Chapter 12

United States Drug Policy: Flexible Prohibition and Regulation

Zara Snapp and Jorge Herrera Valderrábano

Abstract

This chapter explores the historical context of drug control in the United States, the ongoing regulation of the cannabis market at the State level and the role of the United States in the international negotiations related to the United Nations General Assembly Special Sessions (UNGASS) on drugs in 1998 and 2016. We continue by analysing the position, allies and activities of the United States before and during UNGASS 2016 to provide an understanding of possible scenarios related to the 2009 Political Declaration and Plan of Action review to take place via a High-level Ministerial Segment within the 2019 Commission on Narcotic Drugs meeting. While US drug policy is not expected to positively shift in the next few years, State-level regulation of cannabis is expected to continue and create pressure from below.

Keywords: UNGASS 2016; regulation; social justice; cannabis; US drug control; drug policy

Introduction

The United States has been a leading and forceful voice in drug control policy for more than 100 years, evangelising a zero-tolerance approach, which seeks to eradicate, interdict and incarcerate psychoactive plants and the people who grow, distribute or use them; and that in some cases has been used as a means of social control. However, the jig is up, as numerous US States begin to regulate the cannabis market for medical and adult use. Although the country has maintained a Federal prohibition on regulation, States have thus far been permitted to continue these innovations, with primarily positive impacts on social justice indicators such as reduction in arrests and detentions, increased tax revenue that has

Collapse of the Global Order on Drugs: From UNGASS 2016 to Review 2019, 249–266

doi:10.1108/978-1-78756-487-920181012

been channelled towards school construction, educational and health initiatives and treatment programs.

In 2008, the United Nations (UN) Office on Drugs and Crime identified five negative and unintended consequences of global drug control: the first being the creation of a criminal, violent and lucrative market with a value of around 320 billion dollars a year (UNODC, 2005, p. 128); the second the focus on law enforcement and punitive measures and not on health; the third the geographic displacement or the so-called 'balloon effect', where repressive policies cause issues to shift elsewhere, but the problem does not change; the fourth is the displacement of substances or pressure in the market in which the lack of access to a substance means an increase in the consumption of another substance (which could be more risky); and finally, the stigmatisation of users that reduces the tendency to seek treatment or health services when a person requires them (UNODC, 2008, p. 21).

The amount spent annually on the war on drugs in the United States adds up to more than $50 billion dollars. This law-enforcement based strategy has delivered disastrous outcomes, most visibly as a mass incarceration issue with clear racial disparities. The United States has the highest incarceration rate in the world, with 2,157,000 persons imprisoned in 2016 in federal, state and local prisons and jails (Drug Policy Alliance (DPA), 2016. p. 6). Nearly 80% of people in Federal prisons and almost 60% of people in State prisons for drug offences are African-American or Latino; and more than 250,000 people have been deported from the United States for drug law violations every year since 2007 (DPA, 2015a, 2015b, p. 8). The racist war on drugs is delivering negative outcomes that are costing the government millions of dollars, and the countries that follow this path are not having any better results. At the international level, 18% of people in prison are there for a crime related with drugs (UNODC, 2016, p. 101), and 33 countries still apply the death penalty for drug offenses (Global Commission on Drug Policy, 2016, p. 19).

United States Drug Policy: Historical Overview

Currently, illegal psychoactive substances have been consumed by humans for thousands of years for a diverse range of purposes. During the nineteenth century, heroin was used to treat respiratory illness, cocaine was popularly used in health drinks and remedies and morphine was regularly prescribed by doctors as a pain reliever (Diniejko, 2002, p. 3). However, the turn of the century was accompanied by a heightened awareness – and fear – that psychoactive substances had the potential for causing physical and emotional dependency. As a result, local jurisdictions began to impose restrictions on the use of cocaine and opium. In 1914, the United States issued its first Federal drug policy, commonly known as the Harrison Narcotics Act, which restricted the manufacture and sale of marijuana, cocaine, heroin and morphine (Sharp, 1994, p. 19).

Following the implementation of the bill, in 1939, the Treasury Department created the Federal Bureau of Narcotics (FBN), led by Harry J. Anslinger. Under his tenure, psychoactive substances were harshly criminalised, increasing penalties particularly for crimes related to cannabis (Cantor, 1961, p. 12); and the agency pushed the issuing of the Narcotics Control Act of 1956, which created

'the most punitive and repressive anti-narcotics legislation ever adopted by Congress. All discretion to suspend sentences or permit probation was eliminated (…) and the death penalty could be invoked for anyone who sold heroin to a minor' (McWiliams, 1990, p. 116). This discourse is again gaining prominence under the current Trump administration with the opioid plan including the death penalty for people who sell drugs (Anapol, 2018, p. 2).

In the years following the creation of the FBN, the agencies entrusted with enforcing the punitive law continued to reinforce the fear of drugs and to propagate myths regarding their relationship with crime. The FBN used this propaganda as a supposedly preventative measure that linked the use of drugs with insanity, murder and sex crimes (McWilliams, 1990, p. 70); and even though some efforts, such as the enactment of the Narcotic Addict Rehabilitation Act of 1966 that catalogued 'narcotic addiction' as a mental illness (Friedman et al., 1982, p. 119), were made to see the problem from a public health perspective, drug use was still considered a crime. Indeed, the Act paved the road for increased Federal expenditures on drug abuse treatment, but the criminalisation of people who use drugs was more present than ever.

In June 1971, President Nixon declared a 'war on drugs' by dramatically increasing the size and reach of Federal agencies to enforce drug control measures. The policy was justified by stigma, rather than on scientific evidence, and falsely correlated the use of drugs with violent crime. The policy primarily targeted the same vulnerable populations that, because of a lack of opportunities created and fostered by the state and society, committed crimes. This situation has even been admitted by John Ehrlichman, counsel and Assistant to the President of Domestic Affairs under Nixon, during an interview for *Harper's Magazine*:

> The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalising both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did. (Baum, 2016, p. 6)

The United States' ideological expansion that characterised those and the following years, shaped the international regime on drugs. The Single Convention on Narcotic Drugs, ratified by UN member states in 1961, aimed to replace the various multilateral treaties that existed in this field and merge them into a single document. The Convention arose in response to the concern for the 'physical and moral health of humanity', through the principle of limiting the use of narcotic drugs for medical and scientific purposes on the premise that 'addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind', asserting that signing parties should be 'conscious of their duty to prevent and combat this evil' (Wagner et al., 2001, p. 62).

The 1961 Convention focussed on the eradication of the supply of substances derived from plants, such as cannabis, cocaine and heroin. The primary responsibility for the significant reduction in cultivation was placed on producing countries, rather than focussing on reducing demand in high consuming countries. Seventy-three member states, among them Germany, the United States, France, Mexico and the United Kingdom, committed themselves to expand existing control measures to eradicate the cultivation of plants from which narcotic substances are derived.

With the emergence of new substances during the anti-war movement in the United States, the UN proposed to issue a new convention on this matter. In 1971, the Convention on Psychotropic Substances was approved, responding to the diversification and expansion of the spectrum of drugs in the world, including new psychotropic substances such as amphetamines and psychedelics (UN, 1971). The purpose of these two treaties was the introduction of an international control system for psychotropic substances to limit possession, use, trafficking, distribution, import, export, manufacture and production, to exclusively medical and scientific purposes.

The negotiations regarding the contents and objectives of the 1971 Convention fractured into two groups based on national interests and industries. On one side, the more developed countries with strong pharmaceutical industries and a growing demand for psychotropic drugs; and on the other, the less developed countries without a substantial internal demand, or a pharmaceutical lobby (Armenta & Jelsma, 2015, p. 17). As a result, unlike the Single Convention, the 1971 Convention focussed on chemical substances and permits exemptions for plants having long-standing cultural and traditional uses. 'The 1971 Convention [concentrated] in a newly invested category of "psychotropic" substances, and did not list any plants as such in the relevant schedules. This has caused endless confusion as the conventions were translated into national laws, since governments had to decide' which to prohibit (Henman & Metaal, 2014, p. 3).

After several years, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 was adopted. This included criminal sanctions in order to combat the production, possession and illicit trafficking of drugs; following the path that the United States had defined and promoted for many years, even though producer countries such as Mexico pushed for possession to be criminalised in order to balance the burden of responsibility. The Convention exhorted international cooperation through, for example, the extradition of drug traffickers, controlled delivery (rationing) and referral to treatment (UN, 1988). Despite noting that previous efforts to combat the use, trafficking and production of narcotic drugs had not had the expected result and even threatened legitimate economies, stability, security and sovereignty of states; the treaty did not address the issue directly. Previous conventions focussed on the criminalisation of producers and traffickers, but the 1988 Convention also included the possibility of criminalising users, calling on states to adopt measures that considered the possession of illegal substances as a criminal offense.

It is worth noting that the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was planned and promoted at a strategic timeframe by the United States. The Vienna Convention on the Law of Treaties, signed in 1969 but entering into force in 1980, is a UN treaty concerning the

international law on treaties between states. This is the authoritative guide on the formation and effects of treaties and obligates its parties to adapt domestic legislations when a State ratifies a treaty (Aust, 2006, p. 2). This could allow for drug policy changes via the inter se option, modifying the treaties between specific parties (Transnational Institute (TNI), 2016b, p. 5). Inter se agreements would allow member states to make bilateral (or trilateral) agreements across like-minded governments that maintain the original commitment of the treaties to promote the health and welfare of humankind, but who want an alternative framework through which to innovate their policies, in this case, drug policies. An inter se modification would mean that the provisions in the treaties that are not part of the modification continue to be in force TNI (2016a, p. 11).

The law is certainly a tool for harmonising specific rights and policies. However, in the hands of the United States, and in the 1980s, it was the perfect medium through which to spread its ideological expansion. Through the Convention on the Law of the Treaties, the United States has been able to permeate its values at a domestic level in countries party to the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substance; and in the name of this and other goals, funded programs in other countries (such as the Colombia Plan and Merida Initiative) to implement a punitive policy (Delgado-Ramos y Romano, 2011, p. 7).

More than 50 years of a punitive policy towards psychoactive substances in the United States that have laid the foundation of the current international drug control regime have not delivered the expected outcomes of reducing either the supply or the demand of psychoactive substances. Given the increase in drug consumption and production worldwide, in 1998 the UN General Assembly held a special session to address the global issue on drugs (United Nations General Assembly Special Session or UNGASS). Under the slogan 'A world without drugs: Yes, we can!' the member states committed themselves to eliminating the production, transit and use of illegal drugs, especially cannabis, opium and coca, within 10 years.

This focus on a deadline, rather than truly evaluating advances or regressions in drug control, was pushed by the United Nations Drug Control Program's Executive Director, who developed a plan to eradicate cultivation titled Strategy for Coca and Opium Poppy Elimination (SCOPE). This plan was strongly supported by the Clinton Administration, and State Department officials pushed the goal of 'a vigorous fight against international production, trafficking and abuse of illicit drugs' (TNI, 2013, p. 4) among the G8 countries as a means of assuring international backing and funding for the ambitious plans of the UNDCP.

Other countries doubted the capacity of the SCOPE program to reach its goals and it was therefore never presented at the 1998 UNGASS. Instead, the focus turned towards the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development which was adopted at the meeting. During the preparations for the UNGASS, there was also a proposal to install an independent expert committee to evaluate the progress of drug control, but it was removed in the negotiations process (TNI, 2013, p. 6). The United States, along with allies such as the United Kingdom, had objected to the idea of an independent review. As a compromise position, the UN Secretary General Kofi Annan (now an active member of the Global Commission on Drug Policy) appointed 13 'high-level

experts' to 'undertake a comprehensive review of how the efforts against illicit drugs have evolved within the United Nations System' (TNI, 2013, p. 6).

The outcome of the UNGASS 1998 became known as the UN decade against drug abuse (Verma, 2017, p. 3), which was a period characterised by the establishment of a prohibitionist regime at the international level that focussed predominantly on law enforcement, and paid little regard to the promotion of health and human rights, by almost entirely ignoring the good practices of protecting the rights of people who use drugs, as well as the many risk and harm reduction strategies and programs recently implemented in Europe during the previous ten years (Malinowska, 2013, p. 3).[1].

Following a decade of the strategy, the international community came together in Vienna, Austria, in 2009 to evaluate progress. The UN member states acknowledged that they had not reached the targets set forth, and that the measures undertaken had had additional serious consequences in terms of negative impacts on human rights with a focus on punitive measures, rather than health, the enlargement of a criminal market, displacement of both production and consumption trends commonly known as the 'balloon effect', and increased stigma towards people who use drugs (UNODC, 2009a, 2009b, p. 163). However, Member States chose to adopt a new Political Declaration and 10-year Plan of Action (UNODC, 2009a, 2009b) that reaffirmed the previous (some might say unachievable) targets with the objective of convening the next UNGASS on drugs in 2019, to evaluate and measure the progress made over that decade. Meanwhile, the United States advanced its agenda of foreign intervention across Latin America and other regions, under the guise of fighting the supply side of the drug war (Buxton, 2011).

The date for the international review of the 2009 Plan of Action was moved forward to 2016, following a request by the governments of Mexico, Guatemala and Colombia to review the current policies and to discuss the political alternatives of drugs as a means of addressing the ongoing problem of violence in the region. In anticipation of UNGASS 2016, human rights bodies, academics, activists and civil society organisations created an 'inside' and 'outside' strategy to influence the dialogue and debate towards a focus on human rights, public health, development and harm and risk reduction policies (Snapp, 2017, p. 111). At UNGASS 2016, the United States was faced with the dilemma of continuing to promote a discourse focussed on eradicating production and combatting drug trafficking, while States were actively moving towards regulating cannabis for adult purposes.

Reform Policies in the United States

The use, possession, sale, cultivation, manufacturing and transportation of cannabis are illegal in the United States under Federal law. In 2013, the so-called Cole Memo from the Federal government under the Obama administration articulated that if

[1]Switzerland was and continues to be an important reference point when it comes to best practices to address the health harms caused by the use of drugs. For more information, see Malinowska (2013).

a state approves a law to decriminalise cannabis for recreational or medical use, it can do so, under the condition that there is a regulatory system with specific rules and conditions. This was later rescinded by the Trump administration's Attorney General, Jeff Sessions, on 4 January 2018. While concrete actions have not yet been taken against cannabis businesses under the Trump administration, a recent memo was sent from Sessions titled: Guidance Regarding Use of Capital Punishment in Drug-Related Prosecutions. Although directly related to the opioid epidemic, a federal law exists, making possible to apply the death penalty against people who cultivate or possess more than 60,000 marijuana plants or 60,000 k (Ingold 2018). It is unlikely that it would be used in this manner, but it certainly could include some of the large-sale growers in states where legal regulation has been implemented.

At the international level, cannabis is classified under Schedule I of the Controlled Substances Act of 1970, the highest classification under the legislation (World Health Organization, 2017, p. 2). Part of the reason why cannabis is still illegal at the US Federal level is because it is classified on this list. A substance, drug or medication within Schedule I, as defined by the Office of Drug Administration (DEA), is a substance that has a high potential to be abused by its users and does not have acceptable medical uses (DEA, 2017, p. 2). But individual State laws do not always conform to the Federal norm. The proposals at the State level for a shift towards cannabis have been quite successful.

In 2012, Colorado and Washington became the first States to legalise the sale and possession of cannabis for recreational purposes when they passed the Colorado 64th Amendment and the Washington 502 Initiative, which are frameworks similar to those aimed at regulating alcohol, allowing possession up to one ounce for adults over 21 years old. Unlike the 502 Initiative, the 64th Amendment of Colorado allowed the personal cultivation of up to six plants, and both consider commercial cultivation and sale, subject to regulation and taxes (Smith, 2012, p. 3). This process undoubtedly sparked an avalanche of regulations of the plant for its various recreational, therapeutic and medicinal uses, throughout the United States.

By November 2014, 25 states had enacted cannabis laws, removing incarceration for small amounts of marijuana and/or legalising the possession, distribution and sale of marijuana. In 2014, the states of Alaska and Oregon, together with Washington, D.C., legalised the recreational use of marijuana, with laws similar to those of Colorado and Washington (Toor, 2014, p. 1). However, the 'Cromnibus' bill prevented Washington, D.C. from making additional changes to their laws, allowing domestic cultivation and use, but not commercial sale (Matthews, 2014, p. 2), putting in place a decriminalisation model that may reduce the problem of mass incarceration, but is not tackling criminal organisations' revenues. In the following two years, Delaware and Illinois also went down the decriminalisation path; and Louisiana, Pennsylvania, Virginia, Georgia, Oklahoma, Wyoming and Ohio have enacted medical cannabis laws.

November 8, 2016, was a historic date not only because of the election of Donald Trump but also because a total of nine States in the United States voted to regulate, to varying degrees, the use of cannabis. Voters in California, Arizona, Nevada, Massachusetts and Maine expressed their opinion on state legislation initiative to regulate the adult use of marijuana; while in Arkansas, Florida, North Dakota and

Montana, citizens decided whether to approve the use of marijuana for medicinal purposes. Voters in the States decided to take a step forward towards the regulation of cannabis. Eight out of the nine states facilitated access to the plant. Only Arizona, a state where cannabis for medicinal purposes was already legal, and that was trying to regulate the use for adult purposes, rejected the new legislation.

California, the most populous State in the United States, became the next State to regulate, with 39 million people approving cannabis for adult use, and became the first border State with Mexico to do so (Lopez, 2018, p. 4). With a margin of 56% in favour and 44% of voters against, voters passed Proposition 64, making California the fifth State to legalise the adult use of cannabis. With the approval of the measure, it will be legal for adults over the age of 21 to use, cultivate and sell marijuana. These commercial activities will be regulated by the authorities with a tax of 15% and an additional charge of $9.25 USD per ounce (Steinmetz, 2016, p. 8).

Additionally, voters in Nevada decided to legalise the use, possession, cultivation and sale of marijuana for recreational purposes, meaning that residents 21 years old or older can own up to one ounce of the plant, and that medical marijuana dispensaries can apply for licenses in order to sell for recreational purposes (Gilbert, 2016, p. 5). Moreover, 53.5% of residents of the State of Massachusetts also said yes to marijuana for recreational purposes, allowing the use and possession of up to one ounce of marijuana in the streets, up to 10 ounces and growing six plants in their homes, for those over 21 years old. The laws implemented include taxes of 3.75% for the sale of the plant in Massachusetts and 15% in the case of Nevada (Ballotpedia, 2016).

Maine was the next State to legalise the recreational use of cannabis on election day. Fifty per cent of voters said yes, and now people over 21 can possess up to two and a half ounces of marijuana. The plant can be grown, distributed and sold, opening the doors to the plant's retail stores and social clubs around the state. It should be noted that a 10% tax on the sale of cannabis was established, and this is subject to various regulations and local restrictions (AP, 2015, p. 2).

On the medical side, voters in the States of Florida, North Dakota, Montana and Arkansas approved existing initiatives on medicinal cannabis. Votes in Florida and North Dakota were decisively approving of these initiatives.

The Florida Amendment 2, which has even been claimed as having 'the potential to be one of the most permissive regimes on this issue in the nation' (Ingraham, 2016) passed with the support of 71% of the electorate. In addition to including the possibility of prescribing cannabis for diseases such as HIV, cancer and post-traumatic stress disorder, the measure now allows doctors to prescribe the use of the plant for 'other debilitating medical conditions of the same class or classes comparable or similar to those listed, and for which a doctor believes that the use of marijuana would be likely to outweigh the potential risks to a patient's health' (N.a., 2015). On the other hand, 64% of the voters in North Dakota agreed with the new positive policies regarding medical marijuana on the ballot. The North Dakota measure approved allows doctors to recommend the use of the plant for another series of severe medical conditions (Morgan et al., 2015, p. 5).

Montana had already legalised medical marijuana in 2004, but seven years later, State lawmakers severely restricted the program, causing a dramatic decrease in providers for patients registered by the state (Hernández, 2016, p. 3). In 2016, 57% of the residents in the state decided to reactivate the program (Wallace, 2016, p. 10), which removed the restrictions that limited the suppliers, allow research on the plant and ensure the access of cannabis for patients suffering from chronic pain diseases. Although the vote was narrower than expected in Arkansas, 53% of voters decided that doctors should be allowed to prescribe medical marijuana to their patients (Marijuana Policy Project (MPP), 2016, p. 3).

In 2017, West Virginia legalised medical cannabis through a ballot measure (MPP, 2017a, 2017b, 2017c, p. 5), and Indiana legalised low-THC, High-CBD cannabis oil (MPP, 2017, p. 5). Moreover, in that same year, New Hampshire decriminalised cannabis through State legislature. The law signed in New Hampshire intends to reduce fines for possession of up to three-quarters of an ounce of marijuana from $2,000 USD to $100 USD for a first or second offence and a $300 USD fine for a third offence (MPP, 2017, p. 6). Even though the model is still restrictive, the State took the 22nd position on the list of States that have eliminated the possibility of jail time for those convicted of simple possession.

In July 2018, Vermont became the first State to legalise recreational cannabis by way of the State legislature, allowing residents who are 21 years old and older to cultivate, possess and consume marijuana. The law did not create a retail market for the sale of recreational marijuana. Instead, 'the law decriminalises the possession of one ounce or less of marijuana and allows adults to grow up to two mature and four immature plants' (Griffaton, 2018, p. 2). This legal change created precedent in being the first State to have the legislature regulate, rather than relying on ballot initiatives promoted by citizens.

The regulation of cannabis has boosted the economy in the states. In 2017, the Colorado Department of Revenue raised $247,368,473 dollars from fees, licenses and taxes. (CRD, 2004, 1). Moreover, the cannabis regulation has also openned up the possibility to implement social justice principles and policies. Colorado started building schools from taxes collected through the cannabis regulation. The Building Excellent Schools Today program (BEST) receives $40 million dollars from cannabis taxes (CDE, 2017, 4). On the other hand, the Marijuana Tax Cash Fund will fund housing, health and mental aid projects, with $ 28.7 billion dollars (CSGJH, 2017, 3).

It is evident that States in the United States have managed to position themselves successfully against the Federal legislation on cannabis throughout the country. Most States have legislation that permit the use of medical marijuana, and as of February 2018, a total of nine States have regulated the use, possession, cultivation and distribution of the plant for adult use. Despite all of these events, cannabis remains an illegal drug at the Federal level. The discourse of the United States in the international arena has remained as the main promoter of the current war on drugs and supporter of the drug control treaties in international law. The most likely outcome for the country appears to be one where States continue to regulate for adult use, with no change in policy at the Federal level. This will mean that the United States will continue to be aligned with the international

conventions, but also concede legislation at a State level which will continue to generate tensions between State and Federal law.

The United States and UNGASS 2016

During the UNGASS on drugs (2016), many member states, including Canada, Colombia, Ecuador, Mexico, New Zealand, The Netherlands and Switzerland among others, raised their voices regarding the importance of a new approach to psychoactive substances. United States national and international drug control measures were at a crossroads, with Michael Botticelli, the first drug czar to come from the 'recovery' community, advocating for a move towards a health-based approach at a national level and Ambassador Brownfield taking a nuanced perspective with the so-called 'Brownfield Doctrine', which allowed the US government to maintain the flexibility of the conventions for regulating on a local or State level, while maintaining Federal prohibitions.

The United States took advantage of the lack of transparency in the preparatory process for UNGASS and benefitted from the decision to hold the discussions in Vienna, instead of New York. This might have eased the participation of Latin American and Caribbean countries and others in the Global South. The process was dominated by the conservative forces of the UN drug control agencies based in Vienna. The United States took advantage of this opaque UNGASS process to play a moderated role, never advocating or promoting what was happening on a State level and protecting their international interests of eradication and interdiction throughout Latin America.

To organise the Special Session, the Commission on Narcotic Drugs (CND) created a Preparatory Board of UNGASS, which was in charge of organising the participation activities to address all substantive and organisational issues in an open manner, for and during the special segments of the preparatory sessions. The Preparatory Board was elected on the basis of a regional distribution of officials of the 57th Session of the CND. It was chaired by the Ambassador of Egypt and included representatives of other countries, including Hungary, Portugal, Iran, Colombia and El Salvador.

Many UN member states of the Global South, such as the Caribbean and African regions, have no permanent representation in Vienna and therefore were not able to fully participate in the negotiations on the outcome document. The General Assembly encouraged the participation of all member states in the preparations for UNGASS and requested the 'provision of assistance for the least developed countries' (TNI, 2016b) for that purpose; but did not seem to have included extra resources to comply with the request.

While a select group of countries was holding informal meetings to draft an underrepresented outcome document (TNI, 2016b, p. 1), the United States invested efforts throughout the UNGASS process to put pressure on some member states – particularly Latin American countries – not to express themselves in favour of international reform. In the preparatory process, the United States showed its complicated and flexible commitment to the international status quo, even when an increasing number of states inside were demonstrating the opposite.

As noted above, some states raised their voices to demand a new strategy against drugs. Several countries had already made legislative changes to allow cannabis for medicinal and personal use, supporting a paradigm shift. Mexican President Enrique Peña Nieto spoke of the need to move from prohibition towards effective regulation; the president of Colombia, Juan Manuel Santos, highlighted the injustice of the cultivators and young people in his country, declaring that the war on drugs had failed overwhelmingly; and President Evo Morales of Bolivia was clear in his rejection of the intervention from the United States in Latin American affairs (CINU, 2016a, 2016b, 2016c). However, the United States stood in the same conservative position, advocating flexibility of the conventions, but pushing foreign interventions.

Michael Botticelli, director of the White House Office of National Drug Control Policy in the Obama administration, declared during the meeting that 'law enforcement efforts should focus on criminal organisations – not on people with substance use disorders who need treatment and recovery support services' (Botticelli, 2016, p. 2), proposing a clear need to fully decriminalise drugs. However, by stating that '… the United States strongly supports drug policy reform under the framework of the three UN Conventions. Critical reforms, such as providing better access to treatment and less punitive approaches in our justice systems, are explicitly allowed by the Conventions' (Botticelli, 2016, p. 2), the country managed to establish a moderate position as a spectator, given the domestic legislative changes on the subject, but not as an agent for change in the international realm.

Using the same passive argument on the flexibility of the international drug control treaties, the United States tried to dodge questions by the international community over the regulation models already in place in several States within the country. However, despite these statements, the Federal policy on the matter remained punitive, and the government has not been open to a national regulation of the cannabis market. Early indications are that a punitive, federal policy will continue to be the norm under the Trump Administration.

Despite the illusion of reform of the current drug policy at the international level, the outcome document was plagued with similar irregularities to those of the preparatory process. Although the inputs presented for the zero draft of results included some proposals, the Board succeeded in censoring the document resulting from the negotiations in Vienna, filtering the changes proposed by member states and civil society organisations. In addition, it adopted the outcome document on the first day of UNGASS, instead of the third and last day of the session, as was scheduled in the provisional program. While this did not allow for the creation of an 'open and wide-ranging debate, considering all the available options' (Ki-Moon, 2013. p. 2), as proposed by the Secretary General of the UN, Ban Ki-moon, there was clear progress made within the document to include issues that had not previously emerged within drug control documents.

The outcome document did not address the critical shortcomings of international drug policy; nor did it address key cultural rights such as indigenous use of plants; and it did not recognise human rights violations in the name of drug control, such as the death penalty. However, in the months following the adoption of the document, it became clear that the reform-oriented countries had won a great battle against the 'status-quo' bloc. And although a true evaluation did not take place on the global level, countries used their statements to bring the lack of consensus to the General

Assembly and demonstrate that reform can happen at a national level, through evidence-based programs that have a clear impact on the lives of communities.

The UNGASS process showed that, despite the inertia within the UNODC, there was a chorus of countries that used 'their time at the podium to call for progressive changes, including Canada, Jamaica, Uruguay, Colombia, Mexico, Czech Republic and New Zealand' (Hetzer, 2016, p. 6). Additionally, UN agencies such as the United Nations Development Program, the United Nations High Commissioner on Human Rights and the United Nations University came out strongly in favour of recognising the impacts of drug control on development, full respect for human rights in drug control and improved drug control indicators (Doward, 2016). The country statements in particular demonstrate that the 'Vienna Consensus' has shattered, with some member states ignoring key issues such as the death penalty, decriminalisation, regulated markets and development (TNI, 2016b, p. 14), while others such as Uruguay, Colombia, the Netherlands, Canada and Switzerland highlighted the developments in their countries. The UNGASS served to identify that there is a group of like-minded countries, academics, and civil society organisations seeking more humane ways to address issues around drugs. There is a roadmap that can be traced and used for developing less punitive strategies on the legal side; and provide more benefits to those seeking new opportunities on the regulatory side.

Ignoring Reality in 2019: The Elephants in the Room

Following UNGASS 2016, the preparations for the 2019 review of the Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem began. Members of the CND have shown little to no appetite to undertake another long negotiation process such as that which happened during the UNGASS, so it was decided that the 2019 meeting would take place under the auspices of a High-Level Ministerial Segment. CND Resolution 60/1 from 2017 determines that the Ministerial Segment will 'take stock of the implementation of the commitments made to jointly address and counter the world drug problem, in particular in light of the 2019 target date'. The so-called 'modalities' resolution that was passed at the 2018 CND does not have any new preambular language but rather simply reaffirms the resolution passed in 2017 in its entirety.

Polarisation has now become the norm at the annual CND meeting, with one side pushing for more progressive language that includes references to harm reduction, recognises the rights of people who use drugs and condemns the death penalty for drug offences; and the other side, which advocates for continuing to have 'aspirational' goals of eradicating psychoactive plants and substances from the globe and seeks to consolidate the conventions as the cornerstone of drug control policy, ignoring the advances made in the UNGASS document and refusing the inclusion of the seven thematic chapters. Two consecutive years of this polarisation has instead demonstrated beyond doubt that the 'Vienna consensus' has been broken. Member States from the progressive wing are ready to defend the UNGASS document as the most recent consensus and are unwilling to give up an inch of what they

gained during those negotiations. The status-quo oriented countries seek to weaken language and ensure that the 2009 targets are those that guide the 2019 debate.

The review in 2019 will mark another inflection point, where an increased number of Member States will break the taboo in their country declarations and articulate their support for harm reduction, human rights, indigenous rights and development. Success will be defined by these pioneers coming forward to say that the 'world free of drug (or drug abuse)' language is dangerous because it justifies mass incarceration, forced treatment and the violation of human rights. The elephant in the room will be both the positive shifts underway (harm reduction programs, cannabis regulation and development opportunities), but also the negative consequences of drug control measure (such as the extrajudicial killings in the Philippines, the use of the death penalty and forced treatment). Policy reform advocates are now pushing Member States to highlight the advances and name the violations.

Under a Trump Administration, the United States is unlikely to undertake dramatic reforms at Federal level, but what happens at the local and State level will have repercussions on drug policies over the long term. The focus on Trump must be directed to the positive results of a lucrative market undergoing for the states and the need to implement programs and take decisions at a national level.

The social justice impacts of the legal regulation of the cannabis markets will need to be monitored, evaluated and shared with other jurisdictions. Governments, such as Canada, and citizens in the United States will surely vote to regulate their cannabis markets in the coming years. The innovative mechanisms to address the overdose crisis related to opioids will also need to be shared, for example, heroin-assisted therapy programs and supervised consumption facilities in Canada, Switzerland and other countries. Localities will work to find solutions to the crises in their communities.

2019 will not change the global state of drug control. The international drug control regime is entrenched in a slow process of wordsmithing. Instead, we will witness continued cracks in the consensus. This consensus has resulted in wide-scale human rights violations, has justified numerous military interventions and continues to greatly harm both people who use drugs and communities around the globe. Rather than focus on what has not worked, as the consensus is dismantled, we will need to demonstrate what does work. Local, evidence-based programmes with results will need to be elevated to the international level, so that governments can begin to implement policies that put human rights, full-spectrum harm reduction and development at the centre.

References

Anapol, A. (2018). *Trump opioid plan will include death penalty for some drug dealers: report*. Retrieved from http://thehill.com/homenews/administration/378618-trump-opioid-plan-will-include-death-penalty-for-drug-dealers-report

AP. (2015). *Maine becomes fourth state to legalize recreational marijuana this year*. Portland, ME: CBS News.. Retrieved from http://www.cbsnews.com/news/maine-becomes-fourth-state-to-legalize-marijuana-for-recreational-use/. Accessed on February 28, 2018.

Armenta, A., & Jelsma, M. (2015). *The UN Drug Control Conventions*. Transnational Institute. Retrieved from https://www.tni.org/es/publicacion/las-convenciones-de-drogas-de-la-onu?content_language=en. Accessed on February 26, 2018.

Aust, A. (2006). *Vienna convention on the law of treaties*. Oxford Public International Law. Retrieved from http://opil.ouplaw.com/view/10.1093/law:epil/9780199231690/law-9780199231690-e1498. Accessed on February 27, 2018

Ballotpedia. (2016). *Nevada Marijuana Legalization, Question 2. Ballotpedia: The encyclopedia of American politics*. Retrieved from https://ballotpedia.org/Nevada_Marijuana_Legalization,_Question_2_(2016)

Baum, D. (2016). Legalize it all. *Harper's Magazine*. Retrieved from https://harpers.org/archive/2016/04/legalize-it-all/. Accessed on February 27, 2018.

Borchardt, D. (2017). *$1 Billion in marijuana taxes is addictive to State Governors. Forbes*. Retrieved from https://www.forbes.com/sites/debraborchardt/2017/04/11/1-billion-in-marijuana-taxes-is-addicting-to-state-governors/#6ee7c07a2c3b. Accessed on February 27, 2018.

Botticelli, M. (2016). *Remarks to the Special Session of the UN General Assembly on the world drug problem*. ONDCP. Retrieved from http://statements.unmeetings.org/media2/7657455/usa.pdf. Accessed on March 2, 2018.

Buxton, J. (2011). Forward into history: Understanding Obama's Latin American policy. *Latin American Perspectives*, *38*, 4.

Cantor, D. (1961). The criminal law and the narcotics problem. *Journal of Criminal Law and Criminology*, *51*(5), 2. Retrieved from https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=4977&context=jclc. Accessed on February 2018.

CDE. (2017). Marijuana tax revenue and education, state government of Colorado. Retrieved from http://www.denverpost.com/2017/07/09/colorado-schools-get-300-million-boost-from-pot-sales/. Accessed on March 2, 2018.

CINU. (2016a). *Disolver la DEA: Pide el presidente de Bolivia en la Asamblea General*. United Nations System. Retrieved from http://www.un.org/spanish/News/story.asp?NewsID=34913#.WgIcTLaZP-Z. Accessed on March 2018.

CINU. (2016b). *Colombia: No hemos ganado la guerra contra las drogas, debemos replantear el enfoque*. United Nations System. Retrieved from http://www.un.org/spanish/News/story.asp?NewsID=34915#.WgIcPbaZP-Z. Accessed on March 2, 2018.

CINU. (2016c). *Speech by Presidente enrique Peña Nieto at UNGASS 2016*. United Nations System. Retrieved, from http://www.cinu.mx/comunicados/2016/04/el-problema-mundial-de-las-dro/. Accessed on March 2, 2018.

Cole, J. (2013). *Memorandum for all United States Attorneys*. Retrieved from https://www.mpp.org/federal/cole-memo/. Accessed on March 17, 2018.

Colorado site of Governor John Hickenlooper (CSGJH). (2017). Gov. *Hickenlooper signs long bill for 2017–18*. CSGJH. Retrieved from https://www.colorado.gov/governor/news/gov-hickenlooper-signs-long-bill-2017-18. Accessed on March 2, 2018.

CRD. (2014). *Marijuana tax data*. Colorado Department of Revenue. State Government of Colorado. Retrieved from https://www.colorado.gov/pacific/revenue/colorado-marijuana-tax-data. Accessed on March 2, 2018.

Delgado-Ramos, G., & Romano, S. (2011). *Plan Colombia e Iniciativa Mérida: Negocio y seguridad interna. El Cotidiano*. Retrieved from http://www.elcotidianoenlinea.com.mx/pdf/17010.pdf. Accessed on February 28, 2018.

Diniejko, A., & Litt, D. (2002). *Victorian drug use*. The Victorian Web. Retrieved from http://www.victorianweb.org/victorian/science/addiction/addiction2.html. Accessed on February 26 2018.

Doward, J. (2016). *The UN's war on drugs is a failure. Is it time for a different approach?* Retrieved from https://www.theguardian.com/world/2016/apr/02/un-war-on-drugs-failure-prohibition-united-nations. Accessed on March 2, 2018.

Drug Enforcement Administration (DEA). (2017). *Drug scheduling*. DEA. Retrieved from https://www.dea.gov/druginfo/ds.shtml. Accessed on February 27, 2018.

Drug Policy Alliance (DPA). (2015a). *Race and the drug war*. DPA. Retrieved from http://www.drugpolicy.org/issues/race-and-drug-war. Accessed on March 16, 2018.

Drug Policy Alliance. (2015b). *Marijuana legalization in Washington after 1 year of retail sales and 2.5 years of legal possession*. DPA. Retrieved from https://www.drugpolicy.org/sites/default/files/Drug_Policy_Alliance_Status_Report_Marijuana_Legalization_in_Washington_July2015.pdf. Accessed on July 2015.

Drug Policy Alliance (DPA). (2016). *Drug war statistics*. DPA. Retrieved from http://www.drugpolicy.org/issues/drug-war-statistics. Accessed on February 25, 2018.

Fernandez Ochoa, J., & Nougier, M. (2017) *How to capitalize on progress made in the UNGASS outcome document*. Retrieved from http://idpc.net/publications/2017/03/how-to-capitalise-on-progress-made-in-the-ungass-outcome-document. Accessed on March 2, 2018.

Forman, J. (2018). *From prohibition to progress: A status report on marijuana legalization*. Drug Policy Alliance. Retrieved from https://www.drugpolicy.org/press-release/2018/01/prohibition-progress-what-we-know-about-marijuana-legalization-eight-states. Accessed on March 2, 2018.

Friedman, S., Horvat, G., & Levinson, R. (1982). Narcotic Addict Rehabilitation Act :Its impact on Federal Prisons. *Contemporary Drug Problems Journal*, *11*, 1

Global Commission on Drug Policy. (2016). *Avanzando la reforma de la política de drogas*. Global Commission on Drug Policy. Retrieved from http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016_ES.pdf. Accessed on October 2017.

Gilbert, B. (2016). 4 states just voted to make marijuana completely legal. Business Inside. Retrieved from http://www.businessinsider.com/marijuana-states-legalized-weed-2016-11/#1-massachusetts-1. Accessed on February 28, 2018.

Griffaton, M. (2018). Vermont legalizes recreational marijuana. *Lexology*. Retrieved from https://www.lexology.com/library/detail.aspx?g=34fdfad9-208e-4b82-b21e-08d5b549a4cd. Accessed on March 2, 2018.

Henman, A., & Metaal, P. (2014). Time for a wake-up call: Aan historical and ethnographic approach to the regulation of plant-based stimulants. Transnational Institute. Retrieved from https://www.tni.org/files/download/dlr_27_eng-web.pdf. Accepted 27 February 2018.

Hernández, M. (2016). California, Nevada y Massachusetts legalizan la mariguana. *The Huffington Post*. Retrieved from http://www.huffingtonpost.com.mx/2016/11/09/california-nevada-y-massachusetts-legalizan-la-mariguana-con-fi/. Accessed on March 1, 2018.

Hetzer, H. (2016). *UNGASS outcome: Missed opportunity for UN, but global reform movement grows and continues to push for better drug policies*. Drug Policy Alliance. Retrieved from http://www.drugpolicy.org/blog/ungass-outcome-missed-opportunity-un-global-reform-movement-grows-continues-push-better-drug-po. Accessed on March 2, 2018.

Ingold, J. (2018). *Jess Sessions' latest memo pushes prosecutors to seek the death penalty against big drug dealers. That could include legal marijuana business owners*. Retrieved from https://www.denverpost.com/2018/03/22/jeff-sessions-death-penalty-memo-drug-dealers-marijuana/. Accessed on March 20, 2018.

Ingraham, C. (2016). Marijuana wins big on election night. *The Washington Post*. Retrieved from https://www.washingtonpost.com/news/wonk/wp/2016/11/08/medical-marijuana-sails-to-victory-in-florida/?utm_term=.7bd2aa848dc2. Accessed on February 28, 2018.

Ki-Moon, B. (2013). *Remarks at special event on the International day against drug abuse and illicit trafficking*. United Nations Secretary General Office. Retrieved from https://www.un.org/sg/en/content/sg/speeches/2013-06-26/remarks-special-event-international-day-against-drug-abuse-and. Accessed on March 2, 2018.

Landreth, S. (2017). *Medical cannabis permit applications, City of Oakland California*. Retrieved from http://www2.oaklandnet.com/government/o/CityAdministration/OAK064043. Accessed on March 2, 2018.

Lopez, G. (2018). California's new legal marijuana market marks the beginning of the end of prohibition. *Vox*. Retrieved from https://www.vox.com/policy-and-politics/2018/1/2/16840600/california-marijuana-legalization. Accessed on March 1, 2018.

Malinowska, K. (2013). *For safe and effective drug policy, look to the Dutch*. Open Society Foundations. Retrieved from https://www.opensocietyfoundations.org/voices/safe-and-effective-drug-policy-look-dutch. Accessed on February 27, 2018.

Mariani, S. (2017). *Lessons learned from marijuana legalization in Washington State*. Washington State Department of Social and Health Services. Retrieved from http://www.theathenaforum.org/sites/default/files/Keynote_PA%20Lessons%20Learned%20in%20marijuana%20legalization%20Final%2006%2020%2017.pdf. Accessed on March 2, 2018.

Marijuana Policy Project (MPP). (2017a). *New Hampshire's marijuana Decriminalization Bill takes effect tomorrow*. MPP. Retrieved from https://www.mpp.org/news/press/new-hampshires-marijuana-decriminalization-bill-takes-effect-tomorrow/. Accesses 1 March 2018.

Marijuana Policy Project (MPP). (2017b). *Summary of Indiana's low-THC cannabis oil program*. MPP. Retrieved from https://www.mpp.org/states/indiana/summary-indianas-low-thc-cannabis-oil-program/. Accessed on March 1, 2018.

Marijuana Policy Project (MPP). (2017c). *The West Virginia Medical Cannabis Act*. Retrieved, from https://www.mpp.org/states/west-virginia/west-virginia-medical-cannabis-act/. Accessed on March 1, 2018.

Matthews, D. (2014). The biggest loser in the Cromnibus: The rights of DC residents. *Vox*. Retrieved from http://www.vox.com/2014/12/13/7384639/cromnibus-marijuana-dc-veto. Accessed on March 1, 2018.

McGuinness, C. (2017). California's legal pot law is helping give felons their lives back. *VICE*. Retrieved from https://www.vice.com/en_us/article/59z5qz/californias-legal-pot-law-is-helping-give-felons-their-lives-back. Accessed on March 2, 2018.

McWilliams, J. (1990). *The protectors: Harry J. Anslinger and the Federal Bureau of Narcotics*. Newark, NE: University of Delaware Press.

Morgan, R., (2015). Initiative petition. (2015). State of North Dakota. Retrieved from https://vip.sos.nd.gov/pdfs/measures%20Info/Petitions%20Being%20Reviewed/Compassionate%20Care%20Act/11.30.2015.NDCCA.Final.wPetitionTitle&Changes.pdf. Accessed on March 1, 2018.

Marijuana Policy Project (MPP). (2016). *Overview of Arkansas' Medical Marijuana Amendment*. MPP. Retrieved from: https://www.mpp.org/states/arkansas/overview-arkansass-medical-marijuana-amendment/. Accessed on March 2, 2018.

N.a. (2015). Use of marijuana for debilitating medical conditions. *My Florida*. Retrieved from http://dos.elections.myflorida.com/initiatives/fulltext/pdf/50438-3.pdf. Accessed on March 1, 2018.

Reed, J. (2016). *Marijuana legalization in Colorado. Early findings*. Colorado Department of Public Safety. Retrieved from https://cdn0.vox-cdn.com/uploads/chorus_asset/file/6470551/Colorado_arrest_report.0.pdf. Accessed on March 2, 2018.

Sessions, J. (2018). *Memorandum for all United States Attorneys*. Retrieved from https://www.justice.gov/opa/press-release/file/1022196/download. Accessed on March 17, 2018; https://www.justice.gov/file/1045036/download. Accessed on March 20, 2018.

Sharp, E. (1994). *The dilemma of drug policy in the United States*. New York, NY: HarperCollins College Publishers.

Smith, A. (2012). Marijuana legalization passes in Colorado and Washington. *CNN*. Retrieved from http://money.cnn.com/2012/11/07/news/economy/marijuana-legalization-washington-colorado/. Accessed on March 1 2018.

Snapp, Z. (2017). *Un pie adentro y el otro afuera: las OSC y la agenda multilateral de drogas. Participación de las Organizaciones de la Sociedad Civil en la Agenda Multilateral de México*. Secretaría de Relaciones Exteriores de México. Retrieved from https://www.gob.mx/cms/uploads/attachment/file/285212/Participaci_n_de_las_OSC_en_la_Agenda_Multilateral_de_M_xico.pdf. Accessed on February 26, 2018.

Steinmetz, K. (2016). What to know about marijuana legalization in California. *TIME*. Retrieved from http://time.com/4565438/california-marijuana-faq-rules-prop-64/. Accessed on February 28, 2018.

Todd, T., & Smith, J. (2016). The Crime in Washington 2016 Annual Report. WASPC. Retrieved from http://www.waspc.org/assets/CJIS/2016%20crime%20in%20washington.small.pdf. Accessed on March 2, 2018.

Toor, A. (2014). New highs: Marijuana now legal in Alaska, Oregon, and Washington D.C. *The Verge*. Retrieved fromhttp://www.theverge.com/2014/11/5/7157993/marijuana-legalization-vote-oregon-washington-dc-alaska-florida. Accessed on March 1, 2018.

Transnational Institute (TNI). (2013). *Background on UNGASS 1998*. Retrieved from https://www.tni.org/en/article/background-of-ungass-1998. Accessed on March 17, 2018.

Transnational Institute (TNI). (2016a). *Cannabis regulation and the UN drug treaties: Strategies for reform*. Retrieved from https://www.tni.org/files/publication-downloads/cannabis_regulation_and_the_un_drug_treaties_june_2016_web_0.pdf. Accessed on March 15, 2018.

Transnational Institute (TNI). (2016b). *The UNGASS outcome document: Diplomacy or Denialism?* TNI. Retrieved from https://www.tni.org/es/node/22895. Accessed on March 2, 2018.

United Nations (UN). (1971). *Convention on psychotropic substances, 1971*. UNODC. Retrieved from https://www.unodc.org/pdf/convention_1971_en.pdf. Accessed on February 2018.

United Nations (UN). (1988). *Convención de las Naciones Unidas contra el tráfico ilícito de estupefacientes y sustancias Psicotropicas*. UNODC. Retrieved from https://www.unodc.org/pdf/convention_1988_es.pdf. Accessed on February 28, 2018.

United Nations Office on Drugs and Crime (UNODC). (1999). Global illicit drug trends. ODCCP studies on drugs and crime. Retrieved from https://www.unodc.org/pdf/report_1999-06-01_1.pdf. Accessed on February 2018.

United Nations Office on Drugs and Crime (UNODC). (2005). *World Drug Report 2005* (p. 128). United Nations. Retrieved from https://www.unodc.org/pdf/WDR_2005/volume_1_chap2.pdf. Accessed on October 10, 2017

United Nations Office on Drugs and Crime (UNODC). (2008). *World drug report 2008, Executive summary* (p. 21). United Nations System. Retrieved from https://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf. Accessed on October 10, 2017.

United Nations Office on Drugs and Crime (UNODC). (2009a). *Political declaration and plan of action on the world drug problem*. United Nations System. Retrieved from https://www.unodc.org/documents/ungass2016/V0984963-English.pdf. Accessed on February 26, 2018.

United Nations Office on Drugs and Crime (UNODC). (2009b). *World drug report 2009*. United Nations System. Retrieved from https://www.unodc.org/documents/wdr/WDR_2009/WDR2009_eng_web.pdf. Accessed on February 27, 2018.

United Nations Office on Drugs and Crime (UNODC). (2016). *World drug report 2016* (p. 101). United Nations System.

United Nations Office on Drugs and Crime (UNODC). (2018). *Draft decision I*. United Nations System. Retrieved from https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/ECOSOC_2017/Draft_dec_I_ECOSOC_60CND.pdf. Accessed on March 2, 2018.

Verma, K. (2017) UNGASS: The world is failing to learn the right lessons from its 'war' on drugs. *The Wire*. Retrieved from https://thewire.in/33302/the-world-is-failing-to-learn-the-right-lessons-from-its-war-on-drugs/. Accessed on February 28, 2018.

Wagner, T., & Carbone, L. (2001). *Fifty years after the declaration: The United Nations' record on human rights*. New York, NY: University Press of America.

Wallace, A. (2016, November). A greener America: Marijuana's big statement in Election 2016. *The Cannabist*. Retrieved from http://www.thecannabist.co/2016/11/08/election-2016-marijuana-results-states-recreational-medical/66994/

Way, A. (2013). *Colorado one year later: Thousands not arrested for marijuana, millions of dollars saved*. Drug Policy Alliance. Retrieved from http://www.drugpolicy.org/blog/colorado-one-year-later-thousands-not-arrested-marijuana-millions-dollars-saved. Accessed on March 2, 2018.

World Health Organization. (2017). *Substances under international control*. World Health Organization. Retrieved from http://www.who.int/medicines/areas/quality_safety/sub_Int_control/en/. Accessed on February 27, 2018.