Harm Reduction and Cannabis Social Clubs: Exploring their true potential

Authors:

Obradors-Pineda, Anna ORCID: 0000-0002-3624-9102;

Dr. Bouso, José-Carlos ORCID: 0000-0003-1115-9407;

Parés-Franquero, Òscar ORCID: 0000-0003-4137-7413;

Romaní, José-Oriol, ORCID: 0000-0001-6939-0711

Abstract:

Cannabis Social Clubs (CSCs) have become prevalent in Spain and several other countries as an alternative for users to the illicit cannabis market. They seek to offer a community-based drug-policy strategy to efficiently reduce the risks associated with cannabis usage. But, beyond the positive theoretical concept of CSCs as risk minimizers in themselves, the actual mechanisms in place to achieve harm reduction have not yet been studied in depth. The goal of our ongoing research is to better understand what kinds of harm reduction practices exist in CSCs and how widespread they are. For our study we selected 15 CSCs, all members of the Catalonian Federation of Cannabis Associations (CatFac). An on-line survey was designed to collect data on the organizational aspects of each CSC and to focus on the presence or the absence of harm-reduction practices in three areas:

1. Providing information on risk and harm reduction associated with cannabis use,
2. Providing services that support user health, including less harmful usages of cannabis.
3. Applying mechanisms for quality control and a better understanding of the actual cannabis being distributed.

Further research on the relationship between organizational and structural factors defining the CSCs and their harm reduction practices must be conducted to encourage innovative drug policies and to create and develop brand new strategies that support risk reduction within the CSCs, in order to actualize their potentialities.

Keywords

Cannabis Social Clubs, Cannabis Associations, drug policy, harm and risk reduction strategies, Catalonian Federation (CatFac).

Abbreviations

CatFAC: Federació catalana d'Associacions d'Usuaris de Cànnabis (or Federació d'Associacions de Cànnabis de Catalunya)

CSC: Cannabis Social Clubs

Harm reduction and Cannabis Social Clubs: Exploring their true potential

1. Introduction

This short report is a contribution to the existing literature about Cannabis Social Clubs (CSCs) and their potential as harm-reduction and risk-minimization agents for cannabis use. Several authors refer to this as a constituent factor of the CSC model (Decorte, 2015; Belackova et al., 2016; Decorte et al., 2017; Jansseune et al., 2019; Parés-Franquero et al., 2019; Afuera-Gómez et al., 2020) but the degree to which basic processes and mechanisms for harm reduction in different CSCs is widespread has not been empirically explored in depth. This research focuses on reporting the presence and absence of harm-reduction practices in a sample of 15 Cannabis Social Clubs that are aligned with the guidelines and principles of the Catalonian Federation (CatFac) (FAC, 2010; Decorte et al., 2017; Jansseune et al., 2019)

CSCs combine aspects of civil disobedience and self-regulation with the aim of justifying the fundamental rights of cannabis users (Martínez-Oró, 2015) while providing them with a safe environment for consumption (Rhodes, 2009) thereby minimizing the associated risks and possible harm that users can experience such as dependency, mental health, accidents, and similar (Belackova et al., 2016). They are operated in private premises by cannabis users' non-profit associations and are accessible to registered members who are then able to consume cannabis on site while socializing and engaging in different activities such as games, exhibitions, talks etc.

Cannabis social clubs started in Catalonia in the late 1990s (Barriuso-Alonso, 2011; Jansseune et al., 2019; Marín-Gutiérrez, 2010; Martínez-Oró, 2015; Pardal et al., 2020). Today, despite persistent legal challenges to their existence, which sometimes require mounting a defense against prosecution in a court of law (Brotons, 2017; Casals et al., 2017), CSCs continue to be the most viable means of securing access to cannabis for many users, not just in Catalonia and other parts of Spain (Araña et al., 2020) but also across the EU (Decorte, 2015; Pardal et al., 2017; Decorte, 2018; Pardal et al., 2020) and in Uruguay (Queirolo et al., 2016; Decorte et al., 2017; Pardal et al., 2019).

Nowadays the harm-reduction perspective is at the heart of most drug policy social interventions (International Harm Reduction Association, 2010; Observatorio Español de las Drogas y las Adicciones, 2017; Harm Reduction International, 2020). CSCs already seem to have the key components for harm-reduction intervention in place, such as privacy, information exchange, peer interaction, access to safer consumption devices and preparations, medical counseling, etc. (Belackova & Wilkins, 2018; Jansseune et al., 2019). The so-called "CSC model" has been proposed to enlist these entities as part of a new drug-policy strategy for the regulation of cannabis (Parés-Franquero et al. 2015) in recent initiatives in both Spain (GEPCA, 2017) and Catalonia (Law 13/2017

July 6th). However, although these social clubs are widely considered to be a safe environment for cannabis use, this does not necessarily mean they provide—or even wish to provide—either safe cannabis or safe alternative-consumption options.

2. Material and methods

This study has had direct non-financial support from the Catalonian Federation of Cannabis Associations (CatFAC). This entity, aligned within the Spanish Federation, was founded in 2008 and has had a major role in defining the so-called Cannabis Social Club Model (Belackova & Wilkins, 2018; Jansseune et al., 2019). The value of this research for CatFac and its member organizations granted us a virtually unrestricted entrée into federated CSCs. Communication channels were wide open and federated clubs were fully in support of the study's aims. One delegate from CatFac was actively engaged in the field work conducted in July and August 2020, sending out and following up on the responses to the survey. All the affiliated CSCs (n=16) were informed and invited to participate, giving their opinions at different stages of the research process (Romaní, 2013).

A brief but targeted online survey including 45 structured questions was designed to identify each CSC's operational structure and harm-reduction practices. The data collected referred to organizational and sociodemographic factors of 15 of the 16 federated CSCs and their members as well as to the presence or absence of specific practices directly linked to harm reduction.

The first set of questions dealt with location, size (in number of members), membership parameters (minimum age for affiliation, referral as a precondition, monthly and daily collection limits, etc.), CSC staff qualification and abilities, as well as cannabis use by CSC members (Decorte et al., 2017; Llort-Suárez, 2017; Walden & Earleywine, 2008).

For the second set of questions, we collected data on harm-reduction practices in regard to information provided to members about the risks of cannabis use and possible harm-minimization strategies. Lastly, we examined what services and specific resources were or were not in place to facilitate a less harmful use of cannabis, access to health care for CSC members, and what mechanisms were being utilized to control the composition and/or the quality of the cannabis to be used by members (Hazekamp & Fischedick, 2012; R. Melamede, 2005; Taylor & Birkett, 2020). All the data collected was calculated using a simple Microsoft Excel spreadsheet and basic statistical operations.

In each CSC, one person was responsible for filling out the online questionnaire. Fourteen of the respondents were men and only one was a woman. Eleven of them (73,3%) had a position on the board of directors, while the rest were either collaborators, volunteers or, in one case, had a management role in the CSC. Fourteen of the CSCs (95%) responding were in the city of Barcelona,

its metropolitan area, or Barcelona province. Most of the participating CSCs had in common their relatively small size: 10 of them had around 50 to 200 members and another four, no more than 500 members. Their daily activity was monitored on average by two or three people but, typically, only one of them held a formal labor contract with the entity, while the rest of the personnel were either volunteers or collaborators. Looking at the capacities of this staff, we found seven CSCs having someone with specific knowledge of cannabis risk reduction, while no one at the other eight CSCs had undergone any such training. The main trainers were the private clinic Medcan, the Health Department of the Autonomous Regional Government of Catalonia and Energy Control, a general harm-reduction project.

CSC membership was in all cases restricted to adults only over the age of 18, but we found eight clubs that were only accepting adults over 21. However, all 15 of the clubs required applicants to provide a referral from a current member to ensure that those admitted were adults who had previously used cannabis. In 10 CSCs of the studied sample, less than 50 percent of members were using amounts above 35 grams per month. On the other hand, we found three other CSCs, where more than half of their members were using above this amount. Nevertheless, in 12 CSCs the average amount of cannabis used monthly by members was between 26 and 50 grams per month, and sometimes more. When drawing attention to specific groups of members by health condition, age, sex, or social vulnerability it is interesting to highlight the fact that 11 CSCs had some policy in place to facilitate access to cannabis for members with a medical condition. Notably, two CSCs applied limits to cannabis access for members aged 18 to 21, but no other conditions were considered when defining specific access to the cannabis available for members.

3. Results

Eleven out of 15 CSCs did display some graphic information on harm reduction to their members. Statistics on the amounts and strains of cannabis used by each member were systematically provided to members by three of the CSCs, available only when requested by him or herself at 11 clubs, and not available at all in only one of them.

Among the services typically offered by the CSCs to their members are water, snacks, different types of filters for smoking in addition to alternative consumption devices such as vaporizers, water pipes, etc. However, access to these services and products is limited. Most protective filters were not free in 14 CSCs, and water had to be purchased in three. Common alternative devices such as vaporizers or water pipes were available at 11 CSCs, but only eight provided free access to them. In 10 CSCs, members usually requested instructions on their use from the staff. Also, 11 CSCs offered a personal-cannabis custody service on site to help members avoid the risk of fines for possession in public spaces.

For those members with a health condition requiring specific resources only available from external sources, seven CSCs reported having a relationship with medicinal cannabis clinics or physicians while the other eight had none. In 11 cases, respondents said they did not to know where to direct or how to advise adult members having different issues in relation to their cannabis consumption. Moreover, the sample group studied appeared to be poorly linked to other social and community networks: 10 out of 15 CSCs had no relationships with non-cannabis related community projects or neighborhood associations.

Finally, we found 10 CSCs displaying basic information about the composition of the cannabis they were distributing. In six of them the source of the data was a laboratory or a quick in-house cannabinoid test. Anything else was basic and/or general reference information extracted from different sources.

Insert Table 1

4. Discussion

CSCs are uniquely positioned to take on the role of a real-world testing ground for innovative drug policies, by assessing and minimizing possible risks associated with the use of cannabis. Several authors argue that the social and legal risks of cannabis use are substantially reduced in a club setting, which also provides a safe environment for consumption along with information on normative amounts of cannabis that can be used daily and monthly (Belackova, et al., 2016, Belackova and Wilkins, 2018). Less encouragingly, looking at specific those mechanisms of harm reduction that are in place, we found that safer and/or alternative methods of consuming are not universally available in CSCs, nor is there widespread familiarity with external resources for members with health issues. Additionally, laboratory testing on the cannabis itself is for the most part lacking. Further qualitative research into why these gaps in key information exist and what steps can be taken to correct them should help the CSCs to implement strategies that will allow them to better fulfill their role as harm prevention agents.

CSC members tend to share their personal experiences, which helps to minimize risks in cannabis use (Belackova et al., 2016, Belackova & Wilkins, 2018). However, significant gaps remain in staff training and in the level and types of available information, as well as the how-tos of networking with external resources related to adult cannabis use. While the majority of CSCs endeavor to facilitate access to information, in almost one third of the cases studied, this was entirely lacking. Access to protective filters and/or vaporizing devices was similarly unavailable in several clubs and when it was, it was frequently not free.

As shown in (Parés-Franquero et al., 2019), an average of 10 percent of CSC members in our sample were patients suffering from a health condition, and most sample report to be using between 26 to 50 grams a month. Seven out of 15 CSCs had a relationship with a medicinal-cannabis entity, a patient-care provider, or sometimes both, which means they can provide support to those members requiring it, however small that number may be. On the other hand, despite the figures for average consumption, all CSCs reported different numbers for members who use 35 grams a month and above, and most clubs (n=11) do not know where to refer adult members in need of help. In fact, in few cases are CSCs paying attention to the needs of any of its members who fall into the category of non-medicinal users.

Younger users in the 18-to-21-year-old age group are the ones most often excluded from CSC membership. Different types of users may be facing different types and intensities of risks and harm associated with cannabis use (Melamede, 2005). CSCs do not appear seem not to be considering differences based on gender, economic status, or social vulnerability. Members with medical conditions wishing to gain access to cannabis are at a distinct advantage in comparison to almost all other club members.

Although information on and testing of available cannabis play a crucial role in cannabis harm reduction (Melamede, 2005; Matheson & le Foll, 2020), not all participants in this pilot study felt obliged to make this information readily available to their members, since in many cases they are acquainted with the suppliers and cultivators of the cannabis they are offering and know how it is processed and packaged (Belackova et al., 2016).

5. Conclusions

The main goal of this pilot research was to highlight the mechanisms and processes through which CSCs are attempting to mitigate risks and harm associated with cannabis use by drafting new lines of research on what factors might either be facilitating or, on the other hand, obstructing CSCs in their mission. to act as harm minimizers. This paper aims to identify the key aspects that could lead to a broader understanding of the potential of the CSC to become an ally capable of fostering improved harm reduction within the framework of an innovative policy on cannabis (Belackova et al., 2016; Parés-Franquero et al., 2019).

As mentioned at the beginning of this article, our current research covered 15 CSCs in total, but our future efforts will be dedicated to reporting in even greater depth on the harm-reduction practices in place at a much broader group of CSCs in Catalonia, beyond the limits of the Federation, with an emphasis on understanding and explaining which factors promote these practices and which limit them. At this point in time, our results show that the implementation of general harm-reduction

principles through specific actions and operating protocols is not straightforward for all CSCs, which in certain areas, could benefit from wider support, training or tools that will allow them to achieve their true potential as effective agents of harm reduction.

Organizational aspects of the CSCs need to be considered in order to reach a better understanding of their influence on the presence, absence, and specific types of harm-reduction practices in place. Key to further research will be exploring subjective perceptions and commonly shared narratives about risks and harm and the strategies that might be successfully implemented to minimize and eventually overcome them.

Looking ahead, the more comprehensive analysis of CSCs from the perspective of gender is a relevant issue that also warrants further research. Such a study might encompass gender-sensitive harm-reduction practices, the presence of women in CSCs as members, and how their roles and positions within the organization should be studied in terms of risk prevention and harm reduction.

Reference sources

Afuera-Gómez, A., Afuera-Gómez, J., Kohek, M., Kòzar, G., Parés-Franquero, Ò., & Et.al. (2020). Guidelines European Cannabis Social Clubs. A Regulatory Model for Cannabis Acces. In *European Coalition for Just and Effective Drug Policies*. European Coalition for Just and Effective Drug Policies (ENCOD).

Araña, X., & Parés-Franquero, Ò. (2020). Cannabis social clubs in Spain. In T. Decorte, S. Lenton, & C. Wilkins (Eds.), *Legalizing Cannabis* (pp. 307–322). Routledge. https://doi.org/10.4324/9780429427794-18

Barriuso Alonso, M. (2011). *Los Clubes Sociales de Cannabis en España Una alternativa normalizadora en marcha* (Issue 9). https://www.tni.org/files/download/dlr9s.pdf

Belackova, V., Tomkova, A., & Zabransky, T. (2016). Qualitative research in Spanish cannabis social clubs: "The moment you enter the door, you are minimising the risks." *International Journal of Drug Policy*, *34*, 49–57. https://doi.org/10.1016/j.drugpo.2016.04.009

Belackova, V., & Wilkins, C. (2018). Consumer agency in cannabis supply – Exploring auto-regulatory documents of the cannabis social clubs in Spain. *International Journal of Drug Policy*, *54*, 26–34. https://doi.org/10.1016/j.drugpo.2017.12.018

Brotons, H. (2017). Principio de proporcionalidad, derechos fundamentales y atipicidad de los CSC. In *La sendas de la regulación del cannabis* (pp. 464–478).

Casals, O., & Marks, A. (2017). La rosa verda. El florecer de los derechos fundamentales en el debate sobre las drogas en España. In Fundación Renovatio (Ed.), *Las sendas de la regulación del cannabis en España* (pp. 479–496).

Decorte, T. (2015). Cannabis social clubs in Belgium: Organizational strengths and weaknesses, and threats to the model. *International Journal of Drug Policy*, *26*(2), 122–130. https://doi.org/10.1016/j.drugpo.2014.07.016

Decorte, T., Pardal, M., Queirolo, R., Boidi, M. F., Sánchez-Avilés, C., & Parés-Franquero, Ò. (2017). Regulating Cannabis Social Clubs: A comparative analysis of legal and self-regulatory practices in Spain, Belgium and Uruguay. *International Journal of Drug Policy*. https://doi.org/10.1016/j.drugpo.2016.12.020

FAC, F. de A. C.-. (2010). *Cómo crear un Club Social de Cannabis. Guía legal i práctica para la puesta en marcha de un cultivo asociativo* (pp. 1–253).

Hazekamp, A., & Fischedick, J. T. (2012). Cannabis - from cultivar to chemovar. *Drug Testing and Analysis*. https://doi.org/10.1002/dta.407

International Harm Reduction Association. (2010). What is harm reduction? A position statement from the International Harm Reduction Association. *IHRA Briefing*. https://www.hri.global/contents/1269

Jansseune, L., Pardal, M., Decorte, T., & Parés-Franquero, Ò. (2019). Revisiting the Birthplace of the Cannabis Social Club Model and the Role Played by Cannabis Social Club Federations. *Journal of Drug Issues*, *49*(2), 338–354. https://doi.org/10.1177/0022042618815690

Llort-Suárez, A. (2017). *El placer es mío . Cannabis : ¿autoatención o automedicación ? March*.

Marín-Gutiérrez, I. (2010). El movimiento cannábico en España. *Book*, 248. https://doi.org/10.13140/RG.2.1.1540.1448

Martínez-Oró, D. P. (2015). Clubs sociales de cannabis : normalización , neoliberalismo, oportunidades políticas y prohibicionismo. *Clivatge*.

Matheson, J., & le Foll, B. (2020). Cannabis Legalization and Acute Harm From High Potency Cannabis Products: A Narrative Review and Recommendations for Public Health. *Frontiers in Psychiatry*. https://doi.org/10.3389/fpsyt.2020.591979

Melamede, R. J. (2005). Harm reduction - The cannabis paradox. In *Harm Reduction Journal*. https://doi.org/10.1186/1477-7517-2-17

Observatorio Español de las Drogas y las Adicciones. (2017). Estrategia Nacional Sobre Adicciones 2017-2024. In *Ministerio de Sanidad, servicios sociales e igualdad*. http://www.pnsd.mscbs.gob.es/pnsd/estrategiaNacional/docs/180209_ESTRATEGIA_N.ADICCIONES_2017-2024__aprobada_CM.pdf%0Ahttp://www.pnsd.msssi.gob.es/pnsd/estrategiaNacional/docs/180209_ESTRATEGIA_N.ADICCIONES_2017-2024__aprobada_CM.pdf

Pardal, M., & Decorte, T. (2018). Cannabis Use and Supply Patterns Among Belgian Cannabis Social Club Members. *Journal of Drug Issues*, *48*(4), 689–709. https://doi.org/10.1177/0022042618791295

Pardal, M., Decorte, T., Bone, M., Parés-Franquero, Ò., & Johansson, J. (2020). Mapping Cannabis Social Clubs in Europe. *European Journal of Criminology*. https://doi.org/10.1177/1477370820941392

Pardal, M., Queirolo, R., Álvarez, E., & Repetto, L. (2019). Uruguayan Cannabis Social Clubs: From activism to dispensaries? *International Journal of Drug Policy*, *73*, 49–57. https://doi.org/10.1016/j.drugpo.2019.06.022