RECENT DEVELOPMENTS REGARDING DRUG LAW AND POLICY IN GERMANY AND THE EUROPEAN COMMUNITY: THE EVOLUTION OF DRUG CONTROL IN EUROPE

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Drug use and drug control are theoretically – in terms of both social psychology and sociology – viewed as complementary components of a complex social and historical interaction process. Subsequently historical and other evidence is presented to substantiate the theoretical hypotheses. This lays the ground for the presentation and interpretation of the actual drug control system in Germany and the European Union. Again some theoretical hypotheses and their empirical grounding are presented concerning the logic of development trends. In the final part, the evolution of drug laws and their implementation are viewed. Recent developments can be regarded as taking place in stages based on certain changeable paradigms: the abstinence paradigm, the medicalization paradigm and the acceptance paradigm. For the time being there seems to be a slow transition from the first to the latter, implying that elements of all three are presently active in a diversity of policies and strategies, differing between states and regions of the German federal state and the European Union as well as between different levels of drug policy and drug care.

INTRODUCTION

For thousands of years, most human cultures have consumed psychotropic substances of all kinds. They have used them for healing purposes, magic or ecstatic rituals, as aphrodisiacs, as potions for becoming heroes or for poisoning enemies

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and rivals. And humans continue to use them: as medication for healing, sleeping, soothing pain, lowering anxiety and stress, for hedonistic indulgences, exhilarating thrills and frenzies, to reach trance and ecstasy, and as an effective defense against reality through drunkenness and intoxication.

There has always been a vast diversity in the ways drugs have been used, viewed, interpreted, evaluated, and controlled. For ages, the use of such drugs had not been a matter of much negative social concern because it was socially integrated and inconspicuous. These behaviors were initiated, taught, learned, and limited by religious rites or cultural rituals; in short, by social norms. Identification with and internalization of rules and rituals guaranteed that potential dangers did not materialize. There was no difference from dealing with all other sorts of risks in society.

However, when social norms are nonexistent (*anomie* in the Durkheimian sense) or inadequate, when the individual member of the culture does not get a chance to learn how to use the substance or is for some reason incapable of applying the rules, there may be individual and social problems. Contrary to this insight, even today it is commonly assumed that certain drugs are the single cause of these problems. Scientific observation, however, reverses that logic, as all sorts of underlying social problems result in individuals not being able to assimilate drug use and societies not providing adequate normative and institutional frameworks.

One main symptom of this fallacy is the defined dichotomy of licit and illicit drugs. The distinction is based on the assumption that some drugs are culturally and normatively integrated – meaning that most people know how to use them responsibly – while others are not. The latter are thought to be socially unacceptable, because they induce users to lose control, act out antisocially, poison themselves, become addicted and infect others. And it is also assumed that deterrence and punishment can keep people from using them.

Increasingly, scientists, professionals and politicians are demanding that these assumptions be corrected or at least revisited: Which are the *real* dimensions and determinants of the problem? How and why has the problem been defined in this manner in the first place? The caffeine drug problem evaporated when coffee conquered the continent and the prohibition laws were scrapped. On the other hand, when the American Indians were confronted with distilled spirits as an alien drug, they did not dispose of the necessary rituals, of course. But alcohol was not *the* cause of their decline: not being able to cope, to socially integrate it into their culture and lifestyle, was one of the symptoms.

There have always been individuals or groups – e.g. the shamans or witches – who refused to adapt to the prescribed norms and, in turn, were sometimes persecuted as deviants. The research question is how and why such deviants obtain positive or

negative social roles. Since about 1900, individuals, groups and subcultures practicing drug use in the context of certain personal needs or preferences, lifestyles or deviant rituals have been increasingly and very selectively delineated and criminalized. Users were labeled as antisocial and addicted. The substantial explanation was this: Certain substances must be criminalized because their use invariably causes damage or danger to human health – such as infection and epidemics. Thus, although the rationale for their exclusion changed from witchcraft to medical prophylaxis, certain drug users and their preferred substances remained outside the realm of respectability.

This paradigm shift occurred despite the much earlier scientific discovery that the toxicity of a drug depends on its dosage: the German Doctor Theophrastus Bombastus von Hohenheim, better known as Paracelsus (1493 –1541), discovered and wrote about this truth. Modern scientific insight has shown since that the dangerousness of drugs – as with any products bearing risks to humans – depends on the manner and circumstances of their use. Today, social and medical sciences have provided a great deal of knowledge about when and how drug use can be dangerous, and when it is not.

Drugs have been with us for at least 5,000 years, and this brief review of that history suggests that they are here to stay. It would be presumptuous – and preposterous – to assume that our generation or future generations in the global society would have the means to determine an eternal scientific truth about drugs and to create a drug-free society once and for all. The ephemeral and omnipotent character of this assumption is all too evident. Theoretical and empirical studies in a number of different sciences have certified this. Most importantly, scientific research has shown to what extent the drug problem is caused by what is supposed to be its cure: prohibition itself creates a social context that makes drug use so harmful.

So we must ask for scientific explanations of why rationality and scientific insight are continually thwarted by politics, legislation and law enforcement. We must also determine why politics and legislation in that area are dictated and driven by populist sentiment.

RECENT HARM REDUCTION DEVELOPMENTS IN EUROPE

THEORETICAL REFLECTIONS

Recent and current drug policy developments in Europe, a complex mix of different strategies, have resulted in a movement against the dominant U.S. model of drug control. This movement is being strongly counteracted by U.S. foreign policy and international DEA activities, as well as by interior interests and forces in the EU member states themselves. Also playing a part is an increasing interest to

secure the "European Fortress" against unwanted labor migration and political asylum seekers. In the systems relying strongly on populist rhetoric, the drug scare serves as a vehicle for tough legislation.

In view of increasingly undeniable failures of the "War on Drugs," there has been some erosion of the abstinence paradigm, and drug policy has evolved during the last twenty years toward what is called the "acceptance paradigm" in Europe. There is an increasing sense of awareness in professional fields, especially among drug workers, medical and psychotherapeutic practitioners, police and judges, as well as in the media and the public. This concerns the recognition that there cannot be a drug-free society, that recreational and hedonistic drug consumption has to be accepted to some degree, and that it is possible to discriminate between nonharmful drug use – depending on dosage and use pattern – and risky use.

This social change toward a liberal and modern perception of drug use as being part of constitutional freedom rights in a multicultural global society will, the writer predicts, amount to normalization in the sense of dealing with this problem rationally, as we do with other areas of consumer protection. This would mean abolishing exclusive and rigid criminal law drug control and replacing it with a sober and rational system of production, distribution, and prescription control in Europe. Eventually there will be an amalgamation of the three paradigms assigned to the different components. The acceptance paradigm will gain ground on the others, while the criminal law paradigm will dwindle to a normal residue of securing administrative law regulations as is typical for German administrative law. But, given the expected obstacles and resistance, I am assuming this will take some time.

For the time being, some nuclei of the acceptance paradigm and an intermediary level of development can be empirically observed. This can be called the "medicalization paradigm." Instead of employing an absolutely inefficient and counterproductive method of deterrence and incarceration through criminal law, the political strategy resorts to "softer" control strategies, even though it still has a drug-free society as its goal. As we see in the explosive growth of drug testing and DNA analysis, this strategy carries social control even further beyond the limits of personal privacy than has been found earlier with deterrence or incapacitation. Also, the definition of pathological behavior is bound to be widened, and it is more difficult to delineate nonpathological drug consumption (Polak, 2000).

This development in Germany is supported by several converging aspects of social change. First there is increasing pressure on the "three powers" – public administration, the legislature, and the justice system – to "secure quality," to monitor, evaluate, and modify measures according to empirical insights provided by scientific findings. Even though this application of a fundamental criticism of

bureaucracy is partly being undermined bureaucratically and sometimes degenerates into make-believe, phony activities – it still has some effect. In the area of legislation and the judiciary – including jurisprudence – a contradiction – one may say: productively dialectic – development is taking place of "symbolic law" vs. "instrumental law" in a modern "risk society."

Secondly, there is a strong move in the scientific systems to emancipate from traditional disciplinary lines and from a separation of "basic" and "applied" sciences to the implementation of modern methodological thinking. The classic concept of separate "faculties" makes way for increasing interdisciplinary scholarship and even multi-disciplinary thinking in the sense of developing specific methodologies that are closely adapted to the research subject. Change in thinking and practice is what the writer would call a paradigm shift. Here, it includes new links between natural sciences and humanities, e.g., between neurological and biochemical approaches in drug research and psychological approaches to cognition, motivation and conscious and subconscious processes.

Thirdly, there is an increasing demand that the state economize on the basis of sober cost-benefit analysis and scientific insight – counteracted by traditional bureaucracy. There is also increasing pressure on administrations to economize on expenditures for social welfare systems, to outsource and privatize these services – an image that fosters conceptual freedom for NGOs in the drug field.

Fourth, an increase in political self-assurance and autonomy of German interior and foreign policies can be observed. One facet of this is an increasing tendency to interpret the ongoing effects of U.S. domination of global drug control as a continuous activity of the political process and exertion of power, not only in the hemispheres defined as vital to U.S. security, but even of the European allies. This interpretation is supported by recent disclosures of the U.S. disposing of Microsoft source codes, enabling them to hack all computer communication in Europe based on MS software. The general sentiment in Europe seems to be turning, which also affects drug policy deliberations. Very recent developments contribute to that, e.g., the global missile defense plans and restrictive environmental policies. Paradoxically, these developments may contribute to a closing of ranks among the so far often-dissenting EU member states and toward an increase in political autonomy in opposition to the U.S.

Fifth, another development may be observed in the decreased reluctance to consider scientific insight. Even the fundamental conclusion that most drug trafficking problems are really problems of drug policy is not taboo any longer. More and more scientifically based information has entered into the political discourse. Ironically, it is the public health discourse that has given the debate a new twist, confluent with the new discourse of economic efficiency and quality

management. Advances in general drug research and especially in evaluation research of harm reduction measures have been increasingly implemented and their success – e.g., reduction of deaths, more availability for therapy etc. – scientifically proven.

Sixth, economically founded globalization as a complex and dialectical process seems to also be contributing to this evolution. On one side it imposes homogenization of lifestyles and normative systems along standards established in the western world, thus activating domination and control mechanisms. On the other hand, it does away with the traditional delineation of culturally integrated or nonintegrated drugs.

European Evidence

In this section the writer enumerates some European developments in the area of drug policy. At present, the basic understanding all over Europe is that a fourfold approach to illicit drugs should be taken: 1) primary prevention (teaching about drugs in schools, etc.); 2) secondary prevention (criminal law deterrence of the supply side); 3) harm reduction (acceptance, aid, and social reintegration measures for users); and 4) tertiary prevention (treatment for addicted users).

Changes in Drug Laws and Drug Law Implementation

A recent survey of drug laws and drug law implementation in the 16 EU member states, as well as a study sponsored by the EU commission in 1998 (Böllinger, 2000, 2001), reveal an increasing momentum toward decriminalization. Three models are being employed: 1.) formal procedural law decriminalization ("*nolle prosequi,"* etc.); 2.) de-facto and informal practices of not enforcing the law; and 3.) substantive-law decriminalization.

Procedural Law Decriminalization

By procedural criminal law, practically all the EU member states have diminished punishment for obtaining and possession of small amounts of all illicit drugs. In Germany, the Supreme Constitutional Court (Bundesverfassungsgericht) stipulated in 1994 that users possessing small quantities must not be prosecuted (Koerner, 1997; Nestler, 1998; Böllinger, 1994). Subsequently, the justice systems of the federal German states were not able to compromise on the threshold limits of "small amounts." The southernmost federal states insisted on very low limits. (e.g., 6 g of street cannabis, 0.5 g of heroin, 0.3 g of cocaine, 0.2 g of amphetamine and its derivatives), while the other federal states have varying limits between 10 and 30 g of cannabis. Paradoxically, this controversy will probably result in a substantive law initiative of the federal government.

Invariably, procedural law changes result in law enforcement agencies becoming more lenient and enforcing less aggressively than before. There are, of course, exceptions: e.g., the Bavarian police, in contrast to the other Federal States of Germany, were ordered by the attorney general in charge to intensify cannabis enforcement as a consequence of the Bavarian government strongly resisting the Federal Constitutional Court decision of 1994 obliging prosecutors to *nolle prosequi* such cases. In addition, the authorities are searching for compensation and functional equivalents of punishment by advancing control mechanisms in the area of drug testing in schools and in traffic violation stops. In spite of solid empirical evidence (Robbe, 1997) the use of cannabis may lead to a permanent loss of the driving license.[1]

INFORMAL DECRIMINALIZATION PRACTICES

Through the establishment of informal practices, almost all the EU member states have diminished the punishments for purchase and possession of small amounts of illicit drugs (Dorn & Alison, 2000). This type of decriminalization, however, applies only to specified drugs and certain situations and – with the exception of the Netherlands – is never systematically or regularly practiced. In Germany, it may be observed that in consequence of a procedural decriminalization of purchase, possession, and production of small amounts for personal use, the police increasingly abstained from proactive enforcement and even from reactive enforcement. This was especially true with cannabis and ecstasy, even though by the German legality principle they are officially obliged to intervene and only the prosecutor – attorney of state – is empowered to drop a case.

In the Netherlands, a unique model of pragmatism has been implemented, aiming primarily at separating the different drug markets and gaining a realistic view of and control over what is going on: a practical, low-key procedure of informal local agreement between prosecutors, police and administrators who determinine the criteria for application of the expediency principle. This has resulted in the well-known coffee shop system where sale "at the front door" is legal while the "back door" supply remains illegal. In practice, the supply comes either from illegal imports, which the police proactively fight, or from illegal private growing, which is enforced with less fervor. At the present time, there is a political movement aiming to also legalize the "back door" trade. Very recently, one city in Holland started a comparable model for the controlled distribution of cocaine. Based on the "house dealer" system, which originally worked with cannabis, cocaine can now be sold and purchased by holders of special personal licenses issued by public agents, who guarantee that the holder of the permit is not being followed by the

police. If either party violates the police determined criteria, the permit will be revoked. Other cities are likely to follow suit.

One development has come to the writer's attention that could be interpreted as a rejection of his hypothesis: the Slovak parliament seems to be on the verge of passing an extremely repressive drug law. How can this be explained? One factor is that U.S. diplomacy seems to have been active and backed by the DEA, as occurred earlier in the Czech Republic (oral communications with Czech police officers). A specific cultural factor can be seen in the tradition of repression of the Roma people. That group is said to be strongly involved in drug trafficking. If that supposition is factually accurate, this behavior may be due to complex social conditions and interactions. In this case, and others like it, it is entirely possible that the drug law is being used as a vehicle and cover-up for less honorable motives. This interpretation is reinforced by the observation that at the same time the Slovak parliament is about to pass a very liberal prostitution law. The prostitution bill, unlike the drug bill, is based on modern scientific expertise about the best solution to that problem.

Substantive Law Decriminalization

Through the passage of substantive criminal law, the following EU member states have abolished punishment for obtaining, producing, and possessing small amounts of cannabis for personal use: Belgium, Italy, Portugal and Spain. It must also be mentioned that following a formal referendum, the Swiss State Council (*Staatsrat*) voted to decriminalize purchase, production and possession of small amounts of cannabis. The parliamentary decision is expected shortly. Even though Switzerland is not a member of the EU, it is believed that this development will have a significant impact on drug policy development in that organization.

Medicalization of the Drug Problem

Legislative Developments

The medicalization hypothesis can be observed in the following developments in Germany; it can similarly be observed or interpreted in Austria, Portugal, and France.[2]

The first German Narcotics Law of 1972 replaced the old Opium Law of 1920, as amended under the Nazis in 1933 and 1934. The new law served to implement the UN accords of 1961 and 1971, thereby following the criminal law prohibition paradigm. In the reasoning articulated in support of the bill, much of the U.S. rhetoric was repeated. It was assumed, for example, without explicit reference to any scientific justification, that cannabis use could be addictive, could cause psychosis, and was invariably the stepping-stone or gateway for harder drug use.

In 1981, the Narcotics Law was modified considerably and very ambiguously. On one side, the declaration and escalation of the U.S. drug war and increasing activities of foreign drug traffickers from problem areas – e.g., Turkey – led to calls for a rigorous sharpening of the law in Germany. Punishment limits were raised from 4 to 5 years of imprisonment for simple drug offenses and from 10 to 15 years for those defined as dangerous perpetrators. For the purposes of comparison, killing someone through negligent behavior was punishable by only 5 years of imprisonment. This example is considered by most criminal law scientists to be a clear case of disproportionality. On the other hand – through a parliamentary agreement and compromise – a new principle was installed, labeled "therapy instead of punishment," for addicted drug offenders. While in its implementation this actually meant punishment as well as forced therapy, it symbolically marked a paradigm change toward medical considerations. Since that time, enforcement against addicted offenders has been considerably moderated, and every day judicial practice has become more lenient (Böllinger, 2002; Egg, 1999a,1999b).

Despite these alterations, however, the "carrot-and-stick" ambiguity persisted. Thus, increasingly undeniable failure of the "war on drugs" – officially declared in Germany in 1991 by a federal program somewhat less militant than the U.S. "war on drugs" ("Nationaler Rauschgiftbekämpfungsplan") – did not lead to a fundamental rethinking but rather to the strategy of "more of the same." This time the "buzz word" by which politics and media enhanced collective fears and pressured the legislature was "organized crime." The term was transported to Europe by increasing U.S. political rhetoric, by the UN convention of 1988, and by some of the first EU measures demanding more control and criminalization (money laundering, controls over precursor substances), and harsher punishments (higher mandatory minimums, asset forfeiture). Therefore, through the 1992 Narcotics Law amendment, the 1993 Money Laundering Law, and the 1994 Precursor Substances Law, drug laws were sharpened by both criminal and administrative law measures. In addition, police and other enforcement and control resources were again expanded.

In Germany, the effort to curb international drug trafficking has had little effect compared to other countries. The fact that foreigners were increasingly involved in drug trafficking on German territory was persistently ignored. The appearance of rackets, Mafia, and international ethnic movements, often resulting in dangerous shoot-outs and armed conflicts, were not a symptom of drug demand, but rather a phenomenon intricately intertwined with Germany becoming the goal of international labor migration and a political haven for fugitives from all areas of the world. Also the globalization process was well underway. It was futile to believe – or cynical to try to convince the voters – that sharpened drug laws could have any positive influence. Drug supply soared in spite of increased forfeitures of illegal

imports and transports. Due to the adoption of refined techniques by the rackets and ethnic isolation of gangs, it was impossible to increase the number of kingpins getting caught, in spite of multiplication of police forces and legal instruments, such as undercover enforcement, crown witness privileges, use of *agents provocateurs*, eaves-dropping, etc. Law enforcement agencies therefore responded by resorting to the apprehension of rather small-scale drug peddlers. About 80% of the traffickers sentenced to relatively high prison terms were actually lower level cannabis dealers.

In contrast to these trends, in 1992, the treatment aspect was strengthened by an amendment to the Narcotics Law that provided for a faster *nolle prosequi* procedure and easier access to drug treatment, as well as counting treatment time as prison time so long as there had been no relapse. In another amendment of the Narcotics Law passed in 1994, methadone treatment was regulated by ordinance, even though the judiciary had already made it clear in 1979 and 1991 that it was legal when medically advised.

Increasingly, either the verdict itself or the serving of a sentence is deferred when the perpetrator agrees to undergo maintenance or withdrawal treatment along with some kind of drug therapy, including either long-term inpatient or outpatient therapy. This system is now highly evolved in Germany and Austria and has recently been adopted in Portugal as well.

Other Developments

Other activities have contributed to the adoption of the medicalization paradigm. In 1993 and again in 1994, both the Federal States of Hessen and Hamburg failed with initiatives to begin heroin dispensing programs. In 1993, the city of Frankfurt applied for special permission to administer heroin within the framework of a scientific study, giving the drug to long-term addicts who could not be reached by methadone treatment, which, in Germany, was totally controlled by private practitioners. Even though the application was turned down by the federal authority in charge, it impacted the public debate and helped pave the way for the change of law in 2000 that finally allowed for heroin dispensing programs. Five jurisdictions have started model programs under scientific regimens in 2001.

Also, since 1993, the city of Frankfurt, based on expert briefs (Böllinger, 1991; Koerner, 1994), has allowed the operation of drug injection rooms. This decision was based on an informal consensus of an influential prosecutor, medical experts, and city administrators. In other areas of Germany, this action was considered to be punishable (the law would consider these persons accessories to the commission of a crime.) After much controversy, in 2000 the new German coalition ended the stalemate by passing a law allowing safe injections rooms. Six federal states have

implemented these programs, some are planning their installation, and others have refused to do so.

Certain institutional and organizational changes can also be interpreted as indicators of social change toward medicalization of the drug problem. For example, in 1994 the German Society for Drug and Substitution Medicine was founded, now named the German Society for Addiction Medicine (DGS). In 2000 a new journal named *Suchttherapie* (*Therapy of Addiction*) appeared decidedly positioned against the traditional journal *Suchtgefahren* (*Dangers of Addiction*). The latter, in turn, then moderated its political position by renaming itself *Sucht* (*Addiction*). Another example is an activity by the "Deutsche Hauptstelle gegen die Suchtgefahren" – "DHS," a politically very important national umbrella organization, comprised of all government institutions and NGOs in the area of licit and illicit drugs and functioning as an interest group. It used to be very influential in supporting prohibition. They have now come to the conclusion that there has to be a fundamental change in drug policy and are lobbying for the appointment of a government or parliamentary commission of experts.

An ambiguous role is played by recent initiatives of the German Medical Society for Medical Cannabis (ACM). On one side they legitimately argue for the legalization of undeniably effective medication options for certain illnesses. This has certainly contributed to making the cannabis discourse more rational and to regarding cannabis more seriously. But there is a risk involved: if medical cannabis is legalized, prohibitionists will argue that medicinal drugs cannot at the same time be recreational drugs.

THE RISE OF THE ACCEPTANCE PARADIGM

For the time being, neither legislators nor the general public seem ready to accept a libertarian approach to drug use. Some studies can be interpreted as indicating such tendencies exist, however. At present, the main content of acceptance policy is harm reduction by any possible means. It is argued that the best kind of harm reduction would be legalization, with all kinds of administrative regulations for general consumer protection as well as for the protection of minors and people who are mentally unfit. At present, lesser forms of harm reduction will have to do. Most of these may be gradually replaced by more adequate solutions in the future.

The Netherlands model for controlled availability of cannabis and their recently established program for cocaine are the foremost examples of the acceptance paradigm. Support for this model or even for the Swiss approach is increasing, though on the other hand the mass media still indulge in exposing prominent politicians or journalists who support these efforts "outing them" as having consumed drugs when they were young.

Needle exchange initiatives were started privately and informally by courageous NGOs as early as 1985. In a few of these cases, those doing so were prosecuted for being an accessory to drug possession, although there has never been a conviction for this offense. In 1992, the practice was legalized, and needle exchange programs have been running smoothly all over Germany ever since. In 1998, needle exchange programs were started in two prisons as scientific field studies. Since their positive outcome has been shown, it has been decided to continue and expand these programs. No new law is necessary to facilitate this.

In 1994, the Federal Constitutional Court decided to oblige prosecutors to stop enforcement in cases involving small quantities for personal use. Even though cannabis was by no means legalized by this decision, it had a great impact on public perception of cannabis use not being dangerous and therefore acceptable. In 1994, two federal states, Hessen and Schleswig-Holstein, recommended legally dispensing cannabis, either in specialized "coffee shops" as in the Netherlands or in pharmacies on the basis of a licensing system. Although motions were eventually turned down, the fact that they were seriously put forward did influence the debate.

As mentioned above, heroin dispensing programs and safe injection rooms were legalized in 2000. These measures, though institutionally centered in the medical sphere, do mark a transition toward legalization as they are intended for harm reduction.

A very efficient measure is now being practiced in the Netherlands and in some places in Germany: illicit drug analysis. Users can deliver a tiny sample of their substance to a laboratory and have it tested as to its content and concentration. This practice is known to have saved lives, as very often intravenous heroin users overdose from not knowing the concentration of the black market substance. The practice has also proven to be very helpful for ecstasy users at raves and house parties. In Germany and Italy, this practice is not officially accepted (Böllinger, 1991). Instead, it is tolerated by prosecutors in some cities and done secretively elsewhere, with those performing the service risking punishment as accessories to drug possession. In all probability, this practice will eventually be legalized in Germany too. In Austria, there is one such program currently being scientifically evaluated (Böllinger & Burkhardt, 1997).

Another means of harm reduction, while an everyday practice in the Netherlands, remains a pulishable offense in Germany: the operation of overnight facilities for dissocialized intravenous drug users. Punishment in Germany could be based on the perpetration of tolerating unlicensed injections within the premises. Legalization of this practice has taken place in Portugal and can also be anticipated in Germany.

Last but not least, it should be mentioned that there are local, regional, and national service organizations for drug users and for supporters of legalization.

The main national NGO in Germany is called "Akzept e.V." (Association for Accepting Drug Use). Another NGO is called "Junkies, Ex-users and Substitution Patients" – "JES," alluding to "yes!"

CONCLUSION

In this paper the writer has tried to sketch out a theoretical concept – consistent with a wider sociological and socio-psychological context – and then to apply it to the field of drug use and control. The question of why people use drugs, why some abuse them and become addicted, why some are criminalized and dissocialized while this does not happen to others has not been discussed. It is difficult to theorize when the whole context of theory is moving so fast and the determinants of such a movement have to do with power and politics rather than insight, science, and reason.

NOTES

1 See Quensel & Böllinger and Neumeyer in this volume.

2 Information concerning other EU member states is lacking.

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