

CANNABIS LAW, REGULATIONS, AND CULTURAL PERCEPTIONS IN SPAIN

By

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Abstract

This thesis, titled Cannabis Law, Regulations, and Cultural Perceptions in Spain, explores the multifaceted landscape of cannabis regulation and societal attitudes in Spain. The study addresses the following primary research questions: How do the lack of current cannabis laws and regulations in Spain shape public perception and use of cannabis? What are the cultural implications of legal reform within different regions of Spain, particularly in relation to Spain's unique social clubs model?

The objectives of this study are threefold: to analyze the evolution and current state of cannabis legislation in Spain, to assess the cultural attitudes and social perceptions surrounding cannabis use, and to explore how these elements influence and are influenced by Spain's legal framework. By examining these factors, my research aims to contribute to the broader discourse on drug policy, public health, and cultural adaptation in the context of cannabis regulation.

This research is significant because it offers a comprehensive analysis of Spain's unique approach to cannabis regulation, a model that has garnered international attention. The findings have the potential to inform policymakers in Spain and in other countries who are considering alternative approaches to cannabis regulation. The findings may also contribute to the global understanding of the interplay between law and culture in drug policy.

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Spain Cannabis Law Review

Over the past three decades, Spain's cannabis regulation has shifted from prohibition to an entirely ambiguous policy with no clear structure. There is a notable divide between regional and national approaches. Often seen as progressive in drug policy, Spain's evolving cannabis laws reflect cultural shifts in perceptions of consumption. This review explores modern cannabis laws, the role of Cannabis Social Clubs and CBD shops, legal ambiguities, and broader social normalization.

Cannabis Social Clubs

One of the most significant developments in Spain's cannabis regulation landscape is the creation of Cannabis Social Clubs (CSCs). CSCs allow for the communal cultivation and consumption of cannabis among members, and operate within a legal gray area. Spain's first CSC, Asociación Ramón Santos de Estudios sobre el Cannabis (ARSEC), was founded in the early 1990s. This organization, like many that followed, sought to navigate Spain's complex legal system to create spaces where cannabis could be consumed privately without fear of criminal prosecution.

“En 1993, la ARSEC recibió el respaldo legal en base a esa respuesta por parte de la Fiscalía, por lo que no dudó en plantar cannabis para abastecer a sus socios... (In 1993, ARSEC received legal support based on that response from the Attorney General's Office, so it did not hesitate to plant cannabis to supply its members),”¹ states one *Cáñamo*² article, reflecting how ARSEC's early interactions with legal authorities revealed potential pathways for lawful cannabis consumption. However, receiving support is not the same as legalization. Despite

¹ All translations are my own.

² *Revista Cáñamo* (Hemp Magazine) is an international monthly publication, considered the first dedicated to cannabis culture in the Spanish-speaking world, as well as the oldest and most active. It was founded in Spain in 1997, extending in 2005 to Chile, in 2015 to Mexico and in 2017 to Colombia.

ARSEC's consultation with legal authorities, its members were later arrested when the Guardia Civil intervened, leading to a long judicial battle.

These clubs have become a key component of Spain's cannabis landscape, particularly in Catalonia and Basque Country, where local governments have supported these associations. "En el País Vasco y Cataluña, se quiera regularizar de manera inminente la actividad de los denominados Clubes Sociales de Cannabis (In the Basque Country and Catalonia, there is a desire to imminently regularize the activity of the so-called Cannabis Social Clubs)" (Cáñamo, 2021). This regional push for legalization has further contributed to the normalization of cannabis in these areas, where public support for full legalization remains high.

However, despite their popularity, CSCs have faced numerous legal challenges. A landmark case in the Supreme Court of Spain condemned CSCs. The Supreme Court's main argument was concerned about the spread of cannabis outside the CSCs.

"En definitiva, existe riesgo de difusión de la droga a terceras personas porque la Asociación no tiene capacidad de controlar el riesgo que supone el cultivo de una gran cantidad de cannabis ni de controlar que el cannabis dispensado a los socios no pueda ir a parar a terceras personas (In short, there is a risk of spreading the drug to third parties because the Association does not have the capacity to control the risk of growing a large amount of cannabis or to control that the cannabis dispensed to members cannot go to third parties)" (Muñoz Sánchez, 2015).

This policy decision highlights the division between the approaches of the central and regional government, similar to the separation between federal and state legality in the United States of America. This ruling reflects the delicate balance that Spanish authorities are trying to maintain between tolerating personal use and preventing large-scale trafficking.

CBD Shops

The use of Cannabidiol (CBD) is allowed. Depending on the use, there are different regulations for the use of CBD, such as use in the cosmetic or food industries. For example, a company wishing to market food containing CBD in Spain, "...must present an application to the European Commission in accordance with Regulation (EU) 2015/2283 of the European Parliament and of the Council of 25 November 2015 regarding novel foods and, once the risk has been assessed by the European Food Safety Authority (EFSA), the relevant authorisation or non-authorisation decision will be taken" (Bautista & Espinosa, 2024). While there is an authorization process in place, there are ways to circumvent the system.

CBD shops in particular remain mostly unregulated in Spain, hence their growing prominence throughout the country. The European Union (EU) contributes to a majority of the regulation of CBD. "Thanks to the free commerce regulation of the EU and the European Justice Court, CBD-rich products, such as CBD Gummies, can be acquired in Spain as nutritional products. However, they must be imported from a country in the EU in which CBD can be legally consumed and sold as nutrient supplements" (Vidal, 2024). This means that these shops can legally sell products from other places in the EU without going through the legal channels in Spain.

In terms of marketing, these CBD shops are granted leniency. "Furthermore, the High Court of Justice of the European Union (CJEU), in its 2020 judgment (C-663/18), ruled very favourably on the marketing of CBD products in Europe: A Member State may not prohibit the marketing of cannabidiol (CBD) lawfully produced in another Member State if it is extracted from the Cannabis sativa plant in its entirety and not only from its fibres and seeds" (Terrazas, 2024). CBD shops in Spain are legally authorized to sell their products by the EU. However,

these blanket-like protections do hinder the abilities of law enforcement to appropriately ensure that products fall within EU regulations. In the meantime, CBD shops continue to proliferate across Spain's landscape, with some societal backlash from CSCs and concerned citizens.

History of Cannabis Law in Spain

In 2015, a new version of the Organic Law on the Protection of Public Safety, colloquially known as the “Ley Mordaza (Gag Law)” was introduced. This law, which included sanctions for public possession and consumption, also targeted individuals who facilitated cannabis consumption through CSCs. The law imposed fines ranging from 601 euros to 30,000 euros, depending on the severity of the offense. “[S]ince 1992, the Organic Law of January 1992 on Protection of Public Safety has been in effect, and it imposes administrative sanctions on those who possess and consume drugs” (Quintas & Arana, 2017). This law reflects the government's attempt to curb the increasing visibility of cannabis use, despite its decriminalized status in private settings.

Moreover, the Spanish government has also taken a firm stance against large-scale cultivation. For instance, Article 368 of the Spanish Penal Code prohibits activities related to drug trafficking, including the cultivation, manufacture, and distribution of cannabis and establishes a prison sentence of three to six years.

However, case law tells a different story. “Notwithstanding this, case law determines that the cultivation of cannabis for self-consumption is not a crime in Spain. Cultivation for lucrative purposes and cultivation in visible places is illegal” (Bautista & Espinosa, 2024). This juxtaposition between the penal code and precedents in case law highlight Spain's dual approach: while personal use is decriminalized, large-scale production and distribution are heavily penalized.

Political Actors

Unidas Podemos, commonly referred to as Podemos, is a left-wing Spanish political party that has been one of the most vocal advocates for cannabis reform. In 2021, Beatriz Gascó, a Podemos representative, announced plans to introduce a cannabis regulation bill that would address production, distribution, and consumption (Cáñamo, 2021). Podemos' proposal focused on creating a regulatory framework that distinguishes between three different types of cannabis use—industrial, therapeutic, and recreational.

In addition to Podemos, the Esquerra Republicana de Catalunya (ERC) has also shown support for cannabis legalization. ERC is a social-democratic political party in the Spanish autonomous community³ of Catalonia. Marta Rosique, an ERC deputy, stated that the party was drafting its own cannabis regulation proposal, which would be introduced in the near future. This proposal aims to fill the legislative void left by the Spanish government's inaction on cannabis policy (Cáñamo, 2021).

Pressure from the International Narcotics Control Board (INCB) also influences Spain's cautious approach, warning against policies that might violate international drug control treaties. In a 2017 report, the INCB stated, "The establishment of 'cannabis consumption clubs' is not consistent with article 4, paragraph (c), of the 1961 Convention, which requires states to limit the use of narcotic drugs to medical and scientific purposes" (INCB, 2017). The INCB has repeatedly criticized Spain for its tolerance of CSCs.

Domestically, one of the main obstacles to full legalization is the opposition from conservative factions within the Spanish government, particularly the Partido Popular (PP). PP is a conservative, Christian-democratic political party in Spain. This group argues that legalizing

³ Spain has 17 first-level, administrative divisions known as autonomous communities. Each of these regions has its own executive, legislative, and judicial powers. These are similar to the 50 states in the United States of America, but do not operate in the exact same way.

cannabis would increase drug use among minors and exacerbate public health issues (Cáñamo, 2021).

Current Medicinal Cannabis Law and Regulations

Medicinal cannabis in Spain is not currently regulated. However, on June 27, 2022 the Spanish Congress reviewed and approved the Informe de la subcomisión al objeto de analizar experiencias de regulación del cannabis para uso medicinal (Report of the subcommittee in order to analyze experiences of regulation of cannabis for medicinal use). The report includes the conclusion that cannabis has therapeutic uses (Congreso de los Diputados, 2022). As a result, the Spanish Agency of Medicines and Medical Products (AEMPS) is drafting recommendations for the regulation of medicinal cannabis (Bautista & Espinosa, 2024).

In the meantime, AEMPS can grant authorization to three distinct types of cultivation businesses:

1. Authorization for the cultivation of cannabis plants for research purposes;
 - a. 14 authorizations granted to 11 companies
2. Authorization for the cultivation of cannabis plants for medical and scientific purposes;
and
 - a. 5 companies granted authorizations
3. Authorization for the cultivation of plants likely to produce narcotic drugs in order to obtain the necessary batches for the validation of the manufacturing process of active narcotic drugs for medical purposes.
 - a. 2 companies granted authorizations

These authorizations allow certain patients access to cannabis-based medication with a medical prescription, though access is hard to gain.

Additionally, an exciting new development took place at the beginning of 2024. The Grupo Parlamentario Mixto (Joint Parliamentary Group) filed a proposal with the aim of further regulating the use of medicinal cannabis. This proposal is being processed and is expected to be voted on by the Spanish Parliament at the end of 2024. The proposal, titled *Proposición de Ley de Regulación Integral y Control del Cannabis en Personas Adultas* (Proposal for a Law on the Comprehensive Regulation and Control of Cannabis in Adults) focuses on reversing prohibitionist approaches by legalizing and regulating the production, distribution, sale, and use of cannabis. It seeks to minimize risks, inform the public of associated harms, and shift the current unregulated, illicit market to a legal, transparent one. The law also emphasizes protecting minors, promoting research, and fostering sustainable practices by introducing the Spanish Agency for the Control of the Integral Regulation of Cannabis (AECRIC), which will oversee regulation, quality control, and compliance with licensing protocols (Congreso de los Diputados, 2024).

While this proposal is being reviewed and processed, the Ministerio de Sanidad (Health Ministry) has started a proceeding in order to approve a regulation for the medical use of cannabis. The initial steps outlined for the medicinal cannabis regulation include:

1. Opening a public consultation for citizens to provide feedback.
2. Engaging with civil society and scientific experts to review and refine the draft.
3. Developing guidelines based on previous congressional recommendations, ensuring the regulation is flexible and can evolve with new evidence (Ministerio de Sanidad, 2024).

Research Methodology

My research adhered to strict ethical guidelines as outlined by the University of Arizona's Institutional Review Board (IRB), from which I obtained approval to conduct human subjects research.⁴ All participants were informed of the nature and purpose of the research. Consent was obtained verbally and in writing, with participants given the option to withdraw from the study at any time. All personal data were de-identified, and sensitive information was securely stored on encrypted platforms. I was certified in human research before conducting my study.

For my research, I utilized a mixed-method approach combining surveys, interviews, and observational techniques to gather comprehensive data on cannabis law, regulations, and cultural perceptions in Spain.

1. Surveys: I conducted surveys with 20 Spanish citizens from 13 different Spanish cities, ensuring a diverse geographic representation of the Spanish population. The survey questions focused on participants' perceptions and opinions about cannabis legalization, its social impact, and personal use.⁵
2. Interviews: I conducted in-depth interviews with several key stakeholders, including:
 - a. A professor of law who discussed the current and possible future state of cannabis regulations in Spain.⁶
 - b. A CBD⁷ shop worker who provided insights into the retail aspect of cannabis products and an overview of the framework of cannabis production and sales.⁸

⁴ See Appendix Exhibit A: University of Arizona Institutional Review Board Letter of Approval

⁵ See Appendix Exhibit B: Survey Questions

⁶ See Appendix Exhibit D: Translated Transcript of Interview with Law Professor

⁷ Cannabidiol (CBD) is a phytocannabinoid found in the cannabis plant. CBD products are legal for sale in Spain under European Union regulations. These products must contain less than 0.3% of the psychoactive phytocannabinoid Tetrahydrocannabinol (THC) (EUR-Lex, 2021).

⁸ See Appendix Exhibit C: Translated Transcript of Interview with CBD Shop Worker

- c. The chief of services at a Spanish prison who offered perspectives on cannabis-related issues in the incarceration system.⁹
- d. A doctor at a Spanish prison focused on healthcare questions concerning mind-altering substances like cannabis and opioids.¹⁰

To analyze the audio-recorded interviews with the CBD shop worker and the law professor, I transcribed each and then translated them into English. The interviews with the chief of services and doctor were not recorded as I was prohibited from bringing my phone into the prison. Instead, the transcriptions reflect the pen-and-paper notes I took at the time of the interviews.

- 3. Observations: I observed multiple CBD shops across Spain, noting differences in product offerings, marketing tactics, and shop environments.

⁹ See Appendix Exhibit E: Interview with Prison Chief of Services

¹⁰ See Appendix Exhibit F: Interview with Prison Doctor

Results: Public Perception of Cannabis

I conducted the survey among 20 participants from 13 different Spanish cities, listed here in alphabetical order:

1. Alcalá de Henares
2. Barcelona
3. Córdoba
4. Granada
5. Guadalajara
6. Jaén
7. Las Palmas de Gran Canaria
8. Madrid
9. Salamanca
10. Segovia
11. Sevilla
12. Toledo
13. València

The participants' answers provide a comprehensive overview of public opinions on cannabis legalization. The participants, who ranged in age from 20 to 80 years old, included 8 females and 12 males. All respondents were Spanish-born citizens who had resided in Spain for at least one year at the time of survey completion. This diverse demographic allowed for an in-depth exploration of perspectives on cannabis use across different regions, age groups, and genders, making the data broadly representative of various segments of the Spanish population.

General Attitudes Toward Cannabis Legalization

This pie chart summarizes the participants' overarching opinions on legalization. 50% of respondents were in favor of full legalization, while 30% supported legalization for medicinal purposes only. The remaining 20% were opposed to any form of legalization, often expressing concerns about the broader social and legal ramifications of cannabis use.

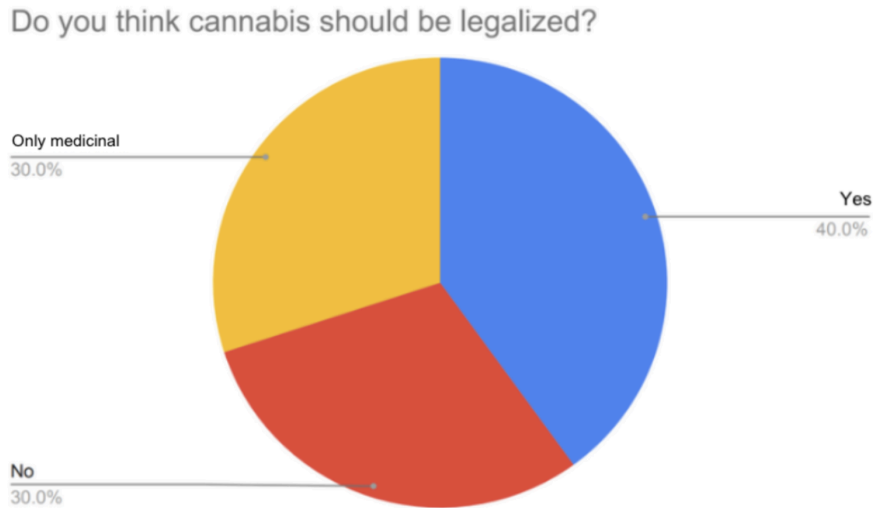


Figure 1: Do you think cannabis should be legalized? – Pie Chart

Participants were given the opportunity to elaborate more on their opinion, besides just a “Yes,” “No,” or “Only medicinal” answer. In a “select all that apply” question type, survey participants were able to select four different options:

1. Creo que se debería legalizar la marihuana. (I think cannabis should be legalized.)
2. Creo que sólo debería legalizarse la marihuana medicinal. (I think only medicinal cannabis should be legalized.)
3. No creo que deba legalizarse la marihuana. (I do not think cannabis should be legalized.)
4. Creo que la marihuana debería legalizarse con fines recreativos y medicinales, y consumiría marihuana si estuviera legalizada. (I think cannabis should be legalized for recreational and medicinal purposes, and I would use cannabis if it were legalized.)

The results of this question are a bit more telling about the participants’ opinions on the topic of cannabis legalization. 6 out of 20 surveyees responded that cannabis should not be legalized. Meanwhile, another 6 respondents thought cannabis should be legalized. 6 thought only medicinal cannabis should be legalized. 4 participants said that cannabis should be legalized for recreational and medicinal purposes, and would use cannabis if it were legalized. A total of 2

of those surveyed selected more than one option, hence the total number of responses totaling to 22 selections. This chart tells us more about the cultural perception of cannabis among those surveyed. A majority of respondents chose answers oriented toward cannabis legalization.

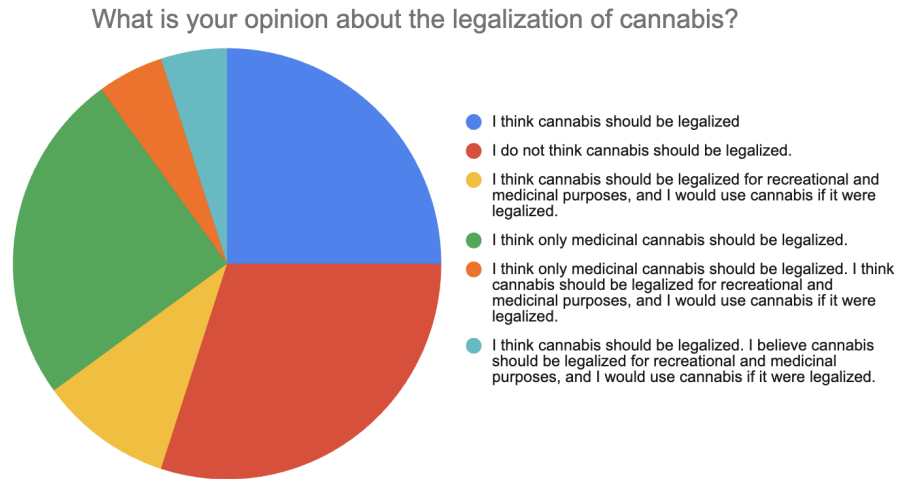


Figure 2: What is your opinion about the legalization of cannabis? – Pie Chart

Age-Based Perspectives

The survey results highlighted a diverse array of opinions on cannabis legalization, reflecting the nuanced attitudes present within the Spanish public. This scatter plot comparing age with opinions on legalization demonstrated that younger participants, approximately ages 20 to 30, generally exhibited strong support for legalization. In contrast, participants aged 50 and above tended to express more traditional viewpoints, often favoring limited or no legalization. This divergence in opinion underscores the generational differences present when it comes to the perception of cannabis. These findings suggest that younger generations are more open to cannabis legalization than older generations.

Comparing age to opinion

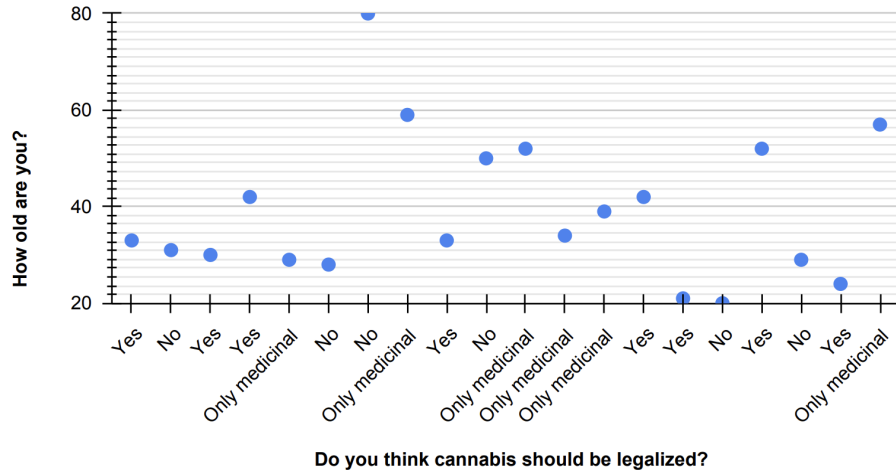


Figure 3: Comparing age to opinion – Scatter Plot

This next scatter plot comparing age to experience with cannabis consumption revealed that younger participants were more likely to have experimented with cannabis. Specifically, individuals between the ages of 20 and 40 reported the highest rates of use. However, none of the participants over the age of 50 reported having used cannabis. Surveyees’ having experience with cannabis consumption strongly correlates with beliefs in favor of legalization.

Comparing age to cannabis consumption

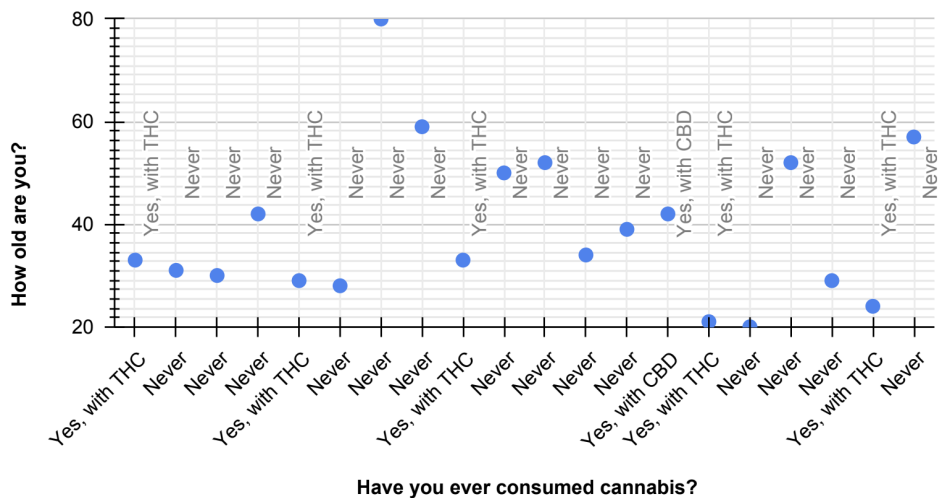


Figure 4: Comparing age to cannabis consumption – Scatter Plot

Gender-Based Perspectives

The data indicated that males were a bit more inclined to support legalization compared to females. Of the 12 male participants, 6 endorsed full legalization while 4 were against legalization, leaving 2 in favor of only medicinal legalization. Among the 8 female participants 2 favored legalization, 2 opposed legalization in any form, and 4 supported only medicinal legalization.

Comparing gender to opinion about legalization			
Gender	Yes	No	Only medicinal
Male	6	4	2
Female	2	2	4

Figure 5: Comparing gender to opinion about legalization – Table

The data comparing gender to experience with cannabis consumption highlighted that male participants were more likely to have used cannabis compared to female participants. 3 males had consumed cannabis with THC, 1 male consumed cannabis with CBD, and 8 males had never consumed cannabis. Meanwhile, 2 females had consumed cannabis with THC, none had consumed cannabis with CBD, and 6 had never consumed cannabis.

Comparing gender to cannabis consumption			
Gender	Yes, with THC	Yes, with CBD	Never
Male	3	1	8
Female	2	0	6

Figure 6: Comparing gender to cannabis consumption – Table

Cannabis Consumption Experience

This pie chart depicts the percentage of participants who have tried cannabis. The data showed that 25% of respondents reported having used cannabis with THC at some point in their lives, while 70% had never tried it. Another 5% of respondents had tried cannabis with only CBD, which does not have any psychoactive effects.

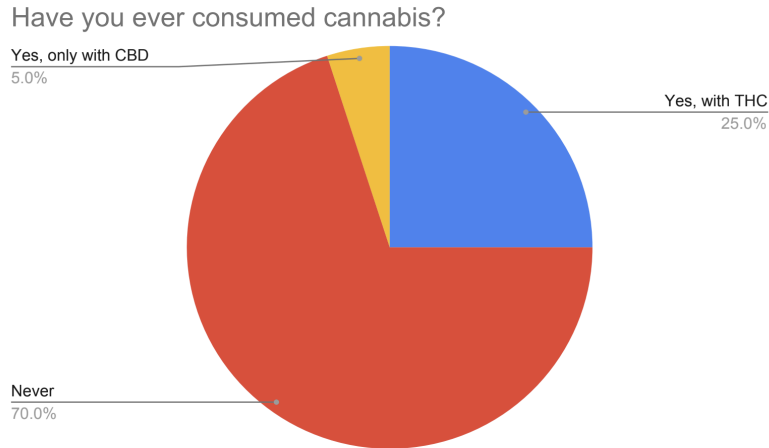


Figure 7: Have you ever consumed cannabis? – Pie Chart

A column chart comparing participants’ opinions on legalization with their history of cannabis consumption revealed a notable trend: those who had used cannabis were predominantly in favor of full legalization. In contrast, individuals who had never consumed cannabis were more likely to oppose legalization or to support only medicinal use. This correlation suggests that direct experience with cannabis may significantly shape public attitudes, with those having firsthand experience generally perceiving cannabis more favorably.

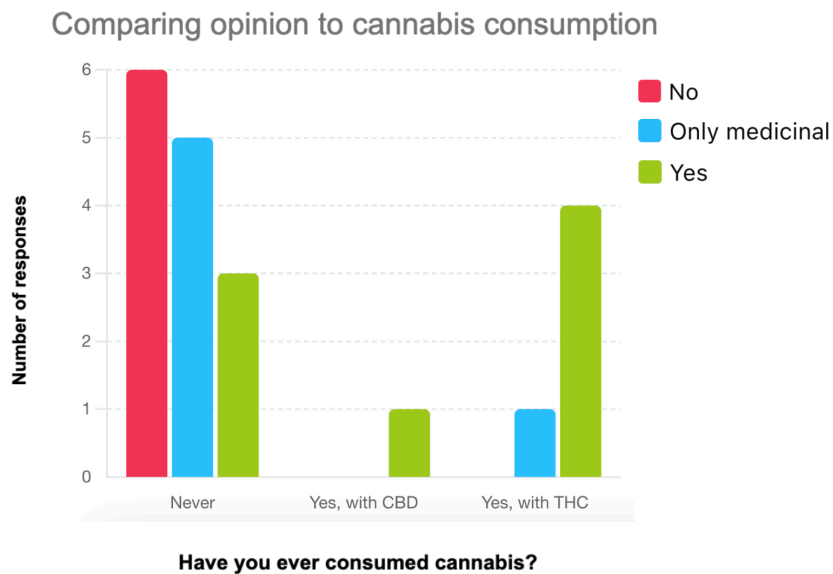


Figure 8: Comparing opinion to cannabis consumption – Column Chart

Summary of Findings

Overall, the survey results underscore the complexity of public opinion on cannabis use in Spain. Factors such as age, gender, and personal experience with cannabis consumption play crucial roles in shaping perspectives on legalization. Younger participants, males, and those who have prior experience with cannabis use generally correlate with support for legalization. The various charts included in this analysis further our understanding of how different demographics in Spain perceive cannabis legalization. These insights highlight the importance of considering demographic factors when formulating cannabis-related policies, particularly as they relate to addressing the diverse concerns and expectations of the population.

A majority of participants favoring legalization indicates a shift in culture, which in turn encourages changes in law and policy geared toward regulations of cannabis. The diversity of opinions captured in the survey suggests that any move towards legalization would benefit from a nuanced approach that includes public education campaigns aimed at addressing prevalent concerns. In this way, policymakers can better navigate the complexities of cannabis legislation, ensuring that the diverse perspectives of the Spanish public are acknowledged and addressed.

Results: Analyzing Perspectives of Cannabis Law and Regulation

The results of four key stakeholder interviews lend themselves to a multifaceted understanding of perspectives of cannabis law and regulation. Interviews were conducted with individuals such as a CBD shop worker, whose insight highlighted the widespread presence of these shops across Spain, evidenced by 32 self-photographed locations.

The prominence of these establishments underscores the growing accessibility and normalization of legal cannabis products like CBD. Educational efforts, such as those by the Barcelona Hash Marihuana & Hemp Museum, also play a significant role in shaping public knowledge and perceptions.

Additionally, expert opinions were gathered from a law professor, a prison doctor, and a prison chief of services in an effort to offer a comprehensive view of the legal, medical, and regulatory frameworks surrounding cannabis in Spain. Together, these interviews reveal the complexities and evolving landscape of cannabis regulation in the country.

Interview with CBD Shop Worker

The CBD shop worker painted a vivid picture of the opportunities and challenges faced by the cannabis industry in Spain. They highlighted the increasing demand for CBD products, particularly among individuals seeking alternatives to traditional medications. They noted, “The production system is non-existent, that is, it is as it can be in a way that catches you and you never know what they are selling to you.” This emphasizes the need for robust quality controls and regulatory frameworks to ensure consumer safety. The worker also explained that many customers turn to CBD for its perceived medicinal benefits, such as relief from anxiety and chronic pain, particularly in light of long waiting times for public health interventions. For

example, they remarked, “Imagine with the pain that you can’t even get out of bed for a year... the benefits are real, and the studies show it.”

The worker further criticized Spain’s restrictive and inefficient regulatory practices, which they argued hinder local production and economic growth. “Several valid productions were made here, but they had to take them to Italy because here... the production can no longer be sold,” they explained, illustrating how Spain’s failure to support domestic cultivation drives potential business opportunities to other countries. They stressed that these bureaucratic obstacles result in unnecessary waste, as there were, “Three entire productions in the trash... not a single plant was saved from that.” This inefficiency underscores the urgency of regulatory reform to create a supportive environment for cannabis-related businesses.

The CBD shop worker then detailed specific regulations they believe would be ideal for Spain, focusing on balancing accessibility with control. They suggested allowing farmers and specialists to work under strict licensing systems to ensure quality and safety. Additionally, they emphasized the importance of maintaining controlled spaces for consumption, akin to Amsterdam’s coffeeshop model, where individuals could smoke in designated areas without negatively impacting public spaces. They emphasized an age limit, saying, “They must be at least eighteen years old, always. As it is here in the store, minors cannot enter.” These recommendations highlight a vision from a Spanish citizen for a well-regulated industry that prioritizes public health and economic growth.

The worker continued to advocate for a model similar to Amsterdam’s, where legal cannabis markets thrive under clear regulations. They argued, “You decriminalize and help people. The flow of money that could cause this in Spain would be healthy.” They proposed measures such as age restrictions, quality labels, and licensing systems to ensure safety and

accountability. The worker also acknowledged the societal stigma surrounding cannabis and noted that educational initiatives could help shift public perception. Their perspective underscores the potential for a regulated cannabis industry to enhance public health, stimulate economic growth, and reduce illicit activities.

Interview with Spanish Law Professor

The law professor provided a legal and academic perspective on Spain's cannabis landscape, describing it as being in "legal limbo" due to the complete absence of any regulations. They remarked, "Well, in Spain there are no regulations. We say that cannabis is in legal limbo because it is not regulated... But consumption is a crime. So, if, for example, the police find me with two, three doses and it is justified that it is for my personal consumption, I will not have any problem. But if they do pass the desired, what would be personal consumption, they may be accused of the crime of drug trafficking," highlighting the inconsistency in current laws. This ambiguity creates confusion for both consumers and law enforcement, as there are no clear thresholds to distinguish personal use from trafficking. They also noted the challenges this presents for legal certainty, stating, "It would be good if there was more regulation so that there would be more legal certainty."

The professor emphasized the potential benefits of introducing a regulatory framework, particularly for medicinal cannabis, while also acknowledging the risks. They opined, "Medically, yes... It should be regulated for medical use where it is proven that it can be useful, but not for general consumption of the population in my personal opinion." This perspective reflects the need to weigh the health benefits against potential societal risks, such as youth exposure to cannabis or the development of long-term disorders. Furthermore, the professor

highlighted how the lack of regulation enables criminal networks to exploit loopholes, particularly in regions vulnerable to trafficking from North Africa.

The professor stressed that regulations should include clear guidelines on cultivation, distribution, and consumption, ensuring public safety while reducing the influence of illicit markets. They also advocated for setting an age limit, aligning cannabis laws with the age of majority, explaining, “It doesn’t make sense that I can’t vote until I’m eighteen or I can’t drive until I’m eighteen, but I can consume.” They further called for national legislation rather than region-specific policies to create uniformity across Spain, noting, “Health issues have to be equal to everything in the country.” The professor’s recommendations highlight the need for a structured, evidence-based approach to cannabis regulation that balances public health concerns with the benefits of a legal framework.

Finally, the professor stressed the importance of research and education in shaping public policy and societal attitudes toward cannabis. They stated, “But above all, at a social level, education is basic. Because those principles, those values, that self-esteem and self-knowledge of the young person are what can lead them to truly have a criterion about whether they should consume or not.” This insight underscores the need for a holistic approach that includes not only legal reforms but also public education campaigns to address misconceptions about cannabis. The professor’s argument highlights the potential for regulation to create a safer, more transparent system that balances individual freedoms with public health and safety.

Interview with Prison Chief of Services and Doctor

The prison doctor and the chief of services provided a unique perspective on how cannabis intersects with Spain’s criminal justice system, particularly within institutional settings. The doctor noted that while prescription medications are widely used to address inmates’ mental

health issues, cannabis is absent from treatment protocols. They explained, “It is much more common to use prescription medications [than cannabis] because they are easier to obtain and cheaper because the government approves them.” This suggests that there is future potential for cannabis to be used as an alternative therapeutic option in institutional environments to alleviate mood disorders, like depression and anxiety, which, according to the doctor, are common.

The chief of services described the prevalence of contraband in prisons, including marijuana, which poses significant security risks. They noted, “Marijuana is also common, but usually in smaller quantities. Whenever we find these drugs, we take them as evidence.” This issue underscores the challenges of managing unregulated substances and the potential benefits of a regulated framework that could reduce the demand for illicit cannabis. These criminal justice and medical perspectives highlight the need for clear, enforceable regulations to address both health and security concerns associated with cannabis.

Summary of Findings

The perspectives gathered from these interviews reveal a common theme: the absence of clear cannabis regulations in Spain creates challenges across multiple sectors, from public health and law enforcement to business and criminal justice. The CBD shop worker highlighted the economic and health-benefits potential of a regulated cannabis industry, emphasizing the need for quality assurance and consumer education. The law professor advocated for comprehensive legislation to address the current legal ambiguity, balancing the risks and benefits of cannabis use. Meanwhile, the prison doctor and chief of services underscored the challenges posed by unregulated cannabis in institutional settings and the potential for controlled medical use.

Together, these perspectives illustrate the urgent need for Spain to establish a regulatory framework for cannabis. Such regulations could ensure product safety, reduce the influence of

illicit markets, and provide therapeutic options for individuals in need. Additionally, public education campaigns could address societal misconceptions about cannabis and promote informed decision-making. Drawing inspiration from successful international models, Spain has the opportunity to create a system that balances economic growth, public health, and social responsibility. Comprehensive cannabis regulations are not only necessary but also hold the potential to transform Spain's approach to this complex issue.

Conclusion

While Spain has made strides with innovations like CSCs and the increasing presence of CBD shops, the lack of a unified national policy leaves gaps that hinder progress. This study has demonstrated how public opinion, generational divides, and personal experiences influence societal attitudes toward cannabis, highlighting both the potential benefits and the challenges of legalization. To achieve harmonization between national and regional cannabis laws, Spain should prioritize several concrete measures:

1. **Establishing National Standards for Cannabis Regulation:** Spain should adopt a unified legal framework that clearly defines permissible activities, such as personal cultivation, consumption, and the operation of cannabis social clubs. These standards must address the inconsistencies that currently exist between regions, ensuring that local policies align with national objectives.
2. **Creating a Licensing and Oversight System:** A centralized regulatory authority would oversee the licensing of cannabis cultivation, distribution, and sales. This body would ensure product quality, implement age restrictions, and monitor compliance with safety protocols across the country.
3. **Incorporating Public Education Campaigns:** To mitigate societal concerns, Spain should invest in educational initiatives aimed at dispelling misconceptions about cannabis use and highlighting the benefits of regulation. Along with classroom education, programs targeting older generations and rural areas could bridge gaps in public perception.
4. **Facilitating Regional Adaptation within National Guidelines:** While standardization is essential, allowing for region-specific adaptations—such as cultivation quotas or CSC

operations—within a national framework would respect regional autonomy while maintaining consistency.

5. Encouraging Research: By funding scientific studies on cannabis' medical and economic potential, Spain can foster evidence-based policies. Collaborations with academic institutions and international experts would position the country as a leader in cannabis research.

These measures would enable Spain to balance public health, economic opportunity, and societal acceptance. By addressing these priorities, Spain could not only unify its approach to cannabis regulation, but also establish itself as a model for other nations navigating the complexities of drug policy reform. The path forward lies in harmonizing the diverse perspectives of its citizens, stakeholders, and policymakers into a coherent and inclusive framework.

References

- Bautista, M., & Espinosa, P (2024). *Cannabis law and legislation in Spain*. CMS Expert Guides.
<https://cms.law/en/int/expert-guides/cms-expert-guide-to-a-legal-roadmap-to-cannabis/spain>
- Cáñamo. (2021). *Edición 280, abril*. Barcelona: Cáñamo Editorial.
- Congreso de los Diputados. (2022). *Informe de la subcomisión al objeto de analizar experiencias de regulación del cannabis para uso medicinal*.
https://www.congreso.es/backoffice_doc/prensa/notas_prensa/91365_1656345008003.pdf
- Congreso de los Diputados. (2024). *Proposición de Ley de Regulación Integral y Control del Cannabis en Personas adultas*. Grupo Parlamentario Mixto.
https://www.congreso.es/public_oficiales/L15/CONG/BOCG/B/BOCG-15-B-49-1.PDF
- EUR-Lex, Document 32021R2115 (2021). *Regulation (EU) 2021/2115 of the European Parliament and of the Council of 2 December 2021*.
<http://data.europa.eu/eli/reg/2021/2115/oj>
- International Narcotics Control Board. (2017). *Report 2016*. United Nations.
https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf
- Ministerio de Sanidad. (2024). *Sanidad inicia el trámite para regular el cannabis medicinal*. Gabinete de Prensa.
https://pnsd.sanidad.gob.es/noticiasEventos/notas/2024/pdf/20240214_NP_SANIDAD_Inicio_Regulacion_cannabis_medicinal.pdf
- Muñoz Sánchez, J. (2015). *La relevancia penal de los Clubes Sociales de Cannabis*. Revista

electrónica de Ciencia Penal y Criminología, 17–22.

<http://criminnet.ugr.es/recpc/17/recpc17-22.pdf>

Quintas, J., Arana, X. (2017). *Decriminalization: Different Models in Portugal and Spain*. In:

Savona, E., Kleiman, M., Calderoni, F. (eds) *Dual Markets*. Springer.

https://doi.org/10.1007/978-3-319-65361-7_8

Terrazas, I. (2024). *Is the sale of CBD Legal in Spain?* Mariscal Abogados.

<https://www.mariscal-abogados.com/is-the-sale-of-cbd-legal-in-spain/#:~:text=Regulation%20of%20CBD%20Spain,international%20conventions%20and%20legislation%20apply>

Vidal, E. C. (2024). *Is CBD legal in Spain?: We answer your questions*. Grow Barato.

<https://www.growbarato.net/blog/en/is-cbd-legal-in-spain/#:~:text=Thanks%20to%20the%20free%20commerce,and%20sold%20as%20nutrient%20supplements>.

Appendix

Exhibit A: University of Arizona Institutional Review Board Letter of Approval



University of Arizona IRB
845 N Park Ave., Suite 537A
Tucson, AZ 85719
Fax: 520-621-9810
VPR-IRB@arizona.edu

MINIMAL RISK APPROVAL

April 19, 2024

Rosie Ezgur

Dear Rosie Ezgur:

On 4/19/2024, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title:	Honors Thesis: Cannabis Law, Regulations, and Cultural Perceptions in Spain
Investigator:	Rosie Ezgur
IRB Submission ID:	STUDY00003852
Sponsor:	None
Prime Sponsor:	None
Documents Reviewed:	<ul style="list-style-type: none">• Advisor Attestation (3).pdf, Category: Institutional Approval;• Appendix for Waiver or Alteration of Consent or PHI v2.docx, Category: Regulatory Documentation;• Department Review Attestation.pdf, Category: Institutional Approval;• English gdpr_icf_addendum v2.pdf, Category: Consent Form;• English Survey, Category: Data Collection Tool;• Honors Thesis Interview Questions in English and Spanish v2.docx, Category: Data Collection Tool;• Recruitment Scripts for Honors Thesis v2.docx, Category: Recruitment Materials;• Rosie Ezgur IRB Protocol for Human Subjects Research v5.docx, Category: IRB Protocol;• Rosie Ezgur Resume IRB.pdf, Category: CV;• Scholarly Review Attestation.pdf, Category: Institutional Approval;• Spanish gdpr_icf_addendum v2.pdf, Category: Consent Form;





	<ul style="list-style-type: none"> • Spanish Survey, Category: Data Collection Tool; • v3 English Interviewees ICF - SBS non-funded or internally-funded consent form_v2 EDIT4 (4.15.24).pdf, Category: Consent Form; • v3 English Survey-Takers ICF - SBS non-funded or internally-funded consent form.pdf, Category: Consent Form; • v3 Spanish Interviewees ICF - SBS non-funded or internally-funded consent form_v2 EDIT4 (4.15.24).pdf, Category: Consent Form; • v3 Spanish Survey-Takers ICF - SBS non-funded or internally-funded consent form.pdf, Category: Consent Form;
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The IRB approved the protocol on 4/19/2024.

The consent forms were approved with this submission. Please ensure to download the stamped consent forms located on the main study workspace in the “Final” column of the Study “Documents” tab.

Regulatory determinations:

- **Risk Level:** No greater than minimal risk
- **Pediatric Risk Level:** None
- **Review Level:** Exempt; Minimal Risk 2018: The project is not federally funded or supported and has been deemed to be no more than minimal risk.
- **Special Determinations:** None

This project has been reviewed and approved by the IRB or designee. All documents referenced in this submission have been reviewed and approved. The University of Arizona maintains a Federalwide Assurance (FWA) with the Office for Human Research Protections (OHRP) (FWA #00004218). This Institution assures that all of its activities related to human subjects research, regardless of the source of support, will be guided by the Belmont Report and applicable regulations according to 45 CFR 46.111 and/or 21 CFR Part 50. Modifications may be needed for Minimal Risk research. Please refer to the [Guidance Exempt/Minimal Risk Research](#) for a list of changes that would require a Modification submission. All research procedures should be conducted according to the approved protocol and the policies and guidance of the IRB. The Principal Investigator should notify the IRB immediately of any proposed changes that affect the protocol and report any unanticipated problems involving risks to participants or others. Please refer to [Guidance Investigators Responsibility after IRB Approval, Reporting New Information, and Exempt/Minimal Risk Research](#).





University of Arizona IRB
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We value your feedback and would appreciate you taking the time to complete our survey about your experience with the IRB staff:
https://uarizona.co1.qualtrics.com/jfe/form/SV_ahQ04WxNA06b42i.

If questions arise at any time during your study, please email the general IRB inbox at VPR-IRB@arizona.edu.



Exhibit B: Survey Questions

Consent

Read the following forms about your consent and how to withdraw your submission if you choose to do so after submitting your responses. Then, indicate if you give your consent. If you do not wish to give your consent, please tell me and do not continue with the survey. Thank you!

Questionnaire for Honors Thesis Spring 2024

Thank you so much for filling out my form. Your identity will remain 100% anonymous. Your contribution will help my research for my honors thesis.

1. Do you give your consent for your responses to be used in my research? Your identity will be anonymous. Yes or No
2. What city in Spain are you from?
3. Have you lived in Spain for at least one year? Yes or No
4. How old are you?
5. What is your gender?
6. What is your opinion about the legalization of cannabis?
 - I believe that cannabis should be legalized.
 - I believe that only medicinal cannabis should be legalized.
 - I do not believe that cannabis should be legalized.
 - I believe that cannabis should be legalized for recreational and medicinal purposes, and I would use cannabis if it were legalized.
7. Have you ever consumed cannabis?
 - Yes, with THC
 - Yes, only with CBD
 - Never
8. Is there anything else you would like to add? Optional

Exhibit C: Translated Transcript of Interview with CBD Shop Worker

Rosie Ezgur: This is my interview with a worker at the [redacted]¹¹ store which is a CBD store in Spain in [redacted], of course. Do you agree to your quotes being used in my Honors Thesis? Your identity will remain anonymous.

CBD Shop Worker: Yes.

Rosie Ezgur: So why do you want to work in a CBD store?

CBD Shop Worker: Firstly, I was in Amsterdam and it was where I had my first contact with the cannabis world, so to speak, and I was very impressed by the natural way they have of working as <unclear> and I also find it very interesting to separate CBD from THC, in normal cannabis. There is more CBD than THC in normal cannabis. Kind of all encompassing. Beyond the inactive issue, it also helps many people to stop smoking. The conventional [consumption] vehicle is to mix it with tobacco, with more chemicals and with precarious production because the majority consume it illegally, and since it is illegal, obviously the production system is too. The production system is non-existent, that is, it is as it can be in a way that catches you and you never know what they are selling to you. And I was very interested in this specific franchise. Because it allows you to see the crops, it allows you to see the analytics, it allows you to know what is happening completely. Where the seeds come from specifically, you know all the production that it has until it is bagged. Even when it is bagged, they still have quality controls and, well, that helps you know what you are selling to customers and you can ensure that the content is what you are saying that you are going to sell, which is, for example, beneficial as well as anti-inflammatory. Antifreeze helps a lot with anxiety and stress in terms of elixirs both smoked and unsmoked. Because, currently, the clientele I have is both people who are trying to stop smoking THC and people who are trying to achieve quality of life because they have tried two-hundred-thousand types of pills, they have tried patches, they have tried creams, and they have never had the same effect said to have been had by several people who have bought CBD. I guide them to consume what is going to do them good and help them in a real quality of life. But obviously they can maybe take a two-hour walk. It also helps a little with the issue that they can eat better in the end. They improve their quality of life in many aspects. Obviously, the pills are never replaced. But if these pills are necessary, because they are necessary, in the end they complement it with natural elixirs that do not have any type of contraindication, and in the end this helps them to have a quality of life that they cannot achieve with any other type of medication. Because these medications obviously help them, but apart from that, there comes a time when they have an effect. As if it no longer matters how much they consume that medication. It no longer works for them and then it starts to hurt but they can't stop the medication either. So it's like there's always something missing and in the end you're in pain. Plus, for example, in this case I'm telling you about the person who has a herniated disc. The waiting process for public health takes a long time, so there's a waiting list, if I'm not mistaken. It was about a year. You imagine with the pain that you can't even get out of bed for a year and apart from this, I tell you, the inactive part also interested me a lot obviously but the big part that

¹¹ Information has been redacted to preserve the anonymity of the interviewee.

the medicine has surprised me because I didn't know it was so full spectrum CBD, because it not only covers the issue of come on. I want to stop smoking THC and that's it, but the benefits are real, and the studies show it, it is no longer a good thing, it could be that they are not investigated by Harvard or the University of Michigan or a lot of universities that have focused on doing these types of studies have once seen that CBD really improves quality of life. Obviously, it doesn't take away from it because nothing is magical and nothing is so forceful, unfortunately, about any disease of this type, but it is true that many have improved their quality of life a lot. There is a video on TikTok that is viral that has I don't know how many millions of views. Production of a person who lives in Texas and I'm not mistaken that it is illegal there?

Rosie Ezgur: Yes.

CBD Shop Worker: Okay, I think it was Texas and this person has to go to another state to be able to consume for the first time and is in the place where a person comes to advise him. For the first time he was going to consume and he was having a Parkinson's attack and an uncontrolled attack where he couldn't stop moving, shaking like convulsing and he smoked one. It's practically an hour and the video goes viral and the person literally stops shaking, gets up, talks and looks as relaxed and calm as a plant can help so much. It's incredible how a plant can help something so much and that it is so criminalized or has so much taboo. In the United States, which was the first country that started a big campaign against illegal immigrants from Mexico, okay, it's always happened, but it started to happen in a very massive way and I'm not mistaken if his name is Nixon, I think or something like that?

Rosie Ezgur: Yes.

CBD Shop Worker: And they said they said, "We have to have a to stop this," and, I don't know, to discredit it in some way and they called the plant marihuana. For Tijuana? I don't know. It was a mix of a bit of context. And he stabilized a lot by saying this is very bad. This is— It was criminalized. All the hot water on top of saying this is the worst. Saying this is the worst. And this has the effect that you become a drug addict when Pablo Escobar came from behind and put cocaine in. He came the other day, I don't know what. There was already crack in the ghettos in the Bronx, yes, the ghettos in the Bronx and such. I mean, there were drugs ten thousand times worse and in the end they stopped using it for a long time because of this issue and now after so much time it is being shown that it was a mistake. You know? Even that the CBD component can be used to help many people so that they cannot— So that they can consume it legally and that it also helps them. Right now the most important laboratories are also making their own creams with CBD. They are making CBD variants of everything from masks for normal skin to pain of all kinds, including <unclear>. Made by big brands too now. I mean it has changed so much, but because it is sold the results are real. Obviously these laboratories do not have the advantage that CBD growers have. In the end, the products are more specialized because they have already been studied for many years. Although here, for example, it can be semi-legal. The studies, for example in Italy, are much more advanced. The productions currently almost always come from Italy because it is the place that gives the least problems to the crop. And then there is the part of Thailand that is now also starting to study a lot of things because it has

been completely decriminalized and so they are allowing them to cultivate it, allowing them to try it, allowing them to study it. Both effects and more phenones and bringing out new types and genotypes that have, contain more THC or less THC. But it also has more benefits. And that, for example, until now, cannot be done because it was completely illegal, or a view you are genetically touching the plant so much. The plant always has controls that are too exhaustive, but because I honestly believe that it is often not interesting. I'm interested in the fact that CBD helps so much and is worth it. Either, when obviously if we produce some chemicals, obviously the benefits are greater. For that reason, I believe that it is not decriminalized in many places because in the end it would be a— I believe that people would smoke less tobacco, and I believe that there would be fewer health problems. I believe that at a certain point, even, I don't care, I'd rather it be bad than good. I'm not saying it's the solution but I think it's necessary, I don't know. They are not interested. They are not interested. But hey, it's a little bit like that.

Rosie Ezgur: Do you know more about the process to obtain a medical recommendation in Spain?

CBD Shop Worker: I think the recommendations were from seventy percent disability and also, above all, many people recommended that the process to get a letter to be able to legally smoke THC is very complicated. First, they require that you exhaust all possible avenues and treatments, even lasting months and years, before being able to give you the option of THC for cannabis in general. That's why I tell you that in the end CBD is a faster process. And you have the benefits if you are not looking for the high, you are not looking for just leisure. I mean that, you run out of real medicine. This is much faster because you are asked on paper if, in effort, that at minimum you spend a year. To get a letter of such is not private. So, by law, they have to demand you try first. What problem you have: this this this this this this is this. The food you have is also the food so well, so, so— You have to have the nutrition as well, like this, like this, like this, like this. Then you also have to sleep like that. It is such a long process that it leads to the moment of saying "pass." And you continue with the pain even with the bad quality of life because, in the end, your life deteriorates as you have to wait for the correct operation, for example the Primperan which is a medication that is widely used for vomiting. That is very contraindicated. I have a lot of problems that arise from consuming it and you can imagine a person who has cancer who has to consume Primperan every day. That's very bad. Lousy. I will tell you what I know. I'm not a doctor or anything like that, but from what I know, I know that it's really bad, and when it's ever happened to me that they've presented me first. Because maybe she was sick or whatever. And they have told me "Take one and don't take any more." They give you a blister. But only take one. When the nausea stops, don't take any more. But, of course, imagine a person who has cancer, the constant nausea, the vomiting is constant, the whole system—touch the chemo, it destroys your stomach. In the end you are always sick to your stomach. You have to take two-hundred-thousand stomach protectors Primperan. Just imagine so many protectors. The other medications. Your stomach is in dust and none of them takes anything [pain] away from you at all or, if they could, give you that option to say, "Well, I have to take it." But to say, "Well, you can also add THC or cannabis of some kind. Legally prescribed." You can imagine the well-being that you would give to that person because whatever they tell you to say is anti-nausea and anti-vomiting. Anxiolytic because you can also imagine that you

are with tremendous anxiety due to the fear of an operation or something like that. Imagine the stress that you carry over the cancer operation, you know, if you are going to live. It is a life and death situation many times because it obviously depends on the type of cancer whether you have a better chance of living or not. You do give people more options, I think that would be the right thing to do, right? Tell him Well, you can also choose the CBD, since it does not have to be consumed by smoking, you can prescribe pills. You could investigate a little more on the subject of pills, a little, make it a little medicine from a very concentrated pill. Ninety percent CBD per pill, for example. That is not done because it is not legal, currently, it is not legal. So you have to look for the meaning of being good because he said this or that. Lately, I have a similar percentage but it would be much easier if it were not so criminalized. And they gave you more options in this sense of saying, "Well, we are going to tell you all the possibilities you have. Look, you can take two-hundred medications or it has been proven that you can take a little—take a hundred. But this will help you much more, you will sleep better, you will be calmer. Surely the majority will choose to take one-hundred instead of two-hundred. Apart from the fact that most medications produce, as I'm going to tell you, a need to end up having to consume them daily, especially those that have been a strong topic for a long time, for tranquilizers and such. And in the end, CBD, for example, does not cause addiction of any kind. Nor does it have contraindications, you cannot overdose and it can give you this tolerance. It's just that smoking doesn't do anything to you or— You're always going to have to take the same thing. And I'm not telling you about the price, we're probably talking about the fact that in the long run it will probably cost you a lot more money. Much more so because we are talking about medications. Maybe they are, I am told, solved and five or ten, fifteen or something—two, three, but we are talking— We are talking about something that you can control in the sense that at the moment you don't need it. For the moment you no longer have so much anxiety. Just take one pill, take fewer pills too. You can play around with that a little bit. And that would be much more effective if it were also prescribed by doctors and that doctors would advise correctly in that regard, you know? I wish you could collaborate, that is, be like a pharmacist, but not to each their own. In other words, they recommend this percentage or this one. It could also come in handy. And obviously I'll supply it now. It takes a bit of juggling with that because in the sense that I'm not a doctor, I can't recommend anything to you, you know? Everything is fundamental but if you have these problems, man, if I could offer you something for this. Well, it would be something like this. And you decide if you want to do it or not, but imagine that there is collaboration and that it could be done. Advise very, very well in this sense and one could say, "What percentage and everything?" That would be much easier and people could take what is due to them. In what— In what corresponds to consume, you know? Neither more nor less. So everything happens a little bit by chance and you leave the person a little helpless because, in the end, if you don't have medical studies you can't advise them to eat like that or roast a tomato, for example. I can tell you a reality that this has this percentage, this, that, that. But I can never tell you what you can do and what you can't do. If we work together we would get a lot more things to work, many more things. And, above all, what matters is that people's well-being is greater in the sense that they have a quality of life. Great. Great. And being allowed more studies openly would be wonderful for people, especially because people suffer from the day-to-day problems of anxiety, insomnia, stress. Pain from Parkinson's cancer from Alzheimer's, from this, from that, you know? Much more centrality in the studies about CBD and getting more natural things that are

not so chemical and that are more natural and that do not give you a need to always be consuming this product, you know? Which is something that– Until you are well, you get better and say, “Good.” You could do without this if you were half normal but better advised, you know? Medications are advised, I have been told.

Rosie Ezgur: And—it’s not obscure, but what do you think about the legalization of cannabis in Spain and what is the way to legalize it, do you think?

CBD Shop Worker: It should be a subject a bit like this, but, above all, what I have seen is that I think we should leave the crops, for example, have them very controlled, both cannabis and CBD. But leave the plant open without having to be paying productions because currently several valid productions were made here, but they had to take them to Italy because here, in the end, you stopped the production presented to you and it cannot be sold to anyone until they do not make them all. They are presented to you and that cannot be sold to anyone until they take out all the samples. I don’t know what. Even if the samples are already made beforehand, they will review it again or until they finish their analysis. The production can no longer be sold. Production dies, it goes to hell and you can’t work anymore. In the end, it was all taken to Italy. I think the first thing would be to let the farmers and specialists do their work and, once they do their work, look at the correct way in which people consume, it in the sense that– Obviously having the age at eighteen years as in tobacco, and alcohol, and apart from that, obviously, there would be a quality label from the government so that everything is centralized. It would seem to me to read it as correct to take a tax, knowing the costs, there would be more quantity and there would be more variety. And, above all, the quality would be improved even more because there could be many people who perhaps produce here. You tell him [a cannabis grower] to go work in Italy, but he doesn’t want his family and his children to move and there are many very valid people here to do that job. But they would not move for whatever reason, they would not move to Thailand to be able to continue working and learning now and do more things and they stay here. So here you give them the possibility of being able to do their things, obviously always with a license. With everything well managed, everything goes through the state. But they let you do your work later once you have all these permits because all these permits were obtained, and, I tell you, that three productions were left and had to be thrown away. Entirely. We talk about hectares, hectares because we are more than twenty franchises and a production of that caliber apart from the people who order at home. Three entire productions in the trash. That they were worthless. In other words, not a single plant was saved from that. In the end, I then say, “If you get these permits, they should let you work.” Let them do random analytics, let them do analytics that see everything obviously, but they can’t get involved in production until production starts. They will have to let you continue taking care of the plants while they do their job too. Or I know that it is coordinated, it is more about coordination that the forces unite and that they go the same way and since all the money in the end will go to the state. Well, let them have facilities when it comes to working, so that you can water them [the cannabis plants] so that they can do their analyses. Maybe there can’t be twenty people like there are normally working while this is happening, but at least one person who can access the plants can look at the temperatures, humidity and the quality of the air control. You know? They may be from the fans that are <unclear>. Minimum care at least while the analysis is done and

that's it. And I believe that if quality control is put in place, prices go down. Things, for example, the dealing outside of stores would be minimal, because who is going to traffic if you can sell it in a store. Maybe you would even have been surprised at the number of entrepreneurs that might come out. About the businesses that would be generated and the jobs that would be generated and the businesses that would be opened. Something like, with Amsterdam, like that. For everything because of the man, the government, and pay his taxes and people can come, smoke, and it would only be at their discretion: I like this one better, I like the other one better, that's it. But I would question the tax on work and tourism. There would be positive tourism, non-native tourism, but a lot of money would be moved. Lot. Millions. So I think it would be a— I think you would see a lot of money flow. And all that is, I don't know, I don't see, the only thing I see is what I already mentioned to you, that it is not interesting because there are hidden personal interests of some person or some people. Because it is not— It is incomprehensible that they do not make a model of Amsterdam. Amsterdam works. It is a first-world country. You walk down your super clean street. Super polite people. There is some fault there that is not missing from the typical fool but to summon the police. But you see more drunks than anything else. How many smokers do you see in Amsterdam? How many people who fall because of smoking do you see? I haven't seen anyone. Very calm people, you smoke such a joint, come on. They come in from the street and you smoke a joint and they leave. You decriminalize and help people. The flow of money that could cause this in Spain would be healthy.

Rosie Ezgur: Finally, what do you think will be the laws and regulations that are ideal, idyllic? For example, about age or how in Amsterdam it is not prohibited to smoke in the street.

CBD Shop Worker: That seems good to me too. In Thailand, for example, it was decriminalized, so there is a lack of control there and I believe that it does have a law to achieve correct use. Both for the medicinal part and for the leisure part, there is tourism that arrives and does not respect customs or religions or anything. I am talking about, for example, that, for example, thirteen-year-old children go there and smoke, as it is decriminalized. I don't want to see that either. Nor do I see that you can smoke in a temple or in front of a temple. They are not super calm, for example, and they lack respect, for example. I believe that laws can be made so that you smoke in controlled closed or open spaces, that you have your permission to have your terrace, like Amsterdam. There are three or four tables outside where you can sit, you can always smoke in your place, calm down, smoke, leave. That's it. And then once, for example, you are in a park and maybe there are children, I think that doesn't seem right to me either in front of a certain person. They pass by the coffeeshop, but it's not the same. Because you can say that it's a bar, you're having a drink or a child might let it slip a little, maybe after you're older, nothing happens anymore. But, if you see a person who smells strange over there that they are smoking something strange? I don't know. It gives a somewhat criminalized atmosphere, which, I don't know, is a bad atmosphere. Something bad. In a controlled environment, it seems perfect to me. They must be at least eighteen years old, always. As it is here in the store, <overlap> minors cannot enter. <overlap>

Rosie Ezgur: <overlap> Claro, claro. <overlap>

CBD Shop Worker: So that seems right to me because once they're older they can decide what they want to do with their life. You can come, you can buy the whole thing if, if you have money and if you want. But, then, it seems to me that we have to have a head of control so as not to decriminalize them and whether they come here, or not, because they want it and everyone smokes. If a bastard controls people, when you give him a little, he grabs your arm and then in the end it is the opposite effect to what you want to achieve. Well, the most logical thing possible is that you can smoke in a closed space that is controlled, which is like meditation. You are going to go somewhere, you are going to smoke, you can smoke, you can buy. Also, if you have an addiction problem, it is also reflected as gambling addiction, you go to a betting house if, for example, you exceed a limit or your family is very worried because you are going too far if you are diagnosed. If you have a gambling problem, you can't come. Well, it should be the same thing. You come here and your identity is in a database. And, if at any time you are already consuming more than you should consume, you are not administered more. You are no longer administered any. And I believe that there are controls that can be made so easily because they are already applied in many other aspects.

Rosie Ezgur: Yes.

CBD Shop Worker: Even in supermarkets you go and, obviously, you have to say that you are eighteen years old. The same for <overlap> cannabis has happened. <overlap>

Rosie Ezgur: <overlap> Of course. <overlap>

CBD Shop Worker: And, whenever it goes to the state, there is a question of power. The power of being able to create a database, manage your own system like in the lottery or like in two tobacconists. Being that it is another type of license, obviously, because it is not the same because they do not sell tobacco. But it goes with a type of computer where you have a database and you can see who has how much you have consumed as a percentage of when they bought. How much is it— How much can you give him and if he has an addiction problem that you can't give him more or these types of problems, you know? Because there are people like that who no longer seek to be well, but rather have an addiction. So if certain things are done— I think there are plenty of things that could be done because we are a country that already has these databases for many other types of establishments. They could do it for this one as well. In the end it can always be a semi-private space because in the end you have your right of admission and there can also be a database of only the people who sell CBD or THC in this case. And then that database helps this topic to control a little. Age controls what you can manage. As is, even if a person comes wanting to buy for a minor, their parents can be informed. I mean, it would seem great to me. It seemed great to me. It seems great to me. Know that this is happening. This is happening because if I'm taking a long time to buy here I'll probably also want to shop around. I think it could be much easier to go after people who are doing things wrong because it would obviously be the only legal system, that is, the only bad system that would be left on the street would be to sell to minors.

Rosie Ezgur: Ah.

CBD Shop Worker: That would be the only drawback there would be, but of course the penalties would be ten times harsher still.

Rosie Ezgur: Yes.

CBD Shop Worker: Because apart from selling a product that is legal illegally, and even less so if they ask a person for weed or hashish right now.

Rosie Ezgur: Yes. Do you want to say anything else?

CBD Shop Worker: I found it very interesting to talk about that. Hopefully in the very near future a kind of agreement is reached to improve the way CBD and marijuana work in general because it has much more benefits than it seems and that if you research a little people will learn everything you can get with a plant.

Rosie Ezgur: Yes. Do you think that in our generation cannabis will be legalized in Spain? Or in the next generation?

CBD Shop Worker: I think not. I think not. I think it will be in the very distant future because proposals are always made, but in the end other problems always arise. And right now, with the productions, they are having many problems in the field. And I think that right now, it will not be possible unfortunately.

Rosie Ezgur: Yes. Well, thank you.

[30:59:91]

Exhibit D: Translated Transcript of Interview with Law Professor

Rosie Ezgur: This is my interview with a law school professor at [redacted] in [redacted], Spain. So first, are you okay with using your quotes in my thesis work?

Professor: Yes, there is no problem.

Rosie Ezgur: Perfect. Your identity will remain anonymous.

Professor: Good.

Rosie Ezgur: OK. Could you give us a summary of the current cannabis laws and regulations in Spain.

Professor: Well, in Spain there are no regulations. We say that cannabis is in legal limbo because it is not regulated. It is still considered a drug as such because there are effects that have been proven negative, but right now there is, or was, a project to regulate cannabis for medicinal purposes. But it was quite advanced. It is a 2022 project and with the call for elections everything came to a standstill, so right now we don't know if it will be resumed or not. But, only for use for medicinal purposes in very specific situations and circumstances and with medical control.

Rosie Ezgur: Yes. Thank you. And how have cannabis laws evolved in Spain in recent decades? Less strict, more strict?

Professor: You don't realize that we don't have legislation.

Rosie Ezgur: Yes.

Professor: So, there are situations in which private consumption is <overlap> tolerated. <overlap>

Rosie Ezgur: <overlap> Yes. <overlap>

Professor: But consumption is a crime. So, if, for example, the police find me with two, three doses and it is justified that it is for my personal consumption, I will not have any problem. But if they do pass the desired, what would be personal consumption, they may be accused of the crime of drug trafficking. It is not one of the most serious crimes within all that that general framework there is, but yes, that is why we say that we are in a vacuum system. Because consumption is not penalized. But with trafficking and cultivation we are in a somewhat complicated situation legally.

Rosie Ezgur: Yes. Part of the complication is also the existence of cannabis social clubs. Do you know about those?

Professor: Yes, but the point is that if a Social Club is a public establishment you cannot smoke there no matter what they say and there is a lot of confusion and a lot of error. There have already been Supreme Court rulings condemning drug consumption in public or for private use. It is only in strictly private environments and if that Cannabis Social Club is a virtual public establishment as if it were a bar, a bar or any other part, a nightclub, then it has to comply with the regulations of the rest of the world.

Rosie Ezgur: So, because the clubs are private it is—

Professor: They are not private at the moment when they need administrative authorization, an opening license like any public establishment.

Rosie Ezgur: Yes.

Professor: Another thing is that at home a person decides to smoke or decides to have a little plant, they can grow one but nothing more.

Rosie Ezgur: Yes, one.

Professor: The problem here is the trafficking, the trafficking that there may be and everything that exists behind these organizations.

Rosie Ezgur: And, is marijuana drug trafficking such a serious problem in Spain?

Professor: Let's see, this is being considered a minor problem. But because the consequences are not valued, especially at the level of long-term disorders, especially in young people who consume this with all levels of psychotic memory impairment. Apart from the lungs if they consume it smoked as normal. But yes, it is a problem because, in my opinion, among other things we are in the south of Europe. So the trafficking from North Africa is tremendous. It's tremendous. And there are real mafias that are dedicated to this that find buyers among young people thinking that it is not illegal and then they get either an administrative sanction or a criminal complication, both of which may result. So it's a bit of a complicated situation we have right now.

Rosie Ezgur: So you mention the typical penalties. How are these laws applied in the form of penalties, in the justice process?

Professor: There are two systems. If you simply carry in a public place, like "I'm smoking a joint." They would give me an administrative sanction, a fine. Now, the border has already crossed the limit and it is considered trafficking because of the entire amount that I carry. It is not for personal consumption, it is already going to be a crime, it is a drug trafficking crime. Yes, it is true that it is not one of the substances that are considered seriously serious, especially serious for health, to which the criminal code has a greater relationship and a greater penalty. How is it

that we already enter into the strictly criminal field? Well, there are different gradations of sentences and, cannabis, it is true that it is not in the most serious part due to the type of substance. But, of course, it depends on poverty and so many things have been manipulated.

Rosie Ezgur: Yes, what's the difference between CBD and THC cannabis laws? Because there are many CBD stores and those are legal. There is one in [redacted] that is very prominent.

Professor: They have already closed it. They have already closed it. They don't have audiences. Let's see, that's it: Suppose that there are certain preparations that have health regulations, but in reality do not fall into the regulations of the medicine with which the state can guarantee that it does not produce negative effects. That's the problem. The problem is the lack of regulation. Either to admit it or to prohibit it. But there should be regulation, or a limit to its use in certain areas, which was what was intended with this strictly medicinal use for certain patients with problems of excessive chemotherapy. That they do not have a certain relief. So it is always a matter of assessing the risks. The pros and the cons. Things for and things against. And value.

Rosie Ezgur: And do you know what the process is to get a medical recommendation for cannabis?

Professor: Keep in mind that right now it is not considered a medicine yet so today you are not going to have that medical prescription. You are not going to find a doctor who can prescribe it to you, who can recommend it to you, because it is not a medicine today. When, although it is being asked, it is being asked only for those uses when it comes out. And if the project is taken, social security will be possible for our family doctor as long as we are in the <unclear> assumptions. Because the project was very advanced but one of the elections was paralyzed.

Rosie Ezgur: Yes. How interesting. Is cannabis, in that way, decriminalized or criminalized?

Professor: We already said that it is not penalized, but it is not authorized either. We are in that legal vacuum. Personal consumption is not penalized. Trafficking and cultivation, yes. With that we are in a somewhat contradictory situation. We all know the negative effects. But its extension is somewhat becoming widespread in large campaigns precisely to consider its regulation. Well, I can't say that it is criminalized as such if what is criminalized is trafficking and cultivation. Large scale cultivation for trafficking, to manipulate.

Rosie Ezgur: And, in your own words, of course it is obvious, what is the difference between legalization and decriminalization?

Professor: No, decriminalization is simply that— Let's see. We start again. In Spain, in the West, we have a criminal principle that is the principle of minimum intervention of criminal law that has to regulate only those behaviors that are most negative for society. Not every action is a criminal offense. It can be a civil wrong or an administrative wrong. I was driving the car and exceeded the speed by a percentage that was not very high and I did not commit a crime. I made one administrative violation. That's the difference. To be decriminalized supposes the barrier of

crime. And to have a criminal record if they commit a crime. The fact that there is one who is not criminalized supposes that even if I exceed those limits I can have an administrative penalty, a fine, but I will not have those criminal records. I will not go through a judge and another procedure. That is the difference between the administrative and the criminal procedure.

Rosie Ezgur: Yes. And who decides the line between a crime that is administrative and a crime that is criminal?

Professor: They are decided on a case-by-case basis since the law or the penal code does not establish a maximum amount for personal consumption. When a procedure is initiated, when actions are initiated, it is necessary to assess whether the amount that this person has found is, presumably, it is for your personal use or for consumption. It is not the same if they find me with four or five pieces or if they find me with twenty-three thousand dollars in my bag. So there is no direct proof but rather it is— They value all the evidence both for the police and the judges. They value all services. In many criminal proceedings, they try to defend the accused precisely by saying that it is for their own consumption. What the lawyers contribute, well, perhaps an analysis that says that yes, there are traces of cannabis in any circumstance, but it must be assessed case by case because there is no figure that says up to here and above here.

Rosie Ezgur: Sure. <overlap> That's interesting. <overlap>

Professor: <overlap> Well, <overlap> it would be good if there was more regulation so that there would be more legal certainty.

Rosie Ezgur: Yes.

Professor: In one sense or another or it's forbidden, but—

Rosie Ezgur: And do you think there should be a number or more regulations? <overlap> Or is it case by case more— <overlap>

Professor: <overlap> It's very difficult. <overlap> It is very difficult to establish a figure because of course it also has to do with the level of quality and the level of purity of the substance. Not with cannabis but with other substances, for example, the penalty is determined for cocaine that has been manipulated. Depending on the level of purity, one with great wealth that can be divided into many parts and multiply its effect on consumption and the market and illegal trafficking is not the same. Something that is so diluted, so diluted that it does not produce its effects. Well, I'm not a fan of numbers.

Rosie Ezgur: Yes.

Professor: Because then we would start in court. We would start to discuss whether we put the figure at four. What if I have three and nine or if I have four and two? That is the problem of

numbers. The circumstances must be more valued and especially if the regulation is decided to specify the use and under what circumstances.

Rosie Ezgur: Yes, okay. From your perspective, what has been the impact of the decriminalization of cannabis on Spanish society?

Professor: I told you. It has never been penalized. I can't say what impact because there are no regulations. There are no regulations. Say it is true that <unclear> cannabis is grown for other purposes. Is this use <unclear> changed? Because there is no legalization in its entirety. Nor is there a decriminalization.

Rosie Ezgur: Do you think it is possible to be addicted to marijuana or cannabis?

Professor: It's not that I say it <unclear>. Medical studies are everything that is accepted to analyze the effects and to understand. <unclear> Apart from physical foods at the level of being able to trigger <unclear>. It's a medical issue.

Rosie Ezgur: Yes.

Professor: So it's something that the legislator, when he regulates this, can't close his eyes and land. It has affected mental health for many years and for many young people the problem was triggered when they did consume.

Rosie Ezgur: It's very interesting. Do you think we need more studies on the medical effects?

Professor: Of course.

Rosie Ezgur: Of course.

Professor: Of course because only then can you have the entire picture. Just so. We can all <unclear>. Some things seem to be downplayed. For example, criminalize tobacco.

Rosie Ezgur: What challenges do authorities and the judiciary face when enforcing cannabis laws?

Professor: In Spain, regulation is the law right now, not criminal law. It is the Citizen Security law and the Citizen Security law is what allows any agent of the authority to ask for the identification of anyone of the systems on the street, even see us thrown out. See if we are carrying drugs and so on. Then, that first assessment is made by the state security forces and bodies. That first assessment and then depending on their assessment it will go through the administrative route or through the criminal route. Trafficking is as simple as that. The regulation is in that sense. But it is not specified about cannabis but about any consumption of illicit or unregulated substances. We have the whole problem of synthetic drugs that cause serious damage to health. Because

this encompasses everything where we are left with cannabis, a step in the long term. Well, there are many open questions here.

Rosie Ezgur: Based on your experience and knowledge, what changes, if any, would you recommend to Spain's cannabis policies, or regulations?

Professor: I think the best thing is to clarify the situation. Clarify the situation, yes. Medically, yes. Scientifically, it is considered harmful like any medication. Well, yes, it should be regulated for medical use where it is proven that it can be useful, but not for general consumption of the population in my personal opinion. But we have to be that example of tobacco or certain substances just like it. He who manufactures tobacco has to adjust to health standards with levels of toxicity and so on. The regulation would allow whoever wants to consume cannabis with medicinal effects to do it. If a medication is regulated in its preparation, we would avoid manipulations of toxicity. I think that the situation should be clarified. If it is negative, do not allow its consumption. Considering it is what it is, as happens with many drugs, it can have a medicinal use that is also typically regulated for that purpose.

Rosie Ezgur: What is the process to clarify these situations?

Professor: Legal regulation. We have to have a law, a law in our system, a very positive law. Here, it is not like with the United States that the judge creates the law with precedent. Not here. They have to apply the law and interpret it. The issue is that, here, we do not have a defined law on this so they apply general criteria. So, the process is a legislative one, a legal regulation, just like there was a project in the autonomous community in Catalonia but it– The constitutional court annulled it because it is something that has to be the state that regulates a project of a few years of regulation and, of course, that was annulled. It was annulled because they could not regulate issues that affect health. Health issues have to be equal to everything in the country.

Rosie Ezgur: Are there any cases or experiences related to new cannabis legal regulations that have influenced your perspective or are interesting to you?

Professor: No. Not really. The fact that a project for medicinal use was started was already a step. It was already interesting but we don't have more. There's no more experience.

Rosie Ezgur: It's still a very unorganized field.

Professor: Sure. It lacks that development, yes.

Rosie Ezgur: How important is research and education in shaping laws and public opinion about cannabis in Spain?

Professor: Let's see. For legislation, not so much. But above all, at a social level, education is basic. Because those principles, those values, that self-esteem and self-knowledge of the young person are what can lead them to truly have a criterion about whether they should consume or

not. But cannabis or any other substance? Cannabis, alcohol, whatever we want because here in Spain we have socialized the consumption of alcohol very much, for example. Without going to those extremes, but we relate. Well, with a beer we have one. Now if there is not— if we do not work in education we can exceed those limits.

Rosie Ezgur: And, what is the ideal way for professors to teach this education? Because in the U.S. we had health classes when they were, how old? When we were thirteen and most of the education was, “We can’t do drugs and they’re all bad,” and all that. Are there similar classes in Spain?

Professor: Let’s see, we have to start with children. They are young, from primary school, secondary school, so that they see it as something normalized as certain things that are not good for health. And, then, there is no specific subject, but there are training groups, classes on ethics of values where all that is already introduced but it cannot be said that it reached the age of fourteen with adolescence. And they give me this kind of prohibition as you grow up wanting to try it. So, from all educational stages. But appropriate as is logical to their age, but it is education about consumption and education, about any other aspect of life.

Rosie Ezgur: Are there any anticipated changes or reforms to laws or regulations going forward?

Professor: There is nothing. We have the possibility of trying again to process the bill that was in progress and we have no more. And it is also a state responsibility, so specific regulation cannot be made for each autonomous community.

Rosie Ezgur: What influence do international treaties have? Because I know that Portugal, for example, is a great country that produces cannabis and also exports cannabis and all that.

Professor: But it is not, it is not a legal export neither here in Spain nor in the territory of the Union. So, of course, afterwards it is a factor to take into account.

Rosie Ezgur: Do you think there are many safeguards, for example, at airports for that? Or is it not a priority?

Professor: I have no knowledge, of course, if customs at the airport detect any of these substances, they remove it. They withdraw it and the administrative file begins.

Rosie Ezgur: What do you think about the changes in Spain’s economy if cannabis would be legalized? What is the potential economic impact of the industry?

Professor: Well, I don’t know, we really don’t have any factors. Yes, it is true that we can reduce the black market that exists and in some way whiten it and legalize it. But we don’t know, we don’t know, especially because we don’t know how effective it will be. But it is a factor that would

make all those transactions at least covered and with taxes the establishments would be willing to invoice and so on. I can't, I can't answer that because I don't know it.

Rosie Ezgur: What advice would you give to researchers seeking to understand the complex landscape of regulations, regulations that do not exist, but also social attitudes about cannabis in Spain?

Professor: Let's see, my advice would be to be objective, separate and put distance and carry out a legal study of the regulations. Compare the consequences they are having with other states with other countries and then socially go to different groups, but above all maintain that line of objectivity. That is, being able to say positive and negative factors in favor and factors against, because if we do not run the risk of being influenced, we all have an idea about any topic. The researcher, you have to put distance to achieve that objectivity and be the least subjective possible. We are going to— We always have our opinion, but in an investigation we must collect all the information to evaluate as neutrally as possible. So, for example, associations can have the same value, personal interviews cannot have the same value. Although you have to listen to a person who regularly consumes and someone who has never tried it because the idea must be sought. And, also, what we call the peripheral research which is not direct but gives you clues about the medical topic. How do you see, or in education, how do you know how certain consumptions can influence the development of a student? But that is the most complicated thing. But above all I would advise the critical spirit, objectivity, and being open to any proposal or any different opinion.

Rosie Ezgur: Do you think cannabis should be legalized, in your opinion?

Professor: My personal opinion is that it should be legalized for medical use as long as there is evidence that it is beneficial. If there is not, then I don't think it should be legalized because the risks must be assessed, being that there is a black market. There is the eternal doubt because those who are in favor of legalization do not worry about any drug use and they say that alcohol is also addictive. And yet it is legal and we pay taxes, so it is a complicated situation. But the risks must be assessed. Personally, I think that it is something that has already been proven to cause harm. It should not be legalized entirely, but it should be legalized so that medical uses were necessary, of course. Because if we do not understand how to downplay things, we cannot analyze all these problems as the issue has nothing to do with this. But pornography now, for example. Children have full access. Is it prohibited? No. Now, is it good? No. We have to try to prevent minors from doing so because it is something similar.

Rosie Ezgur: What regulations do you think are ideal or are the best for you have— What would you recommend to a legislator? What regulations do you think there should be?

Professor: Regarding age, well, the age of majority is that it doesn't make sense that I can't vote until I'm eighteen or I can't drive until I'm eighteen, but I can consume. And it's not closing my eyes that's the problem because, the truth is, there are young people who start much earlier. But we know that it is not good for them. So I think that the laws need an objective index and it has

to be the age of majority. Because, I'll go a little further, if a minor commits a crime, who are those criminally responsible? He is responsible but his parents have to respond because we have to balance all the legislation. We do not realize that type of thing. A 16-year-old minor commits a crime and it is his legal representatives, his parents or his guardians who have to respond to drug consumption. Well, a possible trafficking crime or being fined for these sanctions then, of course, I know that it is not a very correct or very common opinion but I am thinking about that in those families. But it is complicated. What we do is we lower the age of majority to 16. But it would be the responsibility of everyone. It's complicated like that. But I think that it has to go a little hand in hand with the majority, the age of majority no matter what age we put it in.

Rosie Ezgur: Finally, if you had to create cannabis classes in law school, what does the curriculum consist of?

Professor: If I had to explain the general information about drug use in general, and perhaps more than that, I would do a round table where factors for and against could be studied and it would have to be interdisciplinary. That is, it would have to be a medical issue, psychological issue, legal issue. Then, with those three, it could be a very nice class.

Rosie Ezgur: Yeah, the big three.

Professor: Yes, of course. And maybe the economic one. I don't know, I don't know. <laughs>

Rosie Ezgur: <laughs> It's a part after the big three.

Professor: Yes.

Rosie Ezgur: Perfect. I want to say a big thank you to you.

Professor: You're welcome. Good luck with your project.

Rosie Ezgur: Yes! Thank you so much.

Professor: And I hope you are successful and they recognize it because in Europe it is a completely different vision from the Netherlands. And there the consequences are also already being considered. So it's an interesting topic. Just like that.

Rosie Ezgur: Thank you very much.

[36:53:66]

Exhibit E: Interview with Prison Chief of Services

Rosie Ezgur: Do you agree with using your quotes in my thesis work? Your identity will remain anonymous.

Chief of services: I agree.

Rosie Ezgur: What is a normal day like for an inmate?

Chief of services: Inmates wake up at 7:00 a.m. and make their beds and rooms look nice and tidy. Then, they must wait at attention until the guards check on them. Then, the inmates have breakfast at 8:00 am and go out to play sports. Depending on the inmate, some will go to study at their online university and others will go to work. Others will read books or have free time. At 1:00 p.m. the inmates have lunch. Then, practically the same until dinner at 7:30 p.m.

Rosie Ezgur: What services does the prison offer?

Chief of Services: Sports games, motivational speakers, gym, boxing, classes, library, commissary, theater, sometimes walks outside the prison for those with security clearance. The Real Madrid Federation sponsors events for inmates all the time. The players come and train the inmates how to play soccer. Inmates also play soccer with inmates from other prisons and have an impressive display of prizes for their victories. On International Women's Day, the inmates of the men's center went to play with the women.

Rosie Ezgur: Is there a weight limit in the gym?

Chief of services: No.

Rosie Ezgur: Is smoking allowed?

Chief of services: Yes, smoking cigarettes outside is allowed only for those in the respect modules. Smoking is not allowed in other modules.

Rosie Ezgur: What is a respect module?

Chief of services: A respect module is indicated by the agreed upon rules that are posted throughout the space. No one who has committed a murder, for example, is in a respect module.

Rosie Ezgur: Is alcohol allowed?

Chief of services: We have non-alcoholic beer. No alcohol allowed.

Rosie Ezgur: How come the inmates wear their own clothes?

Chief of services: There are no uniforms. Families bring inmates clothing that is thoroughly checked for contraband.

Rosie Ezgur: Have there ever been cases of smuggling?

Chief of services: A while ago we found a backpack with a fake bottom that contained a kilo of cocaine. Marijuana is also common, but usually in smaller quantities. Whenever we find these drugs we take them as evidence. Whoever had the contraband has a meeting with the judge to decide what will happen next. We have many security measures in place to ensure that prohibited drugs do not enter the facility.

Rosie Ezgur: What are the visiting hours?

Chief of Services: Inmates can see their families at any time through the screens. Inmates are allowed to be with their families in-person every two weeks.

Rosie Ezgur: Is there isolation for inmates who misbehave?

Chief of services: No, if an inmate has bad behavior, he is placed in a lower module with other inmates who have bad behavior.

Rosie Ezgur: How many respect modules are there?

Chief of services: There are three respect modules: 9, 10, 11. In module 10, there are younger men aged 18 and older. In the other two there are men 21 years old and older. If you are under 18 years old, you go to a juvenile center. Depending on your sentence, you can enter this prison directly from the juvenile center.

Rosie Ezgur: How are inmates assigned to respect the modules?

Chief of services: There is an interview with the psychologist to see if they are mentally fit to be in the respect module. Then, inmates must sign a contract agreeing to all the rules: no stealing, no raising your voice, no fighting, respect authority, no bad language, etc.

Rosie Ezgur: Can inmates purchase items?

Chief of services: Yes, there is a canteen. Inmates can purchase food and hygiene products, cigarettes and non-alcoholic beer. They can only buy €100 a week but they can load as much as they want on their card.

Rosie Ezgur: How do inmates get jobs?

Chief of services: There is an interview with the psychologist.

Rosie Ezgur: How much do they get paid per hour?

Chief of services: €7.

Rosie Ezgur: Is it necessary to accompany inmates to the bathroom?

Chief of services: No.

Rosie Ezgur: Why doesn't anyone carry guns?

Chief of services: The culture is different from that of the United States. In Spain there are not many weapons. Guards sometimes carry batons. Do you know the phrase, paint the baton? It's like a threat saying that you will paint the staff with his blood. Also, the people here are smaller. Nobody is like Mike Tyson, for example. And so there is less violence.

Exhibit F: Interview with Prison Doctor

Rosie Ezgur: Are you okay with using your quotes in my thesis work? Your identity will remain anonymous.

Doctor: Yes.

Rosie Ezgur: Why did you decide to be a prison doctor?

Doctor: Now is a difficult time to be a primary care doctor. Here I can work more and earn more.

Rosie Ezgur: Do you like your job?

Doctor: Yes

Rosie Ezgur: Do they pay you well?

Doctor: The salary is less than what it would be if I were working outside. But there are only two of us and we are supposed to be 9. So we can work many more hours and earn more money than if we were working outside.

Rosie Ezgur: How many patients do you see per day?

Doctor: About 20. I also have many other reports to complete and a lot of work to do.

Rosie Ezgur: What tools do you use?

Medical: Tools are provided from the facility. We have all the tools we need to treat patients.

Rosie Ezgur: Is it common for inmates to use prescription medications?

Doctor: Yes, it is unfortunate. There are many people here who need medication. Most prescriptions are for mental disorders and mood disorders. There are also many older men who need medication.

Rosie Ezgur: How do you give them the medications?

Doctor: I give them the prescription and then they fill it at the pharmacy. The pharmacist makes sure they take their medication and distributes it dose by dose so that they cannot carry it with them in their cells.

Rosie Ezgur: Where are the medications kept?

Doctor: In the pharmacy that is closed and secure. The pharmacy is attached to the office building.

Rosie Ezgur: Is marijuana ever prescribed as medicine?

Doctor: No, not really. It is much more common to use prescription medications because they are easier to obtain and cheaper because the government approves them.

Rosie Ezgur: What is the most common prescription medication?

Doctor: The most common are mood pills, such as for depression or anxiety.

Rosie Ezgur: Do you also treat women?

Doctor: No, the women's center is a different center with its own staff. Here we only treat people who are men or feel like men.