Barriers to Reform of International Drug Policy:
A Study of the UNODC

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Master's Thesis - Spring 2025
Supervisor: Research Assistant Anita Nissen
Citation Style: MLA
Character Count: 150,816 (Equivalent to 52 pages)

Abstract

This thesis, "Barriers to Reform of International Drug Policy: A Study of the UNODC" by Pablo Reynoso Mazoy, examines the obstacles hindering the integration of harm reduction strategies into international drug policy frameworks. Despite billions of dollars spent annually, key indicators in global drug control—such as record-high production, rising overdose fatalities, and persistent violence—continue to worsen. While harm reduction approaches emphasizing public health, treatment, and prevention have gained traction nationally, their international integration has been slow. Critics argue that the United Nations Office on Drugs and Crime (UNODC), the primary UN entity addressing drug issues, is standing in the way of change due to factors having to do with its rules, bureaucracies and agents.

Employing a qualitative critical case study of the UNODC, this research utilizes a constructivist lens and organizational path dependence theory to analyze how entrenched norms, bureaucratic identities, and historical processes within international institutions mediate policy evolution. The methodology involves qualitative document and policy analysis of pivotal reports, treaties, conventions, and conferences to uncover underlying ideational foundations.

The analysis suggests that historical inertia and the institutionalization of punitive drug policies, deeply embedded through early treaties, have created a system that centers itself on controlling drugs rather than on addressing the damage caused by them. The UN drug regime developed towards a pro-enforcement and control-oriented approach, often at the expense of public health and harm reduction strategies. This established path, reinforced by foundational documents and the UNODC's institutional development, prioritizes the control and regulation of substances over health-related interventions. A significant consequence of this path has been policy displacement, where public health initiatives have been sidelined.

In conclusion, the thesis affirms that substantial barriers to harm reduction exist, primarily stemming from the established institutional path anchored on the Single Convention on Narcotic Drugs of 1961 and the subsequent the Convention on Psychotropic Substances of 1971, and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 which have further entrenched. Overcoming these persistent barriers is crucial for achieving meaningful progress in global drug policy and addressing the multifaceted challenges of the world drug problem.

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List of Abbreviations

CND - Commission on Narcotic Drugs

HRI - Harm Reduction International

INCB - International Narcotics Control Board

IO - International Organization

NSP - Needle Syringe Programme

OHCHR - Office of the United Nations High Commissioner for Human Rights

PCOB - Permanent Central Opium Board
PCCP - Passenger and Cargo Control Programme
UN - United Nations
UNDCP - United Nations International Drug Control Program
UNGASS - United Nations General Assembly Special Session
UNODC - United Nations Office on Drugs and Crime
WHO - World Health Organization

Introduction

International drug policy is an area of work that affects millions of lives across the globe. Over 64 million people worldwide suffer from drug use disorders and more than 7 million people are arrested, cautioned or warned by authorities for drug offenses annually (UNODC, 2024). Illicit drug markets pose complex challenges, generating public health crises, fueling organized crime, and destabilizing producer and transit regions. Policies in this area have a broad reaching impact, affecting families, communities, and even entire economies. Their pursuit, regardless of how good the intentions behind them might be, has often led to negative outcomes for those caught in the crossfire between government authorities trying to control drugs within their borders and transnational organized crime groups meeting global drug demand. This dynamic has a particularly strong effect on poor, marginalized, and racialized communities around the world, especially in drug producing or transit countries like Colombia, Mexico, Afghanistan, the Philippines and Myanmar. These countries and communities have been at the centre of conflicts driven, extended or exacerbated by our current global drug regime, leaving them to face much of the brunt of the hundreds of thousands dead, displaced, and missing (HRI, 2024c).

Despite the billions of dollars spent on drug control each year, it seems as if the global drug problem only becomes worse each passing year. After decades of coordinated efforts under the United Nations' (UN) drug control framework, key indicators suggest worsening trends including record-high drug production, rising overdose fatalities, and persistence violence driven by the war on drugs (Global Commission on Drug Policy, 2024, 6-7). The number of people who use drugs reached 292 million in 2022, a 20 per cent increase from 10 years prior (UNODC, 2024a). This has in turn led countries to reconsider how drug control is approached internationally and the pursuit of policies that encourage, coerce, or oblige criminalised responses to the drug trade and people who use drugs, which have been the norm since the issue first started to be approached globally.

In recent years, new approaches driven by novel research and emphasizing harm reduction and public health have gained increasing prominence (HRI, 2024b, 6-7). There has been a gradual noticeable move away from policies that heavily rely on law enforcement and drug criminalisation and towards those that lean more towards treatment, prevention, rehabilitation, and better health outcomes - including those usually classified as demand side and

harm reduction policies. Within drug policy, initiatives are usually divided into three categories: drug supply reduction, drug demand reduction, and harm reduction. This first category mainly involves many of the policies traditionally associated with drug control, covering "the prevention of, dissuasion from and disruption of drug-related crime, in particular organised crime, through judicial and law enforcement cooperation, intelligence, interdiction, confiscation of criminal assets, investigations and border management" (European Union, 2021, C 102/2). These strategies have historically been the most prominent in international drug policy, receiving large investment amounts and great public attention. They are often also mentioned in the context of the so-called War on Drugs and can also sometimes be referred to as prohibitionist policies. In this thesis project I will exclusively refer to them as supply side policies as this is a more neutral nomenclature and more closely captures the specific policies I will be discussing.

Drug demand reduction looks at the other end of the equation by focusing on stopping consumption before it starts through "a range of equally important and mutually reinforcing measures, including prevention…, early detection and intervention, counselling, treatment, rehabilitation, social reintegration and recovery" (European Union, 2021, C 102/5). These policies are often complemented with harm reduction strategies that seek to deal with drug addiction in spaces where treatment and rehabilitation might not be viable options. Harm reduction therefore seeks to "prevent or reduce the possible health and social risks and harm for users, for society and in prison settings" (European Union, 2021, C 102/7). Specific examples of harm reduction policies include opioid agonist therapy, needle syringe programmes (NSPs), and overdose prevention & reversal (HRI, n.d.). This last policy category has gained increased prominence through the years and offers an alternative or a complement to supply side interventions.

While there have been great strides in the integration of harm reduction at the national level, movement has been slower internationally. Despite the willingness of member states to support institutional changes there appeared to be barriers that could not easily be cleared. Some experts argue that the United Nations Office on Drugs and Crime (UNODC) - the main UN entity working on drug issues - relies to heavily outdated enforcement metrics and a bureaucratic adherence to the "war on drugs" paradigm undermine its mandate (Bewley-Taylor & Jelsma, 2021). This dynamic has led to criticism from many experts and academics who work on this topic, advocating in favor of greater agility. These tensions reflect a broader pattern in global

governance, where international organizations face inherent challenges in balancing institutional stability and bureaucratic demands with adaptive change. As scientific advances emerge, public attitudes shift, or new geopolitical realities are established, international organizations can find themselves caught between their mandates and the new realities around them. From this emerges a complex negotiation between continuity and change that provides space for further questions about how international institutions reconcile competing demands between what works and what they're tasked with doing.

With this as background, in this thesis I will seek to answer the following research question: **What barriers hinder the integration of a harm reduction approach international drug policy frameworks exist, if any?** To this end, the investigation conducted in this work will employ a constructivist lens to examine how entrenched norms, bureaucratic identities, and path dependencies within international institutions mediate policy evolution. In order to do this, I will focus on the UNODC as the case study as this institution's work not only influences drug policy on the international stage, but also helps member states implement their drug policy commitments (UNODC, 2020, 8). This research question is relevant to the field of international relations as it serves as a platform through which important questions about international institutions can be explored, especially in regards to why changes in these organisations can be difficult and slow paced. It also allows for future exploration of the shortcomings of the strategies pursued in international drug policy and how those can be corrected through reforms that take into account the obstacles that will be identified in this thesis. In addition, with this thesis I hope to support the integration of strategies to address the global drug problem that are driven by data, are cost effective, are consistent with human rights, and that integrate lessons as to what has failed in the past and what has worked - regardless of where they originate from or how they're classified as.

Despite the billions of dollars spent on drug control each year, it seems as if the global drug problem only becomes worse each passing year. To this end, it's important to look into how the organisations that lead the conversation and push forward policies on drug control internationally may be contributing to the apparent lack of progress on the global drug problem (Bewley-Taylor, 2012, 148-152). Overcoming potential barriers is key to be able to make greater strides to the benefit of the millions of people globally that witness the damage caused by both drugs and by the negative externalities brought on by drug policies.

Overview of Thesis

In this thesis, I will select a case through which to address the question in order to limit the scope of my research, attempting to focus on a specific angle that might provide lessons that can be applied to other institutions. Specifically, I will conduct a qualitative critical case study of the UNODC to examine the barriers hindering the integration of harm reduction strategies into international drug policy frameworks. I'll include a short discussion on the methods used in order to conduct my research, including the strategies used and the type of documents and content analysed. There's also a brief discussion about issues of validity, ethics, and positionality which serves as a way to consider potential roadblocks to successful research and look to address them before they come up. I'll also further limit the scope of my research by making specific empirical choices regarding the policies that I look at, the thesis' temporal scope, and the theories I've decided to pursue and to leave behind.

The thesis is structured to first establish the theoretical framework, drawing particularly on constructivist perspectives of international organizations and path dependence theory. This section is divided into a Path dependence subsection, which looks into the origins of the concept and how the theory is applied to organisations, and a second subsection on Constructivism and international organisations, exploring socialization and norms within these institutions. I will provide a small background for both of these subsections before delving into authors and outlooks that will be applied further on in this work, serving to establish the theoretical underpinnings that inform later analysis.

This is followed by a discussion of the specifics of harm reduction, the controversy surrounding it, and the particular policies that are considered when talking about this concept. This is where the analysis begins as this section includes a justification of the adoption of harm reduction policies. Following this, there's a historical overview of international drug policy and its relevant treaties, including recent developments related to the selected case. This will provide necessary context for understanding the current institutional landscape. There's a final analysis section dedicated to looking at overarching analysis of the development of the UN's drug regime. The thesis then ends with a conclusion that looks back at the research question and summarizes the findings in light of all the work conducted within this thesis, assessing the nature and persistence of institutional barriers to reform.

Case Selection

Due to time and space concerns, I chose to limit my analysis to a single case that would serve as a prominent example that might provide lessons that might be useful when looking at issues related both to drug policy and also potential problems related to institutional change in IOs. For this, I wanted to focus on a single organisation that would best represent the issues seen in both of these areas. With this as background, I decided to specifically focus on the UNODC as the main international institution I'd be looking at when considering factors that hold back demand side and harm reduction drug policies from full integration into the international drug control system and adequate support overall.

As will be discussed in the historical context section of this work, the UNODC also serves as an interesting case study as it has experienced major institutional changes in the past couple of years that signal a clear change of direction in terms of policy preferences, signaling more openness to and inclusion of harm reduction in the office's work. Furthermore, the UNODC is perhaps the best option for a case through which to look at IOs working on drug policy as it's widely recognized as the premier institution in this field. It assists UN member states in drafting national drug policies, sets international standards on drug related issues, and serves as the custodian of the UN drug conventions.

Alternative cases for this research could have included the World Health Organization (WHO), the U.S. State Department's Bureau of International Narcotics and Law Enforcement (INL), or the European Union's work on drug control. These are all organizations working internationally that have mandates specific to drug control and that shine a light on important facets of drug policy. The WHO's health-focused mandate would have provided useful insights into harm reduction approaches, though it works mainly through recommendations rather than direct policy work. The INL has a significant funding role in global drug control, but its priorities fluctuate too much with electoral results to properly examine path dependence. The EU's model combines health and enforcement approaches, though differences in how member states interpret these policies. Ultimately, UNODC stands apart because it both enforces drug treaties and provides technical assistance worldwide. This dual role, along with its consistent global reach, makes it especially useful for studying why the system struggles to change, specifically when focusing on the events that have taken place since the first UN drug convention in 1961.

Methodology

To explore the research question and to limit the scope of this thesis project, I make specific choices regarding application of methods and theories. I want to analyse if there's evidence of path dependency through the years that might serve as an explanation of how entrenched norms and dominant ideas shape supply-side policies' continued prominence. In order to conduct this research, I will rely on qualitative document and policy analysis, looking at key reports, treaties, and conferences both by examining the primary sources and by looking at what prominent researchers and authors have to comment on said documents. Centrally, I will be looking at three treaties that guide the UNODC's work on the "world drug problem", namely: the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. In addition to being key normative documents of the UN's work on drug related issues, these treaties are also foundational for international drug policy more generally and remain debated documents, making them ideal primary sources (UNODC, 2020, 8).

Apart from these three conventions, there are also a plethora of publications issued by the UNODC that show the organisational priorities and focuses in regards to supply-side, harm reduction, and demand-side policies, including many recent documents that have not received as much attention in the literature and which could be fertile ground for new analysis. Namely, the 2019 Ministerial Declaration adopted at the 62nd session of the Commission on Narcotic Drugs (CND), which called for accelerated implementation of the outcome document of the special session of the General Assembly on the world drug problem of 2016; the 2014 Joint Ministerial Statement; and the 2009 Political Declaration and Plan of Action. These are identified in recent office strategy as key normative documents, highlighting their relevance (UNODC, 2020, 8-9).

Finally, there's extensive commentary on actions and directions taken by organisations with international mandates on drugs - especially the UNODC - that discuss the establishment and evolution of international drug policy. Gathering the inputs of different authors with varied insights on the office's work will serve to complement the research extracted from the primary sources and find supporting or opposing arguments to specific possible barriers to the integration of demand side or harm reduction policies.

Methods

The main tool used for the qualitative analysis conducted in this work will be document analysis, looking at the content specified in the methodology section. According to Bowen, documents can both "bear witness to past events" and "provide background information as well as historical insight" which in turn can "help researchers understand the historical roots of specific issues and can indicate the conditions that impinge upon the phenomena currently under investigation". They also "provide a means of tracking change and development" (Bowen, 2009, 29-30). This makes for a good pairing with the path dependency approach taken in this project, which takes history as a central consideration. However, it's difficult to learn solely through records how an organization operates day-to-day and these must be supplemented by additional information (Atkinson & Coffey, 1997, 47). To address this, I will be complementing official UNODC documents with speeches and declarations by member states and expert commentary on the overall institutional direction while still keeping the documents specified in the methodology section as the cornerstone of my analysis.

There are various types of qualitative document analysis suited for political documents. For this thesis, I will be relying on discourse analysis which "examines how language shapes reality, power, and social relations" embedded in a particular document or sets of documents and having as its objective to "uncover the ideational foundation underpinning a particular text" (Wesley, 2014, 137). In order to do this, I will investigate how discourse spreads and develops by analysing the language used in specific texts. This approach aligns with constructivist IR theory, which emphasizes how shared ideas, norms, and discourses shape state behavior and global politics. By looking at how political language constructs meaning, my analysis will show how actors use discourse to legitimize policies and approaches, establish identities, reinforce norms, and ultimately create barriers in the context of international drug policy.

As a short aside, generative artificial intelligence is not used to redact any material in this project. Some AI is used for grammar and spelling checks as well as to improve the research process and project structure by using its recommendations in relation to potential elements to include in each section, what authors and texts might be worth looking at closely, and how citations should be shown in the text itself. AI products used to this end include Google Gemini, DeepSeek, and ChatGPT.

Ethical & Validity Issues

This thesis work is conducted considering that the most prevalent view among drug policy exports is that there should be a shift towards drug demand and harm reduction policies and that many drug supply policies have historically been ineffective and have had many strong negative externalities. Quoting the 2024 Global Commission on Drug Policy Report - co authored by various former heads of state - "Attempts by States to control or eliminate the drug trade have fuelled increased violence, toxic drug supplies, and crises in criminal justice systems" (Global Commission on Drug Policy, 2024, 6). That being said, there should be consideration of strategies based on their effectiveness, their respect for human rights, and their reliance on data regardless of which policy category they might fall into.

One possible ethical issue that could arise during my research could be the misrepresentation of data, which in this case would involve conducting my research with presumptions about the results or with a rigid view of the conclusion I want the data to guide me towards. This led me to tailor my approach, ensuring that the question I was proceeding with was more open and left room for different answers and didn't have a specific outcome written into it.

There are some further validity issues that might arise from the data that I could choose to use during this master's thesis. A prominent one is sampling bias or cherry picking, which would entail focusing only on the content and research that might support my arguments and ignoring those which could contradict them. To anticipate this, I will be thorough and look at a wide array of documents and publications, making sure to include dissenting opinions by prominent researchers and academics that provide a challenge to the arguments included in this thesis. Specifically, I will balance UNODC's official publications and events with critiques from civil society organizations and scholarly assessments of regime effectiveness.

Finally, there are limitations associated with relying primarily on textual analysis. This method can prioritize formal, recorded positions over unspoken or practical gaps. Documents may reflect institutional aspirations rather than actual practices, and their production often involves strategic omissions. These constraints mean textual analysis should be complemented by examining how policies translate into practice. Where discrepancies emerge between formal positions and operational realities, as is often identified in the scholarly literature, they become critical points for analysis.

Empirical Choices

In order to avoid overextending the study, I made certain empirical choices aimed at narrowing the thesis's scope. First, the aim of this thesis will not be to analyse specific UNODC initiatives individually. A lot can be said about law enforcement training, alternative development, joint exercises, and other specific measures supported or pursued by the office. My focus will instead be on policy categories including supply-side, demand-side, and harm reduction with very limited commentary on individual policies. I will specifically observe and track the changes in attitude over time to these different categories in speeches, official UNODC documents, declarations, and conferences. As harm reduction as an explicit term is still rarely used in these venues and spaces due to the barriers that will be examined more closely further on, there will also be consideration of language and measures that may serve to lay the groundwork for the eventual full integration of harm reduction into the UNODC's mandate. Special attention will be paid to the evolution of this language and measures over time.

Regarding the temporal scale of the documents analysed for this thesis project, I opted to consider exclusively material published after 1961. Within this specific time period, the documents used are divided into two: the three conventions which were agreed upon before the UNODC's establishment in 1997 and documents published after its establishment. The choice to exclusively look at the three conventions among documents published before 1997 is justified due to these still serving as key normative documents in the office's work - a fact that is pointed out in recent strategic documents (UNODC, 2020, 8) - and that a close examination of the material published in the over 35 years between the 1961 Single Convention's publishing and the UNODC's establishment would be very extensive. In addition, since the focus of this thesis is the UNODC, looking at documents from before its inception that don't carry any normative weight today would risk derailing and/or overextending the analysis.

When selecting material from after 1997, I want to focus on work that changes the normative framework of international drug policy and that also forms the backbone of the UNODC's work within this area, specifically the ones listed in the methodology section as they are listed by the office itself as key documents. In addition I also decided to include agency debates and events as it's in these venues where the eventual changes that we see in the direction of the office first start to manifest themselves and where policy is drafted.

Theoretical Framework

This section will explore the theoretical underpinnings that inform the subsequent analysis, focusing specifically on path dependency and constructivist theory. Path dependency offers a lens through which to understand how historical choices and institutional inertia shape the evolution of international drug control. It emphasizes the weight of initial conditions and specific mechanisms that make departure from established practices difficult, even when those practices are no longer effective. This perspective helps illuminate why certain policy frameworks endure despite evidence of their limitations.

Complementing this, constructivist theory provides a framework for examining how norms, ideas, and the social construction of threats and identities influence the development and implementation of drug policies by various actors in the international arena. By considering how these ideas are formed and perpetuated, constructivism sheds light on the underlying assumptions and values that drive policy decisions. Taken together, these theoretical lenses provide a multidimensional understanding of the international drug control system., This section will lay out these perspectives in greater detail to build a strong foundation for analysing the forces at play and possible shifts in the international approach to drug control.

Path dependence

The concept of path dependence or path dependency provides us a way to analyse institutions by looking at their history and development. It's generally conceived as "the dependence of future societal decision processes and/or socio-ecological outcomes on those that have occurred in the past" (Preston, 2016, 720). Some definitions are contentious and there are variations depending on the author, but "the basic point of any path dependence argument stresses the relevance of past events for current and future actions" (Sydow et al., 2009, 690). Consequently, understanding the initial conditions and subsequent historical crossroads becomes crucial for explaining current institutional arrangements and societal outcomes.

Originally, the concept of path dependency was used primarily when looking at evolutionary economics and technological innovations, slowly being adopted and used in other areas of research. A classic example of path dependency as related to technological innovations is the keyboard that I am currently using to type this thesis, first proposed by Paul A. David in

his foundational text *Clio and the Economics of QWERTY*. In this text David challenges the assumption that market forces should lead toward efficient and optimal outcomes by talking about how path dependency sometimes creates inflexible results by examining the history of the keyboard. He contends that the widespread adoption of the QWERTY keyboard, which is still used today, came about as a result of original 19th century typewriters being designed to prevent jams and so that salesmen could write down their proprietary name - typewriter - while just using the first row. This created a lock-in effect by which users became accustomed to this format and to the continued usage of the QWERTY keyboard over 150 years later despite it not being as efficient to other keyboard alternatives which might allow users to type more quickly (David, 1985, 332-336).

An even earlier example of path dependency is seen in American economist Thorstein Veblen's analysis of the industrial development of Great Britain and Germany in *Imperial Germany and the Industrial Revolution*. In this text, which is cited by David in his work on QWERTY, Veblen explains that Germany was able to leapfrog Great Britain in terms of industrial prowess despite the latter being the birthplace of the industrial revolution due in part to having more state coordination during the creation of industrial systems as opposed to Great Britain's laissez-faire approach. This is seen specifically in the two countries' railway systems. Great Britain's system was privately developed and had little centralized planning, which led to fragmented rail systems that often had incompatible gauges, resulting in inefficiencies over time. On the other hand, Germany had the benefit of hindsight and of being a later adopter to these technologies, leading it to build more consistent railways that could be strategically used for military and industrial purposes. This shows that paths are often influenced by history and by legacy systems, such as ideology (Veblen, 1915, 53).

Along with David's *Clio and the Economics of QWERTY*, Brian Arthur's *Competing Technologies, Increasing Returns, and Lock-In by Historical Events* is often identified as a second central work on contemporary discussions of path dependence, highlighting the importance of looking at history and the genesis of different policies and technologies. It's considered the first attempt to model a formal theory of path dependence (Sydow et al., 2009, 690). In it, Arthur mentions four key concepts in positive feedback. For Arthur, these are increasing returns, lock-in, path dependency and non-ergodicity, and although he frames them

specifically in the context of technological development, these can be applied elsewhere in other research (Arthur, 1989, 118-119).

According to Arthur, increasing returns often take place as the more a technology is adopted the more advantageous it becomes due to both user experience and technical improvements, as seen in the QWERTY example which Arthur also uses. Compatibility becomes valuable and coordination effects start to take root. These technologies also become entrenched and locked in as the cost of switching away becomes more expensive with time, even if better alternatives exist. Technologies reinforce themselves through things like user bases, complementary technologies, infrastructure, and standards. Technological evolution also is not purely efficiency driven as illustrated by path dependency, which points out that initial conditions and minor events can end up shaping long-term outcomes. Finally, these kinds of developments show nonergodicity, meaning that accidental events early in a sequence do not cancel out and cannot be ignored since they influence future outcomes (Arthur, 1989, 118-119).

In his work discussing the contributions of Arthur, Paul Pierson links path dependency to an additional concept called positive feedback. In his definition of the term, he uses it to refer to "social processes that exhibit positive feedback and thus generate branching patterns of historical development" (Pierson, 2016, 21). He illustrates the concept of positive feedback through the Polya urn process, a mathematical thought experiment in which you're asked to imagine an urn with a single red and black ball. At the beginning of the experiment you pull out a ball at random and put it back in together with a ball of that same color. You repeat this process until the urn is full and then assess the ratio of black and red balls at the end. The actions that you take very early on during the process have an incommensurate influence on the eventual outcome. The accumulation of effects during this process eventually lead to a self reinforcing cycle in which the pattern can lead towards an even split between black and red balls but is more likely to lean more towards one of the two groups due to the momentum that is provided by the initial ball (Pierson, 2016, 17).

Referring back to Arthur, he identifies four main characteristics of positive feedback. It's unpredictable since early events are partly random and have large effects, which can lead to end states that are unforeseeable early on. It's also inflexible as the further the process advances the more difficult it is to change direction. It shows nonergodicity, meaning that accidental events early in a sequence do not cancel out and cannot be ignored since they influence future

outcomes(Pierson, 2016, 18-19). Finally, path dependency has the potential to be inefficient as the established outcome might generate lower payoffs than potential alternatives (Arthur, 1994). To this, Pierson highlights that sequencing becomes critical as earlier events matter much more than later ones, meaning that history is of great importance. This type of analysis also ends up contrasting with explanations that sometimes seek to link large outcomes to large causes (Pierson, 2016, 18-19).

When it comes to looking at organizational path dependency, perhaps the most important contemporary text is Sydow, Schreyögg & Koch's *Organizational path dependence: Opening the black box*. In it, the authors criticise the sometimes metaphorical use of the term path dependence and attempt to develop a theoretical framework for it focusing specifically at looking at how the logic and dynamics of internal organizational processes can lead to lock-in. To start off, they mention that focusing on the mere fact of past dependence and just framing path dependence on a "history matters" argument is not enough as "all human activity and organizational processes are imprinted by their history in a way, so we would end up by concluding that all organizational decisions and actions are path dependent". Instead, they argue that a more rigorous understanding requires identifying specific mechanisms that lead to self-reinforcing processes, rather than simply observing that the past influences the present. (Sydow et al., 2009, 690).

Sydow, Schreyögg & Koch's framework is divided into three phases. The initial one is pre-formation, in which there is an open situation with a broad scope of action, meaning that there is no initial determinacy. This broad scope does not however mean that decisions are unconstrained and that organizations get to start from scratch as the development of a path is also imprinted by the past. Initial choices and actions are "embedded in routines and practices; they reflect the heritage, the rules and the culture making up those institutions" (Sydow et al., 2009, 692). The initial choices then become a trigger for further actions that can eventually lead down a particular organizational path. These triggers in organizational path dependence, as opposed to other areas where this concept might be applied, are often not random or small events but can also be bigger coordinated strategies (Sydow et al., 2009, 693).

The second phase in the process is called the formation phase, which is where the organizational path gradually emerges and the scope of action starts to gradually narrow. The transition from phase one to two is marked by a decision that triggers further development of the organization or an organizational subsystem (Sydow et al., 2009, 693). When it comes to

organizations, increasing returns is not the decisive feature of path building as Arthur might suggest in his work looking at technology and path dependence. Focusing on utility driven behavior can mean disregarding other factors such as emotional reactions like uncertainty avoidance and intergroup revenge; cognitive biases including blind spots and selective perception; and political processes such as the drive to gain and maintain power. There are therefore "different forms of positive feedback cycles based on specific organizational forces" (Sydow et al., 2009, 694). Unlike in technological path dependence, its organizational form doesn't focus as much on individual decision making as it tries to account for the institutional settings in which these processes occur and their corresponding context, including hidden assumptions, culture, status and role systems, and institutionalized practices, which together provide the basis for the development of self reinforcing loops (Sydow et al., 2009, 694).

Finally, the third stage of the process - named the lock in phase by the authors - is arrived at through a further restriction of the scope as the focal action pattern continues to be replicated, leading to a lock in which may often be cognitive, normative, or resource based. When the lock in is extreme, the dominant pattern becomes deterministic and organizations are unable to change directions due to high switching costs, sunk costs, monopoly dynamics, and other issues, bounding future decisions to replicate the established path, with even newcomers being forced to adopt it, as seen with the traditional example of the QWERTY keyboard (Sydow et al., 2009, 694). The organization finds itself deeply embedded in a particular way of operating, reinforcing the initial choices made.

Because of their social character, organizational processes, organizations are often more complex and ambiguous in nature, making determinacy unlikely. There is instead a deep embeddedness that can lead to the expectation of specific results but that can be altered due to the power brought about by hierarchical control where orders from above can stop inefficient behavior (Sydow et al., 2009, 694). Therefore, the authors suggest conceptualizing the final stage of a path-dependent process as a predominant social influence, which leaves some scope for variation away from the path. They frame this as an underlying core pattern or invisible deep structure in which actors have a scope of interpretation of said core. There is not total rigidity, but a corridor that accounts for variance in the actual practice. This lock-in in and of itself doesn't have automatic and initial inefficiencies and losses, but does suggest an inherent risk of the organization becoming inefficient due to its rigidity and inadaptability (Sydow et al., 2009, 695).

Constructivism and international organisations

Constructivism is a theoretical approach in international relations that emphasizes the role of ideas, norms, and social interactions in shaping global politics. Unlike realist or liberal perspectives, which focus on material power or institutional structures, constructivism argues that the international system is not fixed but socially constructed through shared beliefs, practices, and discourses. Key to this approach is the idea that actors - including states, international organizations (IOs), or individuals - are influenced by their identities, cultural frameworks, and normative environments, which are social as well as material and which in turn shape their behavior. This setting can also provide states and agents an understanding of their interests (Checkel, 1998, 325-326).

Finnemore & Barnett analyse institutions through a constructivist lens in their book *Rules for the world : international organizations in global politics*. Centrally, they highlight the bureaucratic nature of IOs and contend that this characteristic is key to understanding the way they behave. For them, bureaucracies "are collections of rules that define complex social tasks and establish a division of labor to accomplish them". Bureaucracies exhibit hierarchy, with defined spaces, division of labour, and with officials being accountable to superiors; continuity, with structures that offer opportunities for regular advancement; impersonality, with rules and procedures built to avoid outside influences; and they favor expertise, meaning that officials are selected according to merit (Barnett & Finnemore, 2004, 17-18).

The rules collected by bureaucracies are classified by Finnemore & Barnett as having four different effects: They prescribe action for actors both inside and outside the organization; they create rules that shape how how bureaucrats see the world and perceive the problems they face through definition, categorization, and classification; they help bureaucrats construct and frame the world in ways that make it easier for them to conduct interventions; and they constitute the identity of organizations, differentiating them and defining their role globally (Barnett & Finnemore, 2004, 18).

For Finnemore & Barnett, bureaucracies are established to accomplish specific tasks and for this purpose they "develop general consensus around their understandings of their core mission and the functions of their organization; goals to be pursued; basic means to pursue those goals; and some way to measure results" creating shared elements as a result that generate a group identity and structure interactions among members of the group. These shared elements

help organizations define their bureaucratic culture, which the authors consider to be "the solutions that are produced by groups of people to meet specific problems they face in common" which "become institutionalized, remembered and passed on as the rules, rituals, and values of the group." Bureaucratic cultures can be bad or good depending on the organization and can be promoted or discouraged. They guide actions without determining them, as they can be interpreted differently by different members of a bureaucracy, and the relationship between bureaucrats and rules "is mutually constitutive and dynamic" (Barnett & Finnemore, 2004, 19).

Sandholtz's model for international norm changes assumes that these changes come about as a result of tensions in normative systems between norms and behavior and between different norms, leading to constant development. This comes about through a cycle that begins with the normative structure that shapes the range of options available to actors and sets how they can justify those actions and evaluate the behavior of others (Sandholtz, 2008, 101-106).

These norms, in part due to the nature of the fact that the matters they regulate are dynamic, cannot cover every contingency. While some acts will always clearly constitute clear violations of a norm, others will emerge that will not be easy to assess. They also sometimes exhibit conflicts among themselves either through internal contradictions or by clashing with other norms and some actions can evoke different sets of rules, which are then seen to be in tension. Both their internal conflicts and their persistent need to cover new contingencies can eventually lead to norm change. Actors then argue about which norms apply and what is permissible under them, with these discussions being guided by precedents. This ultimately leads to modifications to strengthen or weaken them, to make them more or less specific, or to make them broader or narrower. Disputes themselves lead to a discovery of "the meaning and scope of application of social rules" and then the cycle of change returns to a normative structure that has incorporated modifications to norms (Sandholtz, 2008, 101-106).

Furthermore, these norms can also be internalized by member states, even superpowers. Quoting Sandholtz "When international rules alter the terms of domestic policy debates, get incorporated into domes-tic legislation, affect the decisions of domestic judges, and become inte-grated in the organizational cultures and routines of domestic bureaucracies,then international rules have been absorbed into a country's own practices and institutions" (Sandholtz, 2008, 105). Even though some IR scholars conceive of these superpowers or

hegemons as driving change, Sandholtz argues even though their power does allow them to act unilaterally, it doesn't allow it to impose rules (Sandholtz, 2008, 110).

In his work on international institutions, Jeffrey Checkel talks about the ability of these entities to socialize agents, namely individual policymakers and states. For him, socialization is a process of inducting actors into the norms and rules of a given community resulting in sustained compliance based on the internalization of said norms and rules. Agents end up behaving appropriately instead of following a logic of consequences, learning their role and behaving in accordance with expectations or even going as far as accepting the norms provided to them as "the right thing to do" (Checkel, 2005, 804-805).

Checkel mentions that this socialization might come from very different rationales, identifying three main mechanisms that bring it about. It can be a result of social calculation, with agents looking at incentives and rewards both social and material. This would not be a result of changing logic from consequences to appropriateness as behaviors are still rationally guided. However with time what might have started as behavioral adaptation to these incentives and rewards could become sustained compliance that suggests internalization and preference change (Checkel, 2005, 808-810).

Socialization can come about as a result of role playing, which supposes that actors cannot calculate the costs and benefits of every course of action as attention is a scarce resource. Therefore they adapt their behavior to be non-calculative in these organizational environments, adopting a degree of automaticity. These roles taken on by actors are easier to perform socially than only and always acting strategically and instrumentally. Over time, the repetition of these roles can reinforce a sense of identity and belonging, further cementing actors within the normative structure (Checkel, 2005, 808-810). The act of repetition itself becomes a constitutive part of what it means to be a part of the system.

This stands in opposition to the more traditional normative persuasion, which rejects this understanding and asserts more than calculating costs and benefits agents present arguments and try to persuade each other. When normative persuasion takes place "agents actively and reflectively internalize new understandings of appropriateness" (Checkel, 2005, 810-813). This entails not only behavioral change but also a transformation of underlying preferences and identities. As such, this mechanism serves to highlight the depth to which norms and ideas can shape actor behavior in ways that go beyond instrumental adaptation.

Analysis

Restating the research question, this thesis seeks to answer what barriers that hinder the integration of demand-side and harm reduction strategies into broader international drug policy frameworks exist, if any? As pointed out in the case selection section, this question will be answered by looking at the case of the UNODC, the main UN organism working on drug issues.

In this section, I will conduct an analysis of this question looking to apply some of the theories and arguments presented in the previous pages. To do this, I will first discuss what is meant by harm reduction, presenting policies that fall under this policy category and discussing the justification for this approach. There will then be an extensive historical context section in which the key documents and events in international drug policy will be discussed chronologically. This will be followed up by a small section on potential future changes in institutional direction for the UNODC. I will then include another brief section detailing the current UNODC institutional setup. The analysis will conclude with a final section discussing the development of the current regime, interacting with path dependence and constructivism.

Returning to the research question, it's essential that we set out what is meant by barriers as this term might be difficult to pin down otherwise. Barriers are commonly defined as "something material or immaterial that blocks or is intended to block passage" (Merriam-Webster, 2025). As I conceptualize it, barriers can both be solid walls which impede the advancement of anything through them or obstacles that can be overcome. Both walls and obstacles can eventually be removed after putting in different degrees of effort, with walls being significantly more difficult to tear down. Their current existence doesn't mean that they will always be present, just that for the moment they block easy passage.

In the context of international drug control, barriers to harm reduction are perhaps more similar to obstacles than walls. As will be discussed further on, there has been some very limited, gradual and circumstantial integration of specific harm reduction policies in drug and health interventions at the UN level, yet the overall system is still set against the overall logic of harm reduction despite it having been embraced by many member states for years. Organizational priorities are oriented elsewhere, making it difficult for the UNODC to move itself towards policies that are more efficient, more supported by experts and evidence, less costly, and more in line with human rights, focusing instead on policies that are in line with normative documents.

Harm Reduction

While harm reduction has been practiced for centuries in basically every society that integrated drug use. Discussion of it as a unique policy category with which to deal with drug use arose in the 1980's out of a need to deal with the spread of HIV among drug users, leading to the eventual adoption of the term . The term is now primarily but not exclusively used as a way to deal with narcotic drugs, primarily those that are injected, due to the pressing nature of the harm associated with these substances (Pates & Riley, 2012, 22-25).

There are sometimes attempts to water down the definition of harm reduction, but four main principles are usually identified as key components of any true harm reduction approach. First is **pragmatism**, which acknowledges the inevitability of some degree of drug consumption and abuse in any society. After this, there must be a focus on **humanistic values**, which means that the drug user's choice is accepted as a fact without judgement condemning or supporting their decision, respecting their dignity and rights regardless of model of consumption, intake amount, or drug of choice. This means a **focus on harm**, with other aspects even including the users willingness to change being of secondary importance to lessening the negative consequences of their drug use. Their rehabilitation and other areas of concern can be then addressed through a **hierarchy of goals**, with the focus being on addressing the most urgent needs. Keeping drug users alive and preventing them from causing long term damage to themselves is more pressing than getting them to abstain from using drugs in the short term (Riley et al., 2012, 32-35).

Perhaps the most common harm reduction strategy is NSPs, which provide drug users with access to sterile needles and syringes and aims at preventing people from sharing them (WHO, n.d.). People who inject drugs are disproportionately affected by the hepatitis C virus (HCV), with the global prevalence of HCV being 38.8% among this population. Drug injection sharing contaminated equipment accounts for 43.6% of new HCV infections globally. About 79% of HCV infections are undiagnosed and 87% go untreated (HRI, 2024b, 40-41). NSPs not only reduce HCV transmission but also serve as an entry point for other health services, including overdose education and addiction treatment referrals. NSPs have also gained prominence as a way to stop the spread of HIV/AIDS, with studies consistently showing NSPs result in marked decreases in HIV transmission by as much as 33–42% (WHO et al., 2009, 6).

Another popular harm reduction treatment option is opioid substitution therapy. This option recognizes that abstinence treatment is not achievable for many drug users, in which case the treatment objective should be to reduce the suffering and mortality associated with the continued use of drugs (WHO, n.d.). In these cases, methadone or opioid agonists are prescribed for users to transition into less harmful substances while still acknowledging the difficulty involved in moving away from their dependence on narcotic drugs, helping reduce cravings for opioids and preventing severe withdrawal symptoms (Government of Canada, 2024).

Apart from these two measures, other initiatives in this category include drug consumption rooms (DCRs), drug checking services where users can test substances to ensure that they're unadulterated, and the provision of stable housing without requiring abstinence (HRI, 2019). DCRs are a particularly comprehensive way to address drug issues as they offer "a clean environment in which to consume drugs, access to sterile drug use supplies immediate emergency response in the event of an overdose, some primary care, and referrals to internal and external services" (Kerr et al., 2025, 3). These facilities have been increasingly implemented under different modalities across the world, with the first legally sanctioned DCR being established in Switzerland in 1986 (Kerr et al., 2025, 5).

The logic behind all of these harm reduction policies is that drug related harm should be subject to the same reduction measures to seek to lessen its negative impact as any other type of harm. As Riley and Pates explain, we also use harm reduction when it comes to road safety. Automotive accidents are one of the main causes of death in most countries around the world and we've placed many measures in an attempt to reduce the harm caused by them. There are speed management measures such as speed limits and traffic calming road design, vehicle safety improvements such as airbags and seatbelts, impaired driving laws like breath testing checkpoints and designated driver campaigns, road safety infrastructure including well lit streets and roundabouts instead of intersections (Pates & Riley, 2012, 22-25). Just as we do with road safety, harm reduction proposes the creation of structures that, recognizing with pragmatism that drug consumption will take place, protect people who use drugs and lessen the harms that these substances bring to them.

With all this in mind, the first question we should ask when discussing the international drug control regime is what outcomes and end goals are being pursued. In UN declarations there is often talk of working towards a "drug-free world" and of reducing drug abuse and production

(Annan, 1998), but we can still ask ourselves why we want to work towards that. What ultimately should lie at the heart of drug policy is a recognition that the abuse of drugs is bad for individuals and societies because people who consume these drugs can sometimes put themselves and others at risk. Drug abuse can lead to negative health outcomes and even death, putting a strain on medical services and destroying communities, families, and individual lives. This discussion ends up setting up a crucial moral debate within drug policy, which Carter, Miller & Hall identify as: What importance do we place upon the harms experienced by drug users, non-users directly affected by others' drug use, and the broader society? (Carter et al., 2012, 172). The priorities set in relation to this question often set a direction towards addressing the health and social issues arising from consumption directly or burying them under the rug through criminalization, marginalization, stigmatization, or quite simply looking away.

Critics of harm reduction often argue that as the policy doesn't condemn the use of illicit drugs it ends up sending the message that drug use is acceptable, which in turn serves to increase the number of drug users and the harm caused by these substances. They further argue that harm reduction programs fail to get people off of consuming substances. In its most basic form, the opposition to this policy category is expressed as "Isn't giving a needle to a heroin addict equivalent to giving a gun to a criminal?". However, as former UNAIDS executive director Michale Sidibé points out, we have extensive evidence collected over an extended period of time that harm reduction interventions are effective as shown by over three decades of NSPs that are consistently found to reduce transmission of bloodborne diseases; safe, as these same programs don't lead to increases in the number of injectors; feasible, as NSPs are implemented in over 90 countries (Harm Reduction International, 2024b); and cost-effective, as they provide $ 5 in benefits for every dollar invested (Burrows, 2012, 84-86).

At its core, harm reduction is the recognition that what has been done in the past hasn't worked and that a different angle in which to address the drug problem is needed. Dealing with drugs with tough on crime and zero tolerance policies has proved to be largely ineffective and costly, as evidenced by the ever increasing amounts spent on dealing with what the UNODC refers to as the "world drug problem". Harm reduction shows a new path forward through the prioritization of treatment over incarceration, through the introduction of drug users as valuable stakeholders in the policymaking process whose voices deserve to be heard, and by insisting on putting human rights first.

Historical Context

Given path dependency's self-reinforcing nature, it's important to do a recount of the history of drug policy. As explained by Pierson, the events that took place early in this process end up heavily affecting the current realities of the international drug control system and its potential inflexibility to change (Pierson, 2016, 18). In politics as in cooking, it's not just the ingredients or variables that matters, but the sequence and timing in which they're introduced (Pierson, 2011, 1). It's essential to look at the start of the current UNODC policy direction and overall approach towards drug issues as these two elements play a large role in the outcomes that we see today.

To this end, this section will begin by detailing the historical origins of the international drug regime before the UN assumed its leading position, exploring the early development of international cooperation in this area. This will then be followed up by discussion of the three major drug conventions - namely Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 - which form the foundation of the UN's drug control efforts. A third section will subsequently cover the establishment of the UN agencies tasked with dealing with drug issues up until 2016. A fourth section looks at recent developments highlighting the office's ongoing efforts to balance its core mandate with the need to incorporate new evidence-based approaches. Finally there will be a brief discussion of the future trajectory of the international drug control regime considering the ongoing tensions in the system and addressing the challenges of achieving consensus on reform.

As will be expanded upon further later on, the global drug control regime that is currently led by the UNODC came about as a result of three drug conventions that were put forward in the second half of the 20th century and that served to create rules that favor strong criminal provisions a response to the "world drug problem". These conventions were founded upon a early 20th century drug regime that looked at drug consumption through the lenses of geopolitical power and economic interest. Although there has been a slow but progressive acceptance of many of the arguments and even sometimes policies put forward by harm reduction advocates, the full integration of harm reduction into the UNODC's drug regime as one of the tools in its arsenal remains a long way out. This disconnect continues to reflect a clash between entrenched legal traditions and evolving public health perspectives.

Antecedents to current regime

According to William McAllister, the roots of the current international drug control system can be traced back to the 18th century, specifically the start of global opium trafficking seen during this period. In this century, consumers in China and in European colonies in East Asia developed a propensity for using opium. As a response, Dutch, British and Portuguese entrepreneurs began producing and exporting large amounts of the drug into these territories. Trade to China was particularly pursued in part as a European strategy to redress its trade imbalance with this country (McAllister, 2020, 2).

In the 1790's Chinese imperial edicts banned the import of opium as the country (McAllister, 2020, 2). European traders worked with local Chinese officials to circumvent trade restrictions in order to bring opium into the country. As drug consumption started to become an issue, Chinese imperial authorities began attempting to bring these corrupt arrangements to an end. In 1838, an imperial commissioner in the province of Canton took action against the drug trade by, among other things, confiscating drugs from foreign merchants. This precipitated the First Opium War (1839–1842) - a conflict between the United Kingdom and China in which the latter's defeat led to the imposition of unequal treaties that crippled its sovereignty, severely debilitating it for the next hundred years. Even though opium remained illegal, its usage was still widespread and the government was unable to control it (McAllister, 2002, 12). Further conflict with Western powers forced China to eventually give up on its attempts to enforce opium's illegality and it began instead to try to impose taxes on it. As restrictions were removed, consumption increased significantly and addiction became rampant during the second half of the century. The social and economic consequences of widespread opium use created long-lasting challenges for the nation. It became a significant feature of Chinese society, with governments relying on its taxation for revenue, farmers using it as a cash crop, and it even serving as a medium of exchange (McAllister, 2002, 13).

Despite efforts to bring opium consumption under control, internal conflicts and the general weakness of the Chinese state meant that this issue would persevere well into the 20th century. At this time, prohibitionist forces in the West led in part by missionaries and other religious figures pushed for international action to seek to prevent the trade of opium into China (Collins, 2021). In the background of early drug discussions a geopolitical conflict was playing out involving industrialized states with highly developed pharmaceutical industries, such as

France, Germany, Switzerland, and the Netherlands; states with high raw opium exports, mainly the United Kingdom and the Ottoman Empire; and the US, which viewed European control over China with suspicious eyes and sought to bring international control to drugs in order to end it (McAllister, 2020, 3-5). This eventually led to the first ever multilateral gathering on drug control: the 1909 Shanghai Opium Commission. This meeting was convened under US leadership and counted with the participation of delegates who held no plenipotentiary powers (Collins, 2021). During this commission, US representatives argued for a strong delineation of the authorized use of controlled narcotics to only scientific and medical purposes, while countries that traded in raw opium pushed back by claiming that newer manufactured drugs such as heroin and morphine had proven at least as addicting. Overall, participants found it hard to create a level playing field in which rules applied equally to all and did not favor the interests of any group, leading to the production of "an array of non-binding, generalized recommendations that governments could interpret as they wished" (McAllister, 2020, 5).

These recommendations mapped out the path for the 1912 Hague Opium Convention, a more formal gathering that aimed to "create reciprocal responsibilities for limiting the flow of mind-altering drugs within international trade and ensure some regulatory equivalence among countries" (Collins, 2021). States agreed to stop exporting opium to countries where it was prohibited with the exception of Chinese ports that had been opened up for trade as a result of the agreements that the country had been forced to sign during the previous century where most opium trade took place (McAllister, 2020, 6). The Hague Convention marked a step forward as states began reconsidering the regulation of drugs within their own borders and to further regulate the medicinal sector (McAllister, 2020, 7). However, its effectiveness was limited by the lack of concrete means to ensure compliance (Collins, 2021). Many states also complained about issues regarding universality and refused to sign the agreement until non-participant states did so too, an issue that wouldn't be resolved until first world war peace treaties required that all signatories must ratify the 1912 Hague Convention (McAllister, 2020, 7-8).

After the Hague Opium Convention and a subsequent pause in movement on new drug control agreements during the first world war, 1925 Geneva Opium Conventions led to further progress towards greater international drug regulations. These conventions instituted requirements for governments to submit annual statistics specifying agricultural production, pharmaceutical drug manufacturing, imports and exports, and non-binding estimates of

substances required for the subsequent year. They also created a system of import certifications and export authorizations in order to prevent the diversion of controlled substances from licit channels. Despite these apparent steps forward "Domestic constituencies including pharmaceutical companies, opium and coca growers, medical professionals, trading firms, and military authorities lobbied for provisions favourable to their special concerns; in the aggregate the exemptions they secured reduced the stringency of the treaty" (McAllister, 2020, 10).

The Geneva Opium Conventions also led to the creation of the first institution working to enforce limits on drug flows, namely the Permanent Central Opium Board (PCOB) (Collins, 2021). The PCOB was created "to examine the statistics and estimates submitted by governments, to make inquiries into any anomalies discovered, to publish reports on a regular basis, and to recommend an embargo restricting licit drug exports to/imports from any country found to violate their obligations". Its authority however didn't extend to being able to determine the amount of drugs to be manufactured each year based on the estimates submitted (McAllister, 2020, 10). The PCOB was followed up by the creation of the Drug Supervisory Body (DSB) after the agreement on the Convention for limiting the Manufacture and regulating the Distribution of Narcotic Drugs in 1931. The DSB supplemented the PCOB's work by overseeing a 'system of estimates' through which member states would predict and report on their drug requirements. This convention also led to the establishment of the first international drug scheduling system, classifying drugs according to their harm and medical utility (Collins, 2021).

Overall, McAllister identifies that the system created during this early period of drug control prior to the establishment of the UN regime featured "(a) clear delineation between the licit trade and illicit trafficking; (b) a global body of political representatives charged with addressing the issue", which would be the League of Nations under which the PCOB operated, "(c) an independent adjudicatory body", namely the PCOB itself, "(d) an international medical advisory body ", which was the League of Nations' Health Committee, "(e) schedules of control featuring differing levels of regulation; (f) statistical reporting about imports, exports, production, manufacture, distribution, retailing, and estimates-of-need; (g) secretariats possessing the professional and technical expertise necessary to support international agency functions; (h) a requirement that all signatories enact laws aligned with the strictures of the international treaties; and (i) a requirement that all signatories create a national agency to enforce a constellation of rules that applied worldwide" (McAllister, 2020, 12).

UN Narcotic Regime

The Second World War's conclusion and the creation of the UN in 1945 led to a transfer of drug control powers to new institutions. The Economic and Social Council (ECOSOC) assumed management over international drug control issues and went on to establish the CND "in order to provide machinery whereby full effect may be given to the international conventions relating to narcotic drugs, and to provide for continuous review of and progress in the international control of such drugs" in 1946. The CND would, among other things, assist in supervising international conventions and agreements, advise the Council on all matters pertaining to the control of narcotic drugs, and consider what changes may be required in the existing machinery for the international control of narcotic drugs (ECOSOC, 1946, 129).

After decades of slow progress on the issue of drug control, the global regime was remapped in 1961 with the adoption of the Single Convention on Narcotic Drugs, which according to its supporting commentary "provides, two basic features: limitation of narcotics supplies of each country and territory to the quantities that it needs for medical and scientific purposes, and authorization of each form of participation in the drug economy" (United Nations, 1973, 263). The 1961 Single Convention was a result of the need to replace previous agreements adopted between 1912 and 1935 with a unified and simplified document (Sánchez Avilés & Ditrych, 2020, 21). It served to place the responsibility for the global prohibition of controlled narcotics in the hands of the UN, which in turn many of the structures that oversee domestic prohibition outside of both national policymaking processes and outside of democratic norms by tying the hands of signatories when it comes to their policy options (Kushlick, 2012, 160-162).

The Single Convention also sought to build upon existing agreements by expanding established control measures to cover the raw materials, monitoring the cultivation of plants from which many narcotics are derived (TNI, October 2015). Notably, the Single Convention also merged the PCOB and DSB into a single institution, namely the International Narcotics Control Board (INCB). This board was put in charge of evaluating compliance with the 1961 convention - promoting the consistent application of the international drug control treaties by conducting regular reviews in various countries and issuing recommendations (Sánchez Avilés & Ditrych, 2020, 27).

From its outset the Single Convention set out a strong and definitive tone against narcotic drugs. Although first framing its preamble by expressing its concern "with the health and welfare

of mankind" it quickly shifts to recognizing "that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind" and states that the parties are "conscious of their duty to prevent and combat this evil" (United Nations, 1961). This means, as pointed out by Kushlick, "that individual member states could have not seriously contemplated alternatives to prohibition, even had it been in their opinion a more appropriate means of protecting public health and welfare" as something that at the outset is recognized as a "serious evil" and a "danger to mankind" could hardly be regulated instead of prohibited. The lessons of alcohol prohibition, which had ended (Kushlick, 2012, 159-160).

The Single Convention also established strong criminal provisions in article 36, asking parties to adopt measures to ensure that "cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs… shall be punishable offences when committed intentionally, and that serious offences shall be liable to adequate punishment particularly by imprisonment or other penalties of deprivation of liberty" (United Nations, 1961). Criminalisation of possession as established in this convention remains a highly controversial issue today, with many seeing it as the driving force behind mass incarceration around the world.

On the other hand, the Single Convention also mentions measures against drug abuse that opened the door to a more lenient approach. In its Article 38, it asks parties to "give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved and shall coordinate their efforts to these ends" as well as to train personnel to help in these efforts. Article 36(2) further states that even though there is a requirement to criminalise possession other than for medical and scientific purposes, measures for treatment, care and support of people who use drugs can be provided "either as an alternative to conviction or punishment or in addition to conviction or punishment" (United Nations, 1961).

The scheduling system adopted under this new convention relied on recommendations made by expert committees regarding the medical and therapeutic value of a substance as well as its potential harms to health and risks of abuse. The underlying assumption was to err on the side of caution and assume the danger of narcotic drugs until proven otherwise. Most controversial was the inclusion of coca leaf and cannabis into Schedule I (Sánchez Avilés & Ditrych, 2020,

23). Cannabis was also placed on Schedule IV, which is reserved for drugs already included in schedule one that require additional "special measures" of control (United Nations, 1961). This marked the first time in history in which a complete ban on the trade, cultivation, and consumption of a substance was encouraged, with all Schedule IV substances falling under these limits (Sánchez Avilés & Ditrych, 2020, 24). While the convention in Article 49 does allow for states to reserve the rights to permit the use of certain controlled substances - among them cannabis and coca leaf - "only to the extent that they were traditional in the territories in respect of which the reservation is made", it also stated that "the use of cannabis for other than medical and scientific purposes must be discontinued as soon as possible but in any case within twenty-five years from the coming into force of this Convention" and that "coca leaf chewing must be abolished within twenty-five years from the coming into force of this Convention" (United Nations, 1961).

UN member states gave the 1961 Single Convention more teeth through the 1971 Convention on Psychotropic Substances, which brought new drugs under international control. These prominently included amphetamine-type-stimulants, which had become popular during the 1960's (TNI, October 2015), as well as LSD, sedatives, anxiolytics, analgesics and antidepressants. These substances, unlike their 1961 predecessors, were not qualified as a "serious evil" and it was specified that "their availability should not be unduly restricted" for scientific and medical purposes. In addition, there are some key differences between the approach to scheduling taken in the 1961 and 1971 conventions. The 1971 convention took the opposite approach to the one established in 1961, deciding that a psychotropic drug shouldn't be subject to control until it could be proven that it was potentially dangerous (Sánchez Avilés & Ditrych, 2020, 23-24).

Although still a restrictive document that served to expand the scope of drug prohibition, the 1971 Convention also contains the same obligations listed in Article 38 of the Single Convention. In Article 20 it declares that states must "take all practicable measures for the care, treatment and social reintegration of people who use drugs". It goes on to establish the same provision allowing for measures of treatment, care, rehabilitation and social reintegration "as an alternative to conviction or punishment" in Article 22 (United Nations, 1971). This serves to highlight that the document sought to expand the substances under international control and not to alter the framework established in 1961.

The INCB was further strengthened through the 1972 Protocol Amending the Single Convention on Narcotic Drugs which gave it responsibilities for ensuring drug availability for medical and scientific purposes and collaboration with governments as well as the prevention of illicit cultivation, production, manufacture, and trafficking of controlled narcotics (Collins, 2021). This included the administration of a voluntary system of estimates by which states estimate their psychotropic drug needs, with the INCB allotting quotas and monitoring global supply chains of both narcotics and precursor chemicals (Sánchez Avilés & Ditrych, 2020, 27).

During the 1970s and 1980s, an increase in demand for cannabis, cocaine and heroin in the developed world gave rise to illicit production in the countries where these plants had traditionally been grown (TNI, October 2015). The United States had put its sight on the global drug problem since President Richard Nixon coined the term "war on drugs" in 1971, declaring drugs "public enemy number one". By the late 80's, the Cold War drawing to a close led the United States to start placing even greater weight on security concerns brought about by the global drug problem (Vogler & Fouladvand, 2016, 117-120). This led it to push for a new trafficking convention that would support - as per the 1987 Declaration of the Conference on Drug Abuse and Illicit Trafficking - "vigorous international action against drug abuse and international trafficking" (United Nations, 1987).

In this context, the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 would complete setting the stage for the international global drug control regime as the final major drug convention still in place today. This convention signaled a shift in priorities of the international community towards the elimination of illicit trafficking instead of focusing mainly on restrictions, scheduling, and reporting as seen in previous agreements (Sánchez Avilés & Ditrych, 2020, 25). This is seen in its preamble, where it explicitly recognizes the links between "illicit traffic and other related organized criminal activities which undermine the legitimate economies and threaten the stability, security and sovereignty of States" (United Nations, 1988).

The 1988 Convention came about in the context of debate between so-called drug producing and drug transit countries on the one hand and drug consuming countries, with the former group arguing that it bore too much of the burden of international drug control and that the root causes of the problem were high rates of consumption in more developed countries (Sánchez Avilés & Ditrych, 2020, 25). The answer proposed by the convention was greater

responsibilities for states to establish specific criminal offences in their domestic law for the production, manufacture, extraction, trafficking, and financing of these other activities related to drugs identified in the previous two conventions. It also required all parties to prevent and eradicate illicit cultivation and to prohibit the possession, cultivation and purchase of controlled substances for personal consumption (Vogler & Fouladvand, 2016, 117-120).

Notably, the changes seen in the 1988 Convention would mark a shift from regulating states via the INCB's estimates system - the central component of drug control treaties up to this point - to what some view as criminalizing individuals (Bewley-Taylor, 2012, 134-137). This is seen in Article 3(2), which builds on established language in the previous two conventions to and reads as follows:

> "*Subject to its constitutional principles and the basic concepts of its legal system, each party shall adopt such measures as may be seen necessary to establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention.*" (United Nations, 1988).

Some point to this specific change seen in the treaty as laying the groundwork for today's mass incarceration of low-level offenders (Bewley-Taylor, 2012, 134-137). However, the first part of the article which mentions national legal systems has sometimes been interpreted as an escape clause, implying that latitude could be provided from the constitutional and other legal principles of each country (Bewley-Taylor, 2020, 286). Historically, and as will be discussed further on, the INCB has given this passage a more strict interpretation (TNI, 2015).

This shift towards individuals also meant the introduction of new language aimed at demand reduction. In Article 14, it's specifically stated that "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" based on recommendations emitted by the UN, its relevant agencies, and IOs working in this field. It also is the only convention to make mention of human rights, mentioning in Article 14(2) that measures taken to eradicate illicit crops must "respect fundamental human rights" and account for traditional licit use and the protection of the environment (United Nations, 1988).

Establishment of the UNDCP and UNODC

Out of this context is where a need arises for an office within the UN system working on drug issues internationally. The 1990 UN General Assembly Special Session (UNGASS) devoted to drug issues concluded that the functioning of the UN drug control structure needed to be reviewed "for the purpose of identifying alternative structural possibilities' and that attention should be given to 'coherence of actions within the United Nations drug-related units and coordination, complementarity and non-duplication of all drug-related activities across the United Nations system", calling for a more comprehensive approach and requesting the creation of a single drug control programme (Jelsma, 2019, 3). This reflected a recognition at the time that fragmented and uncoordinated efforts were undermining the effectiveness of international drug control, necessitating a centralized body to provide strategic leadership

This declaration led to the establishment of the first office dedicated to drug control within the UN system the following year, namely United Nations International Drug Control Program (UNDCP). The UNDCP - based out of Vienna, Austria - integrated previous structures such as the secretariat of the INCB, the Division on Narcotic Drugs of the UN secretariat, and the United Nations Fund for Drug Abuse Control (UNFDAC). Its aim was to "collaborate closely with the United Nations system of organizations, regional organizations, as well as governmental, intergovernmental and non-governmental organizations in the fulfilment of its responsibilities" in relation to the major drug conventions (Jelsma, 2019, 3-6).

After calls for further integration, the UNODC was established by the Secretary General in 1997 as a result of the merger of the UNDCP and the UN Secretariat's Division for Crime Prevention and Criminal Justice. The office's mandate expanded from that of its predecessors, covering not only drug issues but also transnational organized crime, corruption, and terrorism, as well as cross-cutting issues within these areas of work (Jelsma, 2019, 6). This office operates in 150 countries through various field offices and conducts activities in three main pillars: technical cooperation projects that seek to improve capacities; drug market data gathering, research and analysis on which the office partially bases its policy decisions and operational decisions; and normative work helping Member States apply international treaties and develop national legislation (Sánchez Avilés & Ditrych, 2020, 28-29).

From its inception, the office has been criticised for favoring "prohibitionist and punitive" approaches, with some commenting on how the "merging of the consideration of the

issues of drugs and crime in a single agency reflects a clear ideological position around the origins and challenges of drug markets and the strategies that should be adopted to manage them" (Sánchez Avilés & Ditrych, 2020, 29). By connecting drugs to crime through its very name, the UNODC softly signals that the way it conceptualizes the "World Drug Problem" is under the lens of securitization instead of through a health-based approach.

Certain institutions within the UNODC were viewed as driving the office's work towards this specific securitized direction. The INCB, which now fell under the UNODC umbrella, was seen as the most "prohibitionist" component of the UN Drug regime. This board regularly comments against harm reduction measures, lamenting in 2001 that these have diverted the attention and funds from governments from important demand reduction activities such as primary prevention or abstinence-oriented treatment and repeatedly denouncing initiatives such as DCRs as "promoting the use of drugs", further characterizing them as "shooting galleries" and "opium dens" (Elliott, 2012, 63-65).

A signal of the UNODC's early direction was perhaps on display during the 1998 UNGASS on drugs. During this gathering then Secretary General Kofi Annan declared "excellencies and friends, allow me to raise my glass in the hope that when we look back upon this meeting, we will remember it as a time when the test of our will became the testimony of our commitment. The time when we pledged to work together towards a family of nations free of drugs in the twenty-first century." This pursuit of a drug-free world was further clarified by Annan, stating "Our commitment is to make real progress towards eliminating drug crops by the year 2008." The president of the assembly provided clarity as to how this would be pursued, saying that "The drug problem cannot be wished away by good intentions and the international community must be prepared for a long and gruelling fight" (Jelsma, 2003, 181)

Both the UNDCP and the UNODC received criticism from drug experts for failing to address the contradictions between their mandates and the UN's core values such as human rights and public health (Elliott, 2012, 64-66). A clear example of this was on display in anticipation of the 48th annual meeting of the CND held in March 2005. This event showed the difficulties that the office can face when trying to even consider bringing about changes in policy direction towards greater integration of harm reduction. One of the agenda topics for the conference included dealing with HIV/AIDS among drug users through, among other initiatives, needle exchange programmes. The mere consideration of this very limited measure targeting a

small specific population was enough to warrant serious pushback. In anticipation of this discussion, United States signaled its strong opposition to this measure and, during a November 10th, 2004 meeting with the office's Executive Director, threatened to cut funding unless it declared that it would "abstain from any involvement in or expression of support for harm reduction, including needle exchange programmes" (TNI, 2005).

During the 48th CND, European Union, Latin American, African and Asian countries almost unanimously showed support for harm reduction programmes. However, UNODC Executive Director Antonio Maria Costa tried to strike a neutral tone and water down the concept of harm reduction by stating that "every drug control measure sponsored by UNODC is a form of harm reduction, a means of reducing the damaging consequences of drugs." He would go on to add that the "best form of dealing with the problem is, of course, abstinence" and at UNODC we "unequivocally reject any initiative, well intended as it may be, that could lead to the perpetuation of drug abuse" (TNI, 2005).

There has however been a slowly increasing convergence between the UN human rights and drug policy regimes that has led the UNODC to become more open to approaches that rely less heavily on demand side interventions. For many years, UN organizations focused on human rights - such as the Office of the United Nations High Commissioner for Human Rights (OHCHR) and other organizations mostly based in Geneva - were reluctant to engage in drug-related discussions. These were left mostly in the purview of the UNODC, which was also reluctant to cede its mandate to other entities within the UN system. However, during the last 15 years they have begun documenting human rights abuses connected to drug control and through this bringing forward new discussions about reforms to the system. This in turn led to new discussions at the UNODC about topics related to human rights (Cots Fernández & Nougier, 2022, 1).

In general, this shift towards a more lenient and less law enforcement based approach to drug control can be traced back to 2008, with both the increase in violence in Mexico - which came about in the wake of the country's attempt to reign in drug trafficking through a stronger law enforcement response - and a widespread recognition of the US's incarceration crisis playing a strong role in moving the needle (Collins, 2018, 111). These events served to highlight the lack of progress towards the goal of creating a drug-free world set in the 1998 UNGASS on drugs, leading some member states to question institutional priorities and to try to realign them. To this

end, the first resolution dedicated to human rights at the annual gathering of the CND in Vienna was adopted in 2008, serving to legitimize the topic within the commission's agenda (Cots Fernández & Nougier, 2022, 1).

Despite this, the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem - adopted at that year's high-level segment of the CND - served perhaps to reaffirm the UNODC's commitment to their already established path. This document represented an evaluation of targets established after the twentieth special session of the General Assembly of 1998 and "to identify future priorities and areas requiring further action and goals and targets to be established for drug control" (UNODC, 2009, iii).

In the foreword to the political declaration, the UNODC's Secretary General tried to paint the office's approach as a moderate, positioning between a retributivist approach that "misunderstands the nature of addiction, abdicates the state's duty to protect its citizens, and violates human rights" adding that "although drugs and crime kill, governments should not kill because of them", and a "pro-drug" approach that "argues that the damage done by drug control is greater than the harm caused by drugs". He goes on to add that "the fact that certain unlawful transactions are hard to control doesn't mean that they should be made legal. Should humanity accept paedophilia, human trafficking, or arms smuggling out of a naïve sense of market inevitability or intractability? Lifting the controls on drugs would reveal a state's impotence to fight organized crime or protect the health of its citizens" (UNODC, 2009, 1-4).

In the harm reduction sphere, the political declaration was even more limited than previous office documents, with the office perhaps pushing back against the demands of member states at the time. It did include a recommendation to "develop, review and strengthen, as appropriate, comprehensive and integrated drug demand reduction policies and programmes, providing a continuum of prevention and care in the health-care and social services, from primary prevention to early intervention to treatment and to rehabilitation and social reintegration, and in related support services, aimed at promoting health and social well-being among individuals, families and communities and reducing the adverse consequences of drug abuse for individuals and society as a whole" (UNODC, 2009, 19).

By 2012, there was clear opposition to the international drug regime, with President Juan Manuel Santos of Colombia declaring that "the time has come to think outside the box. Our

invitation is to dutifully study new formulas and approaches screened through an academic, scientific and non-politicised lens, because this war has proven to be extremely challenging and oftentimes, highly frustrating" (Collins, 2018, 111). Under the leadership of Colombia, Guatemala and Mexico, a reform block was formed with the ultimate intention of pushing towards a rewriting of the UN Drug Conventions. At the 2012 UN General Assembly meeting, these three countries issued a statement highlighting the need to "review the approach" of present drug policies and calling on the UN to "conduct a profound reflection to analyse all available options, including regulatory or market measures, in order to establish a new paradigm that prevents the flow of resources to groups involved in organized crime" and asking the UN to conduct "an international conference to allow the necessary decisions to be made in order to achieve more effective strategies and tools with which the global community faces the challenges of drugs and their consequences" (IDPC, 2018, 20).

A large crack in the international consensus emerged with the enactment of Uruguay's Law 19.172 on 20 December 2013 regulating "the production, marketing and consumption of cannabis, while promoting information, education and prevention of cannabis use" becoming the first country in the world to legalise and regulate cannabis in defiance of the 1961 Single Convention (TNI, June 2015). This led to immediate reaction against the country on behalf of the INCB, whose President Raymond Yans stated that the "legislative body that has endorsed an international law and agreements, and a Government that is an active partner in international cooperation and in the maintenance of the international rule of law, knowingly decided to break the universally agreed and internationally endorsed legal provisions of the treaty (namely the 1961 Single Convention)" (UNODC, 2013). He went on to describe the legalisation as "pirate attitudes" and threatened that Uruguay's move toward regulated cannabis could jeopardize the country's access to essential medicines (TNI, June 2015). Uruguay defended the alleged breach of its treaty obligations by referring to other legal obligations in the broader UN system, including human rights principles (Bewley-Taylor, 2020, 287).

Despite these declarations, the passage of the law opened the door for more states such as Canada and the US to create legal non medical cannabis markets, which signaled a strong break from treaty responsibilities. Further along in 2014 the INCB would also signal a small move away from its traditionally loud voice on enforcement by for the first time acknowledge human rights as it condemned the use of the death penalty for drugs offences (Cots Fernández &

Nougier, 2022, 1), a practice still in place in 34 countries as of 2024, resulting in 615 confirmed executions annually (HRI, 2024a, 12-14). Regardless, its perspective opposing the adoption of legally regulated markets for non-medical adult cannabis use has remained resolute and energetic and member states such as Russia, Japan, and China have encouraged it to use its so-called "nuclear option". This would involve invoking Article 14 of the Single Convention to initiate a review process that can ultimately lead the Board to "recommend that Parties instigate an embargo on the import and export of medical drugs to a state deemed to be seriously endangering the aims of the Convention" (Bewley-Taylor, 2020, 287-289).

Five years after its approval, the Political Declaration was reviewed by the Joint Ministerial Statement of the 2014 High-Level Review by the Commission on Narcotic Drugs of the Implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, also listed as one of the UNODC's key normative documents in its strategy (UNODC, 2020, 8). This document recognizes that "15 years after the commitments made at the twentieth special session of the General Assembly to address the world drug problem, notwithstanding the ever-increasing efforts and progress made by States, relevant international organizations and civil society, the drug problem continues to pose a serious threat to the health, safety and well-being of all humanity" (UNODC, 2014, 2).

When listing challenges, this High-Level Review makes no explicit mention of health concerns, with priorities including "the need to respond to shifting trafficking routes" and "the emerging challenge of polydrug abuse" and "amphetamine-type stimulants", with only a vague mention of "the importance of an integrated approach in drug policies" (UNODC, 2014, 6). However in its achievements it does recognize "that drug addiction is a health problem and that many Member States have adopted national drug strategies with drug demand reduction components that include primary prevention, early intervention, treatment, care, rehabilitation, recovery and social reintegration measures, as well as measures aimed at minimizing the public health and social consequences of drug abuse" (UNODC, 2014, 7).

The UN conference that Colombia, Guatemala and Mexico pushed for in 2012 would end up being the 2016 UNGASS on drugs. The conference was characterized by strong statements on contentious topics such as human rights, the death penalty, and harm reduction. Despite the debate and the anticipation surrounding this session, the final Outcome Document didn't lead to

great changes in terms of institutional direction, but it did serve give visibility to specific human rights concerns - such as abuses in the context of law enforcement, proportionality of sentencing and gender equality - public health, and development (IDPC, 2018, 20-22).

In regards to harm reduction, the 2016 UNGASS marked a clear step in the right direction towards the incorporation of policy approaches based on health considerations, although these were clearly framed in a restrictive logic of prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases. In a win for activists, the general assembly called to "promote the inclusion in national drug policies, in accordance with national legislation and as appropriate, of elements for the prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality" and to "invite relevant national authorities to consider… effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, as well as consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS (UNAIDS)" (United Nations, 2016, 6-8).

Critics of the Outcome Document point out that there was no evaluation of global drug policies, no reconsideration of the harms caused by drug control, and that the controversially framed goal of promoting "a society free of drug abuse" was reaffirmed. There was however no explicit mention of creating a "drug-free world", a longstanding goal included in previous UN Political Declarations, perhaps the most notable fundamental shift in the underlying punitive enforcement-led drug control paradigm (IDPC, 2018, 20-22). It must be pointed out that the content of the Outcome Document, which would at least in the harm reduction space appear to signal progress in moving towards a general acceptance of health-first approaches, only constitutes operational recommendations made as a review of the 2009 Political Declaration and Plan of Action and its adoption has not been fully carried out.

New Changes in the UN System

Recent developments since the 2016 UNGASS have signaled a newfound openness to changes in direction towards further integration of harm and demand reduction. In 2018, the UN system as a whole moved towards strengthening inter agency collaboration and further integration of different approaches to drug issues from the perspectives of health, human rights, development, and sustainability through the adoption of the UN Common Position on Drug Policy (Jelsma, 2019, 1). This document commits to "supporting Member States in developing and implementing truly balanced, comprehensive, integrated, evidence-based, human rights-based, development-oriented, and sustainable responses to the world drug problem" and supports " policies that put people, health and human rights at the centre", "measures aimed at minimizing the adverse public health consequences of drug abuse, by some referred to as harm reduction" "alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use", calling for "changes in laws, policies and practices that threaten the health and human rights of people" and "to cooperate to ensure human rights-based drug control and address impunity for serious human rights violations in the context of drug control efforts" (United Nations, 2018, 12-14). Despite being a big step forward for the UN system as a whole, this Common Position is not a binding document, and changes at the CND regarding further integration of harm reduction and demand side policy weren't immediately forthcoming.

Further along, an important recent milestone was the adoption of the 2019 Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem during the 62nd session of the CND. While the Declaration largely reaffirmed the commitments made in the 2009 Political Declaration and Plan of Action, it also acknowledged the outcomes of the 2016 UNGASS and recognized the need to strengthen the implementation of existing commitments in light of new challenges. However, the text was criticized by civil society organizations and reform-minded states as in the preamble, Member States committed once again to "prevent, significantly reduce and work towards the elimination" of the illicit drug market, a set of goals increasingly viewed as unrealistic (IDPC, 2023).

Change is in part so hard to come by because United Nations organizations based in Vienna have long held to an unwritten rule whereby all resolutions are to be adopted by

consensus - commonly referred to as the "Vienna Spirit". This severely slows down change as oftentimes only a couple of dissenting member states can put a wrench in resolutions that are otherwise widely popular. A big break from this spirit took place during a December 2 2020 vote held by the CND where, following a recommendation made by the WHO regarding changes to the scope of control of cannabis and cannabis-related substances, the Commission decided by 27 votes to 25 and with one abstention to to delete cannabis from Schedule IV of the 1961 Convention (United Nations Commission on Narcotic Drugs, 2020). This came about as more than 50 countries had adopted medicinal cannabis programmes and while Canada, Uruguay and 15 US states had legalized its recreational use, coming in direct contradiction to the scheduling recommendations (United Nations, 2020).

This event opened the door for greater debate among member states on drug issues. At the opening of the 67th session of the CND - held from the 14th through the 22nd of March 2024 - a coalition of 62 mostly European and American countries led by Colombia took to the floor to deliver a joint statement calling for reforms to the international drug control system, rejecting punitive drug policies (International Drug Policy Consortium, 2024). This statement and a general mood in favor of changes in the UN's approach to drug policy led the United States to put forward a submission on overdose prevention which included positive mentions of harm reduction, despite notable opposition from China and Russia (Fordham & Bridge, 2024).

After negotiations, nine mentions to the term in the submission were reduced to one and the resolution was adopted with 38 votes in favour, 6 abstentions, 7 absences and only 2 votes against - Russia and China. This marked the first time in which the Commission agreed to use the words harm reduction in one of its resolutions, one year after the language was first agreed to in the Human Rights Council and twenty-three after it was agreed to at the UN General Assembly. This occurred despite strong opposition from the Russian delegation, whose Ambassador accused the US of "lowering the bar" and "raising the white flag in the war on drugs" (Fordham & Bridge, 2024). The relevant component of the final text of the resolution, which also talked extensively about demand reduction measures, read as follows:

> "(The Commission on Narcotic Drugs) *OP3 - Encourages Member States to explore innovative approaches, as appropriate and in accordance with domestic legislation, to more effectively address public and individual health threats posed by the non-medical and non-scientific use of drugs, particularly overdose, by involving all relevant sectors,*

*supporting research, data collection, the analysis of evidence, and the sharing of information, reinforcing health-care systems and, as appropriate, in accordance with domestic law and pursuant to the aims of the international drug control conventions, if permitted by domestic law and included in national drug policies, **harm reduction measures** aimed at preventing and minimizing the adverse public health and social consequences of the non-medical use of drugs, including with the aim of preventing and responding to drug overdoses, and building the capacity of law enforcement and health-care professionals to respond to this challenge."* (United Nations, 2024, 4)

Despite the adoption of the resolution, there seemed to be an overall geographic division between countries in favour of large scale changes in international drug control and those against it, as during the same Commission Russia delivered a statement on behalf of 46 mostly Asian and African countries. In it, they underscored the role of the 1961, 1971, and 1988 conventions as the cornerstone of the international drug system; expressed concern about the legalization of cannabis for recreational purposes - stating that it "contravenes the 1961 Single Convention and constitutes a significant challenge for the international community" and emphasizing "detrimental effects of the legalization of cannabis on public health, safety as well as the increasing risks of initiation of drug abuse among children and youth"; and states that the legalization of drugs as a whole "poses a threat to the promotion and protection of human rights" (Russian Federation, 2024).

The events at the 67th CND were followed up by an even more noticeable move away from the Vienna Spirit and in favour of greater changes on drug policy during the 68th CND - held from the 10th to the 14th of March of 2025. During this Commission, member states voted to create a panel of independent drug experts to rethink the global drug regime with a vote of 30 in favor, 18 abstentions, and three against - Russia, Argentina, and the United States. This panel is tasked "to prepare a clear, specific, and actionable set of recommendations aimed at enhancing the implementation of the three drug conventions, as well as the obligation of all relevant international instruments, and the achievement of all international drug policy commitments" (Fordham & Cots Fernandez, 2025). It will have two years to prepare recommendations and these will eventually be considered during the high level review of international drug policy commitments held in 2029 together with the regular 10 year reviews of the UNODC's work (United Nations, 2025, 3).

Future changes in the international drug regime

The historical trajectory outlined during the previous sections reveals how the international drug control regime has evolved in tension with changing global realities. While early 20th-century efforts focused on suppressing supply through prohibitionist frameworks, the 21st century has seen gradual—if contested—recognition of health and human rights imperatives. Systemic change in global drug policy remains a negotiated process, where treaty obligations, bureaucratic inertia, and shifting geopolitical alliances collide. The question is no longer whether the regime can adapt, but how quickly it can do so and at what cost to those disproportionately affected by its inconsistencies.

Disrupture in the current system can come about through slowly abandoning and pushing the limits of the established consensus. This was the case with the legalization of cannabis in Uruguay, which created a small but evident break in the international drug regime that still hasn't been reconciled through treaty changes. This disruption has been amplified even more by persistent criticism from an increasingly vocal coalition of drug policy experts, civil society organizations, former UN policymakers and officials, and public figures, who argue for more progressive, health-centered approaches to all substances currently under international control. Even though we should expect more ruptures and breaks from consensus in coming years, only a clear departure from the current framework would create space for a true harm reduction approach. As these experts highlight "harm reduction encompasses more than just a set of services; it is a comprehensive approach that addresses the economic and social structures perpetuated by punitive drug control" (Global Commission on Drug Policy, 2024, 27).

Slow changes around the margins have served to incorporate language that is more friendly to harm reduction and that acknowledges concerns about how anti-narcotic strategy has been conducted since 1961. These changes have accelerated thanks to the end of the "Vienna Spirit" which served to block resolutions even when they were widely agreed upon by member states. This incremental progress reflects a broader shift toward pragmatism in global drug policy discourse, mostly led by European and Latin American member states. The panel agreed upon at the 68th CND provides a real opportunity for long awaited reform in the UN's drug control system towards reconciling it with the reforms seen at the national level in the areas of drug legalisation and harm reduction.

Even though there appears to be potential to overcome the barriers to this integration of harm reduction, we must take into account how slow the movement toward this end and regarding broader UNODC mandates and organizational priorities has been. The last major UN drug treaty was convened 37 years ago in 1988, and member states have been loudly calling for reform since at least 2008. To get to this point, the UNODC first agreed to the 2009 Political Declaration, which was reviewed in the 2014 Joint Ministerial Statement, which led to the 2016 UNGASS on drugs, which after several CND gatherings led to the creation of a panel as agreed in the 68th annual meeting, which will only issue recommendations by 2029. This means it will be at the soonest 20 years since member states started pushing for considerable reforms that the fruits of their labour will start to be seen. This long process for meaningful change to come about serves to highlight the difficulties and shine a light on the barriers that prevent the office from adapting to current realities, new evidence, and expert research.

It must also be noted that the establishment of a panel of experts only guarantees the issuance of recommendations and not their adoption. In the past the CND has received recommendations that it has not gone on to adopt, and there's increasing reason for concern as to whether the current potential for reform will materialize. Recent changes in the United States under the Donald Trump administration serve to show that change can quickly materialize and that the current global political landscape is highly uncertain. Related to this, the UN Secretariat is in a liquidity crisis brought about in large part by the fear that the United States will not meet its quota payment requirements. Since the US contributes to 22% of the UN's regular budget, the absence of its contributions would severely affect the functioning of all agencies that fall under its Secretariat, UNODC included (Farmer & Newey, 2025). The UN is currently having to undergo strong budget cuts, leaving its agencies and offices to reconsider their priorities when deciding which work areas and positions to eliminate and potentially putting programs more in line with harm reduction on the chopping block.

There is a real possibility that the US might decide to use its financial leverage in order to maintain the driver's seat in future discussions of drug control reform, as was seen previously during the 48th CND when it blocked the adoption of harm reduction measures (TNI, 2005). As the International Drug Policy Consortium (IDPC) puts it "the liquidity crisis at the UN may be used - by the very same country that caused it - to stall the review" (IDPC, 2024). Even if there's a change in political direction after the country's next presidential election, the harm could

already be done. The Trump administration has made its opposition to harm reduction loud and clear, seeking to end the policy domestically through budget cuts targeting these programs in its May 2025 budget, including language criticizing financial support for "dangerous activities billed as harm reduction," including "safe smoking kits and supplies" and "syringes for drug users" (Hoffman, 2025).

Harm reduction has also become a popular punching bag for Conservative politicians in Canada, widely considered one of the global leaders in these sorts of initiatives. Current leader of the opposition Pierre Polievre has referred to DCRs as "drug dens" and has vowed to fight to shut them down (Paperny et al., 2024). There is danger that the rise of right wing populist ideologies in Europe and North America, once the main advocates for harm reduction, might lead to a slowdown in the momentum that these policies once seemed to have, leading to a disappointing review of the system that maintains much of the status quo and pushes potential reform even further down the line.

A final risk is that change might be harder to come by just because of the strength of the already established path. As Boister sanguinely puts it, " there is too much institutional inertia and too many states have bought heavily into the current approach as the only possible way of controlling their domestic drug problems" (Boister, 2016, 409). The United States' loosening international influence on international policy matters might only mean that other states which also favor supply side interventions and strong control measures and are strongly invested in this current approach such as China and Russia might take the reigns.

The strongest potential for change would only emerge through the concerted efforts of smaller countries, especially those who have been most heavily affected by the negative externalities of international drug control as seen today, banding together to work to incorporate new approaches. Despite powerful member states sometimes impeding progress on drug issues, a great majority of countries do favor a revision of current measures or at least are not opposed to its consideration as shown in recent CND votes where very few of them have voted against resolutions that open the door for change. There is also the possibility of states challenging the regime through reforms at the national level that put them in direct opposition to the current regime and create greater dissonance between rules and practice. Overall, the creation of a panel at the 68th CND provides reason for optimism, yet there is no guarantee that the barriers that exist for the integration of harm reduction policies will be removed or even lowered as a result.

Current UNODC Structure

The UNODC is the chief UN agency in charge of drug policy and perhaps the most influential international actor working on drug issues today. Its mission is to "contribute to global peace and security, human rights and development by making the world safer from drugs, crime, corruption and terrorism by working for and with Member States to promote justice and the rule of law and build resilient societies" (UNODC, 2020, 2). As a UN entity, its policies and mandates are designed to reflect the opinions of its member states who meet to discuss the direction of the office in various fora related to its key thematic areas.

In its latest strategy document for 2021-2025, the office splits these into five, namely Addressing and Countering the World Drug Problem, Preventing and Countering Organized Crime, Preventing and Countering Corruption and Economic Crime, Preventing and Countering Terrorism, and Crime Prevention and Criminal Justice (UNODC, 2020, 8-12). These areas are seen as constantly overlapping and are seen as requiring increased and more systematic coordination "to better capitalize on our strengths and identify new trends and threats, develop innovative and evidence-based responses that are needed to counter them, and share that knowledge to support States" (UNODC, 2020, 7).

In its section on Addressing and Countering the World Drug Problem within this strategy document, the UNODC set out seven specific goals, which are to research the interlinkages between the drug problem and various aspects of sustainable development, peace and security and human rights; provide support to Member States in the implementation of international drug policy commitments; strengthen access to treatment of drug use disorders, rehabilitation, recovery and social reintegration as well as the prevention, treatment and care of HIV/AIDS and Hepatitis; address related human rights and gender considerations, especially among vulnerable populations; focus on understanding the interconnectedness of the drug problem and transnational organized crime, including cybercrime, corruption, illicit trafficking, financial flows and terrorism; expand the role and capacity of the UNODC laboratory to support Member States' programmatic and policy responses in countering drug trafficking and providing related health services; and to strengthen national law enforcement capacity to address the problems caused by drugs in a sustainable manner (UNODC, 2020, 8).

In 2024, UNODC allocated 19% of its program delivery, or USD 90.5 million, to addressing and countering the world drug problem. In comparison, its work on countering transnational organized crime accounts for USD 204.2 million of 44% of the program delivery budget (UNODC, 2024b, 8). There is considerable overlap between these two work areas as much of the work conducted on countering transnational organized crime relates back to drug trafficking and combating illicit flows. An example of this is the Passenger and Cargo Control Programme (PCCP), which is in charge of border control through air and maritime routes. The PCCP conducted over 2,600 seizures in 2024, intercepting 316 tonnes of cocaine (UNODC, 2024b, 18). Overall, a great amount of UNODC funding on drugs within both the Addressing and Countering the World Drug Problem and Preventing and Countering Organized Crime thematic areas is specifically directed towards enforcement measures.

Although the UNODC conducts very little work on harm reduction interventions directly, it does support strong and important measures indirectly through UNAIDS, a joint UN programme uniting UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank which started operations in 1996. This institution is unique as the only cosponsored Joint Programme in the UN system and the only UN entity with civil society represented on its governing body (UNAIDS, n.d.) In its latest strategy document, the UNODC's work in relation to UNAIDS is described as supporting Member States to "scale up HIV/AIDS prevention treatment and care, focusing on people who use drugs and those in prisons and other closed settings" (UNODC, 2020, 8).

UNAIDS, being more representative of the broader UN system and having been established later on than the relatively conservative UNODC, has been more successful at integrating a health first based approach into its work. In a recent report, it declares that "Punitive drug laws and policies continue to dominate global drug policy. This undermines progress towards the Global AIDS Strategy targets in relation to people who inject drugs" (UNAIDS, 2024). In contrast to the UNODC, UNAIDS has also called for increased funding for harm reduction, stating that "Harm reduction programmes face significant funding gaps despite their proven cost-effectiveness… countries must significantly scale up funding for harm reduction and other health and social services, including redirecting funds away from law enforcement and incarceration, and ensure social contracting mechanisms are in place to fund community-led harm reduction service providers (UNAIDS, 2024).

Discussion of the Development of the UN Drug Regime

A review of the historical context regarding the development of the UNODC and the broader UN drug regime shows that, although there have been mentions of "treatment, education, after-care, rehabilitation and social reintegration" since the Single Convention (United Nations, 1961), the progress in the pursuit and incorporation of these measures has remained quite stagnant since the system's inception. While key documents often make mentions of health concerns and affirmations like "the need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation" (UNODC, 2014, 9), system wide change that aims at promoting and tracking the implementation of harm reduction approaches and changes the wider mindset of the office remains distant. This persistent gap between stated objectives and practical implementation, as seen in the UNODC's structure and financial commitments discussed in the previous section, highlights a fundamental tension within the UN drug control framework. Operational priorities and resource allocation continue to lean heavily towards drug control, drug interdiction, and law enforcement.

This historical inertia has been compounded by the institutionalization of punitive drug policies, which were embedded into the system through early treaties that led member states to prioritize prohibition over evidence-based alternatives. Over time, the narrative of drug use as a criminal issue rather than a public health concern became deeply entrenched in the practices and culture of the office. The strong resistance to change on the part of the UNODC servers to set it apart from other UN agencies which have been swifter in moving towards less restrictive approaches such as UNAIDS, WHO, OHCHR, which have often come into conflict with the UNODC as seen in the 2016 UNGASS.

In this section I will address how the UN Drug Regime developed in ways that led it towards more of a pro-enforcement and control-oriented approach, often at the expense of public health and harm reduction strategies. I will look at what was the path set by the early development of the UNODC established first through the Conventions that support its work and reaffirmed through subsequent documents, strategies and events. I will also identify the barriers mentioned in the research question by drawing on constructivist literature mentioned in the theoretical framework section. This will complete the analysis and move this thesis work to its final conclusion section.

The Established Path

When looking at the development of specific technologies, and policies, a consideration of how these came to be might eventually guide us to be able to see how key events during their development serve to give them staying power and to triumph over perhaps better suited alternatives. At its core, the concept of path dependency suggests that designing policies and technologies solely around optimal outcomes is more challenging than it might first appear, with historical context playing a crucial role in shaping the present choices.

Under the United Nations' oversight of the global drug control system, significant efforts have been made at both international and national levels to establish and enforce the commitments outlined in the 1961 Single Convention, as well as the later 1971 and 1988 treaties. Governments have worked to integrate these agreements into their legal frameworks while the UN has provided guidance and monitoring- These treaties have evidently set a path for the further development of the UN's drug regime all the way through the establishment of the UNODC as the office's mandate still relies primarily on them. The path is one oriented towards control and regulation of substances with health related interventions and demand reduction measures taking a backseat. Although practice has not been uniform everywhere, a majority of member states have demonstrated a commitment to a predominantly law enforcement approach (Boister, 2016, 408). Such an approach has come at the expense of viewing drug addiction as a health issue that should be treated through medical and social interventions.

As highlighted by former UNODC Executive Director Antonio Maria Costa, the current drug control system has created major negative consequences, including the creation of a criminal black market, geographic displacement of drug production through the targeting of certain regions, substance displacement causing drug users to move from controlled substances to novel and sometimes more dangerous substances that don't yet have controls, and the stigmatization of drug users. Notably, Costa also mentions policy displacement as one of the major negative consequences, stating that "Public health, which is clearly the first principle of drug control, also needs a lot of resources. Yet the funds were in many cases drawn away into public security and the law enforcement that underpins it. The consequence was that public health was displaced into the background, more honoured in lip service and rhetoric, but less in actual practice. In fact, public security is now frequently perceived as the primary, or at least the most effective, way of solving the drug problem" (UNODC, 2008, 10).

This policy displacement was even acknowledged within the commentary on the Single Convention. In this document, it's acknowledged the earlier narcotics treaties did not contain any provision similar to that of article 38 of the Single Convention and that further discussion on the treatment of drug addicts was intentionally left out of the final document. This is because " the differing causes of addiction and the divergent conditions in different countries, as well as the possibility of scientific progress in understanding of the problem and in the methods of treatment of addiction, made it advisable not to lay down in the treaty a particular method of treatment as being valid under all conditions, in all countries and for the whole period of the operation of the Convention" (United Nations, 1962, 446-447).

As a consequence, as stated by Costa, "demand for illicit drugs and related public health issues did not get the international focus and attention they would have if they had been detailed in the Single Convention. If the treatment of public health issues had been more specific, national institutions advocating prevention and treatment would have gained more legitimacy, and more resources than they eventually got. States did, of course, deal with public health in their own contexts, but there was little sense of the international community moving in one direction here" (UNODC, 2008, 14). Costa tries to justify this omission by saying that "the Single Convention left the issues surrounding the demand for narcotic drugs to individual States to deal with in their own specific cultural contexts" and that, as specified in the commentary, space was provided to allow for the possibility of scientific and medical progress (UNODC, 2008, 13).

Both of these reasons fall flat under closer analysis. As discussed earlier, cultural context was not a strong consideration when drafting the initial conventions. There is no clearer example of this than the classification of coca leaf as a schedule one substance, a matter that is still hotly debated today and brought up by South American delegates in almost every CND. This classification has been deemed to be in violation of cultural and indigenous rights by both the High Commissioner for Human Rights and the Permanent Forum on Indigenous Issues on several occasions, with coca leaf being classified by Bolivia as ancestral heritage and a renewable natural resource with a key role in Andean-Amazonian cultures (Bolivian Ministry of Foreign Affairs, 2023).

Regarding the possibility of progress regarding scientific and medical advances, this possibility is ever present and the same reason could in theory be given today as a motive not to

move forward with public health measures. We have, for example, known that sharing needles can be a cause of disease since the 19th Century, just a few years after the invention of the hypodermic syringe which popularized the practice of injection in medical treatment (Riley et al., 2012, 26-27). Any mention of at the very least ways of dealing with the issue of needle and syringe sharing in the early conventions would have had a great impact on the way we look at this issue today.

The path that has been delineated favoring specific drug control interventions is not one that has been set by limiting the potential adoption of harm reduction policies through explicit language set out in the treaties. As shown in the historical context section, all three conventions contain language that mentions "treatment, education, aftercare, rehabilitation, and social integration as alternatives or additions to criminal penalties". These measures' legality at the international level can also be defended in theory through a "narrow interpretive scope that flows from the absence of a constraining definition of medical and scientific purposes" (Boister, 2016, 395). This would create an opening for providing drug users with less harmful but still controlled alternatives to certain narcotics through opioid substitution therapy under a medical justification. Yet the problem lies not just in the potential legality of these measures allowing individual states to incorporate them at the national level, but also in their lack of promotion at the UNODC level where the office could support member states in countries with drug use problems in incorporating harm reduction policies and logics into strategies and legislation.

The characteristics of positive feedback pointed out by Pierson (Pierson, 2016, 18-19) can be observed in the creation of this path. The very early decision made in the Single Convention not to address public health issues related to drugs, in theory leaving the door open for it in future agreements, made it so this potential area of focus fell further and further into the background. Due to the power of sequencing, an approach more focused on enforcement and above all drug control ended up winning out and taking over the discussion. Many of the same goals and assumptions that were in place at the Single Convention remained 37 years later when the UNODC was instituted during the 1998 UNGASS on drugs, which emphasized the reduction in drug supply and use as the central indicator of success under the assembly's slogan of "A drug-free world; we can do it" (Rolles, 2020, 206).

Had public health issues received their own section within the Single Convention there would have been greater inertia for these topics to be repeatedly addressed, considered, and for

the discussion around them to be continuously updated to reflect advances in the science and the inputs gained from successful and unsuccessful policy implementation. It wouldn't necessarily mean that the recommendations issued by the UN during this pre UNODC period would have been appropriate, but it would have meant that they would have been a topic of constant discussion instead of being left largely unaddressed. One can imagine a world in which with drug addiction being treated as a health issue instead of a largely criminal issue, there would today be a much different landscape on what is viewed as common practice and what is considered "radical" or "lenient" today.

Pierson also mentions the inflexibility caused by the positive feedback means that changing direction becomes more difficult (Pierson, 2016, 18-19). The 1961, 1971 and 1988 treaties build upon each other, with the original 1961 treaty building on all the agreements that came before it. With every opportunity to reorient international drug control into new directions that ends up not being taken, the prospect of change diminishes. Treaties create the regime and institutions are established over time to support the regime, meaning that changing regimes would also mean changing their architecture. This also explains the inefficiencies seen in the current system, the root causes of which have been left largely unaddressed. Drug consumption is now a greater issue globally than when the call for a "drug-free world" was originally made, many countries have gone through recent severe opioid crises that have left thousands dead, and violence related to transnational organized crime groups working on drugs has not subsided. Without this level of entrenchment, it's likely that a complete reassessment of the overall approach would have been conducted by now. Yet the potential for greater payoff can sometimes become secondary to replicating the patterns of previous established institutional design.

The path development of the UNODC can also be overlaid over the conception of organizational path dependency put forward by Sydow, Schreyögg and Koch, which helps us identify mechanisms leading to reinforcement of systems within organizations. We can consider the pre-formation period of the path, where a broad scope of action is still available to actors, to be the pre 1961 treaties that slowly set the path for the eventual establishment of the UN's drug regime (Sydow et al., 2020, 692). The need for international action on drug control was present at this point, arising from the opium issue in China. The states that would play a major role in the creation of this initial system were determined by the geopolitical landscape at the time, with countries with large pharmaceutical industries and countries that economically benefited from

Opium trade to China playing a large role in the discussions. This broad scope will then serve to allow these actors to craft a system acceptable to their interests and that reflects their own heritage, rules and culture. However, competing interests between the countries involved in this process would mean slow movement in this early pre-formation stage.

This then leads to the path formation phase, which we can identify as corresponding to the Single Convention on Narcotic Drugs. This convention triggered the establishment of the international drug regime under the United Nations, furthering the development of the UN's organisational subsystem on drug issues through components such as the CND and the INCB. As pointed out by Costa and as discussed earlier in this section, there was at this point still potential for deviation from what was set out in the pre-formation stage. The institutions and rules set out up to this point were just weak enough that those involved in the process of replacing them could have chosen to reorient the priorities outlined within them. However, in part due to the political process associated with working with various member states and other actors, each advocating for their own interests, going along with pre established agreements and institutionalized practices becomes easier. This creates a self reinforcing loop in which what is already present is favored because it's easier to justify, whereas creating something new requires building consensus around it. This is why at this path formation phase we see the Single Convention on Narcotic Drugs simply replace what was already there within the new context of the UN system.

This then leads to the lock-in phase of the process, which is arrived at through a further restriction of the scope through the replication of patterns. This replication is patently evident in the conventions that would follow the Single Convention, which repeat much of the same language and logics while adapting them to the issues and events that are present at the time. During the early 70's, it was the rise of various amphetamine-type-stimulants that had become popular as a result of the previous decade's hippy era, which were then added to international control. During the late 80's, it was the rise in crime and drug cartels as well as the bellicose language surrounding them that was often favored by politicians. By the time the UNODC was created, the organizational embedding was such that issues such as high switching cost and sunk costs would make significant structural or ideological shifts difficult. The institutional culture, bureaucratic interests, and alignment with entrenched state preferences meant that even well-documented policy failures were more likely to result in incremental adjustments than in fundamental change.

The Barriers

In order to identify what is currently blocking the incorporation of harm reduction we have to first restate what this incorporation would look like. The full removal of barriers would mean ensuring that the UN system would finally speak "in one voice that is anchored in human rights and harm reduction, and that different agencies and mechanisms provide clear and consistent guidance on drug policy and criminal justice system reform" (Global Commission on Drug Policy, 2024, 43) approximating what was set out in the UN Common Position on Drug Policy issued in 2018. This would necessitate change of the UNODC's drug conventions through the CND, which through its annual gatherings and guided by the inputs of member states works to assist in supervising international conventions and agreements. There can be numerous declarations about health concerns, continuum of prevention and care in the health-care and social services, and integrated approaches in Ministerial Conferences, High Level Meetings, Political Declarations, and Plans of Action, yet until this step is taken the barriers will still remain. There might still be integration of specific harm reduction policies, but there will not be a regime anchored in human rights and harm reduction.

The rules collected over decades, as Finnemore and Barnett describe, have led to a bureaucratic identity that values drug eradication and criminal enforcement over public health. These rules represent the main component of the current barrier to the adoption of harm reduction because when considered as a whole they go beyond just prescribing actions or limiting state behavior. The definitions, classifications, and problem framings that these organizations use ultimately reinforce a worldview where drug use is inherently deviant and harmful, rather than a health issue to be managed pragmatically. As a result, even as the WHO and UNAIDS increasingly support harm reduction, institutions like the INCB remain loudly resistant due to their internalized identity and mission. This cultural inertia discourages flexibility and makes institutional change slow, even in the face of mounting evidence.

From a constructivist perspective, international drug policy is a normative battleground where competing ideas about health, morality, and sovereignty vie for dominance. Sandholtz's model of norm change is particularly helpful in explaining the tensions that arise around harm reduction (Sandholtz, 2008, 101-106). The international drug control regime is built on foundational norms that approach the drug problem through the eyes of controlling the supply of drugs, codified through the Single Convention and its successors. From the outset of the system,

its main goal was not to address drug use by focusing on the users and considering what could be done to help them, it was to instead look at the substances and look at how the system could limit their availability to strictly medical and scientific purposes. This was and still is the central component of the international drug control system: controlling drugs. Harm reduction introduces a different set of norms that emphasize human rights, public health, and pragmatism.

This clash leads to significant norm contestation. As Sandholtz explains, norm change occurs when existing norms prove inadequate in addressing new contingencies or when they come into conflict with one another (Sandholtz, 2008, 101-106). The HIV/AIDS epidemic and the rise of opioid-related deaths globally have exposed the limitations of punitive drug policies. However, as actors within the regime argue over the permissibility and legitimacy of harm reduction strategies, the regime experiences normative friction. Some states, particularly in Western Europe and Latin America, have pushed to modify the normative structure, incorporating harm reduction as a legitimate response. Others, including those with more conservative domestic frameworks or with strong commitments to abstinence, resist this change, leading to a stalled transition in international norms. For a long time, the commitment to the Vienna Spirit of consensus meant that proposals to conduct core changes to the Conventions that underpin the system could be stopped by single members of the CND, which in turn led many of the reforms pushed forward by the commission to be watered down. Now as the Vienna Spirit is abandoned, international norm transition has once again potential to progress.

Checkel's work on socialization within IOs helps explain why harm reduction norms have not been uniformly internalized across the international system. Socialization is not automatic as it depends on mechanisms like normative persuasion, role playing, and strategic adaptation. Some institutions and states have been relatively successful in promoting harm reduction through evidence-based health framing (Checkel, 2005, 804-810). The concept of role-playing illustrates how actors within IOs may perform expected behaviors without truly internalizing new norms . For example, a state might endorse harm reduction at a meeting to align with expectations or international pressure, but continue to pursue punitive policies domestically. This kind of compliance results in surface-level support for health based measures without meaningful structural integration, which is exactly the kind of work that the UNODC should be supporting. This uneven assimilation is a reflection of partial socialization, where only certain actors or organizations within the broader regime have internalized health approaches to drug issues.

Ideological and political resistance further entrenches these barriers. The international drug regime was historically shaped by a moral panic that framed drug use as a social evil in the context of Opium use in China. These narratives cast drug users as threats to national order and security. Such framing persists today, especially in political rhetoric that equates harm reduction with indulgence or surrender. Providing clean needles, supervised consumption rooms, or opioid substitution therapies is sometimes portrayed as moral capitulation. These ideological framings are politically expedient and resonate with specific electorates and audiences. As a result, efforts to introduce harm reduction often stall in international negotiations, blocked by states that view these measures as incompatible with their domestic political agendas.

As with other work conducted by the UN, we can ask who is to blame for the fact that the path was set out in this way. Is it the UN itself as an institution for its organizational culture and norms or is it Member States for the way in which they've interpreted these norms and supported them through a system that relies on their inputs and votes? Boister makes an argument for the latter stating that "the political norms that structure international drug control are the production of continuous human effort within practice States". In his view, activist states can take a much stronger role in forcing change within the system if they so desire, stating that "when some states through their practice begin to challenge these objectives of the system, they can destabilize what many assume to be immovable" (Boister, 2016, 408). While states definitely play a role in this process and are key to charting the way forward, part of the problem is that really no one is to blame. In part just like with the QWERTY keyboard, random events early in the process have led to end results that are unforeseen early on. It's very likely that if they had witnessed current outcomes, policymakers at different stages in the process, whether in 1961, 1997 or 1912, would have made a greater effort to guide the system down a much different path.

The resistance to integrating harm reduction into international drug policy is not merely a technical or policy issue. It is deeply rooted in the historical and normative foundations of the drug control regime. Bureaucratic inertia, normative contestation, partial socialization, and ideological opposition form a complex web of obstacles. Understanding and addressing these barriers requires more than advocacy; it necessitates a reimagining of the regime's foundational norms and institutional identities, guided by the very principles of pragmatism, humanity, and dignity that harm reduction embodies.

Conclusions

This thesis, "Barriers to Reform of International Drug Policy: A Study of the UNODC," examined the persistent obstacles hindering the integration of harm reduction strategies into international drug policy frameworks. The central research question of "**What barriers hinder the integration of a harm reduction approach international drug policy frameworks exist, if any?**" has been answered through a qualitative critical case study of the UNODC and its underpinnings. Employing a constructivist lens and organizational path dependence theory, the research has illuminated how deeply entrenched norms, bureaucratic identities, and historical processes within international institutions mediate policy evolution, often at the expense of public health and harm reduction strategies.

The analysis affirms that substantial barriers to harm reduction approaches at the international level do exist. These barriers primarily stem from an established institutional path, anchored in foundational treaties such as the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. As seen in the historical context, these conventions, while intended to address the "world drug problem," inadvertently created a system centered on control and regulation of substances rather than addressing the damage caused by them or prioritizing health-related interventions. This historical inertia and the institutionalization of punitive drug policies became deeply embedded, leading to policy displacement where public health initiatives were sidelined.

Moving forward, overcoming these persistent barriers is crucial for achieving meaningful progress in global drug policy and addressing the multifaceted challenges of the "world drug problem". This requires a fundamental reimagining of the regime's foundational norms and institutional identities. Addressing these barriers demands a principled approach guided by pragmatism, humanity, and dignity, which are the very tenets of harm reduction itself. The ongoing evolution of global drug policy, even at a slow pace, suggests a future where international frameworks may fully embrace evidence-based public health strategies, leading to more compassionate and effective responses to drug-related challenges worldwide.

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