

Mapping Cannabis Social Clubs in Europe

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Abstract

Cannabis Social Clubs (CSCs) are typically non-profit associations of adult cannabis users who collectively produce and distribute cannabis among themselves. Since the emergence of the model in Spain during the 1990s, other countries may have seen the appearance of CSCs (or CSC-like associations) but there is a dearth of knowledge about the phenomenon in Europe. The goals of this analysis are to: (1) map the presence of CSCs across the European Union; and (2) examine how CSCs are operating in such settings. The data included in our analysis derive from a 2018–19 survey. The 30-item questionnaire comprised questions about CSCs' origins and relations with other stakeholders and organizations, the types of activities the CSCs developed and their views on cannabis regulation. The questionnaire was translated into all the official languages of the EU zone and sent via email to the participants. In total, 81 CSCs completed the questionnaire. Beyond Spain and Belgium, where the CSC presence has already been documented, we were able to identify CSCs in 11 other countries. The longest-running CSC in our sample was established in 1999, but most emerged in the past decade. The smallest CSC in our sample reported 6 registered members, whereas the largest counted a total of 5000 members. Most CSCs were cultivating or distributing cannabis to their members at the time of the survey, but engaged

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in other informative, entertainment and activist activities as well. The CSC model remains prohibited across the EU. CSC activists have thus by and large shaped the way CSCs operate, often adapting to domestic law particularities or law enforcement activities. In this article, we present and discuss the range of CSC practices from 13 different European countries, and what these represent for the consideration of the CSC model in current policy debates.

Keywords

Cannabis Social Club, cannabis, activism, supply, European Union, survey

Introduction

Cannabis Social Clubs (CSCs or clubs) are typically defined as non-profit associations of adult cannabis users who collectively produce and distribute cannabis among themselves (Decorte et al., 2017; Pardal, 2016). This supply model for cannabis emerged in Spain during the 1990s as a grassroots initiative of cannabis users challenging the prohibitionist legal framework (Arana and Montañés, 2011; Marín, 2009; Montañés, 2017; Pardal, 2016). Although there are some indications that CSCs have been established in other European countries, an accurate picture and in-depth understanding of the phenomenon is missing (EMCDDA, 2016). This article reports the findings from what is, to our knowledge, the first attempt to provide an international, comparative view of CSCs in Europe. In particular, the study aims to: (1) map the presence of CSCs across the European Union; (2) examine how CSCs are operating in those countries.

Policy relevance of the CSC model

CSCs constitute an alternative model for the supply of cannabis: they are non-commercial outlets (the expectation is that cannabis is sold close to/at cost price) and could therefore be a ‘middle-ground’ solution that would avoid some of the potential risks associated with creating a commercial market (Caulkins et al., 2015; Decorte, 2018; Subritzky et al., 2016; Wilkins, 2018). Access to these organizations and to the cannabis they produce is restricted exclusively to members (who are usually at least 18 years old, and may have to fulfil other membership requirements), and cultivation remains relatively small-scale and cooperative based (Decorte et al., 2017; Pardal, 2018a, 2018c). CSCs may also be well suited to support the development of harm reduction activities and provide a social space for peer-to-peer support (Arana and Montañés, 2011; Belackova et al., 2016; Jansseune et al., 2019).

What do we know (and what do we not know) about CSCs in Europe

Since the 1990s, and although no accurate estimates of CSCs are available, the existing reports point to a growth in terms of the number of CSCs in Spain, amounting to anywhere between 800 and 1000, and progressively appearing in several regions of the country (Decorte et al., 2017; Parés and Bouso, 2015). These user-driven experiments were also replicated elsewhere in Europe (Blickman, 2014; Decorte and Pardal, 2017). For instance, the appearance of the first CSCs in Belgium (circa 2006) has been well

documented (Decorte, 2015; Pardal, 2018b). The volume of CSCs in that country is relatively small in comparison with Spain, but the model has had a continued presence in Belgium too (Pardal, 2018b). Previous research has analysed how CSCs are functioning in these two settings (Belackova et al., 2016; Decorte, 2015; Marin, 2009; Pardal, 2018a). Although some of the characteristics of the model described earlier (for example, non-profit, closed supply, cooperative and small-scale cultivation) have been implemented in practice, different interpretations and variants of the model have also been found on the ground (Jansseune et al., 2019; Pardal, 2018a; Parés and Bouso, 2015). Beyond Spain and Belgium, there have been a number of reports of CSCs (or CSC-like associations) being created in other countries (for instance, in the UK or in the Netherlands), but there is a lack of clarity as to the actual presence of the model and the types of activities they undertake (Blickman, 2014; Bone and Hoedt, 2018; Decorte and Pardal, 2017; Klein and Potter, 2018).

The legal framework for European CSCs

Unlike Uruguay, which has had a comprehensive legal framework regulating the CSC model since 2013 (Pardo, 2014; Queirolo et al., 2016), no nationwide European jurisdiction allows the model. In an attempt to fill this void and unify the CSC movement, the European Coalition for Just and Effective Drug Policies (ENCOD) – a platform linking and representing organizations working in the field of drugs – has issued a common code of conduct for European CSCs. However, this is non-mandatory and, in practice, we know very little about whether the CSCs have adhered to these guidelines (ENCOD, 2011). In addition, other so-called CSC federations (that is, umbrella organizations that represent various CSCs) have issued their own codes of conduct and requirements that the affiliated CSCs should observe (Belackova and 2018c; Wilkins, 2018; Jansseune et al., 2019).

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has identified CSCs as a model for the supply of cannabis ‘increasingly mentioned in drug policy debates’ (EMCDDA, 2016: 1). But, at the same time, that agency confirms that the model is not accepted by national authorities in Europe, and CSCs are thus ‘likely to be subject to legal sanctions should they be identified or at best may be operating in a legal grey area’ (EMCDDA, 2016: 4). Unsurprisingly, some CSCs and their representatives have faced criminal charges (in relation to the cultivation and/or supply of cannabis, for instance) and many of these associations have closed down. For example, in 2017, following house-searches in 18 different addresses in Belgium, a cannabis grower and two individuals in leadership positions within a Belgian CSC were held for two months in pre-trial detention (Flemish newspaper *Het Laatste Nieuws*, 9 May 2017). Subsequently, in 2019, a total of 20 individuals affiliated with that association were found guilty of cultivating and trading cannabis on a large scale, and received prison sentences of up to 20 months (but in almost all cases with the possibility of deferment) and fines for both the individuals and the association (Flemish newspaper *De Standaard*, 27 June 2019). In Spain, too, there have been multiple judicial cases over the years involving CSC representatives and cannabis growers. For example, in 2015 one of the leading figures of the CSC movement and president of CSC Pannagh (Martín Barriuso)

was initially convicted, together with three other CSC members, who were given prison sentences of between 6 months and 1.8 years and fines up to €250,000 by the Supreme Court. However, they were later acquitted (following proceedings in the Constitutional Court) (Spanish newspaper *Deia*, 25 July 2018). In contrast, in 2019 a representative of another CSC from Barcelona (which at one point had about 4000 members) and head of one of the CSC federations of Catalonia was convicted and given a prison sentence of five years for offences against public health and illicit association (Spanish newspaper *El Diario*, 3 July 2019).

Nevertheless, there are important nuances in terms of national policies with regard to the consumption, possession, cultivation and supply of cannabis; these are worth noting because they may be of relevance to understanding the appearance and/or particular practices of CSCs in those settings (EMCDDA, 2018a). For instance, some EU member states have introduced thresholds for cannabis cultivation for personal use; these are typically not met with formal prosecution or would be considered minor offences. That is the case in Belgium (one plant), Cyprus (two plants), the Netherlands (five plants) and the UK (nine plants) (EMCDDA, 2018a). Some of these approaches have been interpreted by users as permitting the set-up of collective cultivations (for example, by multiplying the number of plants tolerated per person by the number of members of the associations) – but, again, this extension of individual cultivation thresholds has not necessarily been supported by national authorities. In contrast, in Portugal, where all drug use and personal possession have been decriminalized, cultivation of any amount is considered a criminal offence (similarly to Croatia).

The unauthorized possession of small quantities of cannabis, in the absence of aggravating circumstances, incurs a non-custodial punishment such as a fine in a number of EU member states, including Belgium, Bulgaria, Croatia, the Czech Republic, Ireland, Italy, Luxembourg, Malta, Portugal and Slovenia (EMCDDA, 2018a). The definition of what constitutes a ‘small amount’ or ‘personal use’ varies considerably across jurisdictions. In some countries, a prison sentence is possible, but the implementation of those laws tends to prioritize alternative (non-custodial) sentences (for example in Denmark, France, Germany, the Netherlands and the UK) (EMCDDA, 2018a).

In Spain, the applicable legislation draws an important distinction between private and public use or possession: in private spaces possession is not penalized. In that country, the limits of domestic legislation and its relationship with the CSC model have generated much discussion, to which two legal analyses by Spanish academics have made an important contribution (Díez and Muñoz, 2013; Muñoz and Soto, 2000). These scholars have sketched a general framework under which CSCs’ functioning would be compatible with the applicable legislation. The doctrine of ‘shared consumption’ has also been extended to cannabis possession and distribution within CSCs, but recent Supreme Court judgements have concluded ‘that organised, institutionalized and persistent cultivation and distribution of cannabis among an association open to new members is considered to be drug trafficking’ (EMCDDA, 2018a, p. 16). Furthermore, a few Spanish autonomous regions have attempted to introduce regulatory frameworks for CSCs, but these have often been suspended or revoked (Arana and Parés, 2020).

Methods

Identification and recruitment of participants across Europe

Because we were interested in capturing the possible variants of CSCs (Pardal, 2018a), any associations that self-defined as being CSCs were eligible for participation in the study. We employed a mix of strategies for the identification and recruitment of CSCs to participate in the study. In a first phase, we conducted exploratory online searches to identify CSCs in Europe, based on a combination of relevant keywords translated into the different European languages. We consulted the list of CSCs included in ENCOD's website too.¹ In addition, at the 28th annual conference of the European Society for Social Drug Research in 2017, we announced the launch of this project and asked colleagues there (and in subsequent exchanges) about the presence of CSCs in their home countries. We relied also on our own networks of contacts in the field – building on previous CSC studies by the authors (Bone and Hoedt, 2018; Decorte et al., 2017; Jansseune et al., 2019; Pardal, 2018b, Parés and Bouso, 2015) – and created a website for the research project, where visitors could signal their interest in participating in our study.² These efforts resulted in a preliminary list of CSCs across the EU, which we started contacting in February 2018 via email, private messaging on Facebook or by phone, according to the contact information that we were able to retrieve. Subsequently, we made other attempts to reach out to CSCs in Europe: we presented the study at various events organized by CSCs or other cannabis activists (for example, at the CannabisNormal! 2018 conference, at the Stop and Search drug policy podcast in November 2018,³ at a CSC 'meet up' event⁴), and we started building referral chains from the already identified CSCs or other supporting organizations (for example, CSC federations, ENCOD). Given our recruitment strategy, it is difficult to be certain about the number of CSCs that may have received our questionnaire.⁵ Furthermore, owing to the research gap in this area, it is difficult to establish how many CSCs may have been active in that region at the time of data collection – hence the exploratory nature of this study.

Data collection and analysis

The data included in our analysis derive from a survey conducted between 2018 and 2019. We designed a 30-item questionnaire with questions about the origins of the CSCs, their relations with other stakeholders and organizations, the types of activities CSCs developed and their view on cannabis regulation. The questionnaire was translated into all the official languages of the EU zone and sent via email or social media private messaging to the CSCs willing to participate in the study.⁶ In total, 81 CSCs across 13 European countries completed the questionnaire (see Figure 1). Of the 81 returned questionnaires, 57 were filled in completely, with an overall completion rate of 98 percent across the sample. The questionnaire included both closed-ended and open-ended questions, which were completed by CSC representatives. The responses to open-ended questions in a language other than English were first translated and then analysed using qualitative analysis software NVivo 12.⁷ In a first phase, we built a codebook based on the questionnaire structure, grouping the text responses per

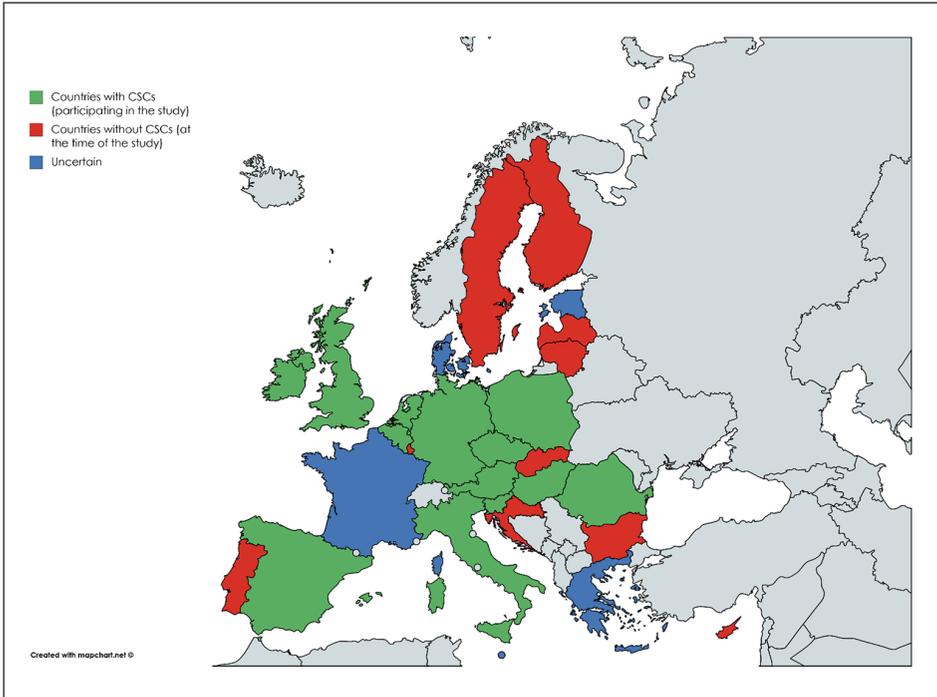


Figure 1. Overview of CSCs across the European Union.

Note: This overview is based on the information available at the time of data collection.

Source: Own construction, created with mapchart.net.

question. In a second phase, the data were coded into new (thematic) codes generated through the analysis. Responses to closed-ended questions were analysed with statistical analysis software SPSS 25.

We obtained ethical approval for this study from the University of Leicester (UK). Since the European CSCs are in a sensitive position from a legal point of view, we present the data in aggregated form in some instances, to reduce the risk that study participants might be identified.

Sample description

We received questionnaires from 81 CSCs in 13 European countries, as presented in Figure 1. Over half of them ($n=43$; 53 percent of the sample) were CSCs from Spain, and one in five ($n=17$; 21 percent) were completed by CSCs based in the UK. The remaining 21 clubs (26 percent of the sample) were established in Austria ($n=4$), Belgium ($n=4$), Czech Republic ($n=2$), Germany ($n=2$), Italy ($n=2$), Slovenia ($n=2$), Hungary ($n=1$), Ireland ($n=1$), Poland ($n=1$), Romania ($n=1$) and the Netherlands ($n=1$). At the time of data collection, based on our exploratory searches online and further contacts with stakeholders in the field, there did not seem to be any active CSCs in

the following 10 countries: Bulgaria, Cyprus, Croatia, Finland, Latvia, Lithuania, Luxembourg, Portugal, Slovakia and Sweden (Figure 1). In addition, owing to contradictory sources or difficulties in accessing relevant information, we were unable to rule out that there may have been active CSCs in 5 other EU member states: Denmark, Estonia, France, Greece and Malta.

Limitations

We need to acknowledge a number of limitations of the data presented here. First, this research was exploratory and, given the hidden nature of (some of the) population under analysis, the lack of a clear sampling frame and our recruitment approach (for example, drawing on referral chains, relying on stakeholders such as CSC federations that have their own internal power dynamics and views on the development of the CSC model, etc.),⁸ we cannot guarantee the representativeness of the sample (Ellard-Gray et al., 2015; Marpsat and Razafindratsima, 2010). We do not know with certainty how many CSCs are active per country (with the exception, to some extent, of the countries where a stronger knowledge base has been built) (Bone and Hoedt, 2018; Decorte et al., 2017; Jansseune et al., 2019; Klein and Potter, 2018; Marín, 2009; Pardal, 2018a; Parés and Bouso, 2015). Moreover, CSCs remain a relatively volatile phenomenon, with new CSCs appearing and others closing down (Pardal, 2018b), making it difficult to follow and capture the actual presence of the model at a given moment in time. In addition, particular types of CSCs, such as more commercial or underground CSCs, may be less interested in participating in research projects. The perceived or actual degree of repression or enforcement of domestic cannabis laws may also have had an impact on the extent to which potential participants considered taking part in the study (for instance, they may fear that participation could enhance risk of detection by the police). These and other methodological issues related to researching hidden or uninterested populations are discussed in more detail in a separate and forthcoming publication.

Results

Year of establishment

The oldest club in our sample was established in 1999; the most recent clubs were established in 2018. Most clubs in our sample ($n=71$; 89 percent of the sample) were established after 2010, which suggests that both knowledge of this supply model and the CSC presence in Europe may have become more widespread in recent years (see Figure 2).

According to most sources, Spain is seen as the birthplace of the CSC model, where the first experiences of collective cannabis cultivation took place in the late 1990s (Jansseune et al., 2019; Marín, 2009; Arana and Montañés, 2011; Marín and Hinojosa, 2017; Montañés, 2017). In our sample, the oldest CSC in Spain was established in those early years (2002), but most Spanish clubs in our sample were also established after 2010. At the same time, our data suggest that CSCs were present in other European countries in the late 1990s as well, for instance in the Czech Republic and in Poland. In the UK, the oldest clubs in our sample were established in 2011–12.

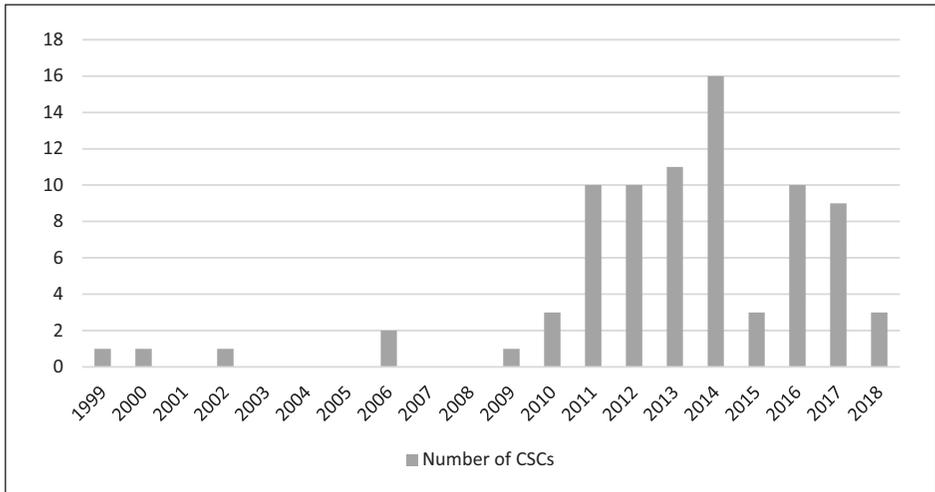


Figure 2. Total number of CSCs established per year ($n=81$).

Source: Own construction, drawing on EU CSC survey.

CSCs' formal status

Within our sample, 64 clubs (79 percent) were formally registered,⁹ that is, they were not informal groups but had completed the necessary steps in accordance with the legal framework for (any type of) association to obtain the statute of a (non-profit) association. In Spain, only one club (out of 43 CSCs in our sample) was not formally registered. In the UK, ten clubs were not formally registered (59 percent of the UK sub-sample), five clubs were registered (29 percent) and two clubs did not answer this question. In seven other European countries, all CSCs reported being formally registered associations. In three European countries, none of the clubs that participated in our survey were registered. In one country, both a registered and a non-registered club participated in the survey. Among those registered, the CSCs indicated completing this registration at one or all of the city, regional or national levels.

Size and composition of the clubs

The smallest CSC in our sample had 6 members (this club was based in the UK), the largest had 5000 members (see Table 1).¹⁰ Within our sample there were clubs with more than 250 members in six different countries. A general observation is that clubs in Spain tend to be larger (with a median of 185 members), clubs in the UK tend to be smaller (with a median of 50 members), and that the clubs elsewhere in Europe seem to be somewhere in between (with a median of 100 members).

When looking at the sub-sample of Spanish CSCs, the smallest clubs have 10 to 20 members ($n=3$) and the largest have more than 750 members ($n=3$). Considering the sub-sample of CSCs in the UK, the smallest clubs have 6 to 20 members ($n=5$) and the largest has 880 members. In the other European countries we found small clubs (with up

Table 1. Size of the participating CSCs ($n=80$).

	<i>n</i>	Number of CSC members		
		Mean	Median	Range
CSCs in Spain	43	366	185	10–4500
CSCs in the UK	17	126	50	6–880
CSCs elsewhere in Europe	21	413	100	13–5000
Total	80^a	335	114	6–5000

a. One club did not provide a total number of members.

to 20 members) in three countries, but also clubs with more than 250 members in four other countries (other than Spain and the UK).

The participating CSCs were asked about how many of their members they would describe as ‘recreational cannabis users’ (including those who use cannabis for self-medication purposes) and how many of their members they would describe as ‘medical cannabis users’ (those who have a serious disease, officially diagnosed by a doctor, and who have been advised to use cannabis by an official doctor¹¹) (see Table 2). In most cases, among the 77 CSCs that answered this question, the sum of the stated number of recreational and medical users equalled the reported total number of CSC members, but in four instances this was not the case. One club reported a total of 110 members, but also stated it had 110 recreational users and 110 medical users. Although these may be errors, the discrepancies may also indicate that CSCs felt unable to attribute the labels of ‘recreational’ and ‘medical’ to all of their members, or considered some of their members to be both recreational and medical cannabis users. Indeed, one of the CSCs commented that ‘all uses of cannabis are medical, which is why it is used by everyone’. Similarly, another respondent told us that ‘they [the CSC members] would all describe themselves as recreational users who also find medical benefits to their use’.

We identified three CSCs that seem to serve ‘medical users’ only: these exclusively ‘medical’ cannabis clubs were all based in the UK. We also found nine clubs that have only ‘recreational’ users: six of them are based in Spain; the other three are operating in the UK. The CSCs from other European countries all have both ‘recreational’ and ‘medical users’ (see Table 2).

In general, the mean percentage of recreational users in the clubs is 73 percent, and the mean percentage of medical users is 28 percent (see Table 2).¹² However, the proportions across European countries vary considerably: CSCs in Spain serve around 90 percent of recreational users and 10 percent of medical users. Elsewhere in Europe, the average proportion of recreational users is around 60 percent, versus 40 percent medical users.

CSC staffing

About half of the clubs in our sample ($n=42$; 52 percent) indicated that they rely on paid staff. The paid staff were hired to assist in a number of tasks including: the cultivation of cannabis, general administration and management of the CSC, the

Table 2. Size of the participating CSCs ($n=77$): Recreational and medical users in absolute numbers.

	<i>n</i>	Recreational users				Medical users					
		Mean (no.)	Mean (percent)	Median (no.)	Median (percent)	Range (no.)	Mean (no.)	Mean (percent)	Median (no.)	Median (percent)	Range (no.)
CSCs in Spain	42	349	84	144	90	5–4435	21	16	15	10	0–72
CSCs in the UK	17	72	57	33	60	0–528	54	43	16	40	0–352
CSCs elsewhere in Europe	18	87	64	36	62	7–343	108	42	25	47	2–500
Total	77^a	168	73	74	83	0–1500	49	28	15	18	0–500

Note: The means and medians of recreational and medical users do not add up to 100 because the sum of recreational users and medical users does not equal the total number of members in four cases (as explained in the text).

a. Four clubs did not provide numbers of recreational users and medical users.

maintenance of the CSC headquarters, running the social premises of the CSC and dispensing cannabis, as well as liaising with medical services or providing therapeutic counselling. Thirty-six clubs do not employ paid staff members (44 percent of the sample) and three clubs did not answer this question. The clubs that work with paid staff are located in Spain ($n=34$), the UK ($n=6$) and Belgium ($n=2$). When looking at the sub-sample of Spanish CSCs, more than three in four clubs work with paid staff. In the UK, one in three clubs work with paid staff. In Belgium, half of the CSCs that participated in our survey have paid staff.

Of the clubs that indicated working with paid staff, 36 clubs gave information about how many paid staff members they employed: it ranged between 1 and 23 employees. The clubs employed a mean of 5 staff members (median=4). The number of paid staff tends to correlate somewhat with the size of the clubs in terms of total number of members: clubs with 1–5 paid staff had an average of 226 members; CSCs with 6–10 paid staff had an average of 468 members; and clubs with more than 10 paid staff had an average of 650 members. A Spanish CSC with 23 paid staff had a total of 1500 members. Among the clubs that reported on how many paid staff they employed, all the clubs with more than five paid staff were located in Spain ($n=10$). Another 23 clubs in Spain employed up to five paid staff. The clubs in the UK ($n=1$) and in Belgium ($n=2$) that gave information about the number of paid staff all employed fewer than five staff.

Joining a European CSC: Membership criteria

Our questionnaire included a question about the criteria or conditions that CSCs required for the admission of new members (see Table 3). This was an open-ended question because we did not want to pre-select a potential list of criteria. We grouped the responses given by 78 CSCs and were able to identify 17 different membership criteria mentioned by the participating CSCs. The most frequently cited membership criteria are minimum age ($n=60$), endorsement by one or more current members ($n=46$), and some indication of previous cannabis use (for example, members must have used cannabis prior to becoming a member of the club, or they must be regular users) ($n=37$). On average, CSCs applied between three and four membership criteria (mean=4), up to a maximum of eight different criteria (and a minimum of one).

In particular, half of the CSCs that cited a minimum age as a membership requirement established that threshold at 18 years ($n=30$). Most CSCs in the UK sub-sample applied this particular age limit ($n=12$). In Spain, the minimum seems to be set at an older age: one CSC requires members to be at least 20 years old, and 25 CSCs accept only candidate members who are 21 years old. Endorsement by one or more current members was cited as a membership requirement by over half of the sample ($n=46$ clubs, or 57 percent of our sample). This membership criterion was cited by 37 Spanish clubs and 9 UK-based clubs, but not by any of the CSCs in other European countries. The requirement of some indication of previous cannabis use was cited by 37 CSCs: 30 Spanish clubs, 2 clubs in the UK, and some clubs in Belgium, Germany and the Netherlands. The residency criterion (that is, only residents in a given locality, region or country can enrol with CSCs based there) is applied by only 15 CSCs: 10 Spanish clubs, two UK-based clubs and three other European CSCs.

Table 3. Membership criteria applied by European CSCs (n=78).

	n	Percent
Minimum age (i.e. being at least 16, 18, 20, 21 or 35 years old)	60	74
Endorsement by current member(s)	46	57
Cannabis consumption (i.e. having used cannabis before or being a regular user)	37	46
Payment of registration/membership fee	25	31
Formal registration (i.e. providing copy of valid identification document, signing registration forms)	19	24
Knowledge of and compliance with internal regulations (e.g. the CSC's house rules)	19	24
Residency requirement (i.e. residing in same locality, region or country of the CSC)	15	19
Medical prescription or recommendation	11	14
Medical condition (without any further requirements such as a medical prescription or recommendation)	9	11
Other personal characteristics (social, respect other members, committed to regulation of cannabis, environment, feminism, etc.)	9	11
Participation in intake interview	6	7
Participation in CSC activities	5	6
Parental permission	5	6
Not suffering from psychiatric illness	3	4
Membership of one CSC only	3	4
No known problematic use nor in treatment for substance dependence	2	3
Knowledge of applicable legal framework	1	1

Note: Respondents could report multiple membership criteria; columns can total more than 100%.

Some of these membership conditions may be described as rather formal requirements, such as meeting a minimum age, having knowledge of and agreeing to comply with internal regulations, presenting a medical recommendation, paying a registration fee, and completing formal identification procedures (for example, showing a valid national ID and/or signing a form). Other membership criteria seem perhaps more closely linked to activism: being a cannabis user prior to becoming a member, being endorsed by a current member, participating in an intake interview, joining one club only, showing a commitment to contributing to cannabis reform, respect for the environment or support of feminist movements, and so on.

Costs associated with membership of a European CSC

Our survey included a question about whether CSC members were asked to pay a membership fee, the amount of the fee and the periodicity of the payment. Some respondents seemed to refer to one-time registration costs (that is, an entry fee) in response to this question, rather than providing information about a more frequent membership fee. By analysing their textual responses, we were able to re-code the answers that specifically

Table 4. Membership fee among European CSCs ($n=81$).

	<i>n</i>	Yes	Percent	No	Percent	No answer	Percent
CSCs in Spain	43	39	91	3	7	1	2
CSCs in the UK	17	14	82	3	18	–	–
CSCs elsewhere in Europe	21	16	76	4	19	1	5
Total	81	69	85	10	12	2	3

Table 5. Repertoire of action of 80 European CSC clubs (in the previous two years).

	<i>n</i>	percent
Sharing information materials	74	91
Informative events	64	79
Cannabis cultivation and distribution	60	74
Entertainment activities	54	67
Notifying, lobbying and informing key stakeholders	51	63
Protests, demonstrations, collaborations among CSCs and with other activists	45	56

Note: Respondents could report multiple activities; columns can total more than 100%.

referred to an entry fee to a separable variable. However, we cannot rule out that some respondents did not indicate whether they also apply this kind of entry fee because this was not explicitly asked in the questionnaire. At least 11 CSCs asked new members to pay a registration fee. Furthermore, among our CSC sample most respondents applied a membership fee ($n=69$ or 85 percent). This was also the case in the UK and Spanish sub-samples (see Table 4).

Out of the 69 CSCs that indicated applying a membership fee, 60 also reported on the amount of that membership fee. We converted all values to Euro/year. Accordingly, the membership fee of a European CSC cost between €5 and €1500 per year,¹³ with a mean of €59/year.

The repertoire of action of European CSCs

We asked the CSCs about the types of activities they had undertaken in the previous two years (see Table 5). Almost all clubs in our sample ($n=74$; 91 percent) shared information materials (physically or online) and 79 percent ($n=64$) held informative events (for example, debates, lectures, workshops). Two in three CSCs ($n=54$; 67 percent) organized entertainment events (for example, a Cannabis Cup, a CSC Café, a Comedy Night). For instance, one of the CSCs explained that ‘every week we have cultural and musical activities, as well as talks on medicinal cannabis, on the management of pleasures and risks, workshops, concerts, art exhibitions, etc.’. More than half of the clubs participating in our survey had spent time notifying, lobbying and informing key stakeholders ($n=51$; 63 percent) and had organized and/or participated in other activist actions (for example, protests, demonstrations and collaborations with among CSCs and with other activists). In this regard, a CSC in our sample commented that ‘we actively participate, with

Table 6. Cannabis cultivation and distribution by CSCs at the time of the survey ($n=81$).

	<i>n</i>	Yes		No	
		<i>n</i>	Percent (of sub-sample)	<i>n</i>	Percent (of sub-sample)
CSCs in Spain	43	42	98	1	2
CSCs in the UK	17	10	59	7	41
CSCs elsewhere in Europe	21	9	43	12	57
Total	81	61	75	20	25

different governmental and non-governmental organizations, in different actions in favour of regulation'; another respondent told us that 'we try to lobby with politicians and people in the justice department to win their support for the social club model'. CSCs' activism was also emphasized by numerous respondents, who described their activities as a form of 'civil disobedience'. One of the Spanish CSCs summarized it as follows: 'the fact that we wanted regulation is what prompted us to create the club. We see this as an active way of calling for regulation of cannabis in Spain. It is a form of active protest, in defiance of existing legislation, in a peaceful manner.'

To our question on what type of activities the CSCs had undertaken in the previous two years, three in four CSCs ($n=60$; 74 percent) indicated that they had engaged in cannabis cultivation and the distribution of cannabis products among their members.

The supply of cannabis by European CSCs

To have more information about the current role of CSCs in cannabis cultivation and distribution at the time of the survey, we included a separate question about this issue.

Three in four CSCs ($n = 61$; 75 percent) indicated that they were currently involved in cannabis cultivation and distribution (see Table 6).¹⁴ CSCs supplying cannabis to their members were present in seven European countries within our sample. With one exception, all Spanish CSCs indicated that they were actively cultivating and distributing cannabis to their members (42 out of 43 Spanish CSCs). More than half of the CSCs based in the UK indicated that they were involved in cannabis cultivation and distribution (10 out of 17 CSCs, or 59 percent of the UK-based CSCs). In the other European countries, two in five clubs (9 out of 21 clubs, or 43 percent of that sub-sample) were actively cultivating and distributing cannabis to their members.

CSCs that indicated that they were actively involved in cannabis cultivation and/or distribution were asked what type of cannabis products they offered their members (see Table 7). Most clubs offered herbal cannabis ($n=55$; 90 percent of the CSCs distributing cannabis) and, to a lesser extent, hashish ($n=45$; or 74 percent of the CSCs distributing cannabis). Two in three clubs distributing cannabis also supplied hash oils ($n=41$) and cannabis extracts ($n=41$). Less than half of the clubs that distributed cannabis offered hash tinctures ($n=30$) and/or edibles ($n=29$). Some of the CSCs ($n=25$) indicated that they also distributed 'other' cannabis products to their members, including topical creams and other ointments, suppositories, cannabidiol (CBD) extracts, and vape liquids.

Table 7. Cannabis products offered by clubs currently distributing cannabis ($n=61$).

	Total		CSCs in Spain		CSCs in UK		CSCs elsewhere in Europe	
	<i>n</i>	Percent	<i>n</i>	Percent	<i>n</i>	Percent	<i>n</i>	Percent
Marijuana	55	90	41	98	10	100	4	44
Hash	45	74	37	88	8	80	—	
Hash tinctures	30	49	20	48	6	60	4	44
Hash oils	41	67	29	69	6	60	6	67
Edibles	29	48	19	45	9	90	1	11
Cannabis extracts	41	67	27	64	9	90	5	56
Other	25	41	13	33	6	60	6	67
	61 clubs		42 clubs		10 clubs		9 clubs	

Note: Respondents could report multiple products; columns can total more than 100%.

Supply sources

In general, half of the CSCs in our sample obtained their cannabis products through growers who were members of the club and all costs were shared by the members ($n=34$; 56 percent of the sample) (see Table 8). One in three clubs distributed cannabis that was cultivated by members, who were paid a production fee ($n=24$; 39 percent of the sample).¹⁵ Almost one in five clubs bought directly from cannabis growers who contacted them or from growers (non-members) who were contacted by them. One in five CSCs that distributed cannabis to their members bought cannabis on the black market ($n=12$; 20 percent of the CSCs that distribute cannabis). Four clubs imported cannabis products from abroad.

When we compare the sub-samples of Spanish clubs, UK-based clubs and clubs elsewhere in Europe, some interesting differences emerge. A slightly larger proportion of Spanish clubs relied on members who were growing for the club (and with all costs shared by the members). In the UK, a larger proportion relied on members who grow at production cost, and two in three clubs bought from cultivators (external to the CSCs) who contacted them. One in three UK clubs also took the initiative to contact external growers to cultivate cannabis for the association. Furthermore, one in three UK clubs imported cannabis from abroad. CSCs elsewhere in Europe more often relied on the black market: half of the clubs that distributed cannabis reported buying their cannabis from the illicit market. Only one in five clubs in European countries other than Spain and the UK relied on members who grew for those associations.

In a subsequent question, 41 clubs indicated how many members were growing for the club. This number ranged from 1 to 10 growers, with a mean of 3 growers (median=2).

Possibility of consumption of cannabis at the CSC premises

At three in four CSCs in our sample, on-site cannabis consumption was allowed ($n=61$; 75 percent) (see Table 9). In Spain, more than 90 percent of the respondents allowed their members to consume cannabis at the CSC premises. In the UK, almost two in three CSCs

Table 8. Sources of cannabis in clubs currently distributing cannabis ($n = 61$).

	Total		CSCs in Spain		CSCs in the UK		CSCs elsewhere in Europe	
	<i>n</i>	Percent (of sub-sample)	<i>n</i>	Percent (of sub-sample)	<i>n</i>	Percent (of sub-sample)	<i>n</i>	Percent (of sub-sample)
Bought directly from cannabis cultivators that contacted the club	12	20	5	12	6	60	1	11
Cultivated by growers (non-members) that are contacted by the club	11	18	7	17	3	30	1	11
Bought on the black market	12	20	5	12	2	20	5	56
Imported from other countries	4	7	–	–	3	30	1	11
Cultivated by growers who are members of the club (and are paid a production fee)	24	39	16	38	6	60	2	22
Cultivated by growers who are members of the club (all costs shared)	34	56	27	64	5	50	2	22
Size of total sample and sub-samples	61 CSCs		42 CSCs		10 CSCs		9 CSCs	

Note: Respondents could report multiple sources; columns can total more than 100%.

Table 9. Consumption at the CSC premises.

	<i>n</i>	Yes	Percent (of sub-sample)	No	Percent (of sub-sample)	No answer	Percent (of sub-sample)
CSCs in Spain	43	40	93	3	7	–	–
CSCs in the UK	17	11	65	6	35	–	–
CSCs elsewhere in Europe	21	10	48	9	43	2	10
Total	81	61	75	18	22	2	3

offered their members this possibility; elsewhere in Europe less than half of the CSCs allowed their members to consume cannabis at their premises.¹⁶

One of the CSCs allowing cannabis consumption at the CSC premises noted that ‘many of the members consume cannabis in our association because of the characteristics and the wide and diverse spaces provided’. Another described in more detail the CSC premises: ‘we have a smoke-free area where our clinic is located and we have a smoking area. We also have a self-managed kitchen where members can prepare cannabis for ingestion.’ Some CSCs also had a variety of smoke-free spaces available for members: ‘the place has a room for consumption, in addition to other smoke-free spaces: gym, arts and crafts workshops, table football, billiards.’

Most urgent or important problems for European CSCs

Finally, we asked study participants what their most urgent or important problems were. Unsurprisingly, legal concerns were the most often cited issue, with respondents referring to a ‘lack of clear and fair regulation’ of their activities or to ‘the legal limbo in which we find ourselves’. In this regard, some CSCs told us they faced court trials, and they felt vulnerable to theft (especially in relation to ‘risks with the crops and transport of materials’). Other difficulties could be described as collective action challenges, in the sense that some CSCs acknowledged that many of the members were not willing or were uninterested in contributing to the activities of the association. For instance, one respondent commented that ‘many are simply interested in consuming, but few can be relied upon to perform volunteer activities’. This issue also extended to securing external support, resources and collaborations, as the following CSC representative explained:

Due to the social and legal stigma only a small percentage of society is willing to come out of the closet, for want of a better term, which is an obstacle when we are trying to gather support and especially funding for events. It makes it very difficult to establish a more solid relationship even when research facilities, testing facilities and information materials would go a long way to adding more credibility to the clubs and inspire people to believe that a positive change is on our doorstep.

The CSCs also often faced financial problems, which in some cases they associated with the legal context in which they were operating or with the (small) size of the association. For instance, one of the CSCs commented: ‘the confiscations and robberies have reduced our contributions, leaving us with almost nothing. Therefore we finance

ourselves altruistically.’ Another told us that ‘we are a small association and that makes it very difficult to maintain the local website and the self-supply projects’. A range of other issues were mentioned by a few CSCs: some were ‘struggling to find a club venue’ or ‘motivated and reliable growers’; another expressed the desire ‘to be able to test our supplies and make sure users are receiving the cleanest, safest product possible’.

Discussion and conclusions

Whereas the emergence of the CSC model in Spain and in Belgium has been relatively well documented, knowledge of a CSC presence in other European countries remains very limited (Decorte and Pardal, 2017). The data presented here, with the limitations discussed above, suggest that CSCs may have a more widespread presence than perhaps could have been anticipated (Blickman, 2014; Decorte and Pardal, 2017; EMCDDA, 2016). We identified CSCs in a total of 13 European countries, even if in small numbers in most countries. What is more, we note that, although there were a few cases in our sample of CSCs established in the late 1990s or early 2000s, the creation of CSCs has clearly intensified in the past decade. One tentative explanation could be that the CSC model has become more popular and well known in recent years, but other factors may have contributed to this and are worth exploring. For instance, have there been any local/domestic changes in terms of law enforcement or of cannabis policies? Has there been a shift in public attitudes towards the supply and/or consumption of cannabis? Has increasing biomedical evidence on the therapeutic use of cannabis contributed to a higher number of medical CSCs/patient members? To what extent have the recent cannabis reforms, for instance in Uruguay, in many US states and in Canada, been seen by activists as a potential opening for a change of policies in this area? Has this experimentation with the CSC model been supported by transnational collaborations among activists? What has been the role played by international activist organizations (such as ENCOD)?

CSCs’ activities as cannabis suppliers remain prohibited in Europe, and the individuals involved may be subject to criminal prosecution (EMCDDA, 2016). The lack of a legal framework is, unsurprisingly, the central issue affecting the functioning of the clubs, according to their representatives, and seems to impose important barriers to the further development of the model: CSCs feel vulnerable to theft, are often unable to establish collaborations owing to perceived stigmatization and reluctance from public and other stakeholders, and face financial constraints.

Despite this context, one of the common features among the European CSCs in our sample is registration as formal associations, and some degree of formalization more generally (for example, employing staff, applying a range of membership requirements). We should note, though, that unregistered or ‘underground’ CSCs are likely to be under-represented in our sample because such CSCs may have been hard(er) to reach or less interested in participating than their counterparts with a more public profile. One of the limitations of our analysis is that we are unable to identify or deduce the ideological motivations of such CSCs (‘underground’ or ‘shadow’ clubs) given precisely their hidden nature. It is not clear whether such clubs are just driven by economic interests. The CSCs from our survey sample could also have a more formalized structure/operation than many ‘hidden’ or ‘hard to reach’ CSCs because it was both easier for us as researchers to contact

CSCs associated with a federation and with a more public profile, and those CSCs were also more likely to engage with our study as a way to advocate social change.

Even so, our sample of European CSCs offers confirming evidence for findings from earlier research that pointed to both important commonalities and distinguishing features in CSCs' functioning across and within countries (Jansseune et al., 2019; Pardal, 2018a). These include, for example, CSCs' size. In our sample we found a noteworthy variation in the number of members per CSC within countries. However, CSCs tended to be larger in Spain – confirming the existence of self-defined CSCs with thousands of members (Barriuso, 2012; Martínez, 2015) – although we have now found them to be present in other European countries as well. The Spanish CSCs in our sample seemed also to be more professionalized in terms of having dedicated paid staff (which in turn may be related to CSCs' size) and facilities (for example, with consumption sites for members). In general, the European CSCs in our sample had a diverse repertoire of action, focusing on both the *social* aspects associated with the model (for example, informative and entertainment events for members, activism) and with the *supply* of cannabis to the associated users. At the same time, one in four CSCs in our sample were not cultivating or distributing cannabis to their members at the time of the survey. Although the collective cultivation of cannabis has been a defining element of CSCs since the origin of the model, some European CSCs continue to identify as CSCs even though, for various reasons, they are not supplying cannabis to their members (for example, domestic legislation may make any cultivation or distribution very challenging or risky, or they may prefer to prioritize other activist actions). In doing so, they redefine the notion of a CSC to include also associations whose primary focus is on activist-driven or lobbying action – but without the supply of cannabis.

The European CSCs in our sample are providing cannabis primarily for recreational use, but setting a boundary with medical use is not necessarily simple (see, for instance, Bawin, 2019). There were also a few instances in the UK of CSCs supplying cannabis for medical use only. Such clubs had also been present in Belgium in the past, where they sought to be an alternative supply channel for patients interested in using cannabis for medical reasons and who did not qualify for legal access to Sativex (the only legal cannabis product available on the basis of prescription under specific conditions) (Pardal and Bawin, 2018). Moreover, although the UK government rescheduled 'cannabis based products for medical use' (CBPMU) in 2018, allowing specialist clinicians to prescribe them, there is a discrepancy between access to medical cannabis in theory and in practice (Bone, 2019). In *theory*, any patient with a medical condition where there is a clear published evidence of benefit, and where all other licensed treatment options have been exhausted, is potentially eligible for a CBPMU. In *practice*, the professional guidance is focused on cannabis use for a very small number of medical conditions, and specialist clinicians are reluctant to prescribe owing to a perceived lack of evidence for the efficacy and safety of most cannabis medicines and to the high cost of importation, until bulk supplies can be made available in the UK (Bone, 2019). Interestingly, this legal change could drive more people to rely on medical-only clubs in the UK, since the law reflects an increasing cultural acceptance of cannabis while simultaneously restricting access to medical cannabis in practice.

The specificities of the national legal frameworks (in terms not only of what the 'law in the books' is – which remains prohibitionist at its core – but particularly of the informal

policies and discretionary approaches to enforcement) may also help explain some of the cross-country differences we identified here. The Spanish CSCs in our sample tended to be relatively larger and more often relied on paid staff than CSCs in other countries. This could be due, in part, to a perception of public acceptance of the CSC model. One should bear in mind that CSCs have had a long(er) presence in that country than in many of the other EU countries, and there have been several attempts to pass CSC legislation, regionally and locally (Arana and Parés, 2020). Another aspect of CSCs' functioning that seems to be, at least partially, a function of cannabis legislation/policies relates to whether or not CSCs allow their members to use cannabis at the CSCs. In nearly all Spanish CSCs in our sample this is possible. As we pointed out earlier, private cannabis consumption in Spain does not have criminal relevance (Decorte et al., 2017) and so consumption at the CSC premises (that is, a private space) may be perceived to be less risky than transporting the cannabis elsewhere or using it outside of the CSC (although members are likely to do both). That is not the case in Belgium, where the CSCs fear that, by offering a space for consumption, they may incur more severe penalties because they would be facilitating the consumption of a prohibited substance (Pardal, 2018a).

The decision to carrying out cannabis cultivation within the CSC (by members of the CSC) may also be informed by country-specific policies with regard to small-scale cultivation. That is clearly the case in relation to Belgian CSCs, which have 'collectivized' the individual (tolerated) allowance of one cannabis plant per person. In general, the ENCOD guidelines stress that CSCs should cultivate only the quantities of cannabis corresponding to the personal consumption needs of their members. After receiving advice from ENCOD and after examining the sentencing guidelines in the UK, the UKCSC – a CSC federation in the UK – has advocated that a single person can grow no more than nine plants for personal or medical use (UKCSC, n.d.). The UKCSC's reason is that the nine-plant limit will lessen any legal problems, since the guidelines provide that cultivating nine plants is not considered a commercial-scale operation and should not carry a custodial prison sentence (though this is still possible) (Sentencing Council, 2012). However, the Sentencing Council for England and Wales is reviewing the sentencing guidelines and proposing to reduce the limit to seven plants to account for plants that produce a higher yield (Sentencing Council, 2020). We also found interesting differences in terms of who is cultivating the cannabis for the clubs and the types of cannabis products available at the CSCs. With regard to the latter, it is worth noting that the CSCs in our sample continue to produce and/or distribute the more traditional forms of cannabis associated with the model (herbal cannabis, but also hashish) (Pardal, 2018a). At the same time, a number of other cannabis derivatives – including CBD products, edibles and vape liquids – are also seemingly available at some CSCs. It is plausible that some CSCs may be exploiting member states' policies with regard to low-THC or CBD products (responses differ among the EU: legality varies across countries and depends on a range of conditions) (EMCDDA, 2018b).

As noted earlier, this study has important limitations deriving, at least in part, from the difficulties in identifying and recruiting CSCs in Europe. The reasons are manifold. In the absence of a regulatory framework, CSCs remain a very volatile phenomenon. Clubs are dissolved after negative court decisions or police raids, they may suffer from internal conflicts or conflicts with third parties, or they may simply fall apart because of organizational problems (Pardal, 2018b). Existing clubs may have several reasons to be reluctant

to participate in academic studies. Furthermore, there were obvious distance and language barriers, which did not help in overcoming the problems in building trusting relationships with (potential) participants. At the same time, our study should be seen as exploratory because we have several indications that there are a large number of CSCs in some countries (for example, some accounts point to hundreds of CSCs in Spain; in the UK, it is likely that there are more CSCs than the ones identified in this study, which is also true for Germany and Italy). We strongly encourage scholars in European countries to engage with this phenomenon in more depth, since they may be better placed to contact, recruit and build rapport with the CSCs in their own countries.

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Notes

1. The list of CSCs included in ENCOD's website is available at: <https://www.encod.org/cannabis-social-clubs/examples-of-cscs-in-europe/> (URL accessed 26 June 2020).
2. The research project's website is at: <https://cscbelgium.wixsite.com/csc-europe> (last accessed 26 June 2020).
3. Stop and Search drug policy podcast available at: <https://play.acast.com/s/stopandsearch/insidethecannabissocialclub-ukcsc-> (accessed 26 June 2020).
4. Please see: <https://www.treeoflifeamsterdam.club/csca-meetup/> (accessed 23 April 2019).
5. In part, this is because we relied on other stakeholders such as CSC federations, colleagues and others to contact and share the questionnaire with CSCs within their networks. In addition, it is likely that some of the associations contacted may not have been actual or active CSCs. For instance, we approached some CSCs that had Facebook pages but where little or no activity could be seen. In the cases where no response to our invitation was given, we cannot be sure whether such traces of (online) presence corresponded to actual CSC activity. In any case, we estimate that about 500–600 CSCs (most of these in Spain) were directly contacted by the research team.
6. Participants received the questionnaire form in their native language, as well as the original form in English (where this was not their native language). They were able to decide which language to use to fill in the questionnaire.
7. We used Google Translate, but consulted native speakers as well where needed.
8. For a discussion of the role of CSC federations, see, for instance, Jansseune et al. (2019).
9. About 19 percent of the CSCs in our sample said they were not formally registered as (non-profit) associations ($n=15$). In addition, two CSCs did not respond to this question.
10. Only one club in our sample did not answer the question on how many members the club had; the other 80 clubs provided information on this issue.
11. This note was included in the questionnaire as clarification.
12. The median values correspond to 83 percent ('recreational users') and 18 percent ('medical users').
13. Only one CSC reported a monthly membership fee of €125, which corresponds to a total of €1500 per year, but the amount charged is rather exceptional within our sample.
14. There is a slight difference in terms of the total number of CSCs that reported having cultivated and distributed cannabis in the previous two years ($n=61$) and those indicating doing so at the time of the survey ($n=60$). Beyond the overall difference in the total number, some CSCs that had supplied cannabis at some point in the previous two years indicated that they were not currently engaging in that activity, others indicated that they were currently cultivating and distributing cannabis to their members but did not report doing so in the past.
15. In total, 49 CSCs (61 percent) reported relying on in-house growers (with production costs being shared and/or growers receiving a small remuneration).
16. In our survey, we did not ask participants about whether or not the CSCs had developed any strategies or recommendations for members leaving the CSC premises after having used cannabis (for instance, with relation to driving, any potential insurance policies). The issue nevertheless deserves further attention in our view.

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