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Commentary

A decade of regulated Cannabis Social Clubs in Uruguay: five key developments and challenges ahead

Mafalda Pardal[a], Rosario Queirolo[b], Lorena Repetto[c], Marta Rychert[d,*]

[a] RAND Europe, Belgium
[b] Departamento de Ciencias Sociales, Universidad Católica del Uruguay, Montevideo, Uruguay
[c] Facultad de Ciencias Sociales, Universidad de la República, Montevideo, Uruguay
[d] SHORE & Whāriki Research Centre, College of Health, Massey University, New Zealand

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ABSTRACT

Cannabis Social Clubs (CSCs) have been regulated in Uruguay for over a decade, and the first registered CSC opened in Montevideo in 2015. This commentary discusses how the CSC model fared vis-à-vis increasing legal supply of recreational cannabis products in pharmacies. We identify five key developments, drawing on latest administrative data and fieldwork conducted in Uruguay. First, the number of CSCs and their registered members has steadily increased, reflecting both sustained demand and institutional stability. Second, while CSCs remain concentrated in Montevideo and the coastal region, their geographical presence has expanded, and they now operate in every Uruguayan province. Third, most CSCs have shown remarkable longevity, with relatively few closures —suggesting the stability of the model over time. Fourth, CSCs have played a consistent and significant role in the volume of cannabis distributed legally in the country, often approaching or even surpassing the cannabis volume sold in pharmacies. And fifth, although accessing cannabis through CSCs tends to be more expensive than through pharmacies, their product diversity and cultivation practices continue to attract members, reinforcing their position within the legal supply ecosystem. We reflect on possible challenges for CSC development, including the co-existence of different types of CSCs, their relationship with other legal market operators (such as pharmacies), as well as the eventual entry into medical cannabis supply.

Introduction

In 2013, Uruguay became the first country in the world to regulate Cannabis Social Clubs (CSC), alongside home cultivation and sales of non-medical cannabis in pharmacies (Queirolo, 2020). Uruguayan residents need to register with the government regulatory agency to legally access cannabis via one of these three ways. CSCs need to follow several regulations in order to become an authorized cannabis supplier, including with regards to minimum and maximum membership size, location, facilities, safety and security (Queirolo et al., 2016). Before the introduction of this regulatory framework for CSCs in Uruguay, the model already had a long history in Europe, with the first documented CSCs emerging in the early 1990s in Spain and subsequently being set up in other European countries (Blickman, 2014; Jansseune et al., 2019; Pardal et al., 2020; Pares & Bouso, 2015). However, early implementations of the CSC model were neither formally permitted nor regulated, and therefore CSCs in Europe operated, at their own risk, outside a clear regulatory framework (Araña & Parés, 2020; EMCDDA, 2016; Pardal, 2018).

Since implementation of the CSCs in Uruguay, two countries in Europe, Malta (in 2021) and Germany (in 2024) have established regulated frameworks for the CSC supply model.[1] As in Uruguay, CSCs in Malta and Germany must operate as nonprofit associations, exclusively serving their members, and can legally produce and supply herbal cannabis only. But legislators in these countries have also made unique regulatory choices. For example, in Malta and Germany, CSCs are allowed to enrol up to 500 users per CSC – while in Uruguay the cap is set at 45 members per CSC. The quantity of cannabis which members can obtain from CSCs also varies across these countries (40 g/month in Uruguay vs 50 g/month in Malta and Germany – but with a lower threshold of 30 g/month for members aged between 18 and 20 in the latter, who will also only be able to obtain cannabis with a maximum

* Corresponding author.
E-mail address: m.rychert@massey.ac.nz (M. Rychert).

[1] In addition to these two CSC legal frameworks, in Switzerland, a pilot cannabis legalisation trial in Zurich involves the supply of cannabis through CSCs as well (Buschner et al., 2024).

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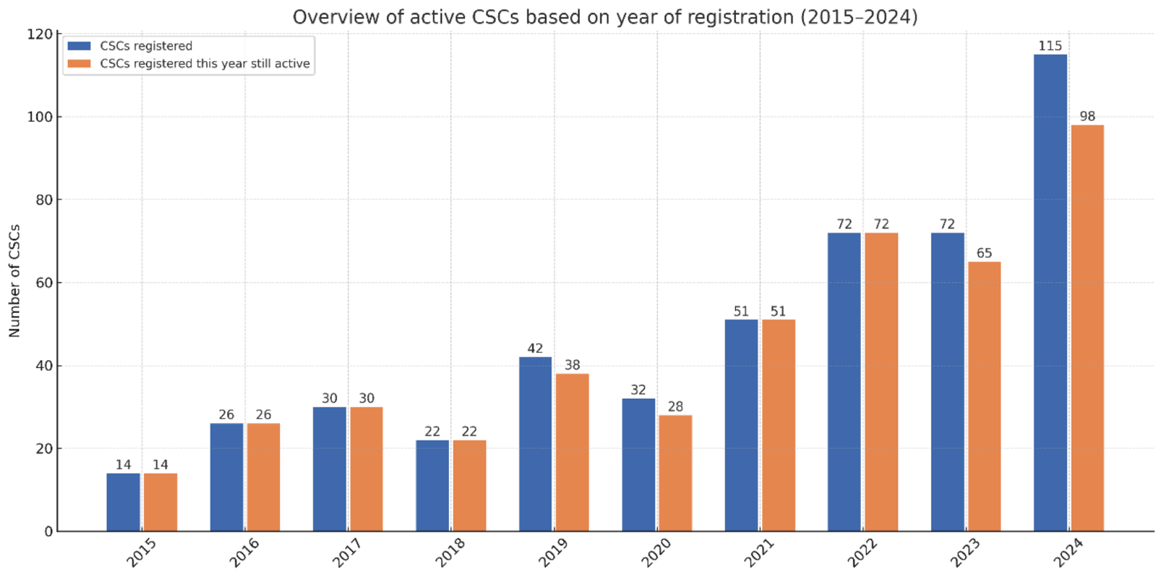

Fig. 1. Overview of active CSCs based on year of registration (2015–2022).
Source: Own construction based on data from IRCCA.

THC content of 10 % in Germany and 18 % in Malta) (Manthey, Rehm & Verthein, 2024). In Uruguay, there are no THC thresholds for cannabis produced by CSCs, nor other restrictions concerning the cannabis strains cultivated. On-site consumption of cannabis is prohibited in the two European jurisdictions while in Uruguay it is permitted.

One decade after the introduction of legal CSCs in Uruguay, it is timely to examine the latest developments from that country, building and expanding on earlier studies of the rollout of the CSC model in Uruguay in earlier stages of its implementation (Álvarez et al., 2022; Pardal et al., 2019; Queirolo et al., 2016). We draw on a review of secondary data gathered by the Institute for Regulation and Control of Cannabis (IRCCA), and insights from interviews collected as part of ongoing studies of the implementation of cannabis legalisation in Uruguay.[2] Ten years of experience with regulating and implementing this supply model provide important lessons for Uruguay as well as for other jurisdictions considering regulating CSCs. In this brief commentary, we focus on five key insights from Uruguay's experience, specifically: 1) the number of regulated CSCs and their membership over time; 2) the geographical distribution and presence of CSCs across the country; 3) the length of operation of CSCs; 4) CSCs' contribution to the volume of cannabis sold legally in the country; and on 5) other key features of operation of CSCs. The emphasis is on showing the institutional stability and economic sustainability of CSCs. The implications for public health are not explored in depth in this article. We also reflect on likely future directions for the model in the country, which can be informative for other jurisdictions interested in the model (Pardal, 2022).

Key developments since the introduction of regulated CSCs in Uruguay

1. The number of legal CSCs and their membership has grown over the past decade

From October 2014, setting up a legal CSC became possible in Uruguay (Queirolo et al., 2016). Since the start of the roll out, the number of newly registered CSCs increased from 14 (in the first year of implementing CSCs in 2015) to 115 in 2024, with higher numbers of newly registered CSCs in the past three years (2022–2024) – see Fig. 1. As of September 2025, the 518 active Uruguayan CSCs had 17,446 registered users (IRCCA, 2025). Before cannabis legalisation in Uruguay, CSCs were not operating in the country; their subsequent establishment indicates that there was engagement with this model once the legal framework enabled its operation. The inclusion of CSCs in the regulatory framework as a legal supply option followed demands from civil society groups (Hoorens et al., 2024; Von Hoffmann, 2020) – suggesting awareness of CSC experiences in other countries at the time.

In Uruguay, users seeking to obtain cannabis from a legal outlet (rather than cultivating it at home),[3] have two options: to purchase cannabis at CSCs or at pharmacies. Only a small number of pharmacies (a total of 46 by mid-2025) have been integrated into the supply scheme

[2] The authors have conducted several studies of CSCs in Uruguay in the past 10 years (see e.g., Pardal et al., 2019; Queirolo et al., 2016). More recently, two of the authors (MP, MR) conducted face-to-face interviews with key stakeholders involved in the implementation of cannabis legalisation in Uruguay. Interviews were conducted from October to December 2023 in Uruguay (Massey University Human Subjects Ethics Committee approval ref. 19/37). Interviewees (N = 20) who informed our understanding of the CSC implementation included: civil servants from relevant regulatory, health and drug policy agencies (n = 6), licensed producers and affiliated cannabis industry actors (n = 5), cannabis activists and CSC members (n = 5) and independent health advisors and drug policy analysts (n = 4). We discussed key challenges in implementing the CSC model in Uruguay (from both a consumer and regulatory agency perspectives), key milestones achieved during the rollout of the CSC model, and the relationship between CSCs and other ways of legal access to cannabis in Uruguay (i.e. access through pharmacies and home-growing). We also gathered insights through field visits to a CSC based in Montevideo, and several public events organised to mark the 10th anniversary of cannabis legalisation in Uruguay that took place in November and December 2023 (e.g. Congreso del Pueblo – an event organised by grassroots cannabis organisations, a conference organised by the Observatorio Uruguayo de Drogas, an academic seminar on cannabis regulation organised by the Universidad Católica del Uruguay, and Cannabis Expo – a cannabis industry event held annually in Montevideo). The fieldwork was conducted as part of a larger study on 'middle ground' models for cannabis legalisation in Uruguay and other countries (Jamaica, Quebec, New Zealand). Prior publication from the fieldwork in Uruguay (Rychert et al., 2025) analysed economic aspects of the Uruguayan legal cannabis market and estimated annual revenues in distinct supply channels, including CSCs, pharmacies, and licensed producers.

[3] Individuals who prefer to cultivate cannabis for their own consumption, can register as home growers – by September 2025, 11,030 individuals were registered home growers.

Table 1
Key access and supply figures across the three legal models in Uruguay.

	Registered consumers (as of September 2025)	Dispensed volume of cannabis (total in 2024)	Number of points-of access (September 2025)
CSCs	17,446	3375 kg	518 CSCs
Pharmacies	80,101	3206.9 kg	46 pharmacies
Home-grow	11,030	n/a	n/a

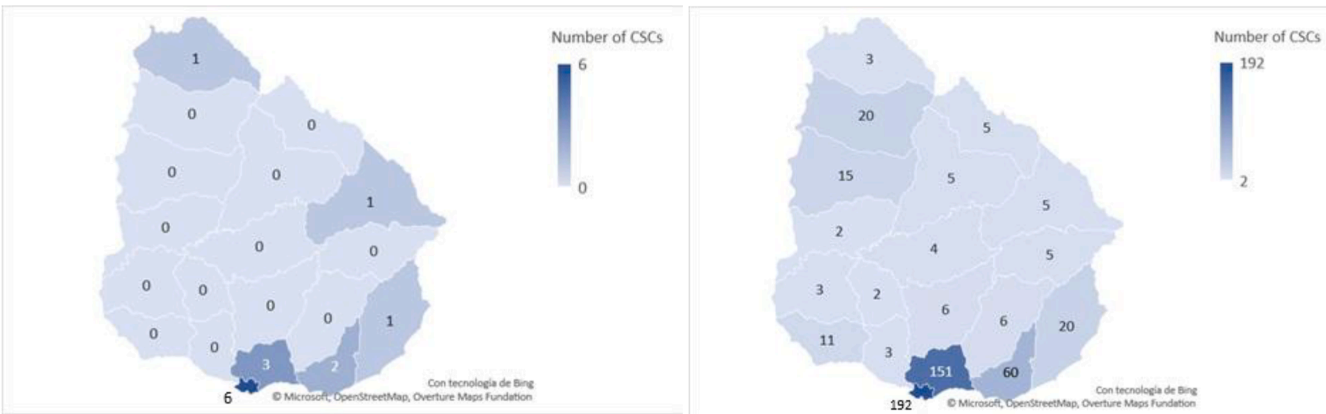

Fig. 2. Geographical presence of CSCs in Uruguay 2015 and 2025.
Source: Own construction based on data from IRCCA. Data from 2015 to 2025.

for nonmedical cannabis (sourced from licensed producers and overseen by IRCCA). A total of 80,101 registered cannabis users have selected pharmacies as their channel of supply (Table 1), though the available data suggests that only a portion of those are frequently participating in the market. For example, of those registered to buy cannabis via pharmacies in 2023, approximately half made one or more purchases during the past six-month reporting period (IRCCA, 2023a, p. 13, and 2023b, p.10).

The Uruguayan law restricts the size of CSCs (i.e. the number of registered users per CSC), but there is no cap on the number of CSCs that can operate in the country. In practice, this has meant that in Uruguay we see a relatively high number of associations, but they remain relatively small. At the time of writing (2025), CSCs have an average of 34 registered members (17,446 members / 518 CSCs). This represents an increase from 2018, when CSCs typically had about 25 registered members on average (mean value).[4] Nevertheless, Uruguayan CSCs are relatively small associations compared to the number of members allowed for CSCs in Malta or Germany, as well as the documented practices of unregulated CSCs in other European countries (Manthey et al., 2024; Pardal et al., 2020).

The actual number of individuals consuming cannabis produced by a CSC is likely higher than the official numbers of registered CSC members. Indeed, access to CSC-produced cannabis has also taken place through informal, social supply, for instance, when CSC members share cannabis with non-registered users, through sharing and splitting of costs of CSC membership between a member and one or more non-members (so-called ‘shared memberships’) (Pardal et al., 2019). Such practices are not formally permitted under the regulatory framework, which requires individual registration and prohibits redistribution to non-registered users. There are also some indications of CSCs illegally selling cannabis to non-registered users (Repetto et al., 2024).

Most CSCs continue to be based in the capital Montevideo and the coastal region, but are now present in every province

The increasing number of CSCs operating in Uruguay over the last decade has contributed to a wider geographical coverage of the model. As depicted in Fig. 2, there are currently active CSCs in every Uruguayan province. The presence of about 37 % of the CSCs (192/518 CSCs) in the capital seems to reflect populational density, as about two thirds of the Uruguayan population is based in the metropolitan area of Montevideo (Instituto Nacional de Estadística, 2023).

While there are at least two CSCs in each of the 19 Uruguayan provinces (as of September 2025), this is not the case with the network of cannabis supplying pharmacies. The 46 pharmacies participating in the cannabis distribution network are based in 13 provinces only. This means that for users interested in purchasing cannabis (rather than cultivating it at home) in 6 provinces, affiliation with a CSC is the only legal option to purchase cannabis without the need to travel to another province. In those provinces there are currently 34 active CSCs, which in theory would be legally able to supply 1530 cannabis users at a maximum (i.e., 34 CSCs x 45 maximum membership per club). This uneven distribution raises questions about the reach of legal supply options to users in certain areas of the country. Existing research suggests that this uneven territorial distribution is primarily associated with structural barriers to legal access — including administrative obstacles, stigma-related concerns, and especially limited proximity to dispensing pharmacies — rather than clear evidence of differential product demand across regions (Sotto, 2024).

The Uruguayan CSCs have had a relative ‘long life’

Most legal CSCs remain operational after several years. In the first 10 years of CSC operation (2015–2024), only 36 CSCs (out of 475 registered in this timeframe) ceased operations. It is worth noting that all the CSCs established in the early years of implementation of the law (2015–2016) were still in operation in 2024 (Fig. 1), illustrating the sustainability or longevity of the model.

There are different reasons why CSCs may have closed. In some instances those running the CSCs may have wished to pursue different

[4] Based on 2018 figures from IRCCA, and assuming a total of 2703 registered users enrolled with one of the 110 CSCs active at the time (Pardal et al., 2019).

endeavours, there may have been financial challenges or internal conflicts, or CSCs may have been required to stop their activities following a sanction from IRCCA, or when the club is unable to recruit and maintain the minimum of 15 members (according to Decreto 120/014). Since 2015, there are 12 CSCs that were sanctioned but after some time, reopened. Staff from IRCCA conducts regular inspections of CSCs to ensure they adhere to the legal requirements. In an initial phase, following registration by the CSC, IRCCA audits the new association, and the CSC is informed about on-site visits. Once the CSC is granted a license to operate, visits are no longer notified in advance to the associations (but do take place during CSCs' regular hours of functioning). Several aspects of the functioning of CSCs are checked during these visits, ranging from the cultivation plans, cannabis stocks, or security installations. The IRCCA has developed a risk matrix, which assigns a higher priority for inspection to CSCs which have scored low or had registered infractions in previous visits. During 2015–2025, 20 CSCs were suspended (12 reopened and 8 did not) and 36 were closed by IRCCA (according to data from IRCCA), though up to 2017 no sanctions had been issued to CSCs (Musto, 2022). The suspension or closure of CSCs does not exclude the individuals involved from re-entering and participating in the legal market – so long as they adhere to the provisions of the regulatory framework.

The CSCs have had an important role in cannabis supply

There were only a few registered CSCs in 2015 (see above), so the relatively low quantity of cannabis produced and supplied that year is unsurprising. In subsequent years, production increased (as did the number of active CSCs). In 2024, the active CSCs produced 4143 kg, so far the highest annual production volume since the rollout of the policy, and more than double the volume produced in the previous year (2023) – as shown in Fig. 3. Data from 2023 suggests that the value of sales was bigger than the quantity produced that year (732 kg above produced quantity). It is possible that stocks from previous years might have been sold, but it is unclear what the reasons might have been for the decrease in the volume produced in 2023. CSCs are required to report and deliver any surplus that exceeds the allowed amount per year (of 480 g per member) to IRCCA.

If we consider only the volume of sales, the CSCs dispensed somewhat lower quantities of cannabis than pharmacies (Fig. 4). Since the two models have been effectively rolled out (pharmacies only began selling cannabis in 2017), CSCs reported a higher volume of sales twice: in 2022 (close to 450 kg more than pharmacies) and 2024 (nearly 170 kg more than pharmacies). In total, until January 2025, CSCs have dispensed nearly half (46 %) of all cannabis sold to registered cannabis consumers (12,952 kg sold in CSCs / total 28,210 kg dispensed via CSCs and pharmacies).

Cost of accessing cannabis via CSCs remains higher than through pharmacies but product offer and other supply features continue to attract new members

In an earlier analysis, we found that entry and membership of CSCs could be challenging for lower socio-economic groups (Pardal et al., 2019). Two key elements that helped explain that, still seem to persist today. Firstly, the price per gram of cannabis tend to be higher at CSCs than at pharmacies. CSCs often also apply a membership or enrolment fee. For instance, at one of the CSCs we visited new members were asked to pay a one-time 300 US dollars entry fee, and about 200 US dollars for 40 g of cannabis/month (i.e. 5 US dollars/gram) (Rychert et al., 2025). At pharmacies, the most expensive strain currently available costs approximately 3 US dollars/gram. Secondly, entry into CSCs tends to stem from social networks – given that CSCs are not allowed to advertise their activities. In practice, members learn about CSCs through friends and other social contacts.

The cannabis offer at CSCs continues to be more diverse that the alternative pharmacy supply option, which has four strains available for purchase (with the third variety 'gamma' being introduced in late 2022, and the fourth one – 'epsilon', in 2024). Despite there is no study accounting for product portfolios offered by CSCs, the cannabis produced by the CSCs was often described as a 'premium product' by CSC representatives and other stakeholders who we interviewed, and the CSCs continue to offer a range of strains (compared to only 4 strains offered via pharmacy supply). However, the difference in terms of the THC content of the cannabis available at CSCs and that available at pharmacies seems to have faded since the introduction of new strains into pharmacy offering: Gamma with about 15 % THC and Epsilon with up to 20 % THC.[5]

Beyond the supply of cannabis, social activities or contacts among members at the CSCs continue to be limited. In Uruguay, CSCs can have a space for members' enjoyment and social activities, but in practice they tend to focus almost exclusively on organising the monthly cannabis collection by their members. This was on the basis of what we termed as 'quasi-dispensary' CSCs – as even if operating as nonprofits, these CSCs did not, in practice, constitute spaces of social consumption nor seemed to have an emphasis on harm reduction activities to the extent that has been identified in CSCs elsewhere (Belackova et al., 2016; Obradors-Pineda et al., 2021, 2024). It is likely that this type of 'quasi-dispensary' CSC continues to be the predominant CSC model in Uruguay today.

While social activities and peer-based engagement have been identified in other jurisdictions as important components of harm-reduction-oriented CSC models, their limited presence in Uruguay does not necessarily imply an absence of harm reduction altogether. Risk reduction may still occur through regulated production, quality control, peer advice and distancing users from illicit markets. However, the organisational emphasis observed in many Uruguayan CSCs appears to prioritise supply functions over broader social or preventive activities.

Reflections on possible future challenges for CSCs in Uruguay

1. Between the cooperative CSC-type and its more transactional variants?

In an early analysis of CSC roll out, Queirolo et al. (2016) found that CSCs more oriented towards activism co-existed alongside CSCs that were not as engaged in that area, but rather could be described as a formalization of social supply networks. In 2018–2019, we noted the limited or absent social role of some ('quasi-dispensary') CSCs (Pardal et al., 2019). Musto (2022) discussed also a generational change in the Uruguayan CSC landscape, with so-called 'new guard' CSCs, whose representatives had no to little engagement with the process of legal reform. Such CSCs seem to have a more entrepreneurial view of how a CSC should operate. For example, the increasing professionalisation of the sector is reflected in some operators running more than one club, with day-to-day activities outsourced to paid contractors. Based on our conversations with key stakeholders involved in the development and implementation of the Uruguayan cannabis policy, the underlying objective of including CSCs in this framework was to allow collectives to produce and distribute cannabis in a cooperative way, to ensure a legal space for associativism – not to introduce new *unidades de negocio* (commercial entities), where members are essentially customers.

This may help explain why certain requirements which apply to the other legal supply channel (i.e. to licensed producers cultivating for pharmacy distribution) were not extended to CSCs. For instance, there is no systematic quality control at CSCs, and the CSCs also do not pay fees to IRCCA (despite the costs incurred by IRCCA with inspection of CSCs' activities). At the same time, some interviewees explained that the

[5] See: https://ircca.gub.uy/epsilon-disponible-en-farmacias-a-partir-del-15-10/

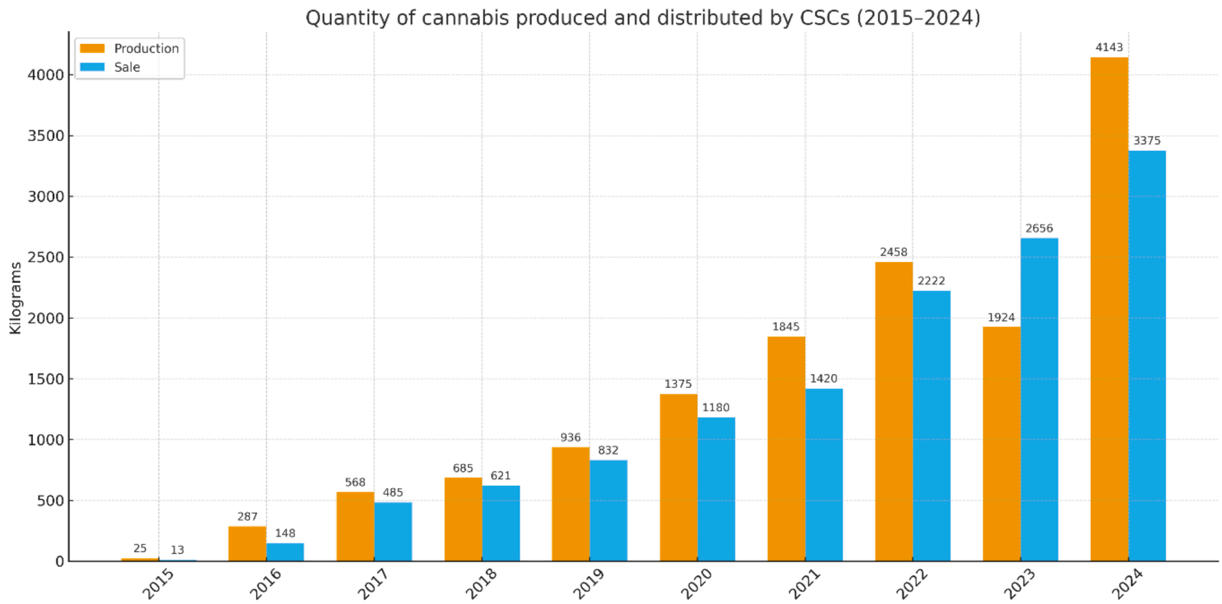

Fig. 3. Quantity of cannabis produced and distributed by CSCs in kilograms (2015–2024). Only herbal cannabis is produced and distributed.
Source: Own construction based on data from IRCCA.

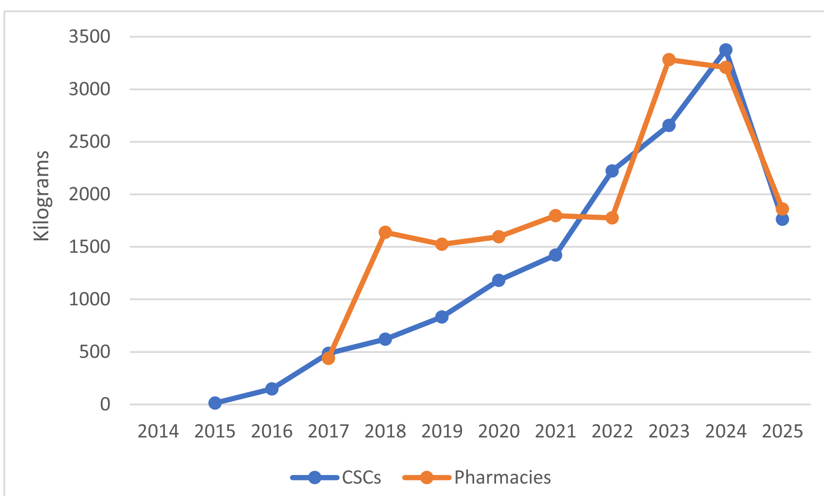

Fig. 4. Quantity of cannabis distributed by CSCs and pharmacies in kilograms (2015- June 2025).
Source: Own construction based on data from IRCCA.

expectations around a truly cooperative organisation of CSC activities might be a somewhat romanticized idea, difficult to implement in practice, given CSC members' preference for a transactional relationship with the club, i.e. purchasing a product only, as well as the difficulties in efficiently running the cultivation operations that would rely on members volunteer contributions. Furthermore, the origin and context of emergence of CSCs in Uruguay was different from that in Spain and other countries in Europe. In this region, the shared consumption of cannabis in the premises of the associations was a central feature of CSCs. However, given that cannabis consumption and possession for personal use had already been decriminalised in Uruguay prior to the 2013 law, several interviewees noted that the focus of CSCs is essentially cultivation and supply, with social aspects being secondary. Future research could explore how these different variants or types of CSCs continue to co-exist in Uruguay.

2. Evolving dynamics between CSCs and pharmacy supply?

The recent additions of higher THC strains at pharmacies in Uruguay could, in theory, make the pharmacy supply channel more attractive to some users. During our conversations, we discussed whether this could contribute to a change in the dynamic between CSCs and pharmacies as the two legal cannabis suppliers – and whether that could result in perceived competition between the two. Some interviewees, particularly those with background in cannabis activism, thought that CSCs and pharmacies were *not* competing with each other, primarily because they were – in their view – serving different segments of the market. This differentiation was made primarily based on the frequency and consumer profile, rather than the THC content. In other words, these stakeholders considered that CSC members tend to be more regular users, with a different relationship with the cannabis plant and looking for a 'gourmet' or 'organic' product rather than cannabis mass-produced by licensed cultivating companies.

3. Emerging medical CSCs in Uruguay?

Another aspect with potential implications for the future development of CSCs in Uruguay relates to the supply of cannabis for medical use – and whether that might be allowed in the context of CSCs or other types of associations of users. Medical CSCs and nonprofit medical cannabis patients' associations have emerged in other countries, including in the region (e.g. Argentina, Belgium, Brazil, UK) (Capler & Bear 2022; Pardal, 2018; Pereira, 2025), often in the absence of regulatory frameworks for their establishment. In Uruguay, the cannabis regulatory framework focused on non-medical supply of herbal cannabis only. Cannabis products for medical use are restricted to the ones sold at pharmacies and herbalist shops; CSCs are not allowed to produce for medical purposes. There are nevertheless, at least two associations of patients currently present in Uruguay that advocate for the further development of regulation that would foresee the supply of herbal cannabis products for medical ends by these associations. These associations seem to be operating in a legal grey zone though, and it is unclear whether this type of CSC will be integrated in future legal developments.

Concluding thoughts

More than a decade after their introduction, CSCs in Uruguay have consolidated as a main component of the country's legal cannabis supply architecture. By taking stock of these developments, this commentary updates previous analyses and confirms the establishment of the CSC model in the country. Importantly, the sustained growth in the number of CSCs and members also reflects a broader dynamic: more people are accessing cannabis through legal and regulated channels.

Against this background, we highlight five key developments that help understanding how CSCs have evolved over the past decade. First, the number of CSCs and their registered members has steadily increased, reflecting both sustained demand and institutional stability. Second, while CSCs remain concentrated in Montevideo and the coastal region, their geographical presence has expanded, and they now operate in every Uruguayan province. Third, most CSCs have shown remarkable longevity, with relatively few closures —suggesting the stability of the model over time. Fourth, CSCs have played a consistent and significant role in the volume of cannabis distributed legally in the country, often approaching or even surpassing the cannabis volume sold in pharmacies. And fifth, although accessing cannabis through CSCs tends to be more expensive than through pharmacies, their product diversity and cultivation practices continue to attract members, reinforcing their position within the legal supply ecosystem.

Future developments in the CSC landscape will also depend on broader regulatory shifts—such as the expansion of product offerings in pharmacies or a potential entry of large-scale retail actors (e.g., a pharmacy chain)—which could either reinforce the CSCs' original social and cooperative purpose (e.g., small groups cultivating for personal use), or push them further toward a boutique-style, craft segment of the legal cannabis market. Future research should look at CSCs products' portfolio, and how it might evolve in relation with the offer at pharmacies.

At the same time, these developments raise questions regarding the extent to which CSCs continue to reflect their original harm-reduction-oriented rationale. The predominance of 'quasi-dispensary' models, with limited social or preventive activities, may suggest a gradual shift in emphasis. In addition, systematic monitoring of risk-related indicators specific to CSC participation remains limited, highlighting an important area for future research.

Uruguay offers an example of long-term implementation of a non-commercial cannabis supply model. Continued monitoring of its evolution provides valuable lessons not only for domestic policy discussions but also for jurisdictions elsewhere considering alternatives to profit-driven cannabis markets (Pardal et al., 2023).

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CRediT authorship contribution statement

Mafalda Pardal: Writing – review & editing, Writing – original draft, Investigation, Formal analysis, Data curation, Conceptualization. **Rosario Queirolo:** Writing – review & editing, Investigation, Formal analysis, Data curation, Conceptualization. **Lorena Repetto:** Writing – review & editing, Visualization, Investigation, Formal analysis, Data curation. **Marta Rychert:** Writing – review & editing, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Marta Rychert reports financial support was provided by Royal Society of New Zealand Marsden Fund. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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