ROME CONSENSUS
TOWARDS A HUMANITARIAN DRUG POLICY

GLOBAL COUNTRY POLICY REVIEW:
DEVELOPMENT REPORT OF A HUMANITARIAN COMPARATIVE ANALYSIS ON DRUG POLICIES, INNOVATED FROM ROME CONSENSUS 2.0

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I. INTRODUCTION

This open research initiative and the development of policy assessment tools for drug policy targeted at decision-makers, researchers, law enforcement, healthcare personnel, and activists—are based on the humanitarian principles of the **Rome Consensus 2.0 (RC2)** (Rome Consensus 2.0, 2020). Its implementation is made possible thanks to the support of the **C4 Recovery Foundation** and the valuable collaboration of the involved organizations: **Knowmad Institut, Universidad del Rosario, and the Humanitarian Observatory of the Argentine Red Cross.**

This conceptual framework evolved from the first *Rome Consensus for a Humanitarian Drug Policy*, created in 2005 as a partnership between the Italian Red Cross (CRI), the International Council on Security and Development (ICOS), and the Villa Maraini Foundation (VMF). This initiative was established to address the specific dimensions of the drug problem, drawing on existing knowledge and best practices from the past 40 years. Its goal was to promote, within the National Societies of the International Red Cross and Red Crescent, a health-based approach to drug-related suffering and to strengthen humanitarian action in this field. **This first *Consensus* was signed by 121 National Red Cross and Red Crescent Societies worldwide.**

The RC2 was launched in 2020 by the Red Cross Red Crescent Partnership on Substance Abuse, in collaboration with organizations such as the **C4 Recovery Foundation,** the **Knowmad Institut,** and the **Police Treatment and Community Collaborative (PTACC).** Today, the movement encompasses more than 800 organizations across 73 countries and has garnered the support of over 7,000 experts, public officials, and activists worldwide.

Based on these principles, **RC2 Index was created as** an integral indicator of the **Drug Policy Benchmark** project. This index will allow the measurement and comparison of compliance with humanitarian principles and Sustainable Development Goals (SDGs) in drug policies, providing an analytical tool for the elaboration and design of evidence-based strategies.

Evolution and Relevance of the RC2 Index

In the first quarter of the 21st century, drug policies have shifted from models centered on the criminalization and stigmatization of people who use drugs (PWUD) *(Espin García, Molina Aguilar, Pallero, & Díaz Velásquez, 2021)* to approaches focused on public health, human rights, and sustainable development. This transition is driven by growing evidence on the adverse effects of repressive strategies, as reflected in international initiatives such as the *Rome Consensus 2.0*, which advocates for solutions based on human dignity and the protection of vulnerable communities.

This methodological evolution also incorporates the adoption of tools based on emerging technologies (including geospatial location data) and artificial intelligence large language models (LLMs), which facilitate the analysis of large volumes of data and the generation of evidence-based recommendations. In this way, the multidisciplinary and innovative character of this proposal is deepened.

Therefore, a multidimensional tool is proposed that:

1. Assesses the alignment between national policies and humanitarian and sustainable development standards.
2. Generates specific recommendations based on comparative analysis and rigorous data.
3. Acts as a roadmap for designing policies adapted to local contexts.

Documenting progress through the project's **Development Reports** (Díaz Velásquez, Pérez-Acosta, Convers-Baena, Bruna, & Molina Aguilar, 2024), this proposal combines qualitative and quantitative methodologies to provide accurate diagnostics, facilitating the transition towards more inclusive and effective regulatory frameworks.

Objectives

Main Objective: To evaluate and monitor drug policies in UN member countries through a global benchmark to identify gaps and areas for improvement, providing evidence-based recommendations.

Specific Objectives:

- Integrate quantitative and qualitative methods to measure compliance with key indicators within the benchmark.
- Promote a multidimensional approach that encompasses human rights, health, justice and international cooperation.
- Facilitate access to data and generate interactive visualizations to support decision making.

Best practices adopted

- **Open science and international collaboration**
  This project is based on the principles of transparency, replicability and open access, promoting the inclusion of diverse stakeholders and the effective exchange of data. The guidelines of the Coalition for Advancing Research Assessment (CoARA) and the Barcelona Declaration on Open Data for Research are adopted, which emphasize the co-responsibility of the different sectors (government, academia and civil society) to promote transparency, access to academic information, cooperation in research and

projects with social impact (UNESCO, 2022; CoARA - Coalition for Advancing Research Assessment, 2022).

- **Ethics in data management**
  Inspired by the recommendations of **Data4SDGs** (Global Partnership for Sustainable Development Data, 2025), we guarantee the protection of confidential data and promote a responsible and sustainable use of it. This involves establishing controls for the collection, storage and dissemination of information, ensuring privacy protection and compliance with applicable regulations in each country.

- **Responsible use of AI and COPE principles**
  The project assumes the ethical and AI use principles outlined by **COPE** (*"AI" | COPE: Committee on Publication Ethics*, 2025), prioritizing:
  - **Transparency of algorithms**: How AI analyzes, sorts or processes data is openly documented.
  - **Fairness and non-discrimination**: Models are monitored to avoid biases that reproduce inequalities in vulnerable groups.
  - **Privacy and confidentiality**: Technical and legal safeguards are established to protect sensitive information, especially in health and justice contexts.
  - **Accountability and traceability**: The team is committed to continuously evaluate the impact of AI models on decision making, maintaining the possibility of independently auditing results and methodologies.

- **Multidisciplinary and participatory approach.**
  The vision of experts from different disciplines (health, justice, economics, sociology, among others) and civil society organizations is integrated so that policies, indicators and methodologies reflect the reality on the ground and have scientific backing.

- **Monitoring, evaluation and accountability**
  All results are subject to internal and external validation processes, openly documenting indicators, data and results. Likewise, the participation of peer reviewers is encouraged and public scrutiny is encouraged to improve the quality of the information presented.

Main Index Sources:

- **Rome Consensus 2.0:** Humanitarian principles applied to drug policy, with an emphasis on non-punitive solutions and a focus on human dignity.
- **Sustainable Development Goals (SDGs):** Framework for assessing the impact of drug policies on health, equality and sustainable development.
- **Compact for the Future (UNGA 2024):** International commitment to building just and resilient systems, applicable to drug policy reform.
- **International Treaties:** The Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, which regulate the global control of substances.

- **Data4SDGs:** Ethical and effective data management approach, promoting the responsible collection and use of information for monitoring and evaluation.
- **National Legislation:** Includes relevant local regulations and regulatory frameworks.
- **Additional International Instruments:** Regional treaties such as the Treaty of Montevideo and the recommendations of the Inter-American Drug Abuse Control Commission (CICAD), among others, are considered.

Evolution of the Methodology: A Process in Phases

Phase 1: Foundations and Initial Construction (2023-2024)

This first phase focused on establishing a solid foundation by reviewing more than 24,000 sources of information, including academic literature, legal regulations, and statistical data. Key trends in harm reduction, decriminalization and access to treatment were identified, as well as determinants for assessing sentencing proportionality and alternatives to incarceration (ATI).

- **Outcome:** Creation of the initial framework of indicators grouped into key dimensions such as public health, criminal justice and international cooperation. Pilot profiles were developed for selected countries.

Phase 2: Validation and Prototyping (2024)

In this phase, pilot evaluations were applied in five selected countries to ensure the validity and applicability of the indicators. Testing included preliminary data analysis and feedback obtained through participation in international forums, such as the **Commission on Narcotic Drugs (CND) in Vienna**, and regional events in Brazil and Mexico (Rome Consensus, 2024a; Rome Consensus, 2024b; Rome Consensus, 2024c).

- **Methodological adjustments:** Indicators and their weighting were refined to better reflect national realities.
- **Result:** A more robust methodology adaptable to different contexts.

Phase 3: Regional Pilot and Expansion (2025-2027)

The pilot is currently being implemented in the following four key countries: **Mexico, Argentina, Italy and Germany**. These countries have been selected for their geographic diversity and different challenges in the field of drug policy. During this phase, local collaborations will be established with public health and justice institutions, and emerging technologies such as artificial intelligence (AI) language models for predictive analytics and software such as QGIS (Spatial without Compromise - QGIS Web Site, 2025) for the creation of geospatial maps will be implemented.

- **Pilot objective:** To validate the system in real time and generate specific data for each national context.
- **Expected result:** A fine-tuned framework that will allow for future expansion of the index.

Rationale for Phased Expansion.

The phased approach allows for thorough testing in a controlled environment before rolling out global implementation. This process ensures the accuracy and relevance of the indicators, reducing the risks associated with rapid expansion.

Phase 4: Expansion to Member Countries of the Pompidou Group (2027-2028)

Expansion to 41 member countries of the **Pompidou Group** of the Council of Europe is justified by the following factors:

- **Previous experience:** These countries are already involved in joint harm reduction initiatives.
- **Homogeneous standards:** They have comparable data that facilitate the adjustment of the index.
- **Mutual learning environment:** The group provides an ideal context for sharing good practices.

Phase 5: Outreach to CND Member Countries (2028-2029).

The transition to **CND member countries** will build on existing policy frameworks and facilitate the adoption of more humane approaches in line with the international drug control treaties.

- **Objective:** To consolidate multilateral cooperation and foster joint policy development among commission members.

Phase 6: Global Expansion to UN Membership (2029-2030).

In the last phase, the system will be extended to all **UN member countries**, enabling global assessment of the state of drug policy in a wide variety of geographic and social contexts.

- **Expected outcome:** Comprehensive recommendations and continuous monitoring to measure progress and update data in real time.

Towards a Global and Adaptive Assessment

The process of phased expansion ensures that the **RC2 Index** is adaptable to diverse country contexts and minimizes implementation risks. This phased approach, documented in the **Progress Reports**, ensures that the project remains aligned with the principles of **Rome Consensus 2.0** and **Sustainable Development**. With this approach, more humane, inclusive and evidence-based drug policies will be promoted.

NOTE: The speed of the process can be accelerated if adequate funding and support is obtained.

II. CONCEPTUAL FRAMEWORK

Theoretical Foundations of the Drug Policy Benchmark

The *Drug Policy Benchmark* is based on a combination of theoretical and practical approaches that integrate quantitative and qualitative indicators. In this *Benchmark*, the RC2 Index plays a central role in measuring specific compliance with humanitarian principles in drug policy, but is accompanied by other indicators for a comprehensive assessment.

The guiding principles of the conceptual framework include:

- **Human Rights and Public Health:** Assess whether policies ensure equitable access to treatment and prevent discrimination.
- **Criminal Justice and Public Safety:** Measure proportionality in sentencing, implementation of alternatives to incarceration and their impact on public safety.
- **International Cooperation:** Determine the degree of participation in international treaties, regional, multilateral and bilateral collaborations.

Indicators and Weighting

The *Drug Policy Benchmark* is composed of *230 sub-indicators* (as shown in the following pages) classified into nine main categories. Each subcategory within the *Benchmark* has indicators associated with specific weights, reflecting their relevance within the overall framework.

Distribution of Subindicators in the Drug Policy Benchmark

This graph represents the distribution of the 230 sub-indicators that make up the Drug Policy Benchmark. This is a tool under initial development to evaluate compliance with humanitarian, public health, criminal justice and international cooperation standards in different countries.
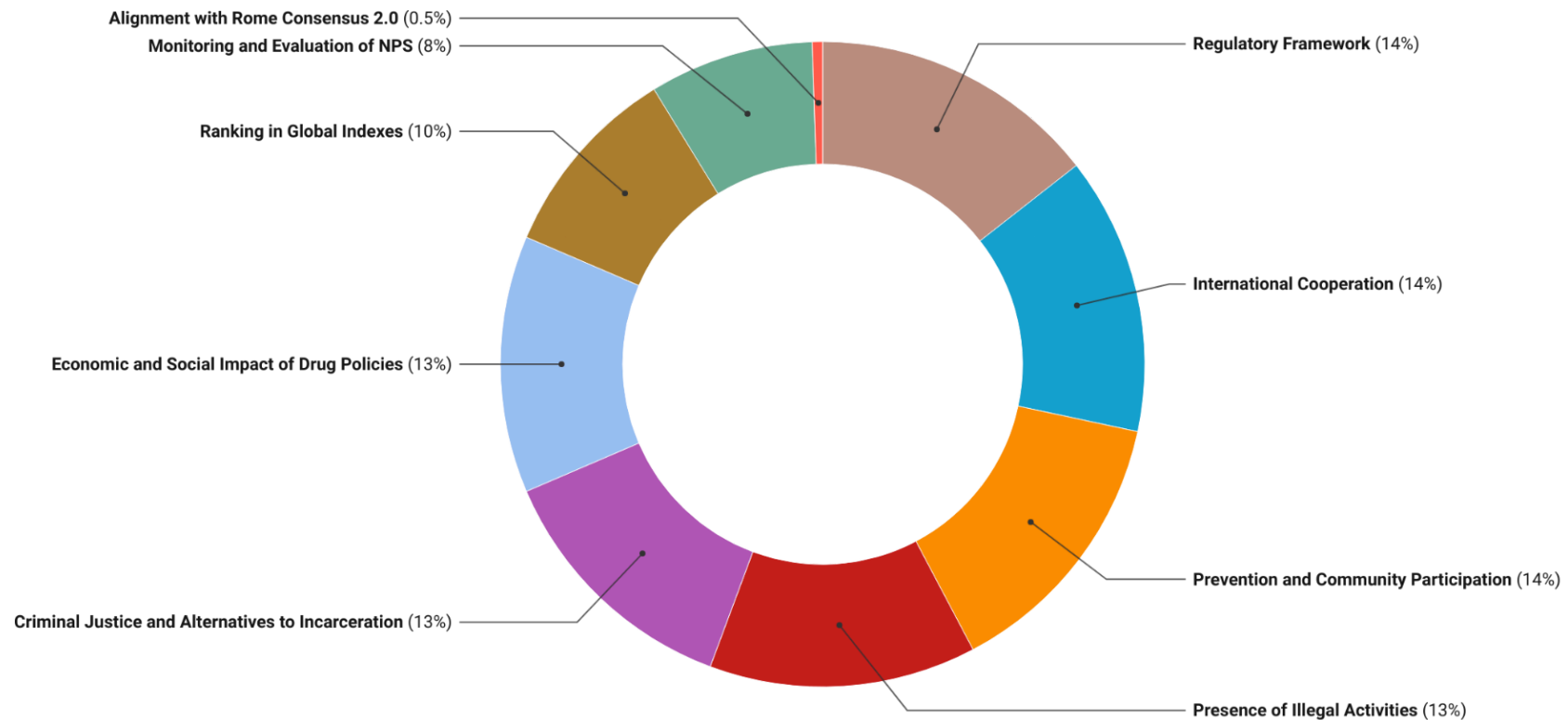
Human Rights and Public Health (39 sub-indicators): Access to treatment, harm reduction and protection of rights. Regulatory Framework (28 sub-indicators): Substance regulation, access to medicines and decriminalization of consumption. International Cooperation (27 sub-indicators): Monitoring, IA and multilateral collaboration in drug policy. Criminal Justice and Alternatives to Incarceration (25 sub-indicators): Judicial reform, proportionality in sentencing, and prevention of organized crime. NPS Monitoring and Evaluation (16 sub-indicators): Early warnings, forensic screening, and new substance evaluation. Prevention and Community Involvement (27 sub-indicators): Preventive strategies, education, and community involvement. Presence of Illegal Activities (26 sub-indicators): Illicit cultivation, precursor trafficking and organized crime. Economic and Social Impact (25 sub-indicators): Policy costs, social inclusion and financial effects. Ranking in Global Indices (19 sub-indicators): Positioning in human rights, health, economy and security. Alignment with Rome Consensus 2.0 (1 sub-indicator): Integration with humanitarian principles and international standards.

Chart: Diaz Velasquez, M. I. (2025). RC2 Drug Policy Bechamark Concept 2025 (No.1B) [Chart]. Knowmad Institut. • Source: Knowmad Institut • Created with Datawrapper

Drug Policy Benchmark Weight Distribution

This table represents the distribution of the weight assigned to each subcategory in the Drug Policy Benchmark. The tool evaluates compliance with standards in public health, human rights, regulation, criminal justice, prevention, international cooperation and economics in drug policy. Each subcategory reflects its impact on the overall assessment, providing a balanced view for evidence-based decision making.

Subcategory	Weight
Harm reduction	7
Universal access to health services	4.1
Prevention of infectious diseases	5.5
Mental health	4.4
Palliative care	3.9
Protection of human rights	4.6
Regulation of specific substances	5.2
Access to controlled medicines	4.8
Decriminalization of personal use	4.8
Regulation of the substance market	4.7
Mental health and vulnerable groups	4.3
Ratification and compliance with international treaties	4.4
Compliance with international recommendations	4
Collaboration with international organizations	4.2
Regulation of international funding	4
Participation in open science networks	4.1
Regional collaboration in drug policy	4.3
Proportionality in criminal prosecution	4.9
Alternatives to incarceration	4.7
Restorative justice and rehabilitation	4.5
Protection of human rights in justice	4.8
Prevention of criminalization	4.6
Monitoring and evaluation of NPS	5.2
Preparedness for new synthetic drugs	5
Epidemiological monitoring	4.8
Prevention of problematic consumption	4.9
Community participation in public policies	4.6
Preventive education and awareness raising	5.1
Protection of vulnerable groups	4.7
Safe and healthy environments	4.8
Cultivation and production of illegal substances	4.7
Trafficking of drugs and precursor chemicals	4.9
Laboratories and production of synthetic drugs	4.8
Areas controlled by organized crime	4.7
Strategies for combating illegal activities	4.9
Public costs associated with drug policies	5
Direct economic impacts	4.7
Impact on employment and social cohesion	4.8
Burden on health and justice systems	5.2
Economic benefits of regulatory policies	4.9
Ranking in global indexes	5

Public Health and Human Rights (30%): Evaluation of access to treatment, harm reduction and protection of human rights in the context of drug policies. Criminal Justice and Alternatives to Incarceration (20%): Measurement of proportionality in criminal prosecution, rehabilitation strategies and alternatives to incarceration. International Cooperation and Transparency (15%): Compliance with international treaties, collaboration with multilateral organizations and adoption of open standards in data management. Prevention and Community Involvement (15%): Education, awareness and protection policies for vulnerable groups to reduce problematic drug use. Economic and Social Impact (20%): Evaluation of the public cost of drug policies, impact on employment, health and economic benefits of regulation. This distribution allows identifying key areas for improvement and developing evidence-based strategies for more inclusive and effective policies.

Chart: Diaz Velasquez, M. I. (2025). RC2 Drug Policy Bechamark Concept 2025 (No.2B) [Table]. Knowmad Institut. • Source: Knowmad Institut • Created with Datawrapper

Categories into which sub-indicators are distributed:

1. Human Rights and Public Health

Description: Evaluates universal access to health services, harm reduction and protection of human rights for people affected by drug abuse.

2. Regulatory Framework

Description: Covers the regulation of controlled substances, access to essential drugs and decriminalization of personal consumption.

3. International Cooperation

Description: Measures the participation of countries in international treaties, multilateral collaborations and their integration in global networks.

4. Criminal Justice and Alternatives to Incarceration

Description: Analyzes proportionality in sentencing, the use of alternatives to incarceration and restorative approaches.

5. Monitoring and Evaluation of New Psychoactive Substances (NPS)

Description: Focuses on the follow-up of new psychoactive substances through early warning systems and epidemiological monitoring.

6. Prevention and Community Involvement

Description: Covers national prevention programs, community participation and preventive education. **Sub-indicators**: **25.**

7. Presence of Illegal Activities

Description: Evaluates the cultivation and production of illegal substances, trafficking of chemical precursors and the fight against organized crime.

8. Economic and Social Impact of Drug Policies

Description: Measures the public cost associated with drug policies and the direct economic impact on communities and employment.

9. Ranking in Global Indexes

Description: Monitors the country's position in global indices related to human rights, development and security.

The *Drug Policy Benchmark* uses a weighted and flexible scoring system to measure compliance with key indicators. This approach facilitates the identification of gaps and opportunities for improvement.

- 🟩 **Full compliance (1 point):** Complete implementation of the indicator, aligned with the evaluated objectives. No significant deficiencies.
- 🟧 **Partial compliance (0.5 points):** Evidence of partial or significant progress, but with critical areas still pending.
- 🟥 **Non-compliance (0 points):** Lack of evidence or concrete actions to support compliance with the indicator.
- **X Marginal compliance (0.25 points):** Limited level of compliance derived mainly from minimal or ad hoc international collaborative efforts.

  Note: Scores for 🟧 **Partial compliance** and 🟩 **Full compliance** may be combined with **X** when international collaboration is a relevant factor, allowing ratings such as 🟧 **+ X** (partial collaboration) or 🟩 **+ X** (comprehensive collaboration).

Connection to Global Development and Evaluation Frameworks.

The *Drug Policy Benchmark* is aligned with international frameworks covering social development, justice and public health. The main frameworks are:

- **SDG 3 (Health and well-being):** Improving access to treatment, prevention and harm reduction.
- **SDG 5 (Gender equality):** Policies that ensure equity and prevent the exclusion of women and other marginalized groups.
- **SDG 10 (Reducing inequalities):** Focus on protecting vulnerable groups, reducing structural inequalities.
- **SDG 16 (Peace, justice and strong institutions):** Proportionality in sentencing and alternatives to incarceration, with restorative justice and protection of human rights.
- **SDG 17 (Partnerships to achieve the goals):** Promotes international cooperation for the development of coordinated and effective policies.

This alignment allows for cross-cutting comparisons and multidimensional analysis, expanding the scope of the benchmark to other specific goals as needed.

Qualitative Evaluation Criteria: Proprietary Methodology

The project has evolved towards a customized methodology that complements numerical measurement with in-depth qualitative assessments. Based on accumulated work, this methodology includes:

1. **Analysis of the regulatory context:** The existence of relevant national laws and policies, their alignment with the assessed objectives and their capacity to generate effective changes are evaluated.
2. **Implementation assessment:** Analysis of whether policies have been implemented in an effective and sustainable manner, considering territorial coverage, available resources and observed results.
3. **Participation of non-governmental actors:** Measures the meaningful participation of civil society, NGOs and other actors, and their contribution to the success or failure of the policies.
4. **Impact on the target population and sustainability:** It is verified whether the programs have generated tangible and sustainable improvements, especially in vulnerable populations.
5. **Equity and gap reduction:** It evaluates whether policies reduce inequalities and ensure equitable access to essential services, guaranteeing the non-exclusion of marginalized groups.

III. DESCRIPTION OF THE OVERALL PROJECT PROCESS

The *Drug Policy Benchmark* is developed through a structured and dynamic workflow that ensures efficiency, transparency and traceability. This process integrates advanced technologies, open science and automated monitoring tools, ensuring international collaboration at every stage. Data collection and validation, together with continuous adaptation based on the results obtained, allow for optimized implementation.

The activities are documented in the *Development Reports*, as well as in the analysis of *prompts* and technological tools, allowing the system's performance to be evaluated and strategic adjustments to be made at each phase. This methodology ensures agile and evidence-based development, strengthening the responsiveness and effectiveness of the *Drug Policy Benchmark*.

Data Collection and Consolidation

To build a robust and relevant information base, with normative, academic and statistical evidence the first step is data collection.

The main actions:

- Systematic search in open databases such as **Zenodo**, **OpenAIRE** and **SHERLOC (UNODC)**.
- Monitoring and mapping of online publications using **Google Alerts**, **GitHub** and **Google Sheets**, using**Scripts** to automate data collection and category.
- Automated analysis and translation of relevant documents using **ChatGPT 4**, **DeepSeek R1 and Gemini**.
- Critical review of national and international legislation, treaties and drug-related policies.

  Expected result: A robust initial database that allows for accurate assessment of key indicators.

Validation and Weighting of Indicators

Once the data has been collected, a validation and weighting process is carried out to ensure that the selected indicators accurately reflect national and regional realities.

Main actions:

- Automatic validation and peer review of consistency between quantitative and qualitative data using **AI models** and human reviews.
- Revision of indicators and their weighting based on feedback from local and international experts.
- Dynamic adjustments according to the specific contexts of each country, with transparency in the processes through open science.

Expected Result: An accurate and adaptable assessment matrix that combines manual and automated methodology.

Field Deployment and Monitoring

The deployment of field assessments will allow for real-time data and customized recommendations for each country.

Main actions:

- Pilot assessments with support from local health, justice and security institutions.
- Use of **QGIS and geospatial mapping tools** to visualize compliance patterns.
- Adoption of tools based on **Artificial Intelligence (AI)** language models such as **DeepSeek, ChatGPT, Gemini and LLama.**
- Implementation of predictive models based on **IA** to anticipate risks associated with drug policies.

Expected Result: Real-time data feeding the continuous monitoring system and generating specific recommendations.

Generation of Recommendations and Feedback

Upon completion of the evaluations, detailed reports and recommendations applicable to each national context are generated.

Main actions:

- Preparation of country reports with automated data analysis and qualitative validation.
- Presentation of results in national and international meetings.
- Publication in open repositories such as **Zenodo** and the **Knowmad Research Gateway**.

Expected Result: Practical and personalized recommendations to specific country that promote more humane and effective policies.

Continuous Monitoring and Dynamic Updating

The system is kept up to date through a continuous monitoring and feedback process.

Main actions:

- Updating data and indicators every six months using automated monitoring tools such as **Google Sheets and Scripts**.
- Evaluation of the impact of recommendations through interactive dashboards based on **Lizmap**.
- Real-time adjustments using prompts generated and analyzed by **ChatGPT 4 and DeepSeek R1**.

Expected result: An adaptive and flexible system to continuously optimize monitoring.

Integration of Open Science and Transparency

The project is guided by open science principles, ensuring traceability, replicability and public access to results.

Main actions:

- Publication of data, methodologies and codes in open access platforms such as **Zenodo** and **GitHub**.
- Detailed documentation of the prompts used and their analysis in project annexes.
- Active participation in international conferences to share experiences and receive feedback.

Expected result: A collaborative environment where stakeholders can benefit from the exchange of best practices and joint learning.

st practices identified during the pilot phases. These best practices will allow adjusting the project implementation to different national realities.

IV.   KEY REPLICABILITY A EVOLUTION TOWARDS THE IMPLEMENTATION OF THE EARLY WARNING SYSTEM (2026-2028)

The **Early Warning System (EWS)** represents a strategic step in the evolution of the *Drug Policy Benchmark*, enabling proactive detection of emerging risks in drug policies and related crimes. EWS have proven to be key tools in the detection of emerging psychoactive substances, as evidenced by the analysis of Google Trends to identify consumption trends and emergence of new substances, complementing traditional monitoring methods (Batistica et al., 2021). This innovative system aims to integrate real-time data, artificial intelligence-based predictive models, and citizen participation within a framework of open science and international collaboration.

Main actions:

- Tentative implementation of the pilot in **Mexico, Argentina, Italy and Germany**.
- Development of AI-based predictive models to detect anomalies and risks in real time.
- **Adaptation of the OpenLitterMap** open source code as the technological basis of the EWS, ensuring the privacy of citizens who contribute data to the system.

Expected result: A robust monitoring and response system to emerging threats, combining technological innovation, open methodologies and cross-sectoral cooperation to improve global drug policy decision making.

Proposal for a Tech Sprint for EWS Development.

To accelerate the implementation of the system, the organization of a collaborative **Tech Sprint** is proposed, bringing together experts in technology development, data science and public policy.

Tech Sprint Objectives:

- Build a working prototype of the EWS, integrating citizen data, AI and interactive dashboards.
- Validate the technical architecture and security mechanisms before mass deployment.
- Create opportunities for collaboration with institutions interested in funding or supporting the project.

Proposed activities:

- Convene Tech Sprints oriented to the development of the code base.
- Design sessions to define data flows and security protocols.
- Create Initial integration tests with external data sources.

Expected impact: Generate interest among potential funders and consolidate a collaborative network among researchers, developers and governmental entities.

Concept and Utility of the Early Warning System (EWS)

EWS is an automated monitoring system designed to anticipate and detect drug policy-related threats before they become crises. Its utility lies in its ability to provide decision makers with real-time information on risk patterns, facilitating early and effective interventions.

Main benefits of EWS:

- **Anticipation of risks:** Allows detection of anomalous patterns in substance use, violence associated with drug trafficking or the emergence of new psychoactive substances.
- **Timely interventions:** Real-time data enables faster and more accurate responses by local authorities.
- **Collaborative approach:** By integrating citizen data, EWS encourages an active participation of society in monitoring their environment.
- **Technological innovation:** The combination of AI, geospatial maps and interactive dashboards makes EWS a cutting-edge tool.

EWS Technological Innovation

EWS is innovative because it integrates advanced technological components in a collaborative and transparent manner:

- **AI-based predictive models:** Uses machine learning algorithms trained with historical data from **RC2 Index** and global sources, enabling the detection of abrupt changes in consumption patterns and related crimes.
- **Collaborative geospatial mapping:** Implemented by adapting **OpenLitterMap** code, allowing the collection of anonymous citizen data and its integration into system dashboards. Georeferenced locations should have tight precision margins to avoid identifying exact addresses.
- **Automation and open science:** Automated monitoring through **Google Scripts**, integrating data from various sources (Google Sheets, GitHub, emergency reports) for greater efficiency.

Proposed Pilot Phase: Mexico, Argentina, Italy and Germany

The pilot phase could be implemented in these four countries due to their regional diversity and the different challenges they face in the drug policy arena.

Objective: To test the effectiveness of EWS in early detection of risk patterns and critical changes.

Main actions:

- Collaboration with local public health, justice and security institutions to ensure data relevance.
- Integration of dynamic data sources, such as emergency reports, forensic data and international EWSs.
- Continuous feedback collection to make adjustments prior to global expansion.

Expected result: Validate the system for scaled application in larger regions.

Development of AI-based Predictive Models

AI will be a fundamental pillar of EWS, providing accurate predictions based on historical patterns and real-time data. The potential of predictive tools to improve the response to emerging threats has already been studied, highlighting its impact through the use of open information such as forums, social networks, the use of Google Trends as complementary tools for early warning systems, facilitating the detection of new psychoactive substances (NPS) (Batistic et al., 2021). There are also studies that propose the use of neural networks based on wavelet transforms (EWNet) to improve the prediction of long-term trends in health contexts. (Panja et al., 2023) The integration of these approaches in EWS will allow strengthening the accuracy and anticipation of risks.

Main actions:

- Training of AI models using data from the **RC2 Index**, forensic reports and national drug use surveys.
- Implementation of anomaly detection techniques to identify abrupt changes in consumption patterns or related crimes.
- Continuous validation of models through expert feedback.

Expected result: Early and accurate detection of emerging risks.

Citizen Mapping: Anonymized Data to Strengthen Monitoring

To complement official data collection, anonymous citizen participation will be encouraged through collaborative mapping of information related to drug activities.

OpenLitterMap Adaptation:

- **Objective:** To ensure an open science-based approach, the EWS will adapt the open source OpenLitterMap, a platform that has proven to be effective in collecting geospatial data in a collaborative and transparent manner (Lynch, 2018). Its integration will allow monitoring risks associated with drug use and related crimes, promoting citizen participation with high privacy standards.
- Information on drug-related activities, such as consumption locations, paraphernalia findings or descriptions of emerging substances.
- **Security and Privacy Measures:**
    - **Anonymity guaranteed:** The collected data will not include personal information, and locations were georeferenced with precision margins adjusted to avoid identifying exact addresses. Lynch (2018) emphasizes that collaborative collection models such as OpenLitterMap can contribute to monitoring systems without compromising privacy, as georeferencing with

precision settings allows location data to be anonymized without sacrificing analytic utility.

- ○ **End-to-end encryption:** To protect data transmission from the application to the EWS servers.

Technical implementation and functionalities:

- **Substance capture and description:** Users will be able to upload photos of suspicious substances or paraphernalia, along with a brief description of the effect experienced (in case the person has had contact with the substance).
- **Automated detection and labeling:** Using AI and image recognition, the system will be able to analyze photos and classify them according to known substance patterns.
- **Expert data confirmation:** Anonymous reports will be reviewed by trained personnel to ensure accuracy and avoid false reports.

Rewards and incentives:

- **Voluntary reward system:** Digital incentives, such as recognition or access to educational resources, may be offered to encourage citizen participation without compromising privacy.
- **Reward system exploration:** Consideration will be given to implementing symbolic or gamified rewards to encourage continued collaboration.

OpenLitterMap has shown that symbolic incentives can increase participation in environmental data collection (Lynch, 2018). Applying this model to EWS, the possibility of integrating gamification mechanisms and non-monetary rewards will be explored to encourage continued collaboration without risks of identity exposure. However, to ensure an ethical approach, any type of incentive that could generate gambling-like dynamics or promote compulsive behaviors will be avoided. The gamification structure will be designed under principles of social responsibility and transparency, prioritizing education, symbolic recognition and access to training resources.

Integration into the EWS:

- Citizen data will be integrated in real time into system dashboards, allowing decision makers to visualize critical points of activity and adjust intervention strategies.

Expected Result: A collaborative and secure system where citizens can contribute to the detection of emerging threats without risk to their privacy.

Continuous Monitoring and Feedback

Continuous improvement of the EWS will be ensured through periodic reviews and feedback from local stakeholders.

Main actions:

- Implementation of interactive dashboards to visualize real-time alerts.
- Quarterly evaluations to adjust predictive models and improve their accuracy.

Expected result: An adaptive system capable of adjusting to new patterns and emerging challenges. The integration of the EWS into global monitoring systems will allow strengthening its impact on decision making and fact-based humanitarian drug policy making at the international level. Following the principles of the **Rome Consensus 2.0** (RC2, 2020), the EWS will contribute to harm reduction and the protection of human health, safety, and dignity by providing **real-time monitoring of key indicators**, facilitating **naloxone distribution and overdose prevention**. In addition, by collecting data on consumption patterns and vulnerability, it will support strategies for **pre-arrest detour and alternatives to incarceration**.

The EWS is projected as a fundamental tool for transforming drug policy monitoring, enabling proactive responses and evidence-based decision making.

V. EXPECTED RESULTS AND IMPACT MEASUREMENT

The implementation of the *Drug Policy Benchmark* and the **Early Warning System (EWS)** seeks to generate a significant impact on the formulation of evidence-based, inclusive and humanitarian drug policies. One of the main objectives of the project is to **eliminate barriers to access to health services, improve public safety and strengthen health, justice and public security systems through the use of information and open data**. This section describes the expected results, success indicators and how impact will be evaluated in different dimensions.

Indicators of Success

The success indicators are focused on measuring the progress and effectiveness of both the benchmark and the EWS in real time. These indicators will allow adjusting implementation strategies according to the results obtained.

Quantitative Indicators:

- **Number of countries assessed:** Number of countries completing the Drug Policy Benchmark assessment and receiving personalized recommendations.
- **Threat detection frequency:** Number of alerts generated by the EWS and their relevance.
- **Percentage of recommendations implemented:** Level of adoption of recommendations by governments.
- **Reduction in risks detected:** Percentage change in the prevalence of threats related to drug policies (new psychoactive substances, incidents related to organized crime, etc.).
- **Direct economic impact:** Increase in tax revenues related to regulation and reduction of costs associated with criminalization.
- **Reduction in the population of the prison system:** Decrease in the number of people incarcerated for minor drug offenses.

Qualitative Indicators:

- **Perception of local actors:** Evaluation of the acceptance and usefulness of the EWS by local actors (civil society, NGOs and governments).
- **Citizen participation:** Level of citizen contributions to EWS through mapping of drug-related activities.
- **Interagency collaboration:** Increase in the number of collaborations with national and international agencies.

Social Impact Assessment

The social impact assessment will focus on measuring the tangible benefits generated by the implementation of the benchmark and EWS, with special emphasis on public health, social justice and inclusion of vulnerable groups.

Key Evaluation Dimensions:

1. **Reduction of harms associated with problematic use:**
   - Monitoring the decrease in overdose mortality.
   - Increased access to harm reduction programs, such as supervised naloxone consumption and distribution sites.
2. **Reduction of inequalities:**
   - Measurement of how recommended policies decrease social gaps related to access to treatment.
   - Impact on vulnerable communities, including women, youth and indigenous communities.

3. **Strengthened rule of law:**
    ○ Increased implementation of alternatives to incarceration.
    ○ Proportionality in the application of penalties and reduction of disproportionate sentences related to minor drug offenses.
4. **Active participation of civil society:**
    ○ Evaluation of the impact of citizen mapping on risk identification and evidence-based policy formulation.
5. **Economic impact:**
    ○ Measured public savings due to reduced costs associated with criminalization and the prison system.
    ○ Increased employment in regulated sectors.

Best Practices for Global Expansion

The global expansion process of the benchmark and the EWS will be based on the replicability of the best practices:

1. **Localization of recommendations:**
    ○ Adapt recommendations according to the cultural, regulatory and social contexts of each country.
2. **Multilateral collaboration:**
    ○ Strengthen regional cooperation, taking advantage of established spaces and forums such as Pompidou Group, Plan Colombo, CICAD and the CND.
3. **Use of emerging technologies:**
    ○ Expand the use of AI and open science tools to improve monitoring and risk detection.
4. **Continued involvement of civil society:**
    ○ Maintain the engagement of local communities through incentives, trainings, and inclusion of their contributions in public reporting.
5. **Interactive geospatial monitoring:**
    ○ Implement geospatial dashboards using tools such as **Lizmap** and **QGIS** to facilitate data visualization and analysis at the regional level.

Conclusion of Point 5: The expected results and impact measurement will allow the benchmark and EWS to remain 'living' and adaptable tools, capable of generating sustainable transformations in drug policies. Continuous feedback and global expansion based on best practices will ensure long-term sustainability.

VI. FINAL REFLECTIONS

After two years of research, the team considers that the findings demonstrate a progressive transformation in drug policies. Although the focus on human rights, public health, and criminal justice is present in the narrative and in legal or technical texts, its implementation still faces significant challenges.

The comparative analysis of national profiles shows a convergence in discourse towards policies that prioritize human dignity and harm reduction. However, discrepancies persist between regulatory frameworks and their actual implementation. For example, some countries acknowledge the need to reduce the disproportionality of penalties in drug-related offenses, yet, in practice, they continue to impose excessive sanctions. What we propose with the **Drug Policy Benchmark** and the **EWS** are key tools within a unified framework to transform drug policy monitoring and analysis towards humanitarian and evidence-based approaches.

The shift towards a **human rights paradigm** marks progress in the conceptualization of strategies and approaches to the various aspects of the drug issue. Moving away from a purely punitive logic, this new approach focuses on **protection and the reduction of social, economic, and environmental harm**. This change is driven not only by international commitments and the efforts of civil society but also by the recognition of the **positive impact of evidence-based policies** on people's lives. The transition from a repressive model to a more equitable and restorative one reflects an evolution in criminal justice, promoting **alternatives to incarceration** and prioritizing **rehabilitation over criminalization**.

International cooperation has become a **strategic pillar** in drug policy formulation, facilitating coordination in multilateral forums and the adoption of harmonized approaches to address this transnational challenge. The effectiveness of these strategies depends, to a large extent, on the ability of states to **integrate regional approaches and share best practices**. We believe this capacity would be significantly strengthened through collaboration between **states, civil society, academia, and the private sector**.

The **use of data and continuous monitoring** as tools for decision-making reinforces the role of science and empirical evaluation in public policy formulation. Implementing **real-time evaluation methodologies** not only allows for **corrections and strategic adjustments**, but also **generates applicable knowledge for different contexts**. This **evidence-driven approach** represents a **departure from traditional models based on ideological criteria**, promoting instead a more **pragmatic, constructive, and humanistic** model.

Additionally, the participation of **civil society** has been consolidated as a **determining factor** in building comprehensive responses, where **community experiences and knowledge** become essential inputs for the formulation of **more inclusive and context-sensitive policies**. The **recognition of citizen mapping** and the **involvement of local communities** in identifying risks and opportunities reinforce a **more democratic governance model** that is responsive to territorial realities.

Finally, **adaptability to national contexts** underscores the importance of recognizing the **specificities of each sociocultural and regulatory reality**. Although the studied profiles present general guidelines, the ability to adjust them to each country's particularities ensures **more effective and legitimate implementation**. Flexibility in the application of recommendations is **crucial** for these policies to be not only **technically viable but also socially sustainable** over time.

The development of the **Drug Policy Benchmark** and the **EWS** did not emerge in isolation but rather as the result of **a process of exploration and analysis** that began with an **initial phase of bibliometric analysis and mapping** of the first **13 countries from different regions**. This first stage helped to **identify patterns, gaps in information, and areas where drug policy decision-making remains fragmented**, lacking **evidence-based tools and open data**.

Based on these findings, it was concluded that it was necessary to **broaden the focus and adjust the project's objectives** to develop a tool that integrates multiple dimensions:

- **An evaluation and monitoring system** based on **open science and open data**.
- **A methodological framework** that combines **quantitative and qualitative analysis** to measure the impact of drug policies.
- **A model** that enables **early warning systems**, anticipating emerging trends and risks.
- **A space for multilateral cooperation**, facilitating **real-time access to data and recommendations**.

As we move into the next phases of developing the **Drug Policy Benchmark** and **EWS**, the following strategic questions arise:

1. **Use of open science and open data**: What are the challenges and opportunities in building a **transparent and interoperable** monitoring system?
2. **Implementation of early warning systems**: What conditions are necessary to ensure the **reliability and applicability** of a model based on **AI and geospatial monitoring** in different national contexts?
3. **Multilateral cooperation and metric harmonization**: How can we **incentivize the adoption of shared standards** that enable comparability and coordination between countries?
4. **Methodological innovation and adaptation to new realities**: How can **experimental methodologies** improve responses to **the emergence of new substances and changing consumption patterns**?

These **strategic questions** will **guide the project's evolution** and **strengthen the Drug Policy Benchmark and EWS** as **essential tools** within a **unified platform** for the **formulation of more inclusive, evidence-based, and humanitarian-aligned drug policies**.

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VIII. APPENDICES

A. RC2 Index Peer Reviewed Profiles

Argentina

Official Name: Argentine Republic

UN Region: South America

Argentina, a member state of the United Nations located in South America, grapples with multifaceted challenges related to drug issues, impacting both public health and national security. As the eighth-largest country in the world, Argentina has enacted various legislative and policy measures to address substance trafficking and abuse, with a particular focus on controlling the flow of narcotics and preventing drug-related crimes. Key legal instruments include the Law on Narcotic Drugs and Psychotropic Substances (Law No. 23.737), which establishes the regulatory framework for combating drug trafficking and misuse.

Despite these legislative efforts, Argentina's strategic position as a transit country for drugs destined for international markets, particularly Europe and North America, poses significant challenges. This geographical factor, combined with internal issues such as domestic drug consumption and production, results in complex social, health, and security implications. While the country's drug policies have traditionally been enforcement-centric, there is an evolving recognition of the importance of public health approaches, harm reduction strategies, and treatment options for

substance abuse. This shift indicates a growing need to balance punitive measures with more comprehensive, health-focused drug policy initiatives.

Rome Consensus 2.0 Evaluation

The Argentine approach to drug policy, in the context of the Rome Consensus 2.0, highlights a dynamic interplay between traditional methods and emerging progressive reforms. Argentina's drug laws have historically been aligned with a punitive model, emphasizing strict control and law enforcement in dealing with drug-related issues. This approach reflects in various statutes and regulations that impose severe penalties for drug trafficking and related activities.

However, recent trends in Argentina indicate a shift towards a more health-centric perspective, resonating with the Rome Consensus 2.0 principles. The country has shown increasing openness to adopting policies prioritizing public health and human rights overcriminalization. This includes considering harm reduction strategies and acknowledging the need for a more empathetic approach towards individuals suffering from drug addiction.

Argentina's engagement with the Rome Consensus 2.0 has been evident through its participation in international forums and dialogues advocating a humanitarian approach to drug policy. The government's willingness to explore and implement policies that align with harm reduction, treatment, and rehabilitation principles signals a positive shift towards the Rome Consensus 2.0 framework.

Despite this progress, Argentina's drug policies still exhibit a considerable reliance on punitive measures, particularly in the legal and judicial systems. The challenge lies in fully integrating the Rome Consensus 2.0's objectives into national policy, moving beyond a predominantly punitive approach to one that is more balanced, health-focused, and rights-based.

While Argentina's drug policies show signs of evolving towards the ideals of the Rome Consensus 2.0, there remains a significant journey ahead. The progression towards more humane and health-oriented drug laws is ongoing, reflecting the complexities of policy reform in a landscape historically dominated by strict legal measures.

SDG Assessment

Argentina, positioned 51st out of 166 countries in the Sustainable Development Goals (SDG) Index with a score of 73.7, presents distinctive challenges and opportunities in achieving the SDGs, as reflected in the Sustainable Development Report 2023. Key aspects of Argentina's performance in relation to specific SDGs, particularly those impacted by its drug policies, are outlined below:

SDG 3 (Good Health and Well-being): Argentina's approach to drug policies is crucial in influencing this goal. Shifting towards a more health-centric approach, emphasizing treatment and prevention of drug abuse, could significantly enhance public health and well-being.

SDG 10 (Reduced Inequalities): Current drug policies in Argentina may contribute to social inequalities. Reforming these policies to focus more on harm reduction and equitable treatment of drug-related issues could aid in reducing disparities and promoting social justice.

SDG 16 (Peace, Justice, and Strong Institutions): The effectiveness of legal and institutional responses to drug-related offenses in Argentina is pivotal for this goal. Adopting more just and balanced legal frameworks could strengthen institutions and uphold justice and peace.

SDG 17 (Partnerships for the Goals): Argentina could further its progress by enhancing international collaborations in drug policy management. This includes sharing best practices, knowledge exchange, and resource mobilization with global partners, thereby contributing more effectively to the international efforts against drug issues.

The assessment underscores Argentina's need for strategic adjustments in drug policy to align more effectively with global sustainable development standards, particularly in addressing challenges in health, inequality, justice, and international cooperation.

Argentina ▼

UN Region: South America | As the second-largest country in South America, Argentina's progressive drug policy shift resonates with the Rome Consensus 2.0, acknowledging the need for a balance between public health and punitive measures. Argentina's legal framework, primarily based on Law No. 23.737, sets forth strict regulations against narcotics trafficking while showing flexibility in personal use cases, aligning with a more humanitarian approach.
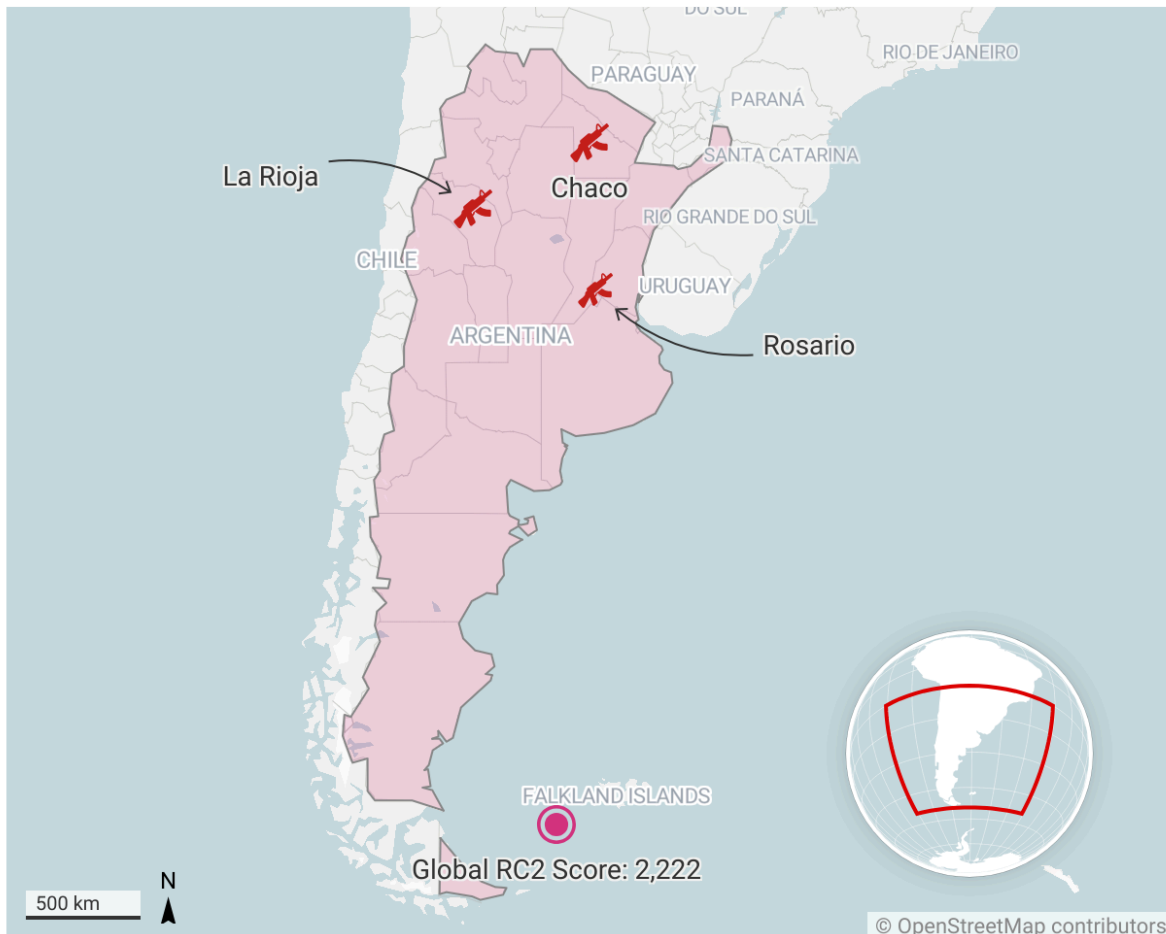
Presence of Drug Trafficking Organizations

Argentina's concerted effort to counteract narcotics trafficking and abuse is evident in its legal stance and international engagement, demonstrating a noteworthy shift towards a health-centered drug policy paradigm. While the legal infrastructure exhibits stringent control measures, Argentina exhibits a growing recognition of harm reduction and treatment-oriented policies, indicating a gradual move away from a solely punitive approach towards a more holistic drug policy framework. Recommendations for policy reform include the enhancement of harm reduction programs, ensuring equitable access to substance abuse treatments, and fostering international collaboration to align with global sustainable development goals, particularly SDG 3 (Good Health and Well-being), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice, and Strong Institutions).

Map: Diaz Velasquez, M. I. (2024). RC2 Policy Review 2023 (No. 5) [Map]. Knowmad Institut. • Source: (UNODC / SHERLOC, n.d.), (The Sustainable Development Report , 2023), (UNODC, 2023), (World Drug Report 2023, 2023) • Created with Datawrapper

ATI (Alternatives to Incarceration)

In Argentina, the legal framework for Alternatives to Incarceration (ATI) in drug-related offenses is established under Law 23.737 of 1989 and the Argentine Criminal Code of 1984. A landmark development occurred with the Arriola decision in 2009, where the Supreme Court ruled that criminalizing the possession of drugs for personal use, which does not pose a danger or harm to others, is unconstitutional. Law 24.660 of 2008 stipulates specific ATIs for pregnant women and mothers with young children. Additionally, the Drug Demand Reduction Plan 2016-2020 underscores the incorporation of drug treatment courts as part of the national strategy. However, the expansion of ATIs for individuals with Substance Use Disorders (SUDs) faces challenges, including public resistance and limited research. Training programs for judges and health personnel have been implemented. Operational ATI types in Argentina include drug courts, non-custodial community programs, electronic monitoring as an alternative to incarceration, and pre-trial diversion.

Deflection

Regarding Deflection strategies in Argentina, several approaches are implemented before arrest and in the early stages of the judicial process. These include administrative referrals to treatment before arrest, pre-trial diversion, sentence suspension, sentence postponement, deferred sentencing, probation/supervision, and early release/parole. Nonetheless, significant challenges arise, primarily due to the misalignment between the penal code, Supreme Court declarations, and the processing of cases by lower court judges. This misalignment allows judges the discretion to determine what constitutes "personal use," impacting access to drug treatment programs and ATIs for individuals with SUDs.

Description of legal framework

Argentina's legal framework addressing drug offenses and related activities is comprehensive and intricate, encapsulating a series of laws and regulations designed to tackle drug-related challenges. This framework reflects Argentina's approach in confronting issues associated with drug production, trafficking, and consumption, mirroring its societal impacts.

Punitiveness and Scope: The Argentine legal system adopts a punitive stance towards drug-related offenses. This is exemplified by the "Ley 23.737 Regimen penal de Estupefacientes," which stipulates prison sentences and fines for a range of drug-related activities, from unauthorized cultivation to possession and trafficking. Penalties vary based on the severity of the offense, indicating a focus on deterrence through legal consequences.

Organized Crime and Financing: The framework specifically targets organized crime, with stringent penalties for those who organize or finance drug trafficking activities. This highlights Argentina's recognition of the complex and networked nature of the drug trade, necessitating robust legal responses.

Comprehensive Scope: Beyond punitive measures, the legal framework encompasses a broad spectrum of aspects related to drug control, including public order and potentially preventive and rehabilitative approaches.

Adaptability and Evolution: The Argentine legal framework on drug-related issues has evolved over time, adapting to the changing dynamics of drug trade and societal impact. This is evident in the various modifications and additions made to the original laws, indicating an ongoing effort to address the complexities of drug-related challenges effectively.

Specific Laws and Provisions:

The cornerstone "Ley 23.737" sets forth stringent measures against unauthorized drug activities, emphasizing the state's commitment to tackling the narcotics issue. This law prescribes penalties for individuals involved in various aspects of the drug trade, from cultivation to distribution.

Additional provisions within this law and other regulations enhance the legal arsenal against drug trafficking, indicating an evolution in policy and acknowledging the complexity of drug-related crime as part of organized networks.

Alignment with International Standards: While the Argentine legal framework demonstrates a robust commitment to combating drug-related issues, its alignment with international human rights standards and public health approaches, such as those advocated by the Rome Consensus 2.0, warrants further detailed analysis. The emphasis on punitive measures could potentially highlight areas for policy reform towards more balanced, health-focused strategies.

Variable	Value	Justification
Focus on Harm Reduction	2.0	Argentina shows increasing openness to adopting harm reduction strategies, though there is still considerable reliance on punitive measures.
Decriminalization	2.5	There are signs of a shift toward health-centric perspectives, suggesting a movement towards decriminalization, though it is not yet complete.
Proportionality of Penalty	1.5	Argentina's drug policies continues to be predominantly punitive, though efforts are being made to adopt fairer and more balanced approaches.
Alternatives to Incarceration	2	Alternatives to incarceration exist, but their implementation and effectiveness vary.

Access to Adequate Treatments	2.5	Argentina is adopting a more health-centric approach, improving access to appropriate drug addiction treatments.
Prevention of Substance Abuse	2.5	Efforts are ongoing to enhance prevention programs, though there is room for improvement.
Community Involvement	2	Community involvement in drug policy formulation is increasing but is not yet a central component of current legislation.
Alignment with Rome Consensus 2.0	2	Argentina shows a progression toward the ideals of the Rome Consensus 2.0, especially in international forum participation, but still needs to fully integrate these objectives into its national policy.
Alignment with SDGs 3, 10, 16, 17	2.5	While Argentina faces challenges in achieving these SDGs, its evolution toward more health and human rights-focused drug policies indicates progress towards alignment with these global goals.

Recommendations

1. Enhancing Public Health Approaches: Argentina should further develop and implement public health-oriented strategies for drug abuse treatment and prevention. This shift would positively impact SDG 3 (Good Health and Well-being) by improving the overall health outcomes and reducing the burden of drug-related issues on the healthcare system.

2. Promoting Harm Reduction Programs: Expand and support harm reduction programs, such as needle exchange and supervised consumption services, to reduce the health risks associated with drug use. This approach aligns with the Rome Consensus 2.0's emphasis on health and human rights, contributing to a decrease in social inequalities (SDG 10).

3. Decriminalizing Drug Possession for Personal Use: To advance towards decriminalization, Argentina should reform its legal framework to treat drug possession for personal use as a public health issue rather than a criminal one. This will aid in reducing the stigma and marginalization of drug users, promoting a more equitable treatment of drug-related issues (SDG 10).

4. Strengthening Legal and Institutional Frameworks: Review and adjust legal and institutional responses to drug-related offenses to ensure justice, fairness, and effectiveness (SDG 16). Adopt balanced legal frameworks that focus on rehabilitation and reintegration rather than punitive measures.

5. Expanding Alternatives to Incarceration (ATI): Diversify and effectively implement ATI programs, like drug treatment courts and community-based initiatives, for individuals with Substance Use Disorders (SUDs). This approach aligns with the principle of humane treatment outlined in the Rome Consensus 2.0.

6. Bolstering International Collaboration: Enhance partnerships and collaboration in drug policy management with international organizations and other countries (SDG 17). Sharing best practices and resources will contribute to developing more effective and humane drug policies.

7. Fostering Community Involvement: Involve communities in the formulation and implementation of drug policies to ensure that these policies are responsive to local needs and conditions. Community participation is crucial for developing effective prevention and treatment strategies.

8. Ensuring Access to Quality Treatment: Improve the accessibility and quality of drug addiction treatment programs, ensuring they are evidence-based and culturally appropriate. This aligns with the Rome Consensus 2.0's focus on treatment and rehabilitation.

9. Developing Comprehensive Substance Abuse Prevention Programs: Invest in and enhance comprehensive substance abuse prevention programs targeting various population groups, particularly youth. Effective prevention strategies contribute to long-term health and well-being (SDG 3).

By implementing these recommendations, Argentina can make significant strides in aligning its drug policies with the Rome Consensus 2.0 and the Sustainable Development Goals, thereby promoting a more humane, health-focused, and rights-based approach to drug.

BRAZIL

Official Name: Federative Republic of Brazil

UN Region: South America

The Federative Republic of Brazil, a UN member country in South America, has faced significant challenges related to drug use and policies over the past decade. Both legal and illegal drug consumption, including alcohol, tobacco, marijuana, cocaine, and other psychoactive substances, has risen markedly. This surge has been accompanied by violence tied to drug trafficking and organized crime, particularly in areas with gang disputes over trafficking routes.

To combat these issues, the Brazilian government has implemented various policies and programs, such as drug use prevention, addiction treatment, and police operations against trafficking and crime. However, extreme polarization in the political debate on drugs impedes progress. A faction supports the "war on drugs" approach, strengthened during the Bolsonaro administration, while radical groups pushing for full legalization and decriminalization often alienate moderates, hindering constructive dialogue.

Legalization is not on the legislative agenda, with only decriminalization being considered but making little headway. Addressing less controversial matters like decriminalization for personal use, medicinal use of substances, and harm reduction strategies is essential yet controversial.

The focus on prevention programs has largely been theoretical. However, the updated Military Police school prevention program, PROERD (the Brazilian version of DARE), shows promise by shifting from a "war on drugs" model to social and community inclusion.

Some cities and states are exploring marijuana regulation for recreational and medicinal use despite the lack of a national legalization policy. Brazil's drug issues demand a multifaceted approach. Effective solutions require bridging political divides and focusing on evidence-based strategies, including potential decriminalization and harm reduction. Only then can Brazil effectively tackle its complex drug challenges.

Rome Consensus 2.0 Evaluation

Brazil's approach to drug policy faces significant challenges in aligning with the principles of the Rome Consensus 2.0. While the country has implemented harm reduction measures and alternatives to incarceration, these efforts are often inconsistent and underfunded. The "war on drugs" mentality dominates, delaying progress on decriminalization and disproportionately impacting marginalized communities. Despite legal provisions for distinguishing between users and traffickers, biased law enforcement practices hinder equitable application. Community involvement in policy development has been disrupted, and prevention programs lack sufficient funding and implementation.

To align more closely with the Rome Consensus 2.0, Brazil needs to invest in evidence-based treatment and rehabilitation programs, address the social determinants of drug use, and promote community engagement in policy-making. Emphasizing scientific evidence over punitive measures, enhancing international cooperation, and establishing robust legal frameworks for monitoring treatment services are essential steps. By focusing on these areas, Brazil can create a more humane and effective drug policy prioritizing health, well-being, and social inclusion.

SDG Assessment

Brazil, ranking 50th out of 166 on the SDG Index with a score of 73.7, illustrates a mixed landscape of progress and challenges in pursuing Sustainable Development Goals (SDG) (Sustainable Development Report, 2023). The nation's commitment to the SDGs is reflected in policy efforts and alignment with international frameworks, yet the data points to areas needing concerted action.

Sustainable Development Goals: Overview and Progress

- **SDG 3 (Good Health and Well-being)**: Brazil's policies, particularly drug management, must further embrace a health-centric approach emphasizing treatment and prevention to positively impact this goal. Actions must be taken regarding damage reduction and constant monitoring of private therapeutic establishments that, due to their nature, can commit abuses, violence, and human rights violations.

- **SDG 10 (Reduced Inequalities)**: The nation's drug policies, if left unmodified, may perpetuate social disparities. A reformed, harm-reduction-oriented drug policy could aid in diminishing inequalities.

- **SDG 16 (Peace, Justice, and Strong Institutions)**: Current drug laws in Brazil can be reassessed to ensure they contribute effectively to just legal processes and robust institutions, aligning legal responses to drug offences with international best practices. The fact that there is no legal differentiation between users and traffickers, increases significantly the prison population. The majority of this population is made up of poor, black, and marginalized people), who are always more likely to be considered drug traffickers and, therefore, to face criminal proceedings with imprisonment.

- **SDG 17 (Partnerships for the Goals)**: Enhancing international collaboration in drug policy management, including knowledge exchange and resource sharing, is vital for Brazil to contribute more effectively to the global fight against drug issues. The biased search for support from states and organizations that oppose legalization, decriminalization, and harm reduction has marginalized views contrary to or different from the hegemonic political discourse that the state has always maintained.

Brazil 🔻

UN Region: South America | Brazil's drug policies reflect a mix of punitive and health-oriented approaches, with some alignment to the Rome Consensus 2.0. The key legislation, Law 11.343/2006, distinguishes between drug consumers and traffickers, with alternatives to incarceration for users while imposing strict penalties on traffickers. This approach represents a cautious shift towards more health-centered strategies, focusing on prevention, treatment, and harm reduction. Brazil ranks 50 out of 166 on the SDG index, indicating a moderate performance with considerable room for improvement. The country's drug-related challenges include violence linked to organized crime and drug trafficking, while its drug policies must balance between criminal justice and public health needs.
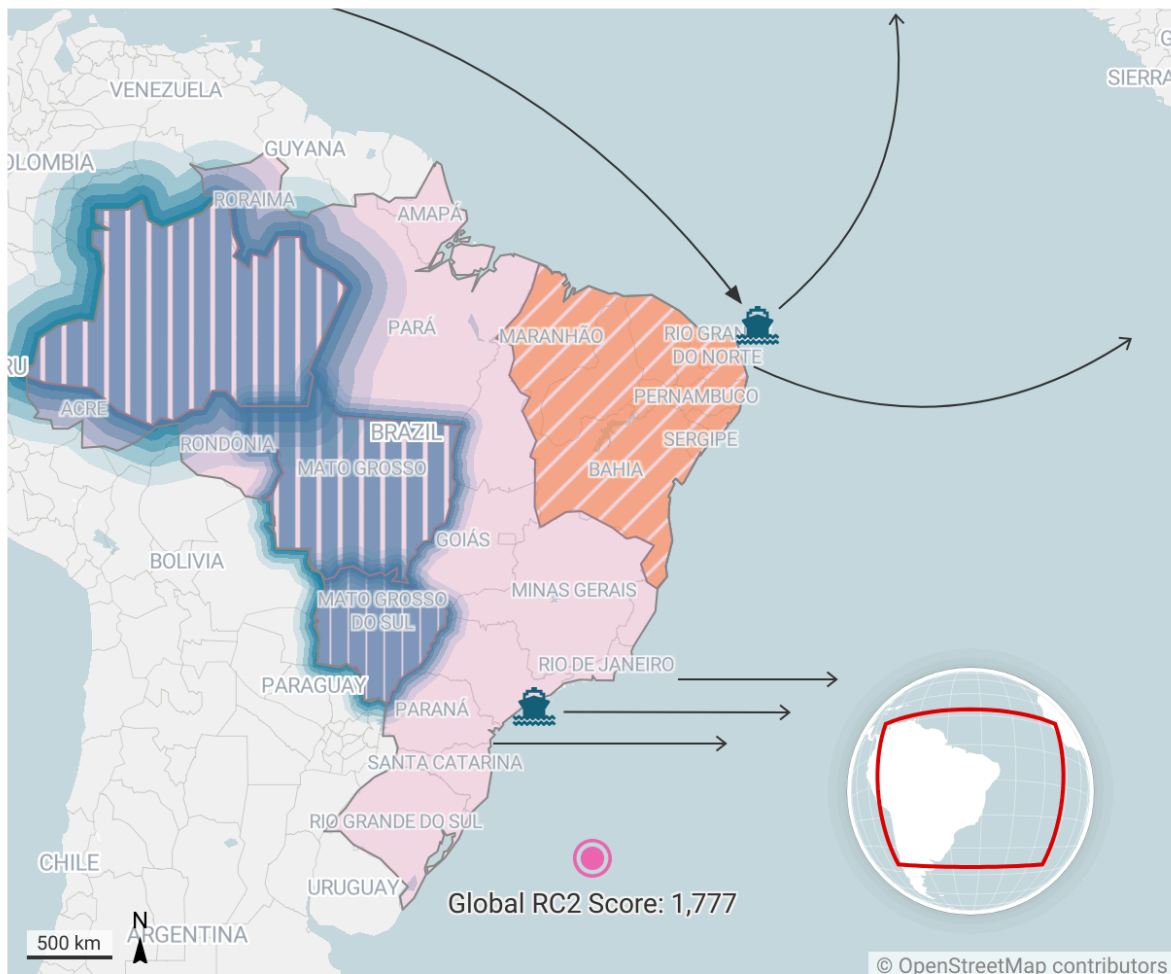
Maritime Cocaine Trafficking Routes.

Cocaine Loading Zones.

Rising Trend In Cocaine Seizures.

Brazil's drug policy integrates harm reduction and alternatives to incarceration, though it still emphasizes criminalization to some extent. The implementation of Alternative to Incarceration (ATI) measures, such as electronic surveillance, custody hearings, and therapeutic facilities, reflects a focus on offering more humane options for individuals with non-violent charges. However, Brazil continues to face high levels of violence due to drug trafficking, and disputes among criminal gangs further exacerbate the situation. Brazil has seen a growing debate about the legalization or decriminalization of certain drugs, notably marijuana. While a national policy has not been implemented, some cities and states are exploring measures to regulate marijuana use for recreational or medicinal purposes. Brazil's legal framework also addresses related crimes like counterfeiting, cybercrime, human trafficking, and terrorism, indicating a broader approach to drug-related issues.

Map: Diaz Velasquez, M. I. (2024). RC2 Policy Review 2024 (2027) [Map]. Knowmad Institut. • Source: (UNODC / SHERLOC, n.d.), (The Sustainable Development Report , 2023), (UNODC, 2024), (UNODC, 2023) • Created with Datawrapper

ATI (Alternatives to Incarceration)

In Brazil, legislation permits Alternative to Incarceration (ATI) for individuals with Substance Use Disorders (SUDs), and these regulations are enforced. The Drug Law 11.343/2006 brought significant alterations to the nation's drug policies by decriminalizing drug use and eliminating imprisonment for users, even in cases of repeated offenses. Article 28 of this law offers alternative measures for punishment. This legislation expanded the legal distinction between drug consumers and traffickers, with the latter group subject to imprisonment. Nevertheless, it lacks precise definitions for categorizing individuals into these groups.

Some ATI strategies implemented in the legal system are: a) electronic surveillance, b) custody hearings, community service, and c) therapeutic facility services. Worth to notice legislation have specific guidelines and promotion of electronic surveillance in the attempt to avoid depriving individuals of their liberty by promoting the use of noncustodial measures.

It is important to note that the application of these measures (ATI) depends on the interpretation of the law regarding who is a user and who is a trafficker. Given that the police force mostly makes the decision, the interpretation tends to be biased and prejudiced, focusing on sociodemographic factors (poor, black, and marginalized people) and disregarding other elements that could modify the outcome of the evaluation. This biased view results in those who ultimately access these measures (ATI) being those who do not belong to these populations.

Deflection

Law 10.216/2001 establishes three types of internment for psychiatric patients:

Voluntary: With medical approval, the patient enters a treatment center.
Involuntary: A doctor orders the internment of a patient without consent.
Compulsory: A judge orders the internment of the patient, who does not have the option to refuse.

In some cases, compulsory internment has been used as an alternative to imprisonment for drug users who commit minor offenses and are not considered traffickers. This measure seeks to offer treatment and rehabilitation instead of a prison sentence.

There are some flaws in this system, which consist mainly of the following: The decision of compulsory internment rests with the judge, which generates uncertainty and potential for arbitrary decisions. The treatment centers to which these individuals are referred lack adequate resources. These centers do not always have the appropriate infrastructure and methodology for effective treatment. Lastly, there is a lack of regulation and supervision in the legal and health regulations that govern compulsory internment and the regular supervision of treatment centers.

While compulsory internment may be an alternative to imprisonment for drug users who commit minor offenses, its application faces several challenges, such as arbitrariness in decision-making, the lack of adequate resources in treatment centers, and the deficiency in regulation and supervision. It is necessary to address these aspects to ensure effective and respectful treatment of the rights of drug users.

Description of the Legal Framework

Brazil's legal framework for addressing drug-related offenses, as well as associated crimes including counterfeiting, cybercrime, obstruction of justice, human trafficking, and terrorism, is founded on a collection of national laws and regulations, in addition to international commitments. This framework is distinguished by its holistic and multidimensional approach, aimed at prevention, punishment, and rehabilitation, thus reflecting the country's commitment to public safety and well-being.

1. **Law No. 5726 of 1971 and Law No. 6368 of 1976**: These laws lay the groundwork for combating drug trafficking and abuse, establishing crimes and penalties for activities such as the production, manufacture, import, export, sale, and possession of illicit drugs.
2. **Law No. 11.343 of 2006**: Known as the "Drug Law," this legislation updates and broadens the approach towards drug trafficking and consumption, including prevention measures, treatment for users and addicts, and harsher penalties for traffickers.
3. **Decree No. 385 of 1968 and Decree No. 69845 of 1971**: These decrees supplement the previous laws, specifying additional procedures and regulations in drug trafficking control.
4. **Law No. 9804 of 1999**: This law amends Law No. 6368, detailing changes in the penalties and legal treatment of certain drug offenses.
5. **Law No. 13.840/2019**: This law amends certain aspects of **Law 11.343/2006,**It also incorporates elements **from Law 10.216/2001.** It is the only law that specifically addresses the operation of Therapeutic Communities (TCs) in Brazil. Therapeutic Communities(TCs) are specialized treatment centers that provide residential and non-residential programs for individuals with substance use disorders. The integration of elements from **Law 10.216/2001** into **Law 13.840/2019** highlights the connection between substance use disorders and mental health concerns.

Expansion of the Legal Framework
Beyond specific drug legislation, Brazil has enacted laws to address related and emerging crimes:
- **Currency Counterfeiting and Cybercrime**: Law No. 12737 of 2012, among others, targets cybercrime and currency counterfeiting, reflecting the legal framework's adaptation to new forms of criminality.
- **Human Trafficking**: Law No. 13.344 of 2016 provides specific provisions against human trafficking, enhancing victim protection and trafficker prosecution.
- **Terrorism**: Through Law No. 8.072 of 1990, Brazil establishes measures against terrorism and associated crimes, including illicit drug trafficking, as criminal activities subject to severe penalties.

International Cooperation and Commitments

Brazil's legal framework for the prosecution and prevention of drug-related and related crimes is in line with international commitments, in particular, those established by the United Nations Convention against Transnational Organized Crime (UNTOC) and its relevant protocols, including the Protocol to Prevent, Suppress and Punish Trafficking in Persons and Human Tissue.

Brazil's legal framework reflects a comprehensive and proactive approach toward the prevention and sanctioning of drug offenses and other related forms of criminality. By combining punitive measures with rehabilitation initiatives and international cooperation, Brazil aims not only to combat drug trafficking and drug abuse, but also to address the broader roots and consequences of this global phenomenon. Continuous review and adaptation of this legal framework will be crucial to meet emerging challenges and ensure the effect.

Variable	Value	Justification
Focus on Harm Reduction	1.5	Brazil has made significant strides in implementing harm reduction measures such as needle exchange programs and access to treatment; despite this fact, several programs have never been implemented correctly, discontinued, underfunded, or transformed into more conservative programs.
Decriminalization	1	The cultural and governmental war on drugs mentality is evident in the protracted delay in voting on the Medical Marijuana Legalization Bill (PL 399/2015), which has been pending in the Supreme Federal Court for nearly a decade due to intense political pressure.
Proportionality of Penalty	1.5	Law 11.343/2006 introduced alternative measures for punishment and aimed to differentiate between drug consumers and traffickers. Despite this effort, the differentiation was not implemented as intended.
Alternatives to Incarceration	1.5	The main problem is that despite the existence of a legal differentiation between user and trafficker, this difference is not applied as intended by the police force, causing corruption and a bias over who is available for ATI or not.
Access to Adequate Treatments	2	Brazil has made efforts to improve access to treatment for substance use disorders through various programs and initiatives.
Prevention of Substance Abuse	2	Some legislations and programs aim to prevent substance abuse, but these programs are few and not implemented appropriately. Funds are insufficient for the implementation of the programs

		and for further research and development of prevention-focused interventions
Community Involvement	2.5	There is some level of community engagement in the development and implementation of drug policies in Brazil. A system of municipal, state, and federal councils has made significant progress. The last government (Bolsonaro) eliminated this system, so reconstruction and reorganization are in process.
Alignment with Rome Consensus 2.0	2	While Brazil has made significant progress in some areas, there are still areas for improvement to fully align with the principles and recommendations outlined in the Rome Consensus 2.0.
Alignment with SDGs 3, 10, 16, 17	2	Brazil has made notable improvements to align with SDGs; despite these improvements, There is a significant gap between theory and practice when implementing new policies.

Recommendations

1. Promote Access to Treatment and Rehabilitation: Invest in and improve access to evidence-based treatment programs, including medication-assisted treatment (MAT), counseling, and support services for individuals with substance use disorders. Ensure that treatment services are widely available and culturally appropriate.

2. Address Social Determinants of Drug Use: Implement policies aimed at addressing the underlying social determinants of drug use, such as poverty, unemployment, lack of education, and social inequality. Focus on creating opportunities for socioeconomic development and reducing marginalization and stigma associated with drug use.

3. Community Engagement and Empowerment: Involve communities, including affected individuals and their families, in developing and implementing drug policies. Support community-based organizations and initiatives that promote health, safety, and social inclusion for people who use drugs.

4. Evidence-Based Approaches: Drug policies should be based on scientific evidence and best practices rather than ideology or moral judgments. Policies and interventions should be regularly evaluated for effectiveness and adjusted accordingly based on research and data.

5. International Cooperation: Collaborate with international organizations, neighboring countries, and global partners to share knowledge, resources, and best practices in drug policy reform. Engage in dialogue and advocacy at the international level to promote human rights, public health, and harm reduction in drug policy.

6. Establish robust legal frameworks and practical tools to monitor and evaluate treatment services, particularly those that operate under a residential model.

B. Drug Policy Benchmark Indicator Matrix

This annex presents the Drug Policy Benchmark Matrix v3.0, an instrument designed to measure compliance with different indicators in the areas of human rights, public health, and justice.

The complete file of the matrix is available in open access through Zenodo, where the structured data is available.

→ Evaluation Matrix v3.0 - https://doi.org/10.5281/zenodo.14967908

Disclaimer: The country data in the matrix is used as an illustrative example only and should not be interpreted as an official or definitive assessment of their drug policies. The matrix is designed as a flexible and adaptable tool, allowing for the incorporation of updated and comparable data based on new evidence and methodologies of analysis.

C. Prompts Evaluation

Brief assessment of the prompts generation and validation process used in the Drug Policy Benchmark. Optimization of these processes is critical to ensure accuracy in data collection and alignment with open science principles.

Evaluation and Typology of Prompts in the Drug Policy Benchmark

This graph shows the evaluation of the methodology applied in the generation and validation of prompts within the Drug Policy Benchmark. Key metrics such as success rate, time per indicator and automation in validation are presented, in addition to the classification of the prompts used in the analysis.
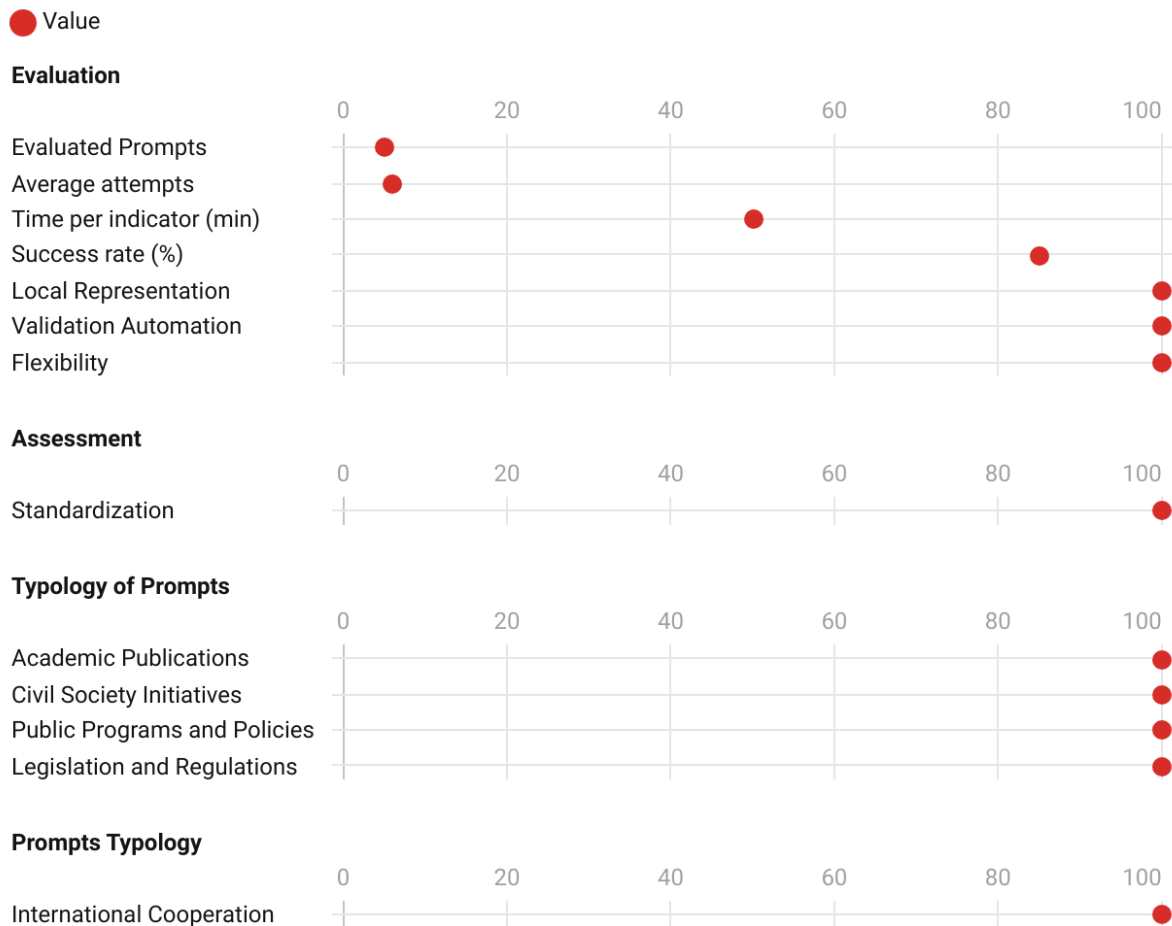
The data reflect the performance of the source identification and validation process in the Drug Policy Benchmark, as well as the categorization of prompts according to the type of information analyzed. Optimization of the process improves the accuracy and replicability of the results.

Chart: Diaz Velasquez, M. I. (2025). RC2 Drug Policy Bechamark Concept 2025 (No.3B) [Table]. Knowmad Institut. • Source: Knowmad Institut • Created with Datawrapper

D. Humanitarian Observatory of the Argentine Red Cross Instrument

The instrument is available only in its original language:

Encuesta para la Profundización del Perfil Comunitario en Argentina

Propósito: Recopilar datos mapeables para analizar el acceso a servicios, percepción de seguridad, impacto comunitario y confianza en instituciones, respetando los principios éticos, humanitarios y adaptándose a la realidad argentina.

Consentimiento Informado

Esta encuesta tiene como objetivo recopilar información para mejorar las políticas públicas relacionadas con el consumo de sustancias, salud y seguridad. Sus respuestas son anónimas y confidenciales, y los datos serán utilizados únicamente para fines de investigación y análisis. Puede retirarse en cualquier momento o dejar de responder preguntas específicas si lo desea.

¿Acepta participar en esta encuesta? ☐ Sí ☐ No

Sección 1: Datos Geográficos y Demográficos

1. **Ubicación**:
   - Provincia: _____
   - Ciudad: _____
   - Barrio: _____
2. **Edad:**
   - ☐ Menos de 18 años
   - ☐ 18-30 años
   - ☐ 31-50 años
   - ☐ Más de 50 años
3. **Género:**
   - ☐ Masculino
   - ☐ Femenino
   - ☐ Otro
   - ☐ Prefiero no responder
4. **Nivel educativo más alto alcanzado:**
   - ☐ Ninguno
   - ☐ Primaria
   - ☐ Secundaria

- ○ ☐ Universitaria
    - ○ ☐ Otro (especificar): _____
5. **Ocupación:**
    - ○ ☐ Estudiante
    - ○ ☐ Trabajador/a formal
    - ○ ☐ Trabajador/a informal
    - ○ ☐ Desempleado/a
    - ○ ☐ Jubilado/a
    - ○ ☐ Otro (especificar): _____
6. **Ingreso familiar mensual aproximado:**
    - ○ ☐ Menos de un salario mínimo
    - ○ ☐ 1-3 salarios mínimos
    - ○ ☐ Más de 3 salarios mínimos
    - ○ ☐ Prefiero no responder

Sección 2: Acceso a Servicios de Salud Pública

1. **¿Cuánto tiempo le toma llegar al centro de salud más cercano?**
    - ○ ☐ Menos de 15 minutos
    - ○ ☐ 15-30 minutos
    - ○ ☐ Más de 30 minutos
    - ○ ☐ No hay centro de salud en mi comunidad
2. **¿Existen dispositivos comunitarios de apoyo al consumo problemático (e.g., CAAC, programas locales)?**
    - ○ ☐ Sí
    - ○ ☐ No
3. **¿Qué servicios de salud están disponibles en su comunidad?** (Seleccione todos los que correspondan):
    - ○ ☐ Atención primaria
    - ○ ☐ Salud mental
    - ○ ☐ Programas de prevención del consumo
    - ○ ☐ Rehabilitación
    - ○ ☐ Otro (especificar): _____
4. **¿Existen barreras para acceder a los servicios de salud?**
    - ○ ☐ Económicas (costo de servicios o transporte)
    - ○ ☐ Geográficas (distancia o tiempo de traslado)
    - ○ ☐ Sociales (estigmatización o discriminación)
    - ○ ☐ Ninguna
5. **¿Ha notado mejoras o cambios recientes en los servicios de salud en su comunidad?**
    - ○ ☐ Sí, positivos
    - ○ ☐ Sí, negativos
    - ○ ☐ Ninguno

Sección 3: Percepción de Seguridad

1. **¿Cómo describiría la seguridad en su comunidad en los últimos 12 meses?**
   - ○ ☐ Muy segura
   - ○ ☐ Algo segura
   - ○ ☐ Insegura
   - ○ ☐ Muy insegura

2. **¿Ha notado actividades relacionadas con el tráfico de drogas en su comunidad en el último año?**
   - ○ ☐ Sí
   - ○ ☐ No

3. **¿Confía en que la policía local puede abordar problemas relacionados con drogas?**
   - ○ ☐ Mucha confianza
   - ○ ☐ Algo de confianza
   - ○ ☐ Poca confianza
   - ○ ☐ Ninguna confianza

4. **¿Cómo describiría la relación entre la comunidad y la policía?**
   - ○ ☐ Muy buena
   - ○ ☐ Buena
   - ○ ☐ Regular
   - ○ ☐ Mala
   - ○ ☐ Muy mala

Sección 4: Impacto Comunitario y Familiar

1. **¿Qué tan comunes son los casos de consumo problemático de sustancias (incluyendo alcohol y psicofármacos) en su comunidad?**
   - ○ ☐ Muy comunes
   - ○ ☐ Algo comunes
   - ○ ☐ Poco comunes
   - ○ ☐ Raros

2. **¿Qué sustancias percibe como más problemáticas en su comunidad?**
   (Seleccione todas las que correspondan):
   - ○ ☐ Alcohol
   - ○ ☐ Psicofármacos
   - ○ ☐ Cocaína
   - ○ ☐ Pasta base
   - ○ ☐ Cannabis
   - ○ ☐ Automedicación (medicamentos de venta libre o recetados)
   - ○ ☐ Otra (especificar): _____

3. **¿Ha observado que las personas en su comunidad recurren frecuentemente a la automedicación como solución a problemas de salud?**
   - ○ ☐ Muy frecuentemente
   - ○ ☐ Frecuentemente
   - ○ ☐ Ocasionalmente
   - ○ ☐ Rara vez

4. **¿Cuáles cree que son las razones principales de la automedicación en su comunidad?** (Seleccione todas las que correspondan):
   - ○ ☐ Falta de acceso a servicios de salud
   - ○ ☐ Costos elevados de consultas médicas
   - ○ ☐ Desconfianza en el sistema de salud
   - ○ ☐ Facilidad de acceso a medicamentos
   - ○ ☐ Recomendaciones informales de familiares o amigos
   - ○ ☐ Otro (especificar): _____

5. **¿Qué tan grave considera que es el impacto de la automedicación en la salud comunitaria?**
   - ○ ☐ Muy grave
   - ○ ☐ Grave
   - ○ ☐ Moderado
   - ○ ☐ Poco grave

6. **¿Qué tan accesibles son los programas de rehabilitación en su comunidad?**
   - ○ ☐ Muy accesibles
   - ○ ☐ Algo accesibles
   - ○ ☐ Difíciles de acceder
   - ○ ☐ Inexistentes

Sección 5: Confianza en las Instituciones

1. **¿Confía en que el sistema de salud puede abordar el consumo problemático de sustancias?**
   - ○ ☐ Mucha confianza
   - ○ ☐ Algo de confianza
   - ○ ☐ Poca confianza
   - ○ ☐ Ninguna confianza

2. **¿Cree que las políticas actuales son efectivas para reducir el consumo problemático de sustancias?**
   - ○ ☐ Sí
   - ○ ☐ No

3. **¿Percibe colaboración entre instituciones locales (salud, educación, seguridad) para abordar el consumo problemático?**
   - ○ ☐ Muy alta
   - ○ ☐ Alta

○ ☐ Baja

○ ☐ Muy baja

Sección 6: Opiniones Generales y Recomendaciones

1. **¿Cree que la falta de espacios recreativos influye en el consumo problemático en su comunidad?**
   - ○ ☐ Sí
   - ○ ☐ No
2. **¿Qué recomendaría para mejorar la calidad de vida en su comunidad en relación al consumo de sustancias y la seguridad?**
   - ○ Espacio para comentarios abiertos: _____

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WAIVER

➢ The ideas, concepts and conclusions set out in this research article do not represent an official position of the European Institute for Multidisciplinary Studies in Human Rights and Sciences - Knowmad Institut gemeinnützige UG (haftungsbeschränkt).

➢ The content of this article and of this Journal is dedicated to promoting science and research in the areas of sustainable development, human rights, special populations, drug policies, ethnobotany and new technologies. And it should not be interpreted as investment advice.

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