Report to the Committee on Economic, Social and Cultural Rights In relation to the periodic review of Chile

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Signatory Organizations:

Harm Reduction International (HRI) is a global non-governmental organisation that data and advocacy to promote harm reduction and drug policy reform. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense.

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Latin American and Caribbean Network of People Who Use Drugs (LANPUD) is a regional organisation that acts as a support and reference point for influencing public policy to eliminate stigma, discrimination and criminalization towards people who use drugs.

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1. Introduction

Signatory organisations and groups representing people who use drugs in Chile appreciate the opportunity to provide information to the Committee on Economic, Social and Cultural Rights (CESCR) as part of the periodic review of Chile during its 78th session.

This report analyses the impact of drug policies on the enjoyment and exercise of economic, social and cultural rights, particularly in relation to the right to health and the effective participation of people who use licit and illicit psychoactive substances. It includes aspects referred to in the list of issues prior to submission of the State report (E/C.12/CHL/QPR/5, paragraph 23).

The methodology used to prepare this report combined techniques for collecting and reviewing official documents, with the aim of identifying and systematising existing regulatory frameworks, technical guidelines, and public policies. Semi-structured interviews were also conducted with key stakeholders selected for their experience, institutional roles, or influence within the field of study, to incorporate practical perspectives and situated knowledge. Additionally, a consultation was carried out with civil society organisations (Annex II), networks and professionals, with the objective of identifying good practices and understanding the main challenges from the perspective of those working directly on the issue.

This document is organised into six sections: 1) general context regarding patterns of substance use in Chile, the characteristics of the current regulatory framework, and the main gaps in access to rights; 2) analysis of prevention, treatment, harm reduction policies and access to essential medicines, assessing their orientation, coverage and relevance; 3)Identification of institutional measures implemented by the State; 4) critical analysis of the participation of people who use drugs, structural barriers, and their advocacy proposals; 5) report conclusions and 6) recommendations to the CESCR, structured around six strategic areas.

2. General context on substance use and drug policies in Chile

2.1. General data on drug use

Over the past five years, especially following the COVID-19 pandemic, Chile has experienced significant changes in patterns of psychoactive substance use, with marked differences by age, gender and socio-economic status. These trends reflect not only changes in access and use dynamics, but also deep structural inequalities that shape the risks and consequences associated with consumption.

Among illegal substances, cannabis remains the most used. According to the 2022 National General Population Survey (ENPG), the annual prevalence among adults is 10.9%, with a marked difference between men (14.2%) and women (7.6%). Lifetime prevalence stands at 34.3%, with average initiation between ages 15 and 17 (SENDA, 2023a). According to the UNODC 2023 World Drug Report, Chile ranks third in Latin America for annual cannabis use (11.4%). Among school-aged children, annual use reaches 26.8%, the highest level since 2001 (ENPG, 2022).

Use of cocaine and “pasta base” (smokable cocaine), grouped under the term “total cocaine use”, has also increased. The ENPG 2022 reports an annual prevalence of 1.1%, up from 0.7% in 2020. Specifically, powdered cocaine remains at 1.1%, while pasta base use is at 0.6%, returning to 2018 levels (SENDA, 2023a). These forms of use are concentrated primarily in contexts of social exclusion, structural poverty, migration and homelessness, where access to low-cost substances acts as a palliative for social and psychological distress, resulting in severe physical, mental, and interpersonal harm.

The non-medical use of sedatives and hypnotics has an annual prevalence of 9.5%, with a disproportionate impact on adolescent girls. More than half of high school students who report such use began before the age of 15 (SENDA, 2023b). This trend is unfolding within the context of a broader mental health crisis, and it was intensified by the COVID-19 pandemic, in which the public health system has become the primary provider of psychotropic medications. At the same time, these substances are increasingly used as adulterants or substitutes for other drugs, giving rise to a new and largely unregulated landscape of health risks.

Tramadol, a prescription opioid, is among the most widely used analgesics in the country. Nevertheless, there is no consolidated official data on its prescribing trends or patterns of use. The availability of tramadol through unregulated sales, self-medication, and its circulation in informal markets represents a significant public health concern, particularly in the absence of an effective regulatory mechanisms and institutional oversight (Centro de Políticas Públicas UC, 2023).

Regarding synthetic substances, there has been a steady increase in the use of MDMA, ketamine, and a new drug called “Tusi.” An analysis of 2,207 samples seized and tested by the Public Health Institute in 2021 revealed a high prevalence of adulteration, with mixtures commonly containing ketamine, caffeine, and MDMA (SENDA, 2024a). Simultaneously, there is growing interest in the adult and therapeutic use of psilocybin, occurring entirely outside existing regulatory frameworks. The absence of legislation allowing for medical use or controlled cultivation leaves individuals who access these substances vulnerable to illegality and criminalization. In this unregulated context, clandestine markets expose users to significant health risks, while the State fails to provide adequate regulatory safeguards or harm reduction services.

Among legal substances, 54.2% of the adult population reported alcohol use in the past month, and 22.4% declared daily tobacco use (SENDA, 2023a). Although some regulatory measures exist, such as the inclusion of tobacco dependence treatment within the AUGE/GES public health plan, and the clinical guidelines for addressing use among those under 20 years old (MINSAL, 2013), its implementation and preventive focus lack sufficient coverage to engage this problem.

2.2. Main approaches to drug policy

Despite some rhetorical progress towards a more comprehensive and human rights-based drug policy, Chile continues to apply a predominantly punitive and criminalising approach. This limits access to public health services and thereby violates the right to health, particularly for people who use drugs in most vulnerable conditions.

The national body responsible for coordinating drug policy is the National Service for the Prevention and Rehabilitation of Drug and Alcohol Use (SENDA in Spanish), which operates under the Ministry of the Interior and Public Security. Its institutional placement reflects a securitised approach to drug use, where health and social interventions are subordinated to social control and repression logics.

Law No. 20.000, in force since 2005, establishes custodial sentences for a broad range of activities related to illicit substances, including production, trafficking, unauthorised cultivation, possession, and public drug use. While the law formally permits carrying "small quantities" for personal and immediate use, it fails to establish clear quantitative thresholds. This legal ambiguity allows for significant discretion on the part of police and judicial authorities. Experts and human rights organisations have widely criticised this lack of clarity for undermining due process guarantees (Rubio & Chaves, 2020).

The use of investigative tools such as the "revealing agent" (agente revelador) in low-level drug trafficking cases has faced significant criticism due to its punitive effects and for contravening fundamental legal principles such as legality and the presumption of innocence. Although jurisprudence has delineated certain interpretative limits, the absence of specific regulations or standardised protocols continues to allow for arbitrary and inconsistent enforcement of the law (Rebolledo & Rodríguez, 2022).

In the absence of a legal framework explicitly regulating personal cannabis cultivation or non-profit associations of medicinal cannabis users, some initiatives have operated under the protection of Article 8 of Law No. 20.000 (which recognises private, individual, non-commercial use) and Law No. 20.500 on citizen participation. Nevertheless, there is no official registry of cannabis clubs in Chile, nor any established guidelines governing their operation. Various organisations have reported legal obstacles, arbitrary police actions, and judicial proceedings, even in cases supported by medical evidence (Fundación Daya, 2023).

The consequences of this punitive approach are clearly reflected in the criminal justice system. According to data from the Public Prosecutor's Office (Boletín Estadístico Trimestral, 2024), 16% of individuals arrested in flagrante delicto were charged with offences under Law No. 20.000. Of these, 46.4% exhibited signs of dependency and 77.1% showed indicators of problematic use (SENDA, 2021). Among young people aged 18 to 29, offences under Law No. 20.000 account for more than half of all arrests, thereby creating early pathways into criminalisation with enduring impacts on social inclusion.

2.3. Prison Situation in Chile: The Highest Rates of Incarceration in South America

The Chilean penitentiary system faces a critical situation characterised by severe overcrowding, deteriorating living conditions, and structural deficiencies in management and security, even within high-security facilities (Andrews & Batarce, 2024; Carrillo, 2024). According to data from the Public Defender's Office, the total prison population in Chile stands at 55,081 individuals, of whom approximately 20,000 (equivalent to 36% of the total inmate population) are held in pre-trial detention.

Recent studies show that a significant proportion of the prison population is incarcerated for offences related to Law No. 20.000, disproportionately affecting women, young people, and individuals in vulnerable conditions. While around 16% of incarcerated men are imprisoned for drug-related offences, this figure rises to 70% for women, many of whom have criminal trajectories marked by social exclusion and gender inequality (Centro de Estudios Justicia y Sociedad, 2024).

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Furthermore, a study by SENDA (2021) revealed that a large percentage of individuals detained for drug offences have a history of drug use. The report showed that among all those arrested in flagrante delicto, 16% were charged under Law No. 20.000, with 46.4% exhibiting symptoms of dependency and 77.1% displaying indicators of problematic use.

Within the prison context, access to treatment programmes is severely restricted. There is a notable absence of harm reduction programmes, limited coverage and in some cases, total lack of mental health and substance use disorder services. Treatment modalities are not tailored to the specific prison contexts, and a lack of gender-sensitive and culturally relevant approaches (Ministry of Justice & Ministry of Women, 2024; Law Evaluation Committee, 2014).

2.4. General mapping of prevention, treatment, and harm reduction policies and access to essential medicines

Public drug policies in Chile have historically been characterised by a prohibitionist and fragmented approach. According to the National Drug Strategy 2021–2030 and its Action Plan 2024–2030, the country has begun transitioning towards an intersectoral coordination based on public health, a rights-based approach, and territoriality (SENDA, 2024b).

In prevention, since 2000 SENDA has implemented the Comprehensive Prevention System (SIP in Spanish), which coordinates interventions at universal, selective, and indicated levels, considering diverse life contexts and trajectories. However, evaluations by SENDA itself indicate that preventive actions have lacked robust impact indicators and that an abstinence-based logic still predominates, especially in school-based programmes such as "Choose to Live Without Drugs" (SENDA, 2025).

Treatment for problematic substance use is organised into multiple programme lines aimed at different population groups: general adult population, adolescents, young offenders, women, homeless people, incarcerated individuals and those under supervised prison release (SENDA, 2023; DIPRES/CJS, 2020). Services are delivered through outpatient modalities (basic and intensive), residential treatment, and within penitentiary settings through interinstitutional agreements with Chilean Penitentiary Services (Gendarmería de Chile) (DIPRES/CJS, 2020).

An evaluation commissioned by DIPRES to the Centre for Justice and Society Studies covering 2012–2017 estimates that, only 1 in 14 individuals with an actual need for treatment accessed public programmes, despite budget increases and growing beneficiary numbers during this same period (for example, from 19,056 in 2015 to 20,180 in 2017) (DIPRES/CJS, 2020). This gap reveals structural barriers in coverage and effective access to health services, even when programmes are designed specifically for vulnerable populations.

The public offer of mental health and substance use treatment in Chile presents multiple limitations. Although the Ministry of Health and SENDA promoted normative and programme frameworks, such as the National Mental Health Plan (2017–2025) and the National Drug Strategy 2021–2030, over 75% of those requiring support do not access these the public system services (MINSAL, 2024). Specialist care is scarce: deficits exist in hospital detoxification units outside psychiatric emergency settings, with particularly acute gaps in services for adolescents, minors, women, and persons with comorbidities (MINSAL, 2024).

Moreover, the public sector lacks formal harm reduction programmes, and existing technical guidelines tend to prioritise a biomedical approach centred on traditional clinical tools, without adequately integrating psychosocial and community perspectives that has been well-established in international norms (SENDA, 2012; UNODC/WHO, 2015).

The private provision of impatient residences or therapeutical communities is mainly financed by users and operates mainly outside regulatory frameworks. Although these centres are subject to various guidelines issued by the Ministry of Health and other health sector authorities, which mandate requirements such as sanitary authorisation, professional oversight, clinical protocols, and ongoing supervision. These regulations apply to both public and private facilities dedicated to the treatment of problematic alcohol and drug use (Ministry of Health, 2009). In addition, SENDA has developed technical guidelines that establish minimum standards related to the biopsychosocial approach, treatment planning, institutional follow-up, and quality assurance (SENDA, 2012).

Despite the regulation of private treatment services and technical guidelines issued by SENDA defining minimum operational standards, these rules do not entail mandatory accreditation nor uniform and systematic inspection of all private centres. Consequently, supervision tends to be insufficient and fragmented. Additional technical oversight and compliance monitoring are applied only where the State funds organizations through agreements, concession models, or contracts, without constituting a homogeneous regulatory framework across the entire private network (Ministry of the Interior, 2025).

At the territorial level, serious geographical inequalities persist only 54% of municipalities have the minimum capacity required to provide specialised treatment. This deficit generates real “health deserts” in remote and rural regions (National Human Rights Institute, 2024). Treatment retention rates remain particularly low, especially among women, young people, and homeless people, partly due to the lack of coordination between mental health facilities, social services, and community networks.

Regarding harm reduction, the Action Plan acknowledges the need to develop this line of work, but there is currently no institutionalised provision. Activities are limited to community and civil society initiatives, lacking financial support or state programme coordination (SENDA, 2024b, pp. 45–46).

In summary, public health services in Chile suffer from a lack of specialised services and adequately trained professional teams, a situation further exacerbated by limited hospital capacity. One of the system's most critical shortcomings is the shortage of dedicated hospital detoxification units, separate from psychiatric emergency departments, particularly affecting underage women, children, adolescents, and individuals with dual diagnoses.

Chile's mental health crisis is deeply concerning, exposing a public system that lacks up-to-date technical guidelines for a comprehensive treatment for substance use disorders. Existing frameworks remain heavily rooted in a biomedical model, often overlooking essential psychosocial and community-based components.

3. State measures to address drug use in Chile

As part of the National Drug Strategy and its 2024–2030 Action Plan, the Chilean State has introduced a series of initiatives to address the use of psychoactive substances through an intersectoral approach. These measures are structured around prevention, treatment, and social reintegration programmes. Nevertheless, structural limitations continue to undermine their effectiveness, coverage, and consistency with human rights standards.

3.1 Prevention: Structural limitations form an abstinence-based approach

SENDA implements the Integrated Prevention System (SIP in Spanish) and specific programmes such as "Choose to Live Healthy". The SIP is structured around three levels of intervention (universal, selective, and indicated), aimed at reducing risk factors and reinforcing protective factors across the life course (SENDA, 2025).

Assessments by the Budget Direction (Dirección de Presupuestos, DIPRES) have noted that these programmes lack validated outcome indicators and do not incorporate an evaluation methodology. Most of the local SENDA-Prevents program fail to include differentiated actions based on age group, gender, or territory, limiting their contextual relevance (DIPRES, 2023). This technical weakness is compounded by a school-based and abstinence-based implementation model, focusing exclusively on secondary school students without effective engagement with community actors, health services, or the juvenile justice system.

In addition, the initiatives led by civil society organisations are fragmented and precarious, relying on low budget grants, that are given annually and have no guarantee of stability (SENDA, 2024b). As a result, prevention coverage remains uneven and poorly coordinated at the national level.

3.2. Treatment: Low retention, insufficient coverage, and punitive segmentation

Regarding treatment, the national system is coordinated by SENDA and the Ministry of Health (MINSAL in Spanish) through the Programme for the Treatment of Problematic Alcohol and Drug Use (DIR-APS). This network comprises both outpatient and residential centres, operated under

agreements with municipalities, foundations, and partner organisations. However, the model remains predominantly abstinence-based and presents serious deficiencies in terms of access, continuity of care, and therapeutic relevance

According to data from the Treatment Registry System (SISTRAT in Spanish), in 2022 only 6% of individuals at primary care progressed to specialised treatment, and merely 9.4% remained in treatment for at least three months, that is the minimum clinical benchmark (SENDA, 2024a). Retention rates are even lower among women, young people, and homeless people.

At the territorial level, significant disparities persist: 46% of municipalities that have agreements with SENDA do not include treatment targets in their local plans (DIPRES, 2023). This disconnection between planning, implementation, and evaluation shows poor integration of public policies and management cycles, as well as a failure to meet basic treatment quality standards.

3.3 Drug Treatment Courts: Between Therapeutic Justice and Coercion

Drug Treatment Courts (DTCs) currently operate in 10 of Chile's 16 regions. They are aimed at first-time offenders and seek to provide treatment as an alternative to incarceration, under the concept of "therapeutic justice." However, their implementation has been criticised for perpetuating a coercive, abstinence-based treatment model. Inspired by the international Drug Courts framework, the effectiveness of DTCs remains contested, with mixed outcomes and concerns regarding their compatibility with the right to health and safeguards against arbitrary detention, particularly in cases involving "coerced treatment." High relapse rates have also been documented (Drugs, Security and Democracy Program, 2018).

In practice, DTCs reinforce a punitive and abstinence-based approach under the guise of therapeutic or restorative justice. While intended to reduce incarceration and prioritise treatment over punishment, both national and international evidence highlight significant risks and ambiguities. DTCs risk consolidating a hybrid model that maintains coercion beneath a restorative rhetoric, offering limited benefits for public health and failing to fully uphold the human rights of people who use drugs and encounter the criminal justice system.

3.4. Harm reduction policies and access to essential medicines: Pending integration

Harm reduction was formally included in SENDA's 2024–2030 Action Plan, in line with international recommendations on human rights and public health. However, this commitment has yet to translate into a consistent, effective, and integrated public service within the national health system. Currently, the Chilean State does not offer harm reduction programmes as part of its direct healthcare services, nor has it developed regulations to support their implementation.

Activities such as drug checking, distribution of supplies for safer drug use, outreach in recreational spaces, and in the community with low-threshold services, as well as public awareness campaigns are carried out almost entirely by civil society organisations. These efforts often lack State funding and regulations and are frequently self-financed. While they reflect strong community activism, they also

reveal the institutional neglect of harm reduction that IS well supported by scientific evidence (Domínguez et al., 2024; Fundación En Marcha, 2021).

Chile does not have a policy or regulation that allows for the distribution of naloxone or access to opioid substitution treatments, and there are no drug consumption room. Despite repeated recommendations from both national and international expert bodies, progress has been blocked by the absence of policies, social stigma, and resistance from institutions. As a result, harm reduction remains marginal and disconnected from broader health, education, and justice policies.

Access to essential medicines for pain relief and palliative care also faces significant structural barriers. These include a lack of professional training, inconsistent regulations, and fear among healthcare workers of administrative sanctions. Together, these factors discourage the prescription of vital medicines like morphine, fentanyl, and medical cannabis, substances prioritised by the World Health Organization (WHO). The lack of clear legal guidelines creates legal uncertainty for both patients and health professionals, seriously undermining access and continuity of care.

The case of medical cannabis is particularly revealing. Although its therapeutic use has been recognised since 2015 through individual health authorisations, there is still no legal framework to guarantee fair access to this substance in the public health system. Prescriptions that permit cultivation and possession are only available via private healthcare, creating economic barriers for many. As a result, people are often pushed towards unregulated markets, increasing their risk of criminalization, including police raids, arrest, and imprisonment. Even with a prescription, patients who grow or use cannabis for medical reasons continue to face prosecution under Law No. 20.000. This legal contradiction places both patients and caregivers at risk of criminal charges, undermining fundamental rights such as health, bodily autonomy, and privacy. This situation imposes serious financial burdens. Those who can afford private care may access medical cannabis, while others are left vulnerable to criminal sanctions and illicit supply chains.

Additionally, there is also a concerning lack of epidemiological and pharmacological data. Chile does not gather data on drug-related deaths, the composition or potency of substances in the illegal market, or the diversion of controlled medicines. Civil society organisations have described this as a “morality of no data”, as an institutional silence that hinders evidence-based policies and perpetuates long-standing gaps in the health care system (Consultation with civil society organisations, 2025).

3.5. Structural gaps in mental health, gender, diversity, and territory

The 2024 to 2030 Action Plan recognises that State responses to drug use have failed to effectively integrate mental health care. The system remains fragmented, with outdated training for professional and service providers, excessive demand on limited human resources, and weak connections to community and social support networks (SENDA, 2024a, pp. 14 to 15).

These challenges are even more severe in rural and remote areas, where the lack of permanent services compromises the continuity of care. In addition, treatment programmes do not have an intersectional approach, resulting in the exclusion of women, LGBTIQ+ individuals, Indigenous

communities, and migrants. These groups face greater barriers to access and deeper social exclusion, and current policies fail to address (SENDA, 2024b).

The absence of disaggregated data by sex, gender identity, sexual orientation, ethnicity, or geographic location hinders the design of relevant and targeted interventions. This gap undermines the principle of equality and non-discrimination, as established in international treaties ratified by Chile, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

4. Participation of people who use drugs in policy design and implementation

Meaningful participation of people who use drugs in the public policies that affect them directly, is a fundamental principle of the right to health and of participatory democracy. However, in Chile, their participation has historically been symbolic, consultative, and non-binding, contradicting both domestic legal frameworks and the State's international obligations.

4.1. Participation recognised in rhetoric but lacking in institutional implementation

Law No. 20.500 on Associations and Citizen Participation establishes the principle of public engagement in public policies, including through mechanisms such as Civil Society Councils (COSOC in Spanish). However, these structures have not been designed or adapted to include organisations led by people who use drugs, nor do they ensure their meaningful representation in decision-making processes. A review of COSOC bodies in key institutions such as the National Institute for Human Rights (INDH in Spanish) and the Public Defender's Office reveals a complete absence of participation by these organisations in governance spaces.

SENDA's 2024 to 2030 Action Plan highlights the importance of community involvement in the design, implementation, and evaluation of drug policy. However, it does not establish specific mechanisms to include people who use drugs. It also fails to offer any deliberative, budgetary, or monitoring processes. The lack of coordination between local, regional, and national participation, along with the absence of standardised methodologies and quality indicators, has been identified by the Budget Direction (DIPRES, 2023) as a structural weakness of the current participatory framework.

These limitations are especially pronounced for people who use drugs, who face a combination of stigmatisation, criminalisation, and institutional exclusion that refuse to recognise them as legitimate political actors. The impact is worst for women, trans people, young people from low-income communities, and migrants, who encounter multiple barriers for their participation in political decision-making processes.

The vague legal wording of Law No. 20.000 regarding possession and cultivation for personal use continues to enable selective criminalisation. This legal uncertainty creates a climate of fear among user-led organisations and limits their willingness to engage in institutional spaces. Several community leaders have faced legal action in recent years, which has discouraged the emergence and growth of grassroots organisations (SENDA, 2024b, p. 40).

4.2. Structural barriers for political participation of people who use drugs

People who use drugs face multiple and intersecting barriers that prevent their effective participation in public life. These include legal, cultural, administrative, and budgetary obstacles. One of the most pressing challenges is the ambiguous wording of Law No. 20.000 regarding possession and cultivation for personal use. This lack of legal clarity has allowed for selective prosecution and has resulted in the criminalisation of community leaders, creating a climate of fear that discourages public visibility.

Institutional stigma also operates as a powerful mechanism of political exclusion. People who use drugs are frequently portrayed as dangerous, ill, or socially unproductive. These narratives are reinforced not only in official discourse but also in judicial and police practices. Such portrayals undermine their recognition as legitimate political actors and have particularly severe consequences for women, trans people, youth from marginalised communities, and migrants (Red Trans-Chile, 2023; Rebolledo and Rodríguez, 2022).

In addition, there is no dedicated or sustainable public funding policy in Chile to support community-led initiatives by people who use drugs. The 2024 to 2030 Action Plan does not allocate direct funding or establish regulatory mechanisms to formally integrate these organisations into national systems of prevention, treatment, or harm reduction. This omission limits their organisational autonomy and restricts their capacity to influence policy.

5. Conclusions

Despite certain discursive and regulatory advances, drug policy in Chile remains anchored in a prohibitionist paradigm based on punishment, stigmatisation, and the exclusion of people who use drugs. This approach has failed to reduce the harms associated with drug use and has instead exacerbated structural violations of the rights of people who use drugs—particularly women, young people, and historically marginalised communities.

The fact that SENDA is institutionally framed in the Ministry of the Interior and Public Security, reinforces a securitised approach to drug-related issues, subordinating health, social, and cultural responses to criminal justice. Law No. 20.000, with its vague provisions and broad scope for police and judicial discretion, continues to drive the criminalisation of drug use. Its application disproportionately affects vulnerable populations and perpetuates cycles of exclusion and mass incarceration for minor offences.

This report highlights a deep gap between the core principles of the right to health (availability, accessibility, acceptability, quality, equality, and participation) and the actual implementation of public policies in this field. Existing prevention and treatment services reproduce an abstinence-based model that is fragmented and territorially inconsistent.

Although harm reduction is formally recognised in SENDA's strategic guidelines, it has not been institutionalised as a key component of public policies. Its implementation remains almost entirely dependent on civil society organizations, without structural funding, a regulatory framework, and a coordination with the health or justice systems. The absence of specialised services such as drug

checking initiatives, drug consumption rooms, and low-threshold or mobile public services violates the principle of progressiveness of human rights and disregards repeated recommendations by international UN bodies.

This report also confirms the systematic exclusion of people who use drugs from spaces of policy design, implementation, and evaluation. While the 2024–2030 Action Plan references the principle of participation, it fails to establish binding mechanisms or funding to support the empowerment of these organisations led by people who use drugs. The presence of a criminalising legal frameworks discourages visibility of people who use drugs and deepens institutional exclusion, in direct contravention of Articles 1, 12, and 22 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), as well as the International Covenant on Civil and Political Rights (ICCPR).

Nevertheless, community-based experiences clearly demonstrate that people who use drugs are not passive recipients of drug policies, but active agents in the knowledge production, delivering care services and networks, and the development of effective harm reduction strategies (Domínguez et al., 2024; Fundación En Marcha, 2021).

A shift towards a rights-based paradigm requires first acknowledging that the current model has failed. Continued reliance on punitive approaches has not reduced problematic drug use or drug trafficking. Instead, it has led to higher rates of incarceration, deepened social exclusion, and fuels institutional violence. Addressing this situation requires political will, a better distribution of public budgets, meaningful engagement with the community, and above all, a commitment from the government to promote social justice and guarantee fundamental human rights.

The structural imbalance in public drug policy budgets, with most resources allocated to criminal enforcement, highlights a fundamental contradiction between the State's international human rights commitments and its actual spending priorities. There is no evidence that this investment in repression has led to any sustainable reduction in problematic drug use or drug trafficking. On the contrary, it has entrenched the criminalisation of poverty as the State's primary response.

Overcoming this situation demands political determination, a profound reallocation of public resources, and the State commitment to advance drug policies grounded in life, care, and social justice.

6. Recommendations to the Chilean Government

The following recommendations proposed to the Chilean State come from a human right, public health, and participatory approaches.

6.1. Ensure effective participation of people who use drugs in policies that affect them

- Establish formal and binding mechanisms for the participation of people who use drugs at all levels of drug policy governance, including representation in technical committees, strategic planning, monitoring, and budget allocation.

- Incorporate indicators on public participation into the monitoring and evaluation systems of the 2024 to 2030 Action Plan, disaggregated by age, gender identity, geographical location, and socioeconomic status.
- Establish permanent public funding lines dedicated to promoting initiatives led by people who use drugs, recognising their role as political subjects and active community actors.
- Develop protocols for free, prior, and informed consultation for any legislative or administrative change that may affect people who use drugs. This includes indigenous peoples in accordance with ILO Convention 169 and Law 19.253.

6.2 Address stigma and criminalisation

- Reform Law No. 20.000 that penalize illicit trafficking of narcotic and psychotropic substances to decriminalise and regulate the cultivation, use, and possession of drugs for personal use. Establish objective criteria to differentiate these practices from other criminalised behaviours, to prevent arbitrary arrests and the criminalisation of people who use drugs.
- Implement national evidence-based education and awareness campaigns, grounded in harm reduction, gender, diversity, and human rights approaches. These campaigns should address stigma associated with drug use and highlight self-care practices and political agency of people who use drugs.
- Provide compulsory and continuous human rights trainings for health, and law and order or any other government personnel that work on drug policy. This training should address institutional bias and stigma, be evaluated biannually by independent bodies, and seek to eradicate discriminatory practices.
- Develop specific clinical guidelines and differentiated protocols for emerging patterns of use such as Tusi and polysubstance use involving ketamine. These should offer guidance for healthcare professionals, services operating in nightlife settings, and police forces to ensure appropriate, non-punitive responses and competent healthcare.
- Advance a comprehensive historical reparation law, that recognizes and compensates individuals arbitrarily detained and judicialized for using medical cannabis and other drugs. This should include criminal record expungement, financial compensation, psychosocial support, proportional pensions, prioritised access to healthcare and medication, education, and an official public apology to victims and their families affected by Law No. 20.000 and Law No. 21.575.[4]
- Integrate strategies that protect the rights of people who use drugs for both medicinal and non-medicinal purposes. These strategies must guarantee fundamental rights such as the

[4] For more details visit https://fundacionallanados.cl/piedepaginainforme

presumption of innocence, the right to health, privacy, protection of the home, freedom from discrimination based on health conditions, and access to due process and legal defence.[5]

6.3 Consolidate a public harm reduction policy grounded in public health and human rights

- Transfer SENDA to the Ministry of Health to ensure alignment with public health priorities.
- Institutionalise a national harm reduction programme with territorial coverage, structural funding, and formal links to the public health system.
- Establish a comprehensive regulatory framework for harm reduction interventions and strategies that are evidence-based and culturally appropriate. This framework should be adapted to the needs of women, trans people, migrants, indigenous communities, and other historically marginalised and criminalised populations. It must also account for the life cycle and lived experiences of participants, with full respect for identity and confidentiality.
- Diversify harm reduction interventions to include low-threshold programmes, specialist counselling, peer-led support, and services that do not require abstinence as a condition for access or maintenance.
- Implement tailored interventions in recreational and nightlife settings, including strategies like drug checking, information, support, and first aid. These should target young people and people who use synthetic substances.
- Integrate gender, diversity, and sexual health perspectives into all harm reduction strategies. Specific protocols must be developed for women, non-binary people, and men who have sex with men. This includes combined HIV prevention and the systematic response to sexual and gender-based violence.

6.4 Expand access to health, treatment, and assurances for key populations

- Strengthen the DIR-APS Programme by ensuring territorial coverage, diversified services with varying thresholds, effective referral pathways, clinical retention, quality standards, and treatment continuity.
- Develop and implement a comprehensive health policy for people in prison, focused on mental health and problematic substance use. This should include specialised, evidence-based services that are culturally appropriate and aligned with human rights and harm reduction principles.
- Ensure access to gynaecological, obstetric, and mental health care for incarcerated women, with particular attention to those detained under Law No. 20.000.

[5] For more details visit https://fundacionallanados.cl/piedepaginainforme

- Approve a health regulation allowing equal and non-discriminatory access to legal, supervised and non-judicialized to therapeutic substances such as cannabis, psilocybin, and MDMA. This should include strategies such as psychedelic-assisted psychotherapy.
- Ensure the full implementation of Law No. 21.120 on Gender Identity across all public and private health and drug-related services, guaranteeing the registration, care, and effective inclusion of trans people as rights-holders.

6.5 Promote policies for democratic knowledge production

- Develop a national strategy on knowledge production, prioritising applied research on drug use from an intersectional, territorial, and context-sensitive perspective.
- Develop differentiated clinical guidelines for emerging substance use patterns including Tusi, ketamine, and polysubstance use. These should include specific recommendations for recreational settings, primary care, and high-vulnerability environments.
- Update existing technical guidelines by incorporating evidence-based, harm reduction, and collective health approaches, as well as flexible recovery models**.**

6.6 Redesign public spending on drug policy in line with the principle of maximum available resources

- Restructure the national drug policy budget, transferring resources currently allocated to criminal prosecution into community-led programmes, mental health services, selective prevention, and harm reduction strategies.
- Redesign the Early Warning System to prioritise the health of people who use drugs. This should be achieved through accessible information strategies, collaborative monitoring, and timely public health responses.

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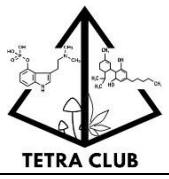
Tetra Club		tetraclubdispensario@gmail.com
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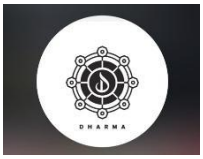
Cultivo Colectivo Dharma		Cultivocolectivodharma@gmail.com
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