



CANNABIS SOCIAL CLUB

Policy
for the
XXIst
century

a social, ethic, human-scale and health-based model addressing the misuse, abuse and potential damages due to cannabis use while countering the unregulated growth of cannabis supply.

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The **Cannabis Social Club** (CSC) is an innovative and original human-scale model for cannabis regulation.

This model, experimented in several countries by grassroots citizens movements for more than a decade, aims at the goals of **reducing risks related to use, illicit trade and its related crimes**. Nowadays, CSCs have proven to be an excellent domestic response to these damages.

It is also an easy and affordable way to address the emerging challenge of unregulated drug production and supply, while keeping in compliance with the three drug control conventions as well as the UN human rights treaties.

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In the late 1980's social movements emerged all over the world and began to **self-organize the support, defence and care of the drug users**. This was the beginning of **peer-support** and **harm reduction**.

A few years later, in parallel developments in Spain and the United States, groups of cannabis users and farmers began to get organized in order to supply cannabis to their members, outside of the illicit market.

These self-suppliers groups ideologically and practically merged with peer-support and harm reduction ideas and practices, and in the year 2006, a text was published that provided a name and a set of general principles for those groups: the **Code of conduct for a Cannabis Social Club in the European Union** by the European coalition ENCOD⁽¹⁾.

Ten years later, Cannabis Social Clubs have spread all over the world, and many **legislative measures to regulate them** have been taken (in Uruguay as well as the Spanish autonomous communities of Navarra and Catalonia). Also, several cities in Switzerland and the Netherlands expressed their wish to follow up with the experimentation of such an innovative solution.

Nowadays, Cannabis Social Clubs or similar groups are in existence in no less than **12 countries** (Austria, Belgium, France, Italy, Germany, Mexico, Netherlands, Slovenia, Spain, Switzerland, Uruguay, the United states of America), with or without the initial support of authorities.

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Cannabis consumers as well as non-using individuals with an interest in cannabis regulation, despite being members of different variations of Cannabis Social Clubs have — and have always had — a **common ethical approach** to what they do:

- Willingness & aim of **cooperation with local and national authorities** as well as local civil society;
- Full **transparency** of their activities;
- **Not-for-profit** goal and aim;
- Cooperation with **health and social programs**, promotion of health and harm reduction;
- **Restricted access** to non-users and minors;
- An **environment-friendly** and **public health** oriented approach.

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Many scientific studies about Cannabis Social Clubs, in a large panel of disciplines, have confirmed the virtue of those structures in a policy-perspective of health⁽²⁾, crime reduction⁽³⁾⁽⁴⁾, or society in general⁽⁵⁾⁽⁶⁾.

Most conclusions of these studies are summarized below, and show the way that structures such as a Cannabis Social Clubs address the **different social or sanitary harms and risks that can be induced by cannabis use, misuse or cannabis legal framework** :

MAIN HEALTH AND SOCIAL HARMS AND RISKS	ENVIRONMENT	
	Harm and risk factors	Key solutions offered by a Cannabis Social Club
Early age for regular use	Lack dialogue within the family or family rejection, negative peer influences	<i>Access restricted, forbidden to minors</i>
Psychiatric history	Educational or emotional deprivation, trauma during childhood	<i>Initial detection of disorders</i>
Social isolation and lack of support	Lack of support from relatives or social rejection	<i>Intergenerational dialogue</i>
Daily use	Lack of standards to define and distinguish social use and abuse	<i>Peer-support, awareness and empowerment</i>
Lack of knowledge about cannabis and its effects	Manichean knowledge dissemination	<i>Broken taboo</i>
Associated tobacco use	No social learning of the use among adults	<i>Sharing of experiences and exchange</i>
Methods of use		<i>Peer-support, awareness and empowerment</i>
Social taboo	Stigmatization of cannabis use	<i>Friendliness of the place of consumption</i>
Social inequality	Discrimination of cannabis users	<i>Sharing of experiences and exchange</i>
Prohibition of the substance	Deal, racketeering and violence	<i>Separation of cannabis from other illicit markets and gang trades</i>
Repression of private use	Criminal sanctions and associated with a social disavowal	<i>Health component solely</i>

MAIN HEALTH AND SOCIAL HARMS AND RISKS	PERSON	
	Harm and risk factors	Key solutions offered by a Cannabis Social Club
Early age for regular use	Lack of early education about safe use and harm reduction	<i>Free discussion between young people and adults</i>
Psychiatric history	Depression, anxiety, bipolar or personality disorders, schizophrenia...	<i>Individualized medical supervision</i>
Social isolation and lack of support		
Daily use	No individual screening on addiction vulnerabilities	<i>Monitoring of the consumption</i>
Lack of knowledge about cannabis and its effects	Self-taught knowledge	<i>Objective knowledge inputs</i>
Associated tobacco use	Ignorance of safe and healthy consumer practices	<i>Training courses on harm reduction related to cannabis use</i>
Methods of use		
Social taboo	Fear to discuss the matter with relatives	<i>Trivialization of dialogue</i>
Social inequality	Unwarranted loss of rights (work, driving license, child care)	<i>Training courses about rights and botanic</i>
Prohibition of the substance	Anxiety or otherwise pleasure linked to the accomplishment of an unlawful act	<i>Normalization of the use</i>
Repression of private use	Adverse ethnic or socio-economic conditions	<i>Promotion of health and healthy practices</i>

source : Chanvre & Libertés - NORML France, 2015 — www.chanvrelibertes.org

MAIN HEALTH AND SOCIAL HARMS AND RISKS	SUBSTANCE	
	Harm and risk factors	Key solutions offered by a Cannabis Social Club
Early age for regular use	Unknown composition	<i>Analysis, control and certification of products</i>
Psychiatric history	Unknown cannabinoid titration (THC-CBD ratio)	<i>Titration of active compounds</i>
Social isolation and lack of support	Amotivational syndrome in cases of chronic use	<i>Individualized medical supervision</i>
Daily use		
Lack of knowledge about cannabis and its effects	Unknown composition (active ingredient, cutting agent, residues)	<i>Healthy and natural production methods</i>
Associated tobacco use	Highly addictogenic nicotine	<i>Promotion of the use without tobacco</i>
Methods of use	Cardiovascular and respiratory risks associated with combustion	<i>Promotion of vaporization</i>
Social taboo	Hidden and shameful use	<i>Recognized social consumption</i>
Social inequality	Composition, quality, price and availability depending on personal network	<i>Stability of quality and prices, constant availability of self-use quantities of product</i>
Prohibition of the substance	Random composition, quality, prices and availability, random and unsecured desired effect	<i>Selection of varieties grown in accordance with the demand of the users</i>
Repression of private use	Confiscation of a product with a potential benefit for health	<i>Maximized benefits for health of the product in such a framework of use</i>

As a matter of fact, as explained by a Spanish activist and founder of one of the first Clubs⁽⁷⁾ to be launched, the model of Cannabis Social Clubs has been **built within the prohibitionist framework, and as an answer to it**. This explains the way they popped up in several countries with different drug policies, including under prohibitionist policies. Moreover, the CSC model has attracted international attention in drug policy circles⁽⁸⁾ for several reasons:

- The proliferation of those structures in Spain has not attracted criticism from either the INCB and the UNODC, as **the model appears to conform with international obligations**;
- according to the official Spanish data on drug use, over the last 10 years, in which the CSC model have spread (from about 10 in 2007 to nearly a thousand today), the prevalence of cannabis use has been decreasing among general population (from 15 to 64 years old)⁽⁹⁾ as well as young people (from 14 to 18)⁽¹⁰⁾;
- the democratic means by which CSC must operate to conform to the administrative law on associations offers a **strong control over the substance**, which is **the spirit of the three conventions**;
- on account of the associations being not-for profit, the model safeguards against the perceived risk of over-commercialization;
- the model **facilitates research into cannabis consumption**, therefore offering **a more adequate, evidence-based, targeted and efficient design of prevention and harm reduction programs**;
- the model provides means to **separate cannabis supply from black market and other substances**;
- the models allows an easy and **complete scientific monitoring, analysis and follow-up of its effects** on both users and their entourage.

In regard to the obligations under the international drug control system, there is an agreed consensus that **it is never required for countries to criminalize drug possession within the scope of personal consumption**, and this extends to cultivation for personal consumption⁽¹¹⁾.

Moreover, it is analysed in the practical guide *How to regulate Cannabis*⁽¹²⁾ that “**CSC have the advantage of being permissible within the UN drug treaty system**, as they are essentially an extension of the decriminalization of personal possession/cultivation.” They further confirm that **both UNODC and INCB have not yet stated anything to the contrary**, even if they have noted several times the existence of CSCs. They never condemned them in any way.

Recommendations

Having a look at national or local policies in **every country**, it is obvious that almost all of them already do permit the **aggrupation of citizens** within associations, societies, leagues, collectives, syndicates or **any kind of auto-generated and auto-organized structures of citizens, registered by authorities, and that are not aiming for profit**.

We therefore recommend to each member states that is a signature Party to the three international drug control conventions to consider their local legislation on associations, and adopt a position aiming at a normalization of a legal-based status for Cannabis Social Clubs association of citizens in their territory, by **adopting the following three recommended measures**.



1

Stop criminalizing *de jure* the use, possession, production and manufacture of cannabis for personal consumption, as well as all activities related to personal consumption.

2

Acknowledging:

the **Article 4** of the 1961 Single Convention on narcotic drugs as amended by the 1972 protocol, which says “to limit exclusively [...] to scientific purposes the production, manufacture, etc.”,

the **Articles 22** and **28** of the same convention,

and in the **Article 2**, the clause b) of the 5th paragraph saying that a Party “shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug”, clearly **implying there that the Parties can adopt the opposed measures if in their opinion it is the best mean to counter drug-related harms and problems;**

Take into consideration and reckon the existing or future Cannabis Social Clubs created by their citizens within their territories as a licit **scientific experimental model** of local cannabis use and market regulation, in order to authorize their activities.

3

Acknowledging the **Article 22** of the 1961 Single Convention on narcotic drugs as amended by the 1972 protocol, allowing the deliverance of licenses by local authorities;

Answer to the aim of cooperation with the authorities expressed by all Cannabis Social Clubs, either by launching a national public consultation, or by taking part to the existing platforms of citizens working on these matters, and **consider** with them which few changes in rules and procedures could legitimate a wider Cannabis Social Clubs experimentation and permit them locally to exercise safely their activity in the short term.

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