

# Poison or Panacea: A Decade of Parliamentary Discourse on Cannabis Regulation in Slovenia<sup>1</sup>

Kristina Čufar<sup>2</sup>, Andrej Kapun<sup>3</sup>

Cannabis is the most prevalent controlled substance in Slovenia, and its legal status is fraught with controversy. In the past decade, several legislative proposals unsuccessfully attempted to transform the regulation of industrial, medical and non-medical cannabis. This article employs critical discourse analysis of parliamentary discourse on the proposed changes to cannabis regulation in the National Assembly of the Republic of Slovenia from 2013 to 2024. It identifies the discourse participants' main narratives and maps the social power relations involved in cannabis regulation. The proponents of less stringent regulation of cannabis initially relied on the fantastic narrative emphasising the magical properties of cannabis, but later adopted the compassionate narrative, accentuating the suffering of medical patients with difficulties in accessing cannabis. The opponents of regulatory change have adopted the public health narrative stressing the dangers of cannabis use and the virtues of cannabis prohibition. The public health narrative is occasionally displaced by the moral panic narrative asserting the threat of moral deterioration, widespread lethargy, etc., as consequences of greater cannabis availability. All discourse participants use the economic narrative, highlighting either fiscal gains or costs, while the once-leading criminality narrative is effectively absent in the parliamentary discourse on cannabis. The analysis shows that cannabis is primarily framed as a public health issue, with public health experts emerging as the dominant force in parliamentary cannabis discourse. Despite broad mobilisation to change cannabis regulation, the status quo remains undisturbed.

**Keywords:** controlled substances, critical discourse analysis, parliamentary discourse, cannabis, Slovenia

**UDC:** 34:633.888(497.4)

## 1 Introduction

Cannabis is the most prevalent controlled substance in Slovenia, and its legal status has been fiercely debated in the last decade. Cannabis is often perceived as less harmful than other substances, including alcohol, or is even celebrated as a misunderstood plant with untold medicinal potential. On the other hand, cannabis use has negative health implications for some users, and the stigma attached to cannabis use remains persistent. Debates about the dangers and benefits of cannabis penetrate the halls of power: there have been several unsuccessful legislative proposals aiming to change the legal status

of cannabis in Slovenia in the last decade. This article employs critical discourse analysis of parliamentary discourse on the proposed changes to cannabis regulation in the National Assembly of the Republic of Slovenia from 2013 to 2024. In this way the article identifies the different narratives utilised by the discourse participants and the relations of social power at play in the legislative process. Through this process, it exposes how policymakers and other stakeholders construe the broader scope of cannabis-related issues, the political and ideological underpinnings of the dominant narratives, and the pressing issues that remain overlooked in the parliamentary discourse on cannabis.

The article thus contributes to the growing body of literature addressing the regulatory transformations regarding cannabis. Most literature focuses on the jurisdictions experimenting with less restrictive cannabis regulation, especially Canada and the United States of America (USA), while studies from other jurisdictions, especially restrictive ones that predominate, remain scarce. Furthermore, analyses of the cannabis policymakers' discourses are even rarer, as most studies address the issue through legal, criminological, or public health analysis. However, critical discourse analysis can offer essential insights into the power dynamics and cultural and ideological underpinnings of cannabis regulation

<sup>1</sup> The article is based on research conducted within the research project titled: Alternatives to Conventional Punishment of Drug Offenders: The Case of Cannabis (V5-2324), co-financed by the Slovenian Research and Innovation Agency (ARIS), the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities, and the Ministry of Justice of the Republic of Slovenia.

<sup>2</sup> Kristina Čufar, Ph.D., Research Associate, Institute of Criminology at the Faculty of Law Ljubljana, Assistant Professor, Faculty of Law, University of Ljubljana, Slovenia. ORCID: 0000-0002-0688-1094. E-mail: kristina.cufar@pf.uni-lj.si

<sup>3</sup> Andrej Kapun, LL.M., Young Researcher, Law Institute at ZRS Koper, Slovenia. E-mail: andrej.kapun@zrs-kp.si

and thus provide a deeper understanding of the complexities involved in cannabis policymaking. By analysing a decade of unsuccessful attempts to change cannabis regulation in Slovenia, the article offers a glimpse into the dynamics and narratives capable of precluding a less stringent regulation of the production, distribution and possession of not only cannabis for non-medical use, but even cannabis for medical and industrial purposes.<sup>4</sup> Thus, the gap in the literature mainly focused on jurisdictions that adopted more liberal cannabis regulatory regimes is addressed by focusing on the underexplored parliamentary discourse on cannabis in a jurisdiction where, despite proposals to the contrary, cannabis remains strictly controlled.

While cannabis-related regulatory changes have been especially prominent in the last decade, cannabis regulation has a long history. Cannabis is a flowering plant used by humans for millennia. It contains a multitude of cannabinoids: the most understood are the psychoactive delta-9-tetrahydrocannabinol (THC) and non-psychoactive cannabidiol (CBD) (Kočevar Glavač, 2016). In Slovenia, cannabis, its derivatives and THC are scheduled as controlled substances, while the cultivation of hemp (with THC values below the legal threshold) for industrial purposes is allowed. Although the Slovenian legal system enables the use of cannabis for medicinal purposes, it does not permit the cultivation of medical cannabis (with THC values higher than allowed in hemp).

Patients, therefore, depend on expensive imported cannabinoid-based medicines or uncontrolled products on the black market. Medical and non-medical cannabis users alike take significant risks acquiring cannabis on the black market and risk criminal prosecution due to blurred boundaries between minor offences of substance production and possession for personal use and criminal offences with intent of distribution. The producers of hemp cannot sow traditional Slovenian hemp varieties as these contain too much THC to be considered hemp under Slovenian legislation, nor can hemp be possessed without risking a fine. Such factors motivate the proponents of both the so-called legalisation of cannabis (i.e., establishing of regulated markets for non-medical cannabis or permitting possession of cannabis for personal use) and the proponents of less restrictive cannabis regulation for medical cannabis and hemp. While attempts at changing the cannabis regulation are met with legitimate concerns about the nega-

tive implications of the wider availability and normalisation of the substance for public health and youth, these objections often bleed into scaremongering.

The article first frames the critical analysis of parliamentary discourse on cannabis within the broader context by outlining the problem of substance regulation and the historical development of cannabis policies worldwide and in Slovenia. The article then presents the methodology, which is a qualitative critical analysis of parliamentary discourse on cannabis in Slovenia. An analysis of the identified main themes and narratives on cannabis follows.

## 2 Regulation of Cannabis

### 2.1 Controlling Psychoactive Substances

The regulation of psychoactive substances depends not only on their inherent threat to the individual and the community and the substance's medical utility but also (and perhaps especially) on the cultural context, the socio-political climate and the interests of different social groups. Substance regulation is, first and foremost, a political issue: the official boundaries between dangerous illicit drugs and socially acceptable (albeit potentially hazardous) substances are drawn in the sand. For example, the European religious elite in the 16th century denounced coffee as the "bitter invention of Satan" (Adrian, 2015). Today, coffee is prevalent and normalised despite its stimulant potential. Departing from the current legal regulation of psychoactive substances, these could be divided into three categories: relatively unproblematic freely available substances (e.g., coffee, tea), relatively problematic regulated substances deemed socially and legally acceptable (e.g., alcohol, cigarettes), and controlled substances, also referred to hereinafter simply as "drugs,"<sup>5</sup> which Slovenian legislation assumes may "influence a person's physical or mental health or threaten a person's appropriate social status" (*»Zakon o proizvodnji in prometu z drogami (ZPPPD)«, 1999*). The regula-

---

Some scientists divide the cannabis plant into three species, *Cannabis sativa*, *Cannabis indica* and *Cannabis ruderalis*, based on physical characteristics and genetic makeup. In contrast, others argue that the differences are not significant enough to warrant separate species status, and consider them subspecies of *Cannabis sativa* (McPartland & Guy, 2017).

<sup>4</sup> To simplify, we refer to different uses of cannabis as "non-medical cannabis", "medical cannabis" and "hemp". It is important to stress that these are not different species of cannabis, rather, the same cannabis plant can be used recreationally (non-medical cannabis), medically (medical cannabis) or for industrial purposes (hemp). Hemp typically contains less psychoactive material than medical and non-medical cannabis.

<sup>5</sup> Controlled substances and drugs are not synonyms. The term "drugs" encompasses any substance affecting the body, while the term "controlled substances" refers specifically to drugs regulated by law due to their potential for abuse and harm. Since the terms are often used interchangeably, we sometimes use the term drugs to refer to controlled substances in this article in the name of simplification.

tion and scheduling of controlled substances is complex and, at least declaratively, based on protecting public health, the well-being of individuals, social cohesion, maintaining law and order, road safety, facilitating effective treatment methods and scientific research and so forth.

The reasons for limiting psychoactive substances to medical use or even entirely prohibiting them may seem well-established. However, the arguments about the harmful implications of these substances on human health and social status do not have full explanatory power. Many potentially dangerous or addictive substances and activities such as driving motor vehicles, extreme sports, social networks, gambling, tobacco, alcohol and so on pose a certain level of risk to the human organism, psyche and social status, yet they are less strictly regulated. In the past, the regulation of certain psychoactive substances was justified by religious motives or concerns about rising crime rates, while in recent decades, drug (ab)use and addiction, at least in the Global North, have been perceived as a public health challenge (Heidt & Wheeldon, 2022).

## 2.2 Cannabis and the War on Drugs

Cannabis is an emblematic example of a psychoactive plant that has been subject to a multitude of interpretations, ranging from fanatical glorification to fanatical demonisation, which has profoundly shaped criminal policies around the world. Cannabis is increasingly normalised but shrouded in myths and prejudices (Campeny et al., 2020; Hathaway et al., 2011; Reid, 2020). After a decade of initiatives to change the legal status of cannabis in Slovenia, it is necessary to unravel the beliefs, histories and reasons behind its prohibition. As Slovenian drug policy is a copycat policy (Lukšič, 1999), it is essential to understand the global evolution of cannabis prohibition.

Humans have been using cannabis for millennia for religious and recreational purposes across various cultures, and it played a vital role in medicine until the early 20th century (Warf, 2014). Cannabis is not only a drug; its seeds are a nutritious food, and its fibres have been used to make ropes and textiles for centuries. In what is now Slovenia, hemp was a typical crop, and cannabis was used as a medicinal herb (Kočevar Glavač, 2016). The worldwide rejection and prohibition of cannabis at the beginning of the 20th century in the context of the global attempt to restrict the opium trade through the League of Nations instruments coincided with advances in modern Western medicine (the discovery of aspirin, antibiotics, and the development of opiates) and the discovery of nylon fibres and the economic interests of cotton growers who perceived hemp as competition (Fandl, 2021; Warf, 2014). Cannabis was gradually replaced by other ma-

terials and substances, and the demonisation of cannabis as a dangerous drug began.

The USA led the cannabis crackdown. In the prohibitionist spirit of the 1920s, a massive campaign against cannabis based on connecting cannabis to Mexican immigrants was launched: cannabis users were said to slip into homicidal and suicidal madness, engage in interracial and homosexual sex, and sink into idleness (Adrian, 2015; Fandl, 2021; Warf, 2014). In the 1960s, cannabis was adopted by the hippie movement made up of young, white, middle-class Americans. While the hippies were perceived as problematic disruptors of the social order, their appropriation of cannabis began a slow process of social normalisation of the substance previously associated with people of colour and lower social classes (Heidt & Wheeldon, 2022). The war on drugs, which began in the USA in the 1970s and escalated in the 1980s, is often based on racist and classist fearmongering about drugs and their users, and entails a militant crackdown on individuals and communities believed to be involved in drug-related crime (Montgomery & Allen, 2023). Drug-related (often cannabis-related) offences have been filling USA prisons for decades, with black offenders over-represented among those incarcerated (Callahan et al., 2021; Fair & Walmsley, 2021; Gray, 2001; Lea et al., 2022).

The war on drugs soon became a global phenomenon, often targeting vulnerable populations rather than the harms associated with illicit drug use (Cruz, 2017; Lines, 2017; Roberts & Chen, 2013). Policies focusing primarily on drug supply (production and distribution) have been shaped mainly by the countries of the Global North, which generate the bulk of global demand for controlled substances. The repression and violence of the war on drugs are primarily felt in the Global South, where the majority of drugs are produced, and by the unhoused, lower social classes, immigrants, youth, etc., in the Global North (Wisehart, 2018). Tough on (drug-related) crime rhetoric is an easy way to score political points, but the war on drugs is financially costly, it causes much social harm, does not reduce the demand for drugs, nor does it contribute to a balanced education on the real dangers of substance (ab)use (Reinarman, 2015).

The social dynamics framing cannabis (and other controlled substances) in the USA profoundly influenced drug policies around the world for over a century and remain enshrined in relevant international law today (Fandl, 2021).<sup>6</sup> The

<sup>6</sup> The current international legal framework on drugs comprises three UN conventions (also known as “UN drug conventions”): the 1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The aim of the

1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol (hereinafter: Single Convention) initially classified cannabis as a Schedule IV substance. Schedule IV is the most restrictive schedule, encompassing substances considered to have exceptionally high abuse potential and little to no therapeutic value, posing significant risks to public health and safety. Cannabis was placed on the infamous Schedule IV without any scientific basis (Global Commission on Drug Policy, 2019) and was removed from this schedule in 2021 on the initiative of the World Health Organization. Cannabis and its derivatives remain on Schedule I of the Single Convention, which covers substances with a high risk of abuse and minimal medical utility. International law thus allows medical cannabis and research (Johnson & Colby, 2023). Although there are indications that cannabis may help treat or alleviate symptoms of various illnesses, its long-standing prohibition has precluded scientific research for decades, so we still know relatively little about the effects of cannabis on human health.

Throughout the century of prohibition, the global production and consumption of cannabis and its derivatives were steadily increasing. For decades, prohibition encouraged growers to cultivate increasingly potent cannabis strains, as decreasing the volume of the drug facilitates its transport and distribution and increases profits (Chandra et al., 2019; Heidt & Wheeldon, 2022). The extremely potent cannabis of the 21st century thus poses a greater risk to users than it did when the pogrom on cannabis began. Experts recommend that the THC content of cannabis for recreational use should be limited (Shover & Humphreys, 2019), yet this is only possible in regulated markets. Despite the prohibition of non-medical cannabis in international law and most countries, it is the most widespread drug in many of them: for instance, 20.7% of the population in Slovenia have used it in their lifetime, while only 2.9% ever used the second-ranked ecstasy (Nacionalni inštitut za javno zdravje [NIJZ], 2023). Social perceptions of cannabis are also changing, as many no longer fear it and support a less restrictive cannabis policy.

Along with the social perception of cannabis, the policies are also transforming. The trailblazer of cannabis reform is the Netherlands, which started its policy of untangling the markets for 'soft' and 'hard' drugs in the 1980s (Blickman, 2018). The first country to consistently establish regulated markets for non-medical cannabis was Uruguay in 2013 (Queirolo et al., 2019). Since then, several other countries have – in diverse ways – taken this step, including Canada,

---

conventions is to reduce the supply of and demand for controlled substances and to restrict their use to medical and scientific purposes. Most countries in the world have acceded to the UN drug conventions, but the requirement for consensus makes amending them virtually impossible (Blickman, 2018).

Malta, Thailand, some US states and Germany (Manthey et al., 2024). The Supreme Courts of countries like Mexico, Colombia, Argentina, Spain and Georgia sanctioned the decriminalisation of personal cannabis use and possession based on the right to privacy and general freedom of action (Eastwood, 2020). Many more countries permit medical cannabis, and in many jurisdictions, cannabis-related offences are less intensively prosecuted or have been decriminalised (Adda et al., 2014; Hughes et al., 2019; Wilkins et al., 2020). Regulation of cannabis is thus a quickly transforming yet controversial field.

### 2.3 Cannabis Regulation in Slovenian Jurisdiction

Cannabis regulation in Slovenian jurisdiction has developed in parallel with the international legal regime since the Kingdom of Yugoslavia – a significant producer and exporter of opium and hemp – adopted the 1925 International Opium Convention of the League of Nations in 1929 (Jovanović, 2018). The regulation was export-related and only changed significantly with the ratification of the Single Convention by the Socialist Federal Republic of Yugoslavia. As a result of ratification, Yugoslavia adopted the Narcotic Drugs Act »Zakon o mamilih«, 1964), which scheduled cannabis as a controlled substance, banned its cultivation and distribution except for scientific purposes, and established drug possession as a minor offence, while the use of drugs was not qualified as an offence.

As a legal successor of Yugoslavia, the Republic of Slovenia assumed its international obligations and never changed the relevant criminal law substantially. The Criminal Code (»Kazenski zakonik (KZ-1-UPB2)«, 2012), criminalises the illicit manufacture and trade in narcotic drugs, illicit substances in sport and illicit drug precursors (Article 186 of the »KZ-1-UPB2«, 2012) as well as facilitating the consumption of narcotic drugs or illicit substances in sport (Article 187 of the »KZ-1-UPB2«, 2012) which subsumes the commonplace passing of a cannabis joint among users. Production and/or possession of a controlled substance for personal use are defined as minor offences, while the use of a controlled substance does not constitute a legal offence at all. Compared to other European countries, criminal policy regarding personal use and possession of controlled substances in Slovenia was never stringent, as neither possession for personal use nor personal use of drugs has ever been criminalised, unlike, for example, in countries like Italy, Germany and even the Netherlands (Košir, 2002).

The line between cultivation or possession for personal use (minor offence) and possession with intent to sell (criminal offence) is blurred. Since what established "personal use" has not been defined, many users have to prove that their

production or possession of cannabis is not related to drug trafficking in lengthy court proceedings (Vrhovno sodišče Republike Slovenije, 2016, 2019). Another issue is the alternative treatment of offenders provided for in the Production of and Trade in Illicit Drugs Act (Article 33 of the »ZPPPD«, 1999), which cannot be implemented due to inconsistency with the Minor Offences Act (»Zakon o prekrških (ZP-1-UPB8)«, 2011).

While the relevant laws have not changed significantly for decades, regulations inferior to laws (secondary legislation) is more dynamic. In the late 1990s, rules on the cultivation of hemp did not set a maximum THC level in the product. This controversial oversight was quickly supplemented by a limit on THC in dry matter, which has fluctuated between 0.2 and 0.3% ever since. The maximum THC content for hemp is set by reference to the EU regulation governing subsidies to agricultural producers under the common agricultural policy (Article 4 of the »Regulation (EU) 2021/2115 of the European Parliament and of the Council of 2 December 2021 establishing rules on support for strategic plans to be drawn up by Member States under the common agricultural policy (CAP Strategic Plans) and financed by the European Agricultural Guarantee Fund (EAGF) and by the European Agricultural Fund for Rural Development (EAFRD) and repealing Regulations (EU) No 1305/2013 and (EU) No 1307/2013«, 2021). A government decree schedules drugs into Groups I, II and III, which allows for frequent amendments and adaptations to the rapidly changing situation on the drug scene. Cannabis, its derivatives and THC were initially scheduled as Group I, encompassing very dangerous substances without medical use.

Following a high-profile popular initiative in 2014, THC was moved to Group II, which includes very dangerous substances with medical application, while cannabis extracts were moved to Group II in 2016, and the cannabis plant in 2017. Medical use of cannabis nevertheless remains fraught with controversy. While the distribution of medical cannabis and cannabinoid-based medicinal products is legal according to the Production of and Trade in Illicit Drugs Act and the Medicinal Products Act (»Zakon o zdravilih (ZZdr-2)«, 2014), the production and processing of medical cannabis is prohibited and import complicated, resulting in difficulties in accessing medical cannabis or cannabinoid-based medicine (Čulić et al., 2021). Many patients are thus purchasing cannabis and its derivatives on the black market (Štukelj et al., 2018).

The last decade brought four attempts to change the regulation of cannabis. The first and most ambitious was the proposed Cannabis Act (Državni zbor, 2013) (P1) in 2013, drafted by the Slovenian Cannabis Social Club. More than 11,000 voters' signatures (out of the required 5,000) were collected

in support of the P1 legislative initiative. P1 envisaged the removal of cannabis from the list of controlled substances and its reclassification as a traditional medicinal herb, as well as the admissibility of cannabis cultivation for medical and non-medical purposes. Despite a high-profile public debate, P1 did not pass the vote in the National Assembly. However, it opened the cannabis debate in Slovenia and contributed significantly to the amendments to secondary legislation. P1 was followed by three National Assembly committee meetings (2015, 2016, and 2018), which addressed the issues of regulating the cultivation of hemp and medical cannabis without an epilogue.

In 2018, the proposed Cannabis and Products with a Higher THC Content Act (Državni zbor, 2018b) (P2) intended to allow the production, distribution and possession of cannabis and its derivatives for all uses, including non-medical. It was drafted by the civil society in cooperation with the extra-parliamentary Pirate Party and submitted to the National Assembly by the Modern Centre Party members of parliament (MPs). P2 was never subject to a vote in a plenary session of the National Assembly due to an early election.

The proposed Act amending the Production of and Trade in Illicit Drugs Act (Državni zbor, 2021b) (P3) was submitted by a parliamentary Party of Alenka Bratušek MPs at the beginning of 2021. P3 did not foresee the legalisation of non-medical cannabis, only the regulation of the production, distribution and possession of cannabis for medicinal purposes and the regulation of the licensing system and its supervision. P3 did not pass the vote at the plenary session of the National Assembly.

At the end of the same year, the MPs of the parliamentary Social Democrats and Left Party proposed another Act amending the Production of and Trade in Illicit Drugs Act (Državni zbor, 2021c) (P4), which envisioned a clear separation between the cannabis plant and the cannabis drug, and removal of the cannabis plant from the list of controlled substances. The goal of the proposed amendments was to preserve the traditional varieties and uses of hemp, which, according to the proponents, was not understood or used as a drug by our ancestors while containing higher THC levels than currently permitted. P4 did not pass the vote at the National Assembly plenary session.

The last parliamentary discourse on cannabis took place in the National Assembly Committee on Health in 2024 and it concerned calling two non-binding referendums on cannabis. The referendums were on the questions of whether the cultivation and processing of cannabis for medicinal purposes should be permitted and whether cultivation and possession of non-medical cannabis for personal use should be allowed.

The referendums took place after our analysis was completed; both were successful, but the results are not binding for the National Assembly and the government. No actual regulatory solutions were ever presented to the voters, and the media debates that preceded the referendums are beyond the scope of analysis presented in this article.

Finally, before delving into discourse analysis, another aspect of cannabis regulation should be mentioned. Whether sold on regulated or black markets, cannabis is a lucrative business. Regulatory changes related to cannabis are thus nested in the business interests of organized crime and legitimate companies, who stand to make considerable profits in the growing cannabis sector. While the regulatory environment in Slovenia is not attractive for significant investment in cannabis-related industries, urges for changes in legislation are growing stronger (Koritnik, 2023). Slovenia hosted the first International Cannabis Business Conference in 2023. It will host another in 2024, while the 2024 non-binding referendums on the issue provided another signal that regulatory change in the fields of medical and non-medical cannabis remains a possibility.

Linked to the interests of the industry is a global surge in lobbying, which seeks to nudge policymakers not only towards relaxing cannabis regulation but towards creating specific policies that would provide companies with the most favourable regulatory environment (Adams et al., 2021; Caulkins & Kilborn, 2019). Indeed, in countries that have established regulated markets for non-medical cannabis, a profitable industry has developed and brought with it a complex set of challenges for (aspiring) producers and distributors, states and society (Mello, 2024). The industry's interests are linked to profit-making, not public health, equality or social well-being: the regulation of production and distribution of a psychoactive substance like cannabis is thus an extremely sensitive issue. Some authors use the term 'big cannabis' to criticize the strategies of large corporations that aggressively market cannabis and pressure the regulators, stressing the importance of legislation restricting harmful practices of cannabis industries (Gornall, 2020; Young, 2020).

### 3 Methodology

This article employs critical discourse analysis to scrutinise a decade of parliamentary discourse on cannabis regulation in Slovenia. Critical discourse analysis allows for an examination of the analysed discourses by focusing on their "texture" (emphases, arguments, silences, words used, etc.) and context, thus revealing implicit ideologies, distribution of social power and the social roles of the speakers as well as the

linguistic strategies of legitimation they employ (Fairclough, 1995). The parliamentary discourse represents a specific political discursive genre in which the opinions and ideas of representatives of different political parties and social groups confront each other (van Dijk, 2010). A critical analysis of parliamentary discourse on controlled substances can shed light on how drug-related issues are instrumentalized to achieve political goals (Lilja, 2021), and is vital for understanding the ambivalent status of cannabis in an epoch of significant regulatory and ideological shifts (Lévesque, 2023). Qualitative critical analysis of policymakers' discourses on cannabis faces the complex task of interpreting different perspectives from which no final truth, irrefutable facts or solutions can be extracted, as the claims of all participants are to some extent questionable, ambiguous or biased, even if most are asserted to be grounded in scientific research (Miller, 2020).

The analysed discourses concern a complex set of issues related to the production, distribution, possession and use of cannabis for industrial, medical and non-medical purposes. The article focuses primarily on discourses on the non-medical use of cannabis and its derivatives, which is ideologically and legally the most controversial issue, emerging even in debates on hemp and medical cannabis, and is thus the most thought-provoking. The analysis focuses on the contentions championed or pushed into the background by the participants and the way participants structure their understanding of the complex interplay between the regulation of cannabis, its recreational use and their accounts of the social harms and benefits of proposed changes to regulation. Our analysis shows that advocates and opponents of less stringent policies on the production, distribution and possession of cannabis often use the same sets of arguments to predict opposed expected outcomes of the proposed regulatory changes.

The materials analysed were produced during the legislative proceedings in the National Assembly between 2013 and the first months of 2024, marked by a lively and ongoing debate on cannabis regulation in Slovenia and worldwide. During this period, several unsuccessful attempts to change the legal status of cannabis took place. The qualitative analysis included the following materials: the above-described legislative proposals and their preparatory materials (P1, 2013; P2, 2018; P3, 2021; P4, 2021); relevant discussions in the committees of the National Assembly (Committee on Health 2014, 2016, 2018, 2021, 2022, 2024; joint meeting of the Committee on Agriculture, Forestry and Food and the Committee on the Economy 2015); relevant discussions in the plenary sessions of the National Assembly (2014, 2021 and 2022); and related documents. The texts analysed were obtained from

the National Assembly website<sup>7</sup> and manually coded based on a preliminary review of the texts and the relevant literature (Lévesque, 2023; Miller, 2020).

We identified and analysed the following main themes of the discourse: health concerns, the unavailability of cannabis for medical patients and the black market, young people and other vulnerable groups, the economy and the state budget, and the international obligations of the state. To analyse how discourse participants engage with the main themes, we build on Miller's conception of a narrative as a strategically crafted story used in political discourse to influence policymaking decisions, which serves to interpret, communicate, understand and implement complex public policy (Miller, 2020). The narratives are essentially discursive strategies expressing the specific understandings of cannabis regulation concerns intended to influence cannabis regulation and public perception of the issue. As Miller's narrative politics model was developed to analyse the narrative evolution in cannabis regulation discourse in the USA, his categories are not readily applicable to the Slovenian context. Instead, we identified a set of prevailing narratives used by participants in Slovenian parliamentary discourse based on our analysis: public health narrative, moral panic narrative, fantastic narrative, compassionate narrative, economic narrative and criminality narrative. Each of these narratives can be used to engage with multiple main themes of cannabis regulation discourse. It is not uncommon for the participants to respond to their opponents' narrative by subverting it into an alternative version of the original.

Critical discourse analysis of parliamentary discourse is essential for understanding the state of legal regulation of cannabis in Slovenia, as it offers a glimpse into why highly contested legal provisions are so resistant to change and why certain problematic provisions of Slovenian criminal and punitive law remain unaddressed by the regulators. Nevertheless, critical discourse analysis of parliamentary discourse entails limitations. It cannot provide a complete understanding of cannabis discourse in Slovenian society or even a complete understanding of regulative discourse on the topic. Topics such as the scheduling of substances and the rules for cultivating hemp are regulated by secondary legislation, which can serve as a convenient excuse for minimizing the need for both a broader public debate and legislative changes concerning cannabis. Proceedings for secondary legislation transforma-

tion are less accessible for research through discourse analysis, so our analysis is limited to legislative proceedings.

## 4 Main Themes in Parliamentary Discourse on Cannabis Regulation

### 4.1 Health Concerns

Discourse on drugs changes over time; in recent decades, the medical discourse has been at the forefront, replacing the moralistic and criminality discourses (Grebenc, 2003; Lévesque, 2023; Reid, 2020). Analysing the medicalisation of Slovenian drug policy, Grebenc (2003) criticises the individualisation of the problem of drug (ab)use, pointing to the imbalance of power between the drug-user qua patient and the expert qua authority. The disproportionate power of the medical profession as an authority in the field of cannabis regulation in Slovenia is visible in parliamentary discourse as well. Over the last decade, many public health experts have been invited to speak on National Assembly committees, and MPs have largely followed their recommendations. The article in no way suggests that the expertise of public health experts is not of paramount importance; it merely notes the absence of other relevant experts.

When discussing the harmful and beneficial implications of cannabis (ab)use, questionable or questionably interpreted statistics and studies have been used by discourse participants with opposing views, while the issues of social context remained in the background. Most public health experts (representatives of the Ministry of Health (MH), National Institute of Public Health (NIJZ), and various nongovernmental organizations) opposed any relaxation of cannabis regulation. Their arguments have not changed much over time: warnings about the increasing prevalence of recreational cannabis use in Slovenia have been accompanied by predictions that loosening its regulation would lead to even greater normalisation and use of cannabis, and thus to an epidemic of addiction, disease, poisonings, psychosis, suicides and traffic accidents appear throughout the analysed period. Despite the growing number of cannabis users, public health experts seem to regard prohibitionist policies as the only effective way to protect public health. Their discursive strategy could be described as a public health narrative, which at times seeps into a moral panic narrative: for example, the MH Secretary has pointed out that, following the legalisation of recreational cannabis in the US state of Colorado, "[a]s many as 60% of suicides ... have been linked to cannabis" (Državni zbor, 2022b).<sup>8</sup>

<sup>7</sup> The materials (legislative proposals and preparatory materials, transcriptions of relevant discussions in the committees and in subsequent plenary sessions of the National Assembly) are all publicly accessible on the official website of the National Assembly. In the list of references, each of the analysed texts appear under *Državni zbor*.

<sup>8</sup> While some studies suggest an association between cannabis use and increased risk of suicidal behaviour and suicidal ideation, the specific figure of 60% is not substantiated (Shamabadi et al., 2023).

Advocates of loosening cannabis regulation have largely remained strategically silent on public health issues, highlighting other dimensions of the problem. The exception is the P1 proponents who linked the legalisation of cannabis to the idea of self-medication. The P1 preparatory material departs from the assumption that cannabis is neither harmful nor addictive and points to the traditional uses of cannabis. It insists that our ancestors have associated cannabis with Jesus and keeps repeating the questionable claim that “cannabis use stimulates neurogenesis, the formation and growth of new brain cells in the hippocampus” (Državni zbor, 2013). The lengthy P1 preparatory material lists a plethora of uncritically and selectively summarised claims from scientific studies suggesting the medicinal potential of cannabis for a wide range of diseases (from cancer to schizophrenia and even death, which cannabinoids have supposedly been shown to inhibit).<sup>9</sup> P1 preparatory material contains many more dubious claims, including assertions that cannabis has been shown to improve night vision and make drivers more alert, so road safety should actually increase after the legalisation of cannabis. We characterise this narrative as a fantastic narrative that attributes magical properties to cannabis.

Following the failure of P1, the narrative of the proponents of loosening cannabis regulation has changed considerably; the fantastic claims have been replaced by more subdued tones, pointing to the public health risks rooted in the unregulated black market, thus constructing an alternative health narrative. For example, P2 preparatory material argues that legalising cannabis would establish a controlled market offering higher quality cannabis free of harmful or illegal adulterants with limited THC content, and would thus contribute to a reduction in health risks. Proponents of looser regulation also cite the expected reduction in alcohol consumption, restrictions on the sale and promotion of cannabis, and investment in education and harm reduction. The arguments concerning the health issues related to medical cannabis are discussed below.

#### 4.2 Cannabis Inaccessibility for Medical Patients and the Black Market

Since 2014, Slovenian legislation has allowed for the use of cannabinoid-based medicinal products in medical treatment, but the cultivation and processing of cannabis exceeding 0.3% THC remains prohibited and imported cannabis-based drugs are inaccessible due to import restrictions, which means that many patients obtain cannabis on the black market. Drawing

attention to the stigmatisation, criminalisation and hardship of patients who could benefit from the use of cannabis and its derivatives is already becoming a dominant discursive strategy in the USA (Miller, 2020). The trend towards such a compassionate narrative can also be observed in Slovenia: advocates of less stringent regulation cite the dangers of the black market and organized crime, the stigmatisation and criminalisation of patients, and the country's dependence on the import of cannabinoid-based medicines. Opponents of change in cannabis regulation believe that medical cannabis necessarily leads to increased recreational use and legalisation of non-medical cannabis, “which is extremely worrying and very harmful to public health” (Državni zbor, 2016). The problems of medical patients and non-medical users are generally often conflated and are thus difficult to disentangle. Hence, the issue of medical cannabis is relevant for our analysis of discourse on non-medical use of cannabis.

P2, P3, and P4 preparatory materials all open by decrying the problem of the inaccessibility of medical cannabis. For example, P4 preparatory material seeks to shift the focus from recreational users (who are often considered deviant) to medical patients, even though both groups face similar risks on the black market: the word “patients”, unlike the word “users”, is in bold and underlined, apparently to evoke sympathy by highlighting the innocence and vulnerability of patients “who – with the unavailability of cannabis-based medicines – have cultivated and possessed [cannabis] to relieve their pain and suffering!” (Državni zbor, 2021c). Advocates of less restrictive cannabis regulation foresee greater control over the quality of cannabis and its derivatives and, thus, beneficial health effects for patients and non-medical users who are currently exposing themselves to dangerous substances, violence, fraud and criminal prosecution. The elimination of the cannabis black market is also often cited as a benefit of less restrictive legislation.<sup>10</sup>

The compassionate narrative has been somewhat successful, as MPs seem to be sensitive to the plight of patients and agree in principle that this issue should be regulated: the MH Secretary even claimed in 2021 that the MH had “drafted a law on the cultivation and distribution of cannabis for medical purposes” (Državni zbor, 2021a). No such legislative proposal was ever submitted to the National Assembly or made publicly available. Apart from this claim, public health experts consider that the current regulation is adequate and allows access to cannabinoid-based medicines. Arrestingly, even pro-

<sup>9</sup> Cannabis, in combination with other factors, may contribute to the development of psychosis or schizophrenia in some predisposed individuals (D'Souza et al., 2009)

<sup>10</sup> Studies in countries with regulated non-medical cannabis markets suggest that the black market for cannabis nevertheless persists (Bahji & Stephenson, 2019) or even remains dominant (Meadows, 2019).



posals limited to enabling greater availability of strictly controlled medical cannabis are met by a pushback focused on medical cannabis's supposed contribution to the prevalence of non-medical cannabis, the black market and a general rise in criminal activities.

For example, the MH Secretary pointed out that by loosening the legislation regarding medical cannabis, Slovenia would risk becoming "Europe's first so-called 'narco' state" (Državni zbor, 2022b), while the NIJZ representative considered it an intervention "in the field of national security", linked to the growth of the black market and the number of "cannabis-related crimes". Public health experts use their authority in the parliamentary discourse to warn of criminality and raise security issues beyond their expertise.<sup>11</sup> The fear of an increase in crime due to drug or cannabis use has often been (ab)used in the past to stigmatise users and is an example of the moral panic narrative.

### 4.3 Youth and Other Vulnerable Groups

The protection of vulnerable groups, in particular children and youth, is a powerful and emotionally charged issue. Alongside health concerns, it is one of the most prominent topics in the discourses in the National Assembly. Generally, the emphasis on protecting youth and other vulnerable groups from dangerous substances and crime is a standard strategy of advocates of restrictive drug policies (Reinarman, 2015). Slovenian adolescents use cannabis more frequently than their peers in comparable countries, even though the use of cannabis during the period of psycho-physical development has unpredictable consequences and is not desirable (NIJZ, 2022). Unsurprisingly, the protection of youth is the flagship argument of opponents of loosening cannabis regulation, to which advocates of looser regulation respond defensively.

Advocates of less restrictive cannabis policies argue that abolishing the black market and placing restrictions on access in regulated markets would make cannabis less accessible to young people and stress the importance of education and harm prevention. P1 preparatory material maintains that cannabis attracts young people because of its illicit nature and that reclassifying cannabis as a medicinal herb would make it less attractive to youth. In stressing the need for more scientific research on the impact of cannabis on young people, the words "not yet sufficiently researched" are in capital letters, whereas P1 preparatory material otherwise cites scientific studies (or interpretations thereof) on the benefits of cannabis as irrefutable facts. One of the P1 proponents even cited

a scientific study supposedly proving that young recreational cannabis users have a better chance of succeeding in university (Državni zbor, 2014b). P2 preparatory material, which envisaged the legalisation of non-medical cannabis, stresses that the main objective of the proposed law is to reduce the demand for drugs and to restrict young people's access to cannabis. Even though P3 and P4 did not foresee the legalisation of non-medical cannabis, and, consequently, their preparatory materials did not address the issue of youth, the subject was nevertheless intensely debated in the National Assembly when P3 and P4 were scrutinised.

Protection of youth is one of the crowning arguments of public health experts who emphasise the high prevalence and easy availability of cannabis for young people. They point out that experience with alcohol and tobacco shows that restrictions do not prevent youth from accessing regulated substances. Any change in cannabis regulation would only worsen a situation that, they argue, has been alarming for at least a decade and is only getting worse.<sup>12</sup> Public health experts ascribe this troubling situation to the "dangerous reporting" by the media, which "influences the perception of adolescents that cannabis is harmless to health" (Državni zbor, 2014b).

Discussing P4, the Director of the NIJZ painted a threatening picture of pervasive criminality and moral deterioration (Državni zbor, 2022b). In general, this Committee on Health session highlighted the issue of protection of youth, with almost all the invited experts warning of the dangers for young people, children and pregnant women, citing horrifying anecdotes and warning of a rise in poisonings, psychoses, schizophrenia, depressive disorders, suicidal thoughts and the rise of a "new generation of addicts" (Državni zbor, 2022b). Again, the public health narrative occasionally slips into the moral panic narrative. It seems that MPs have largely internalised the warnings of the experts and have themselves expressed concern that cannabis "could become more accessible to vulnerable groups in society, such as children, adolescents and those who are already addicted" (Državni zbor, 2014a).

<sup>11</sup> Studies suggest a decline in crime in jurisdictions where a regulated cannabis market exists (Bahji & Stephenson, 2019).

<sup>12</sup> As the legal regimes allowing the sale of cannabis for recreational use are relatively new and very diverse, it is difficult to draw firm conclusions from existing and sometimes conflicting studies about the rise or fall in cannabis use among young people. However, the change in prevalence of youth cannabis use does not appear dramatic in the short term (Rubin-Kahana et al., 2022) we discuss the regulation of the Canadian cannabis market, outline changes in the epidemiology and parameters of cannabis use (modes of use, potency of cannabis).

#### 4.4 The Economy and the State Budget

Cannabis trade is a lucrative economic activity predominantly conducted on the black market. This is problematic because of the various dangers the black market poses, related criminality, and missed economic opportunities for the state and legal economy. Nevertheless, even regulated production and distribution of psychoactive substances are not without their dangers, as the example of the damage caused by the tobacco industry so bitterly illustrates (Coraiola & Derry, 2020). The large corporations' surge of interest in cannabis and the associated lobbying are signals that this is a sensitive area of regulation that should not be driven by lust for profit (Adams et al., 2021).

The fantastic narrative of P1 constructs the prohibition of cannabis as a conspiracy of competitive industries. It even serves up the story of the sustainable hemp-powered car made entirely of hemp, supposedly invented by Henry Ford in the early 20th century, sabotaged by the oil lobbies. The P1 proponents argue that cannabis also poses a threat to the pharmaceutical industry, as it would “transform a large number of expensive synthetic pills with many undesirable side effects overnight from expensive ‘medications’ into worthless ‘chemical waste’” (Državni zbor, 2013). A decade later, the industry's priorities are apparently changing.

The problematic implications of the commodification of cannabis may be the reason why, despite recognising the economic arguments as compelling, Slovenian proponents of loosening cannabis regulation push them into the background. For example: “A secondary, but by no means negligible, consideration is the fact that, from an economic point of view, the delay [of modifying cannabis regulation] is missing an excellent economic opportunity, i.e., the development of a new industry that brings new jobs and generates a significant value-added tax revenue for the state” (Državni zbor, 2021b). Proponents of a more liberal cannabis regulation regime strategically prioritise the compassionate narrative over economic considerations. The above quote summarizes the bulk of the proponents' economic arguments, and it appears relatively late in the P3 preparatory material.

Despite initial timidity, the financial benefits of relaxing restrictions on the cultivation and distribution of cannabis are presented to construct an economic narrative. In addition to the new jobs and tax revenues, proponents of regulatory change consistently stress the development of Slovenian agriculture, the beneficial ecological effects of cannabis/hemp cultivation, the preservation of the more resistant Slovenian indigenous varieties of hemp, tourism, export opportunities, and enormous savings for the police and the judiciary.

Opponents of less strict cannabis regulation are wary of the profit motives of companies and are concerned that economic gains might overshadow health and youth protection issues. While proponents of change forecast huge fiscal gains for the state, expected to be greater than the costs of education and harm reduction, opponents point to the colossal costs that would result from an epidemic of cannabis addiction and poisonings. As regards medical cannabis, concerns were raised about the potential increase in expenses for the “Public Agency for Medicines and Medical Devices, which is certain to lead to an increase in public finance liabilities” (Državni zbor, 2021a).

Despite their opposition to focusing on the economic benefits of cannabis, opponents of regulatory changes themselves adopt an alternative economic narrative of costs, primarily the costs “due to the decline in productivity of the working population” and “the drop-out of adolescents from education” (NIJZ, 2018). The stigma of cannabis users as unproductive slackers has been used for over a century to create moral panic, and it motivates cannabis users to hide their use when, in fact, many lead perfectly normal lives, some even being successful and respected members of society (Reid, 2020). In addition to those already mentioned, opponents of changes in cannabis regulation cite the costs of treating various cannabis-related illnesses, sickness absences, early retirements, workforce decreases due to problematic cannabis use, subsequent training of new workers, accidents and injuries, hospitalisations, addiction treatments and the costs of increased numbers of cannabis-poisoned children.

#### 4.5 International Obligations of the State

The UN drug conventions (the 1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances; United Nations, 1971, 1972, 1988) require that the state parties prohibit and penalise in their territory the production, distribution, and possession of parts of the cannabis plant (flowering tops of the plant but not the leaves or plant as such), cannabis resin, extracts, tinctures, or any other material derived from the cannabis plant that can be used for illicit purposes, and the cannabinoid THC, except for scientific and medicinal purposes. Countries that have introduced regulated non-medical cannabis markets use more or less convincing arguments that they are not in breach of international law,<sup>13</sup> while others are bluntly breaching the

<sup>13</sup> For example, in the USA, regulated markets are only in place in certain states, which is tolerated but formally prohibited at the federal level (Fandl, 2021).

drug conventions.<sup>14</sup> In parliamentary discourse in Slovenia, the argument of Slovenia's international obligations is used by both opponents and proponents of regulatory change.

Part of the debate relates to the regulation of cannabis in EU legislation, whereby the scheduling of controlled substances, the setting of THC limits in hemp, and drug policies, including medical cannabis, are within the jurisdiction of the Member States, which regulate these issues in diverse ways. When it comes to the THC content in hemp, the debate in Slovenia has for several years revolved around the question of whether the EU bindingly prescribes it. Advocates of a less restrictive regulation point out that the EU only sets a 0.3% THC limit in "connection with the common rules for direct support schemes for farmers under the Common Agricultural Policy" (Državni zbor, 2015), while opponents interpret the regulation as binding, arguing that setting a higher permissible THC threshold would "constitute a violation of the provisions of the Common Agricultural Policy" (Državni zbor, 2014a).

For a decade, the National Assembly's Legislative and Legal Service has been warning that loosening cannabis regulation could lead to a violation of UN drug conventions. Bickering over the exact content of international law, specifically the Single Convention, is an evergreen topic. For years, the proponents of cannabis policy changes have pointed out that there is no official translation of the Single Convention and that Slovenia's legislation is based on an inaccurate translation that equates cannabis-plant and cannabis-drug, stressing that Slovenian legislation "incorrectly equates the term cannabis with a drug, and defines plants and their cultivation as drug production [...] regardless of their THC content" (Državni zbor, 2022a).<sup>15</sup> Indeed, Slovenia is one of the few European countries that prohibits not only parts of the cannabis plant but the plant itself. However, advocates of maintaining restrictive policies respond to this concern by asserting that the country can legislate this issue as it sees fit. After all, international law allows for stricter policies and prohibitions than those imposed by the drug conventions "if this is the most appropriate measure to protect health and prevent drugs [...] from being trafficked" (Državni zbor, 2022b).

<sup>14</sup> For example, Canada (Boister & Jelsma, 2018).

<sup>15</sup> In the Slovene language, the word *konoplja* is now used to describe both Cannabis Sativa L. plant and various drugs produced from this plant. Proponents of regulatory change stress that such usage of the term is a consequence of a mistranslation of the Single Convention and that *konoplja* actually denotes "hemp", while the word *kanabis* should be used to describe the intoxicating substance. Dictionary entry of term "konoplja" indeed describes hemp cultivated for fiber and seed without any mention of psychoactive properties of the plant (Jakopin, 2014).

The proponents of less strict cannabis regulation often refer to constitutional, European and international human rights law, invoking "the respect for human dignity, freedom, democracy, equality, solidarity, the rule of law and human rights" (Državni zbor, 2018a). P1 preparatory material, in line with the fantastic narrative, even alleges a violation of the prohibition of torture constituted by the banning of self-medication with cannabis. On the other hand, even in the context of the debate on the international obligations of the Slovenian state, opponents of legislative changes point out that "deregulation and widespread use of the cannabis plant will make it even more acceptable for recreational use, even as an illicit drug. [...] Thus, the new regulation would deviate severely from the aims and purpose of the UN Convention" (Državni zbor, 2022b).

## 5 Discussion

### 5.1 Distribution of Social Power of Participants in Parliamentary Discourse on Cannabis Regulation

Advocates of less restrictive cannabis regulation (championing either legalisation of non-medical cannabis or merely the cultivation of medicinal cannabis and indigenous Slovenian varieties of hemp) are often civil society members, i.e. lay people. In contrast, opponents of any loosening of regulation are representatives of state institutions, such as the NIJZ and the MH, with authority in public health. Parliamentary legislative proceedings are structured in a way that is supposed to ensure the broad participation of various stakeholders. Nevertheless, in the analysed case, the parliamentary proceedings seem to prioritise experts, who have the opportunity to voice their concerns, while cannabis activists and users are mostly placed in the role of passive observers. This can be illustrated by a scene from the documentary film *Konoplja osvobaja* (Cannabis Liberates), where an activist and cannabis producer watches the National Assembly session on P4 on TV and, when the experts speak, tirelessly repeats: "This is not true." (Čelar, 2022). Activists who advocate cannabis regulation changes are often confronted with stigmas about cannabis users – immature, irresponsible, lazy, etc. – which automatically robs their perspectives of legitimacy. The power imbalance present in society at large is thus perpetuated and further intensified in the parliamentary discourse.

A balanced debate on controlled substance regulation must take into account not only the negative health implications or risks of substance abuse but also the broader impacts on society and even the supposed benefits of the substance for users (Caulkins et al., 2011). It is thus noteworthy that the National Assembly rarely invites representatives of non-

medical expertise to participate in parliamentary discourse. In the last decade, only a few social work and agriculture experts have been invited to the National Assembly, in addition to numerous public health experts. As the MH domineers parliamentary cannabis discourse, the absence of representatives from the interior, judiciary, social affairs, or other ministries is conspicuous, as they ought to take responsibility for the cannabis-related issues that fall within the scope of their authority. The dominance of the MH does not imply an anti-cannabis conspiracy; it could merely be a reflection of a common practice stemming from the division of labour between different ministries, and it might be habitual for one, presumably most relevant, ministry to take over any given legislative proposal or social problem.

Nevertheless, the other ministries appear extremely passive, content to leave the entire issue to the MH. Inconsistencies in the existing criminal and punitive law regarding cannabis thus remain ignored, and it is hardly surprising that experts in criminal law, criminology, sociology, etc., are not invited to discuss potential changes in the cannabis regime. Consequently, cannabis regulation is reduced to concerns related to public health, occasionally slipping into a moral panic, while many significant everyday problems in the field of, for example, punishing drug-related offences, are never addressed.

A certain asymmetry between the participants in the discourse is also reflected in the opponents' arguments against regulatory change based on technical problems with the proposed legislation. Our analysis revealed that the legislative proposals over the years were often met by reproof that they are not meeting the national legislative drafting standards, for example, because proposals are inconsistent with international law, interfere with the scope of other laws, etc. Such critiques are made by MPs, ministry staff and the National Assembly's Legislative and Legal Service, who are in a privileged position vis-à-vis civil society regarding access to adequate expert support in drafting legislation. For example, the P1 legislative initiative met the fate of most legislation proposed by citizens: it was deemed unsuitable for further consideration.

We also noticed arguments that cannabis regulation concerns only technical issues that should be regulated by relevant secondary legislation and are therefore outside of the scope of parliamentarians' work and arguments that the relevant ministry is about to submit its own, supposedly more considered, legislative proposal to the National Assembly. While such statements have been repeated in parliamentary discourse for several years, the promised regulatory changes have not occurred in the analysed period.

## 5.2 Dominant Narratives in the Parliamentary Discourse on Cannabis Regulation

The opponents of changes in cannabis regulation rely heavily and consistently on the public health narrative throughout the analysed decade. Their discursive strategies combine stressing major public health risks with an uncompromising commitment to prohibitionist policies. Despite the widespread (and constantly growing) prevalence of recreational cannabis use, the opponents of change in regulation believe that prohibition and restrictive cannabis policy are the only bulwark against a public health disaster, and that even greater availability of medical cannabis threatens public health, youth and society at large.

The negative impacts of cannabis on users' health are a legitimate and vital concern. However, focusing solely on health-related concerns obscures the broader social context, the reasons for the use of psychoactive substances, and the negative consequences of prohibition. Even more concerning is that public health experts sometimes quote questionable (interpretations of) data and make predictions about the social impacts of regulations that fall well out of the scope of their expertise. The public health narrative thus occasionally veers into the moral panic narrative, adopting the familiar scaremongering strategies over a century old: threats of moral collapse, epidemics of laziness, deterioration of youth, rising crime rates, etc. While the moral panic narrative seems to be successful, it also runs the danger of making the experts appear biased and thus less credible when they try to warn about the realistic threats of cannabis use to physical and mental health.

The proponents of change in cannabis regulation represent a more diverse group whose arguments have evolved in the last decade. The P1 legislative initiative, which opened the cannabis debate, committed to the fantastic narrative and presented cannabis as a magical panacea and an incredible industrial material, absolutely harmless to society and individuals. The fantastic narrative was quickly replaced by a more sober and pragmatic compassionate narrative, which shifted the focus to medical patients seeking to relieve the symptoms of severe illnesses with cannabis and its derivatives.

Over the last decade, the legislative proposals and the predictions and claims of the advocates of regulatory transformations have also become less ambitious: while P1 and P2 proposed the legalisation of non-medical cannabis, the more recent P3 and P4 only proposed less stringent regulation of the cultivation and processing of hemp and medical cannabis. Instead of claiming that cannabis poses no threat to public health and youth, proponents of change began to focus on the

dangers of the black market to the health of users and the well-being of society, creating alternative public health and safety narratives. Reliance on the economic narrative grew more assertive with the waning of the fantastic narrative, though the boundary between the two is sometimes fuzzy.

The economic narrative paints optimistic projections of tax revenues to be directed into harm reduction and education programmes. Despite citing the financial potential of loosening regulation, its proponents present the supposed economic benefits coyly and subordinately to the compassionate and alternative public health narratives. The reality of life in a late capitalist political and economic system requires parliamentary discourse participants to translate the social effects of proposed policies into the language of money. Thus, the opponents of change in cannabis regulation were forced to do the same and adopt an alternative economic narrative to counter the claims of their adversaries and to highlight the costs of increased cannabis use. At times, the alternative economic narrative was even prioritised over the public health and youth protection concerns, or more accurately, the public health and moral panic narratives were occasionally translated into the alternative economic narrative to appear more legitimate and appealing.

Critical discourse analysis focuses not only on what is asserted but also on what is omitted. The absence of a criminality narrative, once the leading narrative in the field of cannabis regulation, is rather conspicuous. Apart from occasional superficial references to the prosecution of patients, the unnecessary burden on the justice system and the dramatic predictions of a rise in crime, the issues of criminal policies and practices concerning cannabis were hardly touched upon by the speakers, although this is an essential dimension of the problem at hand.

For example, the blurred distinction between criminal offence and minor offence in the case of controlled substance production and possession raises issues of legal certainty and predictability, yet this was not mentioned even once in a decade of debates. Nor has anyone raised the issue of the inapplicability of the provisions on the alternative treatment of drug offenders in practice. Furthermore, in many Slovenian shops, hemp clearly intended for smoking is sold as a herb. The control of these products is questionable; for example, the polysynthetic cannabinoid HHC, a controlled substance far more dangerous than natural cannabis, has been detected in tested samples (DrogArt, 2024). Moreover, even though stores are selling hemp without interference from the state, their unsuspecting customers are risking sanctions for possession, as Slovenian legislation prohibits all cannabis plant material regardless of its THC content (Vrhovno sodišče Republike

Slovenije, 2008). These and other issues affecting Slovenian citizens daily are absent in parliamentary discourse on cannabis regulation.

In the USA, the social justice narrative, drawing attention to the racial and class dimensions of cannabis prohibition and prosecution, is extremely important (Miller, 2020). In Slovenian parliamentary discourses, such social justice issues are absent. This is, to an extent, probably rooted in the different histories and social make-up of Slovenian and USA societies. Still, some aspects of the criminalisation of certain groups of the population are likely present in Slovenia as well: those who sell, buy and use cannabis in public spaces and those already more closely monitored by the authorities, for example irregular migrants, Roma people, young people, unhoused, so-called problematic drug users, etc., are probably more vulnerable to police surveillance and prosecution. Wealthy users are likely to be less visible, as they can use cannabis in private spaces and are thus less susceptible to potential criminal sanctions and the social stigma connected with the possession and use of controlled substances. Participants in parliamentary discourse are either unaware of the social justice dimension or do not consider it relevant.

## 6 Conclusions

The critical discourse analysis of parliamentary discourse on cannabis regulation in Slovenia reveals a high level of polarisation and uneven distribution of social power among the discourse participants. Public health experts stand out as the most powerful group in regulative discourse, while civil society and experts in other fields do not have an opportunity to participate or are not taken seriously. Public health narratives are dominant and often overshadow other dimensions of the issue, such as the deficiencies in criminal legislation and prosecution of cannabis-related offences, social justice concerns, the perspectives of cannabis users, etc. The past decade has revealed no noteworthy convergence of views between opponents and proponents of regulatory change: non-medical cannabis remains prohibited, and medical cannabis difficult to access. Although the debate on the legal regulation of cannabis was constant in the past decade, only minor changes to the scheduling of cannabis and its derivatives took place during this period. Despite the increasing prevalence of cannabis use among the Slovenian population, the opponents of regulatory change believe that a prohibitionist policy is the only efficacious way of curbing cannabis use and its negative consequences.

The multifaceted issue of cannabis regulation is continuously discussed in a binary pro-contra manner and reduced to

the public health dimension. The phenomenon's complexity is thus erased, and problems on the ground that the legislator should address ignored. Cannabis may be regulated in myriad ways, either through prohibition or a range of regimes governing its permissible production, distribution and/or possession. The crucial question is how cannabis should be regulated to minimise individual and social harm. All participants in the parliamentary discourse on cannabis regulation profess that the regulatory approach they advocate achieves just that – contributes to a safer society and minimisation of health and other concerns. However, the narratives they construct are grounded in a divergent understanding of the risks involved in cannabis use. While protecting public health stands out as one of the crucial concerns, disentangling the public health narrative from the moral panic narrative could contribute to a more realistic and all-encompassing conversation about the negative implications of cannabis use for physical and mental health, youth, society and criminality as well as developing the strategies to reduce cannabis-related harm that cannot be eliminated by prohibition alone.

## References

- Adams, P. J., Rychert, M., & Wilkins, C. (2021). Policy influence and the legalized cannabis industry: Learnings from other addictive consumption industries. *Addiction*, 116(11), 2939–2946.
- Adda, J., McConnell, B., & Rasul, I. (2014). Crime and the depenalization of cannabis possession: Evidence from a policing experiment. *Journal of Political Economy*, 122(5), 1130–1202.
- Adrian, M. (2015). What the history of drugs can teach us about the current cannabis legalization process: Unfinished business. *Substance Use & Misuse*, 50(8–9), 990–1004.
- Bahji, A., & Stephenson, C. (2019). International perspectives on the implications of cannabis legalization: A systematic review & thematic analysis. *International Journal of Environmental Research and Public Health*, 16(17), 3095.
- Boister, N., & Jelsma, M. (2018). Inter se modification of the UN drug control conventions: An exploration of its applicability to legitimise the legal regulation of cannabis markets. *International Community Law Review*, 5(20), 456–492.
- Blickman, T. (2018). The elephant in the room: Cannabis in the international drug control regime. In A. Klein & B. Stothard (Eds.), *Collapse of the global order on drugs: From UNGASS 2016 to Review 2019* (pp. 101–131). Emerald Publishing Limited.
- Callahan, S., Bruner, D. M., & Giguere, C. (2021). *Smoke and fears: The effects of marijuana prohibition on crime*. Department of Economics, Appalachian State University.
- Campeny, E., López-Pelayo, H., Nutt, D., Blithikioti, C., Oliveras, C., Nuño, L., Maldonado, R., Florez, G., Arias, F., Fernández-Artamendi, S., Villalbí, J. R., Sellarès, J., Ballbè, M., Rehm, J., Balcells-Olivero, M. M., & Gual, A. (2020). The blind men and the elephant: Systematic review of systematic reviews of cannabis use related health harms. *European Neuropsychopharmacology*, 33, 1–35.
- Caulkins, J. P., & Kilborn, M. L. (2019). Cannabis legalization, regulation, & control: A review of key challenges for local, state, and provincial officials. *The American Journal of Drug and Alcohol Abuse*, 45(6), 689–697.
- Caulkins, J. P., Reuter, P., & Coulson, C. (2011). Basing drug scheduling decisions on scientific ranking of harmfulness: False promise from false premises. *Addiction*, 106(11), 1886–1890.
- Čelar, M. (Director). (2022). *Konoplja osvobaja* [Cannabis liberates] (Movie).
- Chandra, S., Radwan, M. M., Majumdar, C. G., Church, J. C., Freeman, T. P., & ElSohly, M. A. (2019). New trends in cannabis potency in USA and Europe during the last decade (2008–2017). *European Archives of Psychiatry and Clinical Neuroscience*, 269(1), 5–15.
- Coraiola, D. M., & Derry, R. (2020). Remembering to forget: The historic irresponsibility of U.S. big tobacco. *Journal of Business Ethics*, 166(2), 233–252.
- Cruz, G. M. (2017). A view from the south: The global creation of the war on drugs. *Contexto Internacional*, 39, 633–653.
- Čulić, A., Bregar, B., & Macur, M. (2021). Raba konoplje v medicinske namene: Integrativni pregled literature [Medical use of cannabis: An integrative literature review]. *Obzornik zdravstvene nege*, 55(4), 274–286.
- D'Souza, D. C., Sewell, R. A., & Ranganathan, M. (2009). Cannabis and psychosis/schizophrenia: Human studies. *European Archives of Psychiatry and Clinical Neuroscience*, 259(7), 413–431.
- DrogArt. (1. 12. 2024). Kanabis s HHC v Ljubljani [Cannabis with HHC in Ljubljana]. *DrogArt*. <https://www.drogart.org/rezultati-in-opozorila/konoplja-s-hhc-v-ljubljani/>
- Državni zbor. (24. 12. 2013). *P1: Besedilo Predloga zakona o konoplji (ZKon)* [Preparatory Materials for the Cannabis Act]. [https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran!/ut/p/z/1/04\\_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsnMz1w9EUGAWZGgS6GDn5BhsYGwQHg-pHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAAxcoa4!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?uid=C12565D400354E68C1257C4B0053AB3B&db=konzak&mandat=VI&tip=doc](https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran!/ut/p/z/1/04_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsnMz1w9EUGAWZGgS6GDn5BhsYGwQHg-pHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAAxcoa4!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?uid=C12565D400354E68C1257C4B0053AB3B&db=konzak&mandat=VI&tip=doc)
- Državni zbor. (4. 3. 2014a). *Državni zbor: 7. redna seja* [National Assembly: 22nd Regular Meeting]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca!/ut/p/z/1/04\\_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAF8pdGQ!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?mandat=VI&type=sz&uid=EC21CCE8CB561703C1257D410047C165](https://www.dz-rs.si/wps/portal/Home/seje/evidenca!/ut/p/z/1/04_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAF8pdGQ!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?mandat=VI&type=sz&uid=EC21CCE8CB561703C1257D410047C165)
- Državni zbor. (19. 2. 2014b). *Odbor za zdravstvo: 7. redna seja* [Committee on Health: 7th Regular Meeting]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca!/ut/p/z/1/04\\_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAF8pdGQ!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?mandat=VI&type=pmagdt&uid=C1971E6E94B0738AC1257C8A00333342](https://www.dz-rs.si/wps/portal/Home/seje/evidenca!/ut/p/z/1/04_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAF8pdGQ!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?mandat=VI&type=pmagdt&uid=C1971E6E94B0738AC1257C8A00333342)
- Državni zbor. (5. 5. 2015). *Odbor za kmetijstvo, gozdarstvo in prehrano ter Odbor za gospodarstvo: 13. nujna seja (skupna seja)* [Committee on Agriculture, Forestry, and Food, and the Committee on the Economy: 13th Emergency Meeting (Joint Meeting)]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca!/ut/p/z/1/04\\_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAF8pdGQ!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?mandat=VII&type=pmagdt&uid=E3FE1F0C5B7FC208C1257E4200301EA7](https://www.dz-rs.si/wps/portal/Home/seje/evidenca!/ut/p/z/1/04_Sj9CPykssy0xPLMnMz0vMAfljo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8nAwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBOPx4FUfiNL8gNDQ11VFQEAF8pdGQ!/dz/d5/L2dBISEvZ0FBIS9nQSEh/?mandat=VII&type=pmagdt&uid=E3FE1F0C5B7FC208C1257E4200301EA7)
- Državni zbor. (7. 10. 2016). *Odbor za zdravstvo: 22. nujna seja*

- [Committee on Health: 22nd Emergency Meeting]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VII&type=pmagdt&uid=33CE6EEF6C1E D31BC12580520041BB62](https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VII&type=pmagdt&uid=33CE6EEF6C1E D31BC12580520041BB62)
23. Državni zbor. (7. 2. 2018a). *Odbor za zdravstvo: 39. nujna seja* [Committee on Health: 39th Emergency Meeting]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VII&type=pmagdt&uid=368CA14686C D6E24C125824700413309](https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VII&type=pmagdt&uid=368CA14686C D6E24C125824700413309)
  24. Državni zbor. (6. 2. 2018b). *P2: Besedilo Predloga zakona o kanabisu in izdelkih z višjo vsebnostjo THC (ZKIVVTHC)* [Preparatory Materials for the Cannabis and Products with a Higher THC Content Act]. [https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?uid=C1257A70003E E6A1C125822C004D0FF6&db=konzak&mandat=VII&tip=doc](https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?uid=C1257A70003E E6A1C125822C004D0FF6&db=konzak&mandat=VII&tip=doc)
  25. Državni zbor. (6. 5. 2021a). *Odbor za zdravstvo: 14. redna seja* [Committee on Health: 14th Regular Meeting]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VIII&type=pmagdt&uid=9D7627851107E0C6 C12586F60027DA4E](https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VIII&type=pmagdt&uid=9D7627851107E0C6 C12586F60027DA4E)
  26. Državni zbor. (18. 2. 2021b). *P3: Besedilo Predloga zakona o spremembah in dopolnitvah Zakona o proizvodnji in prometu s prepovedanimi drogami (ZPPPD-B)* [Preparatory Materials for the Act Amending the Production of and Trade in Illicit Drugs Act]. Available at: [https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsnMz1w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?uid=C1257A70003EE6A1C12586800036A4BF&db=konzak&mandat=VIII&tip=doc](https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsnMz1w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?uid=C1257A70003EE6A1C12586800036A4BF&db=konzak&mandat=VIII&tip=doc)
  27. Državni zbor. (17. 12. 2021c). *P4: Besedilo Predloga zakona o spremembah in dopolnitvah Zakona o proizvodnji in prometu s prepovedanimi drogami (ZPPPD-B)* [Preparatory Materials for the Act Amending the Production of and Trade in Illicit Drugs Act]. [https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsnMz1w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?uid=C1257A70003EE6A1C12587AE004BCA1E&db=konzak&mandat=VIII&tip=doc](https://www.dz-rs.si/wps/portal/Home/zakonodaja/izbran/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsnMz1w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?uid=C1257A70003EE6A1C12587AE004BCA1E&db=konzak&mandat=VIII&tip=doc)
  28. Državni zbor. (18. 3. 2022a). *Državni zbor: 30. redna seja* [National Assembly: 30th Regular Meeting]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VIII&type=sz&uid=F4C3FCD768FD095EC12588610046327C](https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VIII&type=sz&uid=F4C3FCD768FD095EC12588610046327C)
  29. Državni zbor. (17. 2. 2022b). *Odbor za zdravstvo: 17. redna seja* [Committee on Health: 17th Regular Meeting]. [https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04\\_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VIII&type=pmagdt&uid=34FD88B0965AE0C6C12587F30037E25D](https://www.dz-rs.si/wps/portal/Home/seje/evidenca/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivSy9Hb283Q0N3E3dLQwCQ7z9g7w8n-AwsPE31w9EUGAWZGgS6GDn5BhsYGwQHg-IHEaPFAAdwNCBO Px4FUfiNL8gNDQ11VFQEAf8pdGQ!/dz/d5/L2dBISevZ0FBIS9nQSEh/?mandat=VIII&type=pmagdt&uid=34FD88B0965AE0C6C12587F30037E25D)
  30. Eastwood, N. (2020). Cannabis decriminalization policies across the globe. In T. Decorte, Lenton S., & C. Wilkins (Eds.), *Legalizing Cannabis* (pp. 133–153). Routledge.
  31. Fair, H., & Walmsley, R. (2021). *World prison population list: Thirteenth edition*. Institute for Crime & Justice Policy Research (ICPR).
  32. Fairclough, N. (1995). *Critical discourse analysis: The critical study of language*. Longman Group Limited.
  33. Fandl, K. J. (2021). Up in smoke: International treaty obligations and marijuana reform in the United States. *American Business Law Journal*, 58(1), 163–220.
  34. Global Commission on Drug Policy. (2019). *Classification of psychoactive substances: When science was left behind*. <https://www.globalcommissionondrugs.org/reports/classification-psychoactive-substances>
  35. Gornall, J. (2020). Big cannabis in the UK: Is industry support for wider patient access motivated by promises of recreational market worth billions? *BMJ*, 368. <https://pubmed.ncbi.nlm.nih.gov/32188592/>
  36. Gray, J. P. (2001). *Why our drug laws have failed and what we can do about it: A judicial indictment of the war on drugs* (1st ed.). Temple University Press.
  37. Grebenc, V. (2003). Droge in kriminal: Kritičen razmislek o njuni zvezi [Drugs and crime: A critical look at their interconnections]. *Socialna pedagogika*, 7(4), 407–430.
  38. Hathaway, A. D., Comeau, N. C., & Erickson, P. G. (2011). Cannabis normalization and stigma: Contemporary practices of moral regulation. *Criminology & Criminal Justice*, 11(5), 451–469.
  39. Heidt, J., & Wheelton, J. (2022). *Cannabis criminology*. Routledge.
  40. Hughes, C., Seear, K., Ritter, A., & Mazerolle, L. (2019). *Criminal justice responses relating to personal use and possession of illicit drugs: The reach of Australian drug diversion programs and barriers and facilitators to expansion*. NDARC, UNSW.
  41. Jakopin, P. (Ed.). (2014). *Slovar slovenskega knjižnega jezika: Elektronska objava* [Dictionary of the Slovenian literary language: Electronic publication]. Inštitut za slovenski jezik Frana Ramovša ZRC SAZU.
  42. Johnson, J. K., & Colby, A. (2023). History of cannabis regulation and medicinal therapeutics: It's complicated. *Clinical Therapeutics*, 45(6), 521–526.
  43. Jovanović, V. (2018). Jugoslavensko-američka opijumska suradnja 1929.–1941. Godine [Yugoslav-American opium cooperation 1929–1941]. *Časopis za suvremenu povijest*, 50(1), 35–64.
  44. Kazenski zakonik [Criminal Code] (KZ-1-UPB2). (2012). *Official gazette of the Republic of Slovenia*, (50/12).
  45. Kočevar Glavač, N. (2016). Zgodovina uporabe konoplje in kanooidov [History of cannabis and cannabinoids use]. *Farmacevtski vestnik*, 67(2/3), 63–68.
  46. Koritnik, B. (2023). Modernizacija zakonodaje na področju konoplje za pospešitev raziskav in razvoja [Modernizing cannabis legislation to accelerate research and development]. *Tax-Fin-Lex*, 15(30). <https://www.tax-fin-lex.si/Dokument/Podrobnosti?rootEntityId=14710801-921a-4bc5-a31a-c6cac839309c>.
  47. Košir, M. (2002). Dekriminalizacija in diferenciacija prepovedanih drog v EU [Decriminalisation and differentiation of illicit drugs

- in the European Union]. *Revija za kriminalistiko in kriminologijo*, 1(53), 42–50.
48. Lea, C. H. I., Mohr, G., McCarter, S. A., Coughlin, S. B., Gottlieb, A., Partlow, B. S., Mathews, K. S., & McLeod, B. A. (2022). Promote smart decarceration and eliminate racism grand challenges for social work: Reimagining marijuana policy. *Journal of Sociology & Social Welfare*, 49(2), 27–63.
  49. Lévesque, G. (2023). Making sense of pot: Conceptual tools for analyzing legal cannabis policy discourse. *Critical Policy Studies*, 17(1), 4–23.
  50. Lilja, M. (2021). Russian political discourse on illegal drugs: A thematic analysis of parliamentary debates. *Substance Use & Misuse*, 56(7), 1010–1017.
  51. Lines, R. (2017). *Drug control and human rights in international law*. Cambridge University Press.
  52. Lukšič, I. (1999). Droga kot politično razmerje [Drug as political relation]. *Teorija in praksa*, 36(5), 820–826.
  53. Manthey, J., Rehm, J., & Verthein, U. (2024). Germany's cannabis act: A catalyst for European drug policy reform? *The Lancet Regional Health - Europe*, 42. <https://pubmed.ncbi.nlm.nih.gov/38779298/>
  54. McPartland, J. M., & Guy, G. W. (2017). Models of cannabis taxonomy, cultural bias, and conflicts between scientific and vernacular names. *The Botanical Review*, 83(4), 327–381.
  55. Meadows, W. J. (2019). Cannabis legalization: Dealing with the black market. *Drug Enforcement and Policy Center*, 13. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3454635](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3454635)
  56. Mello, J. (2024). *Pot for profit: Cannabis legalization, racial capitalism, and the expansion of the carceral state*. Stanford University Press.
  57. Miller, H. T. (2020). *Narrative politics in public policy: Legalizing cannabis*. Springer Nature.
  58. Montgomery, B. W., & Allen, J. (2023). Cannabis policy in the 21st century: Mandating an equitable future and shedding the racist past. *Clinical Therapeutics*, 45(6), 541–550.
  59. Nacionalni inštitut za javno zdravje (NIJZ). (2018). *Odziv na predlog Zakona o kanabisu in izdelkih z višjo vsebnostjo THC* [Response to the White paper on The Act on Cannabis and Products with a Higher THC Content]. <https://nijz.si/zivljenjski-slog/konoplja/odziv-na-predlog-zakona-o-kanabisu-in-izdelkih-z-visjo-vsebnostjo-thc/>
  60. Nacionalni inštitut za javno zdravje (NIJZ). (2022). *Konoplja in mladostniki* [Cannabis and juveniles]. Nacionalni Inštitut za javno zdravje. <https://nijz.si/publikacije/konoplja-in-mladostniki/>
  61. Nacionalni inštitut za javno zdravje (NIJZ). (2023). Stanje na področju prepovedanih drog v Sloveniji 2022 [The situation in the field of illicit drugs in Slovenia 2022]. Nacionalni Inštitut za javno zdravje. <https://nijz.si/publikacije/stanje-na-podrocju-prepovedanih-drog-v-sloveniji-2020/>
  62. Queirolo, R., Rossel, C., Álvarez, E., & Repetto, L. (2019). Why Uruguay legalized marijuana? The open window of public insecurity. *Addiction*, 114(7), 1313–1321.
  63. Regulation (EU) 2021/2115 of the European Parliament and of the Council of 2 December 2021 establishing rules on support for strategic plans to be drawn up by Member States under the common agricultural policy (CAP Strategic Plans) and financed by the European Agricultural Guarantee Fund (EAGF) and by the European Agricultural Fund for Rural Development (EAFRD) and repealing Regulations (EU) No 1305/2013 and (EU) No 1307/2013. (2021). *Official Journal of the European Union*, (435/1).
  64. Reid, M. (2020). A qualitative review of cannabis stigmas at the twilight of prohibition. *Journal of Cannabis Research*, 2(1), 46.
  65. Reinerman, C. (2015). The social construction of drug scares. In P. A. Adler & P. Adler (Eds.), *Constructions of deviance: Social power, context, and interaction* (8th ed.) (pp. 159–170). Cengage Learning.
  66. Roberts, B. R., & Chen, Y. (2013). Drugs, violence, and the state. *Annual Review of Sociology*, 39(1), 105–125.
  67. Rubin-Kahana, D. S., Crépault, J.-F., Matheson, J., & Le Foll, B. (2022). The impact of cannabis legalization for recreational purposes on youth: A narrative review of the Canadian experience. *Frontiers in Psychiatry*, 13, 984485. <https://pubmed.ncbi.nlm.nih.gov/36213917/>
  68. Shamabadi, A., Ahmadzade, A., Pirahesh, K., Hasanzadeh, A., & Asadigandomani, H. (2023). Suicidality risk after using cannabis and cannabinoids: An umbrella review. *Dialogues in Clinical Neuroscience*, 25(1), 50–63.
  69. Shover, C. L., & Humphreys, K. (2019). Six policy lessons relevant to cannabis legalization. *The American Journal of Drug and Alcohol Abuse*, 45(6), 698–706.
  70. Štukelj, R., Erveš, V., & Bolta, Ž. (2018). Dileme in predlog razvrstitve Cannabis Sativa L. v Sloveniji [Dilemmas and proposal for the classification of cannabis sativa l. in Slovenia]. *Dignitas*, 77/78, 189–218.
  71. United Nations. (1971). *Convention on Psychotropic Substances, 1971*. [https://www.unodc.org/pdf/convention\\_1971\\_en.pdf](https://www.unodc.org/pdf/convention_1971_en.pdf)
  72. United Nations. (1972). *Single Convention on Narcotic Drugs 1961 as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs*. [https://www.unodc.org/pdf/convention\\_1961\\_en.pdf](https://www.unodc.org/pdf/convention_1961_en.pdf)
  73. United Nations. (1988). *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988*. [https://www.unodc.org/pdf/convention\\_1988\\_en.pdf](https://www.unodc.org/pdf/convention_1988_en.pdf)
  74. Van Dijk, T. (2010). Political identities in parliamentary debates. In C. Ilie (Ed.), *European parliaments under scrutiny: Discourse strategies and interaction practices* (pp. 29–56). John Benjamins Pub.
  75. Vrhovno sodišče Republike Slovenije. (2008). Sodba I Ips 157/2008 in I Ips 158/2008 z dne 27. 11. 2008 [Decisions no. I Ips 157/2008 and I Ips 158/2008 dated November 27, 2008]. <https://pisrs.si/sodnaPraksa?idECLI=ECLI:SI:VRSR:2008:I.IPS.157.2008.A>
  76. Vrhovno sodišče Republike Slovenije. (2016). VSRS Sodba I Ips 53346/2012-93 z dne 28. 1. 2016 [Decision no. I Ips 53346/2012-93 dated January 28, 2016]. [https://www.sodnapraksa.si/?q=gojenje%20marihuane&database\[SOVS\]=SOVS&submit=i%C5%A1%C4%8Di&id=2015081111393093&rowsPerPage=20](https://www.sodnapraksa.si/?q=gojenje%20marihuane&database[SOVS]=SOVS&submit=i%C5%A1%C4%8Di&id=2015081111393093&rowsPerPage=20)
  77. Vrhovno sodišče Republike Slovenije. (2019). VSRS Ips 32547/2015 z dne 3. 10. 2019 [Decision no. Ips 32547/2015 dated October 3, 2019]. [https://sodnapraksa.si/?q=1%20Ips%2053346/2012&database\[SOVS\]=SOVS&submit=i%C5%A1%C4%8Di&rowsPerPage=20&moreLikeThis=1&id=doc\\_2015081111433386](https://sodnapraksa.si/?q=1%20Ips%2053346/2012&database[SOVS]=SOVS&submit=i%C5%A1%C4%8Di&rowsPerPage=20&moreLikeThis=1&id=doc_2015081111433386)
  78. Warf, B. (2014). High points: An historical geography of cannabis. *Geographical Review*, 104(4), 414–438.
  79. Wilkins, C., Decorte, T., & Lenton, S. (Eds.). (2020). *Legalizing cannabis: Experiences, lessons and scenarios*. Routledge.
  80. Wisehart, D. (2018). *Drug control and international law* (1st ed.). Routledge.
  81. Young, D. (2020). Big cannabis is rising high. *Matters of Substance*, 29(3), 14–17.
  82. Zakon o mamilih [Narcotic Drugs Act]. (1964). *Official gazette of the Socialist Federative Republic of Yugoslavia*, (18/64).
  83. Zakon o prekrških [Minor Offences Act] (ZP-1-UPB8). (2011). *Official gazette of the Republic of Slovenia*, (29/11).



84. Zakon o proizvodnji in prometu s prepovedanimi drogami [Production of and Trade in Illicit Drugs Act] (ZPPPD). (1999). *Official gazette of the Republic of Slovenia*, (108/99).
85. Zakon o zdravilih [Medicinal Products Act] (ZZdr-2). (2014). *Official gazette of the Republic of Slovenia*, (17/14).

## Strup ali lek: Desetletje parlamentarnih razprav o regulaciji konoplje v Sloveniji

Dr. Kristina Čufar, znanstvena sodelavka, Inštitut za kriminologijo pri Pravni fakulteti v Ljubljani, docentka, Pravna fakulteta, Univerza v Ljubljani, Slovenija. ORCID: 0000-0002-0688-1094. E-pošta: kristina.cufar@pf.uni-lj.si

Andrej Kapun, mag. prav., mladi raziskovalec, Pravni inštitut Znanstveno-raziskovalnega središča Koper, Slovenija. E-pošta: andrej.kapun@zrs-kp.si

Konoplja je najbolj razširjena prepovedana droga v Sloveniji, vprašanje njenega pravnega statusa pa sproža številne polemike. V zadnjem desetletju je bilo več neuspešnih zakonodajnih predlogov, ki so želeli poseči v ureditev konoplje za industrijsko, medicinsko in rekreativno uporabo. Članek se poslužuje kritične analize diskurzov v parlamentarnih razpravah o predlogih sprememb ureditve v Državnem zboru Republike Slovenije med letoma 2013 in 2024. V analizi so identificirani glavni narativi udeležencev teh razprav in prikazana razmerja družbene moči na področju regulacije konoplje. Sprva so zagovorniki ohlapnejše regulacije izpostavljali čudežne lastnosti konoplje, kasneje pa so prešli na sočuten narativ, ki poudarja stisko bolnikov zaradi oteženega dostopa do konoplje. Nasprotniki sprememb se poslužujejo narativa javnega zdravja, ki opozarja na nevarnosti uporabe konoplje in poudarja koristnost prepovedi. Narativ javnega zdravja občasno izpodrine narativ moralne panike, ki izpostavlja grožnje vsesplošnega moralnega propada, letargije ipd. ki bi jih povzročila večja dostopnost konoplje. Vsi udeleženci diskurza uporabljajo ekonomski narativ, ki izpostavlja bodisi finančne koristi bodisi stroške predlaganih zakonodajnih sprememb, medtem ko je nekoč prevladujoči narativ o kriminaliteti praktično izginil iz parlamentarnih razprav. Analiza pokaže, da je konoplja obravnavana predvsem kot javnozdravstveno vprašanje, strokovnjaki s tega področja pa imajo v parlamentarnih razpravah največji vpliv. Kljub obširnim prizadevanjem za spremembo pravnega statusa konoplje ostaja *status quo* nedotaknjen.

**Ključne besede:** prepovedane droge, kritična analiza diskurzov, parlamentarni diskurz, konoplja, Slovenija

UDK: 34:633.888(497.4)