International Journal of Drug Policy 49 (2017) 54–57

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Short Report

Medicalization of cannabis: What does it mean?

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ARTICLE INFO

Article history:
Received 14 March 2017
Received in revised form 11 July 2017
Accepted 26 July 2017
Available online xxx

Keywords:
Biomedicalization
Co-optation
Legalization
Israel
Medicalization
Medical cannabis

ABSTRACT

Background: Despite the frequent use of the phrase "medicalization of cannabis," it is not clear what it means to different stakeholders involved in medical cannabis (MC) policy development. This report examines Israeli stakeholders' understandings of how cannabis should be medicalized.
Methods: Following principles of constructivist grounded theory method, we analyzed Israeli parliament protocols and different policy documents related to MC policy and legislation.
Results and discussion: There was support for the incorporation of cannabis into medicine across the various stakeholders. Nonetheless, controversies remained surrounding how cannabis should be medicalized. Specifically, whereas most stakeholders argued that cannabis should be medicalized as a medication by relying on the biomedical model of medicine, others contended that cannabis should be medicalized as a treatment, akin to how complementary or alternative treatment has been co-opted by medicine. Biomedicalization of cannabis was the dominant frame, and was supported by the Ministry of Health, which has been entrusted to oversee the MC program in Israel.
Conclusion: Due to its extensive experience with MC policy and its pioneering research, many consider Israel to be a leading actor in the global MC arena. It is therefore possible that other countries will follow Israel's lead in its path to the biomedicalization of cannabis.

Introduction

An increasing number of countries across the world, including Israel, have established medical cannabis programs to allow and regulate the use of medical cannabis (MC). This process has often been referred to as "the medicalization of cannabis" (e.g., Reiman, Aggarwal, & Reinarman, 2014; Taylor, 2016; Wilkinson & D'Souza, 2014). However, the meaning of this phrase for diverse stakeholders has not been explored.

As a sociological and theoretical concept, medicalization "describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders" (Conrad, 1992, p. 209). In the case of cannabis, it is not "a problem" that is being redefined as medical, but rather a supposed solution. As such, the medicalization of cannabis diverges from that of other phenomena (e.g. the medicalization of pregnancy, hyperactivity, sleep). Moreover, the medicalization or incorporation of cannabis into medicine is complicated for several reasons: it is a plant rather than a pharmaceutical product; the knowledge of its properties and effects is still limited (Wilkinson & D'Souza, 2014); and according to the Single Convention on Narcotic Drugs, cannabis is a dangerous drug with no medicinal value (UN, 1961).

Following the UN drug convention, Israeli law defines cannabis as an illicit substance with no medicinal value. Nonetheless, it was regularized via a number of governmental resolutions as a substance that has medicinal properties and can, under certain circumstances, be used for medical purposes. The Israeli Medical Cannabis Agency (IMCA) of the Ministry of Health (MoH), which is responsible for MC regulation in Israel, is authorized to issue MC licenses to patients. Physicians wishing to recommend MC for their patients, send the IMCA a computerized standard form detailing patient medical details. The IMCA staff physicians then review and either reject or approve the recommendation. Oncology patients, however, can get a MC license directly approved by one of eleven oncologists authorized by the MoH to issue MC licenses. Approved forms of administration include oil extract, cookies for children,

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https://doi.org/10.1016/j.drugpo.2017.07.032
0955-3959/

and dried flowers which can be used for smoking or vaporizing. Cannabis is usually given as a last resort, after patients have exhausted other "conventional" therapeutic options. Still, the number of licensed patients in Israel has increased dramatically over the years, reaching 28,000 patients with valid MC licenses in March 2017 (Dor, 2017).

The Israeli government has been involved in MC regulation since the late 1990s, and has enabled extensive research in the MC Field. Thus, there is a wealth of medical trials being conducted in Israel including clinical assessments for various indications, registry protocol surveys and also innovative trials into novel drug delivery systems (see, for instance, Cann10 2nd International Medical Cannabis Conference, 2017; Syke Medical, 2017; The Laboratory of Cancer Biology and Cannabinoid Research, 2017). Due to its extensive experience with MC policy and its pioneering research, many consider Israel to be a leading actor in the global MC arena (see, for example, Ablin, Ste-Marie, Schafer, Hauser, & Fitzcharles, 2016; Stafford Mader, 2013).

This report examines Israeli stakeholders' understandings of how cannabis should be incorporated into medicine (i.e., medicalized), showing that the dominant approach to medicalization, supported by most stakeholders, including the Israeli MoH, was one we term biomedicalization because it relies on the biomedical model of medicine. Nonetheless, we show that a minority of stakeholders, including some physicians, patients, and growers, supported an alternative approach to medicalization, asking that cannabis be integrated into medical jurisdiction with only minor changes and regulations, or in other words, calling for its co-optation by medicine.

Methods

The bulk of the data is comprised of protocols of Knesset (Israeli Parliament) Committee meetings. The Knesset is the nation's legislative authority and has played a major role in shaping the regulation and availability of MC. Knesset Committee hearings are open to the public, and individuals and groups that have a stake in a given upcoming Knesset agenda can participate in hearings, such that studying hearing protocols allows researchers to explore the different voices and perspectives of diverse stakeholders. In addition, the discussions are recorded and fully transcribed, and these data are made publically available.

Searching the Knesset website (http://main.knesset.gov.il/Activity/committees/Pages/AllCommitteeProtocols.aspx), we entered the words "cannabis," "marijuana" and "hashish" in the topics of discussion of committee hearings held from 1980 to November 2016. Out of the 26 results the search yielded, 21 focused on MC. Additionally, our body of data includes all government resolutions regarding MC (# 3609, 1050, 1587) and the most comprehensive MC document produced by Israeli policy makers to date entitled "Cannabis for medicinal use: an information booklet and medical guidelines" (also known as "The Green Book"). It was published by MoH in 2016. All of these documents are available on the IMCA website (http://www.health.gov.il/UnitsOffice/HD/cannabis/Pages/default.aspx). As stated above, Knesset discussions represent public discourse and are the main driver of MC policies in Israel. Thus, we believe we have included the most important data related to MC policy discussions in Israel. Nevertheless, our data are limited in that they do not include voices of stakeholders that were not present during Knesset Committee hearings. Additionally, our data do not include the ministerial committees of the MoH because relevant protocols are not open to the public.

We analyzed the data according to the principles of constructivist grounded theory method, including systematic conceptualization, constant comparisons, coding, and memo-writing (Charmaz, 2006; Clarke, 2005; Morse et al., 2009). We additionally coded each speaker by group affiliation (see Table 1), such that we were able to examine which understandings of medicalization was presented by the different stakeholder groups.

Table 1
Main stakeholder groups and their understanding of paths to medicalization.

Stakeholders	Biomedicalization	Cooptation
Ministry of Health	×	
Ministry of Public Security	×	
Drug Enforcement Administration	×	
The police	×	
Knesset Members	×	×
Physician organizations	×	
Activist patients		×
Medical Practitioners	×	×
Growers		×

Results and discussion

Since the 1990s, when the first patients in Israel were granted MC licenses, a number of stakeholders, including Knesset Members, MoH, Ministry of Public Security, Drug Enforcement Administration, the police, physician organizations, activist patients, medical practitioners, and growers, have been involved in the incorporation of cannabis into medicine. In the first hearing dedicated to MC (Committee for the fight against drug abuse [Drug Committee], 1999), a few Knesset members criticized the intention to legally allow MC treatment, raising concerns that it would heighten the legitimacy of recreational use. Yet, such concerns abated in the following hearings where most stakeholders agreed that certain patients should be allowed to use MC. Thus, there was support for cannabis medicalization across the political spectrum from the outset. Nonetheless, controversies remained surrounding how cannabis should be medicalized. Specifically, as the following will show, most stakeholders argued that cannabis should be medicalized as a medication by relying on the biomedical model of medicine, thus advocating the biomedicalization of cannabis. While this was the dominant approach, other stakeholders presented an alternative counter-discourse, contending that cannabis should be medicalized as a treatment by integrating it with only minor changes and regulations into medical jurisdiction, thereby advocating the co-optation of cannabis by the medical profession.

Biomedicalization: cannabis as a medication

The MoH in particular, but also the Ministry of Public Security, the Drug Enforcement Administration, the police, and physician organizations have argued that cannabis is not a medication, but it should be made into one as much as possible (see Table 1). Specifically, they argued that cannabis should be defined and treated in the same way as other medications containing active substances that are defined as drugs, such as opioids. In doing so, these stakeholders followed the principles of the biomedical model of medicine, as the "Green Book" (Israeli Medical Cannabis Agency, 2016) states:

> Although cannabis is not registered as a drug or medicine, the MoH believes that we should treat its products, which are used for medicinal purposes, the same way we treat a registered medication or a product that contains substances that are defined as dangerous drugs and are required to withstand regulations and supervision to ensure public health and safety (p. 5).

The document continues by asserting that the process of the "medicalization of cannabis" should be based on principles of evidence-based medicine.