

Can the subaltern heal? Medical marijuana in Aotearoa New Zealand

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Keyword:	subaltern therapeutics, statist medicine, medical marijuana, cannabis reform
Abstract:	In Aotearoa New Zealand marijuana use is illegal for recreational purposes, but theoretically patients can gain access to medicinal forms of marijuana if health professionals, the Ministry of Health and the relevant government Minister approved. This paper uses the concepts of statist medicine and subaltern therapeutics to provide insight into the debates over the therapeutic use of marijuana in cases of serious or terminal illness. Statist medicine's process of approval of marijuana use is embedded in regulatory regimes where access is provided on condition that safety and efficacy standards are met. Patients often reverted to illegal means of accessing the plant rather than negotiate these processes. The regulation of therapeutic uses of marijuana provides insights into the role of statist medicine and subaltern therapeutics, alerting us to the possibilities of other subaltern therapeutic practices that operate beyond the gaze of the state.

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Can the subaltern heal? medical marijuana in Aotearoa New Zealand

Abstract

In this paper the concepts of statist medicine and subaltern therapeutics are used to provide insight into the debates over the therapeutic use of marijuana in cases of serious or terminal illness. In 2015 medical marijuana gained public attention in Aotearoa New Zealand as cases of people facing life threatening conditions who wished to use marijuana for therapeutic purposes were given voice in the popular media. In Aotearoa New Zealand marijuana use is illegal for recreational purposes, but theoretically patients with particular conditions could gain access to medicinal forms of marijuana if health professionals, the Ministry of Health and the relevant government Minister approved. This approval process is embedded within statist medicine's regulatory regimes, where access can be provided on condition that the medication meets standards of safety and efficacy. Patients faced with the difficulty of negotiating the processes of statist medicine to access medical marijuana often reverted to illegal means of accessing the plant. Access to illegal forms of marijuana for medical purposes could be through 'green fairies', people who provided the plant for therapeutic purposes in a way that was distant from the criminalised recreational use of the drug obtained through 'dealers'. The process of the state, patients and marijuana providers negotiating the regulation of therapeutic uses of marijuana provides insights into the role of statist medicine and subaltern therapeutics. The case of medical marijuana alerts us to the possibilities of other subaltern therapeutic practices that operate beyond the gaze of the state.

Keywords: New Zealand; subaltern therapeutics; statist medicine; medical marijuana; cannabis reform

Introduction

In mid-2015 the issue of medical marijuana surged into public consciousness in Aotearoa New Zealand with the case of Alex Renton, a teenager who had suffered an extreme seizure that resulted in status epilepticus and his being kept in an induced coma (Cooke, 2015). His doctors were unable to achieve any success in treating his condition with available pharmaceutical medicines, of which more than 20 were tried over a period of around 60 days. His family then sought access to medical marijuana (Moir, 2015a). After an initial reluctance, the hospital staff became convinced there was little harm in trying the alternative treatment. Peter Dunne, then Associate Health Minister, and the Ministry of Health (MOH) quickly approved the application for a one-off use of Elixinol, a cannabidiol (CBD) drug. Cannabidiol is a non-psychoactive drug derived from the hemp plant. The drug had to be shipped from the United States before it became available for Alex's first dose, a week after it was approved (Moir, 2015c). Rose Renton, Alex's mother, was reported to have flouted the law by covertly administering cannabis oil to her son before the Elixinol had been approved (Stuff, 2015a). Alex died a few days after the formal treatment was finally begun (Stuff, 2015b). An official report released after Alex's death concluded that the treatment had no noticeable effect on his condition but may have had some effect as a palliative (Wade, 2016). Alex's family disputed this conclusion stating that they saw improvement in both his comfort and condition when given Elixinol (Moir, 2016b).

Significant features of the struggle around access to medical marijuana (the terms marijuana and cannabis will be used interchangeably) can be discerned in this sad

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3 scenario. In response to human suffering people will draw on a range of therapeutic
4 approaches, and here we see biomedicine to the fore and an alternative treatment
5 also being sought out. The formal channels of what we term here as statist medicine
6 must be appealed to, which means the 'alternative' treatment has to be reshaped
7 into an acceptable form to statist medicine. Covert therapeutics, or what we will call
8 here subaltern therapeutics, are also administered, but with the threat of the state
9 regulatory apparatus hanging over those who take such action.
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21 Over the ensuing months a debate over medical marijuana erupted, involving many
22 players from different parts of the social, political and cultural spectrum of Aotearoa
23 New Zealand. Strange new terms entered into the local lexicon, like green fairies,
24 and new links were forged between a once forbidden drug and potentially beneficial
25 health, economic and social effects. The case of medical marijuana brought to light a
26 particular form of therapeutics, subaltern therapeutics. In this paper we consider the
27 way in which medical marijuana was represented during a prominent period of public
28 profile between mid-2015 and the end of 2017. Through this examination it is
29 possible to map out some of the possibilities and the limits of subaltern therapeutics.
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44 We draw on Latourian concepts to argue that 'medical marijuana' is an unruly hybrid
45 object. Latour argues that what he calls 'the moderns – are a type of people who
46 maintain a belief in the existence of pure categories, such as the scientific, the
47 economic, the political, the cultural, the local, the global' but at the same time we are
48 surrounded by 'unruly hybrids that churn up all of culture and all of nature on a daily
49 basis' (Blok & Jensen, 2011, p. 55). The term 'medical marijuana' can usefully be
50 considered as a hybrid term. It brings together the status and credibility of the
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3 medical complex or establishment and the deviant subculture of illicit drug
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5 consumption. The appearance of the unruly hybrid of medical marijuana required
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7 taming by established complexes, a process of re-establishing a belief in pure
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9 categories such as 'medicine', but in such taming, the term is wrestled away from
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11 subaltern therapeutics and embedded in systems of oversight and control that
12
13 preserve the therapeutic status quo. The taming of medical marijuana is achieved
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15 through the extraction of specific ingredients from the plant that can be carefully
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17 controlled for dosage and potency, and that can then be put through the rigours of
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19 randomised controlled trials to determine efficacy (Grinspoon, 2018). Cannabis
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21 contains over 500 compounds and there are over 100 cannabinoids (Elsohly et al.,
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23 2016). As this process of extraction and synthesis develops the therapeutic use of
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25 marijuana continues in subaltern forms, out of public view, in an unruly manner. In
26
27 the subaltern preference may be had for whole herb approaches to cannabis
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29 therapeutics, based on ideas of whole plant synergy and entourage effects that,
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31 amongst other purported benefits, can improve absorptions and reduce side effects
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33 (Ben-Shabat et al., 1998). As such we agree with the position taken by Zarhin and
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35 colleagues (2018) that medical marijuana is not an ontologically stable object, with
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37 contrasting views on the purity of a synthesised compound and the superiority of the
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39 whole plant.
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49 We use the term complex here as a complement to the concept of statist medicine,
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51 as it includes aspects of what Bennett refers to as a medico-health complex, but
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53 there are other complexes at play in relation to the public discourses around, and
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55 control of, drug use, such as the criminal justice complex or the harm reduction
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57 complex (Bennett, 2018). These established complexes form what Bennett, drawing
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3 on Foucault, refers to as a dispositive, or a historically constituted orientation or
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5 approach.
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10 The term subaltern is derived from neo-Marxist analyses of hegemony. Gramsci
11 used the term subaltern in relation to groups or collectives who are subject to the
12 activity of ruling groups, even in situations of resistance. For Gramsci the focus on
13 class struggle and the contestation of hegemonic practices is not simply within the
14 sphere of production, but can include other forms such as ecological, nationalist and
15 religious ones (Morton, 2007). The title of this article plays on Spivak's "Can the
16 Subaltern Speak", where Spivak suggests that subaltern sensibilities are unable to
17 maintain any purchase as a result of the imperatives of political domination (Darder
18 & Griffiths, 2018). The term subaltern therapeutics has been taken up by South-Asian
19 social science scholars to describe those everyday practices, sometimes labelled
20 'folk medicine', that evade and distance themselves from 'statist medicine'
21 (Hardiman & Mukharji, 2012). Medical marijuana as a subaltern therapeutic practice
22 has the additional alterity of being associated with the criminal world, and as such, in
23 an environment of criminalised production and consumption of marijuana, must
24 remain underground, evasive and distant. However, with sufficient emphasis on the
25 medical aspect of medical marijuana the 'object' can become incorporated into statist
26 biomedicine. Those players who are already organised and embedded within statist
27 medicine can take medical marijuana as an object that is shaped by their own
28 understandings, and it is put to work to bolster their own positions. The 'object' of
29 medical marijuana then changes according to where it is positioned. Once
30 incorporated into statist medicine, medical marijuana is divorced from the therapeutic
31 practices in its subaltern form, shifting control from patients and subaltern
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3 practitioners to medical elites. By statist medicine we are referring to both the
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5 practices of conventional medicine or biomedicine and the state regulatory apparatus
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7 in which it is embedded, including the legal requirements around diagnosis,
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9 prescription, medical claims-making, market approval and state subsidisation of
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11 medicines. **Statist medicine is an outcome of a complex interplay of the interests of**
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13 **the medical profession to exclude therapeutic rivals, the functional needs of the state**
14
15 **and the impact of commercial interests particularly of pharmaceutical companies,**
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17 **that has a long history of sociological study (see for example Anon2003; Anon 2018;**
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19 **Freidson, 1970; Larkin, 1983; Willis, 1983).**
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26 The use of medical marijuana appears as a subaltern practice, not tied to specific
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28 organisations or ideologies, but founded on people connected into networks where
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30 information is passed from node to node but without a visible centre. Whereas
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32 opposition could be seen from statist medicine, there did not initially appear to be
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34 any centralised space of advocacy for medical marijuana. However, such centralised
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36 agencies are possible, and these eventually made their appearance in the debate.
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42 Aotearoa New Zealand has not followed many other states in the US and other
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44 countries in the legalisation of recreational marijuana, a phenomenon that was
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46 initiated in 2012 when the states of Colorado and Washington passed laws to
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48 legalise marijuana (Shi et al., 2019).
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53 Between legalisation and prohibition of the use of marijuana are situations where
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55 access to medicinal cannabis is provided for certain conditions and licenses are
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57 provided for the production of cannabis for medical purposes. Such a situation has
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3 existed in Israel since the 1990s (Zarhin et al., 2018). In this circumstance
4 demarcations are required to determine whether a patient is deserving or attempting
5 to obtain cannabis for recreational purposes. In Israel, their MOH regulates the use
6 of medicinal cannabis, and since 2007 it has been illegal for patients to grow
7 cannabis. The production of cannabis for medical purposes is left to licensed
8 commercial growers, and cannabis is only approved as a last resort for patients after
9 other therapeutic options have failed, except for its use in treating the side effects of
10 chemotherapy (Zarhin et al., 2018). Plans are also afoot in Israel to limit the use of
11 medicinal cannabis to standardised product (Zarhin et al., 2018).
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26 The focus of this paper is on medical marijuana use in relation to life threatening
27 conditions. Pedersen and Sandberg (Pedersen & Sandberg, 2013) examined the
28 strategies and tactics of medical marijuana campaigners in Norway. Norwegian
29 cannabis users also used the substance for quality of life conditions, such as for
30 relaxation and wellbeing. Although at the time of writing, in 2013, the Norwegian
31 medical establishment had rejected the medicinal use of cannabis, the authors
32 suggest that the medical cannabis movement may be having the effect of
33 medicalising cannabis as something to be used for everyday health problems. Issues
34 for medical doctors included their inability to accept patient knowledge as legitimate,
35 and an inability to distance the medical use of cannabis from its recreational culture.
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37 The concerns of Norwegian medical doctors play out in similar ways in Aotearoa
38 New Zealand, and the strictures of biomedical drug approval processes guarantee
39 that subaltern marijuana therapeutics are re-shaped when subsumed into the narrow
40 confines of statist medicine.
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3 In the USA Kilmer and MacCoun argue that the legalisation and use of medical
4 marijuana had the effect of smoothing the way for the legalisation of non-medicinal
5 use of marijuana. They suggest that this occurred for a number of reasons including
6 the creation of a legalised marijuana industry and the tax potential that it offered
7 (Kilmer & MacCoun, 2017). It is possible that the initial bottleneck created by statist
8 medicine's regulatory processes, which limit access to unapproved subaltern
9 practices, would eventually be undermined in the event of full legalisation of
10 marijuana as these unapproved practices could be taken up by alternative health
11 practitioners, as well as folk who are not professionally trained. While this outcome
12 may not be ideal from a state funding perspective given the lower status of
13 alternative medicine within the statist regime, it does point to an avenue for achieving
14 the wider goals of subaltern patients and practitioners, whose practices will not
15 always, or may never, meet the randomised controlled trial gold standard claimed as
16 the gateway to credibility by statist medicine.
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38 For this paper our starting point was to systematically collate media representations
39 of medical marijuana from June 2015 when Alex Renton's plight was first covered
40 until the end of 2017. Material was identified using the Newztext databases, which
41 archive most of New Zealand's daily, metropolitan and provincial newspapers,
42 newswires, and New Zealand magazines. A range of search terms were used
43 starting with marijuana, medical marijuana, **cannabis** and alternative cancer
44 treatments then other terms were used as the data was gathered, particularly to re-
45 search the databases with the names of people and organisations mentioned as
46 articles were found and to update legislative changes.
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3 All relevant articles were summarised and ordered in a timeline, with the summaries
4 identifying all players or spokespeople in the debate and the positions they took. The
5 dataset focuses on media representations and so is limited by the particular framings
6 of the media and the stories and spokespeople that the media selected. Other forms
7 of research could uncover further framings and representations, such as research
8 based on interviews with relevant players and that could draw on their networks.
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10 However, from this initial description based on media sources the underground
11 status of medical marijuana was very clear and the theoretical concepts of hybridity
12 and subalternity were used to shed light on the dynamics of the medical marijuana
13 debate.
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The Story Unfolds

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33 The illegal status of marijuana was an issue that faced people who wanted to use it
34 for medical purposes. In the popular imaginary the distribution of marijuana may be
35 associated with criminals, gangs and drug dealers. A new kind of supplier developed
36 to distribute marijuana for medical use that provided some rhetorical distance from
37 these popular negative associations – the green fairies. Green fairies are those who
38 provide marijuana for therapeutic, not recreational, purposes. This can be contrasted
39 with the term ‘dealer’, given to those who provide marijuana for non-medical clients.
40 One of these green fairies was Rose Renton, Alex Renton’s mother, who continued
41 to fight for medical access to marijuana and act as a proponent of marijuana reform
42 after the death of her son. She was prosecuted in 2017 for the possession and
43 growing of marijuana in her role as a green fairy for her Nelson community (Scoop,
44 2017b). Rose Renton appears in the media many times throughout 2015-17 as a
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3 proponent of marijuana reform and critic of the government's inaction. In October
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5 2016, she delivered a 17,000 signature petition to parliament calling for the
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7 legalisation of medical marijuana (Bay of Plenty Times, 2016).
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12 In October 2015, Helen Kelly, then President of the Council of Trade Unions,
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14 revealed that she had been accessing cannabis illegally to self-medicate for pain
15
16 while undergoing chemotherapy treatment for cancer (Moir, 2015b). This was taken
17
18 up as a personal crusade to highlight the injustice of a lack of access to cannabis
19
20 through legal means, a situation further clarified when Kelly tried and failed to gain
21
22 access through an application to Peter Dunne and the MOH in January 2016 (Moir,
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24 2016a). Kelly also promoted calls for a referendum on access to medical cannabis
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26 (Forbes, 2016). This advocacy was subsequently extended through her support of
27
28 the group Medical Cannabis Awareness New Zealand (MCANZ) (Dominion Post,
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30 2016). MCANZ was established in April 2016 by Shane Le Brun to provide financial
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32 and other support for patients seeking access to the cannabis plant. Le Brun
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34 provided a conservative take (Vine, 2016a) on access to medical cannabis, counter
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36 to what he saw as bandwagoning from recreational cannabis users who gave the
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38 movement a bad name (Vine, 2016b). Kelly died on October 14, 2016, with her
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40 cannabis advocacy mentioned in obituaries around the country (Macdonald, 2016).
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50 Rose Renton and Helen Kelly were actively engaged with subaltern therapeutic
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52 practices of distribution and consumption. Access to medical cannabis could also be
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54 obtained through statist medicine, but at quite a price. The same month Helen Kelly
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56 spoke of her illegal use of cannabis, Zoe Jeffries became one of the youngest
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58 patients in New Zealand to be approved by the MOH for Sativex, a cannabis-based
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3 drug used in the treatment of epilepsy. The prohibitive cost of the drug was
4 highlighted as Jeffries' family paid for the first script with a "well timed tax return" and
5 turned to crowdfunding to fund the repeats (Wynn, 2015). While PHARMAC, the
6 agency responsible for approving publicly subsidised medicines, considered funding
7 Sativex in a July 2015 review (Nelson Mail, 2015), it was declined due to limited
8 proof of efficacy in trials and on the basis of its potential for abuse. Abuse was
9 argued to stem from the inherent nature of its active substances and the ease with
10 which it can be administered (Norton, 2015). It is unclear how these arguments are
11 differentiated from those for widely available pharmaceuticals such as opiate
12 derivatives. Early articles on Jeffries noted that while there had been 97 ministerial
13 approvals, there were only 27 current users (Wynn, 2015), a disparity at least in part
14 explained by the difficulty faced by potential users in funding the drug.
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33 In October 2016, Huhana Hickey became the first patient in New Zealand to have
34 the cannabis based medicine Tilray approved for use (Hoyle, 2016). This would save
35 her around \$700 a month due to the cheaper cost compared with her current drug
36 Sativex (Vine, 2016c). She was compelled to stay with the legal options for fear of
37 losing her job at the University of Auckland and to control the quality, side effects
38 and consistency of her treatment despite the cost, which would have been greatly
39 reduced if she were to source the raw plant material through the black market. A
40 year later, Helen Old became one of the first patients in New Zealand to be approved
41 for multiple different varieties of medical cannabis (Keith, 2017). Old suffered from
42 multiple sclerosis and required more potent forms of medicinal cannabis at night and
43 less potent forms during the day. She discovered the therapeutic effects of cannabis
44 for her after participating in an illegal trial. The legal cannabis products would be
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3 sourced from Canada, and although she had got through the arduous year-long
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5 process of gaining legal approval with the support of her husband, her pain specialist
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7 and MCANZ, she still had to go through the process and cover the costs of obtaining
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9 an import license as well as pay for the drug. In contrast, Anna Osborne, who has
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11 been battling cancer since around the time of her husband's death in the Pike River
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13 mine disaster (Carroll, 2016), self-medicated with cannabis oil to treat pain after
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15 failed chemotherapy and to fight the ongoing symptoms of muscular dystrophy. She
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17 refused to seek access through legal channels due to the arduous process and
18
19 prohibitive cost, given that she was already experiencing positive results in her self-
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21 medication with black market cannabis (Plumb, 2016). These cases illustrate some
22
23 of the barriers to access and contradictions of the current legal regime from a harm
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25 minimisation perspective, with cases of ill people compelled to access unregulated
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27 product on the black market.
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35 In response to concerns like these Peter Dunne sought a review of the MOH
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37 guidelines for approving cannabis based medicines (Scoop, 2016a). The guidelines
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39 were established in the wake of Alex Renton's application to use Elixinol and this
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41 was an opportunity to fine tune them. The review disappointed advocates when it
42
43 was completed in May 2016 with no recommended changes. Helen Kelly and Rose
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45 Renton were among a group who wrote an open letter condemning this investigation
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47 and calling for an independent review (Redmond, 2016). The open letter cited a
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49 biased methodology, misleading and deceptive scientific claims and a failure to
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51 promote patient rights. It was argued that the report failed to take into account the
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53 ways in which marijuana was being used with doctor discretion overseas and,
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55 instead, the review considered cannabis solely as a pharmaceutical product within
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3 the current Medicines Act. In an attempt to mitigate the situation, opposition Labour
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5 MP Damien O'Connor entered a bill into the ballot which would remove the MOH
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7 from the application process, allowing specialists to prescribe to patients who are in
8
9 the final stages of a terminal illness, or have a permanent condition that causes
10
11 significant pain or impairment (Redmond & Moir, 2016). In November 2018 it was
12
13 announced that a medical cannabis bill would be extended to cover palliative care.
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15 However, without PHARMAC funding or change to the Medsafe regime which
16
17 restricts importation of cannabis products, this would do little to change the lack of
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19 uptake of medical marijuana in statist medicine (Dawson, 2016). Medsafe, the New
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21 Zealand Medicines and Medical Devices Safety Authority, is a business unit of the
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23 Ministry of Health responsible for overseeing drug safety activities.
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31 Therapeutic practices in other jurisdictions had the potential to undermine statist
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33 medicine's control of the prescription of medical cannabis in Aotearoa New Zealand.
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35 In March 2016, Rebecca Reider received a discharge without conviction for the
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37 importation of cannabis medication from her birthplace, California. This revealed that
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39 there was a potential loophole in the law around importation of medications
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41 prescribed in other countries (Scoop, 2016b). This loophole was confirmed and the
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43 law as it currently stood admitted the possibility of bringing controlled drugs into the
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45 country if they had been legally prescribed (Hindmarsh, 2016a). Later that year
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47 Reider successfully brought a jar of raw cannabis, fully disclosed, through customs
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49 using her prescription from California (Jones, 2016a). However, the government
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51 reacted to this with an updated stance on importation from the US, no longer
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53 allowing controlled drug imports if they lacked US Food and Drug Administration
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55 approval (Hindmarsh, 2016b). This put New Zealand in the strange position of
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3 undermining Californian state law to uphold federal law that the US government was
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5 not imposing.
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10 Cannabis products without psychoactive effects were also initially a target for law
11 enforcement. Pearl Schomburg used cannabidiol (CBD) to replace a 'cocktail' of
12 pharmaceutical drugs to manage her pain, although she could only access CBD
13 illegally. She mounted a legal challenge to the government in 2017 to reclassify CBD
14 products which were being incorrectly and potentially illegally caught under the
15 Misuse of Drugs Act, classified as Class B1 controlled drugs in spite of their lack of
16 psychoactive effect (Hoyle, 2017). Schomburg's challenge was responded to in mid-
17 2017, with CBD applications no longer requiring MOH approval and the drug instead
18 being available for prescription by doctors in a similar manner to any other
19 prescription medicine (Stuff, 2017). CBD was removed from the Misuse of Drugs Act
20 after Dunne acted on advice from the Expert Advisory Committee on Drugs that CBD
21 should not be a controlled drug as it has little or no psychoactive properties.
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40 The approval system for cannabis-based medications became more liberal over the
41 time period of the study. Initially Ministerial approval for these medications was
42 required, then specialists and General Practitioners could prescribe those
43 medications. But they could only prescribe cannabidiol products and cannot
44 prescribe the raw plant.
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53 Schomburg formed the Auckland Patients Group which, like the green fairies, helped
54 patients struggling within the legal channels to gain access to black market cannabis
55 (Scoop, 2017a). Schomburg was interviewed in November 2017 in relation to her
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3 Auckland Patients Group advocacy about the arrest of a prominent West Coast
4 green fairy whose cannabis she had helped many patients gain access to (Press,
5 2017). His arrest would leave many patients struggling without access to their
6 medication. The magazine *New Zealand Doctor* brought attention to this issue when
7 it reported on a conference in which doctors spoke of the need to stop sending
8 patients to drug dealers by restricting access to medicinal cannabis (Thomas, 2017).
9
10 An Australian GP speaking at the conference claimed that 60% of cancer patients
11 would be using cannabis illegally. The shift from Ministerial to MOH approval for
12 cannabis based medicine applications in the February 2017 law change brought
13 about by Peter Dunne (Live News, 2017) and the removal of CBD from the Misuse of
14 Drugs Act, apparently had little effect on the realities of the medical cannabis
15 marketplace (Fowlie, 2017).
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33 Debates about medical marijuana tied in to debates over the decriminalisation or
34 legalisation of the recreational use of marijuana as well as a possible cash crop that
35 could benefit the economy. In 2016, it was revealed that the New Zealand Police had
36 publicised and relied upon falsely reported data from a 2007 National Drug
37 Intelligence Bureau (NDIB) report into the harms of cannabis (Wall, 2016b). An
38 investigation by private citizen, Steve Dawson, uncovered that the report had
39 exaggerated these harms ten-fold and wrongly cited cannabis as the leading source
40 of drug harm in the country. The police claimed never to have used the report for
41 operational purposes and refused to retract it given it was more than six years since
42 its initial release. It was also discovered that the NDIB had already ignored a request
43 for recall of the report from the MOH as far back as 2008 (Wall, 2016a). The police
44 had used the report to contribute to a discourse in which harms of the cannabis plant
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3 were exaggerated, calling for further intensification of policing and resources. The
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5 misinformation about a new powerful cannabis and ballooning healthcare costs
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7 spread in articles following the initial release of the report in 2007 was never
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9 remedied (Easton, 2008). Neither the police nor NDIB were held to account for
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11 ignoring MOH advice and for the ensuing panic which led to calls such as urgent
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13 action on drug education in primary schools.
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19 By contrast, economic arguments on the potential benefit of cannabis began to make
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21 headlines in 2016 as academics, politicians, business owners and farmers, among
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23 others, contributed to articles on the topic (McCarthy, 2016; Meadows, 2016a,
24
25 2016b; Mitchell, 2016; Sellman, 2016). Cannabis was considered as a potential crop
26
27 for diversifying agriculture yields and increasing New Zealand's overall export
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29 profitability. The country was considered to have an optimal growing environment
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31 with farmers already operating in similar industries. A Drug Harm Index report
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33 commissioned by the MOH argued that taxing cannabis and reducing the spend on
34
35 enforcement would increase overall revenue and reduce social harm (Jones, 2016b).
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37 A few months later, after an Official Information Act request from Sue Grey, who
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39 represented Rebecca Reider in her defence against cannabis importation charges,
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41 Treasury released internal documents showing a review had been carried out and
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43 circulated with claims of a huge tax windfall and enforcement savings (Moir &
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45 Redmond, 2016). In August 2016, polls were released showing a mandate for
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47 cannabis reform from the public (Jones, 2016d). In spite of two thirds of New
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49 Zealanders showing support for some kind of reform, then Prime Minister John Key
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51 made unequivocal statements that change would not be forthcoming and reasserted
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53 his position that it would send the wrong message to young people (Jones, 2016c).
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Conclusion

The unfolding of the debate over medical marijuana in the media brings into sharp relief the existence of subaltern therapeutic forms. The dispositive of the medical and legal complexes limit the public life of subaltern forms. The positioning of the medical profession and statist medicine in the face of subaltern therapeutic practices, the latter aligning with notions of patient empowerment and patient-centred care, was to reinforce the channels of standard assessment, eschewing any engagement with something like 'whole herb' therapeutics, and working through MedSafe and the MOH to reassert biomedical hegemony. The MOH guidelines for approving cannabis-based medicines review of 2016, and the extension of medical cannabis to palliative care without legalising the activities of green fairies and others, failed to provide any redress to a situation in which many patients accessed cannabis illegally to treat their conditions.

The appearance of subaltern therapeutic practices is then but a brief one as it sinks back down below the threshold of the public gaze, to continue unseen forms of resistance. The unruly hybrid of medical marijuana has been, in practice, purified once again into the different and separate spaces of statist medicine and subaltern therapeutics. In the subaltern world the production, distribution and consumption of therapeutic marijuana continues, with information shared in undocumented forms, dosages and procedures prescribed by unregulated 'therapists', and consumption based on trust and not official forms of credibility and status. In statist medicine bureaucratic processes prevail but leave in tact the control of the standardised form

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3 of therapeutic practice in medical hands. This is not to say, however, that
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5 standardised forms in medical hands eradicates the hybrid nature of medical
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7 marijuana as an oxymoron. In clinical practice where medical cannabis is an
8
9 available option there remain difficulties for clinicians to distinguish recreational use
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11 from medical use, and for some clinicians the lack of scientific evidence for its
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13 efficacy remains an obstacle to prescription even in environments where it is legally
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15 available (Zolotov, Vulfsons, Zarhin, & Sznitman, 2018). Clinicians in different
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17 specialities are more or less willing to prescribe it, for example, palliative care
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19 physicians being more open to prescribing a medication that is potentially addictive,
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21 drawing on their own observations and patient testimonials rather than relying on the
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23 science (Zolotov et al., 2018). In the subaltern realm efforts to standardise potencies
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25 and experiment with different cannabis varieties occurs, drawing on the science
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27 rhetoric of Statist medicine (Klein & Potter, 2018).
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35 The situation of the subaltern therapeutics of medical marijuana plays out in this
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37 particular way in Aotearoa New Zealand because of the status of marijuana as a
38
39 criminalised object. If marijuana is legalised or decriminalised, then the subaltern
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41 practices of medical marijuana are likely to change. Some potential players in the
42
43 debate about medical marijuana were noticeably absent in media representations.
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45 Although some people in the debate claimed that medical cannabis should be used
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47 as a whole herb – there was little in the way of the voices of herbalists, naturopaths
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49 or others practicing alternative health approaches. These practitioners sit
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51 somewhere between Statist medicine and subaltern medicine, with some alternative
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53 therapists like chiropractors and osteopaths having regulatory recognition and state
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55 support through such things as state subsidies of student education, and others
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3 unregulated and without state support but operating openly (Dew, 2003). If marijuana
4 is legalised for recreational use, an issue that will be considered in a referendum on
5 personal cannabis use that will be held in 2020, it is possible that health practitioners
6 working outside of biomedicine, generically labelled practitioners of complementary
7 and alternative medicine (CAM), may take on a more public role in advocating for the
8 use of medical marijuana in ways that defy biomedical prescriptions. Or it is possible
9 that statist medicine will maintain its hegemonic position by proscribing the claims
10 that can be made about medical marijuana so that any claims align with the
11 outcomes of the formal regulatory processes of statist medicine – such as approval
12 by the US Food and Drug Administration and approval by MedSafe in Aotearoa New
13 Zealand.

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31 Another prominent set of actors in this therapeutic tussle are those who may profit
32 from the legal production and distribution of cannabis products. Statist medicine can
33 potentially be undermined by private interests pursuing profit, which in turn can
34 benefit the state in terms of tax revenues and a potential reduction in the importation
35 of pharmaceuticals that medicinal cannabis would compete with. The economic
36 interests of the state may then provide a source of credibility and legitimacy for
37 cannabis without going through the hoops of statist medicine's regulatory systems.
38 An analogous situation occurred in China in relation to Tibetan medicine. In China,
39 market reforms introduced in the post-Mao period impacted upon the provision of
40 Tibetan medicine. Tibetan medical practices could be provided at low cost, with
41 many medications produced from locally available materials. The evaluation of
42 Tibetan medicine within the confines of statist medicine's regulatory frameworks was
43 replaced by an assessment of Tibetan medicine based on its capacity to support
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3 economic development goals (Janes, 2002). The same logic has the potential to play
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5 out in Aotearoa New Zealand if economic and patient interest groups could
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7 successfully combine forces.
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12 Embedding medical marijuana into statist medicine would place economic as well as
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14 therapeutic constraints around its use. It would require isolated compounds of the
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16 cannabis plant being tested for safety and efficacy through the expensive process of
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18 randomised controlled trials, a process that requires capital investment (Yusuf et al.,
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20 2008). Subaltern economics is undertaken on a smaller scale, with producers and
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22 distributors not having such major capital outlay, and so enabling access to the plant
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24 and its products at a much lower price. But in the subaltern space the state does not
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26 provide any funding, whereas in statist medicine the possibilities of subsidies through
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28 PHARMAC have the potential to enable wider access.
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36 The debates around medical marijuana may be unique as part of its subaltern
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38 positioning is a result of the illegal status of the plant as a drug of abuse. **Information**
39
40 **exchanges occur in informal ways, through such mechanisms as cannabis clubs**
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42 **(Klein & Potter, 2018)**. But where claims about therapeutic outcomes are proscribed
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44 by statist medicine there are likely to be other forms of subaltern therapeutics. For
45
46 example, proscribing what people can claim about a therapeutic practice may lead to
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48 the formation of information sharing practices that evade the gaze of the state – such
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50 as the use of closed or invitation only sites on social media. So, although the
51
52 subaltern status of marijuana therapeutics is specific, its existence alerts us to the
53
54 possibilities of other subaltern therapeutic practices.
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References

- Bay of Plenty Times. (2016, 10/13). Plea for medicinal cannabis. *Bay of Plenty Times*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1769098&d26=nzh02%2Ftext%2F2016%2F10%2F13%2FBTG-DDn-MomentumGrowing13.html>
- Ben-Shabat, S., Fride, E., Sheskin, T., Tamiri, T., Rhee, M.-H., Vogel, Z., . . . Mechoulam, R. (1998). An entourage effect: inactive endogenous fatty acid glycerol esters enhance 2-arachidonoyl-glycerol cannabinoid activity. *European Journal of Pharmacology*, 353(1), 23-31. doi:10.1016/S0014-2999(98)00392-6
- Bennett, C. (2018). Drugs, moral panics and the dispositive. *Journal of Sociology*, 54(4), 538-556.
- Blok, A., & Jensen, T. (2011). *Bruno Latour: Hybrid Thoughts in a Hybrid World*. London and New York: Routledge.
- Carroll, J. (2016, 04/18). Pike widow defiant over cannabis oil use. *The Press*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769654&d6=fairfax%2Ftext%2F2016%2F04%2F18%2FA003114333959-AT.html>
- Cooke, H. (2015, 06/01). Desperate quest to save son, News. *The Press*, p. 1. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1767051&d1=fairfax%2Ftext%2F2015%2F06%2F01%2FA0021102089457-AK.html>
- Darder, A., & Griffiths, T. G. (2018). Revisiting “Can the subaltern speak?": introduction. *Qualitative Research Journal*, 18(2), 82-88. doi:10.1108/QRJ-D-17-00059
- Dawson, K. (2016, 04/09). Man relies on cannabis for relief of chronic pain. *Bay of Plenty Times*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1774612&d6=nzh02%2Ftext%2F2016%2F04%2F09%2FBTG-09cannabis.html>
- Dew, K. (2003). *Borderland practices: Regulating alternative therapies in New Zealand*. Dunedin: University of Otago Press.
- [REDACTED]
- Dominion Post. (2016, 05/10). Kelly backs charity. *The Dominion Post*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1777444&d54=fairfax%2Ftext%2F2016%2F05%2F10%2FA003115151318-AP.html>
- Easton, P. (2008, 12/27). They Say. *The Dominion Post*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1782547&d24=fairfax%2Ftext%2F2009%2F01%2F23%2Fdoc00052.html>
- Elsohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in Cannabis Potency Over the Last 2 Decades (1995–2014): Analysis of Current Data in the United States. *Biological Psychiatry*, 79(7), 613-619. doi:10.1016/j.biopsych.2016.01.004
- Forbes, M. (2016, 01/09). Helen Kelly wants referendum on legalising cannabis at the next election. *Stuff*. Retrieved from <http://www.stuff.co.nz/national/politics/75747087/Helen-Kelly-wants-referendum-on-legalising-cannabis-at-the-next-election>
- Fowlie, C. (2017, 06/05). Peter Dunne's new position on cannabis is meaningless, Opinion. *The Daily Blog*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-)

- 1
2
3 [newztext/view/?sid=1773384&d43=blogs%2Ftext%2Fdailyblog%2F2017%2F06%2F05%2F87464.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1773384&d43=blogs%2Ftext%2Fdailyblog%2F2017%2F06%2F05%2F87464.html)
- 4
5 Freidson, E. (1970). *Profession of medicine; a study of the sociology of applied knowledge*.
6 New York: Dodd, Mead.
- 7 Grinspoon, P. (2018). Cannabidiol (CBD) - what we know and what we don't. *Harvard Health*
8 *Blog*, [https://www.health.harvard.edu/blog/cannabidiol-cbd-what-we-know-and-what-](https://www.health.harvard.edu/blog/cannabidiol-cbd-what-we-know-and-what-we-dont-2018082414476)
9 [we-dont-2018082414476](https://www.health.harvard.edu/blog/cannabidiol-cbd-what-we-know-and-what-we-dont-2018082414476).
- 10 Hardiman, D., & Mukharji, P. B. (Eds.). (2012). *Medical marginality in South Asia: situating*
11 *subaltern therapeutics*. London and New York: Routledge.
- 12 Hindmarsh, N. (2016a, 03/28). Cannabis 'loophole' confirmed. *The Nelson Mail*. Retrieved
13 from [https://www.knowledge-basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771833&d168=fairfax%2Ftext%2F2016%2F03%2F28%2F0001113593086-AB.html)
14 [newztext/view/?sid=1771833&d168=fairfax%2Ftext%2F2016%2F03%2F28%2F0001](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771833&d168=fairfax%2Ftext%2F2016%2F03%2F28%2F0001113593086-AB.html)
15 [1113593086-AB.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771833&d168=fairfax%2Ftext%2F2016%2F03%2F28%2F0001113593086-AB.html)
- 16 Hindmarsh, N. (2016b, 12/10). Medicinal cannabis loophole closed. *The Nelson Mail*.
17 Retrieved from [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1769098&d28=fairfax%2Ftext%2F2016%2F12%2F10%2F0001123214921-AC.html)
18 [newztext/view/?sid=1769098&d28=fairfax%2Ftext%2F2016%2F12%2F10%2F00011](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1769098&d28=fairfax%2Ftext%2F2016%2F12%2F10%2F0001123214921-AC.html)
19 [23214921-AC.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1769098&d28=fairfax%2Ftext%2F2016%2F12%2F10%2F0001123214921-AC.html)
- 20 Hoyle, C. (2016, 11/13). First Kiwi approved for new cheaper medicinal cannabis treatment.
21 *Stuff*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d99=ffxstuff%2Ftext%2F2016%2F11%2F13%2F007086224916.html)
22 [basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d99=ffxstuff%2Ftext%2F2016%2F11%2F13%2F007086224916.html)
23 [newztext/view/?sid=1768664&d99=ffxstuff%2Ftext%2F2016%2F11%2F13%2F0070-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d99=ffxstuff%2Ftext%2F2016%2F11%2F13%2F007086224916.html)
24 [86224916.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d99=ffxstuff%2Ftext%2F2016%2F11%2F13%2F007086224916.html)
- 25 Hoyle, C. (2017, 01/22). Great-grandmother battles Ministry of Health over medicinal
26 cannabis products. *Sunday Star-Times*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769903&d2=ffxstuff%2Ftext%2F2017%2F01%2F22%2F009188635818.html)
27 [basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769903&d2=ffxstuff%2Ftext%2F2017%2F01%2F22%2F009188635818.html)
28 [newztext/view/?sid=1769903&d2=ffxstuff%2Ftext%2F2017%2F01%2F22%2F0091-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769903&d2=ffxstuff%2Ftext%2F2017%2F01%2F22%2F009188635818.html)
29 [88635818.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769903&d2=ffxstuff%2Ftext%2F2017%2F01%2F22%2F009188635818.html)
- 30 Janes, C. (2002). Buddhism, science, and market: the globalisation of Tibetan medicine.
31 *Anthropology and Medicine*, 9(3), 267-289.
- 32 Jones, N. (2016a, 08/22). Customs lets cannabis into country. *NZ Herald*. Retrieved from
33 [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1769098&d11=nzh02%2Ftext%2F2016%2F08%2F22%2FNZH-cannabis22.html)
34 [newztext/view/?sid=1769098&d11=nzh02%2Ftext%2F2016%2F08%2F22%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1769098&d11=nzh02%2Ftext%2F2016%2F08%2F22%2FNZH-cannabis22.html)
35 [cannabis22.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1769098&d11=nzh02%2Ftext%2F2016%2F08%2F22%2FNZH-cannabis22.html)
- 36 Jones, N. (2016b, 04/09). Illicit drug trade worth \$245m in tax, social harm study suggests.
37 *NZ Herald*. Retrieved from [https://www.knowledge-basket.co.nz/databases/newztext-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d15=nzh02%2Ftext%2F2016%2F04%2F09%2FNZH-drugs09.html)
38 [uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d15=nzh02%2Ftext%2F2016%2F04%2F09%2FNZH-drugs09.html)
39 [newztext/view/?sid=1771892&d15=nzh02%2Ftext%2F2016%2F04%2F09%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d15=nzh02%2Ftext%2F2016%2F04%2F09%2FNZH-drugs09.html)
40 [drugs09.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d15=nzh02%2Ftext%2F2016%2F04%2F09%2FNZH-drugs09.html)
- 41 Jones, N. (2016c, 08/16). Key says he's against drug change. *NZ Herald*. Retrieved from
42 [https://www.knowledge-basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d43=nzh02%2Ftext%2F2016%2F08%2F16%2FNZH-decrim16.html)
43 [newztext/view/?sid=1769735&d43=nzh02%2Ftext%2F2016%2F08%2F16%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d43=nzh02%2Ftext%2F2016%2F08%2F16%2FNZH-decrim16.html)
44 [decrim16.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d43=nzh02%2Ftext%2F2016%2F08%2F16%2FNZH-decrim16.html)
- 45 Jones, N. (2016d, 08/15). 'Legalise it' Exclusive Let us toke, say almost two-thirds of Kiwis in
46 new poll. *NZ Herald*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d42=nzh02%2Ftext%2F2016%2F08%2F15%2FNZH-cannabis15.html)
47 [basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d42=nzh02%2Ftext%2F2016%2F08%2F15%2FNZH-cannabis15.html)
48 [newztext/view/?sid=1769735&d42=nzh02%2Ftext%2F2016%2F08%2F15%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d42=nzh02%2Ftext%2F2016%2F08%2F15%2FNZH-cannabis15.html)
49 [cannabis15.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d42=nzh02%2Ftext%2F2016%2F08%2F15%2FNZH-cannabis15.html)
- 50 Keith, L. (2017, 10/13). Woman wins approval for cannabis use. *Taranaki Daily News*.
51 Retrieved from [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1776174&d46=fairfax%2Ftext%2F2017%2F10%2F13%2F0001134147752-AC.html)
52 [newztext/view/?sid=1776174&d46=fairfax%2Ftext%2F2017%2F10%2F13%2F00011](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1776174&d46=fairfax%2Ftext%2F2017%2F10%2F13%2F0001134147752-AC.html)
53 [134147752-AC.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1776174&d46=fairfax%2Ftext%2F2017%2F10%2F13%2F0001134147752-AC.html)
- 54 Kilmer, B., & MacCoun, R. (2017). How medical marijuana smoothed the transition to
55 marijuana legalization in the United States. *Annual Review of Law and Social*
56 *Science*, 13, 181-202.
- 57
58
59
60

- 1
2
3 Klein, A., & Potter, G. (2018). The three betrayals of the medical cannabis growing activist:
4 From multiple victimhood to reconstruction, redemption and activism. *The*
5 *International Journal on Drug Policy*, 53, 65.
- 6 Larkin, G. (1983). *Occupational monopoly and modern medicine*. London: Tavistock Press.
- 7 Live News. (2017, 02/08). Ministry of Health to Decide on Cannabis-based Products,
8 Release. *Live News*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1772928&d10=blogs%2Ftext%2Flivenews%2F2017%2F02%2F08%2Fministry-of-health-to-decide-on-cannabis-based-products.html)
9 [basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1772928&d10=blogs%2Ftext%2Flivenews%2F2017%2F02%2F08%2Fministry-of-health-to-decide-on-cannabis-based-products.html)
10 [newztext/view/?sid=1772928&d10=blogs%2Ftext%2Flivenews%2F2017%2F02%2F08%2Fministry-of-health-to-decide-on-cannabis-based-products.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1772928&d10=blogs%2Ftext%2Flivenews%2F2017%2F02%2F08%2Fministry-of-health-to-decide-on-cannabis-based-products.html)
- 11
12 Macdonald, N. (2016, 10/15). Fearless fighter loses her biggest battle. *Manawatu Standard*.
13 Retrieved from [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d86=fairfax%2Ftext%2F2016%2F10%2F15%2F00041121174051-AP.html)
14 [newztext/view/?sid=1768664&d86=fairfax%2Ftext%2F2016%2F10%2F15%2F00041](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d86=fairfax%2Ftext%2F2016%2F10%2F15%2F00041121174051-AP.html)
15 [121174051-AP.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d86=fairfax%2Ftext%2F2016%2F10%2F15%2F00041121174051-AP.html)
- 16
17 McCarthy, P. (2016, 04/28). Medical cannabis issue needs debate, Opinion. *Taranaki Daily*
18 *News*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1777444&d51=fairfax%2Ftext%2F2016%2F04%2F28%2FA0141114705578-CI.html)
19 [basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1777444&d51=fairfax%2Ftext%2F2016%2F04%2F28%2FA0141114705578-CI.html)
20 [newztext/view/?sid=1777444&d51=fairfax%2Ftext%2F2016%2F04%2F28%2FA0141](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1777444&d51=fairfax%2Ftext%2F2016%2F04%2F28%2FA0141114705578-CI.html)
21 [114705578-CI.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1777444&d51=fairfax%2Ftext%2F2016%2F04%2F28%2FA0141114705578-CI.html)
- 22
23 Meadows, R. (2016a, 04/17). Cashing in. *Sunday Star-Times*. Retrieved from
24 [https://www.knowledge-basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d24=fairfax%2Ftext%2F2016%2F04%2F17%2FD0061114266033-FL.html)
25 [newztext/view/?sid=1771892&d24=fairfax%2Ftext%2F2016%2F04%2F17%2FD0061](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d24=fairfax%2Ftext%2F2016%2F04%2F17%2FD0061114266033-FL.html)
26 [114266033-FL.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d24=fairfax%2Ftext%2F2016%2F04%2F17%2FD0061114266033-FL.html)
- 27
28 Meadows, R. (2016b, 04/17). War on drugs an 'abject failure' yet legal cannabis remains a
29 pipe dream. *Sunday Star-Times*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1775247&d61=fairfax%2Ftext%2F2016%2F04%2F17%2FA0091114269239-BD.html)
30 [basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1775247&d61=fairfax%2Ftext%2F2016%2F04%2F17%2FA0091114269239-BD.html)
31 [newztext/view/?sid=1775247&d61=fairfax%2Ftext%2F2016%2F04%2F17%2FA0091](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1775247&d61=fairfax%2Ftext%2F2016%2F04%2F17%2FA0091114269239-BD.html)
32 [114269239-BD.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1775247&d61=fairfax%2Ftext%2F2016%2F04%2F17%2FA0091114269239-BD.html)
- 33
34 Mitchell, C. (2016, 04/25). NZ missing the boat on cannabis - scientist. *The Press*. Retrieved
35 from [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1774557&d8=fairfax%2Ftext%2F2016%2F04%2F25%2FA0031114612466-AU.html)
36 [newztext/view/?sid=1774557&d8=fairfax%2Ftext%2F2016%2F04%2F25%2FA00311](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1774557&d8=fairfax%2Ftext%2F2016%2F04%2F25%2FA0031114612466-AU.html)
37 [14612466-AU.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1774557&d8=fairfax%2Ftext%2F2016%2F04%2F25%2FA0031114612466-AU.html)
- 38
39 Moir, J. (2015a, 06/08). Delay 'borders on unethical'. *The Press*. Retrieved from
40 [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1767051&d14=fairfax%2Ftext%2F2015%2F06%2F08%2FA0021102358742-AL.html)
41 [newztext/view/?sid=1767051&d14=fairfax%2Ftext%2F2015%2F06%2F08%2FA0021](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1767051&d14=fairfax%2Ftext%2F2015%2F06%2F08%2FA0021102358742-AL.html)
42 [102358742-AL.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1767051&d14=fairfax%2Ftext%2F2015%2F06%2F08%2FA0021102358742-AL.html)
- 43
44 Moir, J. (2015b, 10/13). Helen Kelly says Government needs to get real about medicinal
45 cannabis. *Stuff*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d30=ffxstuff%2Ftext%2F2015%2F10%2F13%2F0049-72923212.html)
46 [basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d30=ffxstuff%2Ftext%2F2015%2F10%2F13%2F0049-72923212.html)
47 [newztext/view/?sid=1771085&d30=ffxstuff%2Ftext%2F2015%2F10%2F13%2F0049-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d30=ffxstuff%2Ftext%2F2015%2F10%2F13%2F0049-72923212.html)
48 [72923212.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d30=ffxstuff%2Ftext%2F2015%2F10%2F13%2F0049-72923212.html)
- 49
50 Moir, J. (2015c, 06/10). One-off medicinal cannabis approved. *The Dominion Post*. Retrieved
51 from [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1767051&d25=fairfax%2Ftext%2F2015%2F06%2F10%2FA0031102429841-AV.html)
52 [newztext/view/?sid=1767051&d25=fairfax%2Ftext%2F2015%2F06%2F10%2FA0031](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1767051&d25=fairfax%2Ftext%2F2015%2F06%2F10%2FA0031102429841-AV.html)
53 [102429841-AV.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1767051&d25=fairfax%2Ftext%2F2015%2F06%2F10%2FA0031102429841-AV.html)
- 54
55 Moir, J. (2016a, 02/16). Defying the odds on cancer. *The Dominion Post*. Retrieved from
56 [https://www.knowledge-basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d112=fairfax%2Ftext%2F2016%2F02%2F16%2FA0021111966245-AG.html)
57 [newztext/view/?sid=1771085&d112=fairfax%2Ftext%2F2016%2F02%2F16%2FA002](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d112=fairfax%2Ftext%2F2016%2F02%2F16%2FA0021111966245-AG.html)
58 [1111966245-AG.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d112=fairfax%2Ftext%2F2016%2F02%2F16%2FA0021111966245-AG.html)
- 59
60 Moir, J. (2016b, 01/19). Medicinal cannabis did help my son, says mother. *The Dominion*
61 *Post*. Retrieved from [https://www.knowledge-basket.co.nz/databases/newztext-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d90=fairfax%2Ftext%2F2016%2F01%2F19%2FA0021110924343-AF.html)
62 [uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d90=fairfax%2Ftext%2F2016%2F01%2F19%2FA0021110924343-AF.html)
63 [newztext/view/?sid=1771085&d90=fairfax%2Ftext%2F2016%2F01%2F19%2FA0021](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d90=fairfax%2Ftext%2F2016%2F01%2F19%2FA0021110924343-AF.html)
64 [110924343-AF.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d90=fairfax%2Ftext%2F2016%2F01%2F19%2FA0021110924343-AF.html)
- 65
66 Moir, J., & Redmond, A. (2016, 07/21). Big money in cannabis for Govt. *The Press*.
67 Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search->

- [newztext/view/?sid=1772784&d1=fairfax%2Ftext%2F2016%2F07%2F21%2FA0021117969050-AD.html](https://www.newztext.co.nz/newztext/view/?sid=1772784&d1=fairfax%2Ftext%2F2016%2F07%2F21%2FA0021117969050-AD.html)
- Morton, A. D. (2007). *Unravelling Gramsci: Hegemony and Passive Revolution in the Global Political Economy*. London: Pluto Press.
- Nelson Mail. (2015, 07/28). Spray funding seen as a step forward. *The Nelson Mail*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1776290&d51=fairfax%2Ftext%2F2015%2F07%2F28%2F00081104342927-BY.html>
- Norton, M. (2015). Pharmac bid to fund medical cannabis shut down by clinical advisors. In *New Zealand Doctor: More than medicine*. Auckland: The Health Media.
- Pedersen, W., & Sandberg, S. (2013). The medicalisation of revolt: a sociological analysis of medical cannabis users. *Sociology of Health & Illness*, 35(1), 17-32.
- Plumb, S. (2016, 04/02). No headline: leadcannabis. *NZ Herald*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768664&d43=nzh02%2Ftext%2F2016%2F04%2F02%2FNZH-leadcannabis.html>
- Press. (2017). Panic after posties dob in supplier of medical cannabis. *The Press*, pp. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769896&d1769894=fairfax%1769892Ftext%1769892F1762017%1769892F1769811%1769892F1769804%1769892FA0161134818423-BL.html>
- Redmond, A. (2016, 06/07). Medicinal cannabis review 'ignorant'. *The Nelson Mail*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771997&d20=fairfax%2Ftext%2F2016%2F06%2F07%2F00011116284462-AC.html>
- Redmond, A., & Moir, J. (2016, 04/09). Rose Renton backs 'brave' cannabis bill. *Nelson Mail*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1769735&d25=fairfax%2Ftext%2F2016%2F04%2F09%2F00031114003331-AM.html>
- Scoop. (2016a, 02/26). Dunne requests further consideration of medical cannabis. *Scoop*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d116=scoop%2Ftext%2F2016%2F02%2F26%2FPA1602-S00391.html>
- Scoop. (2016b, 03/04). Possible Loophole for Medical Cannabis Importation. *Scoop*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1774792&d2=scoop%2Ftext%2F2016%2F03%2F04%2FPO1603-S00067.html>
- Scoop. (2017a, 10/11). "Green Fairies" Are a Symptom of Unmet Demand. *Scoop*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1776174&d45=scoop%2Ftext%2F2017%2F10%2F11%2FGE1710-S00059.html>
- Scoop. (2017b, 10/17). Well-Known Nelson Green Fairy Faces Prosecution. *Scoop*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1774806&d55=scoop%2Ftext%2F2017%2F10%2F17%2FGE1710-S00079.html>
- Sellman, P. D. (2016, 04/12). Control of legalised cannabis best placed in govt hands, Opinion. *NZ Herald*. Retrieved from <https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771892&d18=nzh02%2Ftext%2F2016%2F04%2F12%2FNZH-Sellman12.html>
- Shi, Y., Liang, D., Bao, Y., An, R., Wallace, M. S., & Grant, I. (2019). Recreational marijuana legalization and prescription opioids received by Medicaid enrollees. *Drug and Alcohol Dependence*, 194, 13-19. doi:10.1016/j.drugalcdep.2018.09.016

- 1
2
3 Stuff. (2015a, 07/19). Cannabis oil given to Alex Renton before Government approval. *Stuff*.
4 Retrieved from [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1770815&d86=ffxstuff%2Ftext%2F2015%2F07%2F20%2F0098-70359880.html)
5 [newztext/view/?sid=1770815&d86=ffxstuff%2Ftext%2F2015%2F07%2F20%2F0098-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1770815&d86=ffxstuff%2Ftext%2F2015%2F07%2F20%2F0098-70359880.html)
6 [70359880.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1770815&d86=ffxstuff%2Ftext%2F2015%2F07%2F20%2F0098-70359880.html)
- 7
8 Stuff. (2015b, 07/01). Nelson teenager Alex Renton dies. *Stuff*. Retrieved from
9 [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1770815&d65=ffxstuff%2Ftext%2F2015%2F07%2F02%2F0173-69888664.html)
10 [newztext/view/?sid=1770815&d65=ffxstuff%2Ftext%2F2015%2F07%2F02%2F0173-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1770815&d65=ffxstuff%2Ftext%2F2015%2F07%2F02%2F0173-69888664.html)
11 [69888664.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1770815&d65=ffxstuff%2Ftext%2F2015%2F07%2F02%2F0173-69888664.html)
- 12
13 Stuff. (2017, 06/02). Kiwis will now be able to get medicinal cannabis from their doctor,
14 Government announces. *Stuff*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1773384&d23=ffxstuff%2Ftext%2F2017%2F06%2F02%2F0031-93268869.html)
15 [basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1773384&d23=ffxstuff%2Ftext%2F2017%2F06%2F02%2F0031-93268869.html)
16 [newztext/view/?sid=1773384&d23=ffxstuff%2Ftext%2F2017%2F06%2F02%2F0031-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1773384&d23=ffxstuff%2Ftext%2F2017%2F06%2F02%2F0031-93268869.html)
17 [93268869.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1773384&d23=ffxstuff%2Ftext%2F2017%2F06%2F02%2F0031-93268869.html)
- 18
19 Thomas, F. (2017, 07/05). Seeking access to medicinal cannabis: 'Don't send patients to
20 drug dealers' *New Zealand Doctor: More than Medicine*.
- 21
22 Vine, P. (2016a, 09/24). Cry of mainstream pain: let us use marijuana. *NZ Herald*. Retrieved
23 from [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768330&d54=nzh02%2Ftext%2F2016%2F09%2F24%2FNZH-dope24.html)
24 [newztext/view/?sid=1768330&d54=nzh02%2Ftext%2F2016%2F09%2F24%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768330&d54=nzh02%2Ftext%2F2016%2F09%2F24%2FNZH-dope24.html)
25 [dope24.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768330&d54=nzh02%2Ftext%2F2016%2F09%2F24%2FNZH-dope24.html)
- 26
27 Vine, P. (2016b, 09/27). Dope reform group hits back at conservative cannabis lobbyists. *NZ*
28 *Herald*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1772784&d39=nzh02%2Ftext%2F2016%2F09%2F27%2FNZH-stoners27.html)
29 [basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1772784&d39=nzh02%2Ftext%2F2016%2F09%2F27%2FNZH-stoners27.html)
30 [newztext/view/?sid=1772784&d39=nzh02%2Ftext%2F2016%2F09%2F27%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1772784&d39=nzh02%2Ftext%2F2016%2F09%2F27%2FNZH-stoners27.html)
31 [stoners27.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1772784&d39=nzh02%2Ftext%2F2016%2F09%2F27%2FNZH-stoners27.html)
- 32
33 Vine, P. (2016c, 10/16). Fresh hope in legal battle over medical cannabis. *Herald on*
34 *Sunday*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768330&d51=nzh02%2Ftext%2F2016%2F10%2F16%2FNZH-Wkdope16.html)
35 [basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768330&d51=nzh02%2Ftext%2F2016%2F10%2F16%2FNZH-Wkdope16.html)
36 [newztext/view/?sid=1768330&d51=nzh02%2Ftext%2F2016%2F10%2F16%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768330&d51=nzh02%2Ftext%2F2016%2F10%2F16%2FNZH-Wkdope16.html)
37 [Wkdope16.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1768330&d51=nzh02%2Ftext%2F2016%2F10%2F16%2FNZH-Wkdope16.html)
- 38
39 Wade, S. P. A. (2016, 01/16). Medical cannabis worthwhile as a palliative but not a
40 treatment, report suggests. *NZ Herald*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d88=nzh02%2Ftext%2F2016%2F01%2F16%2FNZH-renton16.html)
41 [basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d88=nzh02%2Ftext%2F2016%2F01%2F16%2FNZH-renton16.html)
42 [newztext/view/?sid=1771085&d88=nzh02%2Ftext%2F2016%2F01%2F16%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d88=nzh02%2Ftext%2F2016%2F01%2F16%2FNZH-renton16.html)
43 [renton16.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d88=nzh02%2Ftext%2F2016%2F01%2F16%2FNZH-renton16.html)
- 44
45 Wall, T. (2016a, 04/24). Dope warnings ignored. *Sunday Star Times*. Retrieved from
46 [https://www.knowledge-basket.co.nz/databases/newztext/search-](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1782534&d2=fairfax%2Ftext%2F2016%2F04%2F24%2FA0051114582967-AY.html)
47 [newztext/view/?sid=1782534&d2=fairfax%2Ftext%2F2016%2F04%2F24%2FA00511](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1782534&d2=fairfax%2Ftext%2F2016%2F04%2F24%2FA0051114582967-AY.html)
48 [14582967-AY.html](https://www.knowledge-basket.co.nz/databases/newztext/search-newztext/view/?sid=1782534&d2=fairfax%2Ftext%2F2016%2F04%2F24%2FA0051114582967-AY.html)
- 49
50 Wall, T. (2016b, 04/17). How an unemployed Westie discredited a key police report on
51 cannabis. *Stuff*. Retrieved from [https://www.knowledge-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771958&d27=ffxstuff%2Ftext%2F2016%2F04%2F17%2F0017-78486729.html)
52 [basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771958&d27=ffxstuff%2Ftext%2F2016%2F04%2F17%2F0017-78486729.html)
53 [newztext/view/?sid=1771958&d27=ffxstuff%2Ftext%2F2016%2F04%2F17%2F0017-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771958&d27=ffxstuff%2Ftext%2F2016%2F04%2F17%2F0017-78486729.html)
54 [78486729.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771958&d27=ffxstuff%2Ftext%2F2016%2F04%2F17%2F0017-78486729.html)
- 55
56 Willis, E. (1983). *Medical dominance: the division of labour in Australian Healthcare*. Sydney:
57 George Allen & Unwin.
- 58
59 Wynn, K. (2015, 10/18). Ministry approves cannabis treatment for 7-year-old girl. *NZ Herald*.
60 Retrieved from [https://www.knowledge-basket.co.nz/databases/newztext-uni/search-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d40=nzh02%2Ftext%2F2015%2F10%2F18%2FNZH-kwzoe18.html)
[newztext/view/?sid=1771085&d40=nzh02%2Ftext%2F2015%2F10%2F18%2FNZH-](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d40=nzh02%2Ftext%2F2015%2F10%2F18%2FNZH-kwzoe18.html)
[kwzoe18.html](https://www.knowledge-basket.co.nz/databases/newztext-uni/search-newztext/view/?sid=1771085&d40=nzh02%2Ftext%2F2015%2F10%2F18%2FNZH-kwzoe18.html)
- Yusuf, S., Bosch, J., Devereaux, P., Collins, R., Baigent, C., Granger, C., . . . Temple, R.
(2008). Sensible guidelines for the conduct of large randomized trials. *Clinical Trials*,
5(1), 38-39.
- Zarhin, D., Negev, M., Vulfsons, S., & Sznitman, S. R. (2018). Rhetorical and regulatory
boundary-work: The case of medical cannabis policy-making in Israel. *Social Science*
& *Medicine*, 217, 1-9. doi:10.1016/j.socscimed.2018.09.047

1
2
3 Zolotov, Y., Vulfsons, S., Zarhin, D., & Sznitman, S. (2018). Medical cannabis: An
4 oxymoron? Physicians' perceptions of medical cannabis. *International Journal of*
5 *Drug Policy*, 57, 4-10. doi:10.1016/j.drugpo.2018.03.025
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