Research Article

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Reflecting on drug tourism and its future challenges

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Abstract: The international attitude based on the ‘War on Drugs’, adopted by the United Nations in the second half of the twentieth century contributed to a situation where the debates related to drug issues were mostly concentrated in the spheres of biomedical sciences and public security. With the numerous transformations in relation to drug policies in several countries in the contemporary world, it was evident that tourism could play an important role with the emergence of the so-called ‘drug tourism’. In most cases, these changes were mainly related to cannabis, and in some regions where its recreational use has already been regulated, it was possible to notice significant reflexes in the tourist dynamics of these destinations, intensifying the role of cannabis tourism, a relevant sub-segment of drug tourism. The main purpose of this article was to contribute to the construction of fundamental theoretical and conceptual bases for a critical and scientific approach to this new topic by presenting a general overview on drug tourism; reflections and purposes on drug tourism concept; the main destinations already consolidated and; brief cannabis tourism case studies. Finally, inferences were made about future challenges of this tourism segment, which presents great prospects in the global scenario.

Keywords: Tourism; Drug tourism; Cannabis tourism; Drug policies; Drug tourism destinations; Cannabis tourism destinations

1 Introduction

The international attitude based on the ‘War on Drugs’, adopted by the United Nations (UN) in the second half of the twentieth century contributed to a situation where the debates related to drug issues were mostly concentrated in the spheres of biomedical sciences and public security.

According to Misse (2016, pp. 10–11), the intense process of banning the consumption of numerous plants and their concentrates, often used for medicinal purposes, started in Europe and North America in the 1920s and continued with the various international conferences promoted by the UN, in which the so-called ‘war on drugs policy’ was developed (from the 1960s/1970s). Because it is an area of knowledge that involves complex systems of understanding and analysis, the need for a more trans-disciplinary treatment is urgent, especially with regard to the significant contributions made by human sciences, which work on this subject under the most varied scopes (Labate, Policarpo, Goulart and Rosa, 2016, p. 14), and should, therefore, assume greater relevance in the debates and decision-making related to drug policies at different spatial scales.

With numerous transformations in relation to drug policies in several parts of the contemporary world, it became evident that tourism could play an important role with the emergence of the so-called ‘drug tourism’ (Pereira & de Paula, 2016, p. 199).

The main purpose of this article was to contribute to the construction of theoretical and conceptual bases for a critical and scientific approach to this new topic by presenting a work structured as follows: 1) Introduction and objectives; 2) General overview on drug tourism; 3) Methodologies; 4) Reflections and purposes on drug tourism concept, the main destinations already consolidated and cannabis tourism case studies; 5) Conclusion.

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2 General overview on drug tourism

According to Hoffmann (2014, p. 455), drug tourism (or narco tourism) was initiated in the second half of 1960s by the Americans and Europeans belonging to the counterculture movements. Over the years, it has undergone several changes, mainly related to the expansion of the supply of medicines, the adaptation of issues related to the needs of drug tourists and to the emergence of new destinations, but despite these changes, the initial proposal would have always been maintained. For the author, usually, the term drug tourism would refer to a travel aiming on legal acquisition and consumption of psychoactive substances, or a travel in which the principal objective is to use drugs (Hoffmann, 2014, p. 456).

In general, drug tourism could be interpreted as traveling for the purpose of obtaining or using drugs, which are not available or are illegal in the tourist's origin place (Alcoholrehab, 2014).

In an article called *'Drugs and Risk Taking in Tourism'*, written by Natan Uriely and Yaniv Belhassen (2006), there was a concern in presenting a historical rescue on the development of studies about drug tourism. These authors stated that the first studies on drug use in travels were developed by Cohen (1973, Apud Uriely & Belhassen, 2006, p. 342), who, in discussing the concept of drifter-type tourism, eventually addressed drug use by these tourists, something that would, in a way, be part of this sub-culture. From the 1990s, the term drug tourism appeared in different studies with varied approaches, including mainly socio-cultural issues, motivation of displacement, demographic profiles of these tourists and the guest-host contact (Uriely & Belhassen, 2006, pp. 340–341). With a brief survey of the term drug tourism on the internet, we found numerous sites that addressed this subject, in which there was no pretension to present scientific data, nor to use an academic language, but where it

was common to find the concern in highlighting a definition, the presentation of the main existing destinations, as well as the risks involved. As an example, we could point one common sense definition of drug tourism (Table 1).

In the sphere of official information, we could cite a document called *Travel and drug use in Europe: a short review* (2012), elaborated by The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). According to this publication, *'As some people may be more inclined to use illicit substances during holiday periods and some may even choose to travel to destinations that are associated with drug use – a phenomenon sometimes referred to as 'drug tourism' – this means that from a European drug policy perspective, the issue of drug use and travel has become more important'* (EMCDDA, 2012, p. 3).

In a study on cannabis use in tourism, Belhassen, Santos and Uriely (2007, p. 309) highlighted four groups of tourist motivations: experimentation, pleasure orientation, quest for authenticity and purchasing. These motivations influenced the attitudes of these tourists, their relations with drugs during the trips, as well as the choice of drug tourism destinations. In relation to consumption, it would then be possible to highlight four main groups: consumption as a fundamental factor (experience); occasional consumption (use of the drug as a secondary activity on the trip); consumption for medicinal reasons; and consumption for religious purposes.

Annually, the United Nations Office on Drugs and Crime (UNODC) publishes a document containing official statistics on the production, trafficking and consumption of illegal drugs around the world (*World Drug Report*). According to the information produced in 2019, during the year 2017, an average of 271 million people (201–341 million), aged 15–64 years, used illicit drugs at least once in the previous year. This report also showed an estimated increase of 61 million users between the years 2009 and 2017; among the most commonly used drugs were: Canna-

Table 1: Common sense drug tourism definition

Common Sense Drug Tourism Definition

'Drug tourism by its very definition, essentially means travelling for the sole (or at least primary) purpose of using drugs that are otherwise unavailable in one's home state or country... Drug tourism is pretty much what it sounds like – travelling, either to another state or to an entirely different country – in order to obtain or use drugs. This includes but legal substances – like alcohol – or illegal drugs, particularly cocaine, so-called magic mushrooms and marijuana ... While drug tourism may be a small part of the tourism industry, as a whole, it comes in many different forms and draws many different kinds of people. However, the goal largely remains the same: to seek out areas of the world where either laws are looser or enforcement is lax when it comes to selling, buying and taking drugs' (Northpointrecovery, 2017).

bis (188 million), Opioids (53 million), amphetamines and prescription stimulants (29 million), ecstasy (21 million) and, Cocaine (18 million) (UNODC, 2019, pp. 7–9). This general data on user numbers illustrated the need for a broader and more coherent debate on this issue, as it would be possible to interpret these individuals as potential drug tourists. In addition to the UNODC, we could cite the EMCDDA and the International Drug Policy Consortium (IDPC), which were alternative sources of information.

With the evident change of attitude in relation to the usual policy of war on drugs in different parts of the world, there was an increase in the demand by drug tourists, in the emergence of new destinations, as well as in the attractions, services and necessary infrastructure. Thus, new possibilities have appeared in the market, which was perceived from the articles on websites, blogs and magazines specialized in tourism, and in the media in general. As examples, we could cite some news headlines such as: *‘With Legalization in 8 states, marijuana tourism is gaining ground in the US’* (Folhauol, 2017); *‘As a wave: what can and cannot in marijuana tourism: From the US to the Netherlands, travel market has been adapting to legal cannabis’* (Oglobo.com/ boa viagem, 2017); *‘The Best and Worst of Drug Tourism’* (Thefix, 2016) and others.

As special attractions for this type of tourism, besides the traditional coffee shops, smart shops and seeds shops, in the Netherlands, we could also highlight the existence of thematic Museums on drugs, such as *The Hash, Marijuana & Hemp Museum*, (Amsterdam and Barcelona); the *Cannabis Museum of Montevideo*, Uruguay; *DEA Museum*, Washington DC, US; the *Hall of Opium*, in Thailand; the *Museo de la Coca*, in La Paz, Bolivia and the *Museum of Enervants*, in Mexico City. Other innovations that have made life easier for drug tourists consisted of websites and mobile applications that were capable of converting drug values and quantities (e.g., *marijuanatravels.com*), as well as locate points of sale and consumption through interactive maps (e.g., *weedmaps.com*). So, it has become increasingly common to find the use of terms such as *drug tourism*, *hemp tourism*, *cannabis tourism*, *green friendly*, *weed friendly*, in journals, magazines, travel websites and blogs, once more illustrating the appropriation of the theme by common sense.

The international attitude based on the war on drugs, adopted by the UN, has contributed to a situation where drug tourism turned out to be very little encouraged, rarely discussed, and in many cases, seen as a criminal attitude (Pereira, 2017, p. 816). However, the transformations were numerous and significant in relation to the drug policies adopted in several countries in the contemporary world.

This context has allowed the emergence of new destinations and of a fertile field of research for those wishing to discuss drug tourism.

3 Methodology

In this article, the posture adopted was based precisely on the development of theoretical-conceptual questions and reflections, seeking new answers and ideas that could contribute to a more coherent discussion about this innovative theme, but with no pretence of ending the debates. It was a theoretical/exploratory work, where propositions provided were grounded in the information gathered directly from the literature review about drug policies, drug tourism and cannabis tourism. In this way, it was possible to move from data analysis to concept and theory development.

In this task, to obtain secondary data, which underpinned much of the work, bibliographical reviews were carried out on the existing academic researches about the theme, on the characteristics of already consolidated destinations and emerging cases, as well as on evidences that would prove the existence and development of drug tourism and cannabis tourism.

Based on the phenomenological view defended by Feyerabend (1989), the methodological approach adopted consisted mainly of qualitative analysis of the data obtained.

In general, the steps taken in the work consisted of: 1) bibliographic review in official, academic and common sense sources; 2) elaboration of objectives; 3) methodological choices; 4) qualitative analysis and organization of the information obtained (texts, tables and figures); 5) theoretical-conceptual reflections and propositions; 6) presentation of the main drug tourism destinations already consolidated; 7) brief development of cannabis tourism case studies; and 8) conclusions and future investigations.

4 Results and Discussion

4.1 Reflecting on the concept of drug tourism

As drug tourism is an emerging tourism segment and still in the process of consolidation, it would be pertinent to make some considerations about the concept of drug

tourism itself, where we could develop the following questions: Drug tourism would occur only when the drug itself is the main factor for the accomplishment of the displacement, or the activities carried out by the tourist in the destinations could also define this segment? Or, is drug tourism defined by the motivating factor of the trip, or by the activities and practices developed by tourists?

Valdez and Sifaneck (1997, p. 880) defined drug tourism as ‘...the phenomenon by which persons become attracted to a particular location because of the accessibility of licit or illicit drugs and related services’; according to this definition, drug tourism would only exist when the search for these substances was the main motivating factor for the trips; in that sense, it would be necessary that tourists already knew beforehand the possibilities and characteristics of this type of tourism in the destinations, which would be paramount for the choices of the localities to be visited. Uriely and Belhassen (2006, p. 342) argued that this approach would be very restrictive and, using the same rationale developed by Oppermann (1999 Apud Uriely & Belhassen, 2006, p. 342), in a study on the definition of sex tourism, they stated that reducing the definition of drug tourism as a primary factor for the displacement of tourists, would end up excluding several cases where this phenomenon could be occurring, thus masking important quantitative and qualitative data regarding this segment.

Uriely and Belhassen (2005, p. 239) suggested that drug tourism would begin with an awareness of the supply and existence of drugs at a destination and that it would continue along the process of acquisition and consumption of these substances. However, they also stated that the definition should refer both to tourists who were attracted to a destination by prior knowledge about drug accessibility, and to those who would only become aware of it during the trip, in that sense they argued that consumption would not be necessarily the main motivating factor for performing the trips, and that it could be only a by-product of their experience (Uriely and Belhassen, 2005, p. 244).

After realizing the need for a more embracing definition for this segment, a new proposal was developed in this work, where drug tourism could be interpreted as the displacements, which have as main motivating factor the obtaining and the use of drugs prohibited, controlled, or of difficult access in their places of origin, including both licit and illicit substances; in addition, it should also be defined based on the practices and activities carried out by tourists, that is, even with the motivating factor not being the drug itself, if the use of these substances occurred during the trip (even if in a punctual/sporadic

manner), or if there was contact with attractions such as museums, shops and establishments associated with the theme (even without consumption), these tourists would have been momentary drug tourists, since they contributed to the increase of this tourism segment. However, due to the great heterogeneity of these tourists, it would not be advisable to try to define drug tourism based on their profiles (which doesn’t mean that drug tourist profiles shouldn’t be studied).

Recent changes in relation to drug policies (at the local, regional and global scales) led to the emergence of many new issues, approaches and demands, so there would exist a constant need to question, revise and update this definition.

4.2 Main drug tourism destinations already consolidated

There are several drug tourism destinations already consolidated in the world; taking as reference the different continents, Table 2 was used in order to present these main destinations and some of their characteristics.

Based on Table 2, it was possible to note that drug tourism destinations were spread across all continents. It would be essential to point out that when working with the substance alcohol, several other destinations could have been included in Table 2, such as the cases of wine tourism and beer tourism; in this sense, the case of Mexico was highlighted by the particularity of the minimum age for alcohol consumption being 18 years, lower than that of its neighbouring country the United States, thus attracting a large number of tourists for this purpose. Another question that should be discussed refers to drug use in recreational settings; a technical report produced by EMCDDA (2018) illustrated that the use of illicit drugs like cannabis, cocaine and MDMA/ecstasy and of legal drugs like tobacco and alcohol tend to be more frequent in environments such as music festivals, holiday resorts, nightclubs and illegal raves/unlicensed dance events, in that sense, drug use would also act as a motivating factor, where we could mention destinations like Ibiza, London and Berlin (EMCDDA, 2018, pp. 11–21).

One important issue that could be raised concerns the emergence and existence of these destinations in a scenario in which the consumption and trade of illicit drugs are still classified as criminal attitudes in most parts of the world. We could explain this situation using the difference between ‘Laws’ and ‘Systems’. Although the ‘Laws’ are recorded, written on paper, when applied, the expected results are not always obtained. Thus, ‘Systems’

Table 2: Drug tourism destinations worldwide and their main characteristics

Drug Tourism Destinations Worldwide		
Continent	Region	Main Characteristics
Africa	Mountainous region of Morocco (Rif)	Tourists, mainly European, seek the hash-producing areas for personal use, or to bring the drug to sell in their countries of origin
	Freetown of Christiania, Denmark	It is an anarchist district of Copenhagen, where there is a free cannabis trade
Europe	Prague, in the Czech Republic	Allows citizens to have, for personal use, up to 1.5 grams of heroin, one gram of cocaine, 15 grams of marijuana, a maximum of four tablets of ecstasy and LSD and 5 to 40 hallucinogenic mushrooms
	Ibiza, Spain	known for its famous nightclubs and for the ease of obtaining and using drugs (synthetic drugs and alcohol)
	Iceland	Became an important destination for the use of stimulant drugs
	Lisbon, Portugal	For its policy of decriminalizing drug use
	The Netherlands	In some cities, as in Amsterdam, tourists can attend coffee shops (establishments created in the 1970s, where cannabis and hashish sales and consumption are tolerated and regulated), smart shops and seeds shops. This is the most famous drug tourism destination in the world
Oceania	Nimbin, Australia	There is a tolerance for trade and use of cannabis and also because of the famous Mardi Gras event
Asia	The region of Goa, India	Electronic music festivals – synthetic drugs
	The region of Malana, India	Famous production of hashish
	The Golden Triangle (Myanmar, Laos and Thailand)	Numerous drugs are available in parties for tourists, such as Full Moon Parties and Floating Parties (mushrooms, marijuana, methamphetamine and opium)
South America	La Paz, Bolivia	Famous bar 'Route 36', where it is possible to buy and use cocaine
	Bogota, Colombia	Consumption of high quality and low-price cocaine
	The Amazon region, in Brazil	Tourists looking for <i>Ayahuasca</i> and the ' <i>Santo Daime</i> ' cult (which uses this hallucinogenic substance)
	Peru	The hallucinogenic cactus known as ' <i>San Pedro</i> ' (used in rituals performed by some local traditional communities)
Central America	Mexico	Intense flow of young Americans, who travel in search of hallucinogenic drugs, cannabis and alcohol (for people over 18 years old; in the USA, the minimum age is 21 years old)
	Jamaica	The Dangerous Drugs Amendment, 2015 decriminalized possession of small amounts of marijuana, and allowed the use for religious, medical, scientific and therapeutic purposes. Tourists who declare themselves as medical marijuana patients can purchase and use the substance legally in Jamaica. There are also 'Ganja Tours' that, although illegal, take tourists to cannabis plantations.
North America	The United States	Some states, which have more tolerant policies on the production, trade and use of cannabis have become important destinations, as in the case of Colorado and in California (recreational use open for tourists)
	Canada	Legalized cannabis recreational use in 2018

Source: Adapted from Pereira, 2017.

could be interpreted as the form with which societies deal with the issues that laws encompass; for example, there would be places where, despite the laws being restrictive, the systems developed were more tolerant regarding illicit drug use; so, even with legal prohibitions, these sites ended up ‘allowing’ the consumption of these drugs (Burgierman, 2011, pp. 26–28) and, therefore, could be interpreted as drug tourism destinations (e.g., Mountainous Region of Morocco - Rif).

4.3 Cannabis Tourism and Its Role in Drug Tourism

In the field of drug tourism, the sub-segment known as cannabis tourism was prominent, which might be associated with the fact that major changes in perceptions, and legislation were associated with this substance.

According to the World Health Organization (2016), cannabis is the most widely used illicit psychoactive drug in the world with more than 180 million users globally; of the total global users, it was estimated that 13.1 million were dependent. In the European Union alone, it is estimated that 91.2 million adults (15–64 years), or 27.4% of this age group, have tried cannabis during their lives. Among these, 17.5 million young adults (15–34 years) consumed cannabis in 2018 (EMCDDA, 2019, p. 42). These data could illustrate the number of potential cannabis tourists.

Pedro do Val (2016) stated that, with marijuana legalization in several parts of the world, one of the sectors that could benefit most would be tourism, where innumerable activities and itineraries linking travel with interest in marijuana have already begun to be developed in countries, states and regions where the recreational use of cannabis was already regulated.

A concrete example that illustrates the growth of cannabis tourism would be the emergence of websites specialized in searching for *cannabis friendly* accommodations (also known as *weed friendly* or *Green friendly*), which act as a kind of *Airbnb* for cannabis users, where we could highlight the *budandbreakfast.com* (international), *travelthc.com* (in Colorado, USA) and *Micasa 420* (in Latin America). Currently, we could note the holding of several fairs, scientific events and legalization marches associated with cannabis in many parts of the world, the most famous is the *High Times Cannabis Cup*, initially held in 1988 in Amsterdam (Netherlands), now has official editions in some US states and countries such as Jamaica and Spain. It would be also possible to point the *Expoweed* in Chile, *Expocannabis* in Uruguay and *Pot in Rio* in Brazil.

In that sense, various tourist agencies offer packages including tickets, lodging, easy access to marijuana while traveling, registration at the events, activities and theme tours to farming areas and dispensaries (establishments responsible for trade in that substance). As only a few of the examples we could cite: *Amsterdam Trips* (in the Netherlands); *Colorado Cannabis Tours*, *My 420 Tours* and *Colorado High Life Tours & Travels* (all in Colorado, US); *Kush Tourism* (in different states of the US); *Canna Tours* (in Canada); *the Hot Box Jamaica* (in Jamaica) and; *the 50:20 editora* and *the Cannábico Tour* (both in Brazil).

4.4 Cannabis Tourism Case Studies

4.4.1 The Netherlands

Due to its history of pioneering, the Netherlands, through a drug policy based on the idea of harm reduction (started in the 1970s), which aimed to separate the light and heavy drug markets and made possible the opening of the famous coffee shops (establishments where the sale and consumption of small amounts of cannabis and hashish are tolerated), has turned out to be one of the oldest and most famous drug tourism destinations in the world (Pereira & de Paula, 2016, pp. 193–194).

It would be important to note that cannabis was not legalized in the country, it was only tolerated, what led to the well-known ‘front door - back door’ policy of the Netherlands, which regulates the possession and sale of small amounts of cannabis in coffee shops (front door), while keeping cultivation, production and supply illegal (back door) (Mason, 2018).

Despite the evident importance of cannabis tourism to the country’s economy, according to Coggins (2017), especially since 2009, the government has been trying to discourage drug tourism; in 2012, a law was passed restricting the entry of tourists into coffee shops, which came into force in 2013 in some border towns, such as Maastrich, in order to reduce drug trafficking. In 2017, there were new rules that prevented the location of coffee shops within 250 meters from schools, which meant that many were closed; in addition, new licenses are no longer provided, making it impossible to open new establishments.

Currently, there are 573 establishments operating in 103 of the 380 municipalities in the Netherlands; which, according to a survey conducted by the Dutch newspaper Trouw, each coffee shop has a turnover of around 1.7 million euros per year, with total revenue estimated at approximately one billion euros (Cannabis Law Report, 2019). The largest concentration of coffee shops is in

Amsterdam, with 164 (Tourism in Amsterdam, 2020) and estimates are that 25–30% of the tourists visiting the city attended at least one of these establishments (World Travel & Tourism Council, 2018).

According to Boffey and Henley (2020), based on a survey with tourists in the Red Light District, 34% of respondents reported that they would come to Amsterdam less often if they could not buy cannabis at coffee shops, while 11% would never come again.

From the data exposed, it became evident that, even with the government's intention to discourage cannabis tourism, the income generated and the role of these tourists were still of great importance for the country's economy, especially for the city of Amsterdam.

4.4.2 United States of America

Based on the data from the National Institute on Drug Abuse (2019), in 2018, 45.30% of people aged 12 years or older had tried cannabis at least once in their lives, while in the group over 26 years old the percentage was 47.80. In this same year, the US cannabis market size was valued at USD 11.3 billion (Market Research Report, 2019) and was forecasted to reach approximately 24.07 billion U.S. dollars by 2025 (Conway, 2019).

Due to the autonomy of its federative states with regard to their local legislative issues, some US states have achieved great progress on this matter, enabling the legal commerce and the recreational and/or medical use of cannabis especially during the years 2012 and 2019, as in Colorado, Washington, Oregon, Alaska, California, Nevada, Massachusetts, Maine and the District of Columbia, which is the capital Washington. By the end of 2018, when sales and consumption came into effect in the states that approved legalization in 2016, approximately 68.2 million people (one in five Americans) lived in places where recreational cannabis use was legal (Oglobo.com/boa viagem, 2017).

Based on Leafly's annual 'Cannabis Jobs Report', until January 2020, there were 243,700 full-time-equivalent jobs supported by legal cannabis, where California remained as the biggest legal cannabis employer, but with Colorado presenting the highest per-capita marijuana job market, with one job per 165 residents, while California offered one job per 980 residents (Barcott, Downs & Chant, 2020).

By 2019, 33 US states and the District of Columbia have already legalized marijuana for medical purposes, recreational or for both (Market Research Report, 2019). It is expected that, in the next years, several other states will also undergo popular referendum processes to discuss the

use of this substance. It is worth mentioning that, in some of the cases presented above, the purchase of cannabis is still prohibited for tourists and, until now, only Washington, Colorado, Oregon and California have allowed legal access to this drug by non-residents, thus enabling a potential development of new drug tourism destinations.

In this context, perhaps because it was the first state to approve recreational use in 2012, Colorado is the most important emerging drug tourism destination in the country. Even without official government support, several businesses associated with cannabis tourism have already begun to gain space and profitability by offering services such as *cannabis friendly* lodging guides, dispensary visits, various courses on cultivation, processing, marketing, legislation and other topics related to marijuana (Eufloracolorado, 2016). Some of the major examples of companies in this new branch in Colorado, would be *Colorado Cannabis Tours*, *My 420 Tours*, *Colorado High Life Tours & Travels* and *Kush Tourism*. And, regarding *cannabis friendly* lodging companies, we could note *budandbreakfast.com* and *travelthc.com*.

According to the Colorado Department of Revenue – CDOR, throughout 2019, Marijuana sales reached \$1,747,990,628 in the state, with the total sales since 2014 reaching \$7,787,702,393 (CDOR, 2020a), where the tax, licenses and fee revenue throughout 2019 was of \$302,458,426 and the total accumulated since 2014 was of \$1,207,966,842 (CDOR, 2020b). It was estimated that the total annual resident consumption would be 189.6 metric tons of flower and another 19.0 metric tons for state visitors, with a total consumption of 208.6 metric tons (Oreans, Light, Lewandowski, Rowberry & Saloga, 2018, p. 11).

Also, in North America, the state of California, which, since 1996, had already regulated the use of medical cannabis, in January 2019, legalized the recreational use (with the market open to non-residents). Historically, the state has always been one of the largest producers in the country, with a strong illegal market, where areas such as the *Humboldt County* have become famous for the high concentration of small cannabis producers. With the legalization of recreational cannabis, California was expected to become the largest legal cannabis market in the world, but the data produced so far illustrated that the large surplus of production as well as the maintenance of the illegal market have been hindrances for legal cannabis in the state (Oglobo.com/economia, 2019).

With regard to cannabis tourism, the history of strong presence of counterculture movements such as the hippie movement, combined with the pre-existing legal cannabis market structure (focused on medical cannabis) made

the state of California to be properly prepared to meet the demands of these specific tourists, with attractions such as cannabis bus tours (e.g., *Green Line Trips*); various dispensaries (e.g., *MedMen*, *Spark and Bloom Room*); lounges for consumption and cannabis friendly lodgings (DW, 2019). In this sense, expectations are of great growth for cannabis tourism in this state.

4.4.3 Uruguay

Another case that deserved to be presented was Uruguay, that through profound changes in the law regarding cannabis use, has become the main destination for drug tourism in South America, as it was the first country in the world to legalize this substance.

Despite the fact that smoking and possessing marijuana in Uruguay has not been seen as a crime since 1974, the drug legalization process was effectively started in 2013; but only in May 2014, under the government of the former President José Mujica, that was then signed the Law 19.172, which created the regulated market of marijuana, specifying the various aspects resulting from the legalization of the production, trade and consumption of that drug (Leapbrasil, 2014). In July 2017, the sale of cannabis in the country's pharmacies was enabled, and so the last stage of the law was implemented.

The law further defined that tourists, because they did not have the registration, could not legally buy marijuana in the country, so the government made it clear that it would not support drug tourism and that it had no interest in becoming a new cannabis destination. In spite of the official discourse against this type of tourism, this situation has already allowed the emergence of an incipient drug tourism carried out mainly by tourists from other South American countries that, even not having the possibility to buy cannabis legally in pharmacies, decide to travel to this destination to satisfy the desire to consume this substance without worrying about the risks and legal penalties and also to satisfy the curiosity about the fact that cannabis is truly legalized in Uruguay (Pereira & de Paula, 2016, p. 200).

In this way, an illegal market has emerged to suffice the demand of these tourists. In a survey on the perception and possibility of tourists' access to the marijuana market in Uruguay, conducted by the Director of the Latin American Research Observatory on Criminal Policy and Reforms in Criminal Law, Dr. Pablo Galain, it was possible to notice that 63% of those interviewed stated that they consumed marijuana during the trip, 50% were able to buy marijuana (or its derivatives) produced in Uruguay,

30% ate cannabis foods and just 7% had access only to marijuana produced in Paraguay, a neighbouring country known for its poor product quality. The study also stated that 68% were able to buy the herb and that, for the most part, they considered the transactions to be friendly and safe (Coutinho, 2017a).

Another element that contributed to make this country more and more the target of marijuana tourists would be the existence of attractions such as cannabis clinics; farming clubs; an enormous amount of grow shops, like the *JuanaGrow*; cannabis friendly hostels, hotels and lodges; lodging agencies specialized in the theme, such as *Micasa 420*; themed coffees such as the *Hemp-T Café* (worth noting that they are not like the famous coffee shops of Amsterdam); a strong and active cannabis movement that develops cups, events, fairs and marches, where the *ExpoCannabis* appears as the largest marijuana fair in South America; besides the *Museo del Cannabis Montevideo* (Coutinho, 2017b). In this manner, cannabis tourist routes became increasingly structured and more frequent, thus evidencing the real existence of drug tourism in this country.

4.4.4 Other emergent cannabis tourism destinations

There were several other cannabis tourism destinations, which were not addressed in this article (as case studies), such as: the already consolidated cases of the Mountainous Region of Morocco and Free Town of Christiania (Denmark); emerging ones like Canada, country which legalized recreational cannabis use in October 2018; Jamaica, which through the Dangerous Drugs Act Amendment, in 2015, allowed tourists to declare themselves medical cannabis patients when entering the country, thus enabling them to have legal access to the substance (Davenport & Pardo, 2016, p. 62); other American states that recently regulated recreational cannabis market; as well as the numerous destinations in local and regional-scales, which might not be known worldwide.

5 Conclusion

With the development of this paper, it was possible to clearly observe the existence of this segment, as well as the growing use and appropriation of the term drug tourism by common sense and by several actors directly involved in carrying out this tourism activity.

As an emergent area of knowledge explored only superficially, it would be possible to reflect on numerous challenges and questions that might be approached by those who venture to research drug tourism; among them, we could highlight: studies on the profiles and demands of drug tourists; the development of new tourism packages, attractions and products; the need to create drug tourism research groups; surveys of the pros and cons of developing this tourism segment; the new attributions and demands of this specific labour market; the risks involved; reflections on legal issues associated with the transportation (national and international) of drugs (licit and illicit) for personal use; studies on the relationship between WTO tourism segments and the various drug tourism modalities; case studies at global, regional and local scales and so on.

But, for certain, one of the main challenges would be to reflect on conceptual issues that might help in the construction of a theoretical-methodological framework in order to underlie and legitimize academic research on drug tourism, thus breaking the prejudices and taboos associated with this theme.

Throughout the present work, it was presented a general overview on drug tourism; some conceptual reflections and purposes; the main destinations already consolidated; cannabis tourism case studies, and in the conclusion, there were brief considerations about the future challenges of this tourism segment. In this way, the great importance of the sub-segment cannabis tourism became evident.

In our history, there has never been a society that did not use drugs, so it is time to overcome the war on drugs and to address the issue with new approaches. This tourism segment is already an existing and emerging reality, with great growth prospects in various parts of the world. Therefore, it would be fundamental to perceive the new potentialities and obstacles for drug tourism, which constitutes a fertile field and little explored by scholars in the area of tourism, but that has been developed significantly in the practical sphere.

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