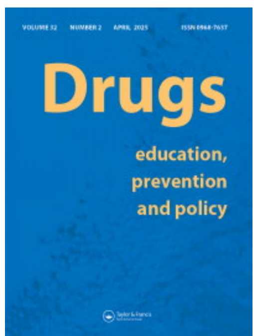


Drugs: Education, Prevention and Policy

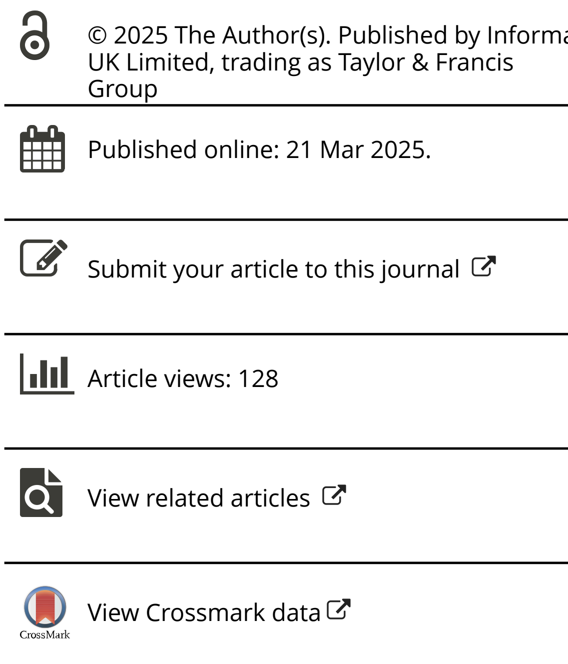
ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/idep20

Exploring hidden risks and empowerment in women's acquisition of medicinal cannabis from illegal markets: a qualitative study

Vinuli Withanarachchie, Marta Rychert & Chris Wilkins

To cite this article: Vinuli Withanarachchie, Marta Rychert & Chris Wilkins (21 Mar 2025): Exploring hidden risks and empowerment in women's acquisition of medicinal cannabis from illegal markets: a qualitative study, Drugs: Education, Prevention and Policy, DOI: 10.1080/09687637.2025.2481297

To link to this article: https://doi.org/10.1080/09687637.2025.2481297



© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

Published online: 21 Mar 2025.

Submit your article to this journal

Article views: 128

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=idep20

DRUGS: EDUCATION, PREVENTION AND POLICY
https://doi.org/10.1080/09687637.2025.2481297

OPEN ACCESS Check for updates

Exploring hidden risks and empowerment in women's acquisition of medicinal cannabis from illegal markets: a qualitative study

Vinuli Withanarachchie, Marta Rychert and Chris Wilkins

SHORE & Whāriki Research Centre, College of Health, Massey University, Auckland, New Zealand

ABSTRACT

Background: Women are a growing consumer base for medicinal cannabis (MC) in jurisdictions where it has been legalised, however, many still purchase MC from the unregulated illegal market. Little is known about women's experiences of buying MC from these male-dominated illegal drug markets. This study explores women's lived experiences accessing MC from illegal markets in New Zealand (NZ) to inform the need to ehance MC schemes for women. **Methods**: In-depth interviews with 15 women who purchased MC from the illegal market post MC legalisation. A qualitative description approach analysed their experiences, supplier relationships, and safety. **Results:** MC legalisation has facilitated a pathway to prescriptions, however, women face barriers including less disposable income, prioritising family expenses, and sexist attitudes among health professionals. Illegal markets were described as intimidating, with reports of sexual harassment, assault, and robbery. A novel finding waswomen-only social media groups for safety and supplier monitoring. Participants felt responsible for their own safety, as reporting to police posed legal risks. **Conclusion**: Women face gende-specific vulnerabilities when buying MC illegally, including safety risks and exposure to unregulated products. The findings are often overlooked in MC policy discussions, highlighting the need for gender-informed MC access.

ARTICLE HISTORY
Received 22 October 2024
Revised 4 March 2025
Accepted 13 March 2025

KEYWORDS
Medicinal cannabis; women; illegal market; harassment; cannabis policy; medical marijuana

Introduction

Recent studies from New Zealand (NZ) and overseas demonstrate women are increasingly using cannabis for medical reasons, with international commentaries indicating they form a key market for licensed medical cannabis (MC) clinics (Glazer & CannaWay Clinic, 2022; Gulbransen et al., 2020; Prosk et al., 2021). Emerging research has found women use cannabis to manage symptoms of conditions such as chronic pain, anxiety, and post-traumatic-stress disorder (Mahabir et al., 2020), as well as gynecological conditions such as endometriosis (Armour et al., 2022), polycystic ovary syndrome (Kaushik et al., 2020), vulvodynia (Barach et al., 2020), and pelvic pain (Ngan et al., 2019). While an evidence base for MC is emerging from clinical trials, there are only good quality findings for a handful of conditions: multiple sclerosis and chemotherapy-induced nausea and vomiting (Allan et al., 2018; Nielsen et al., 2018), two paediatric epilepsy conditions – Dravet and Lennox-Gastaut syndromes (Chen et al., 2019; Kühne et al., 2023), and limited evidence for chronic pain (Chen et al., 2019).

Evaluations of legal MC schemes reveal that consumers face access barriers including high prices, hesitant prescribers, a limited product range, and stigma, with some turning to the illegal, unregulated market to meet their MC needs (Armour et al., 2021; Hazekamp & Pappas, 2014). Women likely face additional barriers obtaining MC prescriptions due to gender related challenges such as undertaking a disproportionate share of family caregiving and household duties (Ministry for Women, 2023a), lower labour market participation, and a pay disparity in NZ of 8.6% compared to men (Ministry for Women, 2023b). Furthermore, Māori, Pasifika, and Asian women earn even less than their NZ European counterparts. The 2022/2023 NZ Health Survey found more women than men reported cost as a barrier to visiting their general practitioners (Ministry of Health, 2023), which again means women may struggle more to access MC prescriptions from their regular health providers. Compared to men, women also disproportionately experience delayed diagnosis and their symptoms are poorly investigated by health professionals, potentially creating further barriers to accessing cannabis treatment (Department of the Prime Minister & Cabinet, 2023). There are also broader societal power dynamics where women's medical needs are poorly addressed by health professionals, forcing them to access alternative routes.

The most often discussed implications of consuming illegal market cannabis are the risks to health due to products containing unregulated CBD (cannabinol) and THC (tetrahydrocannabinol) potencies and the potential for contamination

CONTACT Vinuli Withanarachchie v.withanarachchie@massey.ac.nz Shore & Whāriki Research Centre, College of Health, Massey University, Auckland, New Zealand.
© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

from pesticides, grow chemicals, molds and fungus (Fitzcharles et al., 2020; Hazekamp & Pappas, 2014; Therapeutic Goods Administration, 2021). There has been less focus on the vulnerabilities of women MC buyers in illegal cannabis markets and how they navigate these risks. Women in general are at risk of violent victimization. For example, a report of estimates from 137 countries found 6% of women aged 15 years or more had experienced non-partner violence in their lifetimes, demonstrating that women are subject to violence from strangers irrespective of socio-demographic characteristics such as age, ethnicity, race, and geographic location (World Health Organization, 2021). Furthermore, there has been a disproportionate rise recently in the number of women being imprisoned for minor drug offences globally (United Nations Office on Drugs & Crime, 2018). In NZ, Māori men and women are over-represented in those convicted for cannabis-related offences (Rapana et al., 2022). Such findings indicate gender and ethnicity shape the lived experiences and implications for people who consume drugs. However, MC schemes rarely address the specific vulnerabilities of women MC users. For example, the public consultation document provided to health professionals and stakeholders prior to the NZ MC Scheme listed the risks of purchasing illegal cannabis as potentially consuming contaminated products, inconsistent supply, unknown concentrations in products, and unreliable prices (Ministry of Health, 2022). The risks women may face at the intersection of accessing the illegal market for MC and the threat of gendered violence by non-intimate partners has neither been considered nor explored in this context.

This paper explores the experiences of women who have accessed the illegal market for medicinal cannabis in the last 12 months, with a focus on their interactions with various suppliers. It begins by outlining existing literature on illegal cannabis markets and women's involvement, to inform the reader about the truths and perspectives that are currently known about the topic, along with an overview of New Zealand's new MC prescriptions scheme for context. This is followed by a description of the feminist theoretical lens that frames this study, to highlight the need to explore the overlooked perspectives of women MC buyers in drug research. The data collection method and inductive content analysis are then described. Findings are presented across four themes using the qualitative descriptive approach: legal prescription market, perceptions of illegal drug markets, interactions with gangs, female suppliers and social supply. The paper concludes by discussing implications for NZ's MC scheme, and highlight key contributions and study limitations

Existing research on women's engagement with illegal cannabis markets

Illegal cannabis transactions largely occur in private locations (Curtis & Wendel, 2000) between known parties (Wilkins et al., 2023). Cannabis markets are therefore often considered to involve less violence (Buxton, 2020) and attract less police attention (Wilkins et al., 2023) compared to open street markets that sell other drugs. Studies suggest buying drugs is a gendered activity where women are less likely to purchase themselves and thus engage directly with people who sell drugs illegally (Goodman et al., 2022; Kolar, 2021), instead purchasing through male partners, family and friends and consuming cannabis with them in social situations. This may be due to a lack of pre-existing networks in the illegal market and less experience and knowledge of procuring products. For example, another study (Piatkowski et al., 2024) found women faced gender-specific challenges accessing anabolic-androgenic steroids from the illegal market. This was due to having fewer connections in the fitness community than men, and therefore less opportunity to source, as well as increased concerns around purchasing mislabelled substances. A recent convenience survey of drug users in New Zealand found 27% of illegal cannabis purchases were made from gangs and drug houses (Wilkins et al., 2023). Of the 12% of respondents who had experienced victimisation, i.e. being ripped off, intimidation, physical violence, and robbery in the last six months, 49% of these experiences occurred during cannabis transactions (Wilkins et al., 2023). Existing risks may be compounded for women as illegal drug markets are typically characterised as hyper-masculinised (Dunlap et al., 1997; McNeil et al., 2014; Sandberg, 2008, Fleetwood, 2014), sexualised, and patriarchal (Richert, 2022). Women who buy drugs are more likely than men to encounter violence and theft (Richert, 2022) and experience heightened levels of gender-related stigma and violence due to male control of illegal drug markets (Meyers et al., 2021).

Many studies report women often procure illegal cannabis through social supply (Kolar, 2021; Søgaard et al., 2024) or receive it for free as gifts (Hathaway et al., 2018; Vuolo & Matias, 2020). The social supply market appears to operate on trust, reciprocity, and friendship (Bræmer & Søgaard, 2023; Scott et al., 2017; Taylor & Potter, 2013; Vlaemynck, 2016) between parties with personal connections. Social supply of recreational drug supply has become normalised in the last several decades (McNeil et al., 2014), contrasting strongly with commercial forms of drug selling characterised by risky profit driven transactions between unknown sellers and buyers (Bræmer & Søgaard, 2023). For women who buy drugs, accessing cannabis through social supply may mean they can limit engagement with unknown men selling drugs in the illegal commercial market.

Social supply of cannabis is a widespread phenomenon premised on non-commercial motivations and exchange within personal networks (Søgaard et al., 2024; Vuolo & Matias, 2020). It can involve swapping, sharing, and gifting cannabis via personal networks (Wilkins et al., 2023). In NZ, cannabis transactions largely occur privately between friends and personal acquaintances. (Coomber et al., 2016; Coomber & Moyle, 2014). One study of small-scale cannabis growers in NZ (N = 2,296) reported 64% of respondents had swapped, shared, or given away cannabis they had grown in the past 12 months. Growers engaged in social supply largely to friends (91%), family members (57%), with significantly less supplied to acquaintances (24%), and only approximately 5% to strangers (Søgaard et al., 2024).

Female and compassionate illegal suppliers have emerged as safer alternatives for women buyers wanting to access medicinal cannabis within the illegal market. Research suggests that women suppliers may be more drawn to illegal cannabis markets due to the lower levels of violence compared to heroin and crack cocaine markets (Buxton, 2020). Studies have found that women dealers may develop niche markets, focusing their drug businesses on reliability, generosity, and building relationships with buyers (Denton & O'malley, 1999; Fleetwood & Leban, 2023). A UK study (Klein & Potter, 2018) identified illegal cannabis groups like the Lady Gardeners, which are run by women with the aim of meeting patients' MC needs and preventing female buyer exploitation in illegal, male-led supply networks. The authors termed these MC activists, growers, and distributors as 'medical cultivators', motivated by meeting patient needs. However, they also noted that it is difficult to distinguish them from recreational cannabis sellers who are profit driven (Klein & Potter, 2018). Similarly, groups like the NZ Green Fairies frame their operations as providing MC to patient groups for well-intentioned and compassionate reasons (Raymond et al., 2021). One study of small-scale cannabis cultivators in NZ (n = 202) conducted prior to MC legalisation found 53% illegally grew for their own medical use, and 33% grew to supply others for medical reasons (Wilkins et al., 2018). Another study of small-scale growers across 18 countries (n = 8,812) found 49% of NZ participants illegally grew to supply others for medical use, and 20% only sold to cover the costs of growing the cannabis (Søgaard et al., 2024).

Several previous studies have explored the experiences of women who mainly sell drugs to support their own use. Violence is identified as a feature of illegal drug market participation in certain circumstances, including to recover drug debts, protect drug selling areas from competitors, and through the victimisation of vulnerable buyers (Dunlap et al., 1997; Fleetwood, 2014; Ryder & Brisgone, 2013). Although this research links violence to drug market dynamics rather than gender, the women in these studies occupied lower-level positions in drug distribution and gang networks and were perceived to be more vulnerable, heightening their risk of exposure to violence compared to men.

Background – the NZ prescription medicinal cannabis scheme

The NZ prescription medicinal cannabis scheme (NZMCS) took effect on April 1, 2020, with the policy goal of improving access to legal MC products for terminally ill patients (Ministry of Health, 2022). Under the NZMCS, there are 50 products available in the forms of oral liquids, oils, sprays, and dried cannabis flower for inhalation via vaporiser or preparation in tea (Ministry of Health, 2022). Registered physicians such as regular health providers and cannabis clinicians, can administer prescriptions for MC products to any patient they believe has a condition that will benefit from cannabis treatment. Patients can purchase their prescribed products from pharmacies or cannabis dispensaries (Rychert & Wilkins, 2024). While legal, prescription markets provide a safe and quality-assured pathway to MC products, hesitance among doctor prescribers due to limited scientific evidence of efficacy remains a significant access barrier for patients in NZ and overseas (Ng et al., 2021; Rønne et al., 2021; Sotto et al., 2023; Withanarachchie et al., 2023). Women may also experience gender barriers to access as previous studies demonstrate they receive less support from their primary care providers (Bruce et al., 2021) and family and friends (Leos-Toro et al., 2018) when using MC compared to men. This lack of support can push women to rely on the illegal market to avoid potential judgment and negative perceptions. Women may also choose to access cannabis from illegal routes due to fear of social stigma when asking a physician for a prescription. Evidence indicates that women who use illegal drugs, which included MC until recently, often face heightened social judgement and consequences compared to men due to gendered expectations tied to femininity and motherhood. This dynamic can lead women to fear losing respect from their families or gaining a negative reputation in their communities (Agoff et al., 2022; Boyd, 2015; Dahl & Sandberg, 2015; Measham, 2002).

This overview of the NZMCS provides crucial context for understanding why many women turn to illegal cannabis markets despite the legal prescription route considered safer due to its regulated products and medical oversight. Highlighting the limitations related to accessing the NZMCS such as stigma, physician hesitance to prescribe MC, dissatisfaction with the products available, and costs of products, helps to explain the broader challenges women face accessing legal MC and why they choose or are limited to obtaining MC from illegal routes. As it pertains to our study aim, the findings of this paper will be used to discuss implications on how to improve the NZMCS to better respond to the needs of women MC consumers. Prior studies have examined the general risks to health and safety for buyers accessing the illegal market for MC. However, to our knowledge none have explored the distinct challenges faced by women when interacting with illegal suppliers, highlighting an equitability gap that is rarely addressed in policy discussions on cannabis law reform.

In New Zealand, four years after implementation of the prescription MC scheme, the majority of MC consumers continue to access cannabis from illegal sources (Rychert et al., 2025). The aim of this study is to understand women's lived experiences of accessing MC from illegal drug markets in NZ, with a focus on their relationships and interactions with suppliers. Furthermore, it will explore how the growing number of female suppliers in drug distribution networks (Fleetwood & Leban, 2023; Ludwick et al., 2015) affects women's cannabis acquisition behaviours.

Feminist perspective

Feminist research centres gender to deeply examine social issues (Hesse-Biber, 2014). In all its variants, feminist research prioritises women's voices, experiences, and issues with the common goal of creating change in their lives (Kelly, et al. 2013). A primary goal is to elevate women's perspectives in

various academic disciplines and value their experiences as crucial knowledge for social justice. Feminist researchers argue that dominant androcentric and sexist narratives in science have depicted women's lives as homogenous, limiting understanding of how diversely oppression is experienced at the individual level. While women may share common experiences, the roots and impacts of oppression may vary significantly for each individual (Chase, 1992; Hesse-Biber, 2014). Furthermore, feminist research seeks to highlight women's agency without framing it as deviant, to avoid reproducing dominant societal narratives that overlook the structural systems and forces that subordinate women and create inequality (Bhavnani, 1993).

This study is grounded in Hartsock and Harding's work on feminist standpoint theory, which posits that science is influenced by the social context in which it exists. It challenges the conventional androcentric view of a single, objective truth to be discovered, instead recognizing that truth is plural and situated in various social contexts, affording priority to multiple intersecting, marginalised identities. On this basis, it reminds researchers to locate and interrogate their own subjectivity, to avoid appearing as detached authorities of data and to make clear their own desires and interests in the knowledge produced (Longino, 1993; Sprague & Kobrynowicz, 2006; Wigginton & Lafrance, 2019). Simply put, feminist standpoint theory is a branch of philosophy concerned with how gender influences our understanding of knowledge, and how it is produced and validated. Miller and Carbone-Lopez (2015) argue that research on women who use drugs reflect dichotomous narratives that either victimise women or over-emphasise their agency. Such framing fails to consider how women's drug use is shaped by structural systems of power, hierarchy, and inequality. They suggest that to challenge these reductive narratives and to understand the nuances of women's drug use, feminist research should explore how gender intersects with factors such as race and class, as well as social structures of power, hierarchy, and inequality to shape women's lived experiences.

The study will be guided by feminist standpoint theory to focus on the lived experiences and perceptions of women buyers navigating the illegal market for MC. By centering these marginalized standpoints, this research seeks to uncover how women's social positions uniquely influence the risks and agency they experience during interactions with various illegal cannabis suppliers. Current literature has primarily focused on women's experiences of accessing the illegal cannabis market for recreational purposes. By building on this existing knowledge, this study will highlight the gender nuances of these experiences through the specific challenges and dynamics faced by women MC buyers in this context.

Method

Thirty-eight women were interviewed about their MC use for a wider research project about women's relationships with MC in NZ, of which the transcripts of 15 participants who discussed the risks and benefits of accessing cannabis from the illegal market for medicinal purposes were analysed for this study. Interviews were conducted virtually on Zoom between January and March 2024. They ranged from 60 to 90 mins in duration, with an average length of 73 mins. Qualitative interviews enable exploration of the unique and different lived experiences of participants (Warren, 2002). Previous studies have employed the qualitative interview method to gain in-depth understanding of the experiences, perspectives, and consumption patterns of women who use drugs, affording priority to their personal accounts and own words (Collins et al., 2020, 2020; Harris et al., 2024; Nelson, 2021). Some participants contacted the first author at later times to provide updates on their MC journeys and provide further context to their earlier responses, and this follow-up communication was included in the analysis (Costas Batlle & Carr, 2021), confirming the trust and positive, interpersonal relationships built with participants during the interviews. The interview guide included 25 questions covering topics such as the impact of MC use on health, access routes, societal views of medicinal cannabis users, and suggestions for ways cannabis policy can be improved to support women's health needs. Prior to developing the interview schedule, the first author conducted an extensive literature review and consulted with MC prescribers and advisors such as herbalists, naturopaths, gynecologists, and cannabis researchers. The first author conducted, audio-recorded, and transcribed the interviews verbatim.

While there is no research method that is inherently feminist, qualitative in-depth interviewing is commonly used in feminist research as its main tenants – understanding subjective experiences and perceptions of reality – aligns closely with the goals of feminist research and epistemology, which is to improve women's social position by exposing their realities, prioritising their experiences (Landman, 2006), and to understand how knowledge is produced and validated in the research process (Wigginton & Lafrance, 2019). The knowledge produced in this study are the perceptions and experiences of women accessing the illegal cannabis markets for medicinal reasons with a focus on their interactions with various suppliers – an overlooked perspective in existing literature. The assumption made is that social realities are diverse and shaped by multiple intersecting identities such as their gender, ethnicity, income-level and more. Therefore, qualitative interviews were chosen to highlight women's unique voices and elucidate the gender nuances of their experiences in relation to the topic.

Participants and recruitment

Women over 16 years old who had used cannabis for medical purposes in the last 12 months were invited to participate. Participants did not need an official medical diagnosis to be eligible. Participants were recruited via social media pages with a focus on medicinal cannabis (e.g. Reddit, Discord, and Facebook) and through local women's centres and groups with an interest in women's health, such as the Lower Hutt Women's Centre and Ovarian Cancer Foundation NZ. The first

author conducted initial phone calls with participants to discuss the study and answer their questions. For interviews on Zoom®, participants were asked not to disclose any identifying details of themselves or others and to join the chat with the name 'Participant' to preserve their anonymity. These conditions were put in place to make the participants feel comfortable sharing details of illegal activity and personal stories with the researcher. The Massey University Human Ethics Committee Ohu Matatika 1 approved this project on January 29, 2024 (Application OM1 23/50). Participants gave their written consent prior to commencing the interviews and verbal consent at the beginning of interviews.

Data analysis

The qualitative descriptive approach was used to interpret and present the interview data. This approach aims to provide comprehensive summaries of the everyday, first-hand accounts of participants (Freshwater, 2020). This method is particularly useful for exploring the health disparities experienced by vulnerable people (Sullivan-Bolyai et al., 2005) towards informing practitioners and policymakers (Sandelowski, 2000). Guided by feminist standpoint theory, we also acknowledge that the marginalised social positions of women in our study are shaped by broader power and societal dynamics such as stigma and vulnerability within the context of the illegal cannabis market. To systematically analyse the data, the first author employed inductive content analysis (Vears & Gillam, 2022), which involved a step-by-step process of identifying codes and grouping them into overarching categories. The first author initially became familiar with the data by reading the transcripts several times. Next, we moved to the open inductive coding phase, where the first author labelled specific segments of the text with descriptive codes. For example, texts describing participants' fears of unintentionally meeting a supplier who was a gang member were coded as 'fear of gangs', while those mentioning positive interactions with female suppliers were coded as 'supportive relationships'. This coding process remained grounded in participants' own words and descriptions, aligning with the low-inference premise of qualitative descriptive approach. These codes were discussed between the first, second, and third authors to sense-check interpretations.

In the categorisation phase, related codes were grouped into broader categories that reflected shared experiences and perceptions. For example, codes such as 'vulnerable', 'unpredictable', and 'full of men' in online spaces were ascribed to the category 'perceptions of the illegal market'. The codes 'unsafe', 'sexual harassment', and 'gang-affiliated dealers' were grouped under the category 'interactions with gangs'. Similarly, the codes 'empathy', 'generous', and 'trusted supplier' were categorised under 'female suppliers and social supply'. From a feminist standpoint, we also recognised how women's experiences were shaped by the intersections of gender and power. These gendered dynamics were evident in the category 'female suppliers and social supply', which highlighted the importance of mutual understanding and respect in developing trust between female buyers and suppliers in the illegal cannabis market. Texts that described the barriers to accessing MC prescriptions such as 'financial costs' and 'finding a prescriber' informed the category 'legal prescription market'. Together, this led to the emergence of four overarching categories: perceptions of illegal drug markets, interactions with gangs, female suppliers and social supply, and the legal prescription market.

Throughout the analysis process, the qualitative description approach guided interpretation of the data, ensuring the categories stayed close to the participants' words and experiences. Quotations were added to the resulting categories to supplement descriptive summaries with personal stories. All identifying details were removed from the data. Using inductive content analysis informed by feminist standpoint theory, and presenting the findings through a qualitative description approach, captured the gender nuances of participants' truths and experiences.

Researcher positionality

Our positionalities as researchers, shaped by our middle-class backgrounds, professional and academic experiences, inevitably influenced the analysis. We acknowledge that our relationships with the health systems and access to medicines may differ significantly from the lives of the women we are researching. This awareness informed our sensitivity to their lived realities and motivated our efforts to share their stories with respect and their consent. While our privileged access to healthcare may have shaped our understanding of women's experiences, we made deliberate efforts to engage diverse perspectives and speak with women from various backgrounds. Our feminist standpoint approach centered women's voices, however the consequences of our perspectives may have led us to focus on policy-driven implications, while potentially underemphasizing community-driven approaches or cultural resolutions that can contribute to a change in societal attitudes and treatment of women who use cannabis in legal and illegal spaces. Ultimately, our analysis aimed to reflect a balance between highlighting women's knowledge and experiences in the study, while acknowledging how our own positionalities affected interpretations of the data

Results

At the time of interviews, in the last 12 months five participants had been purchasing cannabis for medicinal use exclusively from the illegal market, and ten were transitioning from the illegal market to a medicinal cannabis prescription or using both sources of supply. All participants used medicinal cannabis daily or near daily to treat a range of medical symptoms and used mixed routes of administration. Participant demographics and access methods are reported in Table 1.

The analysis identified four categories: the impacts of medicinal cannabis legalisation on consumers who access the illegal market; perceptions of illegal drug markets, interactions with gangs, female suppliers and social supply, and legal prescription market. Each theme is explored in detail below.

Table 1. Demographics of participants.

ID	Age	Ethnicity	Location	Education	Employment	Conditions treated with MC	Routes of administration	Access methods in the last 12 months	Times using MC from the illegal market	Time using a MC prescription
P1	38	New Zealand European	Auckland	Certificate/Diploma/ Technical Study	Full time employed	Period pain; Premenstrual syndrome; Depression, Post-traumatic stress disorder	Oral form; Vaporiser	Both illegal and legal market	18 years	5 months
P2	45	New Zealand European	South Island	Certificate/Diploma/ Technical Study	Full time employed	Migraines; Perimenopause, Poor sleep	Vaporiser	Both illegal and legal market	20 years	4 years
P3	49	New Zealand European	North Island	Certificate/Diploma/ Technical Study	Not currently employed	Period pain; attention deficit hyperactivity disorder	Vaporiser	Both illegal and legal market	30 years	4 months
P4	35	Tongan/ NZ European	South Island	Certificate/Diploma/ Technical Study	Not currently employed	Insomnia; post-traumatic stress disorder; Premenstrual syndrome	Oral form	Both illegal and legal market	2-3 years	6 months
P5	32	New Zealand European	North Island	Certificate/Diploma/ Technical Study	Self-employed	Auto-immune disorder; Nausea; Period pain, Lichen sclerosus	Vaporiser	Both illegal and legal market	3 years	2 years
P6	31	New Zealand European	North Island	Bachelor's Degree	Full time employed	Anxiety, Polycystic ovary syndrome, Migraines	Oral form	Both illegal and legal market	5 years	11 months
P7	34	Māori/ NZ European	North Island	Master's Degree	Not currently employed	Endometriosis	Edible; Smoke via water pipe or joint	Illegal market	10 years	
P8	33	New Zealand European	Auckland	Bachelor's Degree	Full time employed	Chronic pain	Oral form	Both illegal and legal market	6 years	6 months
P9	23	Māori/ NZ European	Auckland	Bachelor's Degree	Full time employed	Endometriosis	Edible, Smoke via water pipe or joint	Illegal market	5 years	
P10	22	New Zealand European	North Island	Didn't finish high school	Self-employed	Endometriosis; Gastrointestinal issues; Bladder issues	Edible; Vaporiser	Both illegal and legal market	1 year	6 months
P11	40	New Zealand European	North Island	Certificate/Diploma/ Technical Study	Full time employed	Anxiety; Poor sleep; Perimenopause	Oral form	Both illegal and legal market	2-3 years	6 months
P12	42	New Zealand European	South Island	Certificate/Diploma/ Technical Study	Self-employment	Bipolar disorder; Low mood; Attention deficit- hyperactivity disorder	Edible, Smoke via water pipe or joint	Illegal market	3 years	
P13	31	New Zealand European	North Island	Bachelor's Degree	Full time employed	Chronic pain; Endometriosis	Vaporiser	Both illegal and legal market	1 year	2.5 years
P14	46	New Zealand European	Auckland	Certificate/Diploma/ Technical Study	Self-employed	Neurological disease; Nausea; Poor sleep	Edible; Smoke via water pipe or joint	Illegal market	10 years	
P15	42	Māori	Auckland	Didn't finish high school	Part time employed	Anxiety, Poor sleep, Poor appetite	Smoke via water pipe or joint	Illegal market	3 years	

Category 1. Legal, prescription market

This category captured how and why participants navigated both legal and illegal markets for MC. Ten participants stated that MC legalisation facilitated a pathway for them to access quality-controlled products through the NZMCS. However, due to the high costs of legal products, they still had to supplement their supply with cannabis from the illegal market. Though many noted that the price gap between cannabis available in illegal street markets and on prescription was narrowing, the former often remained a cheaper option due to developing trusted relationships with female illegal suppliers over time, who provided cannabis at lower cost. A further challenge to accessing legal products was having to discuss MC with their GPs and specialists, who were often reluctant or unwilling to administer a prescription. Several participants described having to change their health provider or obtaining MC prescriptions externally through a private cannabis clinic. While participants acknowledged the significant benefits of quality and consistency of products available in the legal pathway, they also drew comparisons with the lack of administrative hurdles in the illegal route, which boasted easy access to cannabis:

> Personally, I don't think it's [legal market] enough to compete with the black market the way it is. Sure, it's really beneficial for those who can afford to get it legally or for older people who still feel the stigma of going to the black market for cannabis but the only thing that makes it legitimate is if doctors are behind it, right? So, if as a patient you feel like you can't go to your doctor and get this legal medicine because they have their own views about it, I don't know how much legalization has changed that. (Participant 9)

On the other hand, two women wanted higher concentrations of THC in their products than their GPs were willing to prescribe and were dissatisfied with the limited legal product range. They articulated a preference for the niche products their illegal suppliers were providing, such as cannabis balms and edibles, which are not available under the NZ medicinal cannabis prescription scheme. Furthermore, some women transitioning to legal supply or who were consuming from the illegal market felt this source was more readily accessible to them compared to the administrative steps required and costs incurred when renewing their legal MC prescriptions, i.e. organising a consultation, filling out paperwork, and only being given 3-month supply. As participants were frequent consumers (near-daily use) for medical needs, the convenience and lower prices offered via the illegal route were the main reasons many preferred to use both access routes.

Category 2. Perceptions of illegal drug markets

Women participants perceived illegal cannabis markets to be a vulnerable and intimidating space for female buyers. They described the illegal market as a hyper-masculine environment, dominated by gangs that could easily take advantage of women wanting to buy cannabis for medical reasons. Most women did not have trusted connections to cannabis suppliers and felt at risk of being exploited, violated, propositioned, or coerced when dealing with unknown male suppliers. While many of the interviewed women wanted to meet in public locations to better manage the risk of transactions, as buyers they were vulnerable to the demands of unfamiliar drug dealers, which meant they often ended up at unfamiliar houses or isolated streets or public places. A few participants recounted situations where male suppliers would pressure them to meet in unfamiliar locations or at random addresses, where they feared more men would turn up or they would unknowingly arrive at a house full of gang members. These participants felt vulnerable to the demands of the suppliers, particularly when they were in pain and desperate to access MC. For a few participants, avoiding interactions with potentially unsafe male suppliers served as motivation to transition away from the illegal market to prescription access. One participant who frequently purchased MC from unknown illegal suppliers found on cannabis Facebook groups reflected on the inherent dangers of using this source:

> I've been in situations multiple times where I didn't feel safe. When you're working with people and they tell you to pick up at a certain place and time, you just have to do it if you want to get what you need. Often, these places would be at night and in poorly lit, unsafe locations. Many times, it would involve meeting a strange man or pulling up to a car with a couple of guys inside. (Participant 11)

> He wanted somewhere very out of the way, while I preferred somewhere much more public. We clashed over this until we both ended up giving up because there was no compromise to be had. (Participant 8)

Many participants described the illegal drug market as unpredictable and unreliable, irrespective of how long they had been purchasing from it, which ranged from 6 months to 30 years. They spoke to the on-going difficulties of sourcing a dependable supplier and how constant changes in supplier networks meant their access to cannabis supply was inconsistent. Furthermore, when participants moved to new geographic locations or urgently required medicinal cannabis and their known supplier was unavailable, they were once again exposed to dealing with unknown male suppliers in an unregulated market. To find cannabis suppliers, participants mostly relied on word of mouth from friends and family, or online social media pages such as sub-Reddit forums on medicinal cannabis and closed Facebook groups on cannabis recommended by their friends. However, they trusted social media less as these pages largely represented the experiences and voices of men. However, one participant discussed how online pages are increasingly run by women aimed at connecting other women with trusted cannabis suppliers:

> The majority of the complaints that we have on our pages are females complaining about the suppliers. I know of a couple of females that have started banding together like female only group discussions because some females have actually been traumatized by the situations that they've been put through by from suppliers. (Participant 15)

Category 3. Interactions with gangs

Category 3 captured traumatic lived experiences of sexual harassment, physical assaults, and intimidation women have experienced from male gang members when sourcing cannabis for medicinal use from the illegal market. Several

participants conveyed stories of being propositioned and harassed by male suppliers for sexual favours in exchange for cannabis. In these situations, participants were either able to talk their way out of the transaction, or had to call for assistance from a friend or a family member. One participant recounted arriving unknowingly at a gang member's house to purchase cannabis, where the door was shut behind her and she was surrounded by male gang members while waiting for the supplier to complete the transaction. Another participant described the time she had a severe migraine and used an unknown supplier she found on a Facebook group to urgently purchase cannabis. When she had approached the supplier's car, she was punched in the stomach and had her money stolen before they drove off. Many women felt in hindsight they had been at risk interacting with male suppliers in the past when trying to source medicinal cannabis. However, often when their symptoms worsened, they felt they had no other option than to accept these risks to access the MC they needed:

> I made a naive decision and met someone online who claimed to have cannabis. I drove to a rural area to meet them, and everything seemed fine until they brought along a friend who was carrying a machete. They made me drive them around town for an hour. Even though it was a terrifying situation I stayed calm and tried to keep them calm. Eventually, they drove off with my car and I was so scared. (Participant 13)

> I could have become a victim or vulnerable quickly. I've certainly been offered on more than one occasion, you know 'why don't we just fool around and then you don't have to pay me?' (Participant 2)

Few women had considered safety strategies when engaging with the illegal market, and those who did described such measures as surface-level or inadequate in comparison to the risks they faced as women interacting with unknown male suppliers. The most common safety strategies discussed were sending a male friend or partner in their place to handle the transaction, advising a friend or flatmate of the location they would meet the supplier, or meeting the supplier in a public location. Many participants battled a constant dilemma – if a transaction had gone wrong, i.e. they received less than expected, a contaminated product, or experienced a dangerous interaction – and they alerted the police, they felt at risk of facing criminal charges for buying cannabis illegally, despite purchasing it for medical reasons. Therefore, many felt their options were limited and they were responsible for their own safety. One participant stated that women were reporting inappropriate male suppliers on online drug selling social media pages such as Facebook to have them removed or to alert other women. She elaborated that most complaints on these online spaces were from female buyers who have had untoward experiences with male suppliers:

> I started asking a lot of women about their experiences going to dealers and they've said that they get their male flatmates to go in because every time a woman goes into the house, there's half a chance that the dealer is going to say, 'Oh, your money's no good here, but I know what else you can do' and just it makes you feel pretty gross and cheap each time. (Participant 6)

> Sadly, harassment from suppliers is super common for women in this [illegal] market. But we do what we can to keep each other safe. We report these creeps to our page admins, who are pretty good at kicking them out. (Participant 15)

Category 4. Female suppliers and social supply

This category captured gaining to access MC through social supply with trusted, female cannabis growers such as Green Fairies. These participants accessed MC socially through friends or family members who provided them with generous amounts of cannabis for a lower price than profit driven sellers, or gifted it to them. Participants perceived these female suppliers to be more reliable and safer to interact with than male dealers in the illegal market. Women with reliable female cannabis suppliers were connecting them with other women seeking MC, essentially building a trusted network run by women for women. A handful of participants spoke to only using female suppliers, who would share the cannabis they grew themselves for medical reasons. These participants felt they had trusting relationships with female suppliers that were built on 'security and mutual respect' (Participant 13), in contrast to their purely transactional relationships with male suppliers. One participant commented on an observable shift in the cannabis market, whereby more women were emerging as suppliers growing cannabis for altruistic reasons – to give back its therapeutic benefits to their communities, rather than being purely motivated by profit. Indeed, a few women commented that their female suppliers knew of their medical conditions and would regularly ask them about their health. This was especially true for one Māori participant, who valued the shared cultural background with her female, Māori supplier, whom she felt was motivated by meeting the MC needs of their community, rather than being profit-driven:

> I've got a really good relationship now with the person that I get it from. She's been really supportive about my pain and has offered me lots of free products. I guess for me it's more about being able to maintain a relationship even though it's transactional and that's where the depth of trust comes from… She looks after her community and she's Māori, so it feels like an important relationship to maintain. (Participant 8)

Participants who sourced largely from the illegal market had heard about or had first-hand experience of cannabis products being contaminated or laced with more dangerous substances. For example, one participant had disposed of her recent cannabis supply, claiming it had an unfamiliar odour. She was later shocked to discover on Facebook that other consumers had reported this supplier for contaminating his products with fly spray during the growing process. Another participant described the struggle of having to deal with a multitude of medical conditions and worrying that the cannabis she purchased from the illegal market could worsen her health. On the other hand, women who purchased MC from a trusted female supplier felt its quality matched the prescription cannabis flower products available. These participants felt more comfortable being able to ask their suppliers about their methods of growing cannabis and perceived these products to be less harmful than mass-produced pharmaceutical cannabis. Furthermore, respondents expressed satisfaction regarding their ability to purchase more niche cannabis products from their trusted suppliers that suited their needs, i.e. cooked in food or made into an ointment that could be directly applied onto affected skin.

Discussion

This paper has applied a feminist lens to explore the experiences of women who purchase cannabis from illegal markets for medical purposes, with a focus on their interactions with sellers. The feminist intersectional perspective unearths women's gender-specific challenges in sourcing reliable cannabis suppliers in illegal drug markets and navigating adverse interactions with men who sell drugs. As shown in our study and others (Seifalian et al., 2022; Sinclair et al., 2022; Vuolo & Matias, 2020), women seek cannabis from illegal sources due to perceived lower prices. Despite a marginal price difference compared to legal products, many women in our study felt they could not sustain purchasing from the NZMCS. For example, the price of prescribed dried flower MC products average around NZ $15 per gram, comparable to the prices in the illegal market where consumers report paying around NZ$12 per gram for an ounce of dried flower of unknown quality, and CBD and THC concentrations (Rychert & Wilkins, 2024). As Maillet (2024) comments, frequent cannabis users may be sensitive to the higher prices of products in legal markets due to purchasing greater quantities. This may also be the case for participants in our study, who used cannabis daily or near daily for medical reasons (sometimes multiple times per day). Additionally, the convenience of readily available sources through existing networks is an important reason participants accessed the illegal market, and has been similarly shown to influence cannabis purchasing decisions in other studies (Wadsworth et al., 2021).

Participants characterised illegal cannabis markets as inherently intimidating and risky spaces for women buying drugs due to the presence of predatory men and perceived lack of legal protection. Women discussed difficulties sourcing reliable MC suppliers and gender-specific fears around exploitation, propositioning, coercion, and assault, followed by general concerns about product contamination when sourcing from illegal markets. Similarly, report that the women in their study felt they had less opportunity to source reliable anabolic-androgenic steroid suppliers in illegal markets compared to men, and were more vulnerable to purchasing unsafe products. A novel finding in our study was women in need of MC experiencing severe pain flare-ups without convenient suppliers, or who had moved geographical location and feared meeting with unknown male dealers. The general risk of victimisation, i.e. getting ripped off, physical violence, etc., is amplified during cannabis exchanges when buyers and sellers are unknown to each other and further heightened when utilising drug houses (Wilkins et al., 2023). However, our study suggests women who buy illegal drugs face compounding safety risks such as sexual propositioning, gender harassment, and physical violence. This finding supports existing research depicting illegal drug markets as gender-stratified, where men maintain power by keeping women who sell drugs in lower positions (Fleetwood, 2014) and subjecting them to sexism and victimisation (Grundetjern, 2015). This gender-specific vulnerability is often overlooked in policy debates as an implication for women in terms of accessing prescribed medicinal cannabis products.

A key contribution of this study lies in revealing previously unexplored experiences of women buying MC from the illegal market. Women in this study conveyed stories of physical assault, intimidation, sexual harassment, and propositioning during interactions with unknown male cannabis suppliers in the illegal market. These findings reflect reports of adverse experiences faced by women who sell drugs in illegal markets in their interactions with men who sell drugs (Dunlap et al., 1997, Ryder & Brisgone, 2013; Fleetwood, 2014). the participants discussed the unequal power dynamic in the buyer-seller relationship, in which the latter control the supply and therefore the conditions of purchase, i.e. location, cost, etc. At times, women unknowingly arrived at a gang member's house or had to forgo transactions because the meeting location the supplier requested potentially placed them at risk. Dwyer and Moore (2010) have previously discussed power paradigms in the buyer-seller relationship, noting that the latter sets the price of products in street-level drug markets. Additionally, drug dealers may rip off 'soft targets', customers they perceive to be vulnerable and not confident enough to challenge their mistreatment (Jacques et al., 2014). In this light, female buyers may feel less safe and confident in confronting male sellers about prices and quality when purchasing illegal drugs (Wilkins et al., 2020). In contrast to many drug studies that present a dated view of disempowered and subordinate women who sell drugs to support their own use (Dunlap et al., 1997; Ryder & Brisgone, 2013), women in our study were empowered to access illegal and grey markets to purchase MC to meet their health needs. Undertaking a feminist critique revealed that women are challenging existing male-dominated cannabis supply networks by forming women-only social media groups to report unsafe interactions and share suppliers. This novel finding exemplifies a shift in how women are leveraging digital platforms to identify safe sellers and rely on each other for mutual support and safety.

Similarly to other findings on gendered drug purchasing behaviours for recreational use (Kolar, 2021; Søgaard et al., 2024), several women in our study preferred to acquire cannabis through social supply networks. Although trust is considered fundamental to the social supply of cannabis, it is important to acknowledge that inappropriate behaviors can occur in any setting and scholars may overlook the everyday risks to personal safety women may face when interacting with men who sell drugs even in grey markets. In our study and others (Grundetjern, 2015; Scott et al., 2017), some participants have expressed a preference for purchasing MC from female suppliers who home grow cannabis because they are perceived as more caring and safer to deal with than male dealers. Our study too found female drug sellers were depicted as more trusting, generous, and friendly, which made our participants loyal customers. Participants commented that female cannabis suppliers took an interest in their health and were motivated to provide cannabis for compassionate reasons. Nevertheless, as with the case of the Green Fairies or Lady Gardeners, it is important to note that using unregulated cannabis products carries health risks to consumers. Furthermore, our novel findings on trusted, female small-scale cannabis suppliers add to a growing body literature showing that small-scale cannabis growers may be acting as compassionate, medical cultivators for their communities (Klein & Potter, 2018; Søgaard et al., 2024).

Policy implications

Our findings indicate that some women may prefer purchasing cannabis from home growers, particularly female growers, rather than purchasing legal products due to being able to get products at lower prices and the trust they build with their female suppliers. As such, allowing people to grow cannabis plants for medicinal purposes at home may be an effective solution for women wanting to limit their engagement with the current illegal market, specifically with unknown male suppliers. In the 2020 referendum, NZ narrowly rejected the proposal to legalise the recreational cannabis market, which included allowing restricted home cultivation of two plants and social sharing of up to 14 g of cannabis (Wilkins & Rychert, 2021). The main objectives of the proposed reform were to displace the illegal market and minimise the health and social harms caused by current prohibitions on recreational cannabis use and supply. Legalising the home growing of cannabis could have helped women access MC by growing it themselves or through social sharing with suppliers who grow cannabis. A study of small-scale cannabis growers in six countries (Australia, Belgium, Denmark, Finland, Germany, and the United Kingdom) (N = 5,313) found medicinal use was a key motivation to cultivate cannabis. Most of the medical growers in the study were growing cannabis to treat chronic conditions, many with a formal medical diagnosis (Hakkarainen et al., 2015). Belackova, Roubalova, and van de Ven's (2019) analysis of home cannabis cultivation policies in 27 jurisdictions found them to be relatively heterogenous in non-prohibitive approaches. However, they argue that allowing home grown cannabis may expand inclusivity in tightly regulated environments by enabling great community-level supply of cannabis and promoting safer cultivation practices at home. International cannabis law reform is evolving rapidly, and as New Zealand explores alternatives to prohibition, policymakers may look to reconsider home growing cannabis to minimise the harms women currently face accessing the illegal market for MC.

There are opportunities in NZ to expand support for legal MC treatment through the Accident Compensation Corporation (ACC), the NZ government's insurance scheme covering injury-related mental and physical conditions. For example, Germany allows critically ill patients to have their MC prescription costs reimbursed by public health insurance, subject to approval, and provided other treatments are unsuitable (Woźniak, 2023). A recent evaluation of this policy reports marginal price differences between MC products and other prescription medicines in pharmacies due to government price regulations (Szejko et al., 2024). In NZ, official information act requests reveal that as of December 2023, only 28 claims for MC products made to ACC were approved, primarily for chronic non-cancer pain (75%), seizures (11%), and sleep, nausea, and anxiety (7%). ACC has noted that most MC requests are initially declined due to insufficient scientific evidence and the 'unapproved' status of MC (Accident Compensation Corporation, 2023, 2024), posing barriers for patients. We recommend that ACC expand its cover for MC products when conventional medicines are ineffective, and with physician endorsement for claims. This change would alleviate the financial burden placed on women with chronic pain, anxiety, or other health conditions related to injury, while ensuring those on low incomes can access quality-assured MC products without cost barriers. This policy shift would signal strong support by the NZ government for alternative treatments and contribute to more equitable health policies.

Limitations

The study has several limitations. Although participants represented a range of ages, geographical locations across New Zealand, and conditions for which they used MC, their ethnicities could have been more diverse. Second, this study employed a small sample size, and it is possible the women's participation was motivated by their wish to share their difficult experiences accessing the illegal cannabis market post MC legalisation in NZ. Third, the NZMCS is relatively new compared to more established schemes overseas that have been available to medicinal cannabis patients for longer. Additionally, while virtual interviews are an increasingly accepted form of social interaction, while also enabling a wider geographical reach and protected participants' identities, they may not have achieved the same level of depth sustained from face-to-face interviews.

Conclusion

To our knowledge, this is the first study to explore the experiences of women accessing various illegal cannabis markets for MC, with a focus on their relationships, safety, mitigation strategies, and responses with respect to sellers. It demonstrates the predicament of women MC patients by highlighting the gender-specific vulnerabilities they face interacting with unknown, predatory male suppliers in the illegal market, in addition to the risks of consuming unregulated products. At the same time, participants felt solely responsible for their own safety as involving the police may have placed them at risk of prosecution. These specific risks faced by women are rarely considered in policy debates and MC scheme design. We found participants challenging male-dominated cannabis networks by leveraging digital platforms to form women-only social media groups to report unsafe interactions, facilitate social supply, and source safer suppliers. We explored women building trusting relationships with small-scale female cannabis growers and female distributors, further indicating the illegal cannabis market may be stratifying to meet demand from female consumers seeking safer MC supply. As MC policies are refined, it is important to consider the gender specific needs and vulnerabilities of female consumers who may be risking their health and safety to access MC.

Ethics statement

This study was approved by Massey University Human Ethics Ohu Matatika 1 on 29 January 2024 (Application OM1 23/50).

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The research was funded by the New Zealand Health Research Council grant (23/244).

References

Accident Compensation Corporation. (2023). *Funding for cannabis-based products and details for claim management: OIA response GOV-029326*. https://www.acc.co.nz/assets/oia-responses/funding-for-cannabis-based-products-and-details-for-claim-management-oia-response-gov-029326.pdf

Accident Compensation Corporation. (2024). *Funding for cannabis products for medical condition: OIA response GOV-032070*. https://www.acc.co.nz/assets/oia-responses/Funding-of-cannabis-products-for-medical-conditions-oia-response-gov-032070.pdf

Agoff, C., Fondevila, G., & Sandberg, S. (2022). Cultural stigmatization and police corruption: Cannabis, gender, and legalization in Mexico. *Drugs: Education, Prevention and Policy*, *29*(4), 373–381. https://doi.org/10.1080/09687637.2021.2004089

Allan, G. M., Finley, C. R., Ton, J., Perry, D., Ramji, J., Crawford, K., Lindblad, A. J., Korownyk, C., & Kolber, M. R. (2018). Systematic review of systematic reviews for medical cannabinoids: Pain, nausea and vomiting, spasticity, and harms. *Canadian Family Physician Medecin de Famille Canadien*, *64*(2), e78–e94.

Armour, M., Sinclair, J., Cheng, J., Davis, P., Hameed, A., Meegahapola, H., Rajashekar, K., Suresh, S., Proudfoot, A., & Leonardi, M. (2022). Endometriosis and cannabis consumption during the covid-19 pandemic: An international cross-sectional survey. *Cannabis and Cannabinoid Research*, *7*(4), 473–481. https://doi.org/10.1089/can.2021.0162

Armour, M., Sinclair, J., Noller, G., Girling, J., Larcombe, M., Al-Dabbas, M. A., Hollow, E., Bush, D., & Johnson, N. (2021). Oct 1 Illicit cannabis usage as a management strategy in New Zealand women with endometriosis: An online survey. *Journal of Women's Health (2002)*, *30*(10), 1485–1492. https://doi.org/10.1089/jwh.2020.8668

Barach, E., Slavin, M. N., & Earleywine, M. (2020). Cannabis and vulvodynia symptoms: A preliminary report. *Cannabis (Albuquerque, N.M.)*, *3*(2), 139–147. https://doi.org/10.26828/cannabis.2020.02.001

Belackova, V., Roubalova, M., & van De Ven, K. (2019). Overview of "home" cultivation policies and the case for community-based cannabis supply. *The International Journal on Drug Policy*, *71*, 36–46. https://doi.org/10.1016/j.drugpo.2019.05.021

Bhavnani, K. K. (1993). Tracing the contours: Feminist research and feminist objectivity. *Women's Studies International Forum*, *16*(2), 95–104. https://doi.org/10.1016/0277-5395(93)90001-P

Boyd S. C. (2015). From witches to crack moms: women, drug law, and policy. 2nd ed. Durham, NC: Carolina Academic Press.

Bræmer, M. H., & Søgaard, T. F. (2023). "Do you need someone to share with?": Exchange and demand sharing in social cannabis supply. *Contemporary Drug Problems*, *50*(1), 46–62. https://doi.org/10.1177/00914509221146794

Bruce, D., Grove, T. J., Foster, E., & Shattell, M. (2021). Gender differences in medical cannabis use: Symptoms treated, physician support for use, and prescription medication discontinuation. *Journal of Women's Health (2002)*, *30*(6), 857–863. https://doi.org/10.1089/jwh.2020.8437

Buxton, J. (2020). Women as actors in the drug economy. In Buxton, J., Margo, G., & Burger, L. (Eds,). *The impact of global drug policy on women: Shifting the needle* (pp. 147–158). Emerald Publishing Limited. https://doi.org/10.1108/9781839828829

Chase, S. E. (1992). Feminist praxis: Research, theory and epistemology in feminist sociology. In L. Stanley (Ed.), *Social forces* (pp. 273–274). Routledge. https://doi.org/10.1093/sf/71.1.273

Chen, J. W., Borgelt, L. M., & Blackmer, A. B. (2019). Cannabidiol: A new hope for patients with Dravet or Lennox-Gastaut syndromes. *The Annals of Pharmacotherapy*, *53*(6), 603–611. https://doi.org/10.1177/1060028018822124

Collins, A. B., Boyd, J., Czechaczek, S., Hayashi, K., & McNeil, R. (2020). (Re) shaping the self: An ethnographic study of the embodied and spatial practices of women who use drugs. *Health & Place*, *63*, 102327. https://doi.org/10.1016/j.healthplace.2020.102327

Collins, A. B., Boyd, J., Hayashi, K., Cooper, H. L., Goldenberg, S., & McNeil, R. (2020). Women's utilization of housing-based overdose prevention sites in Vancouver, Canada: An ethnographic study. *The International Journal on Drug Policy*, *76*, 102641. https://doi.org/10.1016/j.drugpo.2019.102641

Coomber, R., & Moyle, L. (2014). Beyond drug dealing: Developing and extending the concept of 'social supply'of illicit drugs to 'minimally commercial supply'. *Drugs: Education, Prevention and Policy*, *21*(2), 157–164. https://doi.org/10.3109/09687637.2013.798265

Coomber, R., Moyle, L., & South, N. (2016). The normalisation of drug supply: The social supply of drugs as the "other side" of the history of normalisation. *Drugs: Education, Prevention and Policy*, *23*(3), 255–263. https://doi.org/10.3109/09687637.2015.1110565

Costas Batlle, I., & Carr, S. (2021). Trust and relationships in qualitative research: A critical reflection on how we can value time. In B. Clift, J. Gore, S. Gustafsson, S. Bekker, I. Costas Batlle, & J. Hatchard (Eds.), *Temporality in qualitative inquiry: Theories, methods and practices*. Routledge. https://www.routledge.com/Temporality-in-Qualitative-Inquiry-Theories-Methods-and-Practices/Clift-Gore-Gustafsson-Bekker-Batlle-Hatchard/p/book/9780367538514

Curtis, R., & Wendel, T. (2000). Toward the development of a typology of illegal drug markets. *Crime Prevention Studies*, *11*, 121–152.

Dahl, S. L., & Sandberg, S. (2015). Female cannabis users and new masculinities: The gendering of cannabis use. *Sociology*, *49*(4), 696–711. https://doi.org/10.1177/0038038514547896

Denton, B., & O'malley, P. (1999). Gender, trust and business: Women drug dealers in the illicit economy. *British Journal of Criminology*, *39*(4), 513–530. https://doi.org/10.1093/bjc/39.4.513

Department of the Prime Minister and Cabinet. (2023). *National strategy to achieve gender equality: Discussion paper*. Australian Government. https://www.pmc.gov.au/sites/default/files/resource/download/national-strategy-gender-equality-discussion-paper_0.pdf

Dunlap, E., Johnson, B. D., & Maher, L. (1997). Female crack sellers in New York City: Who they are and what they do. *Women & Criminal Justice*, *8*(4), 25–55. https://doi.org/10.1300/J012v08n04_02

Dwyer, R., & Moore, D. (2010). Beyond neoclassical economics: Social process, agency and the maintenance of order in an Australian illicit drug marketplace. *The International Journal on Drug Policy*, *21*(5), 390–398. https://doi.org/10.1016/j.drugpo.2010.03.001

Fitzcharles, M. A., Rampakakis, E., Sampalis, J., Shir, Y., Cohen, M., Starr, M., & Häuser, W. (2020). Medical cannabis use by rheumatology patients following recreational legalization: A prospective observational study of 1000 patients in Canada. *ACR Open Rheumatology*, *2*(5), 286–293. https://doi.org/10.1002/acr2.11138

Fleetwood, J. (2014). Keeping out of trouble: Female crack cocaine dealers in England. *European Journal of Criminology*, *11*(1), 91–109. https://doi.org/10.1177/1477370813491177

Fleetwood, J., & Leban, L. (2023). Women's involvement in the drug trade: Revisiting the emancipation thesis in global perspective. *Deviant Behavior*, *44*(2), 238–258. https://doi.org/10.1080/01639625.2022.2033607

Freshwater, D. (2020). Commentary: An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing: JRN*, *25*(5), 456–457. https://doi.org/10.1177/1744987119881060

Glazer, S, & CannaWay Clinic. (2022). *Canadian evolution of medicinal cannabis programs* [Paper presentation]. Medcan 2022 Conference, February 11, Auckland, NZ.

Goodman, S., Wadsworth, E., & Hammond, D. (2022). Reasons for purchasing cannabis from illegal sources in legal markets: Findings among Cannabis Consumers in Canada and US States, 2019–2020. *Journal of Studies on Alcohol and Drugs*, *83*(3), 392–401. 10.15288/jsad.2022.83.392

Grundetjern, H. (2015). Women's gender performances and cultural heterogeneity in the illegal drug economy. *Criminology*, *53*(2), 253–279. https://doi.org/10.1111/1745-9125.12068

Gulbransen, G., Xu, W., & Arroll, B. (2020). Cannabidiol prescription in clinical practice: An audit on the first 400 patients in New Zealand. *BJGP Open*, *4*(1), bjgpopen20X101010. https://doi.org/10.3399/bjgpopen20X101010

Hakkarainen, P., Frank, V. A., Barratt, M. J., Dahl, H. V., Decorte, T., Karjalainen, K., Lenton, S., Potter, G., & Werse, B. (2015). Growing medicine: Small-scale cannabis cultivation for medical purposes in six different countries. *The International Journal on Drug Policy*, *26*(3), 250–256. https://doi.org/10.1016/j.drugpo.2014.07.005

Harris, M. T. H., Laks, J., Hurstak, E., Jain, J. P., Lambert, A. M., Maschke, A. D., Bagley, S. M., Farley, J., Coffin, P. O., McMahan, V. M., Barrett, C., Walley, A. Y., & Gunn, C. M. (2024). "If you're strung out and female, they will take advantage of you": A qualitative study exploring drug use and substance use service experiences among women in Boston and San Francisco. *Journal of Substance Use and Addiction Treatment*, *157*, 209190. https://doi.org/10.1016/j.josat.2023.209190

Hathaway, A. D., Mostaghim, A., Erickson, P. G., Kolar, K., & Osborne, G. (2018). "It's really no big deal": The role of social supply networks in normalizing use of cannabis by students at Canadian universities. *Deviant Behavior*, *39*(12), 1672–1680. https://doi.org/10.1080/01639625.2017.1411047

Hazekamp, A., & Pappas, G. (2014). Self-medication with Cannabis. In R. G. Pertwee (Eds.), *Handbook of cannabis* (pp. 319–333). Oxford University Press. https://doi.org/10.1093/acprof:Oso/9780199662685.003.0017

Hesse-Biber, S. (2014). A re-invitation to feminist research. In S. Hesse-Biber (Ed.). *Feminist research practice: A Primer* (pp. 1–13). Sage Publications. https://doi.org/10.4135/9781071909911

Jacques, S., Allen, A., & Wright, R. (2014). Drug dealers' rational choices on which customers to rip-off. *The International Journal on Drug Policy*, *25*(2), 251–256. https://doi.org/10.1016/j.drugpo.2013.11.010

Kaushik, S., Satapathy, T., Roy, A., Gupta, P. P., & Purabiya, P. (2020). Endocannabinoid activation and polycystic ovary syndrome: A systematic review. *Research Journal of Pharmacy and Technology*, *13*(1), 448–452. https://doi.org/10.5958/0974-360X.2020.00087.6

Kelly, L., Burton, S., & Regan, L. (2013). Researching women's lives or studying women's oppression? Reflections on what constitutes feminist research. In *Researching women's lives from a feminist perspective.* (pp. 27–48). Routledge.

Klein, A., & Potter, G. R. (2018). The three betrayals of the medical cannabis growing activist: From multiple victimhood to reconstruction, redemption and activism. *The International Journal on Drug Policy*, *53*, 65–72. https://doi.org/10.1016/j.drugpo.2017.12.004

Kolar, K. (2021). Women's use of and access to illicit cannabis: An investigation of gendered norms among college students in Canada. *Sex Roles*, *84*(7-8), 418–438. https://doi.org/10.1007/s11199-020-01176-4

Kühne, F., Becker, L.-L., Bast, T., Bertsche, A., Borggraefe, I., Boßelmann, C. M., Fahrbach, J., Hertzberg, C., Herz, N. A., Hirsch, M., Holtkamp, M., Janello, C., Kluger, G. J., Kurlemann, G., Lerche, H., Makridis, K. L., von Podewils, F., Pringsheim, M., Schubert-Bast, S., … Kaindl, A. M. (2023). Real-world data on cannabidiol treatment of various epilepsy subtypes: A retrospective, multicenter study. *Epilepsia Open*, *8*(2), 360–370. https://doi.org/10.1002/epi4.12699

Landman, M. (2006). Getting quality in qualitative research: A short introduction to feminist methodology and methods. *Proceedings of the Nutrition Society*, *65*(04), 429–433. https://doi.org/10.1079/PNS2006518

Leos-Toro, C., Shiplo, S., & Hammond, D. (2018). Perceived support for medical cannabis use among approved medical cannabis users in Canada. *Drug and Alcohol Review*, *37*(5), 627–636. https://doi.org/10.1111/dar.12823

Longino, H. E. (1993). Feminist standpoint theory and the problems of knowledge.

Ludwick, M. D., Murphy, S., & Sales, P. (2015). Savvy sellers: Dealing drugs, doing gender, and doing difference. *Substance Use & Misuse*, *50*(6), 708–720. https://doi.org/10.3109/10826084.2015.978640

Mahabir, V. K., Merchant, J. J., Smith, C., & Garibaldi, A. (2020). Medical cannabis use in the United States: A retrospective database study. *Journal of Cannabis Research*, *2*(1), 32. https://doi.org/10.1186/s42238-020-00038-w

Miller, J., & Carbone-Lopez, K. (2015). Beyond 'doing gender': Incorporating race, class, place, and life transitions into feminist drug research. *Substance Use & Misuse*, *50*(6), 693–707. https://doi.org/10.3109/10826084.2015.978646

Maillet, M. A. (2024). Individual differences in legal and illicit cannabis purchasing behaviour in British Columbia, Canada: Findings from a 2021 cross-sectional survey. *The International Journal of Drug Policy*, *126*, 104363. https://doi.org/10.1016/j.drugpo.2024.104363

McNeil, R., Shannon, K., Shaver, L., Kerr, T., & Small, W. (2014). Negotiating place and gendered violence in Canada's largest open drug scene. *The International Journal on Drug Policy*, *25*(3), 608–615. https://doi.org/10.1016/j.drugpo.2013.11.006

Measham, F. (2002). "Doing gender" - "Doing drugs": Conceptualizing the gendering of drugs cultures. *Contemporary Drug Problems*, *29*(2), 335–373. https://doi.org/10.1177/009145090202900206

Meyers, S. A., Earnshaw, V. A., D'Ambrosio, B., Courchesne, N., Werb, D., & Smith, L. R. (2021). The intersection of gender and drug use-related stigma: A mixed methods systematic review and synthesis of the literature. *Drug and Alcohol Dependence*, *223*, 108706. https://doi.org/10.1016/j.drugalcdep.2021.108706

Ministry for Women. (2023a). *Labour market participation*. https://www.women.govt.nz/women-and-work/labour-market-participation

Ministry for Women. (2023b). *The gender pay gap*. https://www.women.govt.nz/women-and-work/gender-pay-gap

Ministry of Health. (2022). *About the medicinal cannabis scheme*. https://www.health.govt.nz/regulation-legislation/medicinal-cannabis/about-the-medicinal-cannabis-scheme

Ministry of Health. (2023). *Annual update of key results 2022/23: New Zealand health survey*. https://www.health.govt.nz/publication/annual-update-key-results-2022-23-new-zealand-health-survey

Ministry of Health. (2022). *Medicinal Cannabis Agency – Information for health professionals*. https://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicinal-cannabis-agency/medicinal-cannabis-agency-information-health-professionals#_Prescribing_medicinal_cannabis

Nelson, E. U. E. (2021). Intersectional analysis of cannabis use, stigma and health among marginalized Nigerian women. *Sociology of Health & Illness*, *43*(3), 660–677. https://doi.org/10.1111/1467-9566.13244

Ng, J. Y., Gilotra, K., Usman, S., Chang, Y., & Busse, J. W. (2021). Attitudes toward medical cannabis among family physicians practicing in Ontario, Canada: A qualitative research study. *CMAJ Open*, *9*(2), E342–E348. https://doi.org/10.9778/cmajo.20200187

Ngan, T. Y. T., Litt, M., Eguzo, K., & Thiel, J. A. (2019). Patient outcomes following initiation of medical cannabis in women with chronic pelvic pain. *Journal of Minimally Invasive Gynecology*, *26*(7), S89–S90. https://doi.org/10.1016/j.jmig.2019.09.751

Nielsen, S., Germanos, R., Weier, M., Pollard, J., Degenhardt, L., Hall, W., Buckley, N., & Farrell, M. (2018). The use of cannabis and cannabinoids in treating symptoms of multiple sclerosis: A systematic review of reviews. *Current Neurology and Neuroscience Reports*, *18*(2), 8. https://doi.org/10.1007/s11910-018-0814-x

Piatkowski, T., Havnes, I. A., Kill, E., & Barratt, M. J. (2024). "The compounds for females are really commonly faked!": Women's challenges in anabolic steroid acquisition and the place of drug checking interventions. *Drug and Alcohol Review*, *43*(7), 1962–1966. 10.1111/dar.13931

Prosk, E., Arboleda, M. F., Rapin, L., El Hage, C., & Dworkind, M. (2021). The model of care at a leading medical cannabis clinic in Canada. *Complementary Therapies in Medicine*, *60*, 102740. https://doi.org/10.1016/j.ctim.2021.102740

Rapana, W., Winter, T., Fox, R., Riordan, B. C., Kulkarni, R., Waitoki, W., & Scarf, D. (2022). Indigenous people in Aotearoa New Zealand are over-represented in cannabis convictions. *Harm Reduction Journal*, *19*(1), 28. https://doi.org/10.1186/s12954-022-00613-9

Raymond, O., McCarthy, M. J., Baker, J., & Poulsen, H. (2021). Medicinal cannabis–the Green Fairy phenomenon. *Australian Journal of Chemistry*, *74*(6), 480–494. https://doi.org/10.1071/CH21001

Richert, T. (2022). Taking care of business in a male–dominated drug economy: Income strategies, risks, and opportunities of women who use drugs. *Frontiers in Psychiatry*, *13*, 882128. https://doi.org/10.3389/fpsyt.2022.882128

Rønne, S. T., Rosenbæk, F., Pedersen, L. B., Waldorff, F. B., Nielsen, J. B., Riisgaard, H., & Søndergaard, J. (2021). Physicians' experiences, attitudes, and beliefs towards medical cannabis: A systematic literature review. *BMC Family Practice*, *22*(1), 212. https://doi.org/10.1186/s12875-021-01559-w

Rychert, M., & Wilkins, C. (2024). Implementation of the Medicinal Cannabis Scheme in New Zealand: Six emerging trends. The New Zealand Medical Journal, 137(1604), 73–86. https://doi.org/10.26635/6965.6666

Rychert, W., Wilkins, C., van der Sanden, R., Romeo, J. S., Graydon-Guy, T., & Withanarachchie, V. (2025). *Access to prescribed medicinal cannabis improves, but illegal sources still dominant*. Shore and Whariki Centre, Massey University. https://static1.squarespace.com/static/59152c88b8a79bdb0e644f2a/t/678438d79d8b2c4bba668480/1736718567838/10-Medicinal+cannabis+bulletin-final-release.pdf

Ryder, J. A., & Brisgone, R. E. (2013). Jan Cracked perspectives: Reflections of women and girls in the aftermath of the crack cocaine era. *Feminist Criminology*, *8*(1), 40–62. https://doi.org/10.1177/1557085112444899

Sandberg, S. (2008). Black drug dealers in a white welfare state: Cannabis dealing and street capital in Norway. *British Journal of Criminology*, *48*(5), 604–619. https://doi.org/10.1093/bjc/azn041

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, *23*(4), 334–340. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G

Scott, J. G., Grigg, J., Barratt, M., & Lenton, S. (2017). Social capital and cannabis supply. *Journal of Sociology*, *53*(2), 382–397. https://doi.org/10.1177/1440783316688342

Seifalian, A., Kenyon, J., & Khullar, V. (2022). Dysmenorrhoea: Can medicinal cannabis bring new hope for a collective group of women suffering in pain, globally? *International Journal of Molecular Sciences*, *23*(24), 16201. https://doi.org/10.3390/ijms232416201

Sinclair, J., Armour, S., Akowuah, J. A., Proudfoot, A., & Armour, M. (2022). "Should I inhale?"—Perceptions, barriers, and drivers for medicinal cannabis use amongst Australian women with primary dysmenorrhoea: A qualitative study. *International Journal of Environmental Research and Public Health*, *19*(3), 1536. https://doi.org/10.3390/ijerph19031536

Skliamis, K., & Korf, D. J. (2022). How cannabis users obtain and purchase cannabis: A comparison of cannabis users from European countries with different cannabis policies. *Substance Use & Misuse*, *57*(7), 1043–1051. https://doi.org/10.1080/10826084.2022.2058707

Søgaard, T. F., Brummer, J. E., Wilkins, C., Sznitman, S. R., Sevigny, E. L., Frank, V. A., Potter, G., Hakkarainen, P., Barratt, M. J., Werse, B., Grigg, J., Fortin, D., Bear, D., Lenton, S., Jauffret-Roustide, M., & Kirtadze, I. (2024). Global patterns in small-scale cannabis growers' distribution practices: Exploring the grower-distributor nexus. *The International Journal on Drug Policy*, 104463. https://doi.org/10.1016/j.drugpo.2024.104463

Sotto, B., Queirolo, R., & Alvarez, E. (2023). Physicians' attitudes towards medical cannabis: A survey from Uruguay. *Drugs: Education, Prevention and Policy*, *30*(5), 497–504. https://doi.org/10.1080/09687637.2022.2091425

Sprague, J., & Kobrynowicz, D. (2006). A feminist epistemology. In *Handbook of the sociology of gender* (pp. 25–43).

Sullivan-Bolyai, S., Bova, C., & Harper, D. (2005). Developing and refining interventions in persons with health disparities: The use of qualitative description. *Nursing Outlook*, *53*(3), 127–133. https://doi.org/10.1016/j.outlook.2005.03.005

Szejko, N., Becher, E., Heimann, F., Grotenhermen, F., & Müller-Vahl, K. R. (2024). Medicinal use of different cannabis strains: Results from a large prospective survey in Germany. *Pharmacopsychiatry*, *57*(3), 133–140. https://doi.org/10.1055/a-2261-2269

Taylor, M., & Potter, G. R. (2013). From "social supply" to "real dealing" drift, friendship, and trust in drug-dealing careers. *Journal of Drug Issues*, *43*(4), 392–406. https://doi.org/10.1177/0022042612474974

Therapeutic Goods Administration. (2021). *TGA warns consumers about potential harm from unlawfully supplied medicinal cannabis*. https://www.tga.gov.au/news/news/tga-warns-consumers-about-potential-harm-unlawfully-supplied-medicinal-cannabis

United Nations Office on Drugs and Crime. (2018). *World drug report 2018: Women and drugs - Drug use, drug supply and their consequences*. https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf

Vears, D. F., & Gillam, L. (2022). Inductive content analysis: A guide for beginning qualitative researchers. *Focus on Health Professional Education: A Multi-Professional Journal*, *23*(1), 111–127. https://doi.org/10.11157/fohpe.v23i1.544

Vlaemynck, M. (2016). *Disentangling 'social supply': A personal network study into the social world of cannabis use and its supply* [Doctoral dissertation]. Ghent University.

Vuolo, M., & Matias, J. (2020). Sources of drug acquisition among females and males in the European Web Survey on Drugs. *The International Journal on Drug Policy*, *81*, 102777. https://doi.org/10.1016/j.drugpo.2020.102777

Wadsworth, E., Driezen, P., & Hammond, D. (2021). Retail availability and legal purchases of dried flower in Canada post-legalization. *Drug and Alcohol Dependence*, *225*, 108794. https://doi.org/10.1016/j.drugalcdep.2021.108794

Warren, C. A. (2002). Qualitative interviewing. In *Handbook of interview research: Context and method* (Vol. 839101, pp. 103–116).

Wigginton, B., & Lafrance, M. N. (2019). Learning critical feminist research: A brief introduction to feminist epistemologies and methodologies. *Feminism & Psychology*. https://dx.doi.org/10.1177/0959353519866058.

Wilkins, C., Romeo, J. S., Rychert, M., Prasad, J., & Graydon-Guy, T. (2020). Determinants of the retail price of illegal drugs in New Zealand. *The International Journal of Drug Policy*, *79*, 102728. https://dx.doi.org/10.1016/j.drugpo.2020.102728

Wilkins, C., & Rychert, M. (2021). Assessing New Zealand's cannabis legalization and control bill: Prospects and challenges. *Addiction (Abingdon, England)*, *116*(2), 222–230. https://doi.org/10.1111/add.15144

Wilkins, C., Rychert, M., Romeo, J. S., van der Sanden, R., & Graydon-Guy, T. (2023). *A significant minority of respondents experienced victimisation while buying drugs in the past 6 months*. SHORE and Whariki Centre, Massey University. https://static1.squarespace.com/static/59152c88b8a79bdb0e644f2a/t/64d56e59f317510acb7d4b14/1691709025936/12.+Victimisation+RELEASE+VERSION.pdf

Wilkins, C., Rychert, M., van der Sanden, R., Romeo, J. S., & Graydon-Guy, T. (2023, August). *Higher levels of cannabis purchasing from gangs and drug houses in East Coast and Central North Island regions*. Shore and Whariki Centre, Massey University. https://static1.squarespace.com/static/59152c88b8a79bdb0e644f2a/t/64d56cf9cdc7db704a5f5d44/1691708674415/8.+Cannabis+-+gangs+and+tinny+houses+RELEASE+VERSION.pdf

Wilkins, C., Sznitman, S., Decorte, T., Hakkarainen, P., & Lenton, S. (2018). Characteristics of cannabis cultivation in New Zealand and Israel. *Drugs and Alcohol Today*, *18*(2), 90–98. https://doi.org/10.1108/DAT-03-2018-0010

Withanarachchie, V., Rychert, M., & Wilkins, C. (2023). Barriers and facilitators to prescribing medicinal cannabis in New Zealand. *Journal of Primary Health Care*, *15*(2), 135–146. https://doi.org/10.1071/HC22122

World Health Organization. (2021). *Violence against women prevalence estimates, 2018 Geneva*. https://iris.who.int/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1

Woźniak, M. (2023). Legal aspects of the use of medical cannabis in Poland compared to other countries: Comparative legal analysis. *Law Journal of the National Academy of Internal Affairs*, *3*(13), 18–25.