

Self-regulation on cannabis use

Recommendations towards a new approach for cannabis
consumption models and for an efficient alternative policy



NAHRPP

New Approaches
in **Harm
Reduction**
Policies and
Practices

WS2: Cannabis
self regulation
model in a
harm reduction
perspective

The project NAHRPP

The Project New Approaches in Harm Reduction Policies and Practices (NAHRPP) – 2017-2018 addresses challenging recent drug policy developments in Europe:

- 1. Plant-based NPS are used increasingly throughout Europe yet lack of knowledge about the use of these compounds is cause to many misconceptions and brings along a range of harms. WS 1 aims to encourage the expansion of knowledge base, exchange of information, identification and dissemination of good practices in the area of prevention and harm reduction related to plant-based NPS and will target the people most involved in these substances: users, smart shops, on-line retailers and health institutions and drug policy makers.*
- 2. Cannabis remains the most used drug in the EU and there is an urgent need to develop sustainable cannabis policies. WS 2 will collect information on best practices of cannabis users to reduce the risks of heavy patterns of use and will develop a model for self-regulation of use. An expert seminar will help develop two sets of guidelines on self regulation of cannabis use: one set targeting cannabis users and the other targeted at networks, public drug services and drug policy makers.*
- 3. With the economic crisis the prevalence of drug use in South and South-eastern Europe has increased while the availability of harm reduction services declined. WS 3 will analyse the developments and challenges concerning treatment and harm reduction services in the context of the economic crisis and it will examine possibilities to guarantee sufficient harm reduction and treatment services. WS3 aims to create greater efficiency to guarantee the continuity and further development of services and as such is targeting policy makers and practitioners in the drugs field. The outcomes will be widely distributed including to policy makers, NGOs, experts in the drugs field, CSF, practitioners.*
- 4. Local and regional authorities across Europe are confronted with the negative consequences of a persisting illicit cannabis market. Increasingly, local and regional authorities, non-governmental pressure groups and grassroots movements are advocating a regulation of the recreational cannabis market. WS 4 will include a SWOT analysis of possible cannabis market regulation models (in Belgium, Spain, Switzerland, Germany, Denmark and the Netherlands) and will allow local authorities to share best practices and improve the understanding of drug markets as a means to reduce the negative consequences of illicit drug markets on individuals and society. The outcomes will be shared with policy makers, local authorities, civil society (including the Civil Society Forum on Drugs (CSF)), media, and academics to provide input for the EU level policy discussions on a new Action Plan on Drugs.*

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Introduction

The Expert seminar held in Florence, Friday 28 - Saturday 29 September 2018 has been the final step of the work stream ***Cannabis self regulation model in a harm reduction perspective***, in the framework of the Project NAHRPP - *New Approaches in Harm Reduction Policies and Practices*¹. This work stream is focused on “controls” cannabis users apply to fit cannabis use into everyday life and to reduce risks. It aims at innovating harm reduction / risks limitations, policies and interventions, based on the knowledge of users’ self-regulation strategies.



The study of cannabis users’ self-regulation strategies allows the identification of the more significant factors that facilitate or, on the contrary, inhibit controlled use which is desirable and sustainable by users themselves, in the effort to reduce potential risks and harms. Furthermore, this is a crucial contribution towards the introduction of effective policies aimed at supporting (instead of weakening) the personal and social strategies of self regulation and towards developing operational approaches of harm reduction and risks limitation taking into account “natural” controls on cannabis use.

During the seminar the group of NAHRPP researchers presented findings from **the qualitative research on cannabis self-regulation models** conducted in Belgium, Italy and Spain, including both individual and group models (Cannabis Social Clubs)². It also included data from the analysis of cannabis users web fora in the self regulation/risks limitation perspective. Further inputs to the discussion have been provided and illustrated from other studies and inputs led by participants³. The research findings have been discussed with the perspective of prompting innovation in harm reduction and identifying effective drug policies.

These recommendations highlight and relaunch some **key points** with the aim of developing and supporting an effective reform action.

The perspective of controlled cannabis use and the limitations of risks and harm

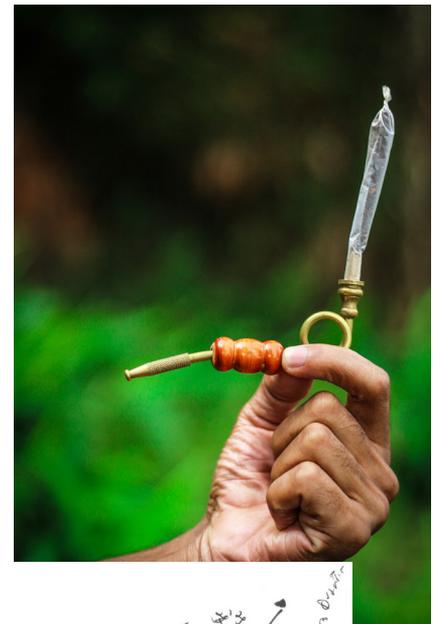
The approach adopted by the research undertaken for this project has a very long tradition and has given life, starting in the 1970's, to a vast scientific literature⁴.

Studies on **controlled use** and on **self-regulatory** processes naturally adopted by people who use drugs in their social drug setting scene imply an approach that goes beyond the limits and the contradictions of the disease model (which emphasises the pharmacological properties of drugs and places less importance on the personal data of the individual user). It centres the enquiry on the processes of social learning, that are the basis for the capacity of the consumers to learn and to regulate their own use in a way that is functional for them.



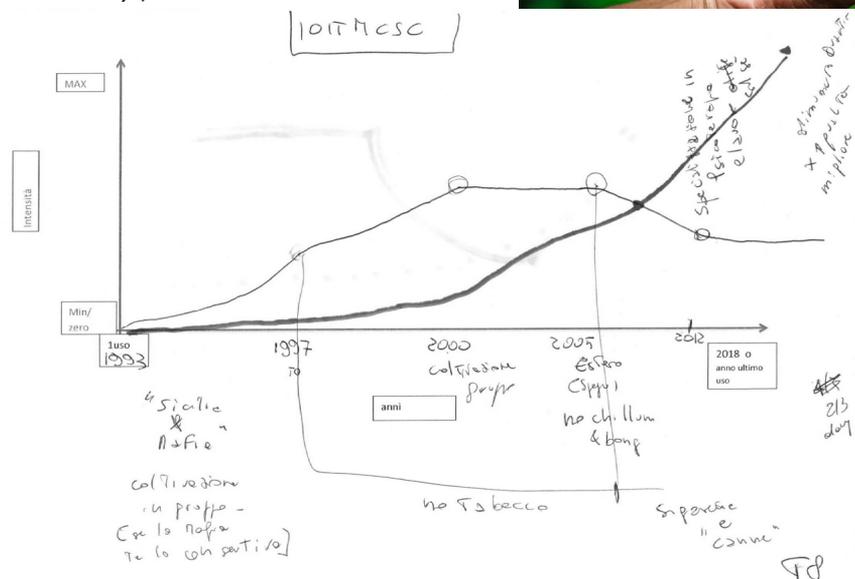
This diverse positioning with respect to the user allows for the evaluation of a third dimension of the phenomena, one which is traditionally ignored or underrated: the role of the social context, seen as the producer of informal shared social controls (norms and rituals⁵) which contribute to support and orientate consumers in their personal strategies of functional use. This is true for illegal drugs as it is for alcohol. It is evident - thinking in terms of research for an effective approach under the profile of governing a normalized mass phenomenon, which is cannabis use today - how the activation of social resources (norms, rituals, social customs, competencies and strategies of users) appears to be a strategic element. International research has shown that controlled use is possible for all types of drugs, even for those judged to be highly addictive. The statute of illegality impacts on the elaboration and socialization of norms and rituals useful for controlling the use of prohibited substances, limiting the flow but certainly not impeding its existence and socialization: the culture of cannabis, as this and many other studies have demonstrated, considering also the high level of normalization and acculturation of this substance, has shown potent self-regulatory devices.

Certain key points that emerged, both from the research and from the subsequent seminar exchanges⁶, are interesting to highlight from the prospective of understanding what indications the research could provide to interventions and policies:



• **controlled use is a reality made evident by the trajectories and strategies of users.** This evidence contradicts the “all or nothing” approach, or abstinent or dependent, typical of the dominant disease paradigm, and offers a perspective of the social regulation of usage that overcomes the only (unrealistic) objective of abstinence. Self-regulation furthermore presents a control of the wider process of social normalization that is occurring with respect to cannabis use, credibly more efficacious than the controls offered by formal, legislative and penal approaches (the limits and failures of which are evident)⁷;

• **the control (or recovery of control) does not regard specific groups of users (those who “know” how to exercise control and those who don’t).** It is more dynamic, present in each personal story of drug use in a continuum of alternation between periods of major and minor use and/or temporary abstinence. Variability of set and setting influence times, modalities and results but the research shows that no consumer is excluded from the self-regulatory process;



• **the prevalent model of the trajectories is a varying one.** A trend starts with low intensity of use in the initiation period, an increase / peak just after initiation, then a fluctuating trajectory with high peaks followed by low peaks or periods of temporary abstinence. The prevalent lifetime trend of trajectories goes in the direction of stable moderate/low intensity use;

• **one peak, one reason why.** Even if reasons for changing the pattern of use include single events or traumas (i.e. health problems), the prevalent set of reasons for changing concerns daily life changes. With respect to turning points, both in a high and low direction, changes in social environment, in personal, family and work responsibilities, and in expected effects of use (reasons to use may change in different periods of life) are among the factors of greatest influence;

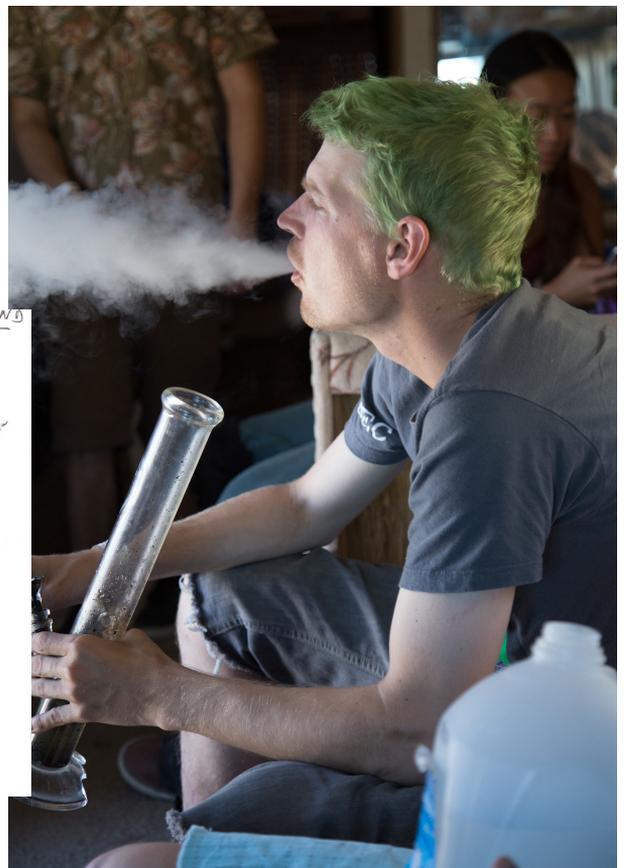
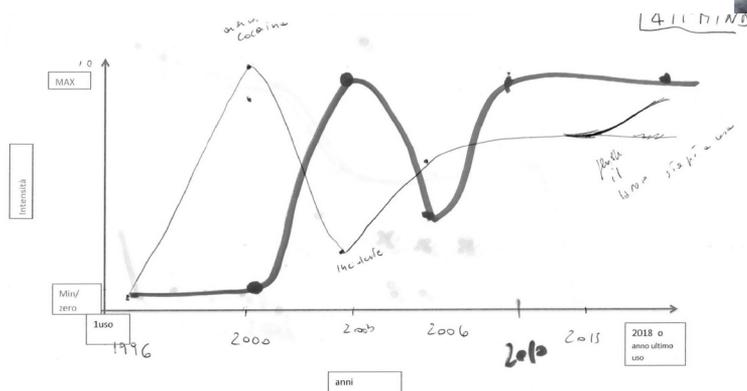
• **temporary abstinence.** Temporary abstinence periods – short or longer - are a common

part of individual trajectories. No interviewee represents this choice as a “strategic intention” to renounce cannabis. Temporary abstinence is to regain control after a peak, usually followed by a period of stable/lower intensity of use, or in the case of specific events that functionally suggest to stop using (i.e. pregnancy). What is significant in these stories is the natural “fluctuation” of use, adapting to and following the evolution of daily life;

- **drug use has its functionality relative to the objectives and the advantages that each consumer sets for her/himself.** When a person experiences a dysfunction (in social life, jobs etc) he/she tends to reinstate the lost or diminished functionality. Respect for the desired effects (beginning with pleasure) plays a crucial role in the return of control. The advantages of cannabis are also correlated to the care or containment of the use of other substances judged to be more harmful.

- **Norms and social rituals (informal social controls) play a significant role** in the self-regulating processes and in the exercise/recovery of control, confirming the crucial role of setting.

- **Self efficacy perception.** In general - notwithstanding the narrative on critical moments, high peaks of use and periods of diminished control - interviewees never describe their use as “problematic”, and, as for the control, it may be lower or diminished, not really “lost”. Participants stories and described perceptions suggest a high level of self-efficacy in regulating and controlling cannabis use in a daily life setting.



Developing the research. Objectives, protagonists, language

During the seminar discussions for which further research is necessary regarding the objectives of these and the concrete repercussions, diverse solicitations emerged.

On the one hand a certain “saturation” was observed. The trajectories of use and the strategies for control analyzed thanks to qualitative research in the previous decades up until today, have already provided consolidated data concerning the basic systems of self-regulation. These recur also in the more recent research, including the present NAHRPP research into cannabis. It is clear that each variation and change in models of use - within the dimensions drugs, set, setting - requires constant updating concerning the factors, perception and control practices, which are always strongly contextualized. This type of qualitative research therefore should become a preliminary routine, if the continuous, changing and rapid evolution of patterns of use is to be considered. The (political) knot of greater promotion for qualitative research in these areas is the priority today, particularly if the amount of resources invested in neuroscientific research or even epidemiology are taken into account, both of which respond to the dominant pharmacocentric paradigm (and that of *brain disease*). More qualitative research on models of use, which adopt the view of the user and his/her self-regulatory capacities, and more “ecological”- acknowledging the relevant importance of setting, remains a priority.



It was also observed that it is not only a question of multiplying, reiterating and updating this research, perhaps with “samples” that are wider in scope and more efficient methods of analysis, but that there are other priorities. The first, **participant research**, which includes in the research process the same actors of the phenomena under study, above all those who use. This implies adopting approaches and methodologies of doing research that, via an explicit and concrete alliance works with those who use drugs, assumes the **perspective of the consumer**, inquiring into reasons, objectives, strategies, risks, with the aim of reading drug use as a human behavior carried out by actors who choose, learn, change. The difficulty to overcome - from an emphasis on risks and harm to the centrality of safe and functional use - appears in the research as it does in the area of interventions. Participative research also implies the creation of **places** of information/understanding as social, relational and communicative places.

The second priority is the development of **alternative narratives** to the dominant narrative. Research on models of drug use often adopt a **mixed-methods** approach, integrating quantitative and qualitative analysis and more recently, thanks to the web, including **big data**. Whatever the mix of methodologies may be, what characterizes the research on controls is the perspective that is adopted in observing the phenomena. Qualitative research in particular is characterized by giving the word to those who use, guaranteeing- thanks to a precise and coherent methodology- the containment of the weight of the directive input by the researcher.



Qualitative research on use also promotes in this sense, alternative narratives to the dominant one and those dominated by the pharmacocentric paradigm. These **“contra-narratives”** are not only a useful result in terms of information for those working in the field, but can be used as a contribution in the direction of the creation of new, realistic, critical common ground on the subject: understanding and social consensus are an important part of an efficacious action of reform.

These narratives also bring with them the issue of the *language* used when talking about drugs. This starts from the necessity to deconstruct concepts and terminology which, even though contradictory and often scientifically invalid, have for a long time contributed to construct the phenomena itself. It is enough to think about the words use, abuse and dependency⁸. This is especially true for cannabis where the distance between the dominant language (from the media and politics) and the reality of a phenomena that is normalized is profound. Other than research, there are also social and cultural places correlated with the consumption of cannabis (movements that promote a culture of cannabis, the CSCs, the groups for self-cultivation etc) that do and can be places where alternative narratives and adequate language can be produced.

The third priority is the need for **action-oriented** research where the results are analyzed and elaborated in ways of being spendable in terms of innovation and of greater relevance to policies and interventions. This type of research also includes that on models of use from the perspective of control and the social governing of the phenomena as well as those on the analysis of the effects of the current policies in terms of an evaluation of the same.

In general, even if the research area is not the only area where those who use need to have a voice, this represents a significant possibility in this direction. In this, researchers carry a responsibility that is both scientific and political.

The role of the CSC in terms of controlled use

The research undertaken within the NAHRPP project focused particular attention on the role of the Cannabis Social Club (CSC) with respect to controlled use, including in the sample group of those interviewed 50% of members of the clubs⁹. The aim was to investigate if, how and with what specific modalities, the CSCs as a social setting and one of drug use, contributes to sustaining and developing control.

The results indicate an undoubtably positive and incisive role of the clubs, through the different ways they deal with, first of all, the procurement. The subject of quality is one of the most frequent added values of CSCs that interviewees state. Not only “good” and controlled quality of the drug, but also the “right” quality for one’s specific pattern of use, in line with expected effects and personal objectives.

Transparency and stability of the access to cannabis in a controlled and regulated purchasing system support control in an effective way. Furthermore, the legal risks associated with the black market are avoided. There is also a positive effect from a psychological perspective: transparency, stability, a positive social setting and a shared culture are factors facilitating a better dimension of well-being, far removed from stress and anxiety. CSCs are also the setting where a “culture of cannabis” may be developed and shared, enhancing both social learning processes (knowing the drug, becoming expert with different methods of use, knowing one’s self with regard to the effects of cannabis etc) and a set of shared informal rules and norms. CSCs re-introduce what prohibition has expelled with regard to illegal drugs: a shared social culture of use functional to normalized and controlled patterns of use¹⁰.

A significant percentage of members - according to information from Belgium presented at the seminar - utilize the clubs in order to have access to cannabis for medical reasons, as they find the quality and the controls to be of a high standard.

The discussions during the seminar underlined certain aspects relative to the role of the CSCs with respect to strategies for control (further points relevant to the role of the CSCs regarding drug policy are to follow, in the last paragraph). For example, thanks to the data and observations on the CSCs from the Belgian and Spanish participants, it becomes clear that the same basic rules of a club (that are a statute, a “pact” that each member is required to observe) place a limit on access to a certain amount. Considering that, according to the Belgian research, most members use only the drug available at the CSC, this works in favor



of a control (on the amount). Another important regulatory element is the quality control of the drug, which is done both via the practice of self-cultivation, which implies a quality control agreed among peers, and also via the offer of a low-cost drug-checking service (Spain).

The centrality of cannabis culture makes the CSCs a “garrison” of discouragement and information about synthetic cannabinoids, which are much more accessible on the criptomarket and known for a higher level of potentially correlated risk and harm. The legal risk is almost null or low with respect to what could occur in contact with the illegal market (which depends however on national contexts. The CSCs were born from national prohibition laws and regularly, as happens in Spain, some tribunal raises the issue of their legality). This aspect not only reduces individual anxiety, with a positive overflow for the individual model of use, but also facilitates a social setting where the circulation of a cannabis culture, the socialization of norms and rituals and the diffusion of information and knowledge are facilitated. There are no obstacles in fact to the natural processes of social learning and socialization that oppressive legislative regulations oppose.

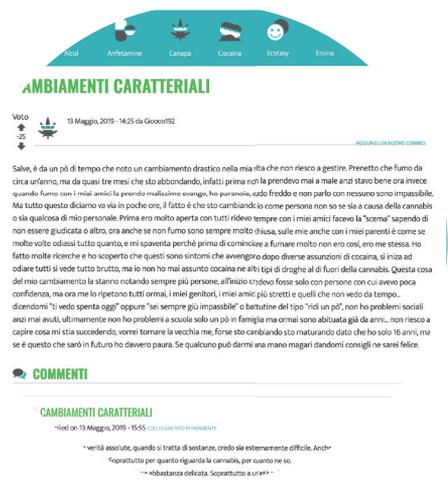
Nevertheless, there are some limits: as far as setting for drug use is concerned, many clubs - less in Belgium and more in Spain - have virtual and not physical offices. This is due to problems with legislative regulations, the oscillations of jurisprudence and the risks of repression. This is recognized as an obstacle to socialization, to exchanges, to the security in drug use, to the possibility of holding courses and meetings on the reduction of risks and legal information and is therefore a limit that impacts on control in a negative manner.

Furthermore, the CSCs seem attractive above all for certain types of users, and less so for others. They have a non-formal threshold of access but in reality, they are visited by adults with a good level of education and who are knowledgeable and involved users. Underage or really young people (often those with more at-risk behaviours) don't attend. Underage people don't go so as not to cause problems for the club with the law (even if some CSCs pose the problem of how to reach this group anyway with informative and harm reduction messages). The others probably are selected by the above stated informal threshold of access.

During the debate - regarding a certain selectivity of the CSCs - a totally different model emerged which was that of the Dutch coffee shops and how they could play an important role both in terms of the limitations of risks and that of functional use. Notwithstanding the fact that this is a commercial profit model, the coffee shops do in fact guarantee a legal context for buying and for consumption, bringing with its important positive effects, such as quality control, absence of stress, avoidance of legal risks. The culture that enables this is certainly different from that of the clubs, also on a relational level, from the cooperation and the socialization (other than the political and advocacy levels that distinguish the CSCs for the most part). The positive effect of legislation and, no less important, the de-stigmatization of the consumer has an undoubtable and verified effect in terms of control.

New technologies. The web, research and support of self-regulation

Within the scope of this project a study was conducted on the fora between users on the site sostanza.info, an Italian web site managed by professionals who offer consultations online and also make available the possibility for users to talk among peers¹¹. The focus of the research, which prioritized the use of cannabis, was mostly on the perceptions and representations of cannabis use and the control/non-control as it emerged in the exchanges between peers, and on the modalities of virtual communications. The study therefore used the web as a source that enabled the analysis of crucial variables regarding control. These included firstly issues such as individual trajectories, the setting of use, the advantages and disadvantages perceived regarding use, the representation of the drug, the perceptions of risks, of abuse and of dependency, the objectives and the reasons for change. Secondly, it enabled a semantic analysis of the texts present on the forums which reinforced and broaden these themes.



The following are some of the conclusions from the NAHRPP research from the forum site sostanze.info:

“As noted in the netnographic analysis, the topics of fora are evidently connected to the characteristics of the website www.sostanze.info, supervised by drug addiction professionals. Consequently, users contacting the fora are “naturally” in search of help and advice for cannabis related difficulties, both short-term negative effects and long term dependency problems. [...] Cannabis representation swings from the “soft” not- addictive drug to the “addictive” substance. Interestingly, both the representations are quite conventional, because addiction and dependence (or the lack of addiction and dependence) are seen as related to the pharmacological characteristics of the substance only, with little attention to factors of set and setting. In other words, the traditional “pharmacocentrism” of drug discourse and the conventional concept of addiction as a disease are not challenged by either representations. In addition, the pathological view has an influence on language (see the term “chronic use” instead of regular use).

In the end, the opposition between non-addictive and addictive representations is mitigated by

the fact that even believers in the addictive properties of cannabis, nevertheless recognize it to be a “soft” addiction, with “light” abstinence symptoms, which may not even occur in many cases.

Noticeably, the image of cannabis as a “not addictive” substance is particularly advocated by a group of peers, claiming to be hard drugs addicts with personal experience of “real” abstinence symptoms: they tend toward attributing negative effects to other problems than cannabis use (for example, from S. forum 12: *Your problem (the bad effect) is not necessarily related to THC, maybe you are going through a “down” period, you have low pressure and you are a little depressed*) . [...]

As seen, many users show much concern about the negative short-term effects, even if they do not appear to be so serious (for example: hot flushes, anxiety etc.). Most important, many users appear uncertain about the interpretation of the symptoms, whether they should be attributed to the substance or not. Many reasons may be argued for this uncertainty: first of all, information about cannabis use and its effects is still limited because cannabis is an illegal drug. This is a significant problem, particularly for young and very young cannabis users (most users using the fora and asking for information about cannabis effects belong to this age group, as was noticed by the experts’ panel). Secondly, the media reporting about the findings from brain research cannot be ignored. It wrongly presents evidence of permanent brain harm from cannabis use (see for example: *I am afraid that the harm may be irreversible, even if I quit cannabis* - PUC 10).

Nevertheless, the process of cannabis “normalization” is a reality as shown by the “fall of barriers” between legal and illegal drugs. The legal/illegal status of substances is no longer perceived in relation to the health risks, and cannabis is definitely considered as less risky than tobacco and alcohol. The term “smoking” is indifferently used both for cannabis and tobacco and many users decide to give up both substances at once. In the long run, as was observed, the “normalization” process undermines the prohibitionist system, which relies on the assumed social “unacceptable” risks of the illegal drugs, in opposition to the “acceptable” risks of legal psychoactive substances.

With regards to the semantic analysis, two dimensions have been identified using statistical analysis: Factor n.1, which can be labelled “Normalization”, which represents the passage from “normalized ” situations, typical in everyday life, to other cases where negative effects appear related to cannabis use, without however indicating problematic use. The Factor n. 2, which can be labelled “Problematic use/abuse”, seems related to more/less critical aspects, going from higher severity to a lesser level of negative effects. The total explained variance by the two factors (x=56,44%, y=43,56%) is very high, which demonstrates the statistical fitness of these results.

The mixed-methods analysis, for its complex feature, may provide a vivid picture of the





discussions that took place in the fora, from which useful implications can be drawn to plan suitable interventions and policies.

To be noted is that the main characteristics emerging from the semantic analysis are similar to those that derive from the thematic analysis, and this may strengthen the plausibility of the research carried out”.

The results of this research show the consequences of the nature of the site analyzed, which is promoted by professionals and mostly gathers communications that have to do with moments of crises or difficulties, even in the peer exchanges. Nevertheless, even in these fora the acceptance of the use of cannabis and its representation as a “normalized” substance and the breakdown from the

point of view of users of the formal barriers between legal and illegal drugs, is more than evident.

Beginning with the questions solicited by the research, the scenario that emerged during the seminar showed the role of the web as increasingly incisive. Many sections of dedicated sites have in their fora of peer exchange, a dedicated place not only for information but also for learning, for experiences and for sharing the social norms: a process of real social learning. One aspect that can be generalized for many virtual realities is, according to the expert participants of the seminar, the adoption of an empowering approach with respect to the maintenance or the recovery of one’s own functional use and coherently and combined, the deferral of the risk avoidance approach to that of managing the pleasure aspect and safe use. This move is one that consumers are well aware of.

In this sense the web is a space where on the one hand there is a reflection around perceptions and social representations and on the other hand there is a space created and given to a social and cultural “movement” that has altered direction and has adopted the point of view of those who use. In many cases the relationship with experts- for example the noted example of Doctor X¹² - is more than appreciated by consumers. The point in these web communications is not really that of “peer or professional” but that both demonstrate their competencies (even if diverse) and above all adopt the perspective of users with the aim of supporting capacities for self-regulation, control and management of pleasure. It is fundamentally a question of “reputation” more than role. For the web, reputation is a critical and crucial aspect. The risk of fake news is present and perceived by participants as worrying at times.

From a control perspective, the role of context in determining norms and social rituals is common knowledge, and the web as a new and pervasive setting must be given maximum

attention. There is a tendency by the dominant discourse faithful to the prohibitionist response, to criminalize the web, along with drug use, as an “infernal and uncontrollable” machine of drug use promotion. This also condemns the consumers, educators, parents as impotent. The control of the web, setting aside any considerations regarding drug use, is a battle lost before it began, whether it concerns the cryptomarket or communications or information: the running to close this or that site is similar to trying to empty the sea with spoon, comparable to the laughable effect of drug seizures on the global black market. The virtual setting is a new, other, powerful challenge to the repressive approach.



The technological setting is not something that “is added” to other settings (the market and use), requiring “an extra effort” in the same direction. It is something that redesigns the entire scenario, under the profile of accessibility to drugs and that of social norms. It certainly presents risks (with respect to cannabis the cryptomarket incentivizes the use of synthetic cannabinoids for example), but also opportunities.

This is something that a policy that intends to govern the social effects of the phenomena of drug use should be capable of incorporating. Among the opportunities there are, within the same development of the virtual market, devices of control of reputations and therefore the quality of the drug. These are unknown to the street market and can be utilized to work with the “quality” variable that has been seen to be crucial in control strategies. The web offers those who intervene with messages of risk reduction to reach a level that was unthinkable previously. The diffusion of on-line services (from outreach to netreach) such as drug checking, support and informed use of a drug, was unknown before; the offer of self-monitoring instruments and self-management such as professional consultations via chats; the diffuse circulation and sharing of experiences between peers who can themselves make, within the communications and the exchanges, functional norms of social control.

Drug policy and the support for controlled use

One of the results highlighted from the international research and re-proposed during the seminar debate regarding controlled use is the dis-empowering limit that the criminalization of use imposes on the processes of both social learning and on affirmations and sharing of socially informal controls. The mechanisms of this dis-empowerment operate on diverse levels. On the one hand the illegal statue of cannabis and black market dynamics expose those who use to uncertainty regarding a variable quality (which is a challenge to the adoption of stable rules for example around dosages or expectations, about the desired effects etc) and the legal risk for those who use. On the other hand, the sanctioning structure is an obstacle for the construction and free circulation of a culture of use and the socialization of informal social controls which makes it difficult for them to be widely adopted on a social level (as occurs with alcohol for example). The prohibitionist aspect therefore is seen as an antagonist to the perceptive of controlled use and overcoming this makes it coherently necessary. All of the studies conducted by states that have legalized recreational cannabis have concluded that in terms of public health, legalization has a much greater chance of success than that of prohibition.



A critical point is that of the relative ***“indifference” of the normalized use of cannabis regarding normative aspects***. In other words, all of the most significant research, including important comparative studies¹³, and including the research conducted for this project - which includes three national (relatively) diverse normative contexts - all testify to how a socially and acculturated normalized use such as that of cannabis is not a result of different formal systems of control (legislative, sanctions, more, or less, repression): the culture of use basically, is affirmed with relative independence to the laws. This is an aspect that is one of the critical points of the ineffectiveness of a prohibitionist policy and of the sustainability of those objectives. Nevertheless, politics and policy are a crucial variable, that influence - minimizing or maximizing- the costs imposed on those who use and on society as a whole, on correlated harm and as, has been stated previously, disempowers or vice-versa, gives value to, the mechanisms of social regulation. Therefore, politics *“do matter”*.

It needs to be said that behind the scenes is the open question- and this is a new front not to be ignored- of what exactly constitutes today a policy of public health: there are frequent

threats to the traditional approach of health promotion that inspired the same policies of harm reduction over the past thirty years. There is a (re)affirmation of an approach that gives a lot of space to the biological aspects of health and as far as drugs are concerned, continues to emphasize data around prevalence (a society is in good health if it doesn't use or uses little) to the detriment of the promotion of a pattern of safe, controlled and sustainable use (a society is in good health that knows how to use "well", without harm).

From a perspective of controlled use, the overcoming of a prohibitionist approach does not only signify the decriminalization of use and correlated behaviours, criminally relevant today, but also the construction of **new legal frameworks and alternative regulations**. It is obvious and legitimate, as stated during the seminar, that society and politics, for their respective areas, propose the objective of regulating the use of psychotropic drugs, to guarantee that the human and social costs eventually correlated to use are reduced and sustainable. Policy in particular should have the objective of promoting the health and wellbeing of the public.

Decriminalization should logically therefore lead to a new hypothesis for the regulation of the legal market and what is available, first of all, and also the adoption of measures regarding use (with respect to age for example, or the limitation of use in certain specific circumstances or situations, such as when driving a vehicle). Another critical point, and the object of debate, is that **concerning other formal controls**, aside from the area of criminal sanctions of use and correlated conduct. Are the normative production of **formal social controls** (of the Zinberg type¹⁴) themselves obstacles to controlled use and to informal social controls? Or are there formal social norms that place functional limits and facilitate informal controls? Once again alcohol (or even tobacco) has come to the aid of this dilemma: it is legal, its controlled use is based on a solid "culture of use" which is socially accepted, based on informal social norms and rituals, and at the same time there are also a few formal norms that contribute to regulate use in a functional way (age limit for example).

It should also be noted that these formal social norms regarding alcohol, for example aimed at minors, are accompanied from a very early age by "learning how to drink" in the family environment, in a social culture, which does not leave a minor alone facing legal prohibition. Once again formal controls appear to be useful and not counterproductive if, and only if, they are functional to and do not contradict the informal social rules, which provide them with direction and sense.

The question of minors is a question that should not be ignored. All of the models of legalization





exclude them (at different ages according to the model adopted) from access to the drug. This opens up a contradiction, a “hypocrisy of the rules”, as it is well known that underage young people use cannabis. Three different areas of action have been proposed. The first, complete decriminalization (and de-pathologization) of use for minors, both with respect to the penal and administrative sanctions applied; the development of places and methods of **drug education** for minors aimed at the adoption of models of safe use, from the very beginning; the use of new spaces of legal use of cannabis for adults, aimed at formulating informative and educational actions for young people and no longer total prohibition but rather a necessary course of growth and understanding that will bring them to maturity and the right

to use without being penalized. On an educational level this is a new prospective, empowering and active rather than dissuasive, and de-stigmatizing.

A number of key points emerged concerning the models of legal regulation of functional cannabis and controlled use and the social management of this phenomena. On the one hand, considering the changes of setting induced by legalization, it has been observed how this new “free” setting is itself the regulatory power for the norms and social rituals already present in the normalization process that is occurring. This occurs always, as a social process, despite the types of market regulation (whether they are commercial, a monopoly or other). In this sense, the process of normalization “ticks over” and it is not necessary to think of “dedicated” types and places. Even the CSCs and the coffee shops appear to be a form of the actual transition itself. On the other hand, the opposite was underlined: moving in the direction of controlled use, harm reduction, shared social rituals, having what could be called “intermediary social bodies” of use, “between the individual and the market and the state” - such as the CSCs - can go beyond the transition phase. These places could become subjects that play a part in the social governance of the phenomena, characterized by self-management, relationships, exchanges, safe settings, promotion of a cooperative not-for-profit economy, promotions and control of quality, social actions, political protagonism. Furthermore, a place of producing social rituals resulting in controlled use.

It was also highlighted how it would be useful, precisely from a control perspective, to avoid counterpositions that are too clear-cut between the models, recognizing that also within the commercial profit models there can be norms functional to controlled use (such as the coffee shops for example). The adoption of a **mixed model** (as in Uruguay for example) that allows for regulated commercialization as well as personal and collective self-management (including the authorization of cultivation for personal or group use) appears to be a promising prospective.

Recommendations

20 points for a new perspective

Controlled use and the intervention models

- 1** **Exit the “tunnel” of research on only pathological or problematic models (not generalizable) and widen studies in natural settings.** Adopt a ***viewpoint that is centered on the subjects and their contexts***, overcoming the “pharmacocentric” approach which hides the capacities of those who use drugs to control and modulate their own use. Adopt the viewpoint of the user regarding the functionality of their use, moving towards the importance of avoiding risks and harm (preventive approach) and towards a viewpoint of safe use, functional and sustainable (proactive approach). Adopt a perspective of drug education and of the ***management of pleasure***.
- 2** **Critically evaluate the increasing alarmism around the “uncontrollable” properties of cannabis** today on the market and the correlated renewal of repressive proposals of control. Identify ***natural control strategies*** for supporting and developing them; identify the factors that oppose these in order to disempower them.
- 3** **Learn to understand cultures, rituals and social norms** as crucial factors for controlled use. In the case of professional interventions, learn to include an intervention around ***“the individual in his/her context”*** as part of one’s own methodological ***baggage***.
- 4** In the case of a request for professional support for control, **create consultation contexts for short periods**, calibrated to the objectives of the user, reinforcing self-efficacy and avoiding potential paradoxical pathologizing effects and “learned helplessness” from intensive professional support.





Research

5

It is necessary to develop, promote and support **qualitative research on models of cannabis drug use**, with the aim of analyzing diverse models of use, identifying motivations, modalities, personal strategies and social controls. It is important to promote models of **participant research**, to give value and protagonism to the know-how of the reality of the social and cultural production around cannabis, such as the CSCs and other community-based realities.

6

The results of this type of research must be functional and spendable in the direction of **public strategies of support for controlled use of cannabis**. These strategies should be low risk and of minor impact on both individuals and society, within a perspective of the social and cultural governing of a phenomenon that is already widely normalized and of which the repressive or pathologizing models have had a scarce or zero effect.

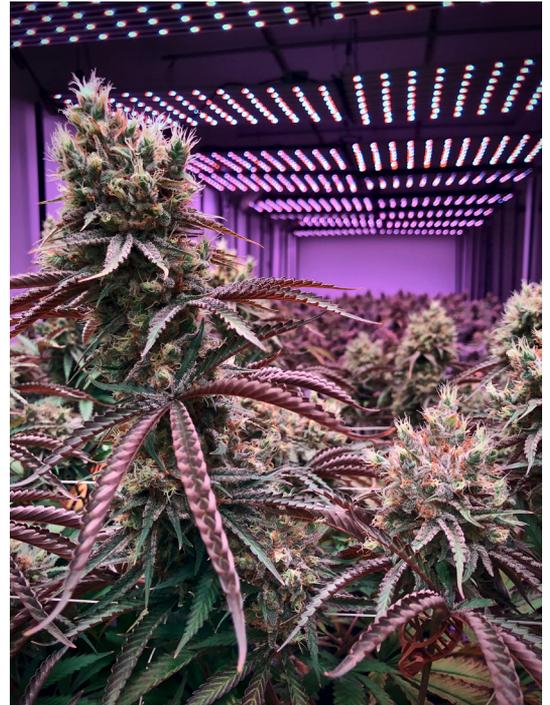
7

This type of knowledge is practicable to the objectives of social cohesion and public health that are not measured in terms only of harm reduction as such but are concentrated on the promotion of **models of safe and sustainable use** for individuals and communities.

8

During the research it is crucial to curate the **connection between research and social communication**, to promote alternative narratives to the dominant one which is a fear/scare approach. It is a priority to correct the language for correct representation of the phenomena of use.

CSCs and other social contexts of use and access to cannabis



9

The CSCs demonstrate their effectiveness in strengthening norms and social rituals aimed at controlled use.

As places for “social aggregation” they facilitate exchange and information, the creation of a cannabis culture, and they represent a network of relationships that facilitate social learning and the processes of de-stigmatization that reinforce self-regulatory abilities of individuals and affirms a social context that favours controlled use. In countries where the personal use of cannabis and associated behaviours are decriminalized, CSCs represent an opportunity “in the toils of the current law” **for the development of social informal controls on cannabis use** and the containment of potential at-risk behaviours. As such, with a view to public health, they should be supported and valued, not inhibited.

10

Even in the presence of a legal regulation of the market, keeping open - among all the possible options - that of **self-organization, self-cultivation and self-management proposed by the CSC model, could represent a significant contribution** under the profile of culture, **the socialization of rituals and the informal social norms**, and the promotion of safe use behaviours, not those of risk.

11

Different forms, including commercial, of **legal organization** for buying, for access, and for cannabis use, play a facilitating role for controlled use through the process of decriminalization, limiting the negative aspect that sanctions have on social controls. The contexts, including commercial contexts, can be used for actions of information, communication and promotion of harm reduction.

New technologies and the web

12

New technologies and the web represent a new setting for the market and for communications regarding the culture of drug use, and which radically change the drug scene. The web as a new setting has need of its own narrative, one that provides both the user and society a perspective based not on indiscriminate alarm and social panic but rather on knowledge of the phenomena of the new technologies, capable of providing a rational way of reading the situation together with an orientation on how to interact, relate and manage the phenomena. The alarmist narrative has the single result of producing impotence in the social actors involved. **It is necessary to develop research on technologies**, their devices and their use by users, also with the view of supporting self-regulation.

13

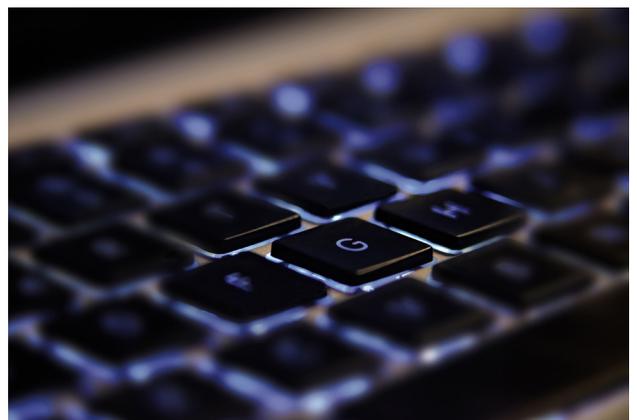
As in every context, the web presents risks and opportunities. The nature of the web means that the repressive responses initially (concentrated above all on the cryptomarket) do not appear to be adequate. A more efficient perspective would be to work on the **development of regulation and self-regulation norms** inspired by the concepts of reducing risks, harm reduction and promotion of models of controlled use. In this (self) regulatory process, users have a central role.

14

Under the profile of opportunity, **the web is an extraordinary occasion for communication**, both between peers and with experts and professionals, with the possibility both of sharing norms and informal social rituals and activating interventions- professional or informal- to limit risks and harm and to promote a safe and functional use (netreach).

15

The services and the workers who operate in the direction of controlled use, to support users in difficulty who intend to recover control, to limit risks and correlated harm, **urgently need to learn the language and competencies** and to attain skills adequate to this type of intervention.



Policy reform and the prospective of controlled use

16

The process of “normalization” of cannabis use in our society needs to be considered from its positive aspects, as it **reinforces social controls**, which in turn work to improve the management of the phenomena. **The decriminalization of use and the legal regulation of the market are the most rational and functional choices for controlling and governing the phenomenon.** They give space to **social controls and to individual and collective strategies for controlled use**, which are weakened, if not impeded, by the sanctionative and prohibitionist approach.

17

The **models** for legal management of the market and regulation of cannabis use are multiple, as experiences today demonstrate. **It is auspicious to adopt a mixed-model**, where a regulated commercial model with precise rules (necessary to guarantee controlled accessibility to the drug) is accompanied by the authorization for cultivation for personal and group use, according the approach of the CSCs and other models active in civil society. Social places of self-production favour the socialization and the diffusion of those norms and social rituals that are at the heart of a perspective of controlled use, self-regulated and safer.

18

A public health policy based of health promotion is practical, where the well-being and health of society is centered on competencies and the activation of subjects who are protagonists, above all users themselves, who in turn are seen as resources and have their rights respected. Support for controlled use is part of a health promotion approach.

19

Cannabis use by minors merits particular attention. Currently minors are exposed to risks from the illegal market and are largely unprotected from the actual punitive and pathologizing orientations that leave aside the education of informed and secure use. While it is plausible that the legalization of the market excludes minors to access to drugs (as happens formally with respect to alcohol), **the decriminalization of use and correlated behaviours is a necessary step:** necessary to “free” minors from legal risks (often predictive of a career of stigma and social damage), and necessary to orientate educational actions towards support of a model of controlled use, especially in the initiation phase.

20

People who use drugs are still too absent from the political debate around a subject that regards them directly, and even more absent from the decision making process in merit. This is both a question of citizenship, democracy and rights as it is of eliminating the stigma and deconstructing an image that denigrates. Furthermore, for a concrete provision of competencies and knowledge, **it is necessary to promote their voice and their participation.**

Notes

- 1 NAHRPP- *New Approaches in Harm Reduction Policies and Practices* in <https://www.fuoriluogo.it/ricerca/nahrpp-nuovi-approcci-riduzione-del-danno/>
- 2 Stefano Bertoletti, Antonella Camposeragna, Tom Decorte, Ruben Kramer, Patrizia Meringolo, Òscar Parés, Susanna Ronconi, Grazia Zuffa
- 3 The list of participants is in <https://www.fuoriluogo.it/ricerca/nahrpp-nuovi-approcci-riduzione-del-danno/>
- 4 An exhaustive bibliography is in Scientific Repertoire "From Diseased to In-Control? Towards an Ecological Model of Self-Regulation & Community-Based Control in the Use of Psychoactive Drugs, www.fuoriluogo.it/wp-content/uploads/2014/01/NADPI-scientific-repertoire.pdf
- 5 Zinberg N. (1984), *Drug, set and Setting. The basis for Controlled Intoxicant Use*, Yale University Press
- 6 National and Final Reports in www.fuoriluogo.it/ricerca/nahrpp-nuovi-approcci-riduzione-del-danno/
- 7 See IDPC (2019) *Taking stock: A decade of drug policy - A civil society shadow report* <https://idpc.net/publications/2018/10/taking-stock-a-decade-of-drug-policy-a-civil-society-shadow-report>; *Global Commission on Drug Policy Reports, mostly (2011) The war on drugs.* <http://www.globalcommissionondrugs.org/reports>. Data and negative trends dealing with all the drug policies areas are in UN Annual Reports.
- 8 Zinberg, cit
- 9 In Italy, where CSC are illegal, some users' and activists' organizations working for drug reform, harm reduction and self cultivation have been involved
- 10 Pardal, M. (2018). *An analysis of Belgian Cannabis Social Clubs' supply practices: a shapeshifting model?* *International Journal of Drug Policy*, 57, 32-41; Pardal, M., & Decorte, T. (2018). *Cannabis use and supply patterns among Belgian Cannabis Social Club members.* *Journal of Drug Issues*, 48(4), 689-709.
- 11 Cannabis users' fora on [www. Sostanze.info](http://www.Sostanze.info). Year 2017, in www.fuoriluogo.it/ricerca/nahrpp-nuovi-approcci-riduzione-del-danno/
- 12 <https://energycontrol-international.org/doctor-x-files-page/>
- 13 See note 4
- 14 Zinberg N. cit

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