



## Research Paper

## Uruguayan Cannabis Social Clubs: From activism to dispensaries?

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## ARTICLE INFO

## Keywords:

Cannabis Social Club  
Cannabis  
Supply  
Non-profit  
Uruguay  
Qualitative research

## ABSTRACT

**Background:** In 2013 Uruguay regulated three models for the supply of cannabis for recreational use (Law 19.172), including Cannabis Social Clubs (CSCs). According to the Cannabis Regulation and Control Institute, 110 CSCs are active at the time of writing.

**Objectives:** This paper has a twofold goal. Firstly, it aims to take stock of how the CSC model has continued to be implemented in practice, drawing on the first-hand accounts of those involved in its management. Secondly, our analysis seeks to contribute to the understanding of the CSC model by considering the different variants of the model that have emerged in Uruguay.

**Methodology:** Our analysis draws on qualitative research conducted in Uruguay between June and October of 2018. We conducted 15 semi-structured and face-to-face interviews with representatives of registered Uruguayan CSCs and with 13 other stakeholders.

**Results/conclusions:** CSCs' role as cannabis suppliers is perceived positively in terms of the type of cannabis produced and the means of distribution. We found that truly social CSCs co-exist with, and may be losing ground to, quasi-dispensary clubs. A number of factors may have contributed to this, including the Uruguayan regulatory framework, institutional context, and disengagement of members and/or CSC managers. This raises potential new challenges as to the contribution of the CSC model from a harm reduction perspective.

## Introduction

*Cannabis Social Clubs in Uruguay*

In 2013 Uruguay became the first nationwide jurisdiction to have legalized and regulated three models for the supply of cannabis for recreational purposes (Law 19.172): cultivation for own consumption (implemented in August 2014), Cannabis Social Clubs (CSCs) (since October 2014), and sales at pharmacies (since July 2017). The three models are mutually exclusive: users must choose one supply channel and register with the national cannabis control agency IRCCA (*Instituto de Regulación y Control del Cannabis*). According to the latest report from IRCCA, a total of 37,668 individuals have completed registration to access cannabis through one of the regulated supply options. Sales through pharmacies remain the most popular supply channel (with about 28,181 registered individuals, served by 14 pharmacies), then home-growers account for 6,785 registered users, and 2,703 other users chose to adhere to one of the 110 CSCs to obtain cannabis (2018b, IRCCA, 2018a).

CSCs were not included in the early version of the bill and were not present in the country prior to the legal reform (Queirolo, Boidi, & Cruz, 2016). However, they were part of the proposals from cannabis activists and young legislators (Aguar & Musto, 2015; Muller & Draper, 2017), who considered that “the model of cannabis clubs is and continues to be a model that promotes a healthier bond between the user and the substance”.<sup>1</sup> Some of them were aware of and in contact with activists affiliated with CSCs in Spain, who were also consulted during the legislative process (Muller & Draper, 2017; Musto, 2018). A major part of the endorsement of CSCs made during the Parliamentary discussion of the bill also focused on harm reduction arguments. For instance, one of the legislators supporting the bill highlighted that: “in these civil associations [the CSCs], in addition to producing and distributing cannabis in a controlled manner, medicinal and legal advice activities are carried out for members, as well as informative and educational meetings aimed at improving the control of consumers' risks” (63° Ordinary Parliamentary Session of the Senate, 2012). Nevertheless, the debates preceding the passage of the bill showed also that legislators feared that the model would be difficult to control and were aware of some of the shortcomings associated with the

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<sup>1</sup> Interview with an activist from *ProDerechos* (a pro-legalization advocacy group) by one of the co-authors (Repetto, 2014).

Spanish CSC experience (i.e., the appearance of very large and commercial CSCs, reports of CSCs allowing access to non-members and enrolling tourists, etc.). However, some have noted that, in a context of public opposition to the new law,<sup>2</sup> and seeing as the inclusion of CSCs (and home cultivation) was a fundamental demand of cannabis activists “the middle road solution for the government was the inclusion of a tight regulatory framework for cannabis clubs” (Musto, 2018, p. 132; Muller & Draper, 2017).

### The legal framework

The Law 19.172 introduced the general legal framework for the functioning of CSCs in Uruguay (Ramsey, 2016). It establishes that CSCs must have between 15–45 members, and cultivate a maximum of 99 cannabis plants. Registered members, i.e., Uruguayan citizens or permanent residents, aged 18 or older, and who have selected a CSC as their supply channel, can obtain a maximum of 40 g per month. Control of adherence to the applicable regulation is undertaken by IRCCA. Subsequent regulation added further requirements to the functioning of Uruguayan CSCs (e.g. R29/2014, Resolution/JD/9/2018).<sup>3</sup> At the time registration for CSCs was initiated, the IRCCA noted that the CSCs must define opening hours and are not allowed to organize any activities beyond that schedule; they are not allowed to advertise their activities, should not be identified by exterior signs or boards, nor use any adjacent public space. Upon registration, the Clubs are asked to submit a crop plan as well as a distribution plan.<sup>4</sup> The CSCs must allocate a separate site for the cultivation of the cannabis plants, which should not be visible to third parties, as well as a storage room. The installation of a security system covering all entry and exit points of the CSC is another requirement.

### Cannabis Social Clubs and harm reduction

The literature in this area has pointed to the potential of the CSC model to introduce a harm reduction programme (Arana & Montañés, 2011; Belackova & Wilkins, 2018; Belackova, Tomkova, & Zabransky, 2016; Caulkins et al., 2015; Decorte, 2015; Decorte et al., 2017; Kilmer, Kruithof, Pardal, Caulkins, & Rubin, 2013). Firstly, with regards to the quality of the cannabis *per se*, it has been noted that cannabis users may have access to a better product or at least gain more control over the production process (i.e. the cannabis strains grown, growing techniques, etc.) within a CSC, although production remains relatively artisanal (Belackova et al., 2016; Caulkins et al., 2015; Decorte, 2015; Pardal, 2018a). Secondly, CSCs allow also for peer-to-peer forms of ‘micro-social harm reduction’ (Friedman et al., 2007), such as the sharing of information about, for instance, different cannabis strains and their effects, different methods of consumption, and social support

<sup>2</sup> Public opinion studies from 2012 and 2013 noted that the majority of Uruguayans did not support the legalization of cannabis (Cruz, Boidi, & Queirolo, 2016).

<sup>3</sup> For instance, while initially the CSCs needed to keep a 150 meter distance from treatment centres and education centres for minors, the more recent regulation further prohibits the co-existence of a CSC and a registered home grower in the same block; the co-existence of a CSC and another cannabis business in the same block; or the co-existence of more than one CSC in the same block. In urban zones, CSCs are not allowed to be based in the same block as a private home or a commercial enterprise. No member, representative of the CSC, nor others should live in the CSCs’ premises. Entry to the CSC premises is also further restricted to members only. CSCs should provide a social area for members.

<sup>4</sup> These documents include a detailed overview of the infra-structure of the grow site, the cultivation process, the products used during cultivation, how the cannabis will be stored among other issues. For full details on the type of information included in a crop plan see: <https://www.ircca.gub.uy/plan-de-produccion/> (last accessed May 2019).

among users (Belackova et al., 2016; Pardal, 2016). CSC staff can also play an informal role, by discussing and informing CSC members about cannabis use, and helping to detect cases of problematic use (Pardal & Decorte, 2018). At a more organizational level, CSCs have engaged in collaborations with harm reduction and public health organizations, and provided educational events for members and training for staff, among other types of support (Jansseune, Pardal, Decorte, & Parés, 2019). More broadly, the CSC model is typically non-profit (not focusing on increasing sales nor on expanding or diversifying the market), and does not rely on advertising (Decorte et al., 2017; Pardal, 2018b).

The evidence about the implementation of such practices and/or their impact is mixed though, and primarily comes from studies of Belgian and Spanish CSCs, which are operating in unregulated contexts and thus the alternative for users is to acquire cannabis from the traditional illegal market. Nevertheless, the impact of CSCs could be different where other legal options are available, as is the case in Uruguay.

### Goals of this study

Queirolo et al. (2016) conducted a first study of Uruguayan CSCs, in an earlier phase of the introduction of the model. CSCs are a novelty in the country as they emerged mainly after the new law was approved,<sup>5</sup> differently than in other contexts where the model has been primarily driven by grassroots initiatives of groups of cannabis users – notably in Spain and in Belgium (Decorte et al., 2017; Pardal, 2018b). In this paper, we aim to improve the understanding of the implementation of the CSC model in Uruguay. We seek also to examine which variants of the CSC model have emerged in Uruguay (Pardal, 2018b), with special attention to the implementation of cooperative and risk or harm reduction practices.

### Methods

The analysis presented here draws on interview data collected in Uruguay between June and October of 2018 by the authors (n = 28). Primarily in an initial phase, we conducted (unstructured) interviews and informal conversations with relevant stakeholders (n = 13), including policy-makers, activists, other researchers, and with individuals active in the cannabis industry (e.g. growshop owners). These individuals were identified based on previous research by the authors (Queirolo et al., 2016), and further snowballing. Next, we conducted semi-structured and face-to-face interviews with representatives<sup>6</sup> of registered Uruguayan CSCs (n = 15). While all registered CSCs in Uruguay are listed in a national database, the only information publicly available is a record of the total number of registered CSCs, their names, and the provinces in which they are located (IRCCA, 2018b). As such, and considering also that CSC advertising is prohibited, identifying and recruiting participants for this study was challenging. We took different steps to reach as many CSCs as possible. Upon request, the national agency IRCCA shared our invitation letter and information about the study with all the CSCs registered in the national database (n = 93), so all CSCs were aware of and asked to participate in our study (on more than one occasion). In addition, we tried to reach study participants through less official channels: we searched for any online presence of the registered CSCs (based on their names), and disseminated information about the study on social media, through growshops, as well as through our own network of contacts. At the end of each interview, we also asked study participants about other possible contacts.

The CSCs are present across eleven provinces in Uruguay. Most CSCs

<sup>5</sup> Nevertheless, some of the clubs have roots in other organizations which had been previously involved in the cannabis movement (Queirolo et al., 2016).

<sup>6</sup> The CSC representatives we interviewed had a leading role within the CSCs (as their named presidents, managers, members of the board of direction, or growers).

in our sample ( $n = 10$ ) were based in the capital, reflecting to some extent the real distribution of CSCs in the national territory.<sup>7</sup> Although we made efforts to ensure a more diverse geographical coverage, no CSCs from the northern provinces of the country agreed to participate. Any emerging differences between CSCs in the capital vs. in other less urban regions of the country are nevertheless reported here. Ours is not a representative sample as the CSCs were self-selected and only a relatively small group of CSCs agreed to participate (i.e. 15 CSCs from a total of 93, at the time of data collection). Some CSC practices discussed here might thus be over- or underrepresented (e.g. it is possible that CSCs less compliant with the legal framework may have been less willing to participate in this study).

We adapted the interview schedule from Pardal (2018a, 2018b) to the Uruguayan context. The core topics addressed during the interviews included: foundation and origin of the CSCs, CSCs' membership, CSCs' governance and financial aspects, cultivation and distribution of cannabis, CSCs' relationship with other actors and their views on the CSC model and cannabis policy, which is broadly the structure we follow in the Results section. The interviews were conducted in Spanish,<sup>8</sup> audio-recorded and transcribed as close to verbatim as possible.<sup>9</sup> This data was analysed using qualitative analysis software NVivo 12. We developed a generic codebook to guide the first phase of coding, which was revised and expanded in subsequent phases, with new themes and codes emerging from this analysis and its discussion among the research team.

## Results

### CSCs' origins

The 15 CSCs in our sample were established between 2014 and 2017.<sup>10</sup> In a few cases, the CSCs were already operating prior to the passage of Law 19.172 and/or while awaiting approval of their registration with IRCCA. All the participating CSCs were fully registered, but some pointed to the existence of 'ghost CSCs' or unregistered clubs: "it is known that there are people who have ghost clubs and that the only thing they do is selling cannabis. Nowadays there is a grey market there" (CSC11). The relationship with IRCCA during registration and subsequent contacts (e.g. during follow-up inspections of the Clubs) was generally described as positive and constructive.<sup>11</sup> However, one of the CSCs based outside of the capital noted that cannabis-related initiatives are still surrounded by social stigma, and thus registering with the local offices was seen as problematic. There were also a few instances where the CSCs thought the relationship with IRCCA was overly bureaucratic and lacked flexibility to adapt to particular proposals or practical aspects of the CSCs (e.g. a few CSCs had asked for permission to develop a cooperative among some CSCs, or to develop research projects, which were denied by IRCCA).

Among the CSCs in our sample, six had engaged in the broader cannabis movement preceding the legal reform. For instance, these interviewees discussed taking part in protests or marches, participating in other organizations which advocated for cannabis legalization (such as AECU, *ProDerechos*, *Ovejas Negras*), or contributing to the drafting of the new legislation. Most CSC representatives also had experience in

<sup>7</sup> About 44% of Uruguayan CSCs and 45% of their members are based in Montevideo (IRCCA, 2018a). Two other coastal departments (Canelones and Maldonado) have also a strong CSC presence (Fig. 1).

<sup>8</sup> All authors (with exception of Repetto), as well as a research assistant, were involved in the interviews (in some cases, the interviews were conducted by two authors; in other cases, by one of the authors alone).

<sup>9</sup> The interviews had an average duration of 58min.

<sup>10</sup> Most CSCs were set up in 2015–2016 ( $n = 10$ ).

<sup>11</sup> Public information about whether and how many CSCs might have lost their licenses is not available. Based on personal communication from governmental authorities we are aware of the closing of 5 CSCs since the implementation of the model.

cultivating cannabis for their own use and/or for friends and relatives, and setting up or being part of a CSC was seen as a way to continue to do so in a legal context. Yet for some ( $n = 4$ ), establishing a CSC was more of an entrepreneurial initiative: a way to secure work and wages, or another cannabis-related venture, particularly for those already involved in the field by running growshops, for example. One of the interviewees emphasised the increasing importance of entrepreneurship in this area:

*It's a business, there's a very big business behind this. We see it this way, it seems to me that nowadays, the people, the young people, realized that this was a business opportunity to start an enterprise, and did it well or did it badly and stayed on the way (CSC1).*

All CSCs in our sample were in contact with other CSCs in Uruguay,<sup>12</sup> with some sharing information among them or developing initiatives or projects together. Nevertheless, some of the interviewees ( $n = 4$ ) considered that the engagement among the registered CSCs remained limited, and acknowledged difficulties in reaching consensus (because of conflicting "egos", different political views, etc.) and/or in implementing shared actions. The collective efforts seem to have intensified following the implementation of new regulation which imposed additional constraints upon the CSCs (Resolution/JD/9/2018), as illustrated in the following:

*The starting point was that regulation, because we had already tried to build a federation of clubs before, but failed. The clubs were very isolated, each of them busy with their own project. We needed a trigger and in this case it was the new IRCCA regulation (CSC10).*

While not yet formalized as a CSC Federation, the Uruguayan CSCs are thus taking steps to find common ground and coordinate action.

### Membership

On average, the CSCs in our sample comprise 34 members, and only four CSCs reported having more than 40 members. However, the actual number of individuals using cannabis produced by a registered CSC is likely to be higher. In fact, all of our interviewees noted that CSC membership (and thus the associated amount of cannabis received by one registered member) was often shared with non-registered users. Three key reasons were mobilized to explain this: 1) CSC members were able/had to obtain a quantity of cannabis that, in some cases, exceeded their personal needs (an issue we discuss further below); 2) sharing was a way to reduce the costs; 3) cannabis use was described as being a social activity, as one interviewee put it: "cannabis is like mate"<sup>13</sup>: you share it" (CSC6). In addition, at least one CSC acknowledged that due to privacy concerns some users formally registered their spouses or partners as members instead.

Beyond the initial effort to gather the minimum number of 15 members, which is legally required to constitute an association, the CSCs in our sample did not actively seek to recruit new members.<sup>14</sup> The additional members were invited by current members, and were generally friends, or friends of friends. According to CSC representatives' accounts, their members were primarily recreational users, and only a few were using cannabis for medicinal reasons (e.g. users suffering from Parkinson's disease, cancer, pain or anxiety). Some of the interviewees highlighted the difficulty in distinguishing recreational vs. medicinal

<sup>12</sup> Only a few CSCs ( $n = 3$ ) had any contact with foreign CSCs, in particular with Spanish ones, with whom they exchanged information about Cannabis Cups, ExpoCannabis, and generally on the working of CSCs.

<sup>13</sup> In Uruguay, mate is a very popular drink made with leaves from the plant "Yerba Mate" which have been dried, cut and infused. It has a stimulating effect similar to coffee or tea. It is commonly shared with other people.

<sup>14</sup> Advertising or other forms of public recruitment of members are not allowed by current legislation.

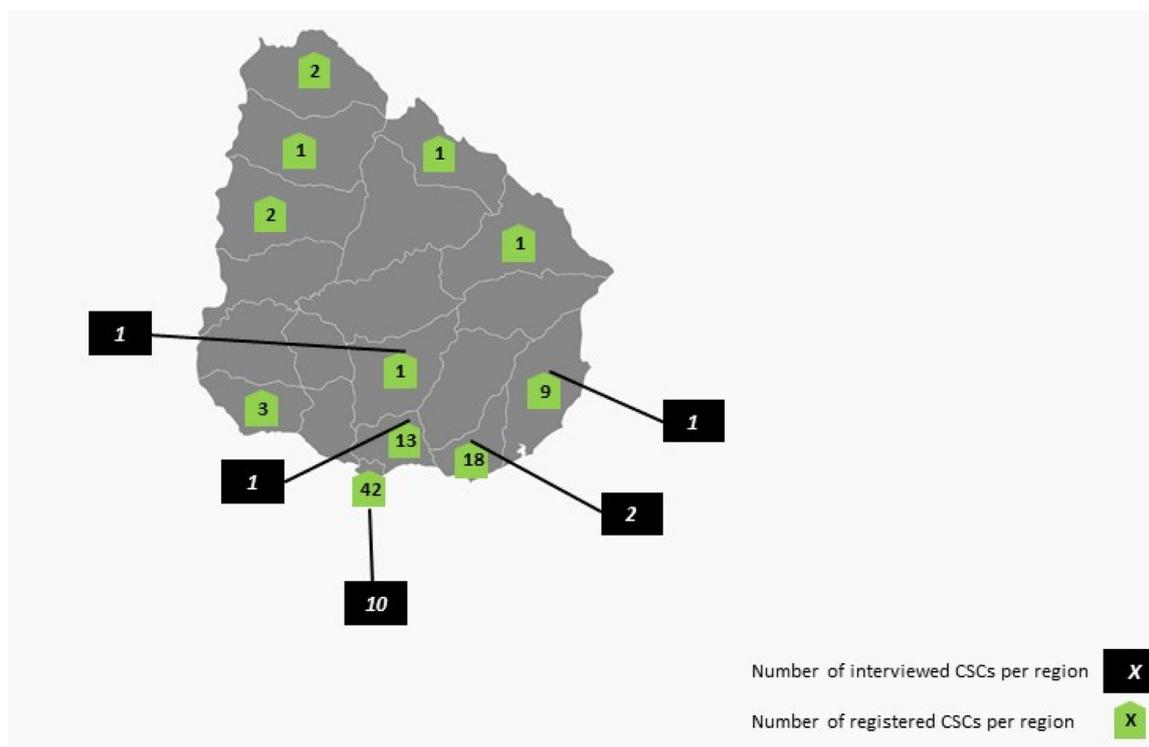


Fig. 1. Distribution of registered CSCs in Uruguay (at the time of data collection) and participating CSCs.

Note: At the time of fieldwork, there were 93 registered CSCs.

Source: Own construction based on data from IRCCA, as of 29 June 2018, retrieved from: <https://www.ircca.gub.uy/clubesaprobados/> (last accessed 6 July 2018). Map from Free Vector Maps.

use, as the following quotation suggests:

*Sometimes it's difficult to see the difference between recreational and medicinal. Some come home tired from working all day and smoke a joint at night to make them feel good. Others, instead of smoking a joint, may drink a chamomile tea or take a diazepam. It is not strictly medicinal, as in something that has been prescribed, but I would say that most members at some point do use it for non-recreational purposes (CSC3).*

In addition, we asked the interviewees to describe CSC members' socio-demographic profile. A rather homogeneous picture emerged: accordingly, the Uruguayan CSC member is typically male, aged between 20 and 40 years old, with a university degree, and middle to upper class. In this regard, one of the interviewees acknowledged that: *"the clubs are somewhat elitist"* (CSC11). The economic burden associated with the CSC model (e.g. membership fee and price per gram – see further below) was also perceived as one of the weaknesses of the model in comparison to the other two legal supply channels in Uruguay by some of our interviewees.

#### CSC staffing and governance

Nearly all the participating CSCs had hired collaborators to assist with administrative and cultivation tasks. The CSCs had up to four 'gardeners' who cultivate the cannabis for the CSC. Differently, two CSCs sub-contracted an external company/growshop for the cultivation work. As it is mandatory (due to their legal status as civil associations), all the CSCs organized at least a yearly general assembly meeting, inviting all members of the Club. These meetings were often described as a formality with little participation or input from the members: *"these assemblies are a formality. We say: 'hey guys, we have an assembly, we decided such and such, please sign the minutes here', and that's it"* (CSC5). That was also the case with regards to the organization of elections for the board of directors of the CSCs. Most interviewees (n = 9)<sup>15</sup>

considered that there was little interest or participation of members in the internal life of the associations. The CSC representatives thought the members were almost exclusively interested in obtaining cannabis and did not consider other types of engagement with(in) the CSC. One of the interviewees noted that: *"these are people that come to the club because they don't have a dispensary [...] they use it almost as a dispensary"* (CSC5).

Although less common or even exceptional, there may be cases of more cooperative CSCs where at least a core group of members actively engages in the decision-making and other internal activities, as illustrated in the following:

*I know several [clubs], and only one or two really work as something collective and cooperative, but it is very difficult to coordinate it (CSC6).*

#### Cannabis cultivation

Cultivation was taking place both indoors and outdoors. The CSCs reported cultivating between 28 and 99 plants per cultivation cycle, with seven CSCs growing the maximum legally allowed quantity of 99 plants. The CSCs in our sample produced a variety of cannabis strains, with different THC-CBD ratios, which in some cases (n = 4) seemed to directly follow CSC members' demands.<sup>16</sup>

So the members chose ten varieties two weeks ago, by vote we were left with 10 varieties. The criteria was having high THC and high

<sup>15</sup> This was also the case among a few CSCs that reported previous engagement in the cannabis movement (n = 2 out of 9).

<sup>16</sup> Among the other CSCs that discussed this issue, the choice about which strains to cultivate was often the responsibility of the grower and/or managing staff of the CSC, based on the typical yield of a particular strain, its grow time and resistance to plagues or other potential problems. Users' preferences were nevertheless taken into account, to the extent possible.

CBD: two of CBD and eight of high THC (CSC10).

More specifically, interviewees estimated that on average the cannabis produced had about 21% THC.<sup>17</sup> Regarding cultivation practices, eight CSCs reported adhering to organic cultivation standards, and six others told us they took a more flexible approach, as illustrated in the following quote:

We are not Taliban's of naturism, no. If we really have a plague, we are not going to give the plant a hippie medicine, we are going to buy the product at Bayer [...] but we are trying to make it as organic as possible (CSC7).

Yet others pointed to a lack of clear criteria to define a particular cannabis plantation as organic. One third of the CSCs had run occasional laboratorial analyses to test the potency and quality of the cannabis they produced. In addition, three other CSCs had relied on test kits, although they had questions about their accuracy and reliability. The CSCs emphasized trusting the experience and expertise of their growers to deliver a good quality product. At the same time, some were interested in introducing more standardized testing procedures, but the cost seemed to be a barrier, as this interviewee noted:

There is nothing established that says: 'well, I want to analyze my product: where do I go?'. There is nothing free, for instance, or at least something that you more or less can afford (CSC13).

Despite the limited formal quality control processes, the interviewees thought that the quality and potency of the cannabis they produced, as well as the variety of strains available, were core strengths of the model (especially in comparison to cannabis sales at pharmacies). It was described as "a gourmet product" (CSC5), "bought directly from the producer" (CSC12).

#### Cannabis distribution

Three different arrangements with regards to the quantity of cannabis distributed to members could be observed in our sample. At some CSCs (n = 6), the members are expected to acquire 40 g of cannabis per month, which may have contributed to the phenomenon of 'shared memberships', as mentioned above. One of the interviewees explained the imposition of the 40 g per month threshold with the need to cover the operational costs of the organization, but acknowledged that in doing so it created an "obligation to use":

each of the clubs' members ends up being obliged to withdraw 40 g of cannabis per month. That is no longer a right to consumption, it is an obligation to consumption. When the member signs the paperwork to join the association they are committing themselves to consume, because of the costs of the club. The rent, electricity, water, salaries are being divided, everything is being divided (CSC8).

Other CSCs (n = 6) set a specific minimum quantity threshold that members should acquire monthly (10–25 grams). Finally, only two CSCs allowed members to select whichever quantity they wished to acquire (up to the legal maximum of 40 g).<sup>18</sup>

The cannabis can be collected either at a pre-determined time or at members' convenience, typically once a month and at the CSC premises. Some of these distribution features were considered by CSC representatives as important positive aspects of the model vis-à-vis other legal options, in particular the possibility of collecting 40 g per one (monthly) visit (rather than 10 g per week at pharmacies, for instance).

<sup>17</sup> This is based on estimates offered by representatives of 10 CSCs. Only four CSCs produced cannabis with CBD or were able to offer an estimate of CBD content, corresponding to 7%.

<sup>18</sup> We do not have information about the distribution practices of one CSC that participated in the study.

The ease and privacy in collecting the cannabis were also highlighted:

at least our members are here [at the CSC] to keep a low profile, for privacy, to avoid having to cue at the pharmacy and be broadcasted by the camera of Channel 4, and because pharmacies are always running out of cannabis (CSC7).

CSC members make a financial contribution to the functioning of their club in two ways: in some cases, an entry fee was required (ranging between \$45 and \$643 US), but the principal income for CSCs corresponded to the payment for the cannabis members purchased. The price per gram of cannabis among the CSCs in our sample was on average of \$3 (between \$0.91 and \$5 US).<sup>19</sup> A few CSCs applied a differentiated price, offering a lower price per gram to those members who assisted the club during cultivation/harvest.

#### Beyond supply?

The CSCs developed, to a limited extent, other activities for their members. At close to half of the CSCs in our sample (n = 7)<sup>20</sup> the members were invited to assist with the cultivation or harvest of the cannabis. As noted earlier, some CSCs nudge members to participate in these types of activities by lowering the price per gram of cannabis for the 'working' members. Most CSCs organized also a yearly social gathering, a party or a dinner for members (n = 9). Only three CSCs had ever hosted workshops or lectures on cannabis-related topics. CSC representatives pointed to a limited interest among members to engage in other activities of the CSCs, but considered also that the applicable legislation constrains the realization of non-supply activities, as the following quote illustrates:

we do not understand why a club's only purpose has to be to provide cannabis. [...] The law takes it as being a dispensary. You come, take your cannabis and go away. You cannot do anything else in the club, it is not even allowed for people who do not belong to the club to come in, that's already illegal (CSC12).

There were no ongoing or regular collaborations between the CSCs and health professionals or with harm reduction organizations (although some CSCs reported attempted or occasional contacts with actors in this area). In that regard, another interviewee pointed again to legal limitations:

There have even been opportunities for having talks with doctors, with academics, but the clubs cannot participate in the organization of that, so we participate on a personal level (CSC13).

In practice, most CSCs were thus functioning almost exclusively as supply outlets for their members: "our members are very isolated, although many know each other, the club works more than anything as a place to acquire cannabis and take it home" (CSC2). Nevertheless, we also noted a few cases where CSCs intervened to offer additional support to their members, something that one of the interviewees compared to pharmacy sales:

It is very different to go and buy the drug at the pharmacy or at the kiosk, where nobody cares who comes in, nobody looks you in the eyes. If you have the money, nobody cares, it does not matter if you come to buy ethyl alcohol, or... and the pharmacy sells it because it's what they do, it's a kiosk. So, a club has a community role, it's a community that receives a consumer, and as a community you talk to people to see what is happening with them (CSC16).

<sup>19</sup> The CSC that applied the lowest price per gram nevertheless requested a fixed membership fee of \$30 US per month (regardless of the quantity members purchased).

<sup>20</sup> This was also the case among CSCs that reported previous engagement in the cannabis movement (n = 3 out of the 7).

More concretely, one CSC representative advised members against smoking and suggested other consumption methods (“if people tell me ‘I never smoke, I want to start smoking’ I tell them ‘no, no, never smoke, it is better to use a vaporizer or oil or another way, there is no need to start smoking’” CSC7). Two CSCs tried to also play a role in terms of the strength of THC-CBD ratio of the products they supplied. One of them indicated cultivating a variety with strong CBD and low on THC to help balance members’ consumption, explained as follows:

we produced a plant with high CBD content and low THC [...] we did that to help those who consume a lot. They smoke that during the day and reduce their tolerance to THC, as a result, they do not need to consume so much THC (CSC8).

These were the only reported cases of such practices among our sample and, at the same time, one other interviewee pointed to very divergent examples from other CSCs:

And there are clubs that continue to include people who are almost speaking alone. But don’t you see that this member is losing his mind? And they keep giving it [cannabis] because it’s about the money and that’s how we lose that responsible consumption (CSC13).

Further, another interviewee seemed to contest the actual need for CSCs to play such a role (and the CSC model *per se*), noting that:

The idea of a club resembles the idea of a sect. It’s about prejudice, it’s a model that reflects prohibitionism. Cannabis [...] can be a substance as controlled as alcohol. [...] The club model continues to see the cannabis user as a drug addict, as a person outside of society who needs to be placed in clubs, sects, in order to access a quality product. It’s nonsense” (CSC5).

## Discussion

### 5 Years after the reform: lessons from the field

A first goal of this paper was to take stock of the progress in the implementation of one of the three legal supply models introduced in Uruguay, the CSC. This analysis focusses on the immediate period after implementation, and consequently the practices reported may change in the long run. The number of registered CSCs in Uruguay has continued to increase since the (legal) introduction of the model in the country (IRCCA, 2018a). All the CSCs participating in our study had completed registration and according to the latest official figures there are a total of 110 registered CSCs operating in the country. Although there were concerns about the willingness to complete registration and adhere to the legal framework (Boidi, Queirolo, & Cruz, 2016), this evolution can be seen as a positive sign in that regard. The CSCs in our sample talked also about having a positive relationship with the monitoring agency IRCCA. At the same time, we do not know the extent to which other CSCs are functioning without having completed the necessary legal steps – at least some of our interviewees pointed to the co-existence of unregistered CSCs operating alongside the legal model. What is more, IRCCA’s latest regulation seems to have triggered the development of a more collaborative and unified action among the CSCs, which could result in future concerted action and the creation of a first CSC Federation (i.e. an umbrella organization representing the interests of the affiliated CSCs) – an organizational development that occurred among Spanish CSCs as well (Belackova & Wilkins, 2018; Jansseune et al., 2019).

Registration issues seem to manifest also at the individual level. According to the latest IRCCA report, a Uruguayan CSC has on average 25 members. In our sample, the average corresponded to 34 members. Nevertheless, according to the applicable legislation, CSCs can register up to 45 members – a relatively low limit that raised some doubts at the time of the passage of the law, especially considering the size of CSCs in

other contexts (Decorte et al., 2017; Jansseune et al., 2019).<sup>21</sup> Our study offers at least a partial explanation for the apparent low number of members per CSC: ‘shared memberships’. It seems common for CSC members to share their CSC membership with a few other non-members, as confirmed also by IRCCA in its reports (IRCCA, 2018c). This way, one registered member may in practice represent multiple users: according to IRCCA’s estimates, one home-grower or CSC member is typically sharing cannabis with two other unregistered users (IRCCA, 2018c). In the particular context of CSCs, this practice seems to be associated with the quantity of cannabis distributed (as some CSCs expect members to obtain the maximum legal threshold of 40 g per month), and the costs associated with CSC membership and the purchase of cannabis through that channel. In turn, and although ‘shared memberships’ do not seem to be a direct strategy of the CSCs we interviewed, their representatives justify the need for a quantity threshold and price setting with guaranteeing the financial sustainability of the associations. In addition, ‘shared memberships’ seem related to a social use of cannabis, as well as to a desire, for privacy or other reasons, to circumvent registration altogether. While by design our study primarily targeted registered CSCs and their members, it would be worth taking a more in-depth look at the unregistered sector. Beyond these issues, the CSCs in our sample seem able to fulfil their supply function within the framework established by the applicable regulation in Uruguay. Cultivation was taking place within the thresholds established by law (up to 99 plants), the Clubs produced a range of different strains, and distribution to their members was taking place regularly. In fact, according to our interviewees, the core strengths of the model related precisely to the type of cannabis CSCs were able to deliver (in terms of potency, variety, and quality), in comparison to the Uruguayan pharmacies that only sell four varieties of cannabis, all below 10% THC. The CSCs seem also intent on tailoring delivery to the preferences of their members: our interviewees noted that, different than at pharmacies, there were no issues with availability of cannabis, no waiting time to collect it, and the purchase took place in a more discrete context. The possibility of purchasing a larger amount of cannabis in one transaction (up to 40 g per month at a CSC vs. 10 g per week at a pharmacy) was also perceived as a positive aspect of the model.

Another aspect that warrants attention relates to the profile and socio-demographic features of CSC members. Based on the descriptions offered by CSC representatives it seems that a rather homogeneous group of users has been attracted to the model. Namely, educated male users with financial resources. This finding is in line with other descriptions of CSC members’ socio-demographic characteristics in Belgium and in Spain (Arnosó & Elgorriaga, 2016; Marín, 2008; Pardal & Decorte, 2018). The similarities are particularly telling if we consider that despite the different legal regimes, a comparable group of users tends to select CSCs as their preferred supplier. Earlier reports suggest that certain characteristics of the CSC model (e.g. entry fee, regular purchasing of relatively larger amounts of cannabis, price, etc.) could in practice pose a barrier or exclude groups of users with lower income and/or less stable/frequent patterns of use (Belackova & Wilkins, 2018; Pardal & Decorte, 2018). Another contributing factor, in the Uruguayan context, relates to how new members are recruited. More than in other unregulated contexts, where CSCs seem to have some public visibility (Pardal & Tieberghien, 2017, 2018), in Uruguay the CSCs may in fact be hard(er) to reach, and new members tend to be part of the friendship networks of the founders or key initiative takers. At the same time there seem to be similarities in terms of the users adhering to the legal cannabis market – at least in terms of age and gender (although pharmacy goers seem to be somewhat younger, between 18 and 29 years old). One third of the users purchasing cannabis from pharmacies have also

<sup>21</sup> That limit was introduced as a way to avoid the issues raised by Spanish CSCs with large memberships (cfr. Special Commission on Drugs and Addictions’ Session, Chamber of Deputies, 2012)

completed tertiary studies (IRCCA, 2018a). This raises questions about the actual reach of the legal channels with regards to different segments of the population, which could be further explored in future research. Additional data such as CSC members' self-reports could also help shed light into this.

Although the CSCs participating in the study emphasized the quality of the cannabis they produced for their members, to date, formal testing or quality control procedures have not become common practice nor do they seem to have been supported by IRCCA. Some CSCs were cultivating cannabis in adherence to organic cultivation guidelines, others were not (or not always), and it was generally difficult to accurately determine the potency or quality of the cannabis produced (beyond growers' subjective assessment or generic information about THC-CBD ratios of particular strains and seeds). This potential weakness of the CSC model has been identified in other contexts as well, and the emphasis has been laid on having direct control over production, but in those the lack of a legal framework regulating CSCs constituted an important obstacle to further improvements in this area (2018b, Belackova et al., 2016; Pardal, 2018a). In Uruguay, however, there seems to be a lack of incentives and/or of affordable options to introduce further testing.

#### *Towards a quasi-dispensary-type<sup>22</sup> of CSC?*

The data collected for this study invites a reflection on what the Uruguayan CSC practices represent for the understanding of the CSC model and its different variants (Pardal, 2018b). This was the second goal of our analysis. Again, we should emphasize that we only have data from a small subset of registered Uruguayan CSCs. At the same time, it is also noteworthy that all registered CSCs were invited to participate in this study and so their refusal to participate could arguably be indicative of disinterest in engaging in other activities, among other reasons (such as, for instance, distrust of the research team/project, privacy concerns, lack of appropriate incentives, etc.).

We identified a number of practices that seem to suggest that more cooperative and 'social' types of CSCs may not have a strong presence in Uruguay. Ideally, truly 'social' CSCs promote peer contact among members, increasing the likelihood that micro-social harm reduction can occur (Pardal, 2018b). These CSCs organize also their own social programme for members as well as other informative, educational events, and collaborate with actors that support them in developing these (and other) actions. Historically, the grassroots beginnings of the model is also closely connected to activism and has been implemented in accordance with cooperative ideals (e.g. collective cultivation, horizontal management structure, volunteering and members' participation) (Barriuso, 2011; Marín, 2009; Montañés, 2017; Pardal, 2016).

In Uruguay, earlier research had already pointed to the presence of both CSCs "only concerned with getting access to good quality cannabis", and others where "in addition to providing access to cannabis, activism plays an important role" (Queirolo et al., 2016, p. 43–44). Some of the latter CSCs functioned as cooperatives, and organized harm reduction and social activities (Queirolo et al., 2016). Our current research seems to confirm this distinction and suggests a shift towards a quasi-dispensary type of CSC. At the level of management, while the clubs in our sample organized general assembly meetings and elections to their board of directors, these seemed to lack actual interaction, and were primarily implemented as a formality (following legal requirements). On the social level, with the exception of a yearly gathering (often associated with the annual general assembly meeting) and inviting members to participate in some of the cultivation or harvesting event (even granting members a 'discount' on the price per gram for their

assistance), there was a paucity of other events or even of social contact among members. Some of the CSCs may nevertheless be playing an informal harm reduction role (e.g. by offering advice on consumption methods or selecting particular cannabis strains), although social contact among users seems to be infrequent. The CSCs operated also without any significant or regular collaboration with the harm reduction or health sectors. In practice thus, a significant group of CSCs in our sample seemed to operate rather similarly to a (non-profit) dispensary: as a place to collect cannabis. Although we refer to the co-existence with, and even a shift towards, quasi-dispensary CSCs, this does not stem from a transformation of the CSCs into commercial enterprises, but is mainly associated with the emphasis (or lack of) on the social and cooperative aspects of the model.<sup>23</sup> Even so, in our view, the dynamics between growshops and CSCs deserve more attention, as it would help understand the relationship between for profit and non-profit actors in a regulated cannabis market.

Multiple factors help explain this 'shapeshifting' of the model (Pardal, 2018b). Firstly, it is worth noting how CSCs emerged in Uruguay. Unlike most other jurisdictions where CSCs can be found today, the model has not been a self-construction of groups of users, and its appearance dates from around/after the passage of the new cannabis law. This is not to say that all CSCs in unregulated contexts have adhered to the social, cooperative, or even non-profit ethos in theory associated with the model (Barriuso, 2012; Jansseune et al., 2019; Pardal, 2018b), but there may be a different understanding of the role and functions of CSCs in Uruguay (as CSCs are not inherently 'social' or 'cooperative', but can be more or less so depending on the underlying motivations of those running them, their members, or on other external incentives). In addition, during an initial phase of the implementation of the new law, CSCs were in fact the only legal option for users who did not want to or could not cultivate the cannabis themselves, as pharmacy sales only started in mid-2017.

Secondly, some of the CSCs argued that the current legislation places the focus precisely on the supply-side of CSCs, and that for instance by not allowing the presence of non-members at the premises of the CSCs or the organization of activities outside of the CSCs, it limits their ability to introduce other types of events (e.g. workshops or lectures with invited speakers). For example, it was only in a 2018 regulation that the CSCs have also been required to physically have a social space at their premises, which suggests that this may not have been a strong priority at the start of implementation of the law.

Thirdly, CSC representatives' accounts of their motivations to establish CSCs offer a mixed picture. While for a group of these initiative-takers setting up a CSC was, primarily, another action taken within a larger engagement in the cannabis movement, most CSCs tended to emerge out of an individual pursuit of cannabis growers and/or as an entrepreneurial project. Finally, there seems to be little interest on the part of the CSC members to have and participate in such activities. Almost paradoxically, stigmatization and normalization processes could be playing a role here. On the one hand, CSCs' capacity to ensure privacy and anonymity of their members seems to be an aspect much valued, in some cases because of perceived stigma associated with cannabis. This may be particularly the case in less urban regions of the country. While approval of the cannabis law reform has increased, we should note that in 2012, when the government's intention to legalize cannabis was announced, up to 66% of Uruguayans disagreed with the measure (CIFRA, 2012) - five years later this percentage had dropped to 41.4% (Monitor Cannabis, 2017). On the other hand, it could be argued that as cannabis becomes (more) normalized, users see cannabis as 'just' another commodity and may not be interested in taking part in the social aspects of CSCs.

<sup>22</sup> We use this expression ('quasi-dispensary') primarily with regards to the social and cooperative aspects of the CSCs and not necessarily to their business model.

<sup>23</sup> There has been one known case of an attempt to set up a commercial CSC in 2017, which organized cannabis tasting tours directed at tourists in the coastal region, but which was closed down (Muller & Draper, 2017).

It is worth revisiting the motivations and arguments mobilized leading up to the inclusion of the CSC model in the legal reform around cannabis in Uruguay. During the preparatory works, CSC advocates emphasized the potential of the model to play a harm reduction role and promote a “healthier bond” with the substance. It was assumed that CSCs would organize informative and educational events, as well as offer medicinal and legal advice to their members, echoing also some of the literature in this area (Belackova & Wilkins, 2018). The IRCCA has taken steps to communicate a harm reduction message to the general public, for instance through a national advertising campaign focused on the consequences of cannabis use (especially among young populations, pregnant women and drivers), and by releasing a guide about responsible cannabis use. However, we found no cases of specific educational or informative events developed by public authorities in support of CSCs.<sup>24</sup> For instance, no training of CSC staff seems to be offered by IRCCA, nor are lectures or other events about the use of cannabis. The functioning of the CSCs captured in our study suggests that this objective may not have been met to the extent desired. Our findings point to the complexities of implementing the CSC model in a regulated context and raise new questions as to the contribution of this model to public health-oriented policies.

### Concluding remarks

This paper has detailed the main characteristics of Uruguayan CSCs, five years after the introduction of a regulated market for cannabis. Our evidence shows that they are an efficient cannabis supply channel, with perceived benefits to its members regarding cannabis quality and potency in comparison with the other legal acquisition channels. Although there are positive indicators with regards to the registration of CSCs and users, we identified also a number of shortcomings that warrant further attention. We found that CSCs paying attention to social and cooperative aspects co-exist with, and may have shifted towards, quasi-dispensary types of CSCs. Contextual and historical factors, as well as unintended effects of the (still in development) legislation may help explain this evolution. In addition, mixed motivations of those running the CSCs and a lack of engagement and interest on the part of members are other reasons for the emergence of this type of clubs.

While it was beyond the scope of our analysis, we encourage future research to analyze the interaction of CSCs with the other two legal supply mechanisms (i.e. home growing and pharmacy sales), as the Uruguayan case offers a unique opportunity to deepen the understanding of a market where multiple legal actors operate.

### Declaration of Competing Interest

We wish to confirm that there are no known conflicts of interest associated with this publication. Pardal received a grant from the Research Foundation Flanders (FWO, grant no. V409318N) for her research stay in Uruguay. Álvarez, Repetto and Queirolo were supported by OSF Grant OR2016-27307.

### Acknowledgments

We thank CSCs' representatives and stakeholders for their generous time during the interviews; Florencia Amigo for research assistantship; Diego Olivera and Martín Rodríguez from IRCCA and Mercedes Ponce

<sup>24</sup> In Spain (and although the CSC model remains unregulated), the Health Department of Catalonia has, for example, explicitly recommended the organization of harm reduction activities by the CSCs, and some of the CSCs there seem to have built regular collaborations with harm reduction organizations (e.g. Energy Control). It has also been reported that CSCs often include information-sheets and other reading materials about cannabis consumption and risk reduction at their premises (Jansseune et al., 2019).

de León from ExpoCannabis for helping us contact CSCs, and Prof. Tom Decorte for valuable feedback on an earlier version of this paper.

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