evaluation of drug treatment courts in six OAS member states: Barbados, Costa Rica, the Dominican Republic, Jamaica, Panama, and Trinidad and Tobago.

Finally, CICAD’s new project, “Gender in the Criminal Justice System,” will look at how alternatives to incarceration affect men, women, and the LGBTQ community, and if there are gender-based inequalities in how these alternatives are implemented.

In closing, I would like to reiterate CICAD’s commitment to supporting our member states in developing alternatives to incarceration and effectively addressing the regions’ challenges exacerbated by COVID-19, while working closely with our international partners through a dynamic and sustained dialogue on this issue.

Thank you.