



Research Paper

The three betrayals of the medical cannabis growing activist: From multiple victimhood to reconstruction, redemption and activism

Axel Klein^a, Gary R. Potter^{b,*}^a Global Drug Policy Observatory, Swansea University, Singleton Park, Swansea, SA2 8PP, UK^b Lancaster University Law School, Bailrigg, Lancaster, LA1 4YN, UK

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ABSTRACT

While cannabis has been widely used in the UK for over 50 years, it is only in recent decades that domestic cultivation has become established. Public concern, media reporting and policing policy has emphasised the role of profit motivated criminal organisations often working on a large scale and with coerced labour. However, increasingly, another population are growing for medical reasons, to help themselves and others treat or manage difficult, poorly understood, or incurable conditions.

Our study sought to further understand the motives, techniques and interactions of cannabis cultivators through interviews with 48 growers and supplementary ethnographic work. As well as those motivated to grow for personal use, social and commercial supply purposes we identified a cohort growing to provide themselves and others with cannabis used for therapeutic purposes. This paper draws primarily on interviews with a sub-group of sixteen medically-motivated growers who were not only involved in treatment, but also embraced the label “activist”.

Rather than develop techniques of deception they were organising to effect a change in legislation. Rejecting the image of criminal perpetrators, they presented themselves as victims of unjust government policy, an indifferent medical establishment, and brutal and immoral criminal markets. Through cultivation, association, self-healing and apomedication, they have found voice and are shifting the debate over the status of growers and of cannabis itself. The ambiguity of their position as both producers and patients challenges the assumptions underlying legal distinctions between suppliers and users, with potentially profound implications for policy.

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Introduction

Cannabis continues to enjoy an ambiguous status in the UK. It is a Class B drug with strict penalties for possession and supply, but consumption is not a crime *per se*¹ and police rarely bring charges and do not go proactively looking for people in possession of small amounts.² Prominent anti-cannabis campaigners have cited the falling number of cannabis arrests in their claim that to all intents and purposes cannabis consumption has been decriminalised (Hitchens, 2012). The numbers are indeed low considering that 16% of 16–24 year olds are reportedly using cannabis (Home Office,

2016). However, there remains a significant rump of cannabis users who do face sanctions, and criminal records, for production and supply.

The UK, as other European countries, subscribes to a “balanced approach” (Home Office, 2015), making a sharp distinction between consumption, with its associated potential health and socioeconomic harms, and supply, dealt with by the police and courts. This has allowed the state to maintain an uncompromising prohibitionist policy stance even while consumption is becoming socially embedded with stable drug prices and ready availability. Import substitution continues apace, with cannabis resin from Morocco largely replaced by domestically produced herbal cannabis (Hargreaves & Smith, 2015; Potter, 2010).

* Corresponding author.

E-mail addresses: axelcklein@yahoo.com (A. Klein), g.potter2@lancaster.ac.uk, drgpotter@googlemail.com (G.R. Potter).¹ Possession and supply are offences under the UK’s Misuse of Drugs Act, 1971, but drug use is not.² Policy varies by police force in the UK, but a general relaxation of enforcement of cannabis laws has been widely reported. See, e.g., [Staufenberg \(2015\)](#); [Dunn \(2016\)](#).

It has been estimated that around 300,000–500,000 people are now growing cannabis in the UK.³ Cultivation ties up financial resources, encroaches on indoor living space, greatly increases the risk of detection and facilitates the prosecution with incontrovertible material evidence as well as demonstrating *mens rea*. The question therefore arises why so many people are willing to risk criminalisation by amplifying their offence from cannabis possession to cultivation and supply.

The paper explores the motivation of a sub-set of cannabis cultivators who use cannabis therapeutically, or supply cannabis to people with medical conditions who find relief from using different cannabis preparations.

Methods

We were awarded a small grant from the British Academy/Leverhulme Trust⁴ to study cannabis cultivation in the UK, with a focus on initiation into and progression of cannabis growing careers. We opted for an inductive, ethnographic approach in the anthropological tradition, with in-depth qualitative interviews and observations of real life situations, as best suited for establishing an understanding of motivation and outlook. From previous work we hypothesized that financial benefits and the quest for quality product were the main drivers for cultivation (Decorte, 2010; Potter et al., 2015; Potter, 2010; Weisheit, 1992), with easier access to growing technologies (via grow-shops and online retailers) and knowledge, information and advice (via cannabis websites and discussion forums) being key enablers for those who are so motivated (Potter, 2008, 2010; Bouchard, Potter & Decorte, 2011). Recognising the role of online forums in cannabis cultivation, and following the practice of other research projects (Barratt et al., 2015; Decorte, 2010), we posted notices on websites and online forums for cannabis enthusiasts, growers and activists asking people to share their stories. This meant that people contacted us if they wanted to be interviewed and were therefore a self-selecting cohort including a significant sub-sample of user-grower activists. In addition, we mobilised personal networks and onward referrals. In total, we conducted interviews with 48 cannabis growers, supplemented with many more informal conversations and online interactions. This paper draws primarily on a sub-sample of sixteen respondents, as explained below.

Where possible we visited growers at their homes and cultivation sites, observing informants with their plants and in their own environment. In other instances, interviews were conducted in pubs or cafes where respondents felt comfortable to talk. Interviews lasted between one and four hours and followed a semi-structured schedule of questions on key topics, including medical use and activism. In most cases, there was also much free flowing conversation, which created a more relaxed atmosphere and allowed informants to drive the agenda and take ownership of the information they were sharing with the researchers. On a number of occasions we conducted repeat interviews, at the suggestion of informants, to dig deeper into particular issues.

To observe interactions between cannabis cultivators, their exchanges of information on growing techniques, the preparations of medicine, and political organisation, we also attended meetings organised by cannabis activists in Kirkby Lonsdale (England) and Dublin (Ireland), and visited a commercial illegal cannabis coffeeshop in London. Most pertinently, we were able to attend

the 2016 Annual General Meeting of the United Kingdom Cannabis Social Clubs (UKCSC) in Leicester. Participation at these events allowed us to cross-verify that issues raised during interviews were widespread, and distinguish between different positions and viewpoints.

Where feasible, and when granted permission to do so, interviews were recorded. In other instances, contemporaneous notes were taken. Further notes were written up after the interview or event. We worked to the ethical standards of the British Society of Criminology and Lancaster University⁵ – data was securely stored, and the anonymity of all respondents maintained even though many (in keeping with their activist personas) stated that they did not mind being identified.

Pursuing a grounded theory approach (Glaser & Strauss, 1967), our theoretical model emerged through the repeat analysis of data. The sample comprised cultivators growing for their personal use, those supplying friends and family (i.e., social supply) and those involved in commercial distribution. But one cohort vehemently denied any sense of criminality and rejected the charge of cannabis use as a hedonistic indulgence. Instead, they were growing cannabis for health reasons, to self-treat an illness or condition and/or to supply fellow patients. It is this subset of growers that we discuss in this article.

In response to the allegation that medical benefits serve as a pretext for recreational use (Wilkinson & d'Souza, 2014), we note that the drawing of such neat distinctions between medical and non-medical use was one thing that informants had set out to challenge. While several discussed specific, diagnosed conditions others claimed benefits for no particular illness, but a more general sense of well-being, often with a spiritual dimension. One informant reported that she only realised how much she had needed cannabis when she stopped using temporarily and then began to experience symptoms of both physical health problems stemming from a car crash and mental health problems relating to traumatic childhood experiences. The category of 'medical cannabis user' is therefore slippery (cf. Reinerman et al., 2011), as is that of 'medical cannabis grower' (Hakkainen et al., 2018). As such, attempts to clearly delineate between medical and non-medical growers among our respondents would be artificial. Instead, this article draws primarily on sixteen informants who were growing primarily to treat diagnosed conditions in themselves or others and who embraced the label "activist", but informed also by other data generated by our ethnographic approach. To emphasise the "ideal-type" medical growers at the core of this paper, we should note that several were also seeking to moderate THC strength and experimenting with preparations that had minimal psychoactive effects while still providing therapeutic relief.

Victimless crimes reconsidered – medical cultivators as anomalies in the drug war dramaturgy

By cultivating cannabis and sharing the product with other users our informants had moved from petty offender to criminal perpetrator of a class B supply offence, which carries potentially up to 14 years imprisonment. Craig opened with the familiar assertion of the victimless crime: "if I am not hurting anyone what is that crime". He then turned the more serious charge of drug production around, arguing that he was in fact helping to reduce overall criminality: "I am not contributing to a criminal market. I am not impacting negatively on anyone other than me."

It would be possible to explain such defensive statements in

³ The figure was repeated by several activists, and seems to be based on a calculation by the Independent Drugs Monitoring Unit reported in the Daily Mail (Hall & Camber, 2014) extrapolated from the number of cannabis farms "discovered" per month.

⁴ Small grant reference SG132364.

⁵ Ethical clearance was granted by Lancaster University Faculty of Arts and Social Sciences research ethics committee, ref. FL16005.

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