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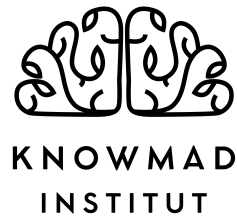
HUMAN RIGHTS AND DRUG POLICY IN GERMANY

KNOWMAD INSTITUTE

DEM DEUTSCHEN VOLKE

AN INDEPENDENT PROJECT OF THE:

IN COLLABORATION WITH:



Coordinators: Martin Ignacio Díaz Velásquez, Daniela Kreher.

Contributors: Jorge Paladines, Natascha Barz, Hubert Wimber, Philine Edbauer, Lisa Haag, Maximilian Plenert, Franjo Grotenhermen.

Lector: Rebecca Mehling.

Editor: Daniela Kreher.

Data Systematization and Visualization: Martin Ignacio Díaz Velásquez.

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Contributions to Human Rights and Drug Policy in Germany

EN | Abstract:

This publication addresses the current debate on drug policy and human rights in Germany and the unwillingness of decision-makers to take responsibility for cannabis decriminalization and responsible adult regulation beyond party agreements. A group of experts, partly LEAP(Law Enforcement Against Prohibition)-Germany members and a team from Knowmad Institute, conducted a survey and collected input to provide an overview of the international and national situation and add to the discussion. The results show that the proportion of cannabis users in all educational and professional groups is higher than often assumed. Participants in the survey are in favor of legalization or state regulation of cannabis and see police measures and prosecution as inefficient. Regulation and decriminalization of drugs could increase trust in the state and lead to a more open approach to substances, which would ultimately benefit everyone's health and safety. The contributors recommend the pragmatic application of the Rome Consensus 2.0 as a tool for reforms toward humane drug policies.

Keywords: human rights, drug policy, cannabis, Germany, necropolitics, public health, police

DE | Abstract:

Die vorliegende Publikation befasst sich mit der aktuellen Debatte um die Drogenpolitik und Menschenrechte in Deutschland und der mangelnden Bereitschaft von Entscheidungsträgern, jenseits von Parteivereinbarungen Verantwortung für die Entkriminalisierung von Cannabis und verantwortungsvolle Regulierung für Erwachsene zu übernehmen. Eine Gruppe von Experten, teilweise LEAP(Law Enforcement Against Prohibition)-Deutschland Mitglieder und ein Team des Knowmad Instituts, hat eine Umfrage durchgeführt und Beiträge gesammelt, um einen Überblick über die internationale und nationale Situation zu geben und die Diskussion zu ergänzen. Die Ergebnisse zeigen, dass der Anteil der Cannabiskonsumenten in allen Bildungsschichten und Berufsgruppen höher ist als oft angenommen. Teilnehmende der Umfrage sprechen sich für eine Legalisierung oder staatliche Regulierung von Cannabis aus und sehen polizeiliche Maßnahmen und Strafverfolgung als ineffizient an. Eine Regulierung und Entkriminalisierung von Drogen könnte das Vertrauen in den Staat stärken und zu einem offeneren Umgang mit Substanzen führen, was letztendlich der Gesundheit und Sicherheit aller zugutekommen würde. Die Verfasser empfehlen die pragmatische Anwendung des Rome Consensus 2.0 als Instrument für Reformen hin zu einer humanen Drogenpolitik.

Keywords: Menschenrechte, Drogenpolitik, Cannabis, Deutschland, Nekropolitik, Gesundheit, Polizei

ES | Abstract:

Esta publicación aborda el debate actual sobre la política de drogas y los derechos humanos en Alemania y la falta de voluntad de los responsables políticos para asumir la responsabilidad de la despenalización del cannabis y la regulación responsable de los adultos, más allá de los acuerdos entre partidos. Un grupo de expertos, en parte miembros de LEAP(Law Enforcement Against Prohibition)-Alemania y un equipo del Knowmad Institute, llevaron a cabo una encuesta y recogieron aportaciones para ofrecer una visión general de la situación internacional y nacional y contribuir al debate. Los resultados muestran que la proporción de consumidores de cannabis en todos los grupos educativos y profesionales es mayor de lo que se suele suponer. Los participantes en la encuesta están a favor de la legalización o la regulación estatal del cannabis y consideran ineficaces las medidas policiales y la persecución. La regulación y despenalización de las drogas podría aumentar la confianza en el Estado y conducir a un enfoque más abierto de las sustancias, lo que en última instancia redundaría en beneficio de la salud y la seguridad de todos. Los autores recomiendan la aplicación pragmática del Rome Consensus 2.0 como herramienta de reforma hacia políticas de drogas más humanas.

Palabras Clave: *derechos humanos, política de drogas, cannabis, Alemania, necropolítica, salud pública, policía*

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REFERENCES

I. INTRODUCTION

Given the current debate and lack of willingness of policymakers and legislators to take responsibility for decriminalization and responsible regulation of cannabis, this publication collected input and conducted a survey to add to the discussion.

A group working in different aspects and from different perspectives on drug policy in Germany came together to create the survey and this publication. It is an approach to human rights and drug policy in Germany, with an overview of the international and national current situation.

This exploration gathers perspectives that can enrich the debate and open new points of view to readers.

Overview of the Situation of Human Rights and Drug Policy at the International Level

This represents a brief insight and does not describe the situation of the different regions and continents, which is beyond this work's scope.

Since 2018, there has been a plea at the international level, at the E.U. and also United Nations, for a reform of drug policies worldwide, towards a humanitarian and humane drug policy where human rights are respected, and people are at the center.

The United Nations first agreed in 2018 on a "common position to support the implementation of international drug control policies through effective interagency cooperation." This promotes a reorientation of policies and programs away from punishment and repression and towards supporting effective health and social assistance. Despite ample evidence and international agreements, global coverage needs to be met.

During the 62nd session of the U.N. Commission on Narcotic Drugs in 2019, attended by some **2,000 delegates from U.N. member states, academia, and civil society**, a ministerial declaration was presented to "strengthen our national, regional, and international action to accelerate the implementation of our shared commitments to address and combat the global drug problem"¹. Following this **Ministerial Declaration**, it was decided to review the progress in implementing all the international drug policy commitments in the Commission on Narcotic Drugs in 2029 via a mid-term review in the Commission on Narcotic Drugs in 2024.

¹(UNODC, 2019)

The March 2019 meeting saw the release of the International [Human Rights and Drug Policy Guidelines](#). UN agencies such as the AIDS Programme [UNAIDS], the Development Programme UNDPF, the World Health Organization [WHO], numerous UN member states, and leading human rights experts* worked to develop them. A UNAIDS press release states, "The facts showed that criminal law could not curb the illicit drug market..." The "war on drugs" does not protect society but leads to numerous human rights violations and causes much human suffering. Governments should instead place human dignity, human rights, and sustainable development at the center of their drug policies. He said this is the only way to protect the rule of law and ensure the right of all people to health, protection from torture, and decent living conditions"².

The guidelines³ identify the following **13 rights that states would need to protect and implement**:

1. The right to the best possible state of health, including the right to harm reduction, voluntary treatment for drug dependence, and access to controlled substances (such as substitution treatment or pain management)
2. The right to benefit from scientific progress, for example, with regard to modern drug therapies or advanced criminal law
3. The right to an adequate standard of living
4. The right to social security also for drug users and prisoners
5. The right to life (therefore, no death penalty should be imposed for drug offenses)
6. The right to be free from torture and other cruel, inhuman or degrading treatment or punishment (such as withdrawal of substitution medication)
7. The right to protection from arbitrary arrest
8. The right to a fair trial
9. The right to privacy
10. The right to freedom of thought, conscience, and religion
11. The right to participate in cultural life
12. The right to freedom of opinion, expression, and access to information
13. The right to peaceful assembly and association.

Towards a Humanitarian Drug Policy

A humanitarian policy addresses the drug problem at all levels by focusing on a humane attitude of support for people with drug abuse problems. The Rome Consensus focuses on those who struggle daily with their disease, who live miserably because they are discriminated against, tortured, deprived of all health and social support, and deprived of their rights and dignity. The primary goal of humanitarian aid and the humanitarian approach is to save lives, alleviate suffering and uphold human dignity. However, there is a lack of political will, funding and capabilities.

² (Sweers et al., 2019b)

³(Stoffregen, 2019)

In 2020, the “*Rome Consensus 2.0*”⁴ initiative was relaunched, advocating for humanitarian drug policies worldwide and from the heart of the IFRC - International Federation of Red Cross and Red Crescent Societies - because reform is urgently needed. Torture and even death sentences, persecution, and imprisonment for using or possessing drugs for personal use can be found daily around the world. The Rome Consensus 2.0 builds on the Rome Consensus for Humanitarian Drug Policy, adopted in 2005 by representatives of 121 Red Cross and Red Crescent national societies from around the world. The new consensus aims to articulate principles for humane and effective drug policies prioritizing individual and public health, and addresses the increasing illicit drug use and related problems worldwide.

A genuinely effective health-based drug policy should include adequate evidence-based prevention, practical harm reduction measures, and accessible public health services.

The international community has made numerous commitments regarding its response to drugs, but a robust and binding system to ensure their implementation still needs to be improved. Professional bodies, civil society, and affected communities are all central in responding to the drug problem. Success will only be possible if people at all levels are committed to investing more and creating greater public awareness to implement more conscious and effective drug policies. With collaboration, the preventable and unacceptable health and social harms associated with the global drug situation can be reduced and overcome. Governments, NGOs, and stakeholders already have the tools, guidance, and evidence to address these challenges. These include the United Nations normative guidelines on prevention⁵, treatment⁶, harm reduction⁷, dealing with overdoses⁸, averting arrests⁹, human rights, and ensuring access to medicines.

There have also been efforts at the EU level. In Sept.2021, a publication titled “Human Rights at the Heart of Drug Policy.” was published on the 50th anniversary of the Pompidou Group, the Council of Europe's international cooperation group on drugs and addiction. It confirms, “in most European countries, cannabis use by young adults remained stable or increased in the 2010s. Cannabis possession remains the main cause (75 %) of all drug-related offenses recorded in the EU”¹⁰.

⁴ (Rome Consensus 2.0, 2020)

⁵ (UNODC, 2020)

⁶ (UNODC, n.d.)

⁷(WHO, 2014)

⁸(WHO, 2016)

⁹(UNODC, 2018)

¹⁰(Pompidou-Gruppe, 2021)

Human Rights and Drug Policy in Germany - End of Cannabis Prohibition?

On a national level, cannabis as medicine has been allowed in Germany since March 2017¹¹. In 2021 and 2022, various measures were taken by the German government to comply with the process of drafting a law on cannabis regulation. Expert hearings and exchanges with international stakeholders took place. Part of this process is the federal government's key issues paper on the controlled supply of cannabis to adults for consumption purposes. The Ministry of Health presented it in the fall of 2022. The Ministry of Health promised a draft law on the controlled dispensing of cannabis for spring 2023.

The main legal provisions envisaged for the legalization of cannabis, according to the key points document, are:

- a) Cannabis and tetrahydrocannabinol (THC) will no longer be legally classified as narcotics.
- b) Production, supply, and distribution will be permitted within a licensed and state-controlled framework.
- c) Purchasing and possessing up to a maximum quantity of 20 to 30 grams of pleasure cannabis for personal consumption in private and public spaces will be made possible without penalty.
- d) Private cultivation will be permitted to a limited extent.
- e) Ongoing investigative and criminal proceedings are to be terminated for acts that are then no longer punishable.
- f) The distribution may take place with age control in licensed specialized stores and, if necessary, pharmacies.
- g) Advertising of cannabis products will be prohibited.
- h) Specifications will be set to ensure quality and purity.
- i) The minimum age limit for sale and purchase will be set at the age of 18 (with an upper limit for THC content up to the age of 21, if applicable).
- j) The introduction of a special excise tax ("cannabis tax") is envisaged.
- k) Cannabis-related education and prevention work and target group-specific counseling and treatment services will be further developed.¹²

Nevertheless, despite progress in German drug policy, it is evident that consumption-related offenses, especially cannabis use, are still heavily pursued by the police.

An analysis by LEAP-Deutschland e.V. chairman and retired police chief in Münster, Hubert Wimber, on the 2021 police crime statistics shows that crime in Germany has been declining for years, mainly in violent crime and residential burglaries. Police recorded more than one million fewer crimes in 2020 than in 2016, the lowest level since 1993. However, crime is increasingly shifting into the digital space, and case numbers for cybercrime and subsidy

¹¹ (Bundesgesetzblatt, 2017)

¹² (Bundesministerium für Gesundheit, 2021)

fraud are rising. Nevertheless, the overall trend is positive, and the police are praised for their work. The exception to this trend is narcotics crimes, which have been rising for decades. In 2020, 365,753 police investigations of narcotics offenses were recorded, the highest level since records began in 1987. The increase is predominantly due to general narcotics law violations, which criminalize the possession and acquisition of drugs. These are mainly consumption-related offenses, in which almost exclusively people who use drugs are the focus of law enforcement authorities. In contrast, investigations of trafficking offenses involving people who operate on the supply side of the drug market have increased modestly by comparison. In most of their activities, police prey on consumers rather than those who control the cultivation, trafficking, and sale of illicit substances as members of criminal organizations.

The increase in the number of cases, combined with the results of surveys of self-reported use, proves that the pursued objective of deterring potential users from using substances covered by the law by criminalizing all forms of handling them has failed. The drug market shows that the demand for psychoactive substances exists independently of the criminal provisions of the BtMG (*Betäubungsmittelgesetz*, Narcotics Law), and promotes the emergence of criminal organizations. However, the police are obliged to prosecute criminal offenses, and therefore the number of cases of drug-related offenses is increasing despite the lack of reports. The increase in investigations and consumption-related offenses is, therefore, since the police are increasing the pressure to control the drug scene by increasing the deployment of personnel and resources.

Wimber recommends investigating the motives and interests behind the increase in repressive measures on the part of law enforcement agencies, as no scientific study with valid results is available to date.

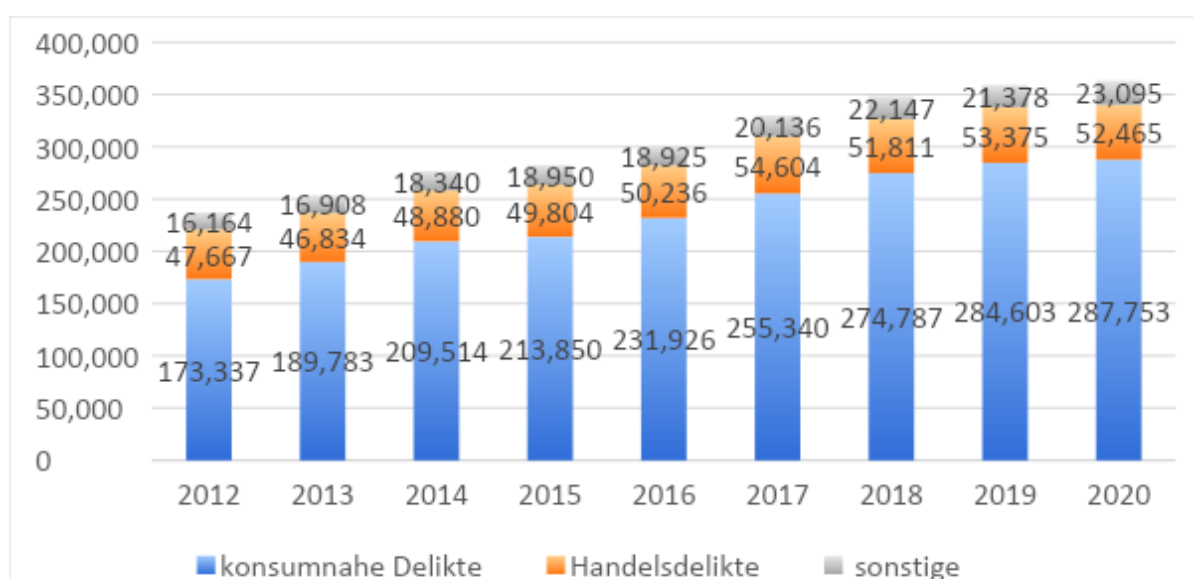


Tabelle 1 (PKS Rauschgiftdelikte, Zeitreihe 2012 – 2020) Image: H.Wimber

The presentation of the number of cases in table 2, starting in 1987 (to the extent that the development can be traced back based on the current submission of the PKS by the Federal Criminal Police Office), makes it clear that the increase in the number of offenses under the BtMG as a whole and the number of consumption-related offenses has occurred almost in parallel. The total number has increased almost fivefold during this period, and the number of consumption-related offenses has increased almost sixfold. Even in this period of almost 35 years, the increase in trade-related offenses has been relatively moderate, with currently 54,356 preliminary proceedings compared to 27,664 in 1987. Furthermore, something else emerges from the analysis of the preliminary proceedings registered by the police: about 2/3 of all BtMG proceedings concern cannabis or its forms of preparation as the underlying substance, irrespective of the type of offense and the year of the survey.

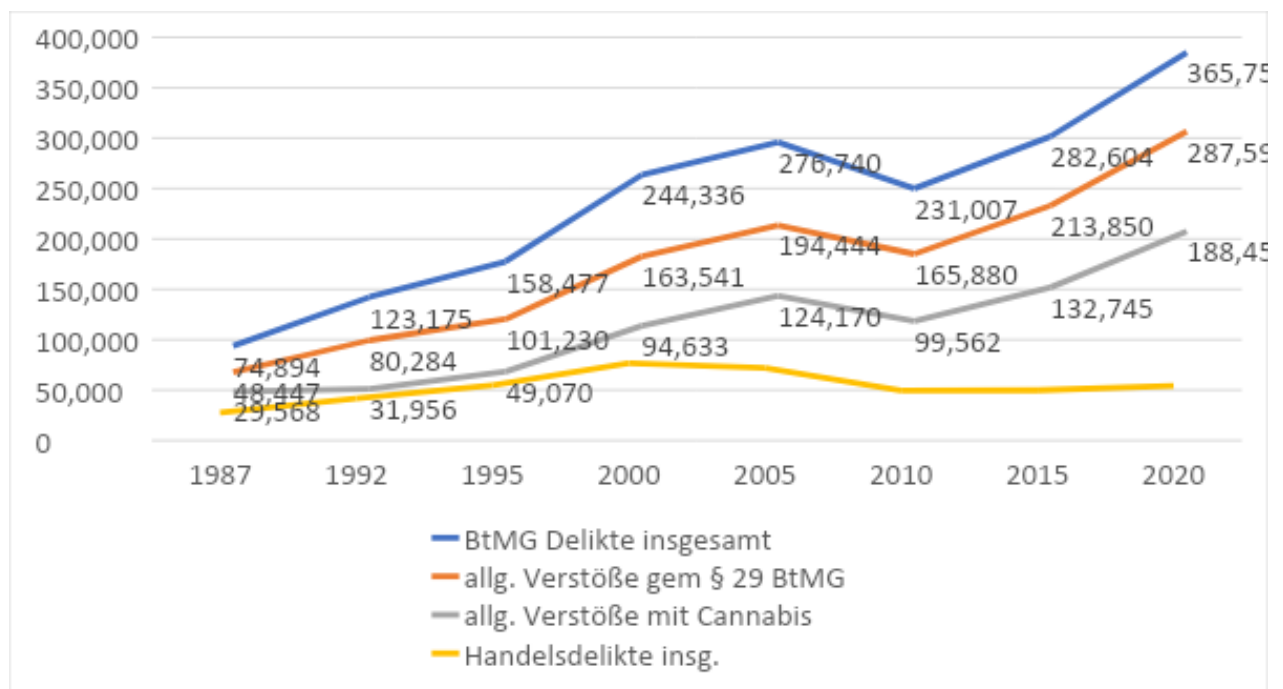


Tabelle 2 (Entwicklung ausgewählter Delikte nach dem BtMG 1987 – 2020) Image: H.Wimber

Between 2020 and 2022, there have been several demands from various organizations regarding drug policy and harm reduction. The decriminalization of people who consume cannabis controlled dispensing to adults, changes in driving license law have been demanded, and even judicial submissions to the Federal Constitutional Court have been made (Bernau Local Court and Pasewalk Local Court).

II. THE SURVEY ON HUMAN RIGHTS AND DRUG POLICY IN GERMANY

On the initiative of the Knowmad Institut and with the support of LEAP-Deutschland e.V., a survey on human rights and drug policy issues in Germany was conducted over several months in 2021. An international team participated and contributions from additional experts were solicited. The current situation requires more contributions to the debate so that more informed decisions can be made.

The goal of the survey was to first test how the survey could be implemented. Questions were asked about general data, drug use and political perceptions, and regular cannabis use. The invitation to collect data happened through social media (Facebook and Twitter). Using a Google form and creating our own instruments, we collected and interpreted the perceptions and opinions of 2070 individuals in Germany.

A selection of the results is now presented in this publication.

As the regulation/legalization of cannabis is a current topic that moves and concerns many people, this survey is part of the process in a country looking for the best way to end cannabis prohibition.

If the reader has discovered a new point, where everywhere the harmful consequences of prohibition and that especially in Germany, a drug policy reform is urgently needed, then the goal is achieved.

We are open and grateful for extensions, comments, reviews, and constructive criticism. Please feel free to [contact us](#).

LEAP(Law Enforcement Against Prohibition)-Deutschland e.V. is a nationwide and global network that aims to draw attention to the harmful consequences of drug prohibition and the "war on drugs" and to point out legal alternatives to repressive drug policies. The association is concerned with reducing the deaths, illnesses, and crimes caused by legal prohibition, as well as the addiction of drug users. It demands an ideology-free and scientific review of the harm and benefits of current drug policies from those with political responsibility.

The European Institute for Multidisciplinary Studies on Human Rights and Science - Knowmad Institut gemeinnützige UG (haftungsbeschränkt) promotes research and science. As an independent think and do tank, it promotes humanitarian reform of the international drug control model through its drug policy and human rights program, research projects and publications, advice to researchers and students, and organizes events around this multidisciplinary and transtemporal issue. The [Knowmad Journal of Human Rights and Science](#) accepts papers and articles on this and related topics.

A research tool that is warmly recommended is the [Knowmad Research Gateway](#), which is an essential and very user-friendly tool for researchers.

III. DATA COLLECTION AND ANALYSIS

An [interactive page with graphics](#) on the survey results on human rights and drug policy in Germany has been created. In this tool, you can surf and explore the data yourself. An interactive flowish data visualization was used.

Overview of Graphics:

Graphs 4-12: on general data,

Graphs 13-40: on drug use and political perceptions,

Charts 41-49: responses for regular cannabis use.

<https://bit.ly/mddeu>

Germany On The Way To State Regulation Of Cannabis?

Jorge Vicente Paladines*

*European Institute for Multidisciplinary Studies on Human Rights & Sciences - Knowmad Institut.

The survey on drug policy and human rights in Germany is presented in an easy-to-use digital format, which makes the illustration attractive, accessible, and understandable for everyone. The survey begins with describing the "as-is" state regarding the use of drugs such as cannabis in the context of the factors that exist between the practices and social perceptions of use and the predominant state of response.

In methodological terms, this survey has a representative result for diagnosis. It is not a mere census or a study with mathematical formulas for a country of about ninety million inhabitants, but rather a survey of about 2100 people who respond to critical questions about their practices and impressions about the relationship between consumption and the state. The group of respondents exemplarily reflects belonging to socio-economic strata that are typically European and in which educational background, level of education, and access to information differ widely from the societies of developing countries or the Global South.

This first finding is significant because it shows that the surveyed group benefits from a better position regarding information and competence in the debate, while excluding any form of influence from the surveyors towards the respondents. Thus, there was complete independence and freedom in how the respondents' answers turned out. The authenticity of the answers is thus guaranteed.

Like any solid survey, the Knowmad Institute's research begins with identifying and classifying the respondents' identity characteristics by age group and political, ideological, and religious affiliation. This representation of the group surveyed becomes a cross-cutting issue, mainly as issues related to drug policy – such as harm reduction – can be found that depends on the conditions described above. In doing so, the survey also reveals how the “cannabis issue” is perceived through understanding the past, present, and future of the use and legalization of the cannabis plant.

An essential part of the survey concerns the level of knowledge about the current Narcotics Act (BtMG) and the concept for the controlled regulation of cannabis presented by the Green Party in 2015. In other words: In a society like the German one, a significant part of the population uses cannabis and is at least aware of the legal regulations (requirements or prohibitions) and the development of the legal debate on decriminalization (expectations and freedoms).

Furthermore, the survey provides an interesting reflection on how respondents perceive the relationship between drugs and crime. Although they are aware of illegal markets and drug smuggling - as well as policy failures in policing and prosecution - they do not associate cannabis use with crime but with other social factors. Therefore, the social practices of cannabis use are thought to be separate from the actions of organized crime, resulting in discussion scenarios that are less influenced by criminogenic language.

Interestingly, respondents overwhelmingly agree that regulation should be in the hands of the state rather than private businesses or the free market. This is a significant fact as it helps to understand citizens' expectations for cannabis regulation. Again, this differs from citizens' perceptions in countries such as Canada and the United States, where regulatory processes have swung toward the free and corporate markets.

These responses are again related to the social status of the respondents, not only because of what they said about how they used. Nevertheless, also because of their impressions regarding possible experiences with criminalization or police violence, as most respondents did not experience the use of low-quality substances or delivery to law enforcement or judicial authorities.

In this context, it remains an open question whether respondents' sense of belonging and identity are associated with middle socioeconomic segments and nonmigrants or whether some at least have a distant rather than immediate immigrant background; a question that might arise given majority support for expelling foreign criminals from the country as a way out of drug-related crime.

Aside from the debates that all surveys generate, the work done by the Knowmad Institute is valuable and should therefore be disseminated and replicated in other parts of the world. Even if additional questions have arisen - or some existing questions have been toned down - this is an essential contribution to research. Gradually, the challenges of the new market will

emerge. However, the results provide an exciting basis for decision-making for civil society organizations and German government institutions that have the will to change cannabis drug policy—an opportunity to pave the way for decriminalization.

Discrimination Even in the Heart of Europe

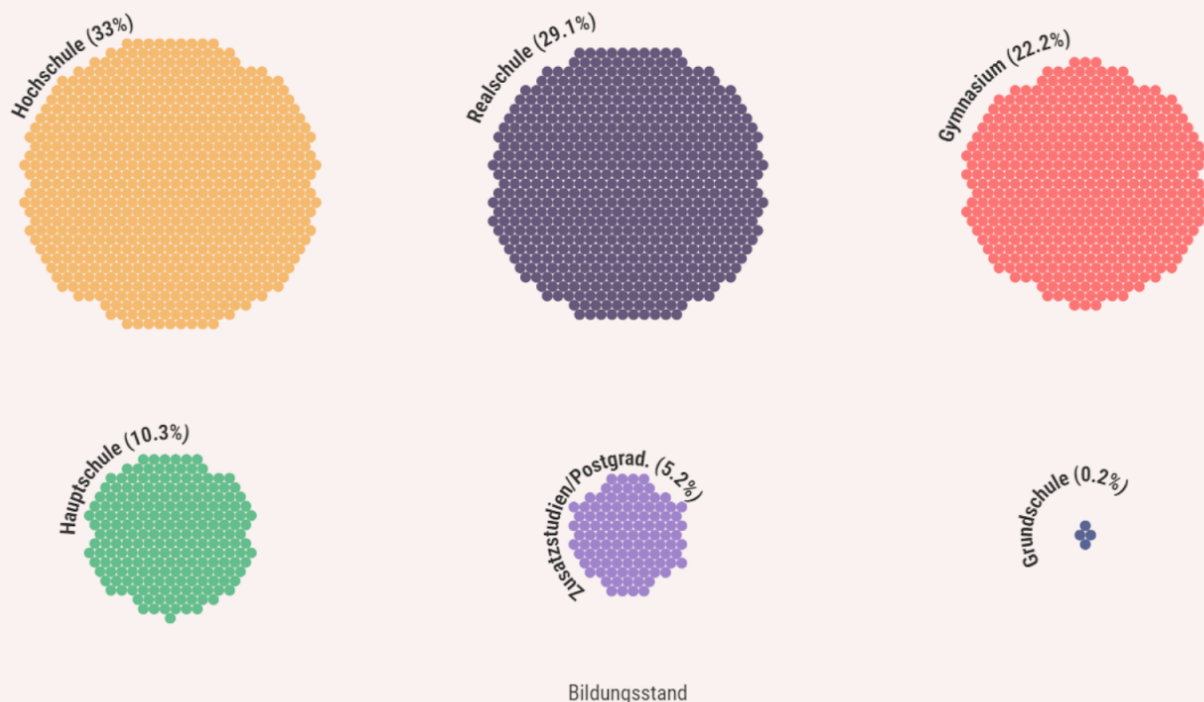
Natascha Barz*

*Law Enforcement Against Prohibition Deutschland

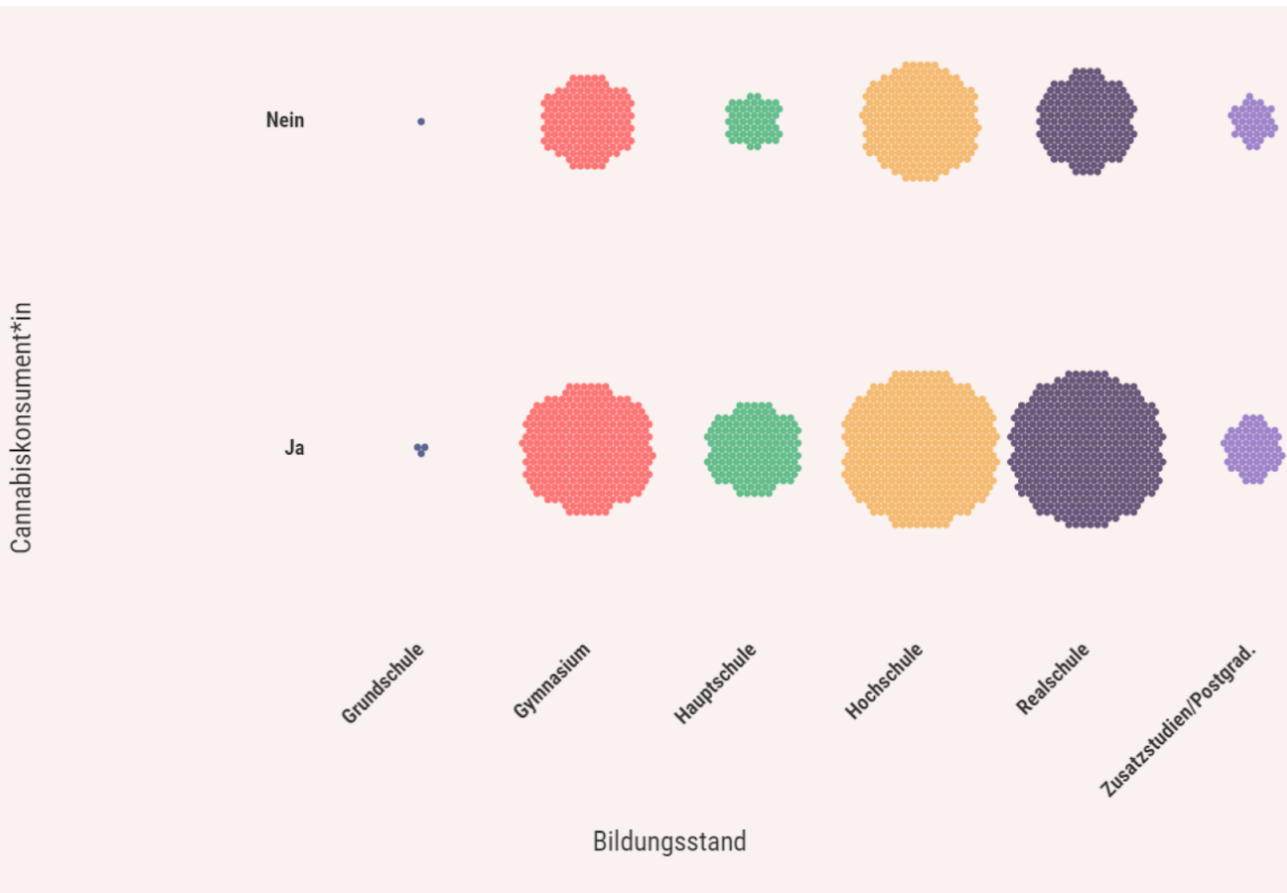
The Knowmad Institut and LEAP Germany conducted a survey on drug policy and human rights in Germany. Survey period: February to October 2021 via social media and drug policy events in Germany - Number of participants: 2070.

The survey was conducted interactively. Most participants are from Bavaria and North Rhine-Westphalia, followed by Baden-Württemberg, Hesse, Lower Saxony, Berlin, and all other federal states. Most participants are male (86.2%), and only 13.6% are female (rest: other answers). The most extensive age range is represented by 25-44 years. Among the participants, the largest group represents university graduates.

The question on education level and cannabis use is fascinating: in all groups of school graduates, users outweighed non-users. This was particularly evident in the large groups of university attendees/graduates, Realschule students, and high school students, followed by Hauptschule students, graduates of additional studies, and elementary school attendees without further schooling.



Most survey participants are employees, students, self-employed or pensioners, far outnumbering the unemployed or working in the household.

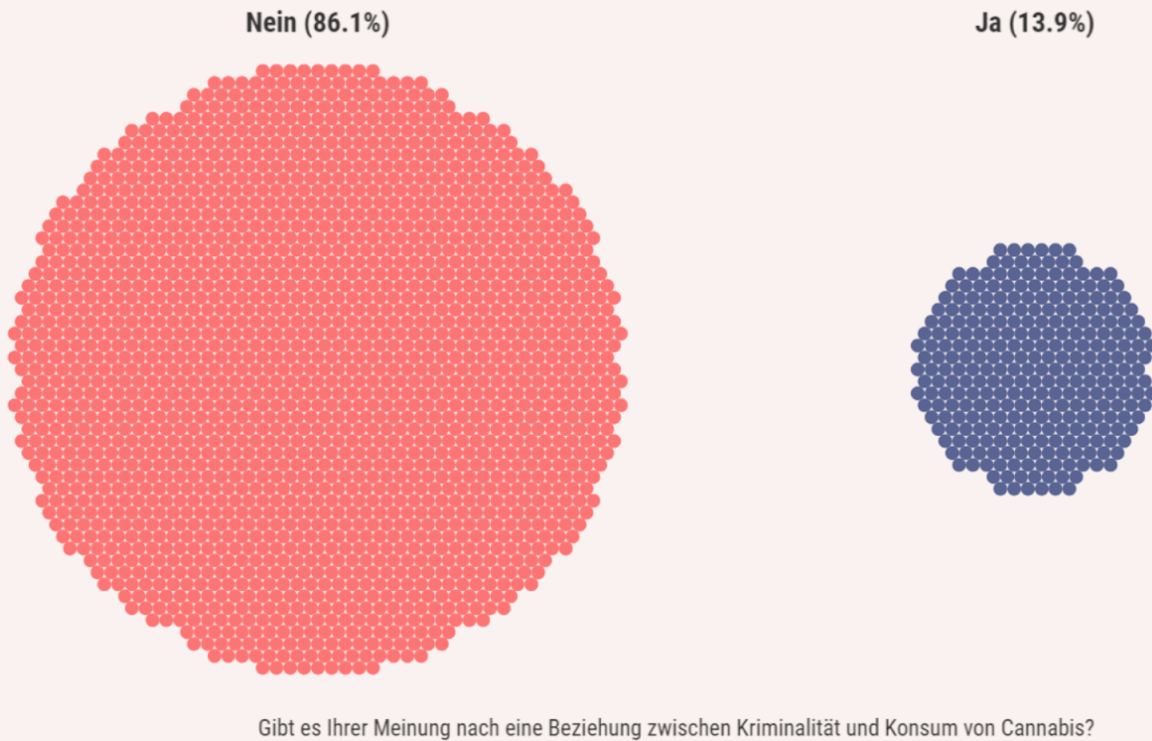


Source: [Drogenpolitik und Menschenrechten in Deutschland. P.11](#)

Among the respondents, 72.7% are aware of the principle of harm reduction, just as most are aware of the BtMG and the Cannabis Control Act.

This is followed by general questions about the situation in the last two years: a question about the perception of crime (increased/equal) and whether one has been a victim of criminal acts, and whether one would suspect that the perpetrators of criminal acts are more likely to be among Germans or people with foreign roots. Most respondents would like to move (emigrate) to another country.

The question about a relationship between crime and drug use is interesting - here, 55% of the participants suspect a connection - 45% do not. Asked about a relationship between crime and cannabis use, 13.9% of respondents suspect a connection, while 86.1% do not. It would certainly be interesting to know to what extent a drug-induced connection is assumed, i.e., whether the drug was the trigger for the crime or to what extent connections are suspected here.



Source: [Knowmad Institut](#) • Díaz Velásquez, M. I., & Kreher, D. D. (2022). Drogenpolitik und Menschenrechten in Deutschland.
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Source: [Drogenpolitik und Menschenrechten in Deutschland. P.27](#)

When asked about the increase in illicit drug trafficking in Germany, this is predominantly stated as moderate to much - according to the participants, it is mainly the availability of cannabis and new psychoactive drugs that has increased. Respondents perceive drug use by young people as moderately increasing. In addition, an increase in the acceptance of the recreational use of cannabis is perceived by survey participants.

Glauben Sie, dass polizeiliche Maßnahmen und Strafverfolgung eine effiziente Politik zur Reduzierung des Drogenkonsums darstellen?

■ Ja ■ Nein



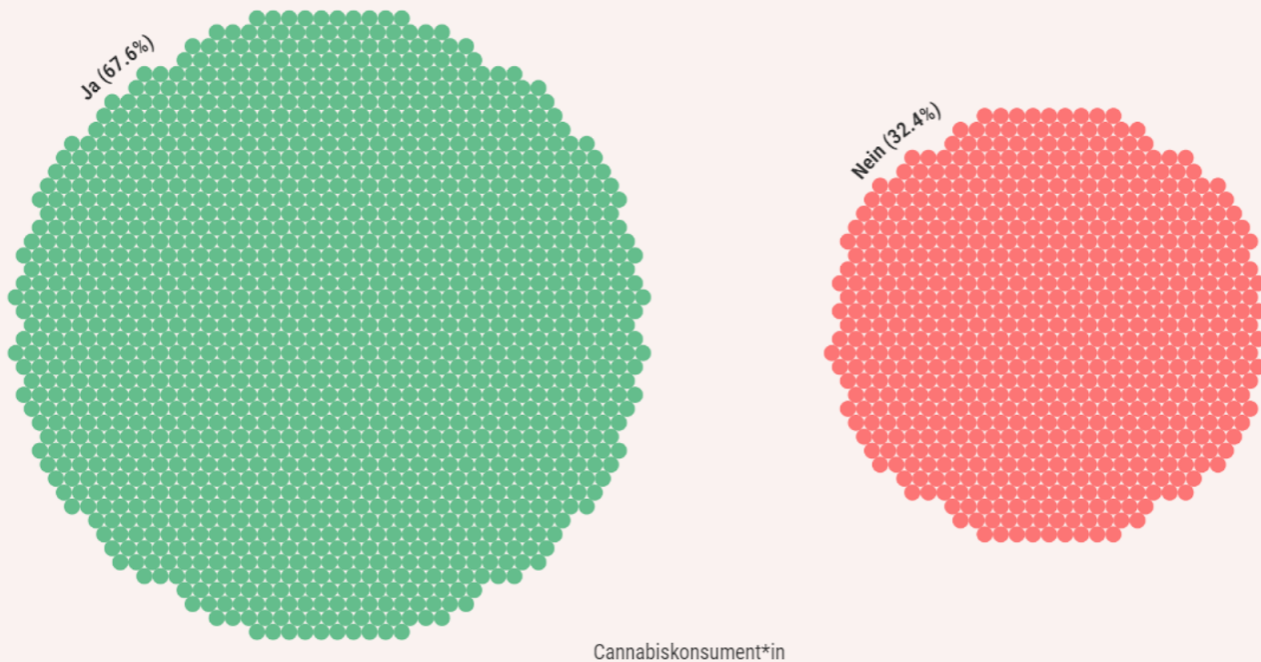
Source: [Knowmad Institut](#) • Díaz Velásquez, M. I., & Kreher, D. D. (2022). Drogenpolitik und Menschenrechten in Deutschland. CC BY-NC 4.0 // 2022



Source: [Drogenpolitik und Menschenrechten in Deutschland. P.33](#)


Strikingly, 98.6% of survey participants believe that police measures and law enforcement are ineffective policies to reduce drug use. 89% of respondents think that the state should regulate illegalized drug production. Most survey respondents are unaware of GPDPD (Global Partnership for Drug Policy and Development). 87.5% think cannabis should be legal, 11.5% think cannabis should be regulated, and only 0.8% of respondents disagree. Overall, 97.8% think substance use should be recognized as an individual right, and 2.2% disagree.

Regarding whether participants in the survey have ever turned up for work under the influence of drugs (including alcohol), 48.4% of respondents say yes, whereas 51.6% say no. The risks of substances are assessed differently. When asked about consumption behavior, 61.3% of the participants stated that they had used cannabis in the past week, 49.5% had used alcohol, and 56.5% had used tobacco in the past week. Further detailed information on the frequency and the use of other drugs is better read in the survey.



Source: [Knowmad Institut](#) • Díaz Velásquez, M. I., & Kreher, D. D. (2022). Drogenpolitik und Menschenrechten in Deutschland. CC BY-NC 4.0 // 2022



 A Flourish data visualization

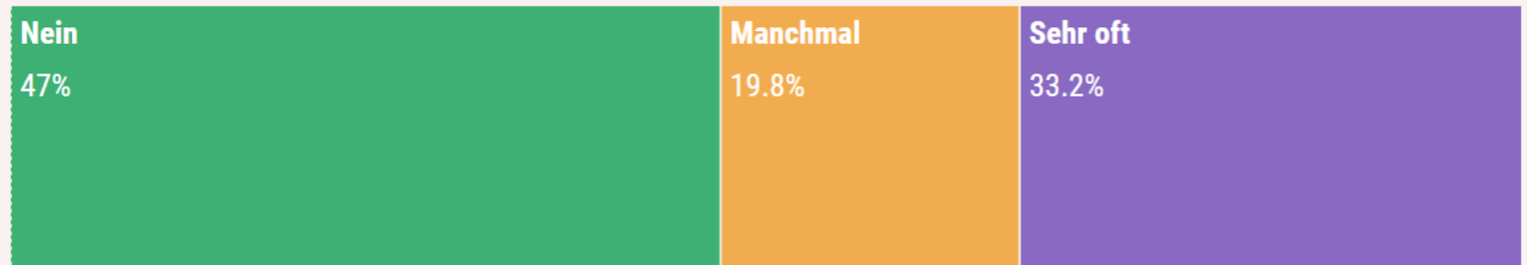
Source: [Drogenpolitik und Menschenrechten in Deutschland. P.41](#)

When asked about regular cannabis use, 67.6% of the participants answered in the affirmative, and 32.4% denied regular use. Mostly buds and tobacco are consumed mixed, followed by flower and buds pure, hash and tobacco mixed, hash pure, concentrates, e-liquids, and lastly, "other derivative." Preferred forms of consumption are joint in the first place, followed by vaporizers, food/drinks, a glass pipe or bong, wooden pipe, tincture, and e-cigarettes (see chart in the survey). The preferred consumption mode is smoking at 69.6%, vaporizing at 28.2%, and others at 2.2%. Noticeably, it is predominantly inhalation used to ingest the active ingredients. However, when asked about the preferred form of consumption, food, and drink are named in "3rd place" (37.5%).

When asked about the acquisition/access to cannabis, the preferred ways of obtaining cannabis are "via a friend," "buys on the black market," "acquaintance buys on the black market," "own cultivation," "other source," "pharmacy," "darknet," "work colleague," "social networks," "family member," "cannabis social club" and finally "partner." Being a cannabis user is honestly and openly admitted by 38.8%, 46.6% are very selective about it, and 14.3% say they are very intimate about this topic.

Haben Sie im vergangenen Jahr Diskriminierung oder Ablehnung erfahren wegen ihres Cannabiskonsums?


Ergebnisse anzeigen für



■ Nein
 ■ Manchmal
 ■ Sehr oft

Source: [Knowmad Institut](#) • Díaz Velásquez, M. I., & Kreher, D. D. (2022). Drogenpolitik und Menschenrechten in Deutschland.
 CC BY-NC 4.0 // 2022



 A Flourish data visualization

Source: [Drogenpolitik und Menschenrechten in Deutschland. P.47](#)

When asked about discrimination, this occurs significantly less among friends and family than among state employees. When asked whether they had experienced verbal violence by state security forces, 62% said no, while 38% said yes. Physical violence was experienced by 18.9% and not by 81.1%.

When asked about the purpose of use, 80.8% indicated regular recreational use; for meditation cannabis is used regularly by only 28.4% of the participants, and medicinal cannabis is used regularly by 54% of the respondents. To increase creativity, cannabis is used regularly by 40.5% and rarely by 41.9%. For focusing, cannabis is used regularly by 38%, and for sports, only 13.2%, and 29.6% rarely. Furthermore, the participants were asked how often they were discriminated against by family, superiors, and friends in their environment because of their cannabis use. Here, too, the value is highest among government employees.

The statement: "Since I have been using cannabis regularly, I drink less beer." was agreed to by 87.2% of the respondents, and 12.7% denied this.

Further interesting and detailed values are listed in the survey and can be read very well there. Source/survey: <https://bit.ly/mddeu>

Summary:

From the study, it is easy to see that the proportion of cannabis users is found in all educational strata. Contrary to the stigmatized assumption that cannabis users are predominantly poor in education and unemployed, this survey shows the opposite: even among those with educational qualifications considered to be of higher value, such as university graduates, students, high school graduates, and junior high school students, the proportion of cannabis users among the respondents is more significant than the proportion of non-users. The same is valid for employees/employees, students, self-employed, or pensioners; again, the proportion of cannabis users is more significant than that of non-users. The proportion of respondents without employment was lower than the proportion with professional employment.

Most respondents do not equate drug use and cannabis use with criminality. Many users feel discriminated against, and some have been victims of verbal or physical violence, but this is the smaller proportion of respondents. Many perceive an apparent increase in society's acceptance of cannabis users. Many use cannabis regularly but rarely for different purposes (recreational, medical, sports, or meditative).

It can be seen from the responses that due to the current illegal status of criminalized substances, predominantly illegal supply channels are used (except for pharmacies), and many users are very selective or intimate with the issue out of fear of repressive persecution and discrimination. Cannabis use itself is not perceived as problematic.

Most participants are convinced that policing and prosecution are ineffective policies for reducing drug use. Government regulation of illegal substances is preferred. Also, most feel it is an individual's right to use drugs. 99% of respondents believe that cannabis should be legalized or at least regulated by the state - only 0.8% of survey participants are against this.

In this respect, current political efforts are likely to be welcomed by most survey participants. Regulation of drugs and overall decriminalization would once again strengthen trust in state officials and generally lead to a more open approach to substances. This benefits, not least, the health of every individual.

IV. FROM NECROPOLITICS TO RESPONSIBLE REGULATION OF CANNABIS

Prohibition as Necropolitics, Health Policy, and the Death of Drugs

Philine Edbauer*

* My Brain, My Choice.

According to official figures, one thousand three hundred ninety-eight people died from using illicit drugs in Germany in 2019, 9.6% or 122 people more than in the previous year¹³. We detailed that drug death is not a consumption-related problem but a political one in one of our #mybrainmychoice background articles¹⁴. At annual commemorative and protest events, many drug addicts, former addicts, substitutes, relatives, and social workers repeat their precise demands to those politically responsible for preventing drug deaths:

Decriminalization and nationwide, adequately funded drug help facilities¹⁵. But this year, too, the media response and reactions from politicians to the more than 40 rallies in Germany were only marginal. The drug commissioner justified the deaths on Twitter by saying that “we were unable to reach [people] with our offer of help”¹⁶.

This is not only cynical regarding the long-criticized deficient help system, but also belies that most health emergencies can be traced back to German legislation¹⁷¹⁸. Not only domestically is the success of specific measures such as drug consumption rooms and diamorphine treatment too clear not to implement them nationwide, but also looking to, for example, Portugal¹⁹ and Italy²⁰, the significant reductions in death rates as a result of drug policy changes should inspire immediate action. However, instead of pushing through the necessary measures with full force and naming criminalization as a problem to be overcome, the highly fluctuating drug commissioners of the federal government announce year after year again the death figures - which have tended to rise in recent years but have remained stable overall.²¹

Recommendations by experts to maintain and promote health are hardly implemented²², even though the National Drug and Addiction Strategy (2012) claims to focus on health (p. 6ff.) and the office of the Drug Commissioner is attached to the Ministry of Health, which

¹³ (Drogenbeauftragte, 2020)

¹⁴ (Meisner, 2020)

¹⁵ (Drogenkurier, 2019)

¹⁶ (Ludwig, 2020a)

¹⁷(Scharwey, 2020; Meisner, 2020; Drogenkurier, 2019, S. 9ff.)

¹⁸(Scharwey, 2020; Meisner, 2020; Drogenkurier, 2019, S. 9ff.)

¹⁹(Hughes & Stevens, 2010, S. 1017)

²⁰(Jesse, 2017, S. 36)

²¹(Bundeskriminalamt, 2019)

²² (Scharwey, 2020)

means that drug policy in Germany is understood as health policy. Does this raise the question of why necessary health protection measures are not implemented? Why is there so little outrage among the politically interested public and hardly any pressure from journalists? Why are there avoidable drug deaths?

Explanations for this inconsistent health policy can be pursued from a wide variety of historical, psychological, or sociological approaches. This essay discusses drug death from a bird's eye view using a social theoretical, and cultural analytic model that explains political death as an intrinsic part of our age - necropolitics.

Necropolitics is an evolution of the biopolitical model of analysis. The political scientist Achille Mbembe judged biopolitics, referring to the philosopher Michel Foucault, as insufficient to analyze current political events historically²³.

While biopolitics aims at organizing human life and maximizing quality of life²⁴, it needs explanations for rampant wars, colonialism, and terrorism²⁵. What must be understood here is that the political does not mean (only) party politics, but all social, institutional, and societal actions and interactions²⁶. Necropolitics aims to organize death²⁷, that is, to determine "who may live and who must die"²⁸. It is about physical and social death, i.e., impoverishment through exclusion and immobilization²⁹.

In a lecture, philosopher Marina Gržinić explains the extent to which the two policies interact simultaneously - for example, to explain refugees' death and misery at the EU's raised external borders. At the same time, the welfare states take care of their citizens in Europe³⁰. The political organization of life and death is coexistent and not mutually exclusive. Some people's existence is oriented toward life optimization, and others towards death. Moreover, this is decided politically; for example, according to whether one has an EU passport or - and now back to drug death in Germany - whether life-saving and health-promoting measures for drug users are granted or denied. As outlined at the beginning, German drug policy causes drug deaths because almost nothing is done to correct harmful legislation and to establish health protection consistently and comprehensively. Nevertheless, it is hardly criticized and is even supported by the majority. Thus, the biopolitical principle of "make live and let die" does not apply, but drug death is organized necropolitically.

For example, this relationship is clearly visible in Frankfurt's train stations and the banking district's neighborhood, where the avoidable pauperization of homeless heroin addicts and

²³ (Mbembe, 2003, S. 11f.)

²⁴(Pieper et al., 2011, S. 7)

²⁵(Mbembe, 2003, 11f.)

²⁶ (Gržinić, 2018, Min. 3:40)

²⁷ (Gržinić, 2018, Min. 8:00)

²⁸ (Quinan & Thiele, 2020, S. 3; Übersetz. d. Verf.)

²⁹ (Quinan & Thiele, 2020, S. 3; Gržinić, 2018, Min. 27:00, 30:00)

³⁰ (Gržinić, 2018, Min. 5:20; Min. 18:40)

extravagant life optimization coexist. In the station district, the drug help facilities advocate the expansion of health promotion and maintenance measures - against the resistance of conservative politicians and residents³¹.

For the proponents of prohibition, impoverishment is an argument for the continuation of repression, exclusion, and displacement³² - a necropolitical circular argument.

Elsewhere, the interplay of bio- and necropolitics is illustrated by the paradox of the illegal drug cannabis. In connection with cannabis, there is neither death nor misery, such as in Frankfurt's station district. Furthermore, after David Nutt's study on the comparison of the harmfulness of drugs for society³³, it is shown that the distinction of substances into legal and illegal is invalid.

Due to its status as the most commonly consumed illicit drug, it is widely known that cannabis is relatively harmless compared to alcohol and that a legal disparity exists - even if there is disagreement about whether and how this problem should be solved. The fact that the cannabis debate argues about the dangers and opportunities for health (cannabis as medicine) shows that this is a biopolitical discourse. However, if there are no cannabis deaths - despite repressive conditions - is it still a purely biopolitical discourse and not a necropolitical one? Moreover, this is where it gets exciting: to argue for cannabis prohibition, the drug deaths of other illegalized drugs are used. In fact, cannabis prohibition advocates construct drug death into their argumentation.

Firstly, the CDU health politician Alexander Krauß propagates the long refuted nonsense of the "gateway drug cannabis," which leads to the consumption of "hard" drugs and thus to misery³⁴. This claim has been refuted by pointing out the logical fallacy and the contradictory empirical evidence³⁵ and is no longer advocated by the Drug Commissioner. However, it brings drug death to cannabis by linking the plant to synthetic cannabinoids, thus constructing the second necropolitical argument. Argues that while there are no cannabis deaths, there are deaths from synthetic cannabinoids³⁶. What these deaths have to do with cannabis remains unclear. However, again, accidents caused by prohibition could be avoided:

Only quality-controlled, i.e., legal, sales can guarantee that new psychoactive substances are not unknowingly consumed as co-formulants. So these two arguments are not aimed at doing anything about drug death and misery either. Instead, drug death is used to argue for prohibition, perpetuating drug death.

³¹ (Nika, 2020)

³² (FR, 2020)

³³ (Nutt et al., 2010)

³⁴ (Krauß, 2019)

³⁵ (Plenert, 2012)

³⁶ (Ludwig, 2020b, S. 2)

That drug policy is not health-maximizing is not a paradox in the analytical model of coexisting bio- and necropolitics. As a reminder, I have presented Ludwig and Krauß and their arguments as representative and prototypical of the discourse but not as authoritative actors; policy is made not only by parties but all of us consciously and unconsciously as children of our age (albeit in different power relations).

To prevent drug deaths, it is necessary to work proactively to guarantee everyone's health (and human rights). As activists for justice and peace, we must remember all persons and social groups affected by the BtMG, listen properly, and learn to understand the diverse positions in the drug policy scene to derive our actions and demands from them. Statements that distract from the fact that drug deaths can be largely avoided must be exposed as such. Cannabis as medicine and its relatively low harmfulness compared to alcohol are solid arguments for cannabis legalization in the biopolitical discourse. However, they are not tangential to the problem of preventable drug death. In reflecting on political action, however, it is essential not to overlook what is actually at stake: the variable, complex, and widely popular spectrum of effects of drugs, whose use has shaped the human condition since time immemorial and independently of our prohibitionist, bio- and necropolitical age.

Cannabis as Medicine in Germany: Claim and Reality

Dr. med. Franjo Grotenhermen *

*Arbeitsgemeinschaft Cannabis als Medizin e.V., International Association for Cannabinoid Medicines (IACM)

The Unfulfilled Claim of the Law

In its answer to a minor inquiry by Bündnis 90/die Grünen of 17.9.2020 on the supply of cannabis-based medicines, the German federal government writes:

“The federal government is pursuing the health policy goal of a quality-based and needs-based supply of cannabis-based medicines for patients in Germany”³⁷.

The Cannabis as Medicine Act, which the German Bundestag unanimously passed on January 19, 2017, has, in theory, created a good framework for such care. However, Germany still needs to provide a supply that meets the needs of its patients. In practice, patients and their doctors too often have to fight unsuccessfully for therapy with cannabis medication. The number of patients receiving cannabis-based medications continues to increase significantly. However, this cannot hide the fact that measured against the need, the necessary supply of the population is far from guaranteed. Suppose the current prescription practice of doctors, the practice of cost coverage by health insurance companies, and the interpretation of the law by the social courts continue. In that case, this can only be expected with improvements to the law.

³⁷ (Deutscher Bundestag, 2020)

Unsuccessful Search for a Doctor and Payment of Treatment Costs

Many physicians are willing to prescribe cannabis-based medications and cannabis, but the expense and fear of recourse keep many from doing so. Too many. Therefore, a frequent problem for patients is the vain search for a doctor who supports cannabis-based therapy. Not all patients can muster the strength and time often required for this.

Any treatment with cannabis-based medicines that aims to have the costs covered by the relevant health insurance company involves much effort for the practitioner to submit the application, with frequent rejections and minimal remuneration. Suppose the application is not approved on the first attempt. In that case, the patient and his physician must go through a lengthy procedure for the objection and possibly sue in the social court, possibly in several instances, for cost coverage.

Further Pressing Problems

For many severe diseases for which cannabis-based medicines have a therapeutic benefit and for which the Federal Opium Agency had granted corresponding exemptions under Section 3 (2) BtMG between 2007 and 2016, there is only a limited clinical database. The health insurance funds have moved to require “a not entirely remote prospect of a noticeable positive effect on the course of the disease or severe symptoms” in these patients.³⁸ Although, according to medical assessment, the patients concerned experience a positive effect on their illness or symptoms. However, such a “not entirely remote prospect” of a therapeutic effect is an elementary prerequisite for cost coverage by the health insurance fund.

Health insurance companies repeatedly refuse to cover costs because illnesses are not classified as “serious.” This is another hurdle for cost coverage.

It is common for health insurers to refuse to cover costs because not all therapy options have been exhausted, but without specifying which therapies should still be carried out. The treating physicians need to know which therapies should still be carried out in the opinion of the health insurance company before a treatment attempt with a cannabis-based drug can be approved. This is the third prerequisite for cost coverage.

The cost of cannabis flowers in pharmacies increased significantly in 2017 because they must be dispensed as prescription drugs after the law under Section 4 or Section 5 of the German Drug Price Ordinance (Arzneimittelpreisverordnung) came into force. This is associated with a 100% markup on the purchase price, resulting in prices of €20-25 per gram of cannabis in German pharmacies. This is a burden on physicians' budgets, health insurers, and especially patients, who must continue to finance such drugs themselves.

³⁸ (§ 31 Abs. 6 SGB V)

Physicians fear that prescribing high doses of cannabis-based medicines could result in penalty payments to health insurers, so-called recourses, under the accusation of a lack of economic efficiency – even though the treatment is covered. Such recourse claims already exist. Even if these are in the low 2-digit range, they will likely have a deterrent effect³⁹.

The Arbeitsgemeinschaft Cannabis als Medizin (ACM) has proposed solutions to all these problems. So far, there are no signals from the federal government that it wants to make adequate improvements to the law so that patients who have not yet received legal care can come out of illegality.

No Chance of Therapy for Most Diseases

More than 70 % of the cost assumptions reflected in an interim evaluation of the companion survey by the Federal Opium Agency are for pain disorders - patients with many other indications are underrepresented. A portion of the prescriptions for cannabis medications are for those for which the statutory health insurers have assumed treatment costs. A five-year accompanying survey by the Federal Opium Agency records these. Prescriptions on private prescriptions, which are either submitted to private health insurers or paid for by the patients themselves, are not recorded. According to the federal government, 8872 complete records were available in the companion survey as of March 6, 2020⁴⁰.

Other conditions (Tourette's syndrome, restless legs syndrome, sleep disorder) account for less than one percent of conditions. Other established indications do not appear at all. There is a clear difference in the distribution of diseases for which the Federal Opium Agency granted exemption permits for the use of medicinal cannabis flowers from pharmacies according to Section 3 (2) of the Narcotics Act in 2007-2016. There, psychiatric disorders, such as ADHD, depression, post-traumatic stress disorder, and chronic inflammatory diseases, such as ulcerative colitis and ankylosing spondylitis, formed a significantly larger proportion of patients who, in the opinion of the Federal Opium Agency, required therapy with cannabis.

This is particularly evident in the case of psychological problems and especially in the diagnosis of ADHD. These patients are underrepresented in cost coverage but comprise an above-average proportion of information services such as the ACM patient telephone. Mental illness accounted for 23% of patients with waivers. For cost transfers, the proportion dropped to 5%. For ADHD, the share dropped from 14% under waivers to just 2%.

³⁹ (Deutscher Bundestag 2020)

⁴⁰ (Deutscher Bundestag 2020)

Discrepancy Between Supply and Demand

An exact estimate of the number of patients in Germany who legally receive cannabis-based medicines is impossible due to a lack of data on issuing private prescriptions or private patients with a cost commitment. Most patients who do not receive cost approval can only partially cover their needs via private prescriptions for economic reasons.

Assuming many private patients, approximately 20-30,000 patients in Germany received cannabis-based medications. This corresponds to a share of 0.025-0.036% in a population of 83.2 million. It is known from other countries, such as Israel, Canada, and some states of the USA, that the real need for sufficient health care with cannabis medicines is about 1 to 2% of the population and thus at least 830,000, but more likely more than one million patients.

It can be safely assumed that significantly less than 10% of patients - this would be 83,000 - in need of such therapy receive it.

Traffic Light on Green: Turning Cannabis Around to Minimize the Harm of COVID-19's Consequences

Maximilian Plenert*

* Kompetenzzentrum Cannabis GmbH.

Lisa Haag*

* MJ Universe GmbH.

Corona: The World Turns Upside Down

The extent of the upheavals caused by the worldwide COVID-19 pandemic cannot yet be foreseen. People and nations are isolating themselves or distancing themselves from each other, borders are being closed again in open Europe, and the consequences of globalization are causing us difficulties. International flows of goods are interrupted, delayed, or come to a complete standstill. Value chains, entire industries, and even national economies are suddenly confronted with closed borders, an abrupt reversal of the seemingly unstoppable globalization. These economies will have to reinvent themselves, seek new models, or will disappear. Other sectors are booming, and digital products are more in demand and crucial than ever. Because how people meet, communicate, and collaborate has fundamentally changed.

We have created dependencies for ourselves that are catching up with us: cheap production abroad, global flows of goods, use of external resources, and old, outdated systems in tourism, retail, or the world of work. Corona has shown us the vulnerability of our economic system. Everyone knows Europe's inability to produce even short-term and sufficient respirators. At the same time, the Corona pandemic in China had already led to a lockdown and a halt in exports of masks⁴¹.

⁴¹(tagesschau.de & Steinlein, 2020)

Less well-known, for example, is that only one production facility for antibiotics is left in Europe⁴². For other drugs, too, we are in total dependence on China, India, and their sources of raw materials. The efficiency of our health care system is fatally dependent on penny items, without us having any production facilities for them ourselves. Regarding Europe's digital sovereignty, the situation could be better⁴³. In addition, regional products are fading in the retail sector, which is increasingly responding to its customers' desire for regional value chains.

Drug use and global commodity flows around drugs have changed, but not significantly diminished, due to COVID-19. According to EMCDDA, it is believed that "seizures and intelligence data ... did not indicate that there were immediate major disruptions to essential drug trafficking activities."⁴⁴ After a brief stall caused by the sudden closure of borders and the disruption of commodity flows carrying drugs, this market could quickly find new ways to operate - they are used to constantly changing. According to EMCDDA, among the approximately 25 million (EMCDDA 2019) users of cannabis, "use among occasional users decreased during Corona" while "use among regular users increased"⁴⁵.

Cannabis, in particular, is the substance with the greatest opportunity to turn things around - to minimize the impact of COVID-19 on a regional level, to protect and preserve our health, and in the long term as an opportunity to create legal cannabis markets with an international responsibility and appropriate regulatory mechanisms. In particular, we could leave the global dependence on the black market in the past as part of the rebalancing of our world.

REGIONAL Instead of International Dependence

After Corona is before reconstruction - of our economy, jobs, and local and international flows of goods and people, long before Corona, we saw a shift toward regional value chains, consumption, and individual responsibility. For example, the manufacturer Rügenwalder switched its soy production to Europe because EU organic soy is good for the rainforest and creates regional value chains⁴⁶. Corona has decelerated us all, so we may have more time to devote to these issues. At the same time, it has accelerated because never before has it been so clear that we need to rethink and reevaluate decisions. The demand for regional products in Germany has increased, and people are buying more online⁴⁷.

One such regional product is cannabis, currently permitted in the EU and especially in Germany by the Narcotics Act, only as "useful hemp," with a content of less than 0.2 percent. The approved varieties from the useful hemp catalog⁴⁸ can be used as raw material, which

⁴²(Strobl, 2020)

⁴³(Bernard, 2020)

⁴⁴(European Monitoring Centre for Drugs and Drug Addiction, 2020)

⁴⁵(European Monitoring Centre for Drugs and Drug Addiction, 2020b)

⁴⁶ (Rügenwalder, n.d.)

⁴⁷(Statista, 2020)

⁴⁸(BLE, n.d.)

considerably restricts the possible uses. In comparison, a THC limit of 1%⁴⁹ applies in Switzerland, which makes the hemp much more useful without any problems - without any serious side effects being known.

The products are in demand: hemp proteins as an alternative to vegetable protein and hemp seed oil as a daily plus for health and care. Many use CBD-containing hemp extracts against the stress of isolation and the little problems of everyday life. Here, too, the Confederates have an economic advantage because the hemp can be cultivated. Due to the naturally higher THC content, it also achieves a higher CBD content and is more productive biomass. Hemp is one part of the legal cannabis economy whose potential we should unleash. It is up to the federal government and companies to produce products that are safe for consumers, local and sustainable, thereby creating jobs and growth potential for Germany as a business location. The first concrete step is to relax the THC limit based on the Swiss model.

Laws for the Protection of the Population

Germany's Corona policy has shown that a clean balance of health protection and business and public life restrictions is possible. Under public pressure, politicians struggled to find solutions, advised by top scientists and with the need to justify the measures reasonably. With content, individual health and liberty, and the consequences and harms of actions to others and the community, were weighed, despite the lack of solid knowledge and experience about the new virus. The consequences of improper handling of Corona can be seen in countries like the USA, UK, or Brazil.

Exactly such balanced and well-founded considerations are missing in the discussion about cannabis - although here, the data on the effects of specific actions and instruments are very well-known and researched. Prohibition has not only failed and been harmful, but it has also been costly. Given the challenges posed by COVID-19, it is more insane than ever to waste significant resources on prohibition instead of investing them in effective health and social interventions.

We have old familiar harms from prohibition, such as the prosecution of end users and home growers, environmental damage from illegal production facilities, and old familiar contaminants. Many CBD grows also only partially regulated, and quality controls are lacking. The commercial hemp flower boom has also led to a portion of these flowers then ending up on the black market, laced with synthetic cannabinoids such as JWH-18, AM-1220, UR-144, and other altered substances that have nothing even remotely to do with cannabis anymore and carry a significant risk from side effects and even death.

The German Hemp Association has confirmed this with samples from our natural laboratory in Germany and Switzerland⁵⁰ ; the issue has now broken through to the surface and in the

⁴⁹(Bundesamt für Gesundheit BAG, n.d.)

⁵⁰(Waterkotte, 2020)

Swiss public media⁵¹. For consumers, these extenders are difficult or impossible to detect. Health protection is no longer guaranteed, nor is the protection of the population. Drug abstinence is unrealistic and not up to date. Regulation is the only alternative to the black market to counteract such things effectively.

The smoking and pulmonary disease factor has been put into a new context by COVID-19 - it all goes to the lungs. Extenders can become a big problem, as well as how cannabis is consumed. Internationally, now see a whole range of products e.g., edibles, tinctures, patches, ointments, suppositories, and oils, that are used to consume cannabis in a different way. All with quality controls, instructions for use and dosage recommendations, and comprehensive advice from the manufacturers within their means.

CBD - Cannabis, but drug?

For CBD products, we see a similar development in use and available products here. CBD can also be used for smoking cessation, for example⁵². The safety of the products for the end user is an essential criterion in this respect. Many consumers use the products to maintain or strengthen their health. Cannabis can be effective for health even without the disease to support complete physical, mental, and social well-being - even with THC. The world is hectic people want more time and are tense due to the overall situation. Cannabis used correctly, can help you calm down in these times and take time for yourself—a journey inward in times when travel is not possible.

The CBD industry continues to earn thanks to fantastic margins diligently, but needs to establish better to establish quality and standards. The regulatory framework is a patchwork of different national, European, and international laws and treaties, and the respective health authorities of the federal states and regional subdivisions are responsible for concrete implementation and monitoring. The actual legal situation could be more consistent depending on location in Germany. Especially the urgently needed regulation of CBD offers the opportunity to practice a strict cannabis policy. While currently, only a few actors evaluate CBD, also the list of criteria is long. For the bureaucrat, whether two chemically physically identical CBD molecules are extracted from the plant or the bioreactor is sometimes decisive. The abstract legal good to be protected in many regulations is health and consumer protection; unfortunately, these play no role in practice with CBD.

A reasonable CBD regulation would be quickly outlined. The health risk of CBD below high, clearly medical dosages primarily comes from its ability to interact with other drugs⁵³ or psychotropic substances and to strengthen or weaken them. Therefore, CBD poses little risk for a healthy⁵⁴, abstinent person, but for any patient dependent on medication, CBD can pose a significant risk above a certain dose. The goal of regulation must therefore be to clearly

⁵¹(Vögtli & Sterchi, 2020)

⁵²(Hindochoa et al., 2018)

⁵³(Brown & Winterstein, 2019)

⁵⁴(Iffland & Grotenhermen, 2017)

differentiate products into a) those for which reaching this effective dose is practically impossible (no regulation necessary for CBD, the rules for the product containing the CBD continue to apply) and b) those for which the dose is safely exceeded (pharmacy obligation). The area in between is where CBD retailers should be located. Initially, the limit should correspond to a low, i.e., very safe, dose. It is then the challenge of the cannabis industry to establish safety standards for proper handling. To the extent that this succeeds, the authorities could raise the maximum permitted value. This value thus moves, depending on the efforts of the CBD economy, from the order of magnitude "food" in the direction of "pharmacy-required," which should be in their interest. In addition, one secures in such a way a different part of the industry worth billions with many jobs.

Cannabis as Medicine and COVID-19

Regarding the use of cannabis against COVID-19 itself, there were some hypotheses and speculations, even fewer studies, in addition to lurid headlines and instead cheers "smoking pot is healthy after all" cheers from the usual incorrigible "hemp friends." The use of cannabis - even smoked with tobacco - offers no protection against infection. This warning call of Dr. Grotenhermen by the working group Cannabis as Medicine was an unfortunately necessary reaction⁵⁵.

The factual situation is still evident. Cannabis and individual cannabinoids are used against overreactions of the body, as they occur in autoimmune diseases. In addition, there are known antibacterial and antiviral effects that could be useful. Immunosuppressive effects could be used in the so-called cytokine storm, one of the lethal reactions a disease can trigger by COVID-19. Studies in the cell have confirmed that CBD-rich extracts can reduce the number of ACE-2 receptors⁵⁶. These play a crucial role in the infection with the virus. Unfortunately, the study did not examine other ingredients besides THC and CBD, which do not appear to be solely responsible for the effect.

More relevant could be the possibilities of cannabis as medicine in times of Corona. Cannabis cultivation and the production of cannabis-based medicines are readily and cheaply available in many places worldwide. A regional supply is more crisis-proof and could serve as an alternative for many medicines, especially those that are difficult to obtain and expensive.

Cannabis: One Plant - One Global Industry

Also, in the field of cannabis as medicine, there are producers in this country who produce cannabis for the German market - but exclusively for Germany and not for export. Although such products would certainly be in demand abroad, precisely because 'Made in Germany.' However, cultivation will also be delayed by COVID-19 and other factors⁵⁷. German

⁵⁵(Grotenhermen, 2020)

⁵⁶ (Wang et al., 2020)

⁵⁷(Avoxa-Mediengruppe Deutscher Apotheker GmbH, 2020)

authorities' acceptance of international plants is also currently delayed due to the restricted situation. Currently, it depends on imports from international countries. It will always remain a mixture of imports and own production.

Medical Cannabis as a Starting Point

This will also make sense if we create a legal market for adult-use cannabis in Germany. The German Cannabis Agency is alive and well, and wholesalers see more and more competition. To develop new business areas in the long run and wholesalers already provide a safe and tested flow of goods. The cannabis economy that is just emerging has the opportunity for 'healthy' internationalization. Local businesses and regional producers could provide regional, tested, safe products according to fixed quality specifications, similar to alcoholic beverages and food. High-quality, proven products from international countries would complement this. In which system one distributes these is for a moment open to question, and many variants are imaginable - via the pharmacy, specialist store, as models remote from the market and the state, such as the Cannabis Social Club or cooperative.

If we change the status of cannabis as a narcotic, this could have far-reaching effects and consequences. Either way, cannabis is grown in Germany; it is up to us whether we now make this driving force of cannabis available to the white legal markets or continue to leave it to the black market with all its known side effects. The black market exists, now increasingly in social media and low-threshold available to young and old—dealer digital and drug trafficking 3.0. As early as 2018, economist Justus Haucap calculated the potential for revenue from regulating the sector at around 2.7 billion in additional tax revenue and savings for the treasury⁵⁸. This also includes revenue for thousands of jobs that could be created.

Cannabis: Traffic Lights on Green

In many countries and U.S. states, COVID-19 has made cannabis an 'essential good.' The consequences of COVID-19 are being felt everywhere, not just here. International drug treaties that can be amended and shaped are available to us as a framework, and under their umbrella, we could enable the global cannabis economy. So that cannabis can be safely and transparently produced and delivered to end users worldwide. Cannabis has the potential, instead of small regional markets, to become a globally regulated, safe, and fair world market, similar to fair trade chocolate. We have tried the alternative long enough, and we have enough experience from real labs that it can work. What new course will Germany set on cannabis after COVID-19? It is time for a turnaround on cannabis: let us switch the lights to green.

⁵⁸(Deutscher Hanfverband, 2018)

Annexes

I. Raw Survey Data

- Díaz Velásquez, Martin Ignacio, & Kreher, Daniela Deborah. (2022). Studie zu Drogenpolitik und Menschenrechten in Deutschland (Antworten) - Formular 1 Antworten [Data set]. Zenodo. <https://doi.org/10.5281/zenodo.7699088>

II. Interactive Data Visualization

- <https://bit.ly/mddeu>

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-

Requests to authors –

Martin Ignacio Díaz Velásquez*

* European Institute for Multidisciplinary Studies on Human Rights & Sciences - Knowmad Institut.
<https://orcid.org/0000-0001-5162-4786> | E-mail: mdiaz@knowmadinstitut.org

Daniela Kreher*

* European Institute for Multidisciplinary Studies on Human Rights & Sciences - Knowmad Institut.
Law Enforcement Against Prohibition Deutschland
<https://orcid.org/0009-0000-7194-2845> | E-mail: dani@knowmadinstitut.org

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