Cannabis in the City: Regulation and local authorities in Europe

Interactive Seminar
Brussels, November 19–20 2018
Background

This interactive seminar was designed to give participants from several European countries the opportunity to exchange local experiences of cannabis regulation at the sub-national level and to reflect on preliminary findings of an analysis of advances in cannabis regulation in six European countries. The primary goals of the seminar were information exchange, mutual learning, and joint exploration of possible ways forward in the current European context.

The seminar was organised by the Transnational Institute (TNI), as part of the project funded by the European Commission and Open Society Foundation, New Approaches on Harm Reduction Policy and Practices. Participants were mainly local policy-makers, civil society representatives, and engaged researchers from Belgium, Denmark, Germany, the Netherlands, Spain and Switzerland, as well as participants from Italy and the UK, and representatives from European Union (EU) institutions. Sessions provided all participants the opportunity to share information on the current situation in their country, the prospects for local projects to regulate cannabis, and the potential level of interest in creating a network of European cities to further advance policy-related work on the subject. The second day of the seminar convened a smaller group of participants to discuss in more detail cities’ needs and the possibilities of creating a network of European cities advancing cannabis reform.

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Introduction

Cannabis for non-medical or scientific use is illegal in Europe, since European cannabis policies are heavily based on the United Nations (UN) drug-control conventions. Although the recreational use of cannabis has been decriminalised in the countries under scrutiny, its cultivation and distribution are prohibited. The substance is, however, widely available. Current cannabis policies throughout Europe cause problems in terms of criminality (illicit trade and cultivation and the use of proceeds to fund criminal activities), public disorder (i.e. street dealing), unsafe situations (e.g. fires in indoor plantations), health risks for users because of the toxic residues in cannabis, and young people’s easy access to cannabis due to flourishing illicit markets.

National legislation depends on politics, often relying on moral arguments and the perceived harm of the substance. At the city level, however, more pragmatic policies sometimes prevail, as local and municipal governments seek to balance citizens’ interests with national legislation. National governments prohibit recreational cannabis markets while health professionals and policy-makers at the municipal and regional level try to find practical solutions. Increasingly, cities see new possibilities for a more effective and humane policy based on the regulation of controlled cannabis markets rather than total prohibition. The current situation provides ample evidence that prohibition is ineffective and that existing drug policies are failing to secure the safety and health of city dwellers. Although it seems that virtually any form of regulation would be an improvement upon the current situation, there is no consensus in Europe, or even within particular countries, on the best way to undertake reforms.
Key Features and Landscape: Main points from the draft comparative analysis of six country studies

Local authorities in several European countries are seeking tools and mechanisms to regulate their local recreational cannabis markets. At the same time, EU-level consensus on national cannabis regulation looks as unlikely as ever. To get an overview of the current situation, six experts from Belgium, Denmark, Germany, the Netherlands, Spain and Switzerland produced country-level reports, looking at the history and current developments regarding cannabis, including attempts to implement regulation. Subsequently, a comparative analysis on the advances in cannabis regulation was undertaken. The main points from the comparative analysis presented at the seminar were as follows:

• Looking at the developments in the six countries, a wide array of approaches have been employed to deal with a problem that sees a high level of policy resistance in which actors are pulling in different directions and everyone has to make great efforts to maintain the status quo, which satisfies none of the parties.

• At the level of national governments there is a deadlock, with no clear majority in parliaments or in government coalitions to legalise and regulate a recreational cannabis market for non-medical and non-scientific use, even though legalisation and regulation is taking place outside Europe (Uruguay, Canada, ten US states, and possibly Mexico).

• National governments in Europe are bound by international obligations – the UN drug-control conventions and EU legislation – which limit the room for manoeuvre, particularly regarding the supply of cannabis, and the diplomatic repercussions of cannabis control reform.

• Local authorities tend to look at the issue from the perspective of resolving public disorder arising from street dealing, illegal cultivation and involvement of organised criminal groups in the local market, and need policy instruments and legislation that national governments cannot or will not provide, depending on the political constellation.

• Confronted with the fact that it is virtually impossible to eradicate the cannabis market – due to the substantive social, public health and law-enforcement costs that would be involved – and in the absence of clear legislation and regulation at the national level, a certain leniency towards cannabis developed since the late 1960s when cannabis use substantially increased in Europe.

• Since the 1970s, the six countries have engaged in so-called ‘soft defections’ from the prohibitive regime enshrined in the UN drug-control conventions. Over time, starting with the Netherlands in the mid-1970s, the countries gradually decriminalised possession for personal use, and, to a lesser extent, cultivation for personal use, through prosecutorial guidelines and giving cannabis a low law-enforcement priority. The supply of cannabis remained strictly prohibited.

• In practice, it is often left to local authorities to manage the resulting ‘grey zone’ due to the ambiguities and loopholes in the national drug legislation. Depending on the country’s formal governance structure, local authorities in cities and regions have a specific role to play as they are the governance level closest to the population and have substantial autonomy to implement social and public health policies and maintain public order at the local level.

• Cities bear substantial costs of existing drug policies, both financially and operationally, given their
role in designing policy practices which suit their respective local contexts. They often function as ‘laboratories’ for experimentation with innovative and sometimes unconventional policies, which might eventually become national policies (e.g. the introduction of harm-reduction measures).

- Several cities and regional authorities in the six countries are looking for opportunities to regulate. With the exception of Spain, sub-national authorities in northern European countries are moving towards experiments or pilot projects with regulated recreational cannabis markets, with different levels of success: in the Netherlands a limited national experiment is currently being developed, while in Denmark and Germany proposals have been rejected. In Switzerland a change in the law to allow for such experiments is under way.

- The point of departure for regulating the recreational cannabis markets is different in the six countries. In the Netherlands and Spain there are dispensary systems like licensed coffeeshops or unregulated Cannabis Social Clubs (CSCs), on which regulation might be built. In other countries, local authorities have to start from zero. Options vary between commercial and non-profit models, including the involvement of pharmacies. The emerging phenomenon of cannibidiol (CBD) shops might also offer regulatory prospects.

- Formal or informal cooperation of reform-minded local authorities at the national level in expressing the need for reform increases the likelihood of making progress (i.e. the Netherlands and Switzerland).

In the follow-up discussions, representatives from the various countries raised several issues regarding their national situation. It became clear that attempts at reform depend on the strengths and powers of municipalities or regions, and that the national-level governance structures play a significant role in the feasibility of making reforms at the local level.

**Denmark**

The influence of cities can vary significantly, depending on the party in power at the national level. When the Social Democrats are in government, cities tend to have more influence – mainly informal – on the topic of cannabis.

In the Christiana open-air market in Copenhagen cannabis is sold openly by illegal dealers, giving rise to a constant battle between them and the police. There is no strong activist movement in Denmark. Copenhagen proposed regulation of the local cannabis market in 2012, 2014, and 2016. The proposals were all rejected, even by a centre-left government.

**Germany**

Law enforcement in relation to drugs is declining, but the police still arrest many people for drug-related offences. There are two police unions: one is against the regulation of cannabis while the other is in favour of experiments with regulated cannabis supply.

About 20 German cities have expressed interest in some kind of cannabis regulation. In Germany, municipalities have considerable autonomy regarding health-related issues and can propose their own
local experiments. In this framework, in the past some seven cities experimented with the legal supply of heroin as part of harm-reduction programmes during the 1990s heroin crisis. Those experiments were organised under an exception to the Opium Law which allows for scientific research. However, operating under this kind of exception limits the scope of possible experiments. Furthermore, the cities’ powers are limited and depend on approval of the Federal Institute for Medicine and Medicinal Produce (Bundesinstitut für Arzneimittel und Medizinprodukte – BfArM).

There is currently no formal association of cities in favour of legally regulated cannabis (as has emerged in the Netherlands), although participants shared information on an informal network. Cities like Berlin and Düsseldorf have tried to organise pilot projects to supply regulated cannabis under the rubric of scientific experiments, but date no such application has been approved. With a change in political leadership anticipated in the next Federal election in 2021, analysts anticipate that there may be greater flexibility.

The Netherlands

The Netherlands is unique in Europe for its distribution system based around licensed coffeeshops selling small quantities of cannabis. But the production and trade of cannabis, and the sale to the so-called ‘back door’ of the coffeeshops is still unregulated. This causes huge problems (criminals produce and trade cannabis, and reap the profits, which also raises safety and public health issues).

A bill to regulate the supply of cannabis to coffeeshops is currently pending in the upper house of parliament, after being approved in the lower house in February 2017. A new government coalition, comprising parties that want to regulate the supply chain to coffeeshops, and others that prefer to close them down, decided to start an experiment with a regulated ‘seed-to-sale’ cannabis supply for coffeeshops in six to ten cities (see below). The scientific experiment is to be organised by the government but details are not yet entirely clear. Cities in favour of regulation are working together in the Association of Dutch Municipalities. Many Dutch mayors have signed a Manifesto calling on the national government to regulate cannabis. There is a national framework within which local authorities are obliged to act. Municipalities may not set up their own rules or regulatory system, and so need to influence the national policy agenda. Most initiatives to mobilise consumers in the Netherlands have failed. The Dutch activist movement is not very strong.

The exchange of information and communication between coffeeshop owners and other parties is limited, owing to the mutual lack of trust. In some cities, local civil servants organise meetings with local coffeeshop organisations and/or coffeeshop owners. But this is mostly a ‘one-way street’: local authorities inform coffeeshops about changes in policy but give little opportunity for feedback. Most local coffeeshop organisations are active only when a change in policy takes place or is anticipated. For example, the rules to obtain a license for a coffeeshop are changed occasionally, which often meets with resistance or advocacy efforts from existing coffeeshop owners.

In order to participate more strategically in national and local conversations regarding cannabis regulation, 250 coffeeshop owners formed an association called Cannabis Connect, which has been very active in debates about cannabis reform in the last year, presenting alternative proposals on how to set up the experiment. Although municipalities were initially in favour of the experiment, the strict rules and regulations under which it is proposed to take place have led to second thoughts, especially in the larger cities.
Spain

Municipalities do not have much influence, but the autonomous regions like the Basque Country and Catalonia do have some space, and also have their own police forces. The regions, and not the cities, are leading the way in this subject. In both the Basque country and Catalonia there have been attempts to regulate cannabis, building on the existing networks of Cannabis Social Clubs (CSCs). However, these initiatives have faced resistance from the national government and national legislation. In both regions there is a more tolerant attitude towards cannabis than in the rest of Spain, and have established certain rules about opening hours, sanitary conditions etc. for CSCs, but there are no rules in terms of drug law enforcement or public health.

Spain never had legal regulation of cannabis markets, and the police and lower courts were relatively tolerant of CSCs and resisted prosecuting them. In recent years, however, the higher courts have been more aggressively prosecuting CSCs, which are accused of drug trafficking and organised crime. Regional authorities lack the authority to regulate these organisations in the face of opposition from the national government and higher courts, nor to implement comprehensive regulation of local licit recreational cannabis markets.

Activists and social movements are, however, trying to influence the government, putting pressure for reform. There is an active, self-organised social movement in Spain and the existence of the CSCs forces local authorities to act. Activists frame cannabis regulation as a public health issue, and harm reduction has been one of the key features of their campaigns. At the same time, a collective of academics and activists has made a detailed proposal for national-level reform of the existing cannabis regime.

Switzerland

The situation in Switzerland is similar to that in neighbouring Germany: some local proposals for local projects with regulated cannabis have been made but not so far accepted by national legislators. In Switzerland, cantonal governments play a major role in law enforcement.

Heroin-related experiments are also an important feature in recent Swiss drug policy. Several well-known city-based heroin projects took place, and cities played a major role in driving these developments. Today, cities and cantons are again playing an active role in generating new ideas and proposals for cannabis regulation and are looking to set up trials. After mutual consultation, they started to work on different proposals for cannabis production and distribution. The best way to develop cannabis regulation at the local level was through scientific trials under article 8 of the narcotics law, according to legal guidance, following the example previously used to introduce medical heroin prescription. Two cities (Berne and Zurich) and two cantons (Basel and Geneva) were to be the first in attempting to implement the cannabis distribution trials.

United Kingdom

At the local level some police forces, in particular some locally elected police and crime commissioners charged with securing efficient and effective policing of a police area, are doing some interesting things, including giving low priority to cannabis offences and supporting a debate on CSCs. This creates some potential for experimentation as local-level police officers and health professionals are willing to
undertake trials and there is also some support from local authorities. At the national level, however, nothing has really changed.

**CBD and Medical Marijuana**

An important phenomenon is the recent rise of the use of CBD or cannabidiol, which is generally not considered psychotropic. In some countries (France, Italy, the Netherlands and Switzerland) shops can legally sell CBD products as long as these do not contain more than 0.2 per cent or 1 per cent of THC, depending on national regulations. Users claim that these products support better sleep and reduce stress. Likewise, cannabis which contains very low levels of THC and which is purchased and consumed for its CBD, or other beneficial qualities, is legal in several European jurisdictions, including Switzerland.

At the same time, many countries have adopted regimes for regulating medical cannabis, which some participants consider a ‘game changer’. In most countries, cannabis or cannabis derivatives (e.g. oils, tinctures) containing THC can be obtained only with a prescription from a licensed medical professional. The image of cannabis as a medicine rather than a recreational drug may lead to changes in public opinion and therefore to increased political debate on its regulation, although many jurisdictions that are open to medical cannabis remain deeply critical of recreational use.

**Germany**

In Germany, doctors may prescribe cannabis – although they must state that every other treatment has been ineffective. Patients must make a special application in order to have the medicine covered by their health insurance. So far, some 30,000 such applications have been made of which around 66 per cent have been approved, meaning that their use is covered by health insurance. There is no regulated recreational market in Germany.

**Netherlands**

Legal medicinal cannabis is available by prescription in pharmacies in the Netherlands, but both medical and ‘therapeutic’ users – who use cannabis for health or wellness benefits but without a prescription – are increasingly also organising themselves. Workshops are run to teach people how to grow their own plants and how to make cannabis oil. In the city of Tilburg, a group of patients managed to obtain a license from the local municipality to grow their own plants (up to five per person) under strict conditions. In the last two years, in several cities, SCCs started to provide information about using and growing CBD cannabis. Members of these clubs can order products online. CBD products (without THC) are legally available in pharmacies and health-food stores around the Netherlands.

Medicinal cannabis and CBD products may have an important influence on the way the society perceives cannabis. If you are making pure, high-quality cannabis available on prescription, it may be harder to justify forcing recreational users to access potentially dangerous or contaminated cannabis via the illicit market.
Switzerland

In the last two years, ‘CBD shops’ have appeared, especially in smaller cities. This happened after cannabis with a maximum of 1 per cent THC became legal. The market changed very quickly. Now CBD products (with a maximum of 1 per cent THC) are available in teas, drops, cigarettes etc. Initially, it seems that recreational users were experimenting with this ‘legal cannabis’, but are increasingly returning to illicit cannabis and losing interest in ‘legal cannabis’ as an alternative.

The limit of 1 per cent THC was a practical decision to avoid false positives in testing industrial hemp and similar products. Nobody realised that this might create a new recreational market, described by some as a ‘green rush’, but it seems that this market is now saturated and shops are beginning to close. The city of Lausanne is interested in a project focusing on the CBD market, because this is currently the closest thing to a regulated licit cannabis market. The city authorities want to find out if there is a move from pharmacies to CBD shops, as well as investigating who is using CBD products.

In a separate study that was based on interviews with some 1500 cannabis users, researchers found that they included not only the previously known groups of medical and recreational users, but also a smaller group of people who are older, with a higher proportion of women and no history of recreational cannabis use, and who are using CBD (mostly as drops) for therapeutic reasons. Therapeutic users were very positive about the effect of CBD on sleeping and stress, less so about other benefits sometimes mentioned.

In general, products that can be smoked remain the most popular form of consumption, although many more preparations are available. The CBD rush in Switzerland was mainly caused by former THC users, who wanted to try it as a kind of ‘cannabis-lite’, but other kinds of users also emerged who had not been making recreational use of cannabis. In other countries these non-recreational users, often older women, are pushing up CBD use.

United Kingdom

CBD products (oil) are also available in the UK, but are very much viewed as medical products and not related in the public mind to the recreational use of THC-containing cannabis.

Characteristics of the Dutch Cannabis Market

To obtain more insights into the needs and purchasing behaviour of cannabis consumers, in 2016, researcher Nicole Maalsté started an online survey under the name ‘Grass Poll’. Besides gathering data about the Dutch cannabis market, the Grass Poll serves as a tool to ‘activate’ cannabis consumers and make them more visible in the debate on cannabis. To date, 13,000 respondents have completed the questionnaire. Results are used to inform policy-makers and can serve as a baseline to measure the effects of changes in cannabis policy for the future.

Moreover, results are analysed by researchers at the Utrecht University to better understand the characteristics of unregulated drug markets. There are plans to publish the findings from this research in international scientific journals.
To understand the Dutch cannabis market, Maalsté also undertook research on ‘cannabis menus’ (varieties, prices) in coffeeshops.

Conclusions

- The Dutch cannabis market is self-regulating.
- Dutch cannabis consumers make intuitive choices.
- Coffeeshops are using different business models to meet the diverse needs and purchasing behaviour of cannabis consumers.

Experiments and Pilot Projects

In Denmark, Germany, the Netherlands, Spain and Switzerland, local or national initiatives regarding regulated cannabis have been proposed. Some have been rejected while others are still awaiting a decision.

Project in Denmark

The mayor of Copenhagen has proposed and applied for a cannabis experiment, although three similar proposals have been rejected by the national government. The aim of the project would be to prevent young people’s access and exposure to cannabis, and to reduce the illicit market and address the problem of criminal gangs, and associated violent turf wars, in the city.

The current proposal is for a three-year trial. Production would be regulated, with cannabis produced and distributed by the state. Prices would be fixed and the quality of the cannabis would be similar to the quality on the illicit market. The cannabis would be available only for residents of Copenhagen (or possibly Denmark). The City of Aarhus has also expressed some interest in local regulation, but has not yet made a formal proposal.

Projects in Germany

German cities proposed initiatives similar to those put forward by Swiss cities. Dusseldorf, Berlin and other cities tried to get permission from the national regulatory authority (BfArM) to start experiments. Their interest was driven by an open and aggressive illicit market in a number of cities, notably Berlin, which created major pressure from residents to find a better solution. However, these applications were also rejected on the grounds that national drug laws do not allow for such experiments. Nonetheless, a small network of German cities involved in studies of or proposals regarding cannabis has been initiated and proposals have gained very diverse support, for example from social workers and hemp growers.
The Cannabis Experiment in the Netherlands

The Netherlands is organising an experiment to regulate the so-called ‘back door’ of coffeeshops. In six to ten cities, coffeeshops will be supplied by regulated producers, for a trial period of four years. The experiment is being organised by the national government and constitutes a kind of compromise position. In the face of political pressure for full regulation, the experiment is being undertaken as a less controversial option. The effects of the regulated supply will be monitored, including on health, criminality and the economy. Observers fear that if the experiment fails – which depends to a large degree on how it is structured – this could discredit regulation as an option for addressing issues with the cannabis supply.

Several issues still have to be resolved before starting the experiment including:

• As originally planned, the experiment will last for four years. If it is successful, however, it would make no sense to stop after four years: coffeeshops supplied in a ‘legal’ way would have to return to the illegal providers after the experiment. A commission looking into how to set up the experiment advised against an abrupt end and proposed to continue if there were no major problems. The government, however, rejected the advice.

• Mayors do not want to exclude non-residents from the experiment. If tourists may not enter coffeeshops, especially in Amsterdam, there is a concern they will try to buy cannabis from street dealers, and lead to more street dealing. This would replicate the situation that played out in 2012 when the Dutch government piloted a ‘club pass’ requirement in coffeeshops in several municipalities, which required registration in order to buy cannabis. Many users turned to illicit markets rather than registering, leading to increased street dealing and, therefore, less government control of the cannabis market.

• Several municipalities also objected to the requirement that all coffeeshops in a municipality should participate in the experiment. This was not considered feasible, in particular in large cities such as Amsterdam where about a third of Dutch coffeeshops are concentrated.

• The coffeeshops united in Cannabis Connect have proposed that the transition from illegal to legal products should be undertaken with intermediate steps to allow consumers to get used to the new products, and to ensure that suppliers are able to produce the variety and quality of products consumers expect (and can obtain from illegal vendors). A problem was perceived with cannabis resin products (hashish), which is imported mainly from Morocco, but would no longer be allowed. Coffeeshops doubt that hashish produced in the Netherlands would be of the same quality.

Comments from participants:

• The goals of the experiment should include:
  • reducing the size of the ‘black market’
  • making illicit access to cannabis, for example by minors, more difficult
  • rather than the government asking whether the current experiment makes it possible to create
a closed chain from producer to consumer, the question is rather whether it is possible to offer consumers safe(r) products

Projects in Switzerland

Several cities (including Berne, Basel, Zurich and Geneva) have developed proposals for local cannabis experiments. The proposals focused on subjects like self-medication, problematic use and recreational use.

In Berne, the city, in cooperation with the University of Berne, proposed an experiment based on supplying cannabis through pharmacies (SCRIPT: Safer Cannabis Registration in Pharmacy Trial). Although not ideal as an experiment in regulated markets, this was designed to be compatible with existing laws, and to see whether distribution through pharmacies could be successful with users. This was conceived before the emergence of CBD shops, so it may be reconsidered.

The City of Zurich proposed a three-year scientific experiment focused on problematic users. Meanwhile Basel proposed a study fairly similar to Berne’s, focusing especially on self-medication – people using cannabis for sleep or anxiety reduction – and to evaluate whether legal sales changed their consumption.

In Geneva, in 2014 an interparty group of politicians developed an interesting initiative. The group tried to depoliticise the discussion by including participants from across the political spectrum: no party politics should be involved: ‘it’s an issue of the society, not of political parties’.

The group undertook self-financed (no-one was paid) low-cost research. Their aims were:

• No promotion of cannabis, just regulating its use
• A cost-neutral project (no major investment by the state and no major profits)
• Centralised production
• Reduction of the illicit market

The group wanted the federal government to organise an initiative to give three groups of cannabis consumers 40 grams a month. In all cases, the cities proposed requirements for participants. Experiments would be open only to residents of the city in question who were over 18 years of age, and were already users (i.e. not new users). Experiments would not be open to psychiatric patients or to women who are pregnant or breastfeeding.

So far, all proposals have been rejected by the Swiss Federal Office of Public Health, because the existing Swiss narcotics law did not allow for such experiments. The government was not opposed in principle, however, and efforts are under way to introduce an amendment to the Swiss narcotics law to make it easier to undertake these kinds of not strictly medical trials – but the process may be time-consuming.
Remarks on the different projects

- **Germany**: In cities there is resistance to the slow process of national legislation. Reform is blocked at the national level but cities want change. This is why some cities are proposing cannabis projects (bottom-up policy-making). While a project is not a permanent solution, it brings some movement to an otherwise deadlocked situation (small policy steps).

- **Netherlands**: Some advice for projects in other countries could be:
  - If mayors join forces they can give a strong message to the national government: at an annual meeting of the Association of Dutch Municipalities in 2016, 89 per cent supported the idea of regulating cannabis production.
  - Try to involve ministers of Health and Justice.
  - Always remain positive and constructive in discussions.
  - Set clear goals.

- **UK**: Changes on the ground are important. Give the police force a voice – many police officers may be opposed to unnecessary criminalisation.

  - Local media can be easier to reach and work with than national media, and may also have an influence on national media. Local initiatives can influence national initiatives.
  - National politicians are not concerned about cannabis, and society in general does not see the cannabis problem as urgent and pressing. We need to broadcast the problems associated with the current system.
  - The history of the introduction of harm-reduction policies to counter the heroin crisis in the 1990s provide a good example of bottom-up policy-making by municipalities:
    - The movement on harm reduction started in the 1990s in cities like Amsterdam, Frankfurt and Zurich. Local initiatives for heroin users became the subject of national discussions and, eventually, initiatives.
    - The general idea became: drug policy has failed, we have to help addicts, not put them in jail. The idea that ‘we have to learn to live with drug use’ became widespread.
    - 1990: *The Frankfurt Resolution*. Networks of people from different disciplines (justice, health, politics) worked together. Cities collaborated on harm reduction. There was an exchange of information between cities on what worked and what did not, sharing best practices. They brought information from the practical to the political level.
    - Amsterdam, Frankfurt, Hamburg, and Zurich initiated a network by signing the Frankfurt Resolution, which became the charter of the European Cities on Drug Policy (ECDP). Other cities joined, and annual conferences were convened to share best practices. These cities joined forces to advocate a more pragmatic, less prohibitionist, drug policy and adopted a set of innovative harm-reduction measures, such as heroin-substitution programmes, social inclusion.
through housing-and-work programmes, drug-consumption rooms and heroin-assisted treatment.

- The resolution is signed by a number of European cities, which might be interesting potential contacts for further work on cannabis regulation from a harm-reduction perspective

- **Germany:** There are other major public health issues apart from cannabis: every year some 100,000 people die as a result of smoking tobacco. Maybe cannabis is not really a problem, except perhaps for the young age of users.

- **Netherlands:** Coalitions emerged around the heroin problem when open drug scenes and associated public disorder became a major problem. There was a sense of urgency in the cities, where the problem was visible.

### How Can Local Authorities Influence National Policy?

**The Manifest Joint Regulation (Netherlands)**

Dutch mayors came together to produce the ‘Manifest Joint Regulation’ in January 2014; a clear political call for regulation of cannabis production. This example shows how municipalities can be agents of change in drug policies. Regulated sale of cannabis is already practised in coffeeshops in the Netherlands but production is still illegal and cannabis reaches coffeeshops through the illicit market. In 2015, a working group of mayors and aldermen of Dutch municipalities published a report through the Association of Dutch Municipalities, *Het failliet van het gedogen* (Toleration: A bankrupt policy), which concluded that the policy of toleration was no longer adequate and had become untenable to effectively tackle the problems they faced, in particular the organised crime groups controlling the supply of cannabis. They proposed the regulation of the entire chain, from seed to sale. At a subsequent annual meeting of the Association, 89 per cent of the municipalities endorsed the proposal. In 2018 the government finally agreed to start an experiment to determine whether it is possible to produce and distribute fully regulated cannabis, to be sold in the coffeeshops.

The idea is to guarantee the safety and quality of cannabis sold in coffeeshops (i.e. it should be free from toxic residues or moulds). The experiment should reduce the illicit market (and, therefore, indirectly reduce both the power of criminal gangs and the ability of underage users to obtain cannabis). Meanwhile, regular testing should reduce possible health hazards associated with contaminated cannabis.

The sense of urgency for change came when 61 Dutch Mayors (out of 390) signed the Joint Regulation Manifest. The problem facing cities was defined as a public order problem and the ‘tolerance’ policy that had prevailed since the 1970s was described as ‘bankrupt’.

### What can be learned from the experiment in the Netherlands and regulation in Canada, Uruguay and various US states?

- It takes a lot of time, but cities can set agendas
• International law (the UN conventions) does not necessarily prevent progress

• Coalitions (with parents, police officers, entrepreneurs etc.) are critically important. In Colorado, business people, health workers, tax experts, police officers and activists worked together to realise regulation.

What is needed for regulation to move forward?

• A sense of urgency

• Shared problem definitions

• Four key questions:
  • What is the problem?
  • Whose problem is it?
  • What bothers you about the current situation?
  • What will happen if you do nothing?

• Unconventional leadership can also play a role (President Trudeau in Canada)

• Short lines of communication are important in advocacy: talk with people in the street

• Good political back-up – look for opportunities

• Depolitise the discussion

• Rephrase the problem, to go beyond this particular issue – cannabis itself it not the problem

**UK:** Parents who have lost a child to drug-related issues can bring home the urgency of the situation. These parents can be very strong advocates for better policy. Try to get people who are affected by current policies to speak out, e.g. those affected by aggressive street dealers in Berlin.

**Reflecting on the Future of Cannabis Regulation in Europe: Ways forward and next steps**

• **Netherlands:** Every city has a different approach. It’s a matter of framing. Every city should use the angle that helps in its advocacy, but there are also many similarities across cities. Personal stories often help to change people’s minds.

• **Switzerland:** Cities need success stories, exchanging good practice, sharing facts we can use as arguments, answers to questions like how to create a sense of urgency. Plain answers to plain questions.
Critical information should be digested – policy-makers are not scientists, so need they data they can use: What do the data mean for our situation? Which sources are reliable? And, in the ocean of information, what information do we really need? At the same time, ‘digesting’ information can often become political information: we need credible, value-neutral assessments.

Germany: A network could be beneficial. Many projects look the same in different countries. Why should each city reinvent the wheel?

Netherlands: It would be ideal to join existing networks, for instance EuroCities.

Other options could be the Council of Europe or the Pompidou Group.

A network of cities could also be an interesting source of information for EMCDDA, which might be able to offer some support.

The Potential Role for a ‘Cannabis Regulation Task Force’?

The second day of the seminar was devoted to the question of how a potential ‘cannabis regulation task force’ could help local authorities to make progress on the issue. While participants raised questions about the best structure for carrying the work forward, all agreed that a network of NGOs (civil society groups), academics, and municipalities) would be useful for exchanging information and project proposals. As one participant put it: ‘We, civil servants in the municipalities, don’t have the information we need about cannabis regulation. We are no experts in this field. We have some general information, but we don’t know everything we need to start projects like this [...] It takes a lot of time for us to find relevant data. ... [W]e need this information’.

Local authorities need more capacity to develop, propose, and defend regulation proposals. In particular, participants identified the need for:

- A package of basic data and relevant scientific studies on cannabis
- Results from other jurisdictions implementing regulation. Evidence-based answers to questions such as whether young people consume less or more when cannabis is regulated
- Sharing strategic information – Which partners are key to get on board? How to identify potential allies or opponents? What strategies have been effective for alliance building?

Local governments need basic data and information on what cannabis regulation means for a local authority. However, as another participant said, ‘There is too [much] information available. [We need] just the relevant information ... summarised to a level that it is useful to policy-makers. And ... translated into the main language used in a municipality’. Freely available and regularly updated information would be especially useful. At the same time, it was clear that municipal civil servants have neither the time nor the mandate to coordinate such a network. Civil society, possibly in partnership with academic institutions, could make a valuable contribution by curating and sharing such information. While municipalities must have a stake in this process, time constraints are a major issue, so no proposed format should be too time-consuming to be useful.
An important initial task for a network could be the identification of ‘key questions’ needed to advance a regulation proposal (e.g. ‘10 challenges for regulation). Another useful service could be in the form of a flexible ‘task force’ that could respond to requests for assistance, for example by providing information needed for political debates or campaigns. Information about failed regulation efforts could also be extremely useful: Why were cannabis pilot projects rejected in Germany and Switzerland? Why did the Cannabis Social Clubs in Spain not get traction at the local level? Finally, regular updates on policy changes at the local, national, and global level would be invaluable.

Participants were keen to have access to these types of information, and saw an important role for a group or service to help them overcome their lack of time and resources for research. A regular newsletter – intelligently edited, filtered, and ‘pre-digested’ to provide the most relevant information, carefully curated collections of data, and potentially an annual conference for networking, could all provide critical support for municipalities struggling to develop and defend their own regulation proposals.
NEW APPROACHES ON HARM REDUCTION POLICIES AND PRACTICES

The NAHRPP project (New Approaches in Harm Reduction Policies and Practices) is a joint project of the Transnational Institute (TNI), based in the Netherlands, ICEERS (Spain), Forum Droghe (Italy) and Diogenis (Greece), supported by the European Union. The project addresses recent drug policy developments in Europe.

One section of this project, led by TNI, is focused on the role of local authorities in cannabis regulation. 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 for regulation of the recreational cannabis market, rather than prohibition. This project analyses the possibility of cannabis market regulation models, alongside political, policy, and legal steps under exploration by local authorities in Belgium, Spain, Switzerland, Germany, Denmark and the Netherlands. It is hoped that the information collected through this initiative will help to improve the understanding of regulating drug markets as a means to reduce the negative consequences of illicit drug markets on individuals and society.

In November 2018, the Cannabis in the City interactive seminar brought together activists, scholars, and local policy makers to share the preliminary findings from this research, to discuss the challenges and opportunities for local authorities, and to strategise about possibilities for local cannabis regulation in Europe. This report shares some of the key findings, observations, and questions arising from the seminar.

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