

From agreement to alignment

Shaping cannabis regulation together

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Table of Contents

1. Executive Summary	3
2. Introduction – The hybrid reality	3
3. What is still not working.....	4
4. The three markets – One principle of self-determination	4
5. Risks of loopholes and misuse.....	5
6. Minimum alignment.....	5
7. Sharing outcomes of national pilots	6
8. Towards a European departure point.....	7
9. Call to Action	7
Annex: The three markets table	8
Disclaimer & Contact	9

1. Executive Summary

The debate on whether cannabis regulation is necessary has already been settled by shifting public attitudes, decades of evidence, and the steady growth of national reform efforts. The real question now is how to regulate in a way that is legitimate, coherent, and inclusive across jurisdictions.

This paper proposes a shared departure point: a legislative framework that formally recognises three distinct cannabis markets — pharmaceutical/medical, wellness/self-medication, and recreational/adult use — each with its own legal status, oversight, and societal function.

The misuse of medical frameworks for adult-use purposes, fragmented quality standards, and a lack of coordinated definitions have created confusion and undermined trust. Loopholes and misuse fuel stigma, while fragmented tolerance is no longer sustainable. The next step is to move from experimentation to alignment, from isolated pilots to coordinated learning.

The aim is not uniformity, but minimum alignment with room for sovereignty and cultural diversity. This means:

- Recognising the three markets and their distinct oversight and societal roles.
- Establishing baseline standards for safety, labelling, quality and consumer protection.
- Creating a system for sharing outcomes of national pilots to inform evidence-based policy.
- Ensuring access to patients and consumers in a way that reduces illicit markets and builds legitimacy.
- Involving industry as a responsible partner, contributing standards, training and transparency.

From agreement to alignment is not a distant ambition. It is a necessity for today. Without a clear separation of markets and the willingness to assume responsibility, confusion, stigma and fragmented tolerance will persist. Taking these steps is the only way to move forward toward a legitimate, coherent and inclusive framework.

2. Introduction – The hybrid reality

Cannabis reform in Europe is accelerating, but without coordination. National models differ: Germany has legalised limited adult use, Malta has established cannabis associations, Switzerland is running pilot projects under research exemptions, and the Netherlands is experimenting with a closed coffeeshop supply chain. Elsewhere, medical frameworks are stretched to serve recreational demand.

This hybrid reality creates contradictions: consumers remain unprotected, patients face stigma and limited access, and governments send mixed messages. Coffeeshops in the Netherlands were never intended as a loophole but as a public order solution in the 1970s. By continuing to rely on loopholes or using medical frameworks for non-medical purposes, the industry is not taken seriously, the signal is given that proper regulation is not

necessary, and stigma persists. As a result, the recreational community is denied a legitimate place in the framework, while patients remain without real access. By relying on improvisation and loopholes instead of clear frameworks, the cannabis industry risks never gaining a professional and legitimate place in the regulatory landscape.

3. What is still not working

Despite two decades of experience, key weaknesses remain visible across Europe:

- **Blurring of markets:** In the Netherlands patients continue to seek answers in coffeeshops, while coffeeshops are not medical environments. This undermines both healthcare and consumer protection.
- **Limited patient access:** Even in countries with formal programmes, patients still face cost barriers, lack of insurance coverage, and hesitancy among doctors.
- **Stigma:** Many people who could benefit from medical cannabis do not access it. They avoid discussions with doctors or are dismissed, leaving them without a treatment that could improve quality of life.
- **Misuse of frameworks:** Medical licences have been misused for recreational exports, weakening credibility and oversight.
- **No clear referral pathways:** Patients who enter through the wrong door often remain outside the appropriate healthcare system.
- **Unequal quality standards:** Recreational and medical products follow different benchmarks, creating confusion and undermining trust.

These issues are not isolated. They reflect systemic weaknesses in an unfinished framework. Stigma, in particular, prevents many from accessing safe, regulated options. It is not a failure of intent, but a consequence of unclear boundaries that allow misuse, misinterpretation, and misplaced responsibility.

I fully acknowledge that this debate is about ensuring safe access to safe products. That principle is essential. At the same time, the Netherlands has developed from a different starting point. The coffeeshop model was never designed as a medical pathway, but as a pragmatic tool to protect public order and public health. This historical context explains why, in practice, patients sometimes end up in a system not meant for them. It is precisely this mixture of different purposes that now calls for greater clarity, separation, and alignment.

4. The three markets – One principle of self-determination

Cannabis is not one market. It serves fundamentally different purposes, and regulation must reflect these differences if it is to be credible, effective, and sustainable. Recognising three distinct markets is not a technical detail — it is the foundation for legitimacy.

1. **Pharmaceutical / Medical** – Cannabis used as a medicine must meet the highest pharmaceutical standards. Patients are entitled to evidence-based treatment,

professional supervision, and products produced under GMP. Anything less undermines trust in healthcare and leaves vulnerable people without proper protection.

2. **Wellness / Self-medication** – A second category is the growing use of cannabis products for wellbeing, relaxation, or relief of minor complaints. Here the logic is comparable to paracetamol or melatonin: adults should be free to make responsible choices, provided that basic quality and safety are guaranteed. This market requires light-touch regulation, clear information, and consumer protection rather than heavy medical frameworks.
3. **Recreational / Adult Use** – Finally, there is adult-use cannabis as a consumer product. This market exists in every society, whether regulated or not. Bringing it above ground through licensing, age restrictions, and product standards is not an endorsement of use, but a public order and public health measure. It reduces the illicit market, ensures consumer safety, and acknowledges the reality of adult choice.

Across all three markets, one principle applies: self-determination within clear boundaries. Patients must be free to access treatment; adults must be free to support their own wellbeing; and citizens must be free to make adult choices, as long as those freedoms are matched by accountability, quality, and protection.

Failing to make this distinction blurs responsibilities, fuels stigma, and weakens regulation. Embracing it allows Europe to design a framework that is coherent, inclusive, and resilient. Only by recognising these three markets can policymakers, patients, consumers, and industry find a place they can call their own.

5. Risks of loopholes and misuse

The absence of clear frameworks invites misuse. Medical licences have been diverted to recreational exports, undermining both markets. When recreational supply operates under medical cover, legitimacy is eroded and oversight becomes ineffective. Such loopholes weaken trust and provide opponents of reform with arguments against regulation.

I acknowledge that access is an important issue in the debate. Yet here the focus lies on the systemic risks: loopholes and misuse do not only undermine oversight, they directly endanger the emergence of a professional market. They create the perception of chaos, give opponents easy arguments, and reinforce stigma. Instead of building legitimacy step by step, the market is pushed back into a grey zone where transparency, quality and accountability are compromised.

Pilot programs are science: they are designed to test models and gather evidence. Regulation and legalization are politics: they decide whether evidence is turned into policy. If loopholes dominate the narrative, the political debate is no longer informed by scientific outcomes, but by examples of misuse. That fuels stigma and keeps a professional and transparent cannabis market out of reach.

6. Minimum alignment

Europe does not need uniform laws, but it does need minimum alignment. Shared definitions of medical, wellness, and recreational use are essential. Baseline standards for quality, labelling, contaminants, and potency are needed to protect consumers and provide

legal certainty. Mutual recognition of testing and certification can support trade and research. Minimum consumer protections, such as age limits and marketing restrictions, should be common ground.

Minimum alignment is not about imposing a single model on all member states. It is about establishing a shared framework that enables safe trade, reliable research, and consistent consumer protection, while respecting national sovereignty. Alignment makes progress possible for those countries that wish to move forward, without forcing others to do the same. Crucially, subsidiarity requires that decisions are taken at the most appropriate level: Europe should set only what is necessary for cross-border consistency, while leaving detailed regulatory choices; licensing, sales channels, taxation, enforcement to the member states. Proportionality further demands that European action does not go beyond what is required to achieve these objectives.

This balance is especially important in light of cultural diversity. Cannabis policy is deeply embedded in national traditions, values, and histories. The greatest risk is that legislation imposed at EU-level fails to fit local realities. In the Netherlands, for example, cannabis has been part of the social fabric for fifty years. A rigid, top-down framework could erase this established culture, replacing it with rules that lack legitimacy and alienate both consumers and entrepreneurs. Minimum alignment must therefore harmonise where essential, but preserve cultural space where possible. Ensuring that European integration strengthens, rather than erases, local cannabis traditions.

7. Sharing outcomes of national pilots

National pilots are important laboratories of evidence. While Europe cannot and should not attempt to align pilots directly, it can and must ensure that their outcomes are shared. Experiences from Germany, the Netherlands, Malta, and Switzerland provide valuable insights into regulation, compliance, consumer behaviour, and public health impact.

A European framework should enable systematic exchange of results, data, and best practices. This would not only prevent duplication of mistakes but also build trust between member states by showing what works and what does not. Shared learning helps policymakers distinguish between regulatory risks and cultural choices, allowing evidence-based decisions that respect national diversity.

It is important to note that policymakers are already engaging in these exchanges at the European level. Discussions take place about outcomes, risks, and future regulatory models. However, the cannabis industry itself is rarely involved in these conversations. Without the perspective of those who operate in practice, the lessons from pilots remain incomplete and risk being interpreted in a one-sided way. By excluding industry voices, policy debates lose valuable insights into feasibility, compliance, and consumer dynamics.

To strengthen evidence-based policymaking, pilot outcomes should therefore not only be shared across borders, but also across sectors. Bringing regulators, policymakers, and industry together in a transparent process would ensure that results are translated into practical and credible regulatory models, rather than reinforcing stigma or creating unworkable rules.

8. Towards a European departure point

If Europe is to move from agreement to alignment, it must begin with a shared departure point: formal recognition of three distinct markets—medical, wellness, and recreational—each with their own oversight mechanisms and societal functions. This recognition is essential to avoid blurring boundaries and to ensure that regulation reflects reality.

Such a departure point is not a blueprint for identical laws. Rather, it is a foundation for coordinated development, where minimum alignment creates shared safeguards while national flexibility allows for cultural differences, diverse licensing models, and varying levels of restriction or openness. In this way, Europe can build credibility, protect consumers, give access, and reduce illicit markets without undermining sovereignty. Crucially, it can also ensure that patients who currently hesitate out of fear or stigma gain access to the best possible care and treatment.

Without such a foundation, the risk is continued fragmentation: policies that contradict each other, outcomes that cannot be compared, and narratives dominated by stigma rather than evidence. Worse still, Europe could impose rigid rules that do not fit national contexts.

That is why entrepreneurs must also take responsibility. In the Netherlands, the industry has already shown how this can be done: standards were developed, staff were trained, and practices emerged as a pragmatic solution to societal challenges. These experiences prove that responsibility can be translated into professionalism. If the wider European industry does not step forward in the same way—providing knowledge, transparency, and practical input—regulation will continue to be shaped without its voice. A credible European departure point requires both political recognition and industry commitment. Only then can regulation evolve in a way that is legitimate, effective, and respectful of the cultures in which it takes root.

9. Call to action

Europe stands at a crossroads. Fragmented tolerance is no longer sustainable. A credible framework requires recognition of three markets, minimum alignment, and the systematic exchange of national outcomes. This is not about uniformity, but about building trust, protecting consumers, enabling access, and respecting sovereignty and cultural diversity.

I think it is time that policymakers, stakeholders, and entrepreneurs alike step into their responsibility. Policymakers must commit to recognising the three markets and their distinct roles, setting minimum standards for safety and consumer protection, ensuring legal defensibility under international law, and sharing outcomes of national pilots to guide evidence-based policy.

At the same time, entrepreneurs must start thinking from this responsibility — as a function within society, not driven by profit alone. The Dutch experience shows that industry can create standards, train staff, and offer practical solutions. This professional responsibility must now be embraced at the European level.

From agreement to alignment is not a vision for the future. It is a necessity for today. With shared responsibility, Europe can set a credible and legitimate path forward; without it, fragmentation, stigma, and cultural loss will continue to dominate.

Annex: The three markets table

Market	Legal Status & Oversight	Form of Self-Determination	Societal Function
Pharmaceutical / Medical	Prescription-based; EMA/IGJ oversight; GMP production	Right to evidence-based treatment	Patient protection; therapeutic integrity
Wellness / Self-medication	Over-the-counter; NVWA/EFSA oversight	Freedom to support wellbeing	Enable safe, responsible self-care
Recreational / Adult Use	Regulated consumer good; national licensing	Freedom within adult-use boundaries	Replace illicit markets; safeguard public order

All three markets are connected by the principle of self-determination within clear boundaries.

Disclaimer & Contact

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