



Research Paper

Consumer agency in cannabis supply – Exploring auto-regulatory documents of the cannabis social clubs in Spain

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ABSTRACT

Background: There is growing experience with the not-for-profit, consumer-driven cannabis social club (CSC) model that builds on self-supply, self-organization and harm-reduction; these are principles upon which people who use drugs (PWUD) have been engaging for decades. Recent legalization of cannabis in a number of jurisdictions and the related challenges in regulating production, sale, taxation and health-related matters have raised interest in non-commercial models of cannabis supply. The “codes of conduct” (CsoC) of CSC federations in Spain might reveal whether a consumer-based model could overcome these challenges.

Methods: To examine the content of the CSC auto-regulatory documents, an online search using key terms to identify the CsoC was conducted. Six documents were found; analysis of the main thematic categories and overarching themes was conducted. It was discussed how these corresponded to the areas of cannabis policy regulation and what the main limitations of the CSC model were.

Results: The CsoC detailed the rules for CSC administration, not-for-profit aims, “invitation only” and other conditions of membership, collective cultivation and security as well as for operation of the consumption venue and health-related initiatives. The themes in the CsoC overlapped with cannabis regulatory areas as outlined internationally. Concern over cannabis prices and potency was missing in the CsoC. The potential strengths of the CSC model might include safe environment for peer-delivered harm reduction practice, preventing illicit transactions, quality control, shifting economic surplus to the consumers and increased consumer responsibility. The limitations of the CSC model include high threshold, disguised motives, tax revenue and the risk of both under- and over-regulation.

Conclusion: CSCs represent an opportunity to enhance consumer agency and responsibility. The right “to be self-supplied” with psychoactive substances can be granted to consumer associations – but authorities need to provide a framework to facilitate this voluntary self-organization, including minimum standards around public health and safety, and to involve consumers in the development of these regulations.

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Introduction

People who use drugs (PWUD) and activists around the world have been actively seeking drug policy approaches which allow for user self-determination and self-organization and, at the same time, for abolishment of prohibition and establishing alternative means of drug supply (ENCOD, 2011; INPUD, 2016). Among these alternatives has been the user-initiated, self-regulated and non-profit “cannabis social club” (CSC) model. A commonly shared definition of CSCs is that they are not-for-profit associations of cannabis users that are

officially registered; their main aim has been to supply their members with cannabis and its derivatives for their own consumption (ENCOD, 2011). Beyond cannabis production, in some countries, CSCs operate as consumption venues too (Decorte et al., 2017). The CSCs seem to have the potential to address harms related to cannabis use via educational activities and informal harm reduction (e.g. sharing information about the effects of the different cannabis strains), via controlled use (i.e. restricted, planned and regularly dispensed cannabis supply per each individual) or via reduction of stigma around cannabis use (Barriuso, 2005, 2011; Belackova, Tomkova, & Zabransky, 2016; Coombes, 2014).

CSCs have operated worldwide as users “grass-root” initiatives that emerged within the boundaries of cannabis decriminalisation

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(Kilmer & Pacula, 2016). In line with the U.N. drug conventions, cultivation for personal use could be treated non-criminally, the same as drug possession for one's own use (Bewley-Taylor, Blickman, & Jelsma, 2014; Kilmer, Kruithof, Pardal, Caulkins, & Rubin, 2013). The establishment of CSCs thus seems feasible in countries where the national legislation "tolerates" personal cannabis cultivation together with sharing the drug among fellow users (Arana & Sánchez, 2011; Decorte, 2015). As such, cannabis social clubs have been experimented with in Belgium (Decorte, 2015), Chile, Colombia, Argentina, the United Kingdom, and France (Bewley-Taylor et al., 2014) for recreational purposes, and in Slovenia, Switzerland, New Zealand, and Italy for medicinal purposes (Decorte, 2015). CSCs are also a supply option under the legal cannabis regime in Uruguay (Coombes, 2014).

The largest application (and the origins) of the CSC model, however, can be found in Spain where the first CSC was established in 2001 and hundreds of them are now in operation, the majority of which are in Catalonia and in the Basque country (Barriso, 2011; Blickman, 2014). The regulatory framework governing CSCs in such settings has been limited to laws around the civic associative practice (Decorte et al., 2017), to the sparse health-related recommendations issued by some local authorities (Parés & Bouso, 2015) and, predominantly, to the CSC self-regulatory practice, though guided by interpretation of the existing laws (Muñoz & Soto, 2001).

In Spain, six federations of CSCs joined the initiative "Responsible Regulation" in 2015 which was established in order to promote the health and wellbeing of cannabis users and to advocate for national-level regulation of cannabis production and consumption. These federations have been providing frameworks for self-regulation of CSCs and have represented their members in seeking legal recognition from authorities for over a decade. They associate a range of CSCs in terms of size, location and aims, and have diverse origins and objectives. Firstly, Federacion de Asociaciones Cannabicas (FAC) was founded in 2003; it's local divisions with their regional aims are CATFAC (Catalonia) and EUSFAC (Basque Country). Over time, the diversity of views has led to the emergence of less "restrictive" approaches in these localities including higher limits on the amount of cannabis dispensed to members, bigger budgets, more hierarchical organizational structures, and venues that looked more like lounges or bars (Parés & Bouso, 2015). Other federations were formed, namely EKHEEF in the Basque country, FEDCAC in Catalonia and CANAFAC in the Balearic Islands. The members of the latter three federations (EKHEEF, FEDCAC and CANAFAC) have formed the Platform of Federation of Associated Cannabis Users (PAUC) – a counterpart to the initial FAC.

CSCs can be seen as a remarkable demonstration of consumer agency in cannabis production and distribution. While CSCs seem as a rather new model in the formal cannabis policy debate, and not a widely evaluated one (possibly due to its grass-roots nature), consumer engagement in cannabis supply and peer self-organization to minimise the harms of drug use have been well documented. This paper applies the term "consumer" in line with its meaning as active recipient role in designing (mental) health care (Lammers & Happell, 2003), and builds on its recent applications onto PWUD who engage in the drug policy process (Lancaster, Seear, Treloar, & Ritter, 2017). We use this term interchangeably with terms like "peer" or "people with lived experience" that have arisen in similar contexts (Crofts & Herkt, 1995; Treloar & Rhodes, 2009). As the term "consumer" has a conventional meaning in lay language related to marketing (Solomon, 1994), it seems to be even more relevant when discussing legal and regulated cannabis markets and the role of users "consuming" cannabis products.

Background

Consumer engagement in cannabis and other illicit drug supply

Self-supply with cannabis has been widespread across the globe. In an online survey that collected information about European drug markets, cannabis cultivation was reported by approximately one fifth of Czech, Italian and Swedish last year cannabis users, as well as among 9% of cannabis users in the UK and 5% in the Netherlands (Belackova, Maalsté, Zabransky, & Grund, 2015; Trautmann, Kilmer, & Turnbull, 2013). An international survey of cannabis cultivators from Canada, U.S., Belgium, Denmark, Finland, Germany, Austria, Switzerland, the Netherlands and the UK (Potter et al., 2016) found that 84% cultivated cannabis for their personal use. A large proportion of cultivators believed that they were producing cannabis which was "healthier" (68%) than that available on the illegal market. At the same time, cannabis growers rarely kept cannabis for themselves only; with 29% of the cannabis cultivation survey respondents selling at least a part of their crops to cover the costs of cultivation or (less so) for profit. The majority of cannabis cultivators (70–80%) in each of the aforementioned countries also gave some of their cannabis away for free or shared it. A quarter of the ICCQ respondents had swapped part of their cultivation with others (Potter et al., 2016); this is often done to help achieve greater variability in the cannabis consumed (Belackova & Zabransky, 2014).

Such behaviour demonstrates that cannabis cultivation is not an isolated, economically-motivated behaviour and that social, psychological and health reasons exist for cannabis self-supply and for interaction with other users and growers. Indeed, cannabis consumers commonly participate in the collective acquisitions of cannabis. This has been denoted as "social supply" – an act of buying and delivering drugs from the seller to fellow (be-friended) users with no profit (Coomber, Moyle, & South, 2015; Coomber & Turnbull, 2007).

Apart from the abundance of small-scale domestic cannabis cultivation that has been increasingly seen in the developed world (Potter, Bouchard, & Decorte, 2010), self-supply behaviour has occurred with other drugs too. PWUD have harvested opium from the poppy fields (Dehne, Grund, Khodakevich, & Kobyschcha, 1999; Mravčík et al., 2014), they have grown psilocybin mushrooms (Oss & Oeric, 1992) and have engaged in the production of methamphetamine (Grund, Latypov, & Harris, 2013; Mravčík et al., 2014; Sexton, Carlson, Leukefeld, & Booth, 2006; Zabransky, 2007). They have also participated in social supply with these drugs and with others (Bright & Sutherland, 2017; Kerr, Small et al., 2008; McKetin, McLaren, & Kelly, 2005).

Peer engagement and self-organization among PWUD

The efforts of PWUD to prevent and minimise harms from drug use have indeed been well documented and consumer self-organization in these activities has played an important role in the development of drug policies worldwide. A number of user-based advocacy organizations operate in Europe (EMCDDA, 2013; O'Gorman, Quigley, Zobel, & Moore, 2014) and the large consortiums like the International Network of People Who Use Drugs (INPUD) are playing an increasing role in the global drug policy debate (INPUD, 2016). There is consensus that people who use drugs should be directly involved in drug policies that concern them (Lancaster et al., 2015; OSI, 2008).

Historically, people who use drugs have engaged both in their micro-social environment, and on a wider, more organized level, aiming to protect the community from health risks (Friedman et al., 2007). Peer movement has initiated the 'harm reduction' paradigm, an important pillar of the contemporary drug policies

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