Latin America's New Discourse towards Drug Policies The Role of Cannabis Legalization in Uruguay

"The traditional approach hasn't worked. Someone has to be the first [to try this]"

José Mujica, former president of Uruguay



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Introduction

In December 2013, Uruguay became the first country in the world to fully legalize cannabis¹, regulating all processes from the possession, growth, and distribution of the plant. As a breakthrough in the international drug control regime, it reflects the rapidly shifting paradigm towards drug policies in Latin America. The international and mostly U.S. led attempt to eliminate the production, transport, sale and consumption of so-classified illicit drugs, or narcotic and psychotropic drugs, has been for several decades an important dynamic in the relations, movements and conflicts across all of the Americas. The social and human costs have been very high and an increasingly larger amount of activists, politicians and researchers have spoken out against this often called 'war on drugs' and have sought for alternatives to avoid the costs paid by society. These alternatives mostly focus on cannabis, the most consumed illicit² drug worldwide (UNODC: 2014, 41). Accordingly, this paper will mostly limit its scope on the specific role of cannabis. Though the prohibitionist model continues to prevail in the region, an increasing amount of countries have decriminalized cannabis and the reform debates in the region have gradually gained legitimacy and importance in the past few years. Due to the importance and impacts that these transnational trends have in the region, this paper will assess what role the legalization of cannabis in Uruguay has played in the discourse towards drug policies in Latin America. The objective of this study is to analyze the Latin American paradigm shift away from prohibitionism and towards the regulation of cannabis as an alternative to the war on drugs and, in such context, the decreasing hegemony of the U.S. in the region. The case study, more specifically, will look at the transnational effects that Uruguay's decision has had in the region to reinforce these trends.

Academic literature on the topic is very large and the topic has regained much focus in recent years due to the quickly changing dynamics and uncertainties. Since Latin America has only recently, especially since 2009, taken over the leadership in this field, the topic is fresh and dynamic. The case of Uruguay is even

¹ The Cannabis plant is a genus of herbs with different species, the most commonly known one being marihuana, which is characterized by its psychoactive and physiological effects.

² Illicit according to the UN conventions on drugs, see paragraph 1.1.1

more recent (2013) and scholars have been very eager to analyze its implications, especially at the international level. Though Uruguay has received much attention and reputation internationally, the new law (19.172) had been preceded by important international debates, which urged precisely for that what Uruguay did, namely the experimentation of new models of legal regulation of drugs (see paragraph 1.3.1.). The rising debates in the region have especially been involved in this issue by addressing the social and human costs of the prohibitionist model as the presence of criminal drug traffickers and organizations in the region have generated a lot of violence and corruption and cost many human lives. With an emerging human rights and harm reduction approach, Latin American leaders have spoken out in favor of reforms. With the reform debate gaining centrality in the regional agendas, Uruguay made use of the situation to become the first country in the world to legalize cannabis and is since then under close watch of the international community, which hopes to find valuable lessons from the successes or failures of such experimental legalization model. The transnational relevance of drug policies is evident, since their effects and influences will always transcend borders and therefore require a strong transnational cooperation as the production, sale, and transport of drugs generally crosses many borders and consumer markets across the region. Hence, this paper will bring a transnational perspective into the discussion by analyzing the role of this specific case in the broader Latin American discourse toward drug policies.

Firstly, there will be an overview of some of the most relevant literature and academic debates on the topic, introducing key concepts, discussions and ideas within the larger framework of the case study. These include the description of the International Drug Control Regime, the debates on the social costs and benefits of legalizing cannabis, and the analysis of the shifting power relations in the Americas. Chapter II then follows with a more detailed historical context by looking at the rise and decline of cannabis prohibition in the Americas and its counter-movements. Subsequently, the analysis will look at how Uruguay's legalization of cannabis has played an important role Latin America's current discourse towards drug policies. Lastly, this paper will present an overview of the main conclusions drawn from the analysis.

I. The Role of Cannabis Internationally, in the Americas, and in Scholarly Debate

In most countries in the world and in the Americas, a prohibitionist approach towards cannabis regulation has prevailed for several decades. Currently, however, increasingly more governments are opting for alternatives away from such approach, towards the decriminalization of the drug and even its legalization. This chapter will give an introduction to the international legal framework on drug policies, the academic discussions on the social costs and benefits of cannabis legalization, and the shifting paradigms in the Americas regarding the drug reform debates.

1.1. The Role of the International Drug Control Regime

1.1.1. UN Conventions on Drugs and Cannabis

For an effective prohibition of cannabis and other illicit drugs, the international community saw the need for global cooperation and has therefore been developing the international drug control regime since 1912³, a system that has been dictating the rules and policies on a global level. Currently, there are three UN drug control conventions in place, defining the international standards that domestic policies should apply regarding the production, manufacture, export, import, distribution of, trade in, use and possession of a range of drugs: The 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. In all of these conventions, cannabis or its compounds have been scheduled in the categories of the most dangerous drugs with little or no therapeutic value, representing a threat to public health. Graph 1, below, illustrates the different Schedules under these conventions, cannabis being in Schedule I and IV of the 1961 convention and Table 1 of the 1988 one, and THC⁴ being in Schedule IV of the 1971

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³ Further details about the history of drug prohibitionism can be found in subsection 2.1

⁴ THC stands for Tetrahydrocannabinol, the main psychoactive compound in cannabis and is often used by pharmaceutical industries, especially in its purer chemical formulation, dronabinol (Bewley-Taylor *et al.*: 2014, 26).

convention. Due to the global scope and important socio-economic and political impacts these conventions have had, especially in the Americas, there exists a large body of literature targeting these treaties, criticizing their flaws and incongruences, and often appealing to policy makers to take alternative routes (Barra: 2015, Bennet and Walsh: 2014, Swift *et al.*: 2000). In an extensive report on the history of cannabis

Graph 1. Schedules under the UN drug control conventions.

1961 Single Convention on Narcotic Drugs

SCHEDULE I SCHEDULE II SCHEDULE III Substances that are highly Substances that are less Preparations containing addictive and liable to addictive and liable to low amounts of narcotic abuse, and precursors abuse than those in drugs, are unlikely to be readily convertible into abused and exempted from Schedule I drugs similarly addictive (e.g. codeine, most of the control and liable to abuse dextropropoxyphene) measures placed upon the (e.g. cannabis, opium, drugs they contain (e.g. <2.5% codeine, heroin, methadone, cocaine, coca leaf, oxycodone) <0.1% cocaine) SCHEDULE IV Certain drugs also listed in Schedule I with "particularly dangerous properties" and little or no therapeutic value (e.g. cannabis, heroin)

1971 Convention on Psychotropic Substances

SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
Drugs presenting a high risk of abuse, posing a particularly serious threat to public health with little or no therapeutic value (e.g. LSD, MDMA, cathinone)	Drugs presenting a risk of abuse, posing a serious threat to public health, which are of low or moderate therapeutic value (e.g. dronabinol, amphetamines)	Drugs presenting a risk of abuse, posing a serious threat to public health, which are of moderate or high therapeutic value (e.g. barbiturates, buprenorphine)	Drugs presenting a risk of abuse, posing a minor threat to public health, with a high therapeutic value (e.g. tranquillizers, Including diazepam)

1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

TABLE I	TABLE II
Precursors of psychotropic substances, such as ephedrine, piperonal, safrole, phenylacetic acid, lysergic acid; and a few key reagents such as acetic anhydride used in the conversion of morphine into heroin and potassium permanganate used in the extraction of cocaine	A wide range of reagents and solvents that can be used in the illicit production of narcotic drugs and psychotropic substances, but also have widespread licit industrial uses, including acetone, ethyl ether, toluene and sulphuric acid

Source. Bewley-Taylor, D., T. Blickman, and M. Jelsma: 2014, 23

in the UN drug control system, Bewley-Taylor, Blickman and Jelsma analyze the rise and decline of cannabis prohibition and lay out options for reform. They point out the dubious reasons cannabis was scheduled amongst the most dangerous and medically non-useful drugs due to the pressure of some powerful stakeholders such as the U.S. and explain how the treaties have been facing increasingly higher tensions between the political ideologies and the scientific evidences of the therapeutic values of the plant (2014). Since 1989, the UN World Health Organization (WHO) expert committee has repeatedly acknowledged the therapeutic value of THC and recommended its rescheduling to less stringent classifications, even to schedule IV of the 1971 convention, but has only achieved to push for a transfer of dronabinol to Schedule II in 1991 (26).

1.1.2. The Three Main Legal Approaches for Cannabis Regulation

Drug policies are not always straightforward, especially for the regulation of cannabis, differing in what degree, circumstances, or purposes it is forbidden or allowed. The three main pathways are prohibition, decriminalization, and legalization (Arrarás and Bello-Pardo: 2015, 174). The first one has been the prevailing choice of policy worldwide and throughout the Americas, prohibiting or banning the production, sale, possession and consumption of the drug and treating all of these acts as crimes. As an alternative to the prohibitionist model, a growing number of countries (and individual states) have opted for less severe models while still adhering to the international drug treaties by exploring the scope and limits of these. The most common practices after the prohibition are the legalization for medical or scientific research and the decriminalization of use and possession of small amounts, which are then treated as civil instead of as criminal matters. Boister explains the rationale countries use for such decriminalization: while none of the UN conventions requires the drug consumption to be a punishable offence, they do require the possession to be criminalized. The loophole is, however, that it "does not appear that article 36(1) [of the 1961 Convention] obliges parties to criminalize possession of drugs for personal use" (2001, 81). Finally, there is the option of full legalization of all aspects of the cycle from production to sale and consumption, Uruguay, Colorado and Washington being the first places in the world to do so. Nonetheless, their approaches differ

significantly. While Colorado and Washington on the one hand have adopted a "free market legalization" model with very limited state restrictions on the production and possession of the products (Pardo: 2014, 733), Uruguay, on the other hand, has decided for a "legalization and regulation" model by carefully regulating every step and setting precise limits on the production and purchase of cannabis for each individual or group (Arrarás and Bello-Pardo: 2015, 174). Subsection 3.1 will explain this model in more detail.

1.2. Social Costs and Benefits of Cannabis Legalization

1.2.1. Therapeutic Values of Cannabis & the Harm Reduction Approach

Academic debates on the legalization of cannabis typically discuss on the one hand the positive or negative health effects of the drug on individuals and on the other hand the effects that legalization would have on society as a whole, regulating it like other drugs such as alcohol and tobacco. Regarding the health effects, the scientific community is relatively divided. Some point towards the damaging long-term effects on the brain and lungs, especially on minors, and the high potential for addiction (Mönckeberg: 2014, 233-235, Venegas: 2014, 655-656), while others emphasize its therapeutic values, including (chronic) pain relief, glaucoma remedial as well as cancer and AIDS treatment (Callado: 2012, 79-82). It has been recognized, nevertheless, that cannabis has much lower levels of toxicity than alcohol and tobacco and that there are no known cases of death or overdoses related to cannabis (Callado: 2012, 83), which is an argument that has been frequently used in favor of the legal regulation of such drug. Furthermore, from a health perspective, the harm reduction approach has increasingly been used, which views prohibitionist drug policies as more harmful than the drug use itself. If a drug is legalized, or at least decriminalized, users can be treated as patients and not as criminals, because "the public health consequences of the application of the criminal law against cannabis users may be at least as significant as those that flow directly from cannabis use itself" (Swift et al.: 2000, 106). In 2001, Portugal experimented with such harm reduction approach and decriminalized the use of all (previously illicit) drugs, thereby offering treatments to consumers who did not need to fear criminal prosecution anymore. According to a

report by the Cato institute, the measure accomplished to decrease consumption and drug-related diseases and death cases as well as increasing the attendance to treatment programs, concluding that "the data show that, judged by virtually every metric, the Portuguese decriminalization framework has been a resounding success" (Greenwald: 2009, 1).

1.2.2. Human Rights & Peace Perspectives towards Drug Legalization

Literature from Latin America discussing the legalization of cannabis or other drugs clearly reflects a growing human rights and peace based approach towards drug polices as the region has been strongly hit by the collateral effects of the war on drugs on socio-political aspects. Urging for a new paradigm, Vergara assessed the failure that the combat against drug traffickers has been all around Latin America, despite the large investments and decades of struggles. Since the 1990s, while the big drug trafficking organizations (DTOs) were being cracked down, these have been fragmenting into smaller cartels to survive with the same effectiveness in delivering their services to the continuous demand for illicit drugs in the U.S. and the rest of the Americas (2015, 118). Furthermore, these have been constantly displacing to new and secure places after being found by the authorities (the so-called "balloon effect" (126)). Power conflicts between criminal drug organizations and public authorities have led to increased violence (127), as was the case in the Mexican drug war where an estimated 70.000 people died from 2006 to 2012 (Rosen and Zepeda: 2015, 97). Fonseca and Pestana illustrate the problems that these organizations can cause on democratic governance with the case of Honduras, the "most violent, non-warring country in the world", where "drug trafficking has become an important source of revenue for corrupt officials and security personnel, undermining Honduran political will to combat [DTOs]" (2015, 119). Hence, in order to reduce the criminality, corruption and violence rates and to avoid the excessive power accumulation of drug traffickers, reformists suggest the legal regulation as an alternative for the state to take the power away from criminal organizations and focus on the public health of the population (Barra: 2015, 91-92). Some studies have already linked the implementation of medical marijuana laws in some U.S. states with the decline in violence related to DTOs in Mexico (Gavrilova et al.: 2015, 27-28) and expect a

significant loss of profits for cartels thanks to the recent legalization in some states (Kilmer *et al.*: 2010, 43-45). Other scholars warn, though, that criminal organizations are seeking other criminal activities to maintain their power and therefore need to be addressed not only by drug reform (Watt and Zepeda: 2015, 230). Furthermore, human rights advocates condemn the punitive approach towards drug consumers, the un-proportional sentences and the accordingly excessive imprisonment rates: "Throughout the region, cannabis smokers in particular are stigmatized and harassed by the police, and many people are in prison for growing or simple possession of cannabis. [...] The weight of the law comes down on a specific part of the population: people with little education and scant resources, who are either unemployed or holding down informal-sector jobs." (Metaal and Youngers: 2011, 6). Thus, a more humane approach is encouraged that does not come down hard on disadvantaged population sectors and offers assistance instead.

1.3. Shifting Paradigms in the Americas in the Drug Debate

1.3.1. Latin America's Regional Leadership in Drug Policy Reforms

The current drug reform debates have been reflecting the shifting power relations in the Western hemisphere, characterized by a strengthened role of Latin America vis-àvis the declining U.S. influence in the region. "The frustration with the failure of the U.S. 'war on drugs' approach and the collateral damage left in its wake has grown across the region at a time when U.S. influence is steadily declining" (Youngers: 2015, 21). In 2012, Armenta, Metaal, and Jelsma highlighted how Latin America is progressively moving away from the war on drugs, "clearly taking the lead on drug policy reform [...]. A historical breakthrough is in the making" (2012, 14). This regional leadership has had significant impacts in recent years on the paradigm shift in the Americas, in which both former and sitting Latin American presidents have actively participated. In 2009, the Latin American Commission on Drugs and Democracy, led by former Brazilian president Cardoso, former Colombian president Gaviria, and former Mexican president Zedillo, published a report called *Drugs & Democracy: Toward a paradigm shift*, condemning the war on drugs as a failure and advocating for open debates, arguing that "the in-depth revision of current drug

policies is even more urgent in Latin America in light of their enormous human and social costs and threats to democratic institutions" (7). Two years later, in 2011, they came together again with the additional support of Vargas Llosa, Kofi Annan, and other influential people, and created the Global Commission on Drug Policy, reinforcing the debate and explicitly "encourag[ing] experimentation by governments with models of legal regulation of drugs (with cannabis, for example) that are designed to undermine the power of organized crime and safeguard the health and security of their citizens" (11). Hereby, the "drug policy debate had taken off and was front and center on the regional agenda" (Youngers: 2015, 21). Meanwhile, Bolivia's president Morales denounced in 2009 the UN conventions regarding the ban of the coca leaf, a traditionally important plant in the Andean region. After the attempt to amend these laws failed, Bolivia exited the convention in 2012, but re-acceded with special rights in its territory on coca leaf production and consumption (Bewley-Taylor *et al.*: 2014, 61-2).

1.3.2. Growing, but Incomplete, Consensus Amongst Latin American Leaders

Though the general atmosphere has moved toward open discussions on drug reforms, diverging opinions still remain within Latin America. The first sitting president in Latin America to openly support the idea of drug reform was Colombian president Juan Manuel Santos, who in 2011 stated that "if the world considers that legislation is a solution I would gladly go along with that. I can understand the benefits, and I can understand the arguments" (Rathbone and Mapstone). Soon after, Guatemalan president Otto Pérez Molina also expressed his accordance towards the idea and tried to bring his Central American counterparts into the discussions for future meetings (Youngers: 2015, 23). As a result of Santos' and Molina's lobbying efforts in the sixth hemispheric presidential summit in 2012 in Cartagena, Colombia, "the presidents were tasking the Organization of American States (OAS) with producing a report analyzing the results of present policies and exploring more effective alternatives" (23). By 2013, the OAS published the expected report, reinforced the debate toward the need for reform like the 2009 and 2011 reports mentioned before,

and presented four future scenarios⁵ for the drug problem in the Americas in order to encourage the debate and "provide a useful starting point for helping our leaders and, ultimately, our peoples establish collective and sustainable roadmaps within the diversity of approaches" (The Drug Problem in the Americas 9). The reactions to the OAS report in 2013 reflected well the differences amongst Latin American leaders, as mentioned above. While Uruguay, Colombia, and Guatemala embraced the report for further debate, Nicaragua, Venezuela, and Peru were more resistant. Brazil and Mexico, meanwhile, kept a more cautious position at first, though later Mexico adopted an important leadership role in the regional debate and within the United Nations (Youngers: 2015, 25). Before Uruguay fully legalized cannabis in December 2013, Bolivia, Colombia, Honduras, Costa Rica and Guatemala were still applying a fully prohibitionist approach towards cannabis, while Brazil and Ecuador were pending decriminalization, Chile, Venezuela and El Salvador had it partially decriminalized, and Argentina, Uruguay, Paraguay, Peru and Mexico had the possession of small quantities⁶ fully decriminalized (Transnational Institute: 2015). Chapter III will look further into how Uruguay's decision has influenced Latin America's discourse toward drug policies.

⁵ "Together, Pathways, Resilience, and Disruption." The legal regulation of cannabis is suggested in some of these scenarios by the OAS Scenario Team

⁶ The definition of small quantities of cannabis can range from 2 grams like in El Salvador, 5 grams in Mexico, 8 grams in Peru and 10 grams in Paraguay (Transnational Institute: 2015).

II. The History behind Cannabis Prohibition and its Countermovements

Cannabis has been used for centuries for religious and medicinal purposes in some parts of the world, while its use was rare in Western societies until the 20th century. Followed by the international cooperation that the ban on opium brought about, the scope of the international legal discussions soon included cannabis into the list of prohibited drugs. This chapter will dig deeper into the history of cannabis prohibition, the reasons behind it, and the recent counter-movements in favor of legalizing the drug fully or at least for medicinal uses. For this purpose, the war on drugs, the changing role of the U.S., and the progress of Latin American regional cooperation will also be analyzed.

2.1. The Rise and Decline of Cannabis Prohibition

2.1.1. The Constructed Image of Drugs and its Perception

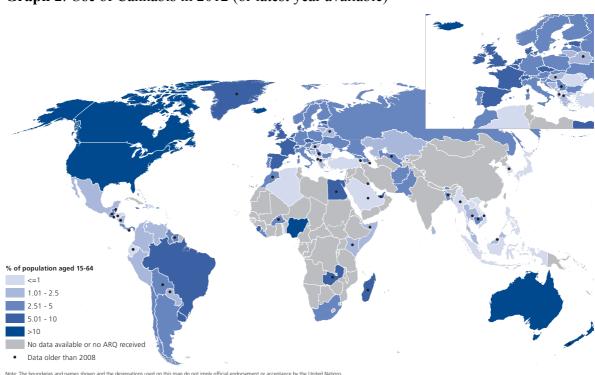
In 1912, the Hague Opium Convention established for the first time guidelines for internationally coordinated drug control. Though it was focused on the ban of opium, some delegations introduced the discussions on cannabis regulation and some first regulatory strategies were incorporated. "Many delegates were bewildered by the introduction of cannabis into the discussions. Pharmaceutical cannabis products were widespread in the early 20th century and the participants had no substantive knowledge, due to lack of statistics on international trade or even a clear scientific definition of the substance" (Bewley-Taylor et al.: 2014, 13). The use of cannabis is a relatively recent phenomenon in most Western societies and, at the time when the prohibitionist paradigm was being pushed forward, most countries had no experience with the drug and no regulatory model in place until the Hague Opium Convention started pushing many into a prohibitionist direction (11-14). In several African and South Asian societies such as Egypt and India, however, the use dates back many centuries and has been integrated into some religious and cultural traditions (9). It is considered that the plant entered the Americas with the arrival of African slaves in the 16th century in Brazil, where the white colonial elite then associated the drug with

lower classes, slaves, and criminals, considering it as primitive custom incompatible with their "civilized" life style (10). Similarly, the U.S. elite has demonized cannabis based on certain racial and social associations, especially under the powerful international influence of Harry Anslinger, who headed the Federal Bureau of Narcotics from 1930 to 1962 and lobbied towards an international prohibitionist paradigm and the first UN Convention on drugs in 1961 (Gerber: 2004, 4-16). In 1937, pushing towards federal prohibition, Anslinger explicitly stated: "Most marijuana smokers are Negroes, Hispanics, jazz musicians, and entertainers. Their satanic music is driven by marijuana, and marijuana smoking by white women makes them want to seek sexual relations with Negroes" (9). As explained in paragraph 1.1.1, the UN Conventions on drugs of 1961, 1971, and 1988 then embedded such prohibitionist paradigm into international law backed by political pressures rather than scientific evidence.

2.1.2. From Prohibition to Popularity?

Ironically, as Bewley-Taylor et al. point out, "these efforts at the UN aiming to reduce and ultimately eliminate cannabis "abuse" coincided with its growing popularity and increasingly widespread use; a trend that was closely associated with emerging countercultural movements within many Western countries, including the U.S., during the 1960s" (2014, 4). Soon enough, cannabis shook off its previous marginal associations and became integrated into mainstream culture in many countries throughout the world (8). According to the United Nations Office on Drugs and Crime (UNODC), it is the most consumed illicit drug worldwide, with 125 million to 227 million users, between 2.7 and 4.9 per cent of the world population aged 15-64 (2014, 41). Graph 2, below, illustrates the use of cannabis per country. With the increased scientific research in the past decades on the plant, the perception has shifted, acknowledging its low risks and therapeutic values (see paragraph 1.2.1.). In the U.S., for example, support for legalization grew from 12 per cent in 1969 to 58 in 2013 (Swift: 2013). Throughout Latin America, the polls reflect that the majority still opposes legalization, but strongly endorses its medicinal uses: In Mexico, 72% oppose legalization, while 73% favor its medicinal use (Centro de Estudios Sociales y de Opinión Pública: 2014), in Chile, 52% and 86% respectively (Cadem: 2014), and

in Uruguay it is 58% and 74% (Powell: 2013). Even though several countries in Latin America have decriminalized the possession of small quantities, the support for medicinal marihuana had not translated into concrete policies for such purposes until Uruguay legalized it. Subsection 3.3 will show the measures that some governments took afterwards.



Graph 2. Use of Cannabis in 2012 (or latest year available)

Source. UNODC. Web. http://www.unodc.org/wdr2014/

2.2. War on Drugs in the Americas

2.2.1. U.S. Hegemony in the International Drug Control Regime

When digging into the dimensions of the international drug control regime, it is unavoidable to address the so-called war on drugs. The term came to use since 1971 when Richard Nixon, former U.S. president officially declared the 'war on drugs' under the reasoning that the consumption and trafficking of illicit drugs represented a threat to national security. It is estimated that the costs of the forty-year war has reached approximately \$1 trillion (drug policy alliance: 2014) and has had an

enormous influence in Latin America, the target area for the U.S. to combat drugs. According to Castells' analysis, "Latin American-based drug traffic is an essential component of American crime, to the point that U.S. policy toward Latin America is dominated by the obsession to fight drugs traffic at the point of supply. This is an impossible task, but one that has entirely transformed U.S. – Latin American relations from old-fashioned imperialism to hysterical pursuit of a vanishing enemy, which, in its repeated escapes, blows up entire political systems" (1998, 195). Since the 1990s, an extensive body of literature has emerged, especially in the U.S., criticizing and condemning the war on drugs, particularly for its harmful impacts in Latin America (Duke and Gross: 1993, Youngers and Rosin: 2005, Loveman: 2006) and for the excessive militarization of the U.S. operations in the region (Isacson: 2005). In a recent compilation of scholarly articles on 'Cooperation and Drug Policies in the Americas', it is emphasized that the over-arching argument of the book is that "so much of the past efforts in the war on drugs have lacked 'true' cooperation. Instead, as the main provider of support and resources, the United States has dictated the agenda and conditions of drug policies, focusing on bilateral initiatives" (Zepeda and Rosen: 2015, xvi).

2.2.2. U.S.' Decreased Credibility and Influence in Latin America

While the U.S. has been promoting the war on drugs internationally, the trends at the domestic level were increasingly contradicting such stance. Surveys have shown the changing attitudes of the American population, opening up to the legalization of cannabis, with 58 per cent in favor in 2013 as opposed to the 12 per cent in 1969 and the 31 per cent in 2001 (Swift: 2013). In November 2012, Colorado and Washington State passed their ballot initiatives approved by the majority of the voters, thereby fully legalizing cannabis. In November 2014, Alaska, Oregon and Washington D.C. also passed such ballots. Furthermore, over 21 states have decided to allow the use of medical marihuana and 14 have decriminalized its possession since 1996 (Bewley-Taylor *et al.*: 2015, 54). Despite the growing number of changing state laws, cannabis remains illegal under federal law. Though the Obama administration announced that it would not enforce these federal laws on the states that passed the legalization bills in order to respect their sovereignty, the federal government maintains its prohibitions

approach abroad. Due to such incongruence, the U.S. has suffered a loss of moral authority and integrity in the combat against drugs. In April 2014, Colombian president Santos declared in an interview: "How do I explain to a peasant in Colombia that I have to put him in prison for growing marijuana when in Colorado or in Washington state, it's legal to buy the same marijuana?" (De Córdoba: 2014), and Mexican president Peña Nieto also made hints to the inconsistency of U.S. domestic policies with regional ones: "Once California has permitted recreational marijuana, maintaining the ban in Mexico won't be sustainable" (Graham: 2014). In addition to its lost credibility in the region, U.S. foreign policy has been shifting its focus since the terrorist attacks of 2001, concentrating on the Middle East and the war on terrorism, and recently also to the influential Asian economies, leading to a decreased interest and presence in Latin America "as the fast shrinking funds for Plan Colombia and the Mérida Initiative clearly show" (Horwitz: 2015, 200). All in all, the decreased credibility and presence of the U.S. in the region since 2001 help explain Latin America's increased leadership in drug policy reforms. The next subsection will expand more on the history of regional cooperation.

2.3. Latin America's Regional Cooperation and the Role of Drugs

2.3.1. Why the Desire for Self-Determination has Prevailed Over the Interest in Regional Cooperation in Latin America

The common historical background of European colonialism throughout the Americas has had significant consequences in the cooperative attitudes of these countries. Ever since independence, Latin American and Caribbean (LAC) states have sought for regional unity and cooperation, whilst also protecting their sovereignty and right to self-determination (Horwitz: 2015, 199). After independence, the cooperative spirit was however quickly replaced by an environment of mutual distrust due to the numerous territorial disputes and wars between states in addition to the frequent civil wars. Though most took place in the 19th century, the 20th century also witnessed several wars and diplomatic disputes, the last one being as recent as 1995 between Ecuador and Peru, known as the Cenepa War. Furthermore, the processes of subregional integration that emerged mostly since the 1980s have divided LAC states

into different ideological blocks, having MERCOSUR, Alianza del Pacífico, the Andean Community, and the Bolivarian Alliance for the Peoples of Our America, amongst other blocs, seeking for increased regional authority and global influence. However, when assessing the main difficulties that these processes of regional integration face, Rueda-Junquera points out the continuing reluctance of LAC states to share sovereignty in order to prioritize national objectives (2009, 66). Horwitz argues that "overall, LAC authorities seem to prefer multilateral forums with limited scope, narrow obligations, and vague goals. In essence, when looking for ways to act multilaterally, LAC states seem to prefer a wide range of instruments that require no major commitments. This is why as a rule, the Inter-American system tends to be unruly and ineffective, and it is so by design" (2015, 216).

2.3.2. Drugs and their Threat to Democracy: Reasons for Latin American Unity?

Drug policies are a political concern that affects the entire Western hemisphere and cannot be confined to individual states. Since drug trafficking and organized crime are transnational phenomena almost by definition, transcending borders and displacing their operations across states when necessary, drug policies require coherent multilateral and regional cooperation to effectively resolve the problems (Zepeda and Rosen: 2015, xvi). Therefore, the question is whether the drug problems, and the corresponding security threats that these represent for the region, are reasons compelling enough for LAC states to unite. More recently, the Union of South American Nations (UNASUR) and the Community of Latin American and Caribbean States (CELAC) are attempts to deepen South American and Latin American integration. In the case of the latter, it is clear that it was created to strengthen its geopolitical role vis-à-vis the powerful North, as the U.S., Canada, and the European enclaves are excluded from the bloc (Vivares et al.: 2012, 32). In addition to the geopolitical reasons, though, these blocs seem determined to find more concrete reasons for further unity and a common security approach has been one of them, especially under decreasing U.S. influence: "LAC societies are realizing that they do not need the United States to start changing the drug paradigm" (Horwitz: 2015, 207). An especially compelling argument Latin American leaders are acknowledging for uniting against the drug problems is the threat that illegal DTOs frequently represent to democratic governance throughout Latin America and the Caribbean. More and more Latin American leaders advocated for a new drug paradigm (see paragraph 1.3.1.) and in 2009, the Latin American Commission on Drugs and Democracy particularly emphasized how "some of the powers responsible for maintaining order and structure have been co-opted by organized crime, and the corrupting power of drug money penetrates all levels of public authority and corrodes the basis of democracy" (38). Taking power away from criminal hands has been one of Uruguay's arguments justifying the legalization of cannabis. The following chapter will analyze this new experimental model, the motives behind it, the domestic and international reactions and repercussions and the role it plays in Latin America's new discourse towards drug policies.

III. "Uruguay Regula": The Rationale, Obstacles and Regional Role of Cannabis Legalization in Uruguay

Despite the growing academic literature and public opinions advocating for drug reforms, political action has been limited. In December 2013, the Uruguayan government took the bold step of challenging the *status quo* and becoming the first country in the world to fully legalize cannabis. This chapter will analyze the rationale behind the decision, its domestic and international obstacles, and repercussions in the region. Moreover, it will assess in detail the role that the cannabis legalization in Uruguay has played in Latin America's new discourse towards drug policies.

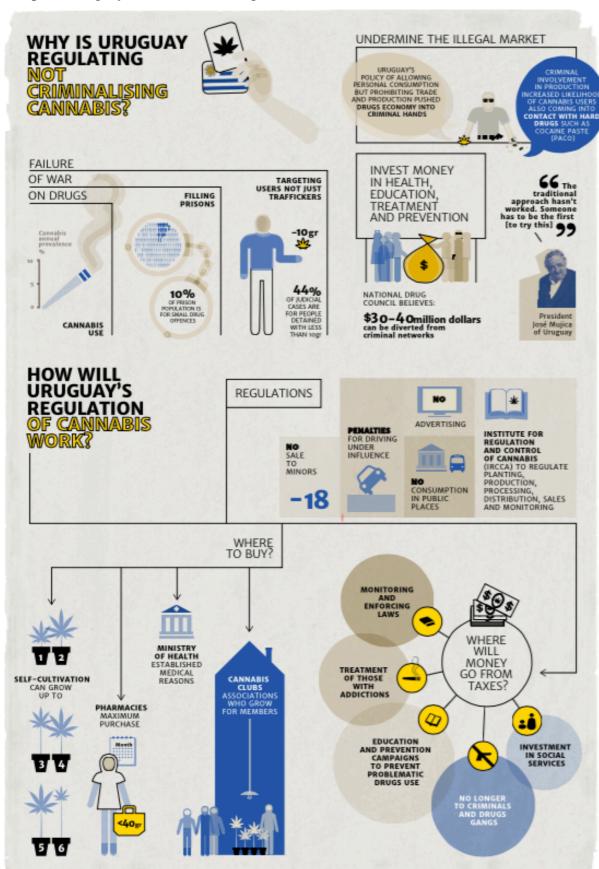
3.1. Uruguay's Rationale behind the Legalization of Cannabis

3.1.1. State Regulation vs. Black Markets

"The traditional approach hasn't worked. Someone has to be the first [to try this]" were José Mujica's words regarding the government's decision to legalize cannabis (Bewley-Taylor et al.: 2014, 7), the primary justification therefore being the failure of the war on drugs. Graph 3, below, offers an overview of why and how Uruguay is regulating cannabis. In short, Law 19.172 grants three legal possibilities to access cannabis: (1) self-farming, meaning that a registered individual may grow up to six cannabis plants and up to 480 grams per year, (2) registered cannabis clubs⁷, which can grow each up to 99 plants, allow between 15 and 45 members, and can only supply each member with up to 480 grams per year, (3) state-run pharmacies, where each registered customer may purchase up to 40 grams of government-licensed cannabis per month. For all of these alternatives, the consumers need to be 18 years or older, of Uruguayan citizenship or residence, not use it in public spaces, and be registered at the regulating government agency Instituto de Regulación y Control de Cannabis (IRCCA) (Asamblea General: 2014). As explained in paragraph 1.1.2, the Uruguayan government is thereby adopting a "legalization and regulation" model by monopolizing the control over all of the processes, instead of setting the rules for a

⁷ 'Cannabis clubs' are membership associations where the service is exclusively provided to registered members.

Graph 3. Uruguay's Model for the Legalization of Cannabis



Source. Bewley-Taylor, D., T. Blickman, and M. Jelsma: 2014, 7

free market model like in Colorado and Washington State. Moreover, the government followed the rationale discussed in paragraph 1.2.2 of undermining the illegal market by taking the trade and production away from criminal hands, as well as avoiding that cannabis users come in contact with more harmful drugs from those markets, such as cocaine paste $paco^8$. The government announced that one of its strategies to combat the black market would be the effective competition with the street prices by selling the cannabis at a lower price, hinting at an initial price of \$1 a gram (Goni: 2013). In addition, the initiative aims to increase tax collection and invest these earnings in the monitoring and enforcement laws, the treatment of those with addiction, education and prevention campaigns to prevent problematic drug use, and other social services (Arrarás and Bello-Pardo: 2015, 180).

3.1.2. Human Rights & Security

Furthermore, the Uruguayan government has defended its initiative from a human rights and security perspective. According to Repetto, the project for cannabis regulation was presented for the first time in June 2012 as an issue of national security by the Uruguayan security cabinet due to the violence generated by the narcotrafficking and the growing civil demands for better security (2014, 13-14). Policy makers then started incorporating the perspectives of other stakeholders such as social organizations and the press who linked the issue also to public health and consumer rights (17-19). Raymond Yans, the president of the International Narcotics Control Board (INCB), which is responsible for the monitoring and support of governments' compliance with the international drug control treaties, accused the Uruguayan government of adopting a "pirate attitude" regarding the UN conventions (Bewley-Taylor *et al.*: 2014, 36). Luis Porto, Uruguay's Vice-minister, then justified to the INCB the new law based on its particular interpretation of the treaties: "given two possible interpretations of the provisions of the Convention, the choice should be for the one that best protects the human right in question, as stated in Article 29 of the

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⁸ In the Argentinean and Uruguayan drug markets, Pasta base de cocaina (PBC) "is defined as the residue from the manufacturing of cocaine hydrochloride. This final stage of processing may leave a residue that is sold as paco" (2006, 5) and is related to dangerous health risks for consumers (10).

American Convention on Human Rights". Hence, he argues "that production and sale in the manner prescribed in the new law may be the best way, on the one hand, to combat drug trafficking, and on the other, to defend the constitutionally protected right to freedom of our fellow citizens" (59).

3.2. Domestic and International Obstacles to the Project

3.2.1. Domestic Challenges to the Survival of the Project

Though the measure has been praised by drug reform advocates all over the world, there have been and continue to be internal obstacles and disputes. Firstly, there have been doubts whether the state control of all processes and users is the most appropriate model for legalization: "Given privacy concerns, questions remain regarding the willingness of those who grow at-home or seek to acquire cannabis by registering with the government" (Pardo: 2014, 734). The main obstacle, however, is the weak support. According to a survey conducted by the consultancy firm CIFRA, 61 per cent of the Uruguayan population opposes the new law regulating cannabis, 28 is in favor and 11 does not have an opinion (2013). Graph 4, below, also based on CIFRA's surveys, illustrates the diverging opinions on the cannabis regulation according to voting preferences. Among the supporters of Mujica's party Frente Amplio (Frentistas), 47 per cent favored the measure and 40 opposed it, while the supporters of the two biggest opposition parties, Partido Nacional (Blancos) and Partido Colorado (Colorados), were strongly against it, 85 and 87 per cent respectively. The first major obstacle that this divergence amongst the electorate meant for the project were the presidential elections in October and November 2014, almost one year after the law was passed, as opposition leaders were threatening to reverse the new cannabis laws if they were to win (Haberkorn: 2015). In the end, Tabaré Vázquez, the successor of José Mujica, won the elections with 56.62% of the votes in the second round. The project therefore finally counted with long-term political support to be implemented. Around 15 cannabis clubs and almost 2000 domestic growers have registered at the IRCCA and, though the pharmacy sales were scheduled for early 2015, the new government rescheduled these for the end of the year stating that they had no hurry to do so (Delgado: 2015). Cannabis clubs and

domestic growers, however, cannot sell to the public. Respectively, there have been concerns and complains expressed about the increased risk of burglary and claim that the black market is far from dying as long as the pharmacies have not started selling cannabis to the public (Maseda: 2015). The government is deliberately slowing the pace of implementation, given the position of the new president who is not very keen on the legalization of cannabis, but promises to fulfill his party's wish of implementing the law (Oppenheimer: 2015). It therefore remains to be seen whether the law will be fully implemented and whether the desired goals will be met, while the international community carefully studies their model, which has already been cited amongst Latin American leaders. The following paragraphs will further analyze the international obstacles and reactions.

Graph 4. Opposition and support of the project to regulate cannabis, according to voting intentions.



Source. CIFRA. http://www.cifra.com.uy/novedades.php?idNoticia=205

3.2.2. International Obstacles and their Limited Influence

While the project has faced critical challenges at the domestic level, the obstacles at the international level have not been as influential as might have been expected. As explained above, the Uruguayan government needed to deal with the criticisms by the INCB for challenging the UN conventions on drugs. Uruguay, as a signatory to all

three conventions (see paragraph 1.1.1), has made several efforts to justify the decision to the international community. Though the government has admitted the legal tensions of its new law with the conventions, it has capitalized on the interpretative latitude of the treaties and argued that "the spirit, as well as the regulations of Law No. 19.172, follow the philosophy of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and incorporate the bases established by it" (Bewley-Taylor et al.: 2015, 59). The United States, known for its interventions in the region and for promoting the prohibitionist paradigm at the UN, has not taken any noteworthy actions against the Uruguayan government. According to Arrarás and Bello-Pardo, the relationship between the two countries has not been negatively affected at all (2015, 187). In an interview, John Walsh of the Washington Office for Latin America points out that it was the right timing for the project. As increasingly more U.S. states are moving away from the prohibitionist model and five of them (including D.C.) have fully legalized cannabis as well, the "U.S. federal government is in a very awkward position to come down hard on a country like Uruguay [and] is going to be in a weak position to pressure other countries" (Inskeep: 2013). This has allowed the continuance of the project and has put Uruguay in the forefront of the regional debates on drug reform. The greater resistance, at first, has rather come from some of its neighboring countries, "whose government officials have expressed concerns about whether locally-grown marijuana could cross Uruguay's borders" (Arrarás and Bello-Pardo: 2015, 187). Paraguay's head of the Anti-Drug Secretariat, for instance, disapproved of the project for fearing a rise in marijuana production and traffic in Paraguay (187). In addition, shortly before the law was passed, Brazilian federal depute Osmar Terra, working closely with president Rousseff, went with an official delegation to meet the health commission of the Uruguayan government in order to discourage the project to be approved (BBC: 2013). And the Mexican chancellor Meade criticized Uruguay's unilateral decision for not having sought a regional consensus first to an issue that transcends borders (infobae: 2013). Nevertheless, the project went ahead and in the end Uruguay received enough international support to sustain it. The following paragraphs will expand on the reactions throughout Latin America and reflect on the role of Uruguay's decision to legalize cannabis in Latin America's new discourse toward drug policies.

3.3. The Role of Uruguay's Cannabis Legalization in Latin America

3.3.1. OAS, UNASUR & MERCOSUR: Uruguay's Conquest for Regional Support

Uruguay's role in the region is characterized by its small territorial and populational As such, Mujica considered Uruguay to be the ideal laboratory for this "experiment", as he called it, which could become "a contribution to humanity", therefore asking for the support of the international community (El Observador: 2013). One year after his statement, Uruguay was proclaimed by the Science Magazine as the global "beacon for marijuana research", arguing that the "federal red tape continues to be an impediment to good science in the United States" (Wade: 2014, 1217). Within the South American context, Uruguay has not played a significant role in the regional narcotrafficking, as Argentina and Brazil are the biggest consumer markets and Paraguay the largest producer of cannabis. It has, however, become an important financial hub for the circulation and the laundering of money linked to these drug-related illegal activities (Valdomir: 2015, 110). Though at first Argentina and Brazil expressed their concerns about the law and its consequences across the borders ("Preocupa a la region [...]": 2013), Uruguay's marginal role in the regional drug network has facilitated the development of the project and has attracted the support of important stakeholders who are interested in the results of such 'experiment'. Miguel Insulza, Secretary General of the OAS, approved of the project even before it was passed, as the Pan-American organization had previously admitted the failure of the war on drugs (Costa: 2013) as mentioned in paragraph 1.3.2. In September 2014, during his first tour around the region, Ernesto Samper, secretary general of UNASUR and ex-president of Colombia, publicly endorsed Uruguay's decision and encouraged the political exchanges and discussions of experiences amongst the UNASUR members (Valdomir: 2015, 113). Two months later, the parliament of MERCOSUR included in its plenary session the discussion on how to reduce the harm and risks derived from drug consumption (112), which is a perspective that Uruguay has applied to justify its decision (see 'harm reduction' in paragraph 1.2.1). Uruguay has proven its leading role in the region not only by being the first country to legalize cannabis and promoting the discussions in all of Latin America, but also by bringing together the support of its regional neighbors towards a new paradigm with projects such as the OAS resolution entitled "the promotion and

protection of human rights in the search for a new focus and effective solutions, in the development and implementation of policies to address the global drugs problem in the Americas". Promoted by Uruguay, it was co-sponsored by Argentina, supported by Ecuador, Mexico, Colombia and Guatemala, and adopted unanimously in the 44th plenary session of the OAS General Assembly ("Resolution on Drugs and Human Rights": 2014).

3.3.2. Uruguay's Encouragement for new 'Experiments' around the Region

Despite the uncertainties about its consequences and impacts, the Uruguayan model for cannabis regulation has quickly become a reference point for several countries around Latin America. At the time the law was passed, Pérez Salar featured an article on how Colombia and Mexico perceived Uruguay's decision. Due to the high levels of drug-related violence in both countries, debates on legalization were previously existent, but were then brought to the forefront with significant interest in the results of Uruguay's experiment (2013). Though the Mexican government is rather looking after the developments in the U.S. (see paragraph 2.2.2), Colombia and Guatemala have closely followed Uruguay's case. In Colombia, the peace talks between the government and the FARC have also been addressing the role of illicit drugs. Recently, there have been calls to discuss the alternative path of legalization and as such, the Uruguayan model has been mentioned to be closely watched in order to revise Colombia's drug policies and thereby contribute to the peace processes (Polo: 2015, 6). Though not fully legalized, in November 2014, the Colombian Senate passed a law regulating the use of cannabis for medical purposes (Álvarez: 2014) using a similar rationale than described in subsection 3.1 on Uruguay. A month earlier, in October 2014, Chile also passed a law legalizing cannabis strictly for medical purposes (Gurney: 2014). In this case, though, the law stipulates the state to be the sole producer and supplier of the drug, based on Uruguay's statist model, but without allowing self-farming or cannabis clubs. Guatemala's president Pérez Molina, who had been an active promoter of legalization previous to Uruguay's measure (see subsection 1.3), praised José Mujica's decision and assured he would closely follow the case. Soon after, in February 2014, he established the 'National Commission for Drug Policy Reform' to study the current situation of the country in order to take a decision by 2015 and possibly becoming the second country to fully legalize cannabis (Menguzzato: 2014).

3.3.3. Prospects of future Developments in Latin America's Drug Reforms

Regarding the prospects of drug policy reforms in Latin America, there is significant potential for change in the following years. As discussed in paragraph 1.3.2, Latin America continues to be divided on the drug policy debates and even though Colombia and Mexico have embraced the idea of reform and have already partially decriminalized the use of cannabis, Brazil has not shown any signs yet of softening its prohibitionist and punitive model (Boiteux: 2015, 144). Given the powerful role of Brazil in the region, it will be important to take into account their stance on the issue. Though the government has kept a cautious position in the debates and former president FHC has spoken in favor of legalization, real action remains to be seen. However, as a result of the pressure of the presidents of Colombia, Mexico and Guatemala in September 2012, the next United Nations General Assembly Special Session (UNGASS) on Drugs was moved from 2019 to 2016 ("UNGASS 2016": 2015), the last one being in 1998. By January 2015, Barra pointed out that "at the moment, Colombia, Ecuador, Guatemala, Mexico and Uruguay have started important work that they will present in the reunion. For their efforts to be compelling, it is important that the rest of the hemisphere joins the quest for a new global consensus around drugs" (2015, 93)9. Youngers asserted in this regard that "reform-oriented countries in other parts of the world are looking to Latin America to take the lead in pushing for debate and, above all, the beginning of meaningful reform at the 2016 UNGASS" (2014, 22). In Spain, for instance, where cannabis clubs find themselves in a legal grey area, the number of these associations keeps growing, as they trust in an international inertia towards cannabis legalization started by Uruguay and pushed forward by leaders all throughout Latin America (Escofet: 2014). As Pien Metaal emphasized: "Uruguay has inspired many countries to at least take a few steps in that direction. It is not possible to go back. The genie came out of the bottle and there is no way to get him back inside" (Abiven: 2015).

⁹ As translated by the author of this paper.

Conclusion

All in all, Uruguay's decision of becoming the world's first country to fully legalize cannabis has proven to play an important role in Latin America's new discourse towards drug policies. There are several concrete conclusions to be drawn from the above analysis explaining the role more specifically, as shall be exposed throughout this conclusion. Firstly, though Uruguay received much credit for challenging the status quo, it had played a rather limited role prior to such decision. As described in subsection 1.3, several Latin American leaders started speaking out in favor of a new paradigm on drug policies, explicitly denouncing the failure of the since 1971 U.S.led 'war on drugs' as well as the international drug control regime, which has been since 1961 dictating a prohibitionist model through the three UN conventions on drugs (see paragraph 1.1.1). Since 2001, U.S. foreign policy has been focusing more on other regions and U.S. influence decreased in the region. Thereby, consistent to Armenta and Jelsma's analysis, Latin America increasingly took over the lead in the regional drug policy debates, especially since 2009, the year that Bolivia denounced the UN ban on coca leaf and the year that former Latin American presidents Cardoso, Zedillo and Gaviria published the report Drugs & Democracy: Toward a paradigm shift. As the drug debates were thereby brought to the regional agenda, sitting presidents Santos and Molina publicly supported the idea of cannabis legalization and with the additional support of Mexican president Nieto, they pushed at the UN to reschedule the next UNGASS on drugs to take place in 2016 instead of 2019. They also pushed the OAS to study the drug problem in the Americas, resulting in a groundbreaking report in 2013 that encouraged the experimentation of new approaches to drugs such as the legal regulation. By the end of that year, Uruguay did exactly that. Though the Uruguayan government started to actively participate in the debates since June 2012, announcing the intention of legalizing cannabis for the first time, its role in the region really became relevant once the law came into reality.

Secondly, though Uruguay's decision caused a few diplomatic tensions at first, it is the general lack of negative repercussions that has marked the development of Latin America's discourse towards drug policies. Given the history of U.S. hegemony and interventionism in the region and their imposition of prohibitionist drug policies (see subsection 2.2), the absence of actions taken against Uruguay and

the continuance of normal diplomatic relations between the two countries marked the way towards a new paradigm in the Americas. As Walsh asserted, the timing for Uruguay's step was very convenient as increasingly more states within the U.S. have been legalizing the drug, leaving the federal government at an awkward position to dictate other countries' policies while allowing the legalization at the domestic level. In fact, the tensions occurred instead with some regional neighbors such as Argentina, Brazil, Paraguay and Mexico, worried either about the consequences across borders or about a fragmenting regional cooperative consensus. However, Uruguay's marginal role in the regional drug trafficking has allowed the continuance of the legalization project and has even been praised to be an appropriately small context for such an experiment. Eventually, Uruguay received the support from regional organizations such as the OAS, UNASUR and MERCOSUR and successfully brought the drug debates to the forefront in these platforms. As Uruguay has endured the domestic and international obstacles (see subsection 3.2), countries around Latin America have taken note of this and have felt encouraged to move further away from the prohibitionist and punitive approach. Guatemala, for instance, established a commission to study the options for legalization, Colombia passed a law regulating medical cannabis, and Chile even adopted part of Uruguay's model by selling stategrown cannabis for medical purposes. As such, Uruguay has become a reference point and pioneer on drug reforms in Latin America and throughout the world, where reform-minded countries are closely following the case and its potential spread.

Thirdly, Uruguay contributed to Latin America's discourse on drug policies by promoting a stronger human rights and harm reduction approach within the drug debates. Scholars such as Barra, Metaal and Youngers have promoted such approach within the academic debate and denounced the collateral effects of the war on drugs, including high levels of violence, threat to democratic governance, power concentration of criminal drug organizations, marginalization of drug users, high imprisonment rates, etc. The socio-economic costs have been high and the discussions have shifted from treating drug consumers as criminals to addressing them as potential patients to be treated and/or as citizens entitled to consumer rights and freedom. In addition, scholars as well as political leaders in favor of legally regulating cannabis like alcohol and tobacco, aim to take power away from criminal hands and protect the consumers from the unregulated black markets, especially given the fact

that production and consumption have increased even after decades of substantial investments in the eradication. Incorporating these academic discussions into the political sphere, Uruguay defended the decision of legalizing cannabis under these rationales (see subsection 3.1) and justified the conflict with the UN conventions to the international community by emphasizing its prioritization of human rights protection. In a region often characterized by ideological divides, it is noteworthy to point out that the pathway of cannabis legalization has received support from leaders from wide-reaching political spectrums, from Bachelet's and Mujica's leftist governments to Santos' and Molina's conservative ones, an indication for a wide consensus across Latin America towards a new paradigm. Uruguay's role is characterized by its leadership in bringing Latin American governments together towards a human rights approach (see paragraph 3.3.3).

Fourthly, though Uruguay fueled the debates towards a new paradigm on drug policies, countries around Latin America and the world have been rather reluctant to take similar action and prefer to follow and study the development and results of the Uruguayan project first. Besides the few cases mentioned in paragraph 3.3.2, the action was limited despite the widespread debates. Presidents, policy makers, and activists around Latin America have praised the Uruguayan government for challenging the traditional approach, acknowledging its failure, and have shown great interest in the new model. However, the international community is being cautious not to move too quickly towards a new paradigm and prefers to study the pending results of Uruguay's model in order to confirm whether the objectives, as stated in subsection 3.1, will really be met. Uruguay has quickly positioned itself in the vanguard of cannabis research, but has not yet fully implemented all components of its program, waiting to start its most controversial measure, namely the sale of state-grown cannabis in pharmacies. The prospects of future widespread changes in regional drug policies greatly depend on the successes or failures of Uruguay's experiment and on the outcome of the UNGASS on drugs in April 2016, in which Latin America will play a crucial role. Future research will therefore need to closely study the links of Uruguay's cannabis legalization with potential socio-economic changes in violence and crime, public health, and especially the breakdown of powerful drug organizations, which is an issue that concerns the entire region and has the power to unite Latin America towards a new paradigm on drug policies.

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