



The end of prohibitionist hegemony over cannabis? An analysis of the 2020 CND vote and its meaning¹

O fim da hegemonia proibicionista sobre a cannabis? Uma análise da votação da CND 2020 e seu significado

¿El fin de la hegemonía prohibicionista sobre el cannabis? Un análisis de la votación de la CND 2020 y su significado

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Paulo José dos Reis Pereira²

Abstract

Throughout the 20th century, cannabis prohibition became hegemonic in a process led by the United States and its “war on drugs”. However, a series of recent looseness in the control of this plant point to ruptures in this prohibitionist hegemony of cannabis. We propose to understand such ruptures in the international scenario by analyzing the change in the status of this plant on the international drug control lists due to the vote that took place in 2020 at the UN Commission on Narcotic Drugs. We conclude that this vote indicates the existence of new values, understandings and interests related to cannabis based on the health-security binomial and linked to capitalism.

Keywords: Cannabis, United Nations, international drug control, hegemony, capitalism.

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² Livre-docente, Pontifical Catholic University of São Paulo (PUC-SP), Brazil. Associate Professor and coordinator of the International Drug Policy Research Group at PUC-SP. (pjrperreira@puccsp.br). ORCID: <https://orcid.org/0000-0002-8334-9448>.

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Resumo

Ao longo do século XX, a proibição da cannabis tornou-se hegemônica em um processo liderado pelos Estados Unidos e sua “guerra às drogas”. Contudo, uma série de flexibilizações recentes no controle desta planta apontam para rupturas nesta hegemonia proibicionista da cannabis. Propomos compreender tais rupturas no cenário internacional analisando a mudança do status desta planta nas listas de controle internacional das drogas devido à votação ocorrida em 2020 na Comissão de Drogas Narcóticas da ONU. Concluimos que tal votação indica a existência de novos valores, entendimentos e interesses relacionados à cannabis baseados no binômio saúde-segurança e ligados ao capitalismo.

Palavras-chave: Cannabis, Nações Unidas, controle internacional das drogas, hegemonia, capitalismo.

Resumen

A lo largo del siglo XX, la prohibición del cannabis se volvió hegemónica en un proceso liderado por Estados Unidos y su “guerra contra las drogas”. Sin embargo, una serie de flexibilizaciones recientes en el control de esta planta apuntan a rupturas en esta hegemonía prohibicionista del cannabis. Proponemos comprender tales rupturas en el escenario internacional analizando el cambio de estatus de esta planta en las listas de control internacional de drogas debido a la votación que tuvo lugar en 2020 en la Comisión de Estupefacientes de la ONU. Concluimos que esta votación indica la existencia de nuevos valores, entendimientos e intereses relacionados con el cannabis basados en el binomio salud-seguridad y vinculados al capitalismo.

Palabras clave: Cannabis, Naciones Unidas, control internacional de drogas, hegemonía, capitalismo.

Introduction

Cannabis was possibly the most restricted drug in the contemporary history of the international control of psychoactive substances, characterized by what is called “prohibitionism”. This expression refers to a moral, political, and doctrinal practice developed throughout the 20th century that defends state repression of the production, commercialization, and use of certain drugs based on arbitrary limits for their use (Escohotado 2004, Carneiro 2018). The United States was the





main country to implement such restrictions and promote them internationally with its “war on drugs” (Rodrigues and Labate 2016). Such repressive dynamics boosted and were driven by the inclusion of this plant in the most restrictive lists of the UN drug control conventions of 1961, 1971, and 1988, which had enormous approval and virtual unanimity, becoming entitled “The Vienna Consensus”.³

In this context, cannabis began to be internationally qualified as one of the most harmful drugs in the world, and the idea of arresting, repressing, and socially excluding people who had contact with this plant, whether as consumers or traders, became something increasingly normal and accepted in different societies. In general terms, it is possible to say that its prohibition has become hegemonic. The hegemony concept adequately qualifies this process insofar as the order established by prohibitionism came to be seen as relatively stable and unquestionable, appearing to most actors as natural (Cox 1981).

However, a series of recent flexibilities in the domestic and international control of this plant point to breaks in this hegemony. The creation of the Global Commission on Drug Policy in 2009 is an expression of it, as well as the various initiatives to regulate industrial, medicinal, and even adult⁴ cannabis use since 2012 that boosted an enormous new global market and the multiplication of countries that have decriminalized the possession of this plant for personal use.

One of the most relevant of these initiatives was the change in the status of cannabis in the control lists of the 1961 UN Single Convention on Narcotic Drugs due to the vote that took place in 2020 in the UN Commission on Narcotic Drugs (CND). The specialized literature that focuses on different aspects of cannabis regulation, analyzing its political, social, or institutional dynamics, does not pay much attention to the dimension of international politics of these changes (Calkins, Kilmer et al. 2016, Decorte, Lenton, Wilkins 2020, Seddon and Floodgate 2020, Corva and Meisel 2022). This event gains theoretical-methodological importance, since institutions are ways of stabilizing and maintaining a particular order once they reflect prevailing power relations and encourage collective images consistent with these power relations (Cox 1981).

3 Vienna is the city where the UN drug control decisions have been made since the 1980s. Currently, the number of ratifications of each of these conventions is, respectively, 193, 184, and 191. The UN currently has 195 States members.

4 The designation “adult use” tries to mark a distinction in relation to the medical use of cannabis without falling into the a priori qualification that non-medical use is intended only for fun or recreation, as the term “recreational use” suggests. This use can have different purposes, such as improving performance, relaxation, pleasure, fun, creativity, or spiritual purposes.





We propose to understand the changes in the prohibitionist hegemony of cannabis in the international arena by analyzing the vote that took place in the CND, assuming that this political space is a sounding board for disputes between relevant actors involved in the international drug control and market. To do so, we use the countries' positions and declarations in the vote for the revision of the status of "cannabis and cannabis resin" (Recommendation 5.1) in the 1961 UN drug control convention as suggested by the WHO Expert Committee on Drug Dependence (ECDD). We place this vote in the broader context of transformations that are taking place about the regulation of cannabis, especially its medicinal use, given the relevance of the CND decision for the scenario of these specific flexibilities.

We conclude that the CND decision is an important change in the cannabis prohibition hegemony context by reinserting this plant into the health paradigm of international drug control, in addition to security, which reflects international disputes around this issue by countries and other social actors and expresses new values, understandings, and interests about the plant connected to capitalism.

The article is structured as follows. In addition to this first introductory section, the second section explains the concept of hegemony applied to international drug control and cannabis control. The third section presents the CND vote, explaining the positions of member countries, as well as observer countries. The fourth section analyzes the meaning of the CND vote to the fundamentals of international drug control and the broader context of cannabis regulations around the world. The fifth section brings final considerations on the topic.

Hegemony, international organizations, and cannabis prohibitionism

Hegemony at the international level can be seen as a system of values and understandings about the order that permeates the system of States and non-State entities, supported by a structure of power. This order is relatively stable and unquestionable, appearing to most actors as natural (Cox 1981). The capitalist mode of production, its goods, and services, is fundamental to explain the power relations that gain dimension in international relations and can be built as a hegemony.





In this conception, hegemony “derives from the dominant social strata of the dominant states in so far as these ways of doing and thinking have acquired the acquiescence of the dominant social strata of other states” (Gill 1993a, 42). According to Gramsci, hegemony, constituted from the moral, political, and cultural values of the dominant class, is exercised by social forces disseminated by political structures of civil society and becomes common sense. Different social institutions fulfill this role of propagators, such as the church, the school, the company, and the media, to create behaviors and expectations consistent with the hegemonic social order under the control of a socioeconomic elite (Gramsci 1999). Broadly speaking, we can call this an economic/ideological version of hegemony. Carneiro (2002) reminds us, for example, that Gramsci analyzed American prohibitionism as part of a policy to control the private life of workers in the context of industrialism. His evaluation was that puritanism and prohibitionism had the objective of rationalizing the sexual life of employees with the objective of creating a new man for the new processes of production and organization of work. That is, prohibitionism, the transformations of capitalism, and the control of worker’s behavior were integrated.

According to Cox, the historical structure that allows the understanding of the international framework in which the actors operate is a particular combination of three elements: ideas, material capacities, and institutions. “These structures do not determine people’s actions in any mechanical sense but constitute the context of habits, pressures, expectations and constraints within each action takes place” (Cox 1981).

Ideas can be divided into two types. There are shared, historically conditioned meanings about the nature of social relations. They favor the maintenance of expectations about the actors’ behavior. The other type of idea regards the collective image of the social order. They refer to different assessments of the nature and legitimacy of power relations, as well as the meanings of justice and the public good. The clash between these collective images can open the way for restructuring material conditions or institutions and even the order itself (Cox 1981). By material conditions, Cox means the material basis of the social structure, its organizational and technological capabilities, and its economic sphere (Cox 1981). Finally, institutions are ways of stabilizing and maintaining a particular order, as they reflect prevailing power relations and encourage collective images consistent with those power relations (Cox 1981).





This last aspect is fundamental. It assumes that the dominance of the strongest is reinforced to the extent that their leadership can be expressed in terms of universal and general interests and not just as their particular interest (Cox 1993, Gill 1993a). International organizations function as mechanisms for the basic composition of hegemony, ensuring a balance between consent and coercion. That is why “institutions may become the anchor for such a hegemonic strategy since they tend themselves both to the representations of diverse interests and the universalization of policy” (Cox 1981). According to Cox, international organizations propagate hegemony and its ideologies in the following way:

- (1) they embody the rules which facilitate the expansion of hegemonic world orders;
- (2) they are themselves the product of the hegemonic world order;
- (3) they ideologically legitimate the norms of the world order;
- (4) they co-opt the elites from peripheral countries and
- (5) they absorb counterhegemonic ideas (Cox 1993, 62).

Cannabis prohibitionism, as well as cannabis legalization, have historically shown themselves to be an amalgamation of ideas about different social, medical, and economic aspects of this plant. These ideas are directly related to the conditions, capabilities, and material interests to which drugs have been subjected over time, with emphasis on technological advances and the relations of production and consumption that have been established since the 1940s with the so-called pharmaceutical invasion under the auspices of capitalism (Dupuy and Karsenty 1979).

However, cannabis never acquired a pharmaceutical status on a large scale, since the powerful countries did not treat it as a drug, with relevant psychoactive effects, but as a plant whose fibers had industrial uses. This trajectory is very different from other commercial drugs such as alcohol, tobacco, coffee, opium and coca, whose medical, hedonistic, habituation, social or nutritional properties made them relevant sources of profit. The use of cannabis as an intoxicant was limited to socially marginalized populations throughout most of the 20th century or as a counterculture drug from the 1960s onwards, without ever having corporations that could advocate for it. This, added to the investment of different governments in linking its use to moral deviation and criminality, ended up making cannabis vulnerable to national and international prohibitionist pressures (Courtwright 2001). The repression related to this plant in several countries, since the 19th century, were motivated by local issues, usually linking its use to unwanted





social groups, foreign or national, that the ruling classes wanted to repress for political and/or economic reasons. This happened in Egypt, Turkey, Greece, the United States, and Brazil, to cite better-known examples that had international expression (Bewley-Taylor, Blickman, Jelsma 2014).

More recently, medical discoveries about cannabis have also played an important role in creating new configurations of this control. International organizations such as the CND and the World Health Organization, as well as countries, with great emphasis on the United States, played a decisive role in the repression and, more recently, in the flexibility of cannabis around the world. The evolution and characteristics of such elements cannot be conceived, however, in a linear way. They are permeated with contradictions.

For Avilés, the “war on drugs” is an ideological construct and a set of policies that serve to establish hegemony on behalf of major economic actors such as transnational corporations in the current stage of world capitalism. This occurs through the creation of an adequate environment for the investment of transnational capital established, in large part, by the “certification” policies of countries, especially in Latin America, which required commitment to the repression of drugs to obtain international loans and access to the US market. That, according to the author, “has represented one lever among many to embed the region within a global capitalist dynamic” (Avilés 2018).

As the dominant state in the post-Cold War international system, the United States drove and coordinated this process, led by its dominant domestic social strata, articulated with the dominant social strata of other states (Avilés 2018). This concept is in line with Wacquant (2012) who establishes a nexus between neoliberalism and punitive penalties. For the author, societies, especially Latin American ones, incorporated all the dictates of economic deregulation, impoverishing their population and weakening their already precarious welfare state. The remedy for the ensuing social upheaval was the adoption of harsh versions of penal populism and violent crime-fighting strategies.

According to McAllister (2000), the Cold War context imposed political, economic, and strategic dilemmas, enhanced by the rapid decolonization of several countries, forcing those who advocated for international drug control, particularly the United States, to deal with different cultural points of view and material interests that exacerbated the disputes around different models. Many tactics for enforcing the burgeoning prohibitionist views on cannabis and other drugs were employed. They ranged from the disregard of various reports and





evidence against the hysteria and alarmism about the harmful effects of cannabis (since the pioneering “The Indian Hemp Drugs Commission Report” of 1894), through the use of unreliable scientific data and reaching the direct United States influence on WHO technical assessments on the topic (Bewley-Taylor, Blickman et al. 2014).

This effort, supported by the vast majority of countries, ensured the prohibition of cannabis in the multilateral sphere. The plant was included in the strictest controls of the Single Convention on Narcotic Drugs of 1961, the main pillar of current prohibitionism, requiring signatory countries to:

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 (UN 1961)

The other conventions on drugs, the Convention on Psychotropic Substances of 1971 and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, followed the same logic and reinforced such prohibitionist orientations concerning cannabis, inserting its newly discovered active principle, THC and other compounds under strict control, as well as suggesting that the cultivation, trade, and possession of cannabis be viewed by countries as criminal offenses (Bewley-Taylor, Blickman et al. 2014).

The counterpart of hegemony, the counter-hegemony to prohibitionism, has gained importance in recent years, with an emphasis on cannabis. Resistance to hegemony and the search for the construction of an alternative path to the established consensus is part of a dialectical dynamic that has free will and human agency, albeit limited, as its foundation (Gill 1993b). Every attempt to build a hegemonic system engenders counter-hegemonic forces that are not necessarily progressive. Gill (1993b) referred to this type of dynamic when he stated that “the achievement of hegemony within a particular social formation is a complex and contradictory process since counter-hegemonic forces will come to challenge the prevailing institutional and political arrangements”.

This is particularly important when looking at the orientation of cannabis control since the counter-hegemonic forces to prohibitionism have very different strands, ranging from great progressivism to staunch conservatism. This makes sense, given that globalized capitalism, as a fundamental engine of contemporary history, “consistently gives rise to contradictory sets of social forces” (Gill 1993a). By this same logic, Robinson (2005) suggests that the horizontal integration of





classes and social forces operates through webs of national and transnational institutions. This means that transnational cannabis capitalists and allied ruling strata integrate horizontally, gain relevance and penetrate various national and international state apparatuses, create transnational frameworks for action, and influence international organizations.

The prohibitionist counter-hegemony that has taken shape in recent years can be read, according to Avilés (Avilés 2018), as a “transnational counter-hegemonic project”. Youngers (2013) points out that the turning point of this process can be traced from the report of the Latin American Commission on Drugs and Democracy, entitled “Drugs and Democracy: towards a paradigm shift”, released in 2009. This commission was the embryo of The Global Commission on Drug Policy, which brought together several former Latin American presidents around the critique of the “war on drugs” and the search for alternative political models for controlling psychoactive substances, especially for the most relevant ones in the region, cannabis, and cocaine. It expresses clear international dissatisfaction with the “war on drugs” and how international drug control conventions are applied. This was followed by several initiatives to regulate the industrial, medicinal, and even adult use of cannabis (Pereira 2023), as well as the multiplication of countries that have decriminalized the possession of this plant for personal use (Rosmarin, Fox, Eastwood 2016).

The main challenge of the various anti-hegemonic movements to prohibitionism and its “war on drugs” policy is still to become a transnational bloc that articulates a viable alternative for organizing this control. According to Robinson (1996), a counter-hegemonic bloc needs to be seen by popular majorities “as both viable and necessary”. Furthermore, it needs to have its own organic intellectuals. This is needed as part of the effort to challenge the ideology of prohibitionism, its cultural dimensions, and political practice. Finally, such a block will need access “to large financial resources, knowledge and information, and a degree of control over production and distribution processes” (Gill 1993a). However, as reminds Avilés (2018), it is necessary to assess the extent to which movements that propose alternative programs to prohibitionism are counter-hegemonic or “simply conflicts within the broader transnational policymaking elite over how to apply drug policies more legitimately while remaining committed to the primary goal of creating a stable and welcoming business environment for transnational capital”. The 2020 CND vote to reschedule cannabis gives us some explanatory keys in this regard.





CND vote and the legitimization of medicinal cannabis use

In December 2020, CND, the UN's main body for formulating international drug policy, decided, based on a demand made by the WHO Committee of Experts on Drug Dependence (ECDD) in early 2019, to remove "cannabis and cannabis resin" from Schedule IV of the 1961 Single Convention on Narcotic Drugs. Drugs on this list are subject to the greatest restrictions foreseen by the international drug control system since they would be particularly susceptible to abuse and produce harmful effects, in addition to having little or no therapeutic use.

Also on this list are opioid drugs, such as fentanyl and heroin, which are considered very dangerous and can cause death. For this reason, they must have strict supervision of their production, circulation, and trade for strictly scientific and, eventually, medical uses. In addition, States can adopt "any special measures of control which in its opinion are necessary" and, if they deem it appropriate for the protection of public health and well-being, they can also "prohibit the production, manufacture, export, and import of, trade in, possession or use of any such drug" (UNODC 2013). This meant, in practical terms, the creation or enforcement of national laws in most countries around the world that criminalize a huge spectrum of practices related to these drugs, including cannabis.

According to the WHO Committee, the justification for requesting the withdrawal of cannabis from List IV was that, despite this drug having adverse effects, being liable to abuse and presenting health risks, especially in young people, it does not pose a risk of death and information on its therapeutic uses are already significant, in addition to many studies being carried out on its medicinal usefulness. Therefore, several countries already allow the use of cannabis to treat different medical conditions. That is, since the 1961 convention, there has been a significant advance in knowledge about this plant, forcing a review of the restrictions imposed in recent decades (WHO 2019).⁵

After several clarification and debate meetings, the CND accepted the proposal by a minimum difference of two votes among the 53 countries represented, elected by the United Nations Economic and Social Council (ECOSOC). There were 27 votes in favor, 25 votes against, and one abstention. The countries were distributed in the voting as follows:

⁵ Some of the main uses are directed towards treating nausea and vomiting induced by chemotherapy, pain, sleep disturbances, spasticity associated with multiple sclerosis and various forms of epilepsy, among others.





In favor: South Africa, Germany, Australia, Austria, Belgium, Canada, Colombia, Croatia, El Salvador, Ecuador, Spain, United States, France, Netherlands, India, Italy, Jamaica, Morocco, Mexico, Nepal, Poland, United Kingdom, Czech Republic, Sweden, Switzerland, Thailand, and Uruguay. In addition to this group, the joint declaration headed by Germany includes the following countries that did not participate in the vote: Bulgaria, Cyprus, Denmark, Estonia, Finland, Greece, Ireland, Latvia, Lithuania, Luxembourg, Malta, Holland, Portugal, Romania, Slovakia.

Against: Afghanistan, Angola, Algeria, Bahrain, Brazil, Burkina Faso, Kazakhstan, Chile, China, Ivory Coast, Cuba, Egypt, Hungary, Iraq, Japan, Libya, Nigeria, Pakistan, Peru, Kenya, Kyrgyzstan, Russia, Togo, Turkmenistan, and Turkey. In addition to this group, the joint statement headed by the Russian Federation includes the following countries that did not participate in the vote: Belarus, Indonesia, Iran, Namibia, Palestine, Philippines, Singapore, Sri Lanka, Sudan, Syria, Tajikistan, and Venezuela.

Abstentions: Ukraine

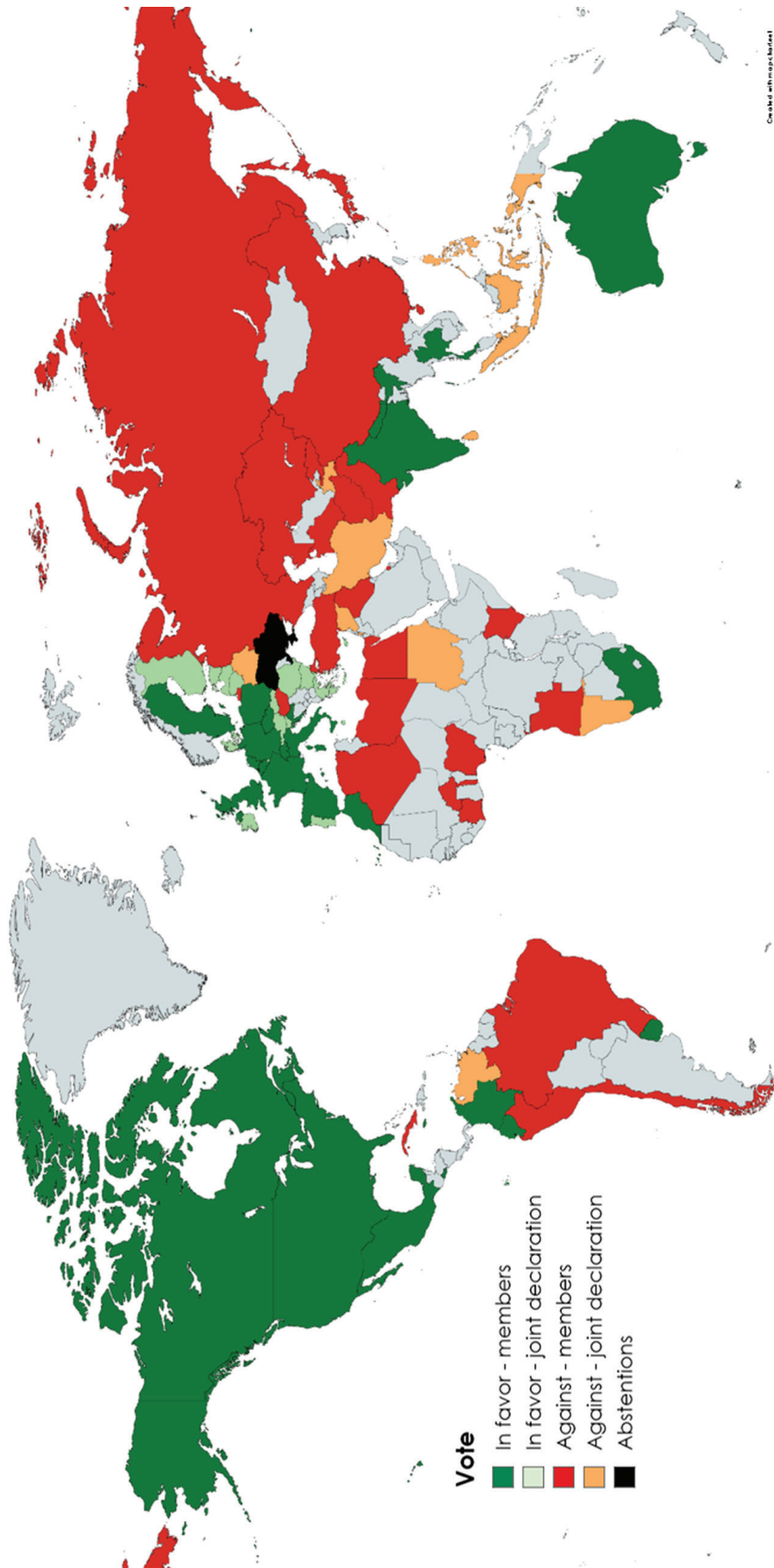
Map 1 offers a visual presentation of the distribution of votes in the world, as well as the countries that supported the statement in favor and those that supported the statement against that were made by a group of countries. This makes it possible to make some inferences about the result.

Countries that have already made progress in regulating cannabis for medical purposes and those that have more advanced public debates on the subject or are working on new regulations voted in favor of the measure or supported it.

Ecuador, for example, justified its vote in favor because it is working on a “Regulation for the Therapeutic Use, Prescription, and Dispensation of Cannabis and Pharmaceutical Products that contain Cannabinoids”. The United States used in its favorable justification the fact that, in 2018, the drug Epidiolex, produced by the British pharmaceutical corporation GW Pharmaceuticals, was approved by the Food and Drug Administration. weighed in this decision the fact that well over half of its states already had, in 2020, some form of regulation of cannabis for medicinal purposes. As of Apr. 24, 2023, 38 states, three territories, and the District of Columbia allow the medical use of cannabis products. Additionally, 9 states allow the use of low THC, high cannabidiol (CBD) products for medical reasons in limited situations (National Conference of State Legislatures, N.D.). So only three US states still have no medical cannabis access program (Idaho, Nebraska, and Kansas).



Map 1: CND vote to remove cannabis from Schedule IV of the 1961 Convention:
Member States and countries included in joint declarations



Source: author's elaboration using mapchart.net and available data at CND (2020).



Many of the countries that voted for it made a point of reinforcing that they do not agree with the legalization of cannabis for adult use (e.g. Australia) and that cannabis is a drug with harmful effects on health (e.g. USA). All, however, highlighted its medical and therapeutic potential, in line with the suggestion made by the WHO ECDD.

In the joint declaration, signed by twenty-six States, the countries reinforced that the recommendations reflect the development of scientific knowledge on the subject and do not weaken the drug control system. On the contrary, they “contribute to ensuring the enduring relevance of the international drug control regime” which must be focused on protecting public health and ensuring the well-being of society, always in a safe manner.

All statements by countries that voted against the proposal were based on the assertion that there is no significant scientific evidence of the efficiency of the therapeutic and medical use of cannabis. In addition, they point out that the CND’s decision diminishes the perception of risk that cannabis represents individually and as a global health problem since it is the most consumed illicit drug in the world. Some countries warn of the fact that the conventions themselves already provide for the medical use of cannabis, even though it is on List IV of the 1961 convention. Therefore, its reclassification would not be necessary, which would only make repression of this drug more difficult, encourage an increase in its consumption, and, consequently, strengthening of international trafficking.

It is worth highlighting the main international power that voted against it, the Russian Federation, which headed a joint declaration with twenty-eight other states. In it, the countries affirmed all the aspects mentioned above and that they are “extremely disappointed” with the result of the vote. According to the statement, the result of the vote shows that “there is no consensus on such an important decision” and that it should not be confused with the commission’s support for the legalization of cannabis, which is totally contrary to current international conventions. For this set of countries, rejection of the recommendation was important because it creates uncertainties and gaps in the implementation of control measures on cannabis “which will weaken the integrity of the international drug control regime”.⁶

⁶ All statements can be consulted at United Nations Office on Drugs and Crime (n.d.).





The new status of cannabis: health and capitalism

The decision to reschedule cannabis on the UN drug control restriction lists suggests a significant change in the perception of this drug in international politics, binding health and capitalism. It resonates with what Miller (2020) calls the “compassionate use narrative,” the social recognition that cannabis is an effective medicine for a range of health conditions. This new narrative gained expression in view of the multiple and increasingly clear evidence of the effectiveness of the components of this plant for the treatment of different types of problems related to pain, glaucoma, nausea, depression, multiple sclerosis, epilepsy, neuralgia, among others (Pertwee 2014). These new understandings of cannabis attest to the breakdown of the prohibitionist hegemony built throughout the 20th century.

The pharmacological uses of cannabis date back to 2700 BC and until the beginning of the 20th century they were widespread, forming part of the pharmacopeia of different countries, including the United States. The international prohibitionism to which the plant was subjected throughout the 20th century, however, greatly restricted its medical use worldwide. The isolation of the active principles of cannabis in the 1960s, CBD and THC, and the discovery of their receptors in the human body, the endocannabinoid system, in the 1990s, changed this picture and allowed a resurgence of the status of cannabis as a medicine. It reached international recognition with the CND’s 2020 decision to downgrade cannabis to less restrictive levels in the 1961 Single Convention on Narcotic Drugs lists, recognizing its medicinal potential. Parallel to this has been the global expansion of regulations for cannabis for medical use.

In its turn, pharmacological cannabis has been appropriated as a category for representing the plant as a legal commodity. In other words, the link between cannabis and health has become a key asset for making a profit. To fulfill this function, cannabis-based products need to go through a complex process, which goes from identifying a substance considered promising, creating a pharmaceutical administration garment, and testing on animals and humans to authorization to be placed on the market, something that can only be done on an industrial scale, as described by Dupuy; Karsenty (1979). This process promotes a monopolization of the “licit” by large corporations since it is unfeasible for any other actor to produce the new medical cannabis product other than a large corporation that has sufficient expertise and resources to do so.





Changing the status of cannabis in international drug control, moving it, even slightly, away from prohibitionism, rebuilds on other bases the licit-illicit duality, its interdictions, and resulting transgressions (Reiss 2014). The legal status of a drug has always depended on its circulation in the market and on who produced, manufactured, sold, and consumed it, showing that legality is a political and historical construction, rather than a neutral and descriptive category. According to Reiss (2014), this is why the pharmaceutical industry's international expansion has been accompanied by the expansion of the international drug control mechanisms, whose main objective has been to police participation within it. Making drugs a security issue was, in a sense, the way to ensure capitalist accumulation. In a recent article, I systematized this understanding as follows:

The licit scope of drug commodification was and continues to be a fundamental manifestation of the global enterprise for the exploitation of populations on the periphery of the international system, establishing transnational connections of knowledge and practices of social control. Such an assessment suggests that the traditional normative distinction between the legal and illegal spheres is in constant redefinition and, rather than an analytical category, was used historically to operationalize economic interests and not to grasp social phenomena related to drugs (Pereira 2021).

The case of the medical use of cannabis well expresses this statement. The process of redefining its “prohibited plant” status internationally, of which the CND vote is a key part, highlights the political dimension of the criteria that delimit what is licit and illicit. Unlike before, cannabis now has these two statuses coexisting in the world. The old illegal cannabis product, named traditionally as marijuana, pot, maconha etc., is still represented as an impure, dangerous product and the result of violence, a source of insecurity for the individual due to its lack of quality and negative health impacts, as well as for society due to the support it gives to the criminal activities that undermine social cohesion.

The creation of this new “licit cannabis”, instead of extinguishing the illicit one, reinforces it. It reinforces the criminalization of groups that is apart from this circuit that articulates in a very specific way profit and politics from the perspective of health. In this sense, the two elements of the health-safety category must be seen as complementary opposites since health depends on safety to build the representation of the new cannabis commodity away from prohibitionist hegemony. For actors who value the legal medicinal use of cannabis, the illicit





market appears as an unwanted derivation of the norms that determine the licit market. Operators of the latter are guaranteed State protection. The focus of violence is directed towards “marijuana users” and the so-called “dangerous classes” involved directly or indirectly with this illegal market. These people continue to be labeled outsiders (c.f. Becker 2009), the vulnerable and resilient peripherals. Repression continues to be reserved for this part of the population, to guarantee the prosperity of the new legal cannabis market. Depending on the hands in which it is found, the same plant can thus symbolize inclusion or exclusion, money or violence, loans or jail, and so on. Again, the plant is the same, but its social meaning is different. And this meaning triggers powerful mechanisms of repression or incentive, of disapproval or approval, both in society and in the State. This broader framework allows us to explain how violence and capitalism combine in the issue of cannabis regulation in the world today. Thus, breaking the prohibitionist hegemony of cannabis involves, in addition to the States that participated in the CND vote, a series of other private actors, whose interests were directly or indirectly represented in this international forum, particularly the corporations responsible for the operation of the new cannabis market for medicinal purposes. According to Lagalis (2018, 474), the idea of “safe to use” cannabis has increasingly been linked to corporations through an institutional and discursive association with medicine, purity, and healing. For the author, the medicalization of cannabis consists primarily in

the consolidation of related profits in the hands of elite white business interests alongside the ongoing criminalization of non-elite producers and consumers, and a process of pharmaceuticalization that creates stronger and more addictive refined and synthetic marijuana-based substances.

This issue of synthetic cannabinoid productions, congeners of THC, CBD, and others produced in the laboratory, also gains importance in the context of the decision to reschedule cannabis for medicinal purposes by the CND. According to Bostwick (2012), with the pharmaceutical development of synthetic analogs of cannabis for medical use, which the author assesses as its “natural next step”, the trend is that “the power of new pharmacologic products will obviate the need for botanical cannabis”. With this, the whole complex and unstable system of production and agricultural control that the plant demands is avoided, even more so when this dynamic has characteristics that are increasingly transnational and close to poor and developing countries (ver Bewley-Taylor, Jelsma et al. 2020).





Harry Anslinger, the prohibitionist head of the US Federal Bureau of Narcotics, already urged in the 1940s that US research programs and their companies should develop fully synthetic narcotics that did not depend on agricultural raw materials. This utopia did not materialize, but this investment had repercussions on the creation of a multitude of dangerous and profitable synthetic drugs, making a large part of the world's agricultural production of drugs completely illegal, such as opium for example (McAllister 2000).⁷

This allegedly inevitable evolution, resulting from the development of “cannabis science”, fulfills the function of optimizing and enhancing the production and profit of medicines, as well as reinforcing the representation of this new cannabis commodity as pure and safe for the individual's health.

Such efforts have been going on for many decades. The pharmaceutical industry, still in an extremely incipient form, had identified the potential of cannabinoids for their capitalist interests in the 1960s and suggested that the international control of THC in the UN conventions be isolated from the control of the cannabis plant, which was extremely restricted in the Single Convention on Narcotic Drugs of 1961. In other words, it was proposed that the control measures of the cannabis plant were different from that of its main active component. And this was done. THC was included in the control lists of the 1971 Convention on Psychotropic Substances, which established different control rationales for cannabis in the UN drug control. Years later, in 1982, this made it possible for the pharmaceutical industry lobby to get the United States to request the rescheduling of the newly created synthetic analog of THC, dronabinol, to a softer list at the 1971 convention, which was also done (Bewley-Taylor, Blickman et al. 2014). This new synthetic substance began to be marketed in the United States in 1985 under the brand name Marinol® with FDA approval. Years later, in 1999, Marinol® was rescheduled in the control of psychoactive substances in the United States to a level of low restriction, because it was a much less addictive compound than cocaine and heroin. Both Marinol and other similar drugs such as Syndros are currently produced by the Belgian chemical corporation Solvay Pharmaceutical and sold in several countries such as the United States, Germany, South Africa, and Australia.

⁷ The opioid fentanyl, created in 1959, is an example of this. Hundreds of times more potent than natural opioids, it is responsible for a huge number of overdoses in recent decades. For an analysis of how drug control has created a huge illegal market, see Pereira; Vieira Pereira, P. J. d. R. and M. G. O. Vieira (2022). “Afghanistan in International Opium Control Policy.” *Carta Internacional* 17(1)., who works on the specific case of Afghanistan and its opium production.





In addition to dronabinol, many other attempts have been made to create synthetic cannabinoid structures for the treatment of diseases, but few have been successful. Many of them ended up entering the gray market, neither completely legal nor completely illegal, and began to be produced illegally, with various modifications. In 2008, the synthetic cannabinoid JWH-018 was detected for the first time in Germany and Austria in a product sold under the name “Spice”.⁸ Since then, this market has only grown. These synthetic drugs constitute one of the largest groups of compounds currently monitored by the European Union. Until 2016, 169 synthetic cannabinoids were identified in the market called “legal highs”, composed of new psychoactive drugs that intend to imitate controlled and unregulated drugs. As a result, they are not formally prohibited, as cannabis is (EMCDDA 2017). Due to its great potency, its consumption has caused a high number of serious intoxications and even deaths. The government’s effort is to identify and ban these new compounds. Its exponential proliferation, however, generates great difficulties in this endeavor.

Thus, the binomial health-security, one of the categories that structure the new cannabis commodity, builds a representation whose political function is to legitimize the economic interests of large corporations by ensuring that this link is converted into the sale of cannabis-based medicines. The decision to reschedule cannabis by the CND structures this whole chain of meanings that breaks with the prohibitionist hegemony concerning cannabis and reinserts it in the capitalist circuit of international drug control.

Conclusion

Does the new global context of cannabis regulation and the decision of the CND to reschedule this drug to a list of least restrictions in the 1961 UN Single Convention on Narcotic Drugs break with the hegemony of prohibitionism? No. Prohibitionist hegemony is broader than cannabis prohibitionism. It structures a repressive global system that does not depend on the criminalization of cannabis

⁸ Such drugs are manufactured and sold by chemical companies, usually Chinese, and transported to Europe. Usually in powder form, these drugs are sprinkled onto plant material such as lemongrass or peppermint and other chemicals are used to activate the mixture. Afterwards, they are usually sold over the internet or in conventional stores, since many of them are not formally illegal, because they have not yet been formally identified and banned by governments EMCDDA (2017). *Perspectivas sobre drogas: os canabinoides sintéticos na Europa*, Observatório europeu da droga e da toxicodpendência..





for its survival. For this reason, the legalization and regulation of this drug coexists, everywhere, with the maintenance of the illegality of a large number of psychoactive substances, with the persistence of the securitization of drug trafficking and with a huge number of imprisoned people, largely fueled by the prohibitionist logics of drug laws. Just as important, cannabis continues to serve as a vector of criminalization for the poor and vulnerable population, even in contexts of advancing medical and even adult regulation of this drug.

It is certain, however, that cannabis is gradually being inserted into the founding characteristic of international drug control, which is not that of prohibitionism and safety, but that of health and capitalism (Pereira 2021). The emergence of the new global cannabis market is an expression of this belated repositioning of the plant in the logic of profit as a commodity, where countless other drugs have been since their discovery or invention.

Cannabis was valued in the 20th century as one of the worst and most dangerous internationally controlled drugs. If it is changing status, why should some countries continue to ban cannabis while others profit from its production and trade? Contemporary changes attest to the stereotype of “marijuana” propagated by US drug czar Harry Anslinger, that this plant “is a drug that causes insanity, criminality, and death — the most violence-causing drug in the history of mankind” (apud. Gerber 2004), is increasingly outdated. Cannabis case exposed the obvious that was hidden under its prohibitionist hegemony: the definition of the dangerousness of drugs is variable in time (changes in regulations/perceptions about cannabis over time) and in space (diversity of regulations/perceptions about cannabis in the space). That is, the type of control over a drug is a political decision.

The CND’s decision to reschedule cannabis at the 1961 UN Single Convention on Narcotic Drugs must be evaluated as a break in the hegemony in relation to cannabis control, reflected in the position and international disputes around this topic by countries, which reflects new values, understandings and interests regarding cannabis based on a health-safety binomial and connected to capitalism. This does not mean overcoming the repressive and violent orientation towards cannabis as a whole, but a more flexible approach to the use of this drug in certain contexts and purposes (medical/scientific).

Cannabis was one of the main drugs targeted by international prohibitionism. And, therefore, by moving it into the structure of drug control, the prohibitionist hegemony is shaken. This is evident, for example, in the broad debate that the





changes in relation to cannabis have provoked on the need to update or transform UN international drug conventions (see, for example Walsh and Jelsma 2019). As stated in the joint letter of prohibitionist orientation, signed by 30 countries and led by Russia, in the context of the vote on the reclassification of cannabis in the CND in 2020: this change “will weaken the integrity of the international drug control regime”. In other words, it will weaken the “Vienna Consensus”, the prohibitionist hegemony.

The counter-hegemony to cannabis prohibition is giving rise to new forms of control and government over this plant at the countries’ domestic level and also at the international level. Several actors make up the scenario for the evolution of this process and seek to influence it according to their interests. Countries that have historically been promoters of cannabis prohibition, such as the United States, are redefining their role in the process of controlling this plant. Articulated to the States are the capitalist interests of relevant actors guided by the pursuit of profit, such as the corporations that operate this emerging market. The impacts of these non-state actors in conjunction with state apparatuses still needs to be investigated in depth.

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