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Losing UNGASS? Lessons from Civil Society, Past and Present

Dr John Collins¹

Abstract:

Purpose of paper:

This paper examines the role of civil society in the recent history of drug policy reform. It focuses on the UN drugs control system, which is designed to regulate certain 'scheduled' or listed substances internationally. It provides new light on recent reformist discourses and strategic agendas and how they related to the reality of UN politics and international relations. It questions the idea that the UN General Assembly Special Session on Drugs (UNGASS) in 2016 was a failure in terms of outcomes. It concludes by suggesting that the true outcomes of the UNGASS process will initially be obscured by the complexity of national-international drug policy dialectics, but may eventually prove more tangible and enduring than proposed formal systemic reforms.

Design/methodology/approaches:

The paper examines the historical role of civil society in the UN drug control system. It highlights that although civil society played a key role in the early formation of the system, this role diminished over time as the system professionalised. Meanwhile, as a new reformist movement emerged in the 1990s challenging the status quo, the article traces this movement through the early UNGASS process, the decline of the reformist era and the eventual UNGASS outcomes. It concludes with a critical evaluation of civil society strategies and the relationship between idealistic strategies and the realities of national and international politics.

Findings:

Rather than a failure of outcomes, UNGASS represented a failure of assumptions, strategic vision and ultimately expectations on the part of reform optimists. These groups ultimately created and became captive to a goal of formal systemic reforms, or treaty revisions, underpinned by a dogmatic assumption of 'the inescapable logic of reform necessity'. This logic argued that highlighting treaty 'breaches' and contradictions would be a sufficient condition to drive a formal UN system-wide re-evaluation of drug control. These failures of strategic assumptions and vision ultimately resulted in the sense of 'failure' of UNGASS 2016.

Research limitations/implications:

This research highlights the need to critically evaluate civil society strategies and desired outcomes with an eye to history, international relations and the realities of managing a complex global issue. The application of mono-causal explanations for individual state actions, or international cooperation is shown to be vastly insufficient to explain, plan for or predict the outcomes of a complex multilateral framework. Further, this article highlights a research agenda on the role of civil society in drug policy formation and how this relates to

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the current policy and advocacy groupings among member states and interest groups at national and international levels.

Practical Implications:

This paper highlights a more realistic appraisal of the determinants of and possibilities to change international drug policy. It thereby utilises an impressionistic historical narrative of the UNGASS process to enable an evaluation of the frontiers of policy reform at the UN level and provide some guidance on the failures of past strategies and potential future directions of international drug control and reformist strategies.

Social implications:

As highlighted in this article, drug policy is an area where major policy failures are recognised within the current international approach. Experimentation with new tactics and strategies are needed to break out of the traditional prohibition-centric approach to this issue. The benefits of more successful policies would be felt through a lower level of harm from drug use, drug markets and drug policy. As such a pragmatic understanding of how the international system might evolve to support new evidence-based approaches is crucial to developing a socially beneficial approach to drugs and drug policy.

Originality/value:

The originality of this research lies in its blending of a historical evaluation of the role of civil society in the UN drug control system and the strategies of contemporary civil society actors around the UNGASS process. Thereby it allows a more critical evaluation of the strategic goals, assumptions and outcomes of reformist strategies in the recent era and potential strategies moving forward.

Introduction:

For the past century a series of international treaties had evolved to regulate the flow of certain drugs internationally. An international system evolved based on twin strands of regulation and prohibitions. From 2012 until 2016, all eyes of global drug policy reform fixated on the UN. Criticisms of the ‘prohibition regime’ had come of age with member states in Latin America openly breaking with the status quo and states legalising marijuana in an apparently open ‘breach’ with the international drug treaties. For some, the path to a systemic reform, namely treaty revisions or perhaps even collapse of the system, seemed open. The failures of the ‘war on drugs’ had been vigorously highlighted, repeated and discussed in various publications, forums and press articles (Collins, 2014a; OAS, 2013; The Global Commission on Drug Policy, 2014). Former and sitting presidents and Prime Ministers openly rejected the ‘war on drugs’ in favour of new approaches grounded in public health and legal regulation of cannabis.

Key states in Latin America pushed forward a major strategic review set for 2019 to take place in 2016, and in April of that year the UN General Assembly Special Session on Drugs (UNGASS) met. After years of preparatory summits and conferences many reform optimists viewed the eventual UN meeting as a ‘wasted opportunity’ and a failure (Jelsma, 2016). This paper will argue, however, that UNGASS 2016 was only a partial failure. Not necessarily a failure of outcomes, however, as is widely viewed among reformist actors. These were

never realistic or tangible to begin with. Instead it was a failure of strategy and expectations. Further, the impacts of the UNGASS process were more complex and its ambivalent outcomes will only be understood in a fuller elaboration of time.

This paper will argue that civil society, a catch-all term for a select contingent focused on the goal of 'global drug policy reform,' proved very successful at mobilising criticism of the 'war on drugs' strategy in the years prior to UNGASS 2016. However, as a result of a highly myopic view of political reality, an absence of understanding of what 'reform' actually meant and the active sustenance of a selective group-think, this idealistic civil society bloc ultimately self-sabotaged their role in the UNGASS process. As one actor described it, 'civil society seems to have had the exact opposite effect than desired. Instead of fostering reform they have, through radical language and overt criticism, mobilised and galvanised anti-reform states that may have entered the UNGASS process with little intent of obstructing reforms'.² This paper seeks to pick apart the drivers of this civil society engagement, first, through an overview of civil society engagement with the drug control system in the twentieth century, followed by a recent history of the UNGASS process and concluding with an analysis of the failures of the recent reformist strategy.

The Role of Civil Society in Twentieth Century Drug Control:

The role of civil society in driving, developing and informing drug policy debates is far from new. The early control agenda emerged from a peculiar mixture of progressive and puritan religious ideologies around the turn of the twentieth century. The role of the state, progressives argued, was to roll back the excesses of globalisation and trade through regulation and restrictions. As historian David Courtwright shows, at the turn of the 20th century the world witnessed 'a social and economic landscape in which vice was becoming more conspicuous, more commercialised, and more dangerous' (Courtwright, 2012, p. 18). Puritans feared the commercialisation of immorality and progressives feared a deleterious impact of drug use on economic and social progress. In the US these agendas were internationalised under the administration of President Theodore Roosevelt. First, due in large part to domestic religious pressure, the US instituted a policy of absolute prohibition on opium smoking and closed the Spanish run opium monopolies upon occupying the Philippines after the Spanish American war in 1898 (McAllister, 2000, p. 27). Thereafter, the US government joined forces with China and led international initiatives with the convening of the Shanghai Opium Commission in 1909 and the Hague Opium Conference in 1912 (Collins, 2015, p. 31).

What began as, effectively, a civil society-led initiative soon morphed into a diplomatic process, resulting in professionalization and a loss of control by non-governmental actors. This process was accelerated by the bureaucratisation of international drug control in the 1920s and 30s with the establishment of the League of Nations Opium Advisory Committee, its secretariat and the semi-independent treaty bodies, the Permanent Central Opium Board and the Drug Supervisory Body (Collins, 2015, pp. 32–5). As Courtwright suggests, by the 1920s 'the reform movement was co-opted by national and international bureaucratic elites privileging 'secular' concerns of health and national security over moralistic views on vice' (Courtwright, 2012, p. 19). Civil society and shadow diplomats retained an important role, particularly a number of very

² Paraphrase of private discussions.

influential women, namely Elizabeth Washburn Wright and Helen Howell Moorhead. However, their role was often limited to galvanising domestic support or serving as a diplomatic back-channel. As McAllister writes,

For over a quarter of a century, Helen Howell Moorhead, an individual who possessed no official standing within the global drug control apparatus, played a key role in negotiations. She provided social lubrication, acted as a go-between among governmental representatives, floated policy options, and served as a backchannel communications conduit. After her death in 1950, dialogue deteriorated and opposing camps polarised, leading to unpredictable negotiations, unstable coalitions, and unsupportable treaty outcomes over the ensuing decade (McAllister, 2012, p. 11).

In Britain and Europe temperance and progressivist movements exerted some influence on the policy process, particularly at the turn of the twentieth century (Windle, 2012). However, these civil society interests never approached the role of their counterparts in US. For example, these groups had no direct impact on Britain's decision to end opium smoking monopolies in its Far Eastern Territories during World War II (Collins, 2017a, p. 17). The US, meanwhile, cycled through periods of public alarm and apathy which accompanied periods of fluctuating consumption patterns. Nevertheless, such fear and disinterest would be channelled, stoked or calmed by federal drug agencies, such as the Federal Bureau of Narcotics (FBN) which sought justification for their budgets and bureaucratic mandates. The early role of civil society in helping develop and shape the global approach to drugs continued its slow decline never to recover its earlier direct influence.

During the drug panics of the 1980s communities mobilised throughout the US and other parts of the world to prompt government action, usually towards more repressive policies aimed at winning the 'war on drugs'. Nevertheless, as the failures of these approaches became apparent a new movement emerged in the 1990s which focused on the failures of the 'war on drugs' and sought a new approach. This new global drug policy reform movement began as a complex alliance between public health activists, dealing with the emergency of the HIV epidemic, and libertarians who abhorred an ever expanding government role in policing the illicit trade.

Governments remained wary of these new reformist groups, with abstinence, prohibition and repression remaining at the core of the global policy arsenal in the 'war on drugs'. Nevertheless, by the 2000s public health frameworks, through long pitched battles between various alignments of civil society, national governments and international organisations resulted in a grudging acceptance of public health approaches grounded in principles of 'harm reduction' (Bewley-Taylor, 2012). These successes, however, were not mirrored on the supply side which remained mired in the political economy of illicit markets and state efforts to suppress them. The failure of the latter, in particular, drove some governments to eventually break with the status quo and question the logic of continuing to fight a social war with no end.

The Recent History of Global Drug Control 2008-2016:

The Emergence of the New Progressive Reform Era, 2008-2015:

2008 can be dated as a global inflection point in drug policy. US domestic politics drove away from the 'war on drugs' and cascading state fiscal crises challenged the prison epidemic. Political leaders, no longer fearing the 'soft on crime' label increasingly spoke of the 'war on drugs' as ineffective and racist. Reform advocates, spoke, for the first time, of having 'the wind at [their] backs'. At the international level US leadership seemed uncertain while the Obama administration, who had previously described the 'war on drugs' as 'an utter failure', sought to repair regional relationships and placed a renewed emphasis on multilateral institutionalism.

Simultaneously Latin America became vocal. In 2009 former leaders released the report of the Latin American Commission on Drugs and Democracy criticising the failures of past policies. In 2011 the first report of the Global Commission on Drug Policy called 'not just alternatives to incarceration and greater emphasis on public health approaches to drug use, but also decriminalisation and experiments in legal regulation'.(The Global Commission on Drug Policy, 2011) Both demonstrated the tidal shift in elite opinion beyond the 'war on drugs' mentality.

Meanwhile, Mexico was descending into violence because of President Calderón's escalation of the drug war. Colombia was ascending from the violence of its darker days and willing, particularly under President Juan Manuel Santos, to challenge the key assumptions underpinning the supply-centric approach – likening it to cycling a stationary bike. As the cocaine commodity chain shifted further into Central America, states there, most notably Guatemala, called for a strategic re-evaluation. This disquiet soon emerged within regional forums. US Vice-President Joseph Biden broke with policy orthodoxy and referred to it as a 'totally legitimate debate', although initially stressed no change in the US position (Williams and Cattán, 2012). Biden's response and President Obama's subsequent support helped pave the way for an official regional dialogue.

The Organization of American States (OAS) stepped into this gap. It produced a report *Scenarios for the Drug Problem in the Americas, 2013-2025*. Although soft on tangible suggestions, it represented the first open discussion of the problems with current policies and potential alternatives. In the interim Uruguay announced its intention to legalise cannabis as a crime reduction measure. The 2012 legalisation of cannabis in Colorado and Washington State caught US national elites off guard. Thereafter the US federal government faced a choice of allowing states to experiment or expending federal resources to enforce unpopular federal laws in sovereign states that had legalised substances in contravention to the Controlled Substances Act – also raising questions about US compliance with the drug control treaties.

What followed shocked observers. In March 2014 Ambassador William Brownfield, announced an entirely new US diplomatic approach to drug policy, based on increased respect for national and local autonomy. Status quo advocates were blindsided by the lead nation publicly stepping back from enforcing the 'war on drugs' model. Reformist actors were initially cautiously welcoming. Some however rejected the framework, claiming it would undermine the case for treaty reform, paper over 'tensions' in the international system and undermine respect for international law (Damon Barrett et al., 2014).

Others, myself included, argued strongly in favour of this ‘Brownfield Doctrine’ as ‘a rational approach to a difficult question’ (Collins, 2014b). To those favouring ‘flexibilities’ as an interim solution while an evidence base emerged, the US was actually showing leadership by providing an international strategic framework beyond marijuana legalisation accepting that ‘some countries will have very strict drug approaches; other countries will legalize entire categories of drugs’(William R. Brownfield, 2014). As I argued elsewhere the ‘Brownfield Doctrine’:

derived from US constitutional principles around ‘purposive’ interpretations of legal texts rather than maintaining strict legalistic or ‘originalist’ interpretations. Ambassador Brownfield described this, similar to the US constitution, as viewing the treaties as ‘living breathing documents’ which should be interpreted via their preambulatory principles of protecting the ‘health and welfare of mankind’ instead of pedantic readings of outdated clauses. It is based on four points:

1. *Defend the integrity of the core of the conventions.*
2. *Allow flexible interpretation of treaties.*
3. *Allow different national/regional strategies.*
4. *Tackle organised crime (Collins, 2014b).*

The Decline of the Reform Era, 2015-6:

As discussed, some reformist rejectionism of the ‘Brownfield Doctrine’ was based on a belief that it would obviate the need for member states to reopen the conventions. This, however, was never a realistic political option. Even vanguard member states rejected treaty revision, privately highlighting that ‘we examined the treaties and concluded that nothing in them requires a ‘war on drugs’’.³ Some orthodox reformists had rejected a de facto victory enabling broad national level reforms, in the hope of initiating a long-term process of legal codification of these same goals. Political bets were placed on a chaotic UNGASS producing spontaneously positive outcomes based on the inescapable logic of reform necessity. For example, some expected that a lack of consensus would force the UN Secretary General to ‘step in’ at the last minute and appoint an ‘expert commission’.⁴

In the meantime the initiative was lost. From a chaotic process, status quo actors regained control and reformist lobbying never reached scale needed to become effective or self-sustaining. Reformist member states prevaricated and civil society struggled to progress beyond the anti-‘war on drugs’ narrative to a clear pragmatic vision. Instead they fixated on an ‘expert commission’, hoping to highlight the tensions within the treaties and thereby push for treaty revisions.

Meanwhile it became apparent that Asian nations were not seriously considering or in some cases even aware of UNGASS and sought continuity. China’s push to schedule Ketamine against WHO advice forced many into a defensive action to ensure an essential anaesthetic was not unduly restricted for millions of people. Russia viscerally defended the status quo, while Europe sought to keep drug policy off its packed political agenda. The US, having

³ Private discussions.

⁴ Private discussions. See also, (Martin Jelsma and David Bewley-Taylor, 2016)

stepped ahead of the curve and been burned by both status-quo and reformist interests stepped back partially, asserting drugs as a sovereign issue in moments of bluntness and arguing that it merely needed to say ‘something’ when speaking to UN officials (Centre for International and Strategic Studies, 2015).

The US solidified a national discourse around treatment and ‘recovery’ and transmitting that narrative to the international level. Marijuana legalisation had become a sovereign issue and generally remained far from official UN discourses. A new consensus around public health, access to medicines and the need for human rights pervaded diplomatic language, but it was clear the international system had moved as far as was likely in a relatively short period. Stasis was almost certain to follow UNGASS.

As the ‘outcome document’ materialised and the likely contours of UNGASS became impossibly clear, some reformist civil society sought to unilaterally veto the process, but the dye was cast (Transnational Institute, 2016). Member states had burned significant diplomatic resources. Those at the vanguard initially sought to distance themselves from the outcome, but soon began to highlight the document as a major step forward, enabling an expansion of national experimentation through new treaty flexibilities. Others soon began to highlight it as a human rights win (Lines and Barrett, 2016). Meanwhile, the process itself had driven a large normative shift within the international system, one suggesting a greater focus on public health and human rights, although these terms remained contested and open to regional interpretation. Many highlight that repressive policies can and will simply continue under the auspices of ‘public health’ while remaining criminal justice oriented (Csete, 2017, 2016). Nevertheless, the shift in tone and rhetoric at the international level proved significant in language if not (yet) in implementation.

Understanding the ‘Hegemony of Consensus’: The Logic of International Change:

A general misunderstanding of the construction, evolution and sustaining forces of the UN system has arguably resulted in a major misdirection of recent civil society reform efforts. In contemporary policy discourse the system and its conventions are frequently described in terms of absolute obligations towards prohibition. Further, they are almost universally viewed as a US policy export. It is, as is often repeated, a ‘prohibition regime’ advocating a clear set of prohibitionist principles originated and driven by US zealotry (Jelsma and Bewley-Taylor, 2012). The treaties are, as some have put it: ‘fundamentally about prohibition’ and the US acted as their enforcer.⁵ The treaties, it is inferred, mandate unconstrained and symmetrical enforcement around preventing the non-medical and non-scientific use of certain substances (Collins, 2017b).

Recent work by Collins argues that the entire regulatory structure of the system is misunderstood by this fixation on prohibitions. He argues that the system is not a ‘prohibition regime’, but a system of international commodity regulation with (like all regulatory systems) prohibitionist aspects. By policy analyses focusing on the prohibitionist aspects the entire functional regulatory ‘core’ of the conventions is missed along with a genuine understanding of national interests in sustaining the system, even if in an evolved, more ‘flexible’, form (Collins, 2015, 2017b).

⁵ Expressed by a number of policy actors in public and private discussions.

This functionalist conception of the system's genesis offers a different vision for its sustenance and possible reform. Under this reading it was not a creation based on US bullying and hegemonic stability – the US rejected the 1961 UN Single Convention on Narcotic Drugs as weak and containing an unpalatable 'compromise provision resulting from the insistence of the Soviet Bloc, countries in the British Commonwealth, and some African countries that the new countries be permitted to produce and export opium if they so desire' (Collins, 2015, p. 250). Instead it was a system built on a functionalist 'hegemony of consensus,' whereby states sought to derive benefits from global regulations while at the same time securing their own national interests. It was not, therefore, a creation of international abrasion and the singular drive by key actors, without whom the system would collapse. It was and remains a multi-interest and multilateral creation.

The system, in fact, ground to a halt at times of aggressive unilateral bullying. The US walked out of the 1925 Conference and ceased effective cooperation with the 1936 Conference. Producer states, territories engaged in the cultivation of coca and opium, thwarted production controls throughout the twentieth century and forced the League of Nations system and then the United Nations system to find consensus and progress in other areas. For example, one of the most discordant periods of international control, the 1950s, featured a parallel process of production limitation, whereby key producer states met to decide on quotas. The US, supposedly the system hegemon, was purposely excluded from these discussions. The UK, meanwhile, took the lead on international control efforts during the 1950s, rolling back on the perceived excesses of the 1953 Opium Protocol and successfully driving towards a consensus-based Single Convention (Collins, 2015).

The system drove forward when one or more actors could utilise hegemony of consensus to coalesce states around an agenda. Frequently, as discussed, this consensus agenda arose as a counterweight to more divisive agendas/proposals. These consensus approaches were almost inevitably incrementalist and required a rising tide of local, national and multilateral reforms to lay the foundation. A top-down League or UN led policy change was rarely if ever the impetus to major shifts in policy around the globe. Instead policies developed in a dialectical process between national, bilateral and international reforms. For example, the production regulation aspects of the Single Convention only became possible following the pitched battles of the 1950s over the opium monopoly and the failed attempt to create international quotas. Eventually a consensus position was reached based on an open regulatory agreement, which could be underpinned by dissuasive mechanisms through CND, INCB and others (Collins, 2015, pp. 191–221).

In other words, a trading arrangement which placated virtually all interests within the system allowed for both control, and the relatively free trade of controlled substances, provided certain procedures were adhered to. INCB and CND had a potential to exert pressure on member states that were perceived to flout the rules or norms governing the system, but limited sanctioning tools and high barriers to implementing them meant they remained more theoretical than real.⁶

⁶ The clear impotence of INCB to halt Uruguay's shift to cannabis legalisation demonstrates this point. See (Buenos Aires Herald, 2013).

The contemporary strategic assumption, therefore, that international reforms will predate and determine broad national reforms seems ungrounded. Local, national and regional change percolated up to the international level and then often, but not always, back down to reticent actors. Hence the public health shifts in Europe in the 1980s and 90s resulted in vast policy changes globally. Eventually they were recognised, internalised and disseminated by the international system. We turn now to the divergence between reformist strategies and their relation to the international control system.

The Reformist Divide:

One school of reformist advocates, what this article refers to as the ‘Progressive School’, argue for finding a way around the drug conventions while fostering national reforms in the expectation that these will feed back up to the international level. They point to the bottom up impacts of national reforms, for example decriminalisation in Portugal, marijuana legalisation in the US and Uruguay, and more recent reformist discussions in Ireland and Canada. In the aftermath of the UNGASS process, this group has further pointed to the ‘outcome document’ and its recourse to local ‘implementation’ as the real terrain of global policy change, rather than the often-empty diplomatic, legalistic and linguistic vicissitudes of multilateral forums (Collins, 2017b).

Another approach, which achieved predominance among idealistic reformist groups, or reform optimists, prior to UNGASS, was to push for a full-frontal collision with the system, the UN conventions and regressive member states. The theory was that by aggressively posturing for major reforms and chastising opponents, a debate would break open and the ‘inescapable logic of reform necessity’ (Term coined in: Collins, 2017c) would win out. Under this strategic vision, the ontological certainties of reformist logic were inescapable once examined (For example see: IDPC, 2016). The unwillingness of member states to examine them was the real failure of the UNGASS process, rather than any sense that member states were aware of the arguments for reform and rejected them regardless, some for opposing ideological visions, others for fear of undermining international cooperation. The outcomes of the UNGASS process, however, demonstrated what one diplomat recently highlighted, ‘the system is less brittle’ than some might think.⁷

Nevertheless, despite early reformist rejectionism, the ‘outcome document’ had been sufficiently watered down to enable a shift to national prerogatives as well as a more malleable international control system, more tuned towards human rights and public health concerns and avoiding the diplomatic stick in favour of ever more pluralistic understandings of the issue. As critical civil society voices eventually agreed, ‘it does include some progressive language on several key issues such as human rights, development, gender, proportionate sentencing, access to controlled medicines and alternatives to punishment’ (IDPC, 2016, p. 1). Meanwhile the regulatory core of the system remained intact and would ensure certainty and prevent the risk of the system pulling apart or changing too fast for the middle-ground member states who were willing to see others explore the possibilities of policy change as well as absorb the research and development costs. The result therefore was a major reform by a further watering down the international consensus and accepting a

⁷ Paraphrase of private discussions.

shift to national and local policy experimentation. International cooperation would sustain, albeit on new terms.

Final Lessons: (Geo)Political and Institutional Context Matters:

A key takeaway from the UNGASS process is the dangers of what David Mansfield calls 'drug fetishism' (Mansfield, 2016). Although Mansfield is speaking in terms of development policy and the tendency to look at everything through the prism of drugs and drug control, thereby missing the wider context, the same phenomenon and point hold true for drug diplomacy. Taking the specific case of US drug diplomacy, for example, we see a complex narrative emerge, despite its leading role as a proselytiser and advocate for the 'war on drugs'. Throughout the past century, the US was extremely selective on enforcement of controls, despite its ostensible ideological drive to a world free from opium production (Collins, 2014c, p. 12).

The US was happy to pressure states to implement prohibition, but would ignore them the moment broader geopolitical interests intervened. For example, although the US was ostensibly pushing Iran to limit opium production after World War II, embassy officials in Tehran, bucking against congressional pressure, cited 'patent instability' and refused to lobby for measures against opium production until stability returned (Collins, 2015, p. 154). In the 1940s and 1950s the US ignored high levels of opium smuggling from Kuomintang insurgents in Burma (McCoy, 2003). Further, the State Department ensured the UN Commission on Narcotic Drugs overlooked continued opium smoking in French Indochina pointing out that 'the political situation in that part of the world and in France' prevented it and suggested 'non-public corrective action' (Collins, 2015, p. 181). Similarly, in 1948 the State Department vetoed any criticism of perceived Mexican inaction of opium growing citing 'other negotiations...in several matters of considerable importance, one of which is of great importance to us from the viewpoint of hemisphere defence', (Collins, 2015, p. 171).

What these and numerous other examples show is that drug issues were almost never read in isolation from broader health, welfare, development and security targets, and rarely as absolute obligations to institute un-sequenced and self-defeating policies. More importantly, for these discussions, is that drugs was never an issue viewed in isolation from broader imperatives, and a hierarchy of policy choices often emerged. Any perspective which attempts to understand drug control as a singular derivative of one set of international treaties is thereby bound to be weak and ultimately incorrect. Yet, much reformist discourse was built on precisely this singular reading of the UN drug treaties as the cause of and 'straight jacket' enforcing the global 'war on drugs'.

Conclusion:

Overall, the failure of the reform agenda came from an unwillingness to engage political reality. Narratives were created to coalesce specific political agendas. When those narratives were challenged by the reality of international affairs, the response was to reject the latter. In the early years of the reformist drive the goal was to push for an 'open debate'. This, again, was based on the assumption that the status-quo arose from a conspiracy of silence rather than the intersection of very tangible interests, concerns and political alignments. The belief was that open debate would highlight the logical problems of the system and thereby force change as member states became aware of them. This

viewpoint overlooked the difficulty of creating international cooperation, the inevitably suboptimal outcomes of diplomacy (which member states are full aware of), and the view that suboptimal cooperation is massively preferable to non-cooperation or a breakdown of cooperation. Since a radical shift in the system risked the latter, member states were always and inevitably set to subjugate reformist rhetoric to consensus. An unwillingness to accept this reality meant that much of the international reform community self-immolated on the goal of achieving legalistic and formal reforms of a system that quickly proved malleable and flexible to member states.

As then political scientist Ethan Nadelmann wrote in 1991, the norms of the international control 'regime', 'evolved and exist not only in the conventions and treaties of international law and the criminal laws of nation-states but also in the implicit rules and patterns that govern the behaviour of state and non-state actors as well as in the moral principles embraced by individuals' (Nadelmann, 1990, p. 480). In other words, he correctly highlighted that international cooperation on the drugs issue emerged from the intersection of many overlapping and shifting factors, each of which could alter the shape of cooperation. Meanwhile, as international scholar Robert Keohane writes, institutions, such as the UN drug control apparatus 'can be accounted for by examining the incentives facing the actors who created and maintain them. Institutions exist because they could have reasonably been expected to increase the welfare of their creators' (Hasenclever et al., 1997, p. 37). An understanding of the successes and failures of reformist and status quo actors must be read through in the context of these two insights.

The lead up to UNGASS 2016 was dominated by an ascendant reformist discourse highlighting the failures of the 'war on drugs'. A reformist orthodoxy emerged around the idea that member states would be forced to challenge the treaty system in order to adopt national policy changes such as the legal regulation of cannabis. When this didn't occur, reformists concluded that member states would undertake 'principled breaches' of international law thereby forcing an eventual change in that international law. Again this proved unfounded (For example, see: Ministerio de Relaciones Exteriores de Uruguay, 2014). The rapid recourse to 'flexibilities' as a means of widening the interpretive scope of the conventions caught the reformist agenda off guard and they struggled to respond. In the end they appeared to be criticising actively reforming states by highlighting their treaty 'breaches', but assuming those states would understand the criticisms as a wedge to effect broader change.

Ultimately the strategy ignored the genuine and substantial economic, fiscal, personal, ideological and diplomatic self-interest underpinning the system as well as its relation to broader byzantine international, regional, national and subnational political structures. The 'failures' of UNGASS for reformists, therefore, have more to do with failures of strategy and unrealistic expectations, than any clear actual failure of international policy reform. The normative basis of the system changed dramatically over the past decade and will likely solidify post-UNGASS. Important momentum towards key national policy improvements continues and a spectrum widening is apparent where more liberal states cast a greater spotlight on the abuses and excesses of regions pursuing medieval approaches to countering drugs and drug dependence. Experience and probability suggests that policies that prove effective will proliferate through imitation and through that mechanism the

global landscape will continue to change. If that happens, the UNGASS process will eventually be viewed as less of failure by idealistic reform optimists.

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