

The logo of the United Nations Office on Drugs and Crime (UNODC) is a circular emblem featuring a map of the world with a grid of latitude and longitude lines. The emblem is set against a dark blue background and is surrounded by a white border.

# UNODC

## *Topic Brief I*

*Addressing the Implications of National-  
Level Drug Legalization on International  
Drug Control Treaties*

## General Overview of the Topic

In the last decade, more countries and states have moved towards legalizing certain drugs at the national level, defying the limits of centuries-old international drug control treaties. When Israel legalized recreational cannabis in 2018, it was just the second country (after Uruguay had legalized non-medical cannabis use back in 2013) to make non-medical cannabis use legal nationwide - something that openly defies the Israel-homed United Nations drug conventions.

The UN treaties, such as the Single Convention on Narcotic Drugs of 1961, oblige countries to restrict controlled substances like cannabis, cocaine, and heroin to "medical and scientific". Since more than half a century, there has been a global consensus that imposed prohibition of such drugs for nonmedical use as a pillar of international narcotics policy.

But changing public opinion at home and increasing evidence of the "war on drugs" costs have caused some governments to rethink strict prohibition. Drug law reformers argue that regulated legalization can reduce organized crime violence, improve the public health through harm reduction, and better respect individuals' human rights. For example, the Uruguayan government justified its cannabis law by citing the need to take the market out of criminals' hands and achieve public health and human rights objectives. In the meantime, proponents of the existing regime - including institutions like the International Narcotics Control Board (INCB) and governments like Russia and China - warn that domestic legalization policies undermine international law and public health. The INCB has persistently argued that legalizing cannabis for purposes other than medical ones is contrary to the 1961 Convention and weakens the "universally agreed" drug control architecture. In one outraged response, the President of the INCB scolded Uruguay for "knowingly" breaching the treaties' provisions by legalizing cannabis, raising concerns that cannabis is a drug with grave health implications.

This scandal highlights increasing divergence in global drug policy. Progressive countries in parts of Europe and the Americas call for an updating of the conventions to allow more flexibility and health-oriented approaches.

On the other hand, more right-leaning governments wait for imposing punitive, prohibitionist interpretations of the treaties. The UN system itself already began to embrace, though, the requirement of an equilibrium approach - for instance, the UN Chief Executives Board (heads of UN agencies) in 2019 endorsed decriminalization of drug use and requested considering "changes in laws, policies and practices" harming public health and human rights. But no consensus exists over how domestic legalization should be harmonized with international obligations. Various countries have simply embraced an aspect of "respectful non-compliance," proceeding with local reform while technically being treaty parties. Others look to legal mechanisms like reservations or treaty amendments - Bolivia, for example, withdrew and re-acceded to the 1961 Convention with a reservation permitting traditional coca leaf chewing, excluding it from a blanket prohibition.

The implications of this trend are far-reaching. Legally, widespread national divergence from UN drug treaties could weaken the authority of international law if left unaddressed. Politically, it places pressure on the international community to decide whether to revise the treaties, reinterpret them, or enforce compliance. There are concerns that unbalanced legalization (in which some states legalize and others prohibit drugs) would complicate cross-border control of drugs and would increase more drugs being smuggled into prohibited states. Meanwhile, reformers argue that harsh world prohibition has not succeeded in killing the black market for drugs - in fact, it fueled a violent black market and mass incarceration. They argue that allowing regulated markets, at least for lower-risk drugs like cannabis, could align drug control with contemporary public health values and methods.

There is constructive but realistic discussion in forums like the Commission on Narcotic Drugs (CND) about how to modernize the regime. The challenge to the delegates is how to balance respect for international treaties and the existence of evolving domestic policies, in a way that is in line with public health, safety, and human rights. The resolution of this problem will set the precedent for the flexibility (or rigidity) of international law in the face of social change.

## Timeline

1961: Adoption of the Single Convention on Narcotic Drugs. This foundation UN treaty combined previous drug treaties and obligated states to limit the use of narcotic drugs to medical and scientific purposes. It also established the INCB and the Commission on Narcotic Drugs to oversee implementation. Almost all states ultimately became parties.

1971: Entry into force of the Convention on Psychotropic Substances. This extended controls under international law to most synthetic drugs (amphetamines, psychedelics, etc.), again restricting them to medical/scientific use in line with the strategy of the 1961 Convention.

1988: Adoption of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. In order to respond to growing drug trafficking and organized crime, the treaty called for criminalization of drug trafficking and related activities. It strengthened cooperative action like extradition and asset seizure to counter illegal drug networks.

1998: UN General Assembly Special Session (UNGASS) on the World Drug Problem. Member States reasserted their commitment to a "drug-free world" and agreed on goals to significantly lower illicit drug supply and demand by 2008. This was the height of global consensus on prohibition, though goals were unrealistic.

2009: Political Declaration and Plan of Action on drugs. States reaffirmed their prohibitionist stance for the coming decade, but also acknowledged new challenges and the need to look back at demand reduction and health-oriented approaches.

2013: Uruguay was the first nation to legalize the growing, selling, and consumption of marijuana across the country for non-medical uses. Uruguayan authorities maintained that this step would contribute to dismantling drug cartels and enhancing public health. The INCB quickly noted that the law violated Uruguay's treaty commitment under the 1961 Convention.

2016: UNGASS on drugs was held amidst broadening policy discussions. Although no changes to treaties were reached, the outcome document made room for some fresh thinking - it put public health, human rights, and balanced sentencing at center stage. Divergence increased between nations that pushed for reform (demanding measures such as decriminalization and harm reduction) and those that defended a zero-tolerance approach.

2017-2018: National policy changes accelerated. Canada legalized the Cannabis Act, and on October 17, 2018, legally approved recreational cannabis nationwide - the first G7 nation to do so. INCB once more reasserted Canada's legalization is "incompatible with the legal obligations" of the drug conventions. Meanwhile, constitutional courts or governments of countries like Mexico and South Africa moved towards allowing personal consumption of cannabis, as attitudes changed.

December 2018: Thailand shifted to legalize medical cannabis (and by 2022 effectively decriminalize the production and consumption of cannabis), a key trend in the region's traditionally conservative drug policy landscape.

December 2019: Bolivia's exemption from banning coca leaf chewing under the 1961 Convention took effect, after the country withdrew from and re-acceded to the treaty in a bid to have local customs recognized. This showed one lawful way to reconcile domestic law with international standards.

December 2020: The UN Commission on Narcotic Drugs made history by voting to downgrade cannabis by removing it from Schedule IV of the 1961 Convention (most harmful category). This acknowledgment of cannabis's medicinal applications - on the advice of the World Health Organization - was a tiny step toward policy change, albeit not recreational use, which remains illegal at the international level.

2021: Mexico's Supreme Court reversed the ban on private use of cannabis on constitutional grounds of free development of personality. The Mexican Congress debated legislation to legalize cannabis, with potential legalization making Mexico one of the largest legal markets but finalization was postponed.

2023: A proposal in Germany to legalize and control adult cannabis use in a two-stage approach (cannabis social clubs and pilot regional sales) as a strategy of weakening illicit markets. Other European nations like Malta already legalized domestic growing in small quantities and personal use (2021), and the Netherlands initiated experiments to legally supply its historic tolerated cannabis coffee shops.

2025: Debates within the CND and INCB continue with no definitive resolution on treaty reform. Other jurisdictions (from US states to countries in Latin America and Europe) consider or implement legalization or decriminalization, forcing the international drug control system to modernize. The globe stands at the crossroads: maintain the letter of law in the conventions, or reshape the world architecture to better accommodate scientific evidence, public health requirements, and national democratic preference. This timeline demonstrates how formerly solid global agreement in drug policy has fallen apart over the passage of time, necessitating creative diplomacy and modern solutions.

### **Key Terms**

**Single Convention on Narcotic Drugs (1961):** A UN landmark treaty that forms the cornerstone of international drug control. It prohibits production and non-medical use of narcotic drugs (like cannabis, cocaine, opiates) and requires states to criminalize illegal cultivation, sale, and distribution of them. The Convention also created vital institutions (the CND and INCB) to supervise and ensure compliance. Essentially, it aims at making narcotic drugs available for medical or scientific purposes only throughout the world.

**Convention on Psychotropic Substances (1971):** A UN convention broadening controls over drugs to psychotropic (mind-altering) drugs such as amphetamines, LSD, and other chemically synthesized drugs. Like the 1961 Convention, it established a scheduling system and requires states to restrict these drugs for scientific and medical use. For example, cannabis is covered by the 1961 Convention, but THC (its active ingredient) was brought under the 1971 Convention.



**Legalization (of drugs):** The process of making a previously illegal drug legally available for some uses under a regulated system. In drug policy, legalization most commonly means the repeal of all criminal and civil penalties for production, distribution, and possession of a drug, followed by controls of some type by the government (e.g., licensing, age control, and quality control). It differs from flat-out decriminalization in that a legalized drug's distribution chain can be legal. For example, Canadian legalization of cannabis created licensed vendors and growers, pulling the industry out of the underground.

**Decriminalization:** The elimination of criminal penalties for a specific offense - in this case, drug use or possession for personal use. Decriminalization of a drug would mean someone arrested with a small amount might be issued a civil fine, confiscation, or referred for treatment but not charged criminally or jailed. Decriminalization doesn't legalize the drug, however; manufacture and bulk sale are typically still illegal and liable to criminal sanction. An example is Portugal's since-2001 law treating possession of drugs as an administrative rather than criminal violation.

**International Narcotics Control Board (INCB):** A independent monitoring body established by the 1961 Single Convention. The INCB exists to track and promote government enforcement of the three UN drug treaties. It oversees nations' legal drug production, ensures adequate supply for medicine, and detects any treaty violations. Possessing no strong enforcement powers, the INCB can "name and shame" states in its annual reports and through diplomatic methods. For instance, the INCB has been "deeply concerned" and officially condemned Canada and Uruguay in reports for legalizing non-medical cannabis, contending that such action contravenes the conventions.

**Commission on Narcotic Drugs (CND):** The principal policy-making body of international drug control, comprising 53 UN Member States elected by ECOSOC. The CND convenes annually in Vienna to consider the world drug situation, pass resolutions, and take decisions on drug scheduling changes in the conventions. The CND hosted the 2016 UNGASS on drugs and the 2020 vote to reschedule cannabis. It is one platform where tensions between reformist and traditionalist states are negotiated and resolved through diplomacy.

**"War on Drugs":** A phrase employed to describe militantly prohibitionist narcotics policies aimed at eradicating illicit drug consumption and trade. First declared by US President Richard Nixon in 1971, the "war on drugs" approach is based on law enforcement, criminalization, and interdiction on a global scale. Within the UN system, the treaties and most national policies have since long embraced this zero-tolerance ideology. Critics now argue the war on drugs has not significantly reduced drug issues but instead fueled mass incarceration and violence as well as calls for reforming the way it is done.

**Harm Reduction:** A public health model for drug policy that aims to reduce the negative health and social consequences of drug use but not strive for the total eradication of drug use. Examples are needle exchange programs, opioid substitution therapy, and safe injection sites. Harm reduction was accepted in UN debates especially after the HIV/AIDS epidemic, and it is a shift from punishment to health-focused interventions. Though not advertised openly by the original treaties, most countries now utilize harm reduction together with enforcement, and UN agencies (e.g., WHO and UNAIDS) encourage its inclusion in drug programs.

## **Relevant Parties**

**Uruguay and Canada:** These two nations led the charge to legalize recreational cannabis and therefore sit at the eye of the storm. Uruguay (legalization law enacted in 2013) sees controlled cannabis markets as a method of diminishing drug trafficking violence and protecting public health. It has contended that its human rights commitments toward protecting its citizens outweigh strict compliance with treaties-. Canada (legislated in 2018) similarly framed its policy in terms of greater control over young people's cannabis use, safer products, and release of the criminal justice system from the burden. Both have openly acknowledged that their cannabis policies depart from the letter of the UN conventions, leaving the international regime open to revision. These states are likely to lead the reformist coalition at UN gatherings, driving discussion regarding the modernization of drug control policy.



**The United States:** The United States has a dualistic position. Federally, America is a signatory to the treaties and (on paper) committed to them - for decades it was the leading architect and driver of the global war on drugs. But inside the US, the vast majority of states (starting with Colorado and Washington in 2012) have legalized cannabis for adult use. This creates an internal paradox: cannabis remains illegal at the federal level (in part to uphold treaty obligations), yet an overwhelming majority of Americans live in states with legal cannabis markets. The federal government of the U.S. has had an accommodation policy toward legalization at the state level (e.g. not actively prosecuting state-lawful operations), essentially accepting a level of domestic non-compliance at home domestically. At UN sessions, U.S. delegates walk a tightrope, consistently supporting existing treaties but also urging flexibility (e.g. accepting different "national approaches" and inviting drug policy innovations evidence-and-public-health-based).

**Russia, China, and Other Like-Minded States:** Some nations remain firmly against the relaxation of international drug control. Russia has assumed the role of advocate of the traditional conventions and repressive model; it is against legalization as an "infringement" on international law and often sides with those Asian, Middle Eastern, and African nations with strict drug laws. China, Singapore, Iran, Pakistan, and most Arab nations also emphasize the risks of drug use and support zero-tolerance (some with very harsh penalties like death for drug smuggling). They argue that legalization in one country will have spillover effects, increasing drug supply and consumption globally. They typically invoke the necessity to protect "the integrity of the conventions" and call on countries like Canada and Uruguay to reverse or reverse their legalization programs.

**International Narcotics Control Board (INCB):** Although not a country, the INCB is a key player from the treaty guardian perspective. It has been reliably traditional in its stance, voicing concerns and urging all States to stay faithful to their treaty obligations. With Canada's Cannabis Act now in force, for instance, the INCB released formal words of "deep regret" and reminded all Member States that the legalization of non-medical use of controlled drugs is "incompatible with the international drug control framework".

The INCB's annual reports provide a forum to apply diplomatic pressure to nations deviating from the conventions. Delegates can expect INCB officials to encourage pursuing solutions that place governments within international law (e.g., encouraging use of reservations or treaty revision as opposed to unilateral violations).

**World Health Organization (WHO):** The WHO has a special function in drug scheduling and provides scientific assessment of substances. It was WHO who weighed cannabis and recommended rescheduling in 2019, which led to the 2020 CND vote for recognizing medical value. The WHO is also leaning towards emphasizing public health, addiction treatment, and availability of required medicines. For legalization, WHO has not endorsed use of the recreational drug but does embrace evidence-based approaches (decriminalization of use, opioid agonist therapy, etc.) to decrease harm. WHO opinion carries weight in treaty affairs, and its stance is a more health-oriented approach to matters within the UN framework.

**Civil Society and NGOs:** Non-governmental organizations have a highly active role in this debate, often providing research and promoting certain positions. For example, the Global Commission on Drug Policy (comprising former heads of state and other leaders) argues that the current drug control system has failed and calls for legally regulating drugs as a way of reducing harm. Organizations like International Drug Policy Consortium (IDPC) and Transform Drug Policy Foundation work in cooperation with change-oriented governments to encourage change within the UN, like in favor of treaty reform or reinterpretation to allow for regulated markets. On the other hand, initiatives like Project SAM (Smart Approaches to Marijuana) or certain anti-drug coalitions caution against the public health effect of legalization and push governments to maintain restrictions. Civil society's influence is strong on shaping the narrative - for instance, advocacy helped ensure the 2016 UNGASS's inclusion of language on human rights and health.

**United Nations Office on Drugs and Crime (UNODC):** As the primary UN entity on drugs, UNODC finds itself caught in the middle of these trends. It is needed to assist States in implementing the drug conventions, yet it also promotes equitable strategies that combine prevention, treatment, and respect.

The UNODC Executive Director and personnel must balance on the tightrope between the conflicting views of Member States. In reality, UNODC complements traditional drug control (e.g., combating trafficking networks and increasing availability of medicines under control) and encourages innovations like proportionate sentencing and penal alternatives. UNODC has not favored legalizing drugs of recreation, but it has organized debates regarding how to cope with the new phenomenon of legal markets. The agency role therefore mirrors the overall UN role: enforcing conventions to which Member States have subscribed, yet also leaving open to discussion "unresolved challenges" and the need for an effective and humane policy.

**General Private Sector and Public:** While not formal "parties" to diplomacy, private enterprise and public opinion must play a part. Shifts in popular sentiment, especially in Western democracies and Latin America, have forced politicians to rethink drug law. In most nations, the majority now see punitive drug policies as unhelpful, which puts pressure on governments to seek change. Further, the creation of legal cannabis markets (in Canada, portions of the US, etc.) creates the existence of economic interests in legalization. These firms and investors apply pressure to international norms to change so that investment and trade in legitimate cannabis (and perhaps other drugs in the future) may occur without being insulting to law. They have mainly domestic influence at present, but they add another dimension to the argument over global regulation.

Briefly, the landscape is divided: one set of countries and players is forging new ground on drug policy innovation and calling on the international community to adjust to new modes of thinking. Another set adheres to the hard prohibition model and promises to wreak havoc if the international accord breaks down. Bridging this divide will require sober diplomacy, a willingness to respect differing opinions, and maybe a creative reinterpretation or rethinking of the international drug control system. All parties, however, are in agreement on an avowed shared goal - the protection of the health and security of people - although they all strongly disagree over how it is to be achieved.