

# **International Drug Conventions:**

## **Canada's options with respect to Bill C-45**

### **Brief**

submitted to the Standing Senate Committee on Foreign Affairs and  
International Trade

by Line Beauchesne  
Full Professor  
Department of Criminology  
University of Ottawa  
and Associate Professor  
Department of community health  
University of Sherbrooke

March 28, 2018

## **Executive Summary**

In Part I, following a brief description of the content of the three international drug conventions and their control mechanisms, I will explain countries' obligations and latitudes with respect to the conventions. Legalizing a drug prohibited by the conventions is not one of the latitudes.

In Part II, I will explain the procedures for derogating from the conventions with a view to showing what approaches are non-starters.

In Part III, I will show what options Canada has for justifying its position on legalizing cannabis by explaining the various arguments it must use in combination to support its position, arguments that go beyond purely legal strategies.

## Table of Contents

Executive Summary .....	2
I. Understanding the content, latitudes and obligations of the international drug conventions .....	4
Single Convention on Narcotic Drugs, 1961 .....	4
Convention on Psychotropic Substances, 1971.....	4
Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 .....	5
Management of the conventions .....	5
Obligations and latitudes under the conventions .....	7
II. Convention derogation procedures.....	8
III. Primacy of the Bill of Human Rights and other considerations.....	11
Primacy of the Bill of Human Rights .....	11
Global movement in favour of changing the conventions .....	11
Latin American Commission on Drugs and Democracy (LACDD).....	11
The Vienna Declaration.....	12
Global Commission on Drug Policy (GCDP).....	13
Organization of American States (OAS) .....	14
April 2016 UNGASS on drugs .....	15
Canada and the United States .....	17
Canada and the UN’s need for scientific data on cannabis .....	18
CONCLUSION.....	19
References .....	20

## I. Understanding the content, latitudes and obligations of the international drug conventions

There are currently three international drug conventions, which, as of 2018, have been signed by most of the UN's 193 Member States<sup>1</sup> (UNODC, 2013; UN, 2018):

- the Single Convention on Narcotic Drugs of 1961, which entered into force in 1964, and the 1972 Amendment Protocol, which entered into force in 1975, to which 186 States are party;
- the Convention on Psychotropic Substances of 1971, which entered into force in 1976, to which 184 States are party;
- the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, also known as the Vienna Convention, which entered into force in 1990, to which 190 States are party.

### Single Convention on Narcotic Drugs, 1961

The first international restrictions on drugs date back to 1912 (International Opium Convention), and their introduction was due to political, economic and social issues that had little to do with public health (Beauchesne, 2006a). The United States, Great Britain and China dominated the preparatory discussions that led to the adoption of the first convention. Initially, the non-medical use of opium, morphine, heroin and cocaine was banned, and in 1925, cannabis was added to the list without any actual scientific studies of its effects (Bewley-Taylor, Jalsma and Blickman, 2014). The many treaties subsequently put in place to control certain drugs were combined, at the instance of the United States, into the Single Convention on Narcotic Drugs of 1961, not only to achieve greater consistency by merging the treaties but also to tighten the restrictions (Bewley-Taylor, 2012). Through an expansion of legal controls, it requires States parties to take steps to implement the Convention in their domestic legislation (Bewley-Taylor and Martin, 2012); this means prohibition of the cultivation, production, distribution, trafficking and possession of the drugs listed in the addendum, in which the prohibited substances are assigned to one of four schedules depending on the level of control, with cannabis being placed under the most stringent control (Schedule IV) at the insistence of the United States. Only Article 38 addresses the issue of treatment for drug addicts, which is considered desirable, but only if the country has "a serious problem of drug addiction and its economic resources [would] permit."

### Convention on Psychotropic Substances, 1971

As a result of the exponential growth in the use of synthetic drugs in the 1960s, particularly amphetamines, barbiturates and LSD, the World Health Organization (WHO) studied the phenomenon and submitted recommendations aimed at placing international controls on the non-medical circulation of those drugs, which were not covered by the 1961 Convention. Those recommendations led to the Convention on Psychotropic Substances of 1971. Those drugs are made in the laboratory, and the

---

<sup>1</sup> Since the United Nations currently recognizes 197 States, almost all States are members of the UN.

controls are much less strict, because they affect the pharmaceutical industry of Northern countries. In fact, the industry made sure that derivatives of the drugs covered by the Convention, derivatives that make up 95% of all synthetic drugs, were not included (Buxter, Bewley-Taylor and Hallam, 2017).

The differences between this convention, nicknamed the North Convention, and the 1961 Convention, nicknamed the South Convention, are striking. In contrast to the South Convention, the North Convention states, in its preamble, that drug problems are often associated with social and public health problems and therefore that the availability of drugs “should not be unduly restricted”, and it stresses the importance of public awareness, prevention and treatment as the key measures for preventing abuse of the drugs. Moreover, in the 1961 Convention, the assignment of a number of drugs to the schedules subject to the most stringent controls, such as cannabis, is based on the assumption that a narcotic is dangerous until proven otherwise; in the 1971 Convention, unless there is compelling evidence that a substance is harmful, it is classified in the schedules subject to the least stringent measures, and the criteria for approving additions to the list of prohibited drugs are much more difficult to satisfy. Lastly, in contrast to the South Convention, the controls in the North Convention are national, out of respect for the sovereignty of States. In short, these differences between the two conventions are really a reflection of the power relationship between North and South (Bewley-Taylor, 1999; McAllister, 2000).

### **Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988**

In response to the growth of the illegal drug trade due to these tightened restrictions, the 1988 Convention against Illicit Traffic was aimed at harmonizing criminal laws and the resulting regulations at the national and international levels to combat drug trafficking. This was an important change in the scope of the conventions, since the requirements to impose criminal sanctions in the two previous conventions focused primarily on international trafficking (Stewart, 1990).

### **Management of the conventions**

The conventions are administered by three organizations: the International Narcotics Control Board (INCB), the Commission on Narcotic Drugs (CND) and the United Nations Office on Drugs and Crime (UNODC). They have a shared secretariat in Vienna, which since 1990 has been provided by the United Nations Drug Control Program (UNDCP), which manages the UNDCP Fund. The Single Convention guarantees an American presence in the three organizations (Bewley-Taylor, 1999). In 1972, under the Nixon Administration, a Protocol to the Convention increased the INCB’s power to control trafficking.

Established in 1968, the International Narcotics Control Board (INCB) is independent of the Member States and is funded by the United Nations. Its mandate is to enforce the conventions by assisting non-compliant countries in finding solutions that will help them overcome difficulties: “If the INCB discovers that a government has not taken the measures necessary to remedy a situation, it can call the matter to

the attention of the parties concerned or remit the issue to the Commission on Narcotic Drugs and the United Nations' Economic and Social Council" (Bushan, 2015: 189).

The Commission on Narcotic Drugs (CND) is a technical committee with 53 members elected by the United Nations Economic and Social Council (ECOSOC). It is responsible for guiding UN policy on drugs. Harry J. Anslinger, first Commissioner of the U.S. Federal Bureau of Narcotics, a position he would hold for 33 years (1930-1962), and Lieutenant Colonel Sharman, Chief of the Canadian Narcotic Service from 1927 to 1946 and member of the United Nations Drug Supervisory Committee from 1948 to 1953,<sup>2</sup> worked very hard to ensure that the CND would report directly to ECOSOC. They were afraid that if the main drug control apparatus was a larger health or social issues organization – such as the WHO or the United Nations Educational, Scientific and Cultural Organization (UNESCO) – etiology and treatment issues might take precedence over prohibition. In particular, they wanted to ensure that governments would be represented by law enforcement officials, as opposed to physicians or public health officials (Sinha, 2001). They were successful. It is important to bear in mind that, at that time, "drug issues were of only marginal concern for many states, permitting a few nations to dominate proceedings and steer the development of the international control system in their preferred prohibition-oriented direction" (Canadian HIV/AIDS Legal Network, 2016: 4).

The United Nations Office on Drugs and Crime (UNODC) provides the CND with statistics and strategy recommendations by compiling and analyzing information about global illegal drug trends based on data from Member States. Every year, it publishes the *World Drug Report*.<sup>3</sup> It is also responsible for the UN's drug action plans.

The deliberations of these three organizations usually take place outside of other UN bodies, without their involvement, which is "particularly troubling with regards to WHO, despite their treaty-mandated role in drug policy" (Bridge et al., 2017: 15). Furthermore, as explicitly noted in 2008 by Paul Hunt, the United Nations Special Rapporteur on the right to health, the international drug conventions and the UN's International Bill of Human Rights<sup>4</sup> are "parallel universes"; in the debates on the conventions, there is little reference to the Bill of Human Rights and almost no reference to the right to health and security, despite strong pressure in that direction in recent years. The three organizations also do not work closely with the UN's development and international aid agencies (Bridge et al., 2017).

---

<sup>2</sup> He was also the Canadian delegate on the Opium Advisory Committee from 1934 to 1946 and Chair of the CND in 1946-1947.

<sup>3</sup> Previously, there were two reports, *Global Illicit Drug Trends* and *World Drug Report*. They are now combined in one publication.

<sup>4</sup> The International Bill of Human Rights consists of the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights (and its two optional protocols).

## Obligations and latitudes under the conventions

Parties to the conventions pledge to make their national drug legislation consistent with the conventions' provisions by criminalizing the possession, cultivation and trafficking of drugs listed in the convention schedules. Second, they have an obligation to cooperate in combating international drug trafficking. Third, they are required to present the International Narcotics Control Board (INCB) with an annual report on drug production rationales and trade for medical and scientific purposes and on the quantities produced. That is the non-negotiable minimum unless the conventions are amended (Dupras, 1998).

However, the conventions allow some latitude in a number of areas to take a more public health-oriented approach; parties are utilizing this latitude very unevenly at the moment.

- While the conventions demand prohibition, it is up to the parties to determine how stringent the restrictions are. Under the conventions, criminal sanctions are supposed to be proportional to the seriousness of the offence, but governments decide on the degree of seriousness.
- In the case of personal-use offences, Article 3 of the 1988 Convention against Illicit Traffic allows the use of alternatives to criminal sanctions for simple possession,<sup>5</sup> which is regarded as a minor offence. As a result, to date, about 20 parties have decided not to criminalize, or to decriminalize, simple possession of all drugs, and dozens of countries have decriminalized simple possession of cannabis (Mackey et al., 2014).
- Medical uses of the drugs are permitted and are not defined in the conventions; determination of what constitutes medical use is left to the parties. Hence, parties are free to set up a very wide therapeutic distribution network for the drugs.
- The conventions also allow the use of illegal drugs for rehabilitation purposes. Even though it is not explicitly stated that this may involve treatment of illegal drug users, since it is up to the parties to determine the purposes of such rehabilitation, the heroin prescription programs adopted by some parties are fully consistent with the conventions.
- Scientific research on prohibited drugs is permitted, but the conventions do not provide a definition of such research. It is up to the parties to decide whether to conduct such research and to determine its scope.

As the above summary indicates, there is no provision for legalizing a drug. Is it possible to derogate from certain articles of the conventions in order to do so, at least for cannabis?

---

<sup>5</sup> NB: Simple possession is possession for personal use, with no intent to traffic.

## II. Convention derogation procedures

There are four procedures for derogating from certain articles of the conventions: declassification, amendment, denunciation and reservations.

The **declassification** procedure is the most attractive approach, particularly for cannabis. The advantage of this procedure is that it allows the transfer of a drug from a schedule requiring severe criminal sanctions to a schedule with less stringent regulations (Article 3, Single Convention). The declassification procedure was recommended for cannabis by the Senate Special Committee on Illegal Drugs (2002). The purpose was to have cannabis moved from Schedule IV (the most harmful drugs) to Schedule I (the least harmful). However, under this procedure, the final decision depends on the Commission on Narcotic Drugs (CND) and the United Nations Office on Drugs and Crime (UNODC), which have to submit a proposal to the United Nations General Assembly. This puts the decision in the hands of the strongest members of these bodies – currently, Russia, China and Iran, which have some of the strictest views on drugs<sup>6</sup> (Bewley-Taylor, Jalsma and Blickman, 2014; Eastwood, Fox and Rosmarin, 2016). It is also important to keep in mind that this declassification procedure does not mean countries can legalize cannabis; they can only ease the restrictions on it.

**Amendment** requests are permitted under Article 47 of the Single Convention. There are two possible procedures when an amendment is requested by one or more parties. One procedure is to submit the proposal directly to the parties, which then have 18 months to decide whether to accept it. If the parties have no objections, the UNODC and the CND must decide whether the proposal is consistent with the “spirit of the conventions” and so notify the UN. The other procedure is to hold a conference to consider the proposed amendment or amendments, which can be adopted by simple majority. The advantage of this procedure is that, if the proposal is adopted, parties that are opposed to it can continue operating under the old treaty obligations, which can reduce resistance to the change. The difficulty is that this procedure carries little weight if the proposal is made by only a small number of parties, since it will not be possible to attain a majority. In addition, this procedure can be extremely lengthy and complex if the proposal necessitates modifications to all three treaties. Furthermore, if the UNODC and the CND determine that the amendment would contravene the “spirit of the conventions,” it can be summarily rejected, no matter which procedure is followed (International Centre for Science in Drug Policy, 2017).

The **denunciation** procedure set out in Article 46 of the Single Convention allows parties to withdraw from the conventions. [Translation] “This solution was proposed in 1991 by 103 magistrates and professors of criminal law in Spain; they circulated, for signature, a manifesto and a concrete proposal for legislative changes and the introduction of controlled legalization” (Colle, 2000: 168). The Spanish government did not pursue this request with the United Nations, because a denunciation procedure submitted by a single party is politically and economically very risky (Bewley-Taylor, 2003). Why is that?

---

<sup>6</sup> Before Obama became President, the United States dominated these bodies and worked to maintain prohibition (Bewley-Taylor, 1999; Kumah-Abiwu, 2014).



First, it is important to note that these international conventions do not just cover illegal drugs. They also cover trade in legal drugs for medical purposes, including the *essential medicines* on the WHO list (2017), which was established in 1977 to help developing countries (Louz, 2012). In fact, this access to *essential medicines* derives from the right to health enshrined in the International Covenant on Economic, Social and Cultural Rights (Seuba, 2006). Consequently, withdrawing from the conventions is very risky for countries that need those medicines.

Moreover, for many countries, it is extremely risky or even impossible to use the denunciation procedure since they are “receiving development aid or benefitting from preferential trade agreements, [and] denunciation would also risk triggering economic sanctions” (Canadian HIV/AIDS Legal Network, 2016: 12). It is important to bear in mind that being a party

to all three of the drug control conventions is a condition in a number of preferential trade agreements or for accession to the European Union. [...] Denunciation can therefore have serious political and economic implications, especially for less powerful and poor countries. Even for countries that are less economically vulnerable, simply withdrawing from the drug treaties could carry the risk of reputational costs. (Canadian HIV/AIDS Legal Network, 2016: 12).

The parties are not necessarily eager to summarily discard international rules unless it is in their interest to do so. They want to negotiate changes, even if that involves lengthy processes, because international law regulates relations between States, just as it would be inappropriate to ignore the rules of national law because they do not suit us. Being a citizen of a State where the rule of law applies means accepting the primacy of the law of that State and following the proper processes for changing the rules if they are judged to be outdated or unfair. The same applies to Member States of the UN international community. The fact that rules seem unfair or that there are disparities in the way they are applied, both nationally and internationally, does not mean we can ignore international law. For these reasons, denunciation – at least, permanent denunciation – is not really an option for the parties. However, countries could withdraw temporarily and rejoin with reservations.

Under the 1961 Convention (Articles 49 and 50), States whose cultural or religious traditions involved the use of certain drugs may make **reservations** in respect of certain provisions as a condition of signing. A few States have used this procedure to obtain recognition of the “traditional character of certain plants, cultivated and consumed for centuries by local populations, in particular the farming community” (Dell’Alba, Dupuis and Robert, 1994: 8). What can a State do when it has already signed the treaties?

A State could consider a denunciation – i.e., temporary withdrawal from the conventions – and reaccession with a reservation. This procedure is used only in exceptional cases, and the parties could refuse to allow the country to rejoin the treaties. Nevertheless, there is a precedent. In 2011, Bolivia notified the Secretary-General that it had decided to withdraw from the Single Convention, effective in January 2012, intending to reaccede with reservations in respect of coca. It wanted to retain the coca

leaf chewing tradition and the option to cultivate the coca leaf in certain regions for use in its natural state. Its demand was based on indigenous rights set out in the 2007 UN Declaration on the Rights of Indigenous Peoples (UN, 2007). The INCB and 15 countries (including the G8) submitted formal objections. However, the request was accepted in 2013, and Bolivia was able to reaccede to the treaties. While indigenous rights were an acceptable rationale in that case, the same approach would be hard to use for the purpose of legalizing cannabis (International Centre for Science in Drug Policy, 2017).

In fact, all four of these procedures would be difficult to use to justify the legalization of cannabis. There remain two other avenues: an *inter se* modification of a treaty as permitted under Article 41 of the 1969 Vienna Convention on the Law of Treaties, and the use of States' constitutional limitations based on the primacy of the UN's International Bill of Human Rights over all other treaties.

The aim of **Article 41 of the Vienna Convention on the Law of Treaties** (1969) is to ensure "the peaceful evolution of international treaties." Consequently, parties can, as their circumstances change, make multilateral agreements to derogate from specific provisions of a treaty without jeopardizing the conventions and their application for other countries. For example, the members of the Organization of American States (OAS) could decide that, with respect to the right to health and security, it is appropriate to legalize cannabis and create a market within the OAS countries, in view of the particularly detrimental effects of the illegal market. However, that is not the current trend following the most recent U.S. elections, and Latin American countries remain divided on the issue (Mendiburo-Seguel et al., 2017). In fact, no group of countries has ever used Article 41 in respect of drug laws, even though that approach has the advantage of being permitted with regard to the conventions' application.

The other avenue is to use the treaties' constitutional limits, based on the **primacy of the UN's International Bill of Human Rights over all other treaties**, as Uruguay did when it legalized cannabis. If used in isolation, however, this avenue could make Canada look as if it were refusing to comply with the UN conventions and its obligations. So this avenue must be combined with other options.

### **III. Primacy of the Bill of Human Rights and other considerations**

#### **Primacy of the Bill of Human Rights**

As stipulated in many international conventions, the national application of the content of the international drug conventions is “[s]ubject to its constitutional limitations (Article 36, Single Convention), must have “due regard to their constitutional, legal and administrative systems” (Article 21, Convention on Psychotropic Substances), is “[s]ubject to its constitutional principles and the basic concepts of its legal system” (Article 3, Convention against Illicit Traffic), and must respect “fundamental human rights” (para. 2, Article 14, Convention against Illicit Traffic). In addition, paragraph 4 of Article 14 of the Convention against Illicit Traffic states the following: “The Parties shall adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit traffic.”

This means that countries can use the right to health and security in their constitution or bill of rights to override any article of the Convention and adopt a different policy. Human rights obligations are an integral part of the UN Charter and, under Article 103 of the Charter, “[i]n the event of a conflict between the obligations of the Members of the United Nations under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail.” However, it is clear that using a bill of rights in this way would amount to saying that the conventions, with their prohibitive intent, aggravate public health problems and violate human rights (Dupras, 1998; Lines et al., 2017). A country must have sufficient political clout on the international scene to do that, especially, if the global context has changed, which it has, with an increasingly widespread and powerful movement in favour of changing the conventions. There are five main phases in this recent international shift that are working in Canada’s favour and explain why there were no international or U.S. sanctions when Uruguay legalized cannabis.

#### **Global movement in favour of changing the conventions**

Worldwide, increasing numbers of political and scientific leaders are speaking out and demanding amendments to the international drug conventions; they want to end prohibition and institute public health policies based on respect for human rights. Among their key concerns are the level of violence and death associated with the illegal drug market, the corruption of institutions with drug money, the obstacles that prohibition creates for global efforts to combat HIV and hepatitis C, and the vast amounts of money spent on enforcement instead of treatment and prevention.

#### **Latin American Commission on Drugs and Democracy (LACDD)**

The Latin American Commission on Drugs and Democracy (LACDD) was established by Fernando Henrique Cardoso, formerly president of Brazil, and Ernesto Zedillo, former president of Mexico, in April 2008. It is co-chaired by the two former presidents and a former president of Colombia, César Gaviria,

who was also secretary-general of the Organization of American States (OAS) from 1994 to 2004. Most of the LACDD's members were recruited by former president Cardoso, who leveraged his political network to build a team from various Latin American countries, including former politicians and senior officials,<sup>7</sup> academics<sup>8</sup> and cultural or social luminaries.<sup>9</sup>

In 2009, after more than a year of work, in particular with experts from the Transnational Institute (TNI) and the Drug Policy Alliance (DPA), the LACDD produced a report entitled *Drugs and Democracy: Toward a Paradigm Shift*. It demanded that the public be involved in the discussion with a view to moving toward a paradigm shift on illegal drugs, making drug policies about public health rather than prohibition and repression. According to the report, Latin American countries have paid a very high price in the war against drugs, which has cost thousands of lives and created widespread corruption due to the powerful cartels that run the illegal drug market (Latin American Commission on Drugs and Democracy, 2009).

To publicize the findings of their report, the three former presidents read a statement summarizing them at a meeting of the UN Commission on Narcotic Drugs (CND) in March 2009. While this did not sit well with the INCB, the CND and the UNODC, it was a media hit, as the statement was subsequently reproduced worldwide in many newspapers and magazines.

### **The Vienna Declaration**

The Vienna Declaration was written in July 2010 by a team of 31 international experts led by Canadian Evan Wood (Wood, 2011). The Declaration, adopted at the XVIII International AIDS Conference, calls on countries to decriminalize all drugs and focus on policies that are based on scientific evidence rather

---

<sup>7</sup> Diego Garcia-Sayan Larrabure, former foreign minister of Peru;

Ana Maria Romero de Campero, a Bolivian journalist, activist and influential public figure in her country who fought for the rights of the disadvantaged. She was the first Human Rights Ombudswoman of Bolivia and President of the Senate of Bolivia at the time of her death;

General Alberto Cardoso, former security minister of Brazil;

Sonia Picado, who held many posts in national and international human rights organizations, including the presidency of the Inter-American Institute of Human Rights (IHR). She was also Costa Rica's ambassador to the United States.

<sup>8</sup> Aurelijus Rutenis Antanas Mockus Sivickas, a Colombian philosopher;

Enrique Krauze Kleinbort, a Mexican intellectual who is a renowned expert on his country's history.

<sup>9</sup> Enrique Santos Calderon, a Colombian journalist who wrote a column for the newspaper *El Tiempo* for almost 40 years;

Joao Roberto Marinho, a Brazilian multimillionaire businessman – Globo Organizations;

Mario Vargas Llosa, a world-famous Peruvian writer;

Moisés Naim, industry and trade minister of Venezuela for 14 years and editor-in-chief of *Foreign Policy* magazine for 14 years;

Patricia Marcela Llerena, prosecutor in the Criminal Court of Buenos Aires, Argentina;

Paulo Coelho, a world-famous Brazilian writer;

Sergio Ramirez Mercado, a Nicaraguan intellectual who supported the Sandinista National Liberation Front (FSLN) in its struggle to topple dictator Anastasio Somoza. He oversaw the reconstruction of the education system under the Sandinista government and is a journalist;

Tomas Eloy Martinez, a world-famous journalist and writer.

than ideology. That would enable them to divert money from drug prohibition to prevention and treatment, particularly with regard to AIDS and hepatitis C, of which people are literally dying because of these policies.

This group of scientific experts on HIV<sup>10</sup> was not the first to express these ideas, but the Declaration would have particular resonance. New communications technologies helped publicize it, and many newspapers and magazines around the world published it, providing maximum opportunity to sign it. Among the thousands of signatories were leading figures in science and medicine, heads of state, Nobel Prize winners, academic institutions, municipal governments, and hundreds of human rights, public health and justice organizations and representatives of religious faiths and civil society.

In addition, the same month the Vienna Declaration was published, *The Lancet*, one of the most highly respected British medical journals, put out a special issue on the HIV problem and all of the health problems associated with injectable drug use; the views expressed in the Vienna Declaration were supported by the large volume of data presented in the special issue's articles (*The Lancet*, 2010).

This political mobilization of the scientific community in support of amending the international drug conventions and focusing on public health strategies rather than prohibition has intensified in subsequent years (Altman and Buse, 2012).

### **Global Commission on Drug Policy (GCDP)**

Although the CND, the INCB and the UNODC did not care for the statement made by the Latin American Commission on Drugs and Democracy (LACDD) in 2009, several members of the LACDD wanted to build on its global success and pursue their criticism of drug prohibition. They decided to follow the same strategies of using members of the political and social elite to publicize the field work of experts and scientists compiling and analyzing data (Alimi, 2015). This led to the establishment in 2010 of the Global Commission on Drug Policy (GCDP), which encompasses the LACDD. As of this year, the GCDP has 25 members, up from the initial 19.<sup>11</sup> The Honourable Louise Arbour was one of the initial members but had to step down last year to take the post of UN Special Representative for International Migration.

---

<sup>10</sup> Most of them were from the International AIDS Society, the International Centre for Science in Drug Policy and the BC Centre for Excellence in HIV/AIDS.

<sup>11</sup> Kofi Annan, former secretary-general of the United Nations, Ghana

Joyce Banda, former president of Malawi

Pavel Bém, former mayor of Prague, member of parliament of the Czech Republic

Sir Richard Branson, businessman, philanthropist, founder of the Virgin Group, co-founder of The Elders, United Kingdom

Fernando Henrique Cardoso, former president of Brazil

Maria Livanos Cattai, member of the board of Petroplus Holdings, former secretary-general of the International Chamber of Commerce, Switzerland

Helen Clark, former prime minister of New Zealand and administrator of the United Nations Development Program (UNDP)

Nick Clegg, former deputy prime minister of the United Kingdom under David Cameron

Ruth Dreifuss, former president of the Swiss Confederation and former home affairs minister, Switzerland

César Gaviria, former president of Colombia

## Organization of American States (OAS)

The debate launched by the LACDD and carried on by the GCDP and many other players was bound to end up in the OAS. President Santos Calderon, supported by all OAS heads of state, successfully sponsored a resolution that established a working group to assess the various scenarios for a future drug policy. Even President Obama described this work as legitimate, though he reaffirmed the U.S. position on the issue. The working group was chaired by OAS Secretary-General José Miguel Insulza, a Chilean politician. One year later, the group published its report, entitled *Scenarios for the Drug Problem in the Americas 2013-2025* (Insulza, 2013a).

This report shows the complexity of the scenarios involved in maintaining drug prohibition and clearly outlines the possibility of regulating all drugs by exploring the consequences that approach would have in the Americas. As might have been expected, however, a political declaration was adopted at the OAS meeting in Antigua, Guatemala, on June 7, 2013, stating that these new scenarios were worthy of consideration in deciding on future actions on drugs ... with the exception of the controlled legalization scenario (Insulza, 2013b).

Nevertheless, the fact that the issue of controlled legalization of all drugs was openly considered at the OAS is an important political development.

---

Anand Grover, Indian human rights and HIV activist

Asma Jahangir, human rights advocate, former United Nations special on extrajudicial, summary or arbitrary executions, Pakistan

Michel Kazatchkine, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, France

Alexander Kwasniewski, former president of Poland

Ricardo Lagos, former president of Chile

Mario Vargas Llosa, Peruvian writer and intellectual

Olusegun Obasanjo, former president of Nigeria, chair of the West Africa Commission on Drugs

George Papandreou, former prime minister of Greece

José Ramos-Horta, former prime minister and president of East Timor

Jorge Sampaio, former president of Portugal

George P. Shultz, former secretary of state, United States (honorary chair)

Javier Solana, former European Union high representative for the common foreign and security policy, Spain

Thorvald Stoltenberg, former minister of foreign affairs and UN high commissioner for refugees, Norway

Paul Volcker, former chairman of the U.S. Federal Reserve and of the Economic Recovery Board, United States

Ernesto Zedillo, former president of Mexico

Also worth noting:

Louise Arbour, former high commissioner of the Office of the United Nations High Commissioner for Human Rights, president of the International Crisis Group, Canada (stepped down temporarily from the GCDP to take the post of UN Special Representative for International Migration)

Carlos Fuentes, Mexican writer and intellectual, deceased

Mario Vargas Llosa, Peruvian writer and intellectual, who has now stepped down

John C. Whitehead, banker, former president of the World Trade Center in the United States, deceased

Global Commission on Drug Policy (2018), Commissioners <https://www.globalcommissionondrugs.org/about-usmission-and-history/commissioners/>

## April 2016 UNGASS on drugs

In September 2012, a provision was included in the annual omnibus resolution on drug policy sponsored by Mexico, Colombia and Guatemala and co-sponsored by 95 other countries to bring forward the global drug policy summit meeting scheduled for 2019. The date of the summit was not changed, but in a resolution adopted on December 20, 2012, the United Nations General Assembly decided “to convene, early in 2016, a special session of the General Assembly on the world drug problem” (UN, 2012: 11). The UNGASS (United Nations General Assembly Special Session) was held from April 19 to 21, 2016.

A number of non-governmental organizations (NGOs) played an active part in preparations for the UNGASS, as efforts to have them invited were successful (Bridge et al., 2017). The NGOs attempted to influence the international community and orchestrate popular pressure on governments. The International Drug Policy Consortium (IDPC), founded in 2007, brought together more than 120 organizations so that they could present a united front at the UNGASS; this group was essential in countering the views of the Member States (Bewley-Taylor, 2013). The group was funded by the Open Society Foundation, the Robert Carr Foundation and the European Commission’s Drug Prevention and Information Programme. The organizations agreed to present five “asks” to the UNGASS:

- ASK 1: Ensure an open and inclusive debate
- ASK 2: Re-set the objectives of drug policies
- ASK 3: Support policy experimentation and innovation
- ASK 4: End the criminalization of the most affected populations
- ASK 5: Commit to the harm reduction approach (IDPC, 2016a)

What was the outcome of the UNGASS?

While countries and NGOs had the opportunity to air their views at the UNGASS and Canada was applauded for its announcement that it would legalize cannabis, the deck was stacked in advance regarding the outcome.

An unelected subcommittee was charged with preparing a document for the Commission on Narcotic Drugs (CND); the CND received the document in February 2016. The CND refused to allow the NGOs to attend the preparatory meetings held to finalize the document and turn it into an Outcome Document, and it did not consult any other countries. It is important to bear in mind that while the United States had been much less active on this issue since Obama took office, some powerful allies took over its role in the convention management bodies (CND, INCB, UNODC). The latter were now dominated by China, Russia and Iran, which are very repressive with regard to drugs and uninterested in the treatment of addicts (Eastwood, Fox and Rosmarin, 2016; Simon, 2011). At the preparatory meetings on the Outcome Document, Russia in particular fought hard to maintain prohibition and expressed its disapproval of harm reduction programs (needle exchanges, methadone programs, etc.) (Bridge et al., 2017; Collins, 2016). The Outcome Document was approved by the CND on March 23, 2016 (CND, 2016).

The CND made some changes in the subcommittee's document, but it did not fundamentally alter its conclusions, which favoured the status quo on the grounds that the current conventions were flexible enough to accommodate the parties. The Outcome Document did not even recommend abolition of the death penalty used by some countries for drug offences.<sup>12</sup> Yet that was something many countries and NGOs had requested (Bridge et al., 2017). The Outcome Document also had nothing to say about the situation in Uruguay and the U.S. states that had legalized cannabis, or about the fact that Canada and other U.S. states were planning to do so, as if those situations did not exist and were not violations of the conventions. Recognizing them would have required, at a minimum, amending the 1961 Convention (Bridge et al., 2017; Don, 2014; Garzon-Vergara, 2017; Laura, 2015)

The Outcome Document was introduced and adopted by all countries on April 19, the first day of the three-day UNGASS, even though it had been announced that the UNGASS would launch the dialogue on the question of global drug policy and, as a special measure, an invitation had even been extended to NGOs to attend and present their views on the matter (UN, 2016). The adoption of the Outcome Document on the first day of the UNGASS reflects the clout of the CND's member countries, some of which were global or regional powers that wanted to maintain prohibition; a number of countries that were not consulted were concerned that if they opposed the Outcome Document, there would be negative political and economic consequences. The adoption of the Outcome Document meant that the dominance of some members of the CND, which used to be controlled by the Americans, had prevailed over all the efforts made by certain countries and NGOs in preparing for the UNGASS.

Despite this setback, however, the mobilization of large numbers of political groups, experts and leaders in the hope of modifying the conventions at UNGASS 2016 helped the anti-prohibition movement establish its credibility in an increasingly well-organized global network and provided an opportunity for knowledge sharing. Even the countries that resisted amending the conventions became more aware that in the future, there would probably be a diversity of drug policies rather than domination by the prohibition approach. As pointed out by William R. Brownfield, U.S. Assistant Secretary of State, Bureau for International Narcotics and Law Enforcement Affairs, "Things have changed since 1961. We must have enough flexibility to allow us to incorporate those changes into our policies [...] to tolerate different national drug policies, to accept the fact that some countries will have very strict drug approaches; other countries will legalize entire categories of drugs" (Brownfield, 2014). It is with this outlook that many international organizations are preparing for the 2019 UN summit on drugs.

In this regard, we are not saying that Canada should advocate legalization of all drugs. We are simply saying that Canada's decision to legalize cannabis based on the right to health and security is not being made in a political vacuum. The convention management bodies are no longer the only parties talking about this issue on the international scene, and Canada will have to make use of the broad base of global support for amending the conventions.

---

<sup>12</sup> In 1948, China became the first country to institute the death penalty for certain drug offences. It was followed by Malaysia in 1952, Iran in 1959, Singapore in 1975, Saudi Arabia in 1987 and Vietnam in 1999. By 2016, 33 countries had the death penalty for certain drug offences, though for some countries, it was more for show and was seldom used (GCDP, 2016: 23). Also see Sander, 2018.



## Canada and the United States

When the INCB condemned Uruguay for legalizing cannabis, on the grounds that it was a violation of the conventions, Uruguay “responded by insisting that the law is in line with the country’s fundamental international human rights treaty obligations, which take precedence over drug control, and that the contradictions between the two are a matter for the international community to resolve” (Walsh and Ramsey, 2015: 11). This response by Uruguay echoed the call in CND Resolution 51/12, presented at the CND’s 51<sup>st</sup> session in 2008 with the support of Argentina, Bolivia, Switzerland and the European Union, for greater consistency between the UN Charter and the international drug conventions (Bridge et al., 2017). Thus, “[t]he legalization and regulation of cannabis in Uruguay has been justified as a way to take business away from criminal organizations and a way to protect the safety and human rights of Uruguayans” (Fultz et al., 2017: 8).

Uruguay was supported by a number of Latin American countries, and the U.S. reaction to Uruguay’s decision was not the traditional threats, but silence.

So what is the U.S. government’s stance on the conventions, since some of its states have legalized cannabis? Its argument is rather weak from a legal standpoint. It contends that even though some states are in breach of the conventions, since cannabis remains illegal under federal law and since the federal State signed the conventions, it is not in contravention of the conventions. However, as we know, the U.S. federal government has issued guidelines to accommodate states that legalize cannabis.

The Obama Administration’s response to the Colorado and Washington State referendums was a directive issued on August 29, 2013, by Attorney General James M. Cole (the Cole Memo) establishing broad guidelines for the development of legislation (Bushan, 2015; Carnevale et al., 2017; Caulkins and coll., 2015; Crick, Haase and Bewley-Taylor, 2013; Kleiman, 2015; Pardo, 2014; Zobel and Marthaler, 2017). The Department of Justice directive indicated that the state initiatives would be tolerated on condition that cannabis laws abided by the following eight rules:

- Prevent the distribution of marijuana to minors (which stops the states from setting the minimum age below 21, the recognized age of majority);
- Prevent revenue from the sale of marijuana from going to criminal enterprises, gangs and cartels;
- Prevent the diversion of marijuana to other states;
- Prevent the use of other drugs;
- Prevent violence and the use of firearms;
- Prevent impaired driving and other public health consequences;
- Prevent the growing of marijuana on federal lands or reserves; and
- Prevent marijuana possession on federal property.

The federal government thus refused to accede to the March 2013 request by the Drug Enforcement Agency (DEA) to take Washington State and Colorado to the Supreme Court (Crick, Haase and Bewley-Taylor, 2013).<sup>13</sup>

In addition, the Obama Administration attempted to reduce drug-related sentences: [translation] “new sentencing guidelines for drug possession and trafficking were approved in 2014 and can be applied retroactively from the end of 2015. In practice, this means that sentences can now be less severe, and that tens of thousands of people incarcerated for drug possession or trafficking, some of them for cannabis, have been or will be released” (Zobel and Marthaler, 2016: 11).

### **Canada and the UN’s need for scientific data on cannabis**

This leads us to the question of what Canada’s position on the conventions should be, with respect to the legalization of cannabis. The Uruguayan approach is interesting, but it will have to be tempered by other considerations to avoid a confrontation with the convention management bodies and, in particular, to project the idea that Canada remains an active member of the UN and thus preserve its excellent international reputation. As mentioned, scientific research on prohibited drugs and medical uses of such drugs are permitted, but the conventions do not provide a definition of those concepts. It is up to the parties to decide on such research and medical uses and to determine their scope. As a result, Canada had no trouble putting in place a national framework permitting the prescribed use of cannabis for therapeutic purposes, on which annual market data are provided to the INCB (Health Canada, 2017c).

With regard to the legalization of cannabis, one of the federal government’s priority objectives, mentioned explicitly in the discussion paper entitled *Toward the Legalization, Regulation and Restriction of Access to Marijuana*, is to “[c]onduct ongoing data collection, including gathering baseline data, to monitor the impact of the new framework” (Health Canada, 2016b). Canada can therefore argue that, in keeping with the desire expressed by the CND in 2010 to make the collection of data on cannabis use a priority, the regulation of cannabis will also be consistent with that objective, and can promise to submit the data to the INCB in its annual report (Fultz et al., 2017). Accordingly, in May 2017, the Canadian Institutes of Health Research (CIHR) issued a request for population health research proposals. On January 14, 2018, the federal government announced the approval and funding of 14 research projects to be carried out in Canadian hospitals and universities to measure the effects of legalization: the potential impact of cannabis on driving, pregnancy and children’s health, youth mental health, Indigenous groups, the elderly, occupational health and safety, etc. (Health Canada, 2018).

---

<sup>13</sup> However, this directive is currently in jeopardy, which could cause serious confusion among law enforcement agencies on how to deal with cannabis. On January 4, 2018, Republican Attorney General Jefferson Sessions announced that he wanted to rescind the Cole Memo, since federal law regarding cannabis had not changed. Nevertheless, this will not stop the states from going ahead with the legalization of cannabis, as the cannabis industry intends to continue expanding its market. The governments of the states that have legalized cannabis and other states that have declared their intention to do so, some of which are Republican, have no intention of changing their plans.

In addition, Canada can argue that the World Health Organization (WHO) is also in the process of revisiting the status of cannabis in the conventions (WHO, 2016). For the rest, international diplomacy will take care of any missing links.

## **CONCLUSION**

It would be a mistake to base Canada's position regarding the legalization of cannabis on purely legal considerations. Yes, invoking the constitutional priority of the Charter based on the right to health and security is an important argument to make in justifying the legalization of cannabis. However, the fact that legalization is consistent with UN bodies' desire to collect scientific data on cannabis is equally important. In other words, by providing the appropriate UN bodies (WHO, CND) with as much scientific data as possible on cannabis, Canada would be helping to achieve their priority objectives of learning more about the drug.

This legal, political and scientific strategy would have been inconceivable only 10 years ago. It is important to bear in mind, however, that a parallel global discourse in Member States is growing more powerful, politically and economically, and that the United States, traditionally a staunch advocate of prohibition, is taking a much softer line, having considerably reduced its presence in the bodies that manage the international drug conventions.

Canada is not a lone wolf in this area, even though the national legalization of cannabis is quite new (Uruguay having set the precedent). As the 2016 UNGASS showed (how things go at the 2019 summit will bear watching), the convention management bodies have ignored some countries' contravention of the conventions and the various efforts by countries to make greater use of convention loopholes (decriminalization of simple possession for all drugs, heroin prescription programs, etc.), preferring to maintain the status quo. It reflects a position that is more defensive than offensive, which leaves political room for other options.

## References

- ALIMI, D. (2015). 'Going Global': Policy entrepreneurship of the Global Commission on Drug Policy. *Public Administration*, Vol.93 (4), 874-889.
- ALTMAN, D., BUSE, K. (2012). Thinking politically about HIV: political analysis and action in response to AIDS. *Contemporary Politics*, Vol.18 (2), 127-140.
- BEAUCHESNE, L. (2018). *Les drogues : enjeux actuels et réflexions nouvelles sur leur régulation*. Montréal : Bayard Canada Livres. À paraître.
- (2017). La décriminalisation de la possession simple de l'ensemble des drogues : ses limites. *Drogues, santé et société*, 5 décembre. Repéré à <http://drogues-sante-societe.ca/category/en-primeur/>.
- (2006a). *Les drogues : les coûts cachés de la prohibition*. Montréal : Bayard Canada Livres (2006b).
- Les drogues : légalisation et promotion de la santé*. Montréal : Bayard Canada Livres.
- BEWLEY-TAYLOR, D. (2013). Towards revision of the UN drug control conventions: Harnessing like-mindedness. *International Journal of Drug Policy*, Vol. 24 (1) 60-68.
- (2012). Regime change: Re-visiting the 1961 Single Convention on Narcotic Drugs. *International Journal of Drug Policy*, Vol. 23 (1) 72-81.
- (2003). Challenging the UN drug control conventions: problems and possibilities. *International Journal of Drug Policy*, Vol. 14 (2), 171-179.
- (1999). *The United States and International drug control, 1909-1997*. London/New York: Pinter.
- BEWLEY-TAYLOR, D., JELSMA, M. (2012). Regime change: Re-visiting the 1961 Single convention on Narcotic Drugs. *International Journal of Drug Policy*, Vol. 23 (1), 72-81.
- BEWLEY-TAYLOR, D., JELSMA, M., BLICKMAN, T. (2014). *The Rise and Decline of Cannabis Prohibition. The history of cannabis in the UN Drug Control system and option for reform*. Transnational Institute: Amsterdam/Global Drug Policy Observatory: Swansea, mars. Repéré à <https://www.tni.org/en/publication/the-rise-and-decline-of-cannabis-prohibition>.
- BRIDGE, J., HALLAM, C., NOUGIER, M., HERRERO CANGAS, M., JELSMA, M., BLICKMAN, T., BEWLEY-TAYLOR, D. (2017) *Edging forward: How the UN's language on drugs has advanced since 1990*. Briefing paper, Global Drug Policy Observatory, Transnational Institute, International Drug Policy Consortium. Septembre. Repéré à [http://fileserv.idpc.net/library/Edging-Forward\\_FINAL.pdf](http://fileserv.idpc.net/library/Edging-Forward_FINAL.pdf).
- BROWNFIELD, W.R. (2014). *Trends in Global Drug Policy*. U.S. Department of State, New York, NY. Repéré à <http://fpc.state.gov/232813.htm>.
- BUSHAN, A. (2015). Note: an evaluation of the effects of the legalization of marijuana in Colorado and Washington from an international law perspective. *Canada-United States Law Journal*, Vol.39 (1), 187-201.
- CARNEVALE, J. T., KAGAN, R., MURPHY, P.J., ESRICK, J. (2017). A practical framework for regulating for-profit recreational marijuana in US States: Lessons from Colorado and Washington. *International Journal of Drug Policy*, Vol. 42, 71-85.
- CGPD (COMMISSION GLOBALE DE POLITIQUE EN MATIÈRE DE DROGUES) (2016a). *UNGASS 2016* Conférence de presse. Repéré à <https://www.youtube.com/watch?v=9SxGx5shdgU>
- (2016b). *Pour une véritable dépénalisation des drogues : Étape nécessaire de la réforme des politiques sur les drogues. Rapport*. Repéré à [http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016\\_FR.pdf](http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016_FR.pdf)
- COLLE, F.-X. (2000). *Les drogues en vente libre*. PRAT Éditions, Division d'Elsevier Business Information, France.
- COLLINS, J. (2016). Development First: Multilateralism in the Post-'War on Drugs' Era. Dans *After the Drug Wars*, Report of the LSE Expert Group on the Economics of Drug Policy, The London School of Economics and Political Science, 9-17. Repéré à <http://www.lse.ac.uk/IDEAS/publications/reports/pdf/LSE-IDEAS-After-the-Drug-Wars.pdf>.
- COMITÉ SPÉCIAL DU SÉNAT SUR LES DROGUES ILLICITES (sous la présidence du Sénateur Nolin) (2002). *Le Cannabis : positions pour un régime de politique publique pour le Canada*. Sénat, Canada. Repéré à [http://www.parl.gc.ca/sencommitteebusiness/CommitteeReports.aspx?parl=37&ses=1&Language=F&comm\\_id=85](http://www.parl.gc.ca/sencommitteebusiness/CommitteeReports.aspx?parl=37&ses=1&Language=F&comm_id=85).
- COMMISSION SUR LES STUPÉFIANTS (CS) (Commission on Narcotic Drugs of United Nations - CND) (2016). *Draft Outcome Document UNGASS 2016* (Revised 9 February 2016). Prepared by the UNGASS Board for

- consideration by the CND. Repéré à [https://sensiseeds.com/blog/wp-content/uploads/2016/05/UNGASS-draft-outcome-document\\_9-February-2016-2.pdf](https://sensiseeds.com/blog/wp-content/uploads/2016/05/UNGASS-draft-outcome-document_9-February-2016-2.pdf)
- CONVENTION DE VIENNE SUR LE DROIT DES TRAITÉS (CVDT) (1969), avec annexe, conclue le 23 mai. Repéré à <https://treaties.un.org/doc/Publication/UNTS/Volume%201155/volume-1155-I-18232-French.pdf>.
- CRICK, E., HAASE, H.J., BEWLEY-TAYLOR, D. (2013). *Legally regulated cannabis markets in the US: Implications and possibilities*. Policy Report 1, November. Global Drug Policy Observatory, U.K. Repéré à <https://www.swansea.ac.uk/media/Leg%20Reg%20Cannabis%20digital%20new-1.pdf>
- DELL'ALBA, G., O. DUPUIS, ROBERT, J.-L. (1994). *Pour une révision des Conventions des Nations-Unies en matière de drogues*. Document préparé pour la Ligue internationale antiprohibitionniste. Repéré à <http://www.radicalparty.org/fr/content/pour-une-revision-des-conventions-des-nations-unies-en-matiere-de-drogues>.
- DON, A. E. (2014). Lighten up: amending the Single Convention on Narcotic Drugs. *Minnesota Journal of International Law*, Vol. 23 (2), 213-143.
- DUPRAS, D. (1998). *Les obligations internationales du Canada en vertu des principales conventions internationales sur le contrôle des drogues*. Ottawa : Bibliothèque du parlement. Repéré à <http://www.parl.gc.ca/content/sen/committee/371/ille/library/dupras-f.htm>.
- EASTWOOD, N., FOX, E., ROSMARIN, A. (2016). *A quiet revolution: drug decriminalisation across the globe*. Release, Drugs, the Law & Human Rights. Repéré à <http://www.release.org.uk/sites/default/files/pdf/publications/A%20Quiet%20Revolution%20-%20Decriminalisation%20Across%20the%20Globe.pdf>.
- FULTZ, M., PAGE, L., PANNU A., QUICK, M. (2017). Reconciling Canada's Legalization of Non-Medical Cannabis with the UN Drug Control Treaties. Dans *Global Health Law Clinic Publication Series*, sous la direction de SF Hoffman. Ottawa, Canada: Global Strategy Lab, Université d'Ottawa. Repéré à <http://globalstrategylab.org/clinic/reports/reconciling-legalization-of-cannabis-with-UN-treaties-2017.pdf>
- GARZON-VERGARA, J. C. (2017). PosUNGASS 2016: Latin America and Drug Policy Perspectives. RIAL Reports. Council on International Relations of Latin America and the Caribbean (RIAL). Repéré à <http://consejorial.org/wp/wp-content/uploads/2016/11/VF-041116-ENG-Informe-RIAL.pdf>.
- INTERNATIONAL DRUG POLICY CONSORTIUM (IDPC) (2016a). Recommandations de l'IDPC pour la «version zero» du document final de l'UNGASS. Repéré à <http://idpc.net/fr/publications/2015/07/recommandations-de-l-idpc-pour-la-version-zero-du-document-final-de-l-ungass>.
- (2016b). *Drug Policy Reform after UNGASS 2016*. Repéré à [https://dl.dropboxusercontent.com/u/64663568/library/Drug\\_Policy\\_Reform\\_after\\_UNGASS\\_2016\\_Prospects\\_Proposals\\_Constraints.pdf](https://dl.dropboxusercontent.com/u/64663568/library/Drug_Policy_Reform_after_UNGASS_2016_Prospects_Proposals_Constraints.pdf).
- INSULZA, J. M. (président) (2013a). *Scenarios for the drug problem in the Americas 2013-2025*. Groupe de travail mandate par l'OEA lors de son VIe Sommet tenu en 2012 à Cartagena de Indias. Repéré à [http://www.oas.org/documents/eng/press/Scenarios\\_Report.PDF](http://www.oas.org/documents/eng/press/Scenarios_Report.PDF)
- INSULZA, J.M. (Secrétaire général de l'OEA) (2013b). *Address of the OAS Secretary General in his presentation in London of the report on the drug problem in the Americas*. 30 juillet. Communiqué de presse transmis par l'OEA. Repéré à [http://www.oas.org/en/media\\_center/press\\_release.asp?sCodigo=E-288/13](http://www.oas.org/en/media_center/press_release.asp?sCodigo=E-288/13).
- KLEIMAN, M.A.R. (2015). *Legal Commercial cannabis sales in Colorado and Washington: What can we learn?* Washington, DC: Brookings Institution. Repéré à <https://www.brookings.edu/wp-content/uploads/2016/07/Kleiman-Wash-and-Co-final.pdf>.
- KUMAH-ABIWU, F. (2014). The Quest for global Narcotics Policy Change: Does the United States Matter? *International Journal of Public Administration*, Vol. 37, 53-64.
- LATIN AMERICAN COMMISSION ON DRUGS AND DEMOCRACY (THE) (2009). *Drugs and Democracy: Toward a Paradigm Shift*. Book and Statement. Repéré à <http://www.globalcommissionondrugs.org/about-us/the-latin-american-commission-on-drugs-and-democracy/>
- LINES, R., ELLIOTT, R., HANNAH, J. SCHLEIFER, R., AVAFIA, T., BARRETT, D. (2017). The Case for International Guidelines on Human Rights and Drug Control. *Health and Human Rights Journal*. Vol. 19 (1), 231-236. Repéré à : <http://fileserv.idpc.net/library/Lines-Editorial.pdf>.
- LOUZ, Y. (2012). Les médicaments essentiels. *Journal Africain du Cancer/African Journal of Cancer*, Vol. 4 (1), 62-67.

- MACKEY, T. K., WERB, D., BELETSKY, L., RANGER, G., ARREDONDO, J., STRATHDEE, S.A. (2014). Mexico's 'ley de narcomenudeo' drug policy reform and the international drug control regime. *Harm reduction journal*, Vol. 11 (1), 31-37.
- Mc ALLISTER, W.B. (2000). *Drug Diplomacy in the Twentieth Century*. Londres/New York: Routledge.
- MENDIBURO-SEGUEL, A. VARGAS, S. OYANEDEL, J.C., TORRES, F., VERGARA, E., HOUGH, M. (2017). Attitudes towards drug policies in Latin America: Results from a Latin-American Survey. *International Journal of Drug Policy*, Vol. 41, 8-13.
- OMS (ORGANISATION MONDIALE DE LA SANTÉ) (2017). Médicaments essentiels. OMS. Repéré à [http://www.who.int/topics/essential\\_medicines/fr/](http://www.who.int/topics/essential_medicines/fr/).  
2016. *Rapport sur les réunions de comités d'experts et de groupes d'étude*, Rapport du secrétariat. 27 mai, EB 139/12. Repéré à [http://apps.who.int/iris/bitstream/10665/250888/1/B139\\_12-fr.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/250888/1/B139_12-fr.pdf?ua=1).  
(1986). *Charte d'Ottawa*. Adoptée le 21 novembre. Repéré à [http://www.euro.who.int/data/assets/pdf\\_file/0003/129675/Ottawa\\_Charter\\_F.pdf](http://www.euro.who.int/data/assets/pdf_file/0003/129675/Ottawa_Charter_F.pdf).
- ONU (ORGANISATION DES NATIONS UNIES) (2018). *Collection des traités* Documents des Nations Unies, 26 juin. Repéré à <https://treaties.un.org/pages/Treaties.aspx?id=6&subid=A&clang=fr>.  
(2016). Notre engagement commun à aborder et combattre efficacement le problème mondial de la drogue. Résolution S-30/1 adoptée par l'Assemblée générale le 19 avril 2016 à la trentième session extraordinaire, point 8 de l'ordre du jour, 1<sup>ière</sup> séance plénière. Repéré à <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/25/PDF/N1611025.pdf?OpenElement>.  
(2012). Coopération internationale face au problème mondial de la drogue. Résolution 67/193 adoptée par l'Assemblée générale le 20 décembre 2012 à la soixante-septième session, point 104 de l'ordre du jour. Repéré à [http://www.un.org/fr/ga/search/view\\_doc.asp?symbol=A/RES/67/193](http://www.un.org/fr/ga/search/view_doc.asp?symbol=A/RES/67/193).  
(2007). Déclaration des Nations Unies sur les drogues des peuples autochtones. Résolution 61/297 adoptée par l'Assemblée générale des Nations Unies. Repéré à [http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_fr.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_fr.pdf).
- ONUDC (ORGANISATION DES NATIONS UNIES CONTRE LES DROGUES ET LE CRIME) (2013). *Les Conventions internationales relatives au contrôle des drogues*. Vienne : United Nations publication. Édition révisée. Repéré à [https://www.unodc.org/documents/commissions/CND/Int\\_Drug\\_Control\\_Conventions/Ebook/The\\_International\\_Drug\\_Control\\_Conventions\\_F.pdf](https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_F.pdf).
- PARDO, B. (2014). Cannabis policy reforms in the Americas: A comparative analysis of Colorado, Washington, and Uruguay. *International Journal of Drug Policy*, Vol. 25 (4), 727-735.
- RÉSEAU JURIDIQUE CANADIEN VIH/SIDA (2016). *La réglementation du cannabis et les traités de l'ONU sur les drogues. Stratégies de Réforme*. Analyse. Juin. Document d'information. Repéré à <http://www.aidslaw.ca/site/cannabis-regulation-and-the-un-drug-treaties-strategies-for-reform/?lang=fr>.
- SANDER, G. (2018). The Death Penalty for Drug Offences : Global Overview 2017. Harm reduction international. Repéré à <https://www.hri.global/the-death-penalty-for-drug-offences>.
- SANTÉ CANADA (2018) Le cannabis et la recherche en santé des populations. Gouvernement du Canada. Repéré à [https://www.canada.ca/fr/instituts-recherche-sante/nouvelles/2018/01/le\\_cannabis\\_et\\_larechercheensantedespopulations.html](https://www.canada.ca/fr/instituts-recherche-sante/nouvelles/2018/01/le_cannabis_et_larechercheensantedespopulations.html).  
(2017). *Données sur le marché. Producteurs autorisés*. Gouvernement du Canada. Repéré à <https://www.canada.ca/fr/sante-canada/services/medicaments-produits-sante/usage-marijuana-fins-medicales/producteurs-autorises/donnees-marche.html>.  
(2016). *Vers la légalisation, la réglementation et la restriction de l'accès à la marijuana : Document de discussion*. Gouvernement du Canada. Repéré à <http://canadiensensante.gc.ca/health-system-systeme-sante/consultations/legalization-marijuana-legalisation/document-fra.php>.
- SIMON, A. (2011). Quand l'obsession de la 'guerre à la drogue' entraîne des catastrophes sanitaires. L'exemple de la Russie. *Multitudes*, Vol. 44, 90-93.
- SINHA, J. (2001). *L'histoire et l'évolution des principales conventions internationales de contrôle des stupéfiants*. Rapport de recherche produit pour le comité sénatorial spécial sur les drogues illicites, Ottawa : Bibliothèque du Parlement. Repéré à <http://www.parl.gc.ca/content/sen/committee/371/ille/library/history-f.htm>

- STEWART, D.P. (1990). Internationalizing the war on drugs: the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. *Denver Journal of International Law and Policy*, Vol. 18 (3), 387-404.
- THE LANCET (2010). HIV in people who use drugs. 20 juillet. London: *The Lancet* Publishing Group.
- WALSH, J., RAMSEY, G. (2015). *Uruguay's Drug Policy: Major innovations, Major Challenges*. Center for 21<sup>st</sup> Century Security and intelligence, Latin America Initiative. Foreign Policy at Brookings. Repéré à <https://www.brookings.edu/wp-content/uploads/2016/07/Walsh-Uruguay-final.pdf>.
- WOOD, E. (2011). Texte de la Déclaration de Vienne (18 juillet 2010). *Multitudes*, Vo. 1 (44), 39-41.
- ZOBEL, F., MARTHALER, M. (2016). Revue des modèles de légalisation et régulation du cannabis. *Addiction*. Suisse, 20 mai. Repéré à [file:///C:/Users/Line/Downloads/Revue%20des%20mod%C3%A8les%20de%20l%C3%A9galisation%20et%20r%C3%A9gulation%20du%20cannabis.%20Addiction%20Suisse%20\(2016\)%20\(f\)%20\(1\).pdf](file:///C:/Users/Line/Downloads/Revue%20des%20mod%C3%A8les%20de%20l%C3%A9galisation%20et%20r%C3%A9gulation%20du%20cannabis.%20Addiction%20Suisse%20(2016)%20(f)%20(1).pdf)