



Drug Control in Tunisia: Between Criminalization and Public Health Challenges

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Introduction

This paper aims to critically analyze the stages of Tunisia's anti-drug policy. In the first part, the paper traces the transformations of this policy and how its effects produced a social issue that prompted actors and decision-makers to treat it as a public issue requiring intervention. The second section examines the impact of the criminalization policy in exacerbating the phenomenon of drug use and addiction and disrupting its treatment as a public health issue. It then looks at the impact of this situation on addressing the phenomenon and ensuring justice in the legal and medical treatment of the issue. The study adopted a participatory observation methodology, including field observations in a rehabilitation center in Tunisia and in associations specialized in addiction, as well as attending workshops and meetings on the topic. The study also relied on interviews with various stakeholders to complement the field research.

A policy that produces a social issue

On 20 January 2021, three young men were sentenced to 30 years in prison by the Court of First Instance in Le Kef for consuming cannabis (*Zatla*¹) inside a sports stadium. The sentence was based on Article 11 of Law No. 52 of 18 January 1992, which stipulates the maximum penalties for those who commit this crime in public places or sports stadiums. The Kef Court of Appeals later reduced² the sentence to one year in prison.²

Although this incident was not the first and will not be the last – and thousands of young people continue to be prosecuted today for drug consumption in Tunisia – we have chosen to start our discussion of the subject here because this incident marks a temporal separation between two key moments in the transformation of Tunisia's drug policy. This shift is embodied in a conflict between two approaches: A punitive approach imposed by the political system in two separate periods (the 1990s and post-2021), and a public health-

based approach that social actors tried to crystallize between 2014 and 2021. To trace the issue as articulated by these actors requires understanding its temporal and social context, as well as analyzing the factors that may make their discourses effective or ineffective. Social issues are not based on an objective proportionality between the seriousness of the situation and the social attention given to them, meaning that they can be centered around any issue that social actors succeed in raising. However, their emergence does not happen randomly anywhere or anytime because, according to contextual constructivism³, context is a crucial factor in the construction of a social issue.

Strict penalties against a virtually non-existent phenomenon

The legislative framework regarding drug use in Tunisia was not substantially amended until the 1990s, with no substantial change in the phenomenon of drug use to justify a shift in policy. However, Tunisia adopted a new anti-drug policy in 1992. This change was due to a particular political context that coincided with the conviction of President Zine El Abidine Ben Ali's brother in a drug smuggling case known in the media as the "Couscous Connection."⁴ This case triggered international reactions and pressure on Tunisia, which faced severe criticism for its weak anti-drug efforts, prompting Ben Ali to strengthen policy in this area.

In this critical political, repressive, and pre-revolutionary context, Law No. 52 on Narcotics was passed on May 8, 1992. It imposed a radical change in legislation and covered all drug-related activities, stipulating a mandatory prison sentence of one year for anyone convicted of possession of narcotic substances, five years for repeat offenders, and up to 10 years for anyone who used any place to use or promote drugs.

Despite the repressive nature of this law, the policy has not succeeded in curbing the phenomenon of drug use that is spreading in Tunisia. Official statistics released by the Ministry of Interior reveal a marked increase in the number of cases related to drug consumption, with the number of prosecutions rising from 732 cases in 2000 to 5,744 by 2016.⁵ This continuous increase reflected the limitations of the law in addressing the phenomenon. Law No. 52 has also had a negative impact on young people, even going so far as destroying many futures. As Saleh, a peer educator with an organization that focuses on awareness and prevention of addiction, said: "I was tortured under Law 52 for using drugs. I was carrying enough for my personal use for a week, but I was punished for trafficking."⁶

Constructing the social issue: Law 52 is ineffective and must be changed

Social phenomena do not automatically gain attention. For a social phenomenon to be recognized as a social issue, there needs to be an "ombudsman"⁷ who plays a pivotal role in highlighting and defining it. An ombudsman is defined as a person, group, or organization that defines a social issue and turns it into a public issue that needs to be resolved.⁸

One possible explanation for the timing of this social issue's crystallization, especially after 2011, is the association of anti-drug policy with the repressive regime in pre-revolutionary

Tunisia.⁹ The anti-drug policy in Tunisia was closely linked to the Ben Ali regime, which used police repression as a tool to consolidate its power. This led many Tunisians to reject any remnants of this regime and contributed to helping public activists take up the issue and build a narrative centered around the grievances of the people.

A multi-voice and multi-directional movement against the law criminalizing drug use began to emerge, featuring actors as varied in their backgrounds as doctors, lawyers, journalists and investigative journalists, in addition to think tanks and civil society organizations. These different actors were united in defining the social issue and in considering Law 52 to be repressive, unjust, and ineffective in combating drug use. However, these different groups framed and interpreted the issue in different ways, depending on their age, academic backgrounds, and the institutions they were active in. This contributed to amplifying the framing of the issue and mobilization of support around it.

The medical and paramedical frameworks focused on framing the issue as a public health issue with social and health implications. They showed how drug criminalization laws impede addicts' access to specialized medical services, leading to increased drug consumption and a higher risk of infectious diseases, such as sexually transmitted and bacterial infections. They also denounced the legal framework that stood in the way of their work and exposed them to judicial accountability. Civil society has played an important role in providing parallel explanations, acting as “think tanks” in the absence of deep-rooted and effective institutions linking the political sphere to the institutional system in post-revolutionary Tunisia.

In this context, STADD (*Société Tunisienne D'Addictologie*, the Tunisian Society for Addiction Studies) was founded in 2015 as a scientific association of addiction professionals. This association, in collaboration with other associations concerned with the prevention of addiction and sexually transmitted infections, has contributed to providing a scientific explanation of the issue from a public health perspective. Law 52 stipulates that a person who uses drugs has the right to seek treatment only once in his or her lifetime, provided he or she comes of his or her own free will. However, health professionals explained that substance use disorders are chronic disorders where relapse is the rule rather than the exception.¹⁰

Dr. Nabil Bensalah, an addiction specialist and president of the Tunisian Association for the Treatment of Addiction, said: “Doctors are forced to work outside the legal framework when treating a patient with an addiction disorder.”¹¹ Article 119 of Law No. 54 of 1969, dated July 26, 1969, requires the approval of the Committee on Drug Addiction before receiving any case that does not meet the legal requirements.¹² This directly contradicts the principle of professional confidentiality and complicates the situation on two levels. On the one hand, doctors face a dilemma between enforcing the law and respecting professional confidentiality. On the other hand, these conditions negatively affect the relationship between patients and doctors. “Requiring a doctor to report to the addiction committee makes the patient lose trust in the doctor before treatment begins,” said Dr. Bensalah. “The one-time right to treatment leads addicts to delay seeking treatment for fear of losing their only chance. But this delay only leads to them sinking deeper into addiction.”

Meanwhile, lawyers focused on the ineffectiveness of the policy on reducing drug use, citing statistics showing high rates of re-incarceration for consumption misdemeanors. *Avocats Sans Frontières*, among other human rights groups, has played a pivotal role in highlighting the dangers of criminalizing drug use in Tunisia. The organization published statistics revealing the magnitude of the issue inside Tunisian prisons, which showed that 56% of returning prisoners were involved in cases related to drug consumption, reflecting the failure of penal policies to reduce recidivism.¹³ These figures revealed clear gaps in the penal system and raised questions about the effectiveness of these policies in achieving their stated goals.

In addition, investigative journalists played an important role in tracking the cases of youth arrested under Law 52 and highlighting the negative effects these arrests have had on their lives and futures. Investigative journalism highlighted the stories of many young people who ended up in prison because of a single experience with drugs and showed the social repercussions of these policies. It has also succeeded in presenting a poignant picture of the damage this law is doing to Tunisian youth. For example, organizations such as Human Rights Watch have documented the human rights violations that prisoners are subjected to inside Tunisian prisons.¹⁴ This documentation added a human rights dimension to the issue, adding weight and support to demands for change.

Several popular campaigns have contributed to building effective momentum around the issue. In 2014, the #Prison52 campaign¹⁵ launched an open letter to then-Prime Minister Mehdi Jomaa under the slogan “Enough Hypocrisy”. The letter emphasized that “*zatla*” is part of the cultural heritage and was only raised as an issue after Law 52 came into effect. The campaign considered this law a tool to suppress freedom and expand police exploitation of marginalized groups, calling on the government to take action. It also called for reducing penalties and launching a national dialogue to reform Law 52, arguing that the increase in drug consumption was a result of the law's failure to combat the phenomenon.¹⁶ This initiative was one of the first attempts to turn the issue into a public matter with the aim of attracting political support.

Numerous Facebook campaigns have also emerged, such as “*On va légaliser pour vous*” (we’ll legalise it for you), a community of citizens and a united national movement against repressive prohibitionist policies that called for the legalization of cannabis and the repeal of Law 52. Protesters raised various slogans during these demonstrations, such as “Couscous 52,” referring to the political context in which this law was passed and its association with the Ben Ali regime. They also used the slogan “liberate kif” to explicitly call for repealing the law and liberalizing cannabis consumption. The hashtag #Law52makescriminals was created to consolidate sympathy for the youth affected by the law among the public. These campaigns succeeded in shifting the debate from a moral framework related to society's acceptance or rejection of drugs to a social issue centered on protecting youth and securing their future. It is important to note that this shift came in the context of a growing recognition of the youth as the most important group that could rebuild the new order in Tunisia after the revolution.

Successful advocacy does not rely solely on individual efforts but requires cooperation between different networks of actors. The more people who collaborate in carrying a cause, the more likely it is to succeed and spread in the public and political spheres.¹⁷ The diversity in the academic backgrounds and age groups of the opponents of the drug criminalization law contributed significantly to making this issue top the list of social phenomena that were occupying public opinion in Tunisia at the time, gaining it wide popular attention. This diversity also led to a multiplicity of interpretations adopted by each group to express the issue from its own perspective, while agreeing on the fundamental need to change Law 52 of 1992. Together, they succeeded in building a strong narrative framework to capture the attention of the public and decision-makers, ensuring the inclusion of the issue in public debates and the formulation of effective government policies.

Drug use: between a punitive philosophy and a public health approach

In this section, we have chosen to base our analysis on the multiple flows methodology or framework¹⁸, which takes into account the influence of non-State actors (such as civil society, media, and policy entrepreneurs) in decision-making processes. This framework is useful for understanding how policies emerge through advocacy and lobbying efforts.

To turn a social issue into a public issue, “problem entrepreneurs” must influence decision-makers to place the issue on the political agenda in order to bring about the change they desire. Success in this challenge requires the intersection of three streams at the same time: Recognition of the issue, the availability of possible solutions, and a favorable political climate. This intersection is known as a “policy window.”¹⁹ Once these three streams (issue, solution, and political negotiation) converge, decision-makers can exploit them to push for a new policy. However, a policy window is typically a time-limited period of favorable conditions. If the opportunity is not seized, the window may close, requiring a new intersection of currents to open a new policy window in the future.

Partial adjustment as a second policy window

Once an actor transforms from a problem entrepreneur to a policy entrepreneur, the social issue becomes a public issue, and a new struggle to define the public issue and offer policy alternatives begins. In a multi-flow framework, policy stream activists become the most important actors for understanding agenda-setting. Their role is to develop policy alternatives, connect them to the issues, and present them to decision-makers at the right moment. If the policy entrepreneur is successful, the issue will make it to the political agenda.

In 2015, policy entrepreneurs succeeded in getting a new draft law on the political agenda, when the government approved the draft law No. 79 of 2015 on drugs submitted by the Ministry of Justice.²⁰ This new law adopted a comprehensive approach to tackling the drug problem, which combined preventive, therapeutic, and punitive aspects with stiffer penalties for traffickers. However, the discussion of Bill No. 79 in the Public Legislation

Committee was fraught, delaying its passage to the plenary session. Members of the committee were divided between opponents and supporters of its approach. While some agreed that Law 52 was an insidious law that needed to be changed, they rejected the solution proposed by this law, which provides for the complete decriminalization of drug users, arguing that it implicitly encourages drug consumption.²¹ Here, the first window was closed, and a new intersection was needed to open the second policy window.

Indeed, in 2017, the three streams converged to create a new political window:

- The Issue Stream: Problem entrepreneurs sought to reframe the issue from a social health perspective. Health professionals worked in collaboration with STADD (Société Tunisienne D'Addictologie) to organize three explanatory sessions with members of the House of Representatives. Doctors presented experiences and indicators related to their daily interaction with patients and showed how Law No. 52 disrupts their medical practice to the fullest. Bureaucratic knowledge played a big role in framing the case, as doctors and public health experts showed exactly how ineffective punitive policies were in combating drug use and addiction, with therapeutic and preventive interventions presenting better outcomes.

- The Solutions Stream: Policymakers reworked new solution packages. A new version of the draft law was submitted again by the government for the plenary session, as well as a proposal by the Mashrouu Tounes free bloc,²² which proposed a compromise between punishment and treatment.

- The Political Negotiation Movement: On March 20, 2017, the meeting of the National Security Council, under the supervision of then-President Beji Caid Essebsi, addressed the issue of prosecution procedures for drug consumption crimes and approved two proposals. The first related to the revision of the criteria for special amnesty, and the second to the draft revision of Law No. 52 of 1992, submitted to the House of People's Representatives.²³

On April 25, 2017, the People's Assembly ratified draft law no. 42 of 2017 on the revision²⁴ of law no. 52 of 1992, with a minor amendment, with 133 deputies in favor, 2 against, and 5 abstentions.²⁵ The amendment enables judges to “apply mitigating circumstances and take into account the special cases of students, pupils and young people, who are first-time users of narcotic substances,” according to Justice Minister Ghazi Jeribi.

During the session, MPs' opinions on the bill varied, with some welcoming it, while others calling it a “patchwork solution” that reflected the government's lack of a clear vision. Opposition MPs criticized the bill as a failure to provide a clear and real penal policy for drug prevention. Others argued that the amendment proposal gave the impression of encouraging drug consumption. Members of the ruling majority were also divided between those who considered it an essential and sufficient step and those who praised the bill as “a first step and a compromise solution until the original law is finalized.” Before the bill was approved, a single amendment proposal submitted by a group of MPs to add the phrase “even in the case of repeat offenders” at the end of the chapter was rejected by 102 MPs and adopted by 31, while 5 MPs abstained when voting on the amendment proposal.

Reproducing a punitive philosophy: An impediment to the shift towards public health-based policies

A punitive philosophy is necessarily incompatible with approaching drug use as a public health issue and hinders any radical change that could improve health policies.²⁶ Comparative experiences have demonstrated the failure of criminalization policies to address drug use.²⁷ Instead, these policies exacerbate drug use and prevent the adoption of coherent health policies. Criminalizing consumers deepens the gap in access to health care, as users are afraid to turn to the health system for fear of arrest, weakening prevention efforts and further marginalizing them.²⁸ In Tunisia, Law 52 is a clear example of this, as it has hindered the development of the infrastructure of health institutions specialized in addiction treatment.²⁹

Public health policy is defined as the set of laws, regulations, plans, and procedures adopted to achieve specific health goals within a community.³⁰ Any effective change in public health policies requires adherence to four basic principles.³¹ We will now try to examine the partial amendment to Law 52 to see if it conforms to these principles or if it continues to perpetuate a punitive philosophy.

The first principle states that health policies should be based on available scientific evidence. In Tunisia, despite the fact that advocates have relied on scientific and medical arguments to make the case for addiction, the new amendment to Law 52 does not reflect these arguments. Research defines addiction as a chronic disease, where relapse³² is a normal part of the treatment process.³³ Yet the amended law gives drug users only one chance for treatment, reflecting a flawed understanding of the nature of addiction. The refusal to add the phrase “even in the case of repeat offenders” by deputies confirms that the vote was not based on scientific evidence but rather on a moral perception that criminalizes rather than treats consumers. Despite medical advances in redefining addiction as a chronic disease, the stereotypical perception of drug users has not changed. This approach reflects an internal contradiction in the legislative text that combines two opposing approaches: punishment on one hand and treatment on the other.

The second principle states that health policies should promote health equity. This justice is achieved by ensuring equal access for all to the highest possible levels of care. In Tunisia, vulnerable groups face geographic and financial barriers to accessing specialized treatment centers. There is only one rehabilitation center³⁴ located near the capital, thus excluding a large number of consumers in the interior provinces. Moreover, referral and prevention centers are concentrated in major cities, further exacerbating the disparity in access to care. At the same time, addicts do not have access to a comprehensive health coverage system despite the chronic nature of their disease. This lack of health coverage limits their ability to access necessary treatment services, exacerbating the issue and weakening the effectiveness of the health policies adopted. The revision of Law 52 makes no mention of any of these fundamental challenges. In doing so, the amendment maintains the same reality that the old law helped entrench, hindering any shift toward more equitable and effective policies.

The third principle states that policies must be clear and specific to ensure effective implementation. This includes defining target groups, identifying those responsible for implementation, and addressing logistical needs. The absence of systematic social investigations in Tunisia has led to significant disparities in the application of the law.³⁵ In the absence of social investigations that help individualize penalties based on the status of the accused, judges are prone to making hasty and unfair decisions. This disparity reinforces discrimination against marginalized groups, as individuals from vulnerable socioeconomic backgrounds are subjected to harsher penalties, often undergoing arbitrary searches and unlawful arrests. In most cases, defendants do not receive their full right to defense, including the lack of access to a lawyer during detention, increasing the risk of violations and exacerbating inequalities.³⁶

Fourth, bridging the gap between research and policy requires proactive strategies. Researchers and policymakers operate in different environments. Effective partnerships must be built to enhance mutual understanding and ensure evidence-based policy formulation. In Tunisia, the absence of effective tools to monitor drug use is a barrier to assessing the effectiveness of health policies. This absence is reflected in the lack of a national observatory to collect and analyze data on drugs and addiction. In 2024, the National Institute of Health (NIH) started a project to establish such an observatory, organizing a workshop on 26 April 2024 to present the project and discuss challenges. One of these was the need for anonymous data entry by drug users, which clashes with a legal framework that criminalizes drug use. The other was establishing links between the Ministry of Health and the Ministry of Justice to ensure coordination. However, despite the importance of this, the invited representatives from the Ministry of Justice, the Ministry of Interior, and the Council were absent from the workshop.

The revision of Law 52 thus perpetuated the same punitive philosophy as its original version, without incorporating a comprehensive approach based on public health principles. This has led to the continuation of partial interventions that hinder the adoption of integrated and interconnected health policies that ensure justice in judicial treatment based on scientific and medical principles. This experience in Tunisia reflects a similar pattern to that seen in Belgium during the 1990s.³⁷ Despite the growing interest in minimizing health risks and the rise of some tolerance discourses, these policies remained constrained by a strict criminal framework. In the Tunisian context, the insistence on a punitive philosophy prevents a shift towards evidence-based policies and striking a good balance between justice and public health imperatives.

Aborted projects: Successful awareness-raising strategies aborted by the political system

Returning to the incident of the three young men, on 20 January 2021, the Court of First Instance in El Kef sentenced three young men to 30 years in prison for consuming cannabis (*zatla*) in a sports stadium. The verdict sparked widespread public outrage as it was deemed harsh and unfair, leading to a renewed debate about cannabis consumption in Tunisia. Support groups were formed for the convicted youth, lawyers volunteered to defend them,

and youth initiatives used the event to reintroduce the issue of drug control into the public sphere. This pressure led to the sentence being reduced to one year in prison by the Kef Court of Appeals.

Problem entrepreneurs took advantage of the event to express their dissatisfaction with the partial amendment. They developed new methods of publicizing their grievances to create public momentum and garner media support. Protests were organized across social media, especially Facebook, against the unfair sentences that continued with the revision of Law 52. Many young people circulated the hashtag #notoimprisonment, instead of #change52, on social media and called for demonstrations and protests, prompting Prime Minister Hichem Mechichi to comment and condemn the judicial verdict.³⁸ On 13 February 2021, he met with representatives of civil society and the Tunisian Addiction Association to discuss Law 52. Mechichi emphasized the importance of dealing with this issue from a health perspective, in line with Tunisia's international commitments.³⁹

On the other hand, the head of the Al-Warraq Party – a party founded in 2019 that aims to legalize the cultivation and consumption of cannabis⁴⁰ – confirmed that the government seemed favorable towards amending Law 52, indicating a two-phase legislative approach: First a legislative initiative to stop arrests related to drug use, followed by the formation of a committee under the supervision of the president to radically amend the law and abandon deterrent penalties.⁴¹

Moreover, in 2021, MENADA launched the #Zaama_TownHall program with a special episode titled #We_Change_Law52_InOrderTo..., which brought together various stakeholders, including authorities and youth, to open a public dialogue on amending Law 52. The program included a youth competition in which contestants from different provinces presented their visions in short videos. The episode aired on March 14, 2021, and received wide media attention.⁴²

The debate within the parliament was renewed as parliamentary blocs presented several initiatives to amend Law 52, including the Qalb Tounes party,⁴³ which eliminates prison sentences for the consumption of Indian hemp and excludes it from the list of narcotic substances. A second initiative by the National Reform Bloc⁴⁴ includes gradual penalties by eliminating prison sentences for first-time consumption and replacing them with social work, while increasing the penalties for dealers, especially in educational institutions or public spaces.

On July 25, 2021, President of the Republic Kais Saied announced the activation of Article 80 of the constitution, which led to the suspension of the House of People's Representatives and the dismissal of the prime minister. The parliament's work was suspended and the impending passage of the drug bill, among other bills, was thereby disrupted. Kais Saied's parliament resumed its work in March 2023 but did not take up the legislative initiatives of the previous parliament, signaling a break with the previous political period. Despite this, lone voices have continued to call for the revision of Law 52, recalling similar campaigns that preceded the revolution in 2009. In his official speeches, however, Kais Saied has adopted a criminalizing rhetoric toward drugs, indicating a decline in the possibility of

²⁴ مرصد مجلس، "مشروع قانون عدد 2017/42 يتعلق بتنقيح القانون عدد 52 لسنة 1992 المؤرخ في 18 ماي 1992 المتعلق بالمخدرات"، البوصلة، متاح على <https://www.albawsala.com/ar/proposals/782>

²⁵ The bill includes a single chapter that states: "The provisions of Chapter 12 of Law No. 52 of May 18, 1992 on drugs are repealed and replaced by the following provisions: Article 12 is new: The provisions of Article 53 of the Criminal Code shall not apply to the offenses stipulated in this law, except for those stipulated in Articles 4 and 8 of this law."

²⁶ Khalid Tinasti, « L'impact négligé des politiques antidrogues Réflexions sur ses conséquences en matière de santé publique », Émulations - Revue des jeunes chercheuses et chercheurs en sciences sociales, 2016, disponible sur: <https://ojs.uclouvain.be/index.php/emulations/article/view/6603> (Tinasti, 2016)

²⁷ Marie Jauffret-Roustide, « Usage de drogues, VIH, VHC : l'impasse de la criminalisation », ANRS – Transcriptases, automne 2010.

²⁸ (Tinasti, 2016)

²⁹ Eya Hariz, « Politique de lutte contre les drogues en Tunisie : L'évolution du cadre juridique est essentielle pour une meilleure prise en charge de la dépendance », Houloul, 2023, disponible sur: <https://houloul.org/article/Politique-drogue-Tunisie> (Hariz, 2023)

³⁰ Keshia M. Pollack Porter et al., "The Importance of Policy Change for Addressing Public Health Problems", Public Health Reports, no. 363, 2018, pp. 9-14. (Porter et al., 2018)

³¹ Porter et al., 2018

³² Relapse is when a person returns to drug use or addictive behavior after a period of cessation or recovery.

³³ World Health Organization, WHO | Chronic Diseases.

³⁴ Haris, 2023

³⁵ Avocats Sans Frontières, « Les échecs de la réforme de la loi 52 relative à la consommation et au trafic de stupéfiants », février 2021, disponible sur: <https://www.avocatssansfrontieres.org/publications/les-echecs-de-la-reforme-de-la-loi-52> (ASF, 2021)

³⁶ASF, 2021

³⁷ Christine Guillain, « Les facteurs de criminalisation et les résistances à la décriminalisation de l'usage des drogues en Belgique. Du contrôle international aux préoccupations sécuritaires », Revue Interdisciplinaire d'études Juridiques, no. 63, 2009, pp. 119-132.

³⁸ مهدي الجلاصي، "تنقيح القانون 52: بين مطامح تقنين الزطلة وضبابية نوايا المشيشي"، نواة، 19 فبراير 2021، متاح على <https://nawaat.org/2021/02/19>

³⁹ التراتونس، "رئيس حزب الورقة: حان الوقت لرفع المظالم ورد الاعتبار لضحايا القانون 52"، 15 فبراير 2021، متاح على <https://www.tratounes.org/article/19952> (التراتونس، 2021)

⁴⁰ تونس- <https://www.dw.com/ar/-/تونس-حزب-الورقة-الذي-يريد-تشريع-زراعة-الحشيش>، 16 يونيو 2019، متاح على "Jens Borchers/AM، <https://www.dw.com/ar/a-49205951> حزب-الورقة-الذي-يريد-تشريع-زراعة-الحشيش

⁴¹ التراتونس، 2021

⁴² مناقرة، # "بندلوا القانون 52_ياش"، متاح على <https://www.munathara.com/ar/programs/replace-law52>

⁴³ مرصد مجلس، "مقترح قانون عدد 2021/007 يتعلق بتنقيح القانون 52 لسنة 1992 المؤرخ في 18 ماي 1992 المتعلق بالمخدرات"، البوصلة، 2021، متاح على https://www.albawsala.com/ar/proposals/2021_007

⁴⁴ مرصد مجلس، "مقترح قانون عدد 2021/007 يتعلق بتنقيح القانون 52 لسنة 1992 المؤرخ في 18 ماي 1992 المتعلق بالمخدرات"، البوصلة، 2021، متاح على https://www.albawsala.com/ar/proposals/2021_007

⁴⁵ Neveu C., « Démocratie participative et mouvements sociaux : entre domestication et ensauvagement ? », Participations, no. 1, 2011, pp. 186-209.