

Determining Danger:

The 1961 UN Single Convention On Narcotic Drugs

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Drug schedules, or groups, have been a method of control over the drug system since the 1920s.<sup>1</sup> The 1961 Single Convention on Narcotic Drugs cemented drug schedules in the international drug regulatory system.<sup>2</sup> Schedules were used to determine and delineate differences in the perceived danger of certain types of drugs. However, the scheduling system and the drugs which are placed in each schedule are more representative of the fear of the drugs than the actual dangers the drugs pose. To determine the history of drug schedules, the following will be examined; the theory of scheduling, scheduling prior to the watershed 1961 Convention, the 1961 Single Convention on Narcotic Drugs, considerations at the Convention negotiations, and the effect of scheduling in the years following the Convention. This essay will argue that historically, scheduling decisions were not made out of public health concerns, but out of political interests.

The concept of scheduling drugs became a major part of drug control regulation in the 1920s.<sup>3</sup> Scheduling was first introduced to the international drug control system in the 1931 Manufacturing Convention, created by the League of Nations.<sup>4</sup> In this system, drugs were placed on certain schedules based on their addictive propensity.<sup>5</sup> The 1931 Convention created a two-tiered regulatory structure which separated drugs into two groups, Group I and Group II.<sup>6</sup> Drugs in Group II were exempt from some regulatory obligations as they were deemed less

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<sup>1</sup> William B. McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," *Drug and Alcohol Dependence* 76, no. 1 (2004): 3, <https://doi.org/10.1016/j.drugalcdep.2004.02.012>.

<sup>2</sup> William B. McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," *Drug and Alcohol Dependence* 76, no. 1 (2004): 3, <https://doi.org/10.1016/j.drugalcdep.2004.02.012>.

<sup>3</sup> McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," 3.

<sup>4</sup> Victoria A. Greenfield, Letizia Paoli, and Peter Reuter, "The Past as Prologue," *The World Heroin Market*, (Oxford: Oxford University Press, 2009), 36.

<sup>5</sup> David Bewley-Taylor and Martin Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," *The International Journal of Drug Policy* 23, no. 1 (2012): 74, <https://doi.org/10.1016/j.drugpo.2011.08.003>.

<sup>6</sup> McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," 4.

harmful.<sup>7</sup> This separation of drugs into two groups allowed for the treaty to deal with the paradoxical problem of drug trafficking and abuse as well as providing drugs for essential medical and research purposes.<sup>8</sup>

Scheduling served as a key element in bridging the gap between parties in treaty negotiations.<sup>9</sup> However, scheduling also had a role as a point of controversy, as different groups debated where each drug should be placed on the scheduling system.<sup>10</sup> Placement on the scheduling mechanism is officially determined by the Commission on Narcotic Drugs (CND).<sup>11</sup> Scheduling changes can occur through a two-thirds majority vote by the CND's members.<sup>12</sup> At the core of the 1931 Treaty, scheduling decisions were to be determined by "governmental representatives with advice from medical experts, testimony from pharmaceutical companies, and input from the research community."<sup>13</sup> CND is not a medical body. Instead, it is formed of political representatives, who are ultimately able to make scheduling decisions for political purposes.

There were several considerations in the 1931 negotiations which led to the classification of certain drugs into different groups. The primary concern was economic. At this time, countries were experiencing a recession and currency destabilization, and as a result, did not want to limit

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<sup>7</sup> Cristián Gimenez Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," *International Organizations Law Review* 7, no. 1 (2010): 179, <https://doi.org/10.1163/157237310X523786>.

<sup>8</sup> Barrett and Malinowska-Sempruch, "Health and Human Rights Challenges for the International Drug Control Regime," 323.

<sup>9</sup> Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," 178.

<sup>10</sup> Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," 178.

<sup>11</sup> Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," 181.

<sup>12</sup> Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," 181.

<sup>13</sup> Bewley-Taylor and Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," 74.

the export of profitable drugs.<sup>14</sup> This resulted in a push for looser restrictions. One example of this is with the German delegation. At the time of the Treaty's negotiations, Germany was a major producer of codeine.<sup>15</sup> They were also in the midst of an economic crisis and feared that subjecting all drugs to this rigid regime may prevent exportations, an important source of income for the country.<sup>16</sup> This resulted in the German delegation arguing for decreased drug controls, for political and economic purposes.

Furthermore, scientists and phrenologists opposed plans which would limit drugs, as this would inhibit their research.<sup>17</sup> Additionally, physicians and pharmacists were resistant to new record-keeping requirements, which were part of the proposed system of drug restrictions to track and control drug usage.<sup>18</sup> Contrastingly, missionaries and activists supported control measures, as they were against drug usage more broadly.<sup>19</sup> These various interest groups promoting their own interests were all important in determining the existence of drug groupings, and which drugs would be placed in each group. Additionally, the 1925 and 1931 treaties both left scheduling decisions to national political representatives.<sup>20</sup> This would have allowed important decision-makers to be more easily swayed. This is because they had to be aware of, and responsive to, economic impacts and interest groups when determining drug scheduling, rather than solely taking public health into account.

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<sup>14</sup> McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," 4.

<sup>15</sup> Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," 179.

<sup>16</sup> Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," 179.

<sup>17</sup> McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," 4.

<sup>18</sup> McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," 4.

<sup>19</sup> McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," 4.

<sup>20</sup> McAllister, "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act," 5.

The 1961 Single Convention was a watershed moment for the international drug control regime, and this regime has been based on the systems established by this convention ever since. The Convention was attended by 57 nations.<sup>21</sup> It was a product of 12 years of negotiations which concluded with the categorization of drugs into four schedules of control.<sup>22</sup> This was an increase of two to four, from the 1931 Convention.<sup>23</sup> This Convention aimed to eliminate gaps and redundancies in previous treaties, replacing them with a standardized control regime.<sup>24</sup> It also established an open and flexible scheduling system.<sup>25</sup> This system was designed to allow changes to the scope of drug control, as well as movement on the scheduling lists as the perceived danger of certain drugs shifted. At its creation, the 1961 Single Convention was the most prohibitionist document ever created.<sup>26</sup> Even still, it was not as restrictive as some parties to the Convention had wished.<sup>27</sup>

Under the 1961 Convention, the World Health Organization (WHO) provides medical and scientific advice to the CND regarding which groups should be scheduled, and where they should be placed.<sup>28</sup> However, the CND is the one to make the final decision. The CND has in the past ignored the WHO's advice. One such case was with delta-9-tetrahydrocannabinol, the main psychoactive constituent of cannabis, where the WHO recommended it be reclassified from Schedule Two to the lowest schedule, Schedule One.<sup>29</sup> This was rejected by the CND, thus

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<sup>21</sup> Paul Gootenberg, "Building the Global Drug Regime: Origins and Impact, 1909–1990s," *Transforming the War on Drugs: Warriors, Victims and Vulnerable Regions*, Edited by Annette Idler, and Juan Carlos Garzón Vergara. (Oxford: Oxford Academic, 2022), 57.

<sup>22</sup> Gootenberg, "Building the Global Drug Regime: Origins and Impact, 1909–1990s," 59.

<sup>23</sup> Greenfield, Paoli, and Reuter, "The Past as Prologue," 36.

<sup>24</sup> Joseph Spillane and William B. McAllister, "Keeping the Lid on: A Century of Drug Regulation and Control," *Drug and Alcohol Dependence* 70, no. 3 (2003): 7, [https://doi.org/10.1016/S0376-8716\(03\)00096-6](https://doi.org/10.1016/S0376-8716(03)00096-6).

<sup>25</sup> Corte, "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs," 180.

<sup>26</sup> Greenfield, Paoli, and Reuter, "The Past as Prologue," 36.

<sup>27</sup> Greenfield, Paoli, and Reuter, "The Past as Prologue," 36.

<sup>28</sup> Robin Room and Peter Reuter, "How Well Do International Drug Conventions Protect Public Health?" *The Lancet (British Edition)* 379, no. 9810 (2012): 85, [https://doi.org/10.1016/S0140-6736\(11\)61423-2](https://doi.org/10.1016/S0140-6736(11)61423-2).

<sup>29</sup> Room and Reuter, "How Well Do International Drug Conventions Protect Public Health?" 86.

demonstrating their independence from the public health advice of the WHO. Scheduling allows for flexible sets of control measures for substances, determined by their placement in the scheduling mechanism.<sup>30</sup> These range from tight restrictions to loose and flexible control measures.<sup>31</sup> This difference in regulation is designed to reflect the differing levels of harm and addictiveness of drugs, while also recognizing their medical and therapeutic usefulness.<sup>32</sup>

Schedule IV drugs were the drugs perceived as the most dangerous due to their harmful characteristics, risks of abuse, and limited therapeutic value.<sup>33</sup> Schedules II and III were less strict and contained mostly codeine-based synthetic drugs.<sup>34</sup> Schedule I was for drugs deemed the least dangerous.<sup>35</sup> The selection of Schedule IV drugs is notable because United Nations (UN) documentation refers to this category of drugs, including opium, as dangerous and evil, even in the absence of strong scientific evidence to support this comparative categorization.<sup>36</sup> The Convention did not make scheduled drugs illegal, or prohibited, but did place production and trade under strict controls to limit usage for medical and scientific purposes.<sup>37</sup> The term Illicit Drug does not appear in the 1961 Convention, it just makes the distinction between licit and illicit cultivation, production, trade, and possession.<sup>38</sup> Furthermore, countries were allowed to continue to grow opium poppies, but signatories to the treaty agreed to ensure no opium would be produced from the poppy.<sup>39</sup> This exception was not given for the coca bush, the plant from

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<sup>30</sup> Christopher Hallam and David Bewley-Taylor, "The International Drug Control Regime: Crisis and Fragmentation," *Transforming the War on Drugs: Warriors, Victims and Vulnerable Regions*. Edited by Annette Idler, and Juan Carlos Garzón Vergara. (Oxford: Oxford Academic, 2022), 90.

<sup>31</sup> Hallam and Bewley-Taylor, "The International Drug Control Regime: Crisis and Fragmentation," 90.

<sup>32</sup> Hallam and Bewley-Taylor, "The International Drug Control Regime: Crisis and Fragmentation," 90.

<sup>33</sup> Bewley-Taylor and Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," 76.

<sup>34</sup> Greenfield, Paoli, and Reuter, "The Past as Prologue," 40.

<sup>35</sup> Greenfield, Paoli, and Reuter, "The Past as Prologue," 36.

<sup>36</sup> Kojo Koram, "Drug Prohibition and the Policing of Warfare: The War on Drugs, Globalization, and the Moralization of Perpetual Violence," *Humanity (Philadelphia, Pa.)* 13, no. 1 (2022): 24, <https://doi.org/10.1353/hum.2022.0001>.

<sup>37</sup> Bewley-Taylor and Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," 77.

<sup>38</sup> Bewley-Taylor and Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," 77.

<sup>39</sup> Bewley-Taylor and Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," 78.

which cocaine is produced.<sup>40</sup> The main focus of this treaty was the enforcement of the drug regime on producers.<sup>41</sup> The stringency of these controls depended on a variety of factors reflected in the differing levels of regulation called for by the treaty's four schedules.<sup>42</sup>

There were many considerations taken into account when determining the category in which a drug was to be placed. Commission members often took into account non-medical or public health factors such as administrative requirements, geopolitical considerations, and pharmaceutical industry interests in making their decisions.<sup>43</sup> The International Narcotics Control Board (INCB) has also tried to make recommendations and influence scheduling placements, despite this being under the remit of the WHO (World Health Organization). The CND, which decides drug scheduling thus has a massive amount of power.

Additionally, those who make scheduling decisions determine what, and by extension whose, drugs are safe, and acceptable. There are implicit racial stereotypes surrounding this. The allowance of some drugs, such as alcohol, caffeine and tobacco, and not others, like opium, reflects the power that the United States and Europe had over global standards regarding recreational substances and ignores alternative identities which construct drugs in different ways.<sup>44</sup> As the Convention constructed what drugs were acceptable, it forced countries less powerful in the international system to abolish plants which for many centuries had been integrated into cultural practices and quasi-medical practices.<sup>45</sup>

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<sup>40</sup> Bewley-Taylor and Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," 78.

<sup>41</sup> Damon Barrett and Kasia Malinowska-Sempruch, "Health and Human Rights Challenges for the International Drug Control Regime," *Transforming the War on Drugs: Warriors, Victims and Vulnerable Regions*, Edited by Annette Idler, and Juan Carlos Garzón Vergara. (Oxford: Oxford Academic, 2022),

<sup>42</sup> Spillane and McAllister, "Keeping the Lid on: A Century of Drug Regulation and Control," 7.

<sup>43</sup> Spillane and McAllister, "Keeping the Lid on: A Century of Drug Regulation and Control," 7.

<sup>44</sup> Emily Crick, "Drugs as an Existential Threat: An Analysis of the International Securitization of Drugs," *The International Journal of Drug Policy* 23, no. 5 (2012): 409, <https://doi.org/10.1016/j.drugpo.2012.03.004>.

<sup>45</sup> Bewley-Taylor and Jelsma, "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs," 80.

To further add to the injustice of scheduling, there is no scientific evidence-based rationale between the scale of harms of Schedule I and IV drugs.<sup>46</sup> An example of this is in the differing treatment between morphine, codeine, and the coca leaf. Some scaling of harm was introduced between morphine, a Schedule I drug, and codeine, a Schedule II drug, and an exception scheme was created for preparations with low alkaloid content.<sup>47</sup> However, this same exemption was not applied to coca leaf or cannabis.<sup>48</sup> There is no logical medical reason for the differing perspectives on exceptions between drugs, implying that the difference in the outcomes for classification is influenced more by political than cultural factors.

Prohibitionist treaties overall are also a result of political considerations. Geopolitical change in the post-World War II period gave the United States increased power. This provided them with the leverage to shift the international system away from the regulatory-based system of the 1931 agreement, and towards a prohibition system.<sup>49</sup> The American-driven prohibition-based drug regime focused on “proactive interdiction, deterrence and punishment to eradicate drug markets.”<sup>50</sup> They were able to ensure agreement to their preferred system through the Cold War security apparatus.<sup>51</sup> This is exemplified by Turkey and Iran where the United States helped set up prohibitionist regimes.<sup>52</sup>

Despite being named the ‘single Convention’ the 1961 Single Convention on Narcotic Drugs failed to be the final say for international drug regulation. Subsequent conventions have added confusion and politicization to the international drug regulation system.<sup>53</sup> The 1961

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<sup>46</sup> Bewley-Taylor and Jelsma, “Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs,” 80.

<sup>47</sup> Bewley-Taylor and Jelsma, “Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs,” 80.

<sup>48</sup> Bewley-Taylor and Jelsma, “Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs,” 80.

<sup>49</sup> Julia Buxton, “Drug Control and Development: A Blind Spot,” *Revue Internationale de Politique de Développement* 12, no. 12 (2020), 14, <https://doi.org/10.4000/poldev.3667>.

<sup>50</sup> Buxton, “Drug Control and Development: A Blind Spot,” 14.

<sup>51</sup> Buxton, “Drug Control and Development: A Blind Spot,” 15.

<sup>52</sup> Buxton, “Drug Control and Development: A Blind Spot,” 15.

<sup>53</sup> Bewley-Taylor and Jelsma, “Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs,” 80.



Convention was amended by notable conventions such as the 1971 Convention on Psychotropic Substances and the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.<sup>54</sup> The 1961 treaty focused mostly on illicit drugs derived from plants, such as cannabis, coca and opium.<sup>55</sup> The 1971 treaty expanded regulations to include synthetic psychoactive drugs like opiates, sedatives, and hypnotics.<sup>56</sup> The 1988 Convention was notable for its creation of a legislative framework to criminalize scheduled drugs.<sup>57</sup> As changes occur, individuals and interest groups have the ability to change the way the regulation system perceives danger from certain drugs, as well as shift the way people internationally view these drugs.

In the years since these treaties were created, they have not been completely upheld. The spirit of all these regulatory treaties was prohibition, but in the years since their creation, some nations have turned towards a harm reduction paradigm.<sup>58</sup> This is being led by states including Brazil, Canada, New Zealand, Australia and member states of the EU.<sup>59</sup> The UN, however, sees harm reduction as covertly undermining prohibition.<sup>60</sup>

Drug prohibition has not been successful. The law enforcement approach has failed to curb drug abuse and trafficking.<sup>61</sup> The international system has failed to eliminate the

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<sup>54</sup> Crick, “Drugs as an Existential Threat: An Analysis of the International Securitization of Drugs,” 410.

<sup>55</sup> Wayne Hall, “The Future of the International Drug Control System and National Drug Prohibitions,” *Addiction (Abingdon, England)* 113, no. 7 (2018): 1211, <https://doi.org/10.1111/add.13941>.

<sup>56</sup> Hall, “The Future of the International Drug Control System and National Drug Prohibitions,” 1211.

<sup>57</sup> Koram, “Drug Prohibition and the Policing of Warfare: The War on Drugs, Globalization, and the Moralization of Perpetual Violence,” 25.

<sup>58</sup> David R. Bewley-Taylor, “Emerging Policy Contradictions between the United Nations Drug Control System and the Core Values of the United Nations,” *The International Journal of Drug Policy* 16, no. 6 (2005): 423, <https://doi.org/10.1016/j.drugpo.2005.06.007>.

<sup>59</sup> Allyn L. Taylor, “Addressing the Global Tragedy of Needless Pain: Rethinking the United Nations Single Convention on Narcotic Drugs,” *The Journal of Law, Medicine & Ethics* 35, no. 4 (2007): 561, <https://doi.org/10.1111/j.1748-720X.2007.00180.x>.

<sup>60</sup> Taylor, “Addressing the Global Tragedy of Needless Pain: Rethinking the United Nations Single Convention on Narcotic Drugs,” 561.

<sup>61</sup> Taylor, “Addressing the Global Tragedy of Needless Pain: Rethinking the United Nations Single Convention on Narcotic Drugs,” 561.

non-medical use of prohibited drugs.<sup>62</sup> In fact, illicit drug use has increased globally in the years since the 1961 treaty.<sup>63</sup> The UN has not changed its course. In the 2004-2005 budget, the drug regulation budget was integrated with the budgets for crime and terrorism.<sup>64</sup> This represents an increasing focus on legal drug prohibition, criminalizing its use and production, instead of a public health response. This further demonstrates that the current regulatory regime is out of step with modern scientific, sociological, and environmental knowledge about drug use, which would point more towards a harm reduction approach, and gradual changes to farmland use.<sup>65</sup>

In response to the failure of the UN to change its policies, nations are moving towards making independent, internal decisions with regard to drug harm definitions. In recent years, Uruguay, Canada, and some United States states have legalized cannabis, which goes against the treaty's prohibition on cannabis use and production.<sup>66</sup> They have simply ignored the treaty's provision, an effective method as the UN has no enforcement mechanism, and relies heavily on countries integrating it into their domestic laws. A second approach to disregarding the treaty was taken by Bolivia. They wished to allow their citizens to produce coca leaf for traditional purposes, such as coca leaf chewing.<sup>67</sup> As a result, they denounced the treaty and then re-entered it with the specific reservation of continuing coca leaf production for traditional reasons.<sup>68</sup> This allows them to continue to take part in the UN treaty system while maintaining traditional drug use practices. It is currently unlikely that a major overhaul to the treaty would occur, as this would require the consent of signatory states, something unlikely to be achieved.<sup>69</sup> However, if

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<sup>62</sup> Hall, "The Future of the International Drug Control System and National Drug Prohibitions," 1211.

<sup>63</sup> Hall, "The Future of the International Drug Control System and National Drug Prohibitions," 1211.

<sup>64</sup> Bewley-Taylor, "Emerging Policy Contradictions between the United Nations Drug Control System and the Core Values of the United Nations," 429.

<sup>65</sup> Bewley-Taylor, "Emerging Policy Contradictions between the United Nations Drug Control System and the Core Values of the United Nations," 430.

<sup>66</sup> Hall, "The Future of the International Drug Control System and National Drug Prohibitions," 1210.

<sup>67</sup> Hall, "The Future of the International Drug Control System and National Drug Prohibitions," 1212.

<sup>68</sup> Hall, "The Future of the International Drug Control System and National Drug Prohibitions," 1212.

<sup>69</sup> Hall, "The Future of the International Drug Control System and National Drug Prohibitions," 1212.

countries continue to ignore the treaties, particularly major nations like the United States, these treaties are likely to cease to be effective.<sup>70</sup>

The 1961 UN Single Convention On Narcotic Drugs is a major influence on the current drug regulation system. While aspects of this treaty draw on previous conventions, such as the 1931 Manufacturing Convention, its expansion of the schedules from two to four, and focus on drug prohibition have had a lasting legacy, which has created the prohibition-based modern drug regulation system. The creation of this convention does not emerge out of public health interests, or sound scientific research, but instead is highly influenced by political reasoning. Important decision-makers primarily took into account economics and were influenced by interest groups when making decisions surrounding the convention and drug scheduling. This may ultimately be the downfall of the modern drug regulation system, as countries aim to better address growing drug use and trafficking issues within their borders, and shift from abiding by the UN-mandated prohibition system to a public health led harm reduction approach.

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<sup>70</sup> Hall, "The Future of the International Drug Control System and National Drug Prohibitions," 1212.

## Bibliography

- Barrett, Damon, and Kasia Malinowska-Sempruch. "Health and Human Rights Challenges for the International Drug Control Regime." *Transforming the War on Drugs: Warriors, Victims and Vulnerable Regions*. Edited by Annette Idler, and Juan Carlos Garzón Vergara. 317-342. Oxford: Oxford Academic, 2022.
- Bewley-Taylor, David R. "Emerging Policy Contradictions between the United Nations Drug Control System and the Core Values of the United Nations." *The International Journal of Drug Policy* 16, no. 6 (2005): 423–31.  
<https://doi.org/10.1016/j.drugpo.2005.06.007>.
- Bewley-Taylor, David, and Martin Jelsma. "Regime Change: Re-Visiting the 1961 Single Convention on Narcotic Drugs." *The International Journal of Drug Policy* 23, no. 1 (2012): 72–81. <https://doi.org/10.1016/j.drugpo.2011.08.003>.
- Buxton, Julia. "Drug Control and Development: A Blind Spot." *Revue Internationale de Politique de Développement* 12, no. 12 (2020). <https://doi.org/10.4000/poldev.3667>.
- Corte, Cristián Gimenez. "The Forms of International Institutional Law: An Historical Analysis of the Scheduling Decisions of Narcotic Drugs and Psychotropic Substances Taken by the United Nations' Commission on Narcotics Drugs." *International Organizations Law Review* 7, no. 1 (2010): 171–221.  
<https://doi.org/10.1163/157237310X523786>.
- Crick, Emily. "Drugs as an Existential Threat: An Analysis of the International Securitization of Drugs." *The International Journal of Drug Policy* 23, no. 5 (2012): 407–414. <https://doi.org/10.1016/j.drugpo.2012.03.004>.
- Gootenberg, Paul. "Building the Global Drug Regime: Origins and Impact, 1909–1990s."

- Transforming the War on Drugs: Warriors, Victims and Vulnerable Regions*. Edited by Annette Idler, and Juan Carlos Garzón Vergara. 53-82. Oxford: Oxford Academic, 2022.
- Greenfield, Victoria A., Letizia Paoli, and Peter Reuter. "The Past as Prologue." *The World Heroin Market*. 15-40. Oxford: Oxford University Press, 2009.
- Hall, Wayne. "The Future of the International Drug Control System and National Drug Prohibitions." *Addiction (Abingdon, England)* 113, no. 7 (2018): 1210–23. <https://doi.org/10.1111/add.13941>.
- Hallam, Christopher, and David Bewley-Taylor. "The International Drug Control Regime: Crisis and Fragmentation." *Transforming the War on Drugs: Warriors, Victims and Vulnerable Regions*. Edited by Annette Idler, and Juan Carlos Garzón Vergara. 83-112. Oxford: Oxford Academic, 2022.
- Koram, Kojo. "Drug Prohibition and the Policing of Warfare: The War on Drugs, Globalization, and the Moralization of Perpetual Violence." *Humanity (Philadelphia, Pa.)* 13, no. 1 (2022): 22–39. <https://doi.org/10.1353/hum.2022.0001>.
- McAllister, William B. "The Global Political Economy of Scheduling: The International–Historical Context of the Controlled Substances Act." *Drug and Alcohol Dependence* 76, no. 1 (2004): 3–8. <https://doi.org/10.1016/j.drugalcdep.2004.02.012>.
- Room, Robin, and Peter Reuter. "How Well Do International Drug Conventions Protect Public Health?" *The Lancet (British Edition)* 379, no. 9810 (2012): 84–91. [https://doi.org/10.1016/S0140-6736\(11\)61423-2](https://doi.org/10.1016/S0140-6736(11)61423-2).
- Spillane, Joseph, and William B. McAllister. "Keeping the Lid on: A Century of Drug Regulation and Control." *Drug and Alcohol Dependence* 70, no. 3 (2003): S5–12. [https://doi.org/10.1016/S0376-8716\(03\)00096-6](https://doi.org/10.1016/S0376-8716(03)00096-6).

Taylor, Allyn L. “Addressing the Global Tragedy of Needless Pain: Rethinking the United Nations Single Convention on Narcotic Drugs.” *The Journal of Law, Medicine & Ethics* 35, no. 4 (2007): 556–570. <https://doi.org/10.1111/j.1748-720X.2007.00180.x>.