Sale without production: Dutch coffeeshops

Coffee shops in the Netherlands are outlets for cannabis sales and (often) on-site consumption. They are licensed by the municipality, about two-thirds of municipalities do not allow them. The number of coffee shops fell from 846 in 1999 to 614 in 2013. Under Prosecutor General’s criteria, the coffee shop may be closed down and the operator/owners prosecuted if they breach prohibitions on advertising, nuisance, stock of more than 500g of cannabis, sale to minors or non-residents, sale of hard drugs or alcohol, and sales of more than 5g per transaction. However, there is no toleration of production of the stock (‘the back door problem’).

Production without sale: cannabis social clubs

These operate on the principle that, if one person will not be prosecuted for cultivating one cannabis plant in private for his or her own use, then 20 people should not be prosecuted for cultivating 20 plants together in private for their own use. A proposed code of conduct recommends that operating rules should be drafted to avoid charges of drug supply; clubs should operate as a collective agreement, with a register of members, and the amount produced per person should be limited and intended for immediate consumption (1). Clubs should be closed to the public and new members should be established cannabis users who are accepted only by invitation. This model, although promoted by advocates, is not tolerated by national authorities in any European country. In 2015, a regional move to regulate them in Navarra in Spain was suspended by the Spanish Constitutional Court.

Medical cannabis in Europe

Cannabis extract is the main active substance in Sativex®, a medicine approved by the European Medicines Agency to be sprayed under the tongue for symptoms of multiple sclerosis. It is currently authorised as a medicine in 17 EU Member States. Since 2003, the Dutch Office of Medicinal Cannabis has a monopoly on supplying medical cannabis, with three different levels of THC and CBD, to pharmacies and general practitioners. As of March 2015, about 1,200 patients get their medicinal cannabis, with a prescription from their doctor, through the pharmacy, at a cost of about EUR 45 for 5g.

Since 2013, the Czech Republic has a State Agency for Medical Cannabis. Currently only 17 specially qualified doctors are authorised to prescribe it. The domestic product was first delivered to pharmacies in March 2016, with the final price to the patient being about EUR 3.70/g.

Young Europeans’ views on drug control

One of the few comparable surveys of the strength of public opinion in Europe is the Flash Eurobarometer, which interviews approximately 500 young people (aged 15–24) in each country (2). In 2011 and 2014, more than 90% of respondents felt that the sale of heroin, cocaine and ecstasy should continue to be banned, not regulated, and there was almost no change in these opinions over the period. However, the proportion in favour of banning the sale of cannabis is notably lower, and reduced further from 2011 to 2014.

The USA and the EU: key differences

Three significant factors affecting US policy change are absent in the EU:

- Well-established private systems of ‘medical cannabis dispensaries’, distributing cannabis to be used for (unverifiable) pain management. These form an industry that could influence legislation;
- Direct to consumer advertising of prescription medicines. This establishes a policy space more prepared for an aggressive commercial model of recreational cannabis;
- The US Constitution’s First Amendment protecting ‘freedom of commercial speech’ can limit the state’s ability to regulate commercial advertising of cannabis products.

References

2. US Constitution’s First Amendment