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# **‘California on the Vistula River?’ Cannabis users’ engagement with licit and illicit cannabis markets in Poland**

Greg Los<sup>1</sup>

## Abstract

**Background:** Poland, like many other countries, has experienced a shift in its drug policy, as reflected in its government's decision to legalise medical cannabis in 2017. Some media argue that even recreational users are finding ways of using the medical system – in some ways resembling the Californian legalisation of medical cannabis (1996-2016).

**Method:** Data comes from the Ministry of Health, and an extensive survey of 571 cannabis users asked about their engagement with the licit and illicit cannabis markets in Poland.

**Results:** Most respondents reported that, at the time of the study, they did not engage with the illicit cannabis market. The majority described themselves as medical users, but a significant proportion identified as recreational users who managed to procure doctors’ prescriptions. This shows that medical users now enjoy better access to cannabis and reflects potential changes to the practices of physicians involved in the market – notably the emergence of cannabis clinics. Some, however, continue to use the illegal cannabis market due to reasons associated with access, price, and quality of cannabis.

**Conclusion:** This research shows that increasingly more users are likely to opt out of the regulated medical market than the traditional illegal cannabis market. Many of them are recreational users. This could mean that the current policy in Poland is starting to resemble the Californian legalisation of medical cannabis (1996-2016).

**Key Words:** Poland, medical cannabis, illegal market for cannabis

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## Introduction

Much is being said about the state of medicinal cannabis policy around the world as increasingly more countries are deciding to shift away from models based on total abstinence and experiment with either partial, medical, or full (inc. recreational) legalisation of cannabis (e.g., Chiu et al., 2021; Scheim et al., 2020). In the United States – California became the first jurisdiction to legalise medical cannabis in the 1990s, and more recently, the state has put in place the Medical Cannabis Regulation and Safety Act (MCRSA) in 2016, thereby creating a state licensing system for medical cannabis activities and ultimately legalising the recreational use of cannabis (Pacula & Smart, 2017). The foundation for the legalisation of medical cannabis in California was laid in 1996 with Proposition 215, or the Compassionate Use Act, which allowed patients and their primary caregivers to possess and cultivate cannabis for personal medical use upon the recommendation of a physician (Vitiello, 2012). This was later expanded in 2003 by Senate Bill 420, establishing the Medical Marijuana Program, which included a voluntary ID card system and set possession and cultivation limits.

Californian policy for medical cannabis has been explored extensively in academic literature. Some studies have, for example, focused on the perceptions of users through a prism of stigma and described how stigmatisation impacts how patients seek treatment and whether they seek medical cannabis treatment at all (Satterlund et al., 2015). Other studies have focused on popular attitudes. Khatapoush and Hallfors (2004), for example, have found that because of the policy from 1996, many Californians could have become supportive of further policy changes like legalisation of recreational use. Finally, others have focused on the broader legal impacts of Proposition 215 and described the lax nature of the policy (Ludlum & Ford, 2011), leading to a model resembling the de-facto legalisation of cannabis (Vitiello, 2012). This was also reflected in some media articles. The *Governing* magazine, for example, talks about how, since 1996, “California gained a reputation as something of the Wild West for weed: no state regulatory model, notoriously lax enforcement and an undefined set of prescription criteria that makes obtaining a medical marijuana card little more than a wink-wink formality” (Cournoyer, 2012).

Many European countries have likewise changed their medical cannabis policies (e.g., Bifulco & Pisanti, 2015). The Netherlands legalised the cultivation and

distribution of medicinal cannabis in 2003 under the direction of the Dutch Office of Medicinal Cannabis (de Jong, 2009). Italy followed suit in 2007, and the United Kingdom much later, with the legalisation of cannabis-based products for medicinal use (CBPMs) in 2018 (Nutt, 2019). The legalisation of CBPMs in the UK is closely associated with a media campaign led by parents of children who have drug-resistant epilepsy like Alfie Dingley. Currently, British physicians listed on the Specialist Register of the General Medical Council are authorised to prescribe medical cannabis. Nevertheless, access to the CBPMs is still limited for many. The National Health Service is unwilling to fund cannabis treatment as it is sceptical over its research foundations (e.g., lack of studies based on randomised controlled trials) and overall monetary value (Nutt, 2019).

The British context is perhaps similar in some ways to the context within which the Danish legalisation of cannabis-based medicines (CBM) took place. The use of medical cannabis in Denmark was officially permitted in 2011, but that was limited to specific cannabinoids only. It was not till 2018 that the Danish Medical Cannabis Pilot Program (MCP) started allowing doctors to prescribe CBM for a range of conditions (Søgaard et al., 2021). The list of conditions eligible for treatment is expanding in Denmark with scientific developments but includes chronic pain, multiple sclerosis (MS) and some types of nausea caused by chemotherapy. Overall, these developments are notable and show gradual change in the policies of European countries on medical cannabis. This paper, however, wishes to draw attention to the policy which has been less explored in the academic literature – namely, the Polish legalisation of medical cannabis and how cannabis consumers in Poland currently engage with the illegal and legal markets for cannabis. As will be argued, the effects of this policy seem much closer to the Californian legalisation of medical cannabis in 1996 than to some of the European counterparts.

### *Medical Cannabis in Poland*

Similarly to its European counterparts, Poland also changed the status of medical cannabis. This followed several years of complicated legislative processes and debates (Krajewski, 2022). The project commenced in 2016. That year, an amendment to the Polish *Ustawa o Przeciwdziałaniu Narkomanii* (Act on Counteracting Drug Addiction) (from now on abbreviated as the ‘*u.o.p.n*’) was

proposed for a reading in the Polish Sejm.<sup>2</sup> This amendment would have allowed the cultivation and collection of fibrous herbs and resin, as well as the use of medical cannabis under medical supervision. This project aimed to give people access to alternative medical products. In 2017, the Sejm accepted this project but with certain amendments. The policymakers explicitly stated they wanted to avoid a too-lenient model allowing for the creation of a back door, de-facto, legalisation of cannabis (Krajewski, 2022; Plucińska, 2020). The policymakers focused on access via pharmacies and wanted to restrict who would be able to access medical cannabis. The amendment from 2017 also allowed the import of herbal cannabis obtained from non-fibrous hemp (containing more than 0.2%THC). At that time, cultivation of such hemp was still illegal in Poland. This changed when article 49(a) was later introduced in July of 2022 to allow for the cultivation of different types of hemp or resin (including non-fibrous types) for pharmaceutical use after obtaining permission from the Chief Pharmaceutical Inspector.<sup>3</sup>

Doctors in Poland are allowed to prescribe medical cannabis in the form of oral spray (e.g., Sativex), dried herb, and extract. They also have much discretion when prescribing these products. This is important in the given context, and it is worth adding that official, binding instructions on prescribing cannabis medicine do not exist in Poland. Klimkiewicz (2022) with input from medical and pharmaceutical authorities, has published guidelines on how to prescribe cannabis medicine, but these are not binding. It is also important to note that the Polish Health Service (NFZ) does not refund the treatment, and patients must pay for it independently.

As mentioned, the Polish policymakers were keen on creating a more restrictive model, unlike the Californian Proposition 215, which would have been considered too lenient by the policymakers (Plucińska, 2020). However, the Polish media in recent years began reporting on potential abuses of the current system and the ease with which people can obtain prescriptions for medical cannabis (Money.pl, 2023; Olejak & Raducha, 2023). In some ways, the Californian context from 1996 to 2016 might resemble what is currently occurring in Poland. Some media, for example, report that recreational users are finding different ways of using the medical system (Money.pl,

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<sup>2</sup> The Polish Sejm (or Sejm of the Republic of Poland) is one of the two chambers of the Polish Parliament, the other being the Senate. The Sejm is the lower house, representing the people of Poland, while the Senate represents the regions.

<sup>3</sup> Chief Pharmaceutical Inspector is ensuring the safety of patients by supervising and controlling the manufacture and marketing of medicinal products.

2023). In an interview with TokFm (Nowicki, 2024) - founder of the *Wolne Konopie* [Free Hemp Society<sup>4</sup>], Andrzej Dolecki, said that anyone in Poland can access medical cannabis if they can afford to pay for it. In addition, in his view – the current medical cannabis system in Poland is flawed as it results in the creation of two classes of cannabis consumers. First, some can afford to use the legal system and are ‘legitimate’ as medical patients. On the other hand, there are those unable to afford prescriptions and treatment who are forced to continue using the illegal market for cannabis.

All in all, not a lot has been written about the legalisation of medical cannabis in Poland since the policy enactment in 2017. Notably, there was an attempt from Hordowicz and colleagues (2021) at describing the perceptions of doctors in Poland about medical cannabis. They show that at the time of writing their paper, the interviewed doctors raised concerns over the lack of training in prescribing medical cannabis. However, no attempts have been made to explore the engagement of cannabis consumers with the legally prescribed market and its illegal counterpart since the policy changes took place in 2017, and this paper aims to change that.

## **Research Design**

The Ministry of Health data will be summarised to first set out the context and demonstrate the change and growth in the Polish market for medical cannabis. The data was obtained under the Polish Freedom of Information Act, and it shows the number of prescriptions for medical cannabis issued and the volume of cannabis dispensed in pharmacies since 2019 in Poland.

To then explore how cannabis consumers engage with the legal and illegal markets for cannabis in Poland, a short survey has been developed, which consisted of ten questions covering demographics, as well as perceptions surrounding accessibility to prescriptions, sources of prescriptions, and prices. Five hundred seventy-one people have participated in the study. Most respondents were men (85%), with significantly fewer women (15%) participating. For the given article, five of the questions from the survey are going to be explored, which will help to explore how

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<sup>4</sup> Free Hemp Society has been active for almost two decades in representing the interests of cannabis users in Poland and lobbying for a drug policy reform. It also provides legal aid to people charged for cannabis related offences.

these respondents engage with the new medical market for cannabis and its illicit counterpart in 2024. Question nine asked if, since the medical cannabis system was created in Poland, the respondent has used the illegal market for cannabis. The follow-up question (10) then asks for the reasons why they continue to use the illegal market for cannabis. Notably – the participants were also asked to describe themselves as either recreational or medical users.

Much literature indicates that medical and recreational users are two distinctive categories. This is given the fact that medical users (compared to recreational) tend to be older (Camsari et al., 2019) and more likely to declare daily consumption (Choi et al., 2017; Lin et al., 2016). Some have also found that medical cannabis users are less likely to use other illicit drugs than recreational cannabis users (Lin et al., 2016). However, this dichotomy might still be controversial for other readers, as some literature also establishes that the boundaries between the two types are much more blurred. Some people will naturally create a third 'category' of those who use simultaneously for recreational and medical reasons (Turna et al., 2020). However, I have opted out for only two categories for this questionnaire. I was concerned that some people would be unwilling to declare their recreational use of cannabis given its illegality, and most would opt out for the 'both' options. I therefore asked the participants to decide which one they identify with more. 41% of these respondents have described themselves as medical users and 57% as recreational users who use the medical system<sup>5</sup>.

As part of this research project, a recreational user was defined as a person who uses cannabis for enjoyment, out of boredom, or for celebratory/social purposes, as prior literature has found that these tend to be some of the main defying features of recreational cannabis users (Bonn-Miller et al., 2014; Zvolensky et al., 2007). Medical cannabis users, on the other hand, are people who use cannabis to remedy diseases like Alzheimer's and Parkinson's, anxiety, depression, multiple sclerosis (MS) and some forms of cancer, to name a few. I do note, however, that this list is not exhaustive, and many people also use cannabis holistically and in a way that might not yet be supported by conventional science (e.g., research based on randomised-control trials) (Nutt, 2019, 2022). Overall, many research designs still seem to opt out

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<sup>5</sup> 2% of respondents chose to not answer this question, and their answers were not included in the rest of the analysis.

for similar dichotomies (e.g., Ciesluk et al., 2024). However, I encourage future research to include a potential third category or even adopt a scale to measure which side (recreational or medical) the participants identify with more.

A convenience sampling technique was used here, similar to the Global Drugs Survey (Winstock et al., 2016). Surveys have been posted on six different Facebook groups which serve various functions to cannabis users. The users of these Facebook groups are predominantly cannabis users themselves. These groups have several functions. Members and administrators exchange information on the availability of different cannabis strains across Poland, as well as the quality of cannabis they have purchased in pharmacies. Some medical users report the effects of different strains on their conditions. Members of these groups also share news on scientific developments associated with cannabis, news from around the world on cannabis-related developments, and memes. People were encouraged to join the study if they currently live in Poland and use cannabis. No one has been excluded from the study if they were 18. However, I have mentioned that I would particularly encourage those familiar with the new medical system for cannabis.

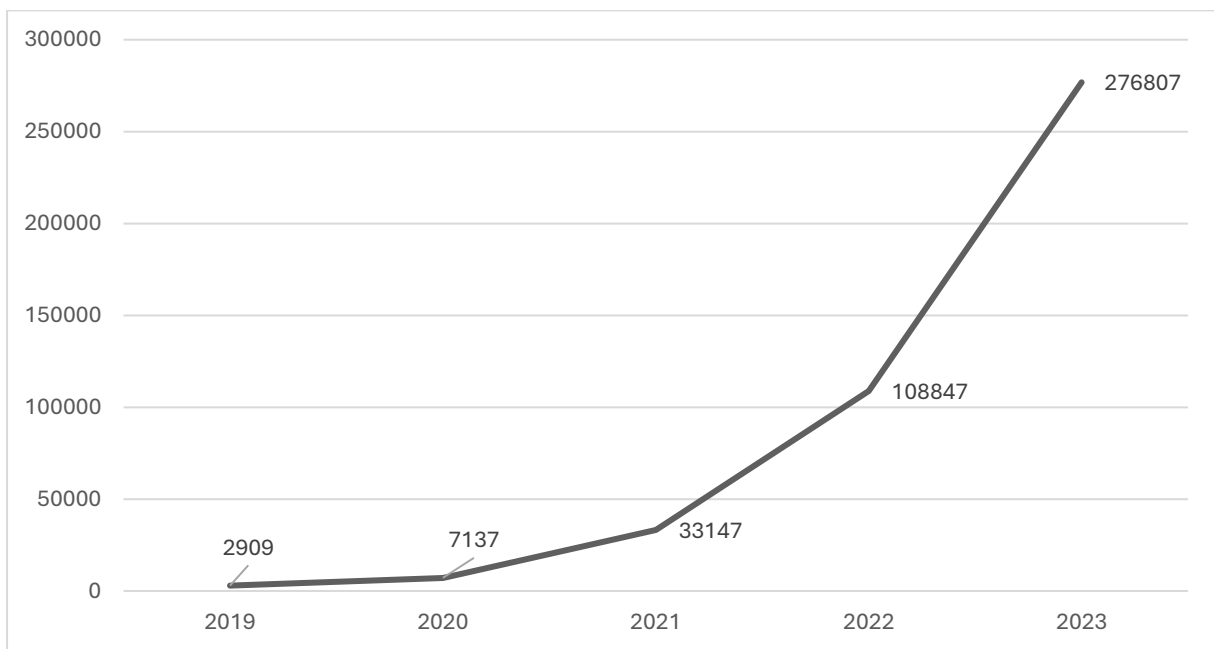
The sampling technique is a limitation as it does not generate a sample representative of all cannabis users. However, a convenience sample can still be representative and generalisable of a population that was conveniently accessible from the sample that was drawn (Andrade, 2021) which, in this case, constitutes of cannabis users who use Facebook online forums. In addition, the intention here is not to make broad, sweeping conclusions but to describe how some cannabis users in Poland engage with the legal and illegal cannabis markets post-2017. Therefore, the sampling technique given is suitable for this research question. The study took place in the first half of 2024. The participants were explained the nature of the study, that their data would be anonymised, and their informed consent was obtained. The Ethics Committee of the University of West London approved the study, and I declare no conflict of interest. A findings section follows, where the results will be described, before being discussed in broader themes in the final section of this paper.

## **Findings**

The data from the Polish Ministry of Health shows that the market for medical cannabis has scaled exponentially since policy enactment in 2017 (Figure 1) (FaktyKonopne,

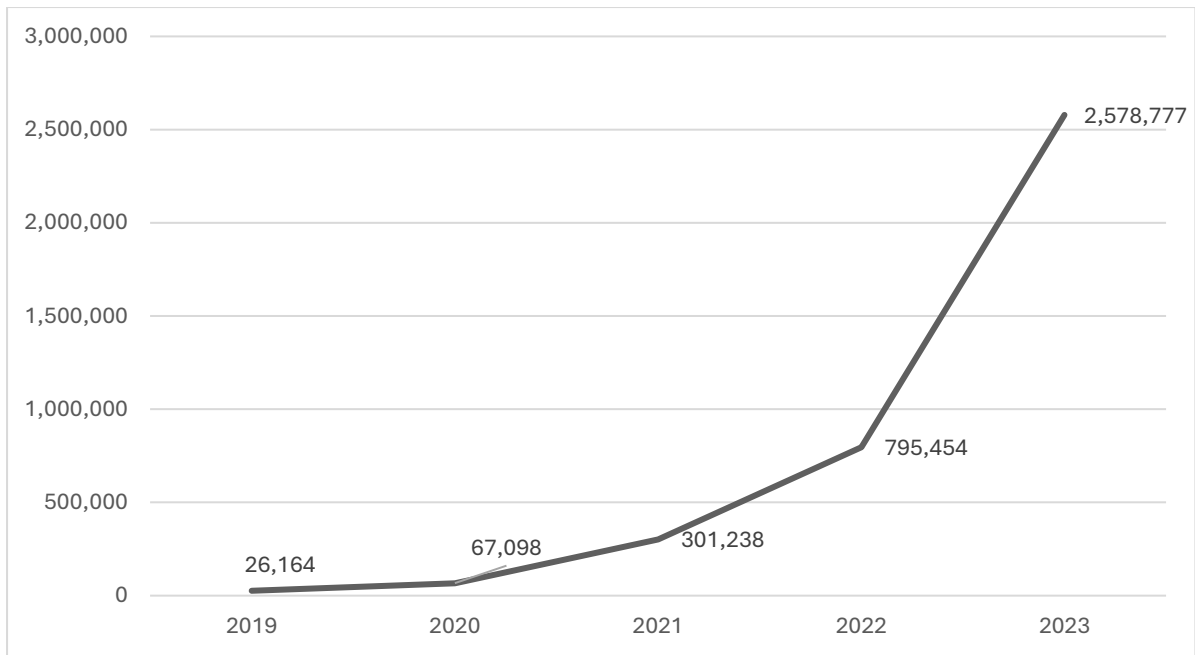


2024). During the early stages of the policy—in 2019, for example—only 2909 prescriptions for medical cannabis were given, and this number increased exponentially to 7,137 in 2020 and 33,147 in 2021, respectively. The most significant growth was noted in 2022, to 108,847 prescriptions, before reaching an all-time high of 276,807 prescriptions in 2023.



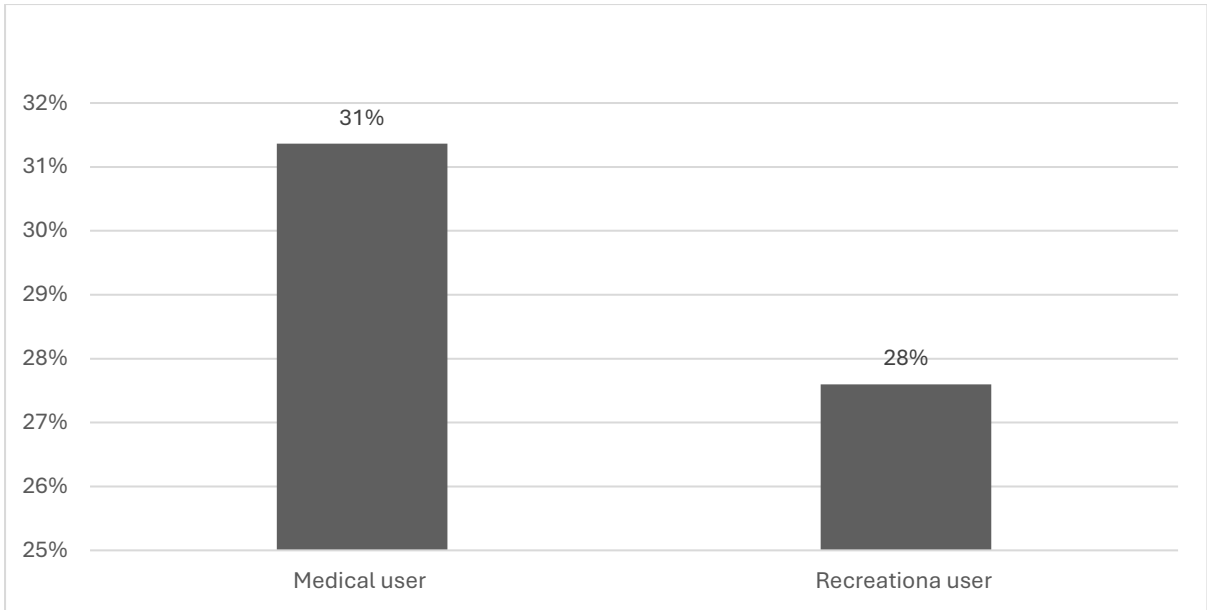
**Figure One:** *Number of fulfilled prescriptions for medical cannabis.* Source: Data from the Polish Ministry of Health.

Growth has also been noted in the overall volume of medical cannabis distributed in Polish pharmacies (Figure 2). In 2019, only 26.1kg of medical cannabis was dispensed in Poland. This subsequently grew to 67kg in 2020, 301kg in 2021, and 795kg in 2022 before reaching an all-time high of roughly 2.5t in 2023.



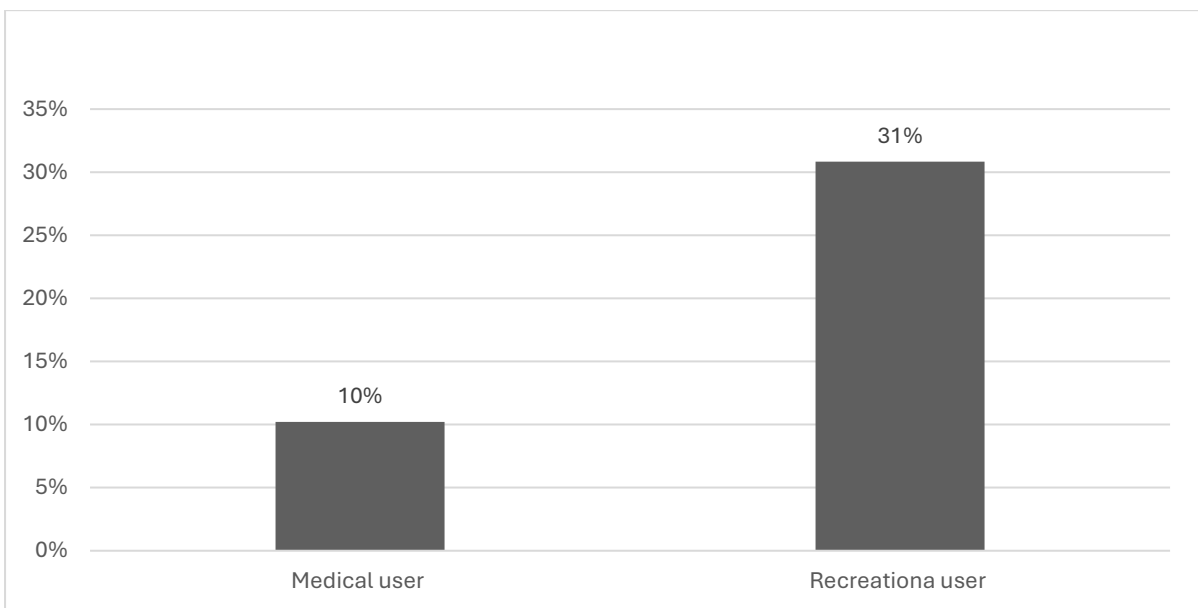
**Figure Two:** Quantity of medical cannabis distributed via pharmacies (in grams) Source: Data from the Polish Ministry of Health.

Overall, the market seems to have changed significantly since the policy was enacted. Findings from the survey, in turn, reflect interesting patterns of engagement with the illegal and legal markets for cannabis in Poland. The majority (59%) of respondents have said that they are currently not engaging with the illegal cannabis market to buy cannabis, and 41% of respondents have stated otherwise (figures 3 and 4). This is the most notable finding as it shows a possible impact associated with the new medical system, which provides a new alternative for these users.



**Figure Three:** *The percentage of medical and recreation users who report to not use the illegal market for cannabis – instead opting out for the new regulated, prescribed, system (total = 59%).* Source: Own data.

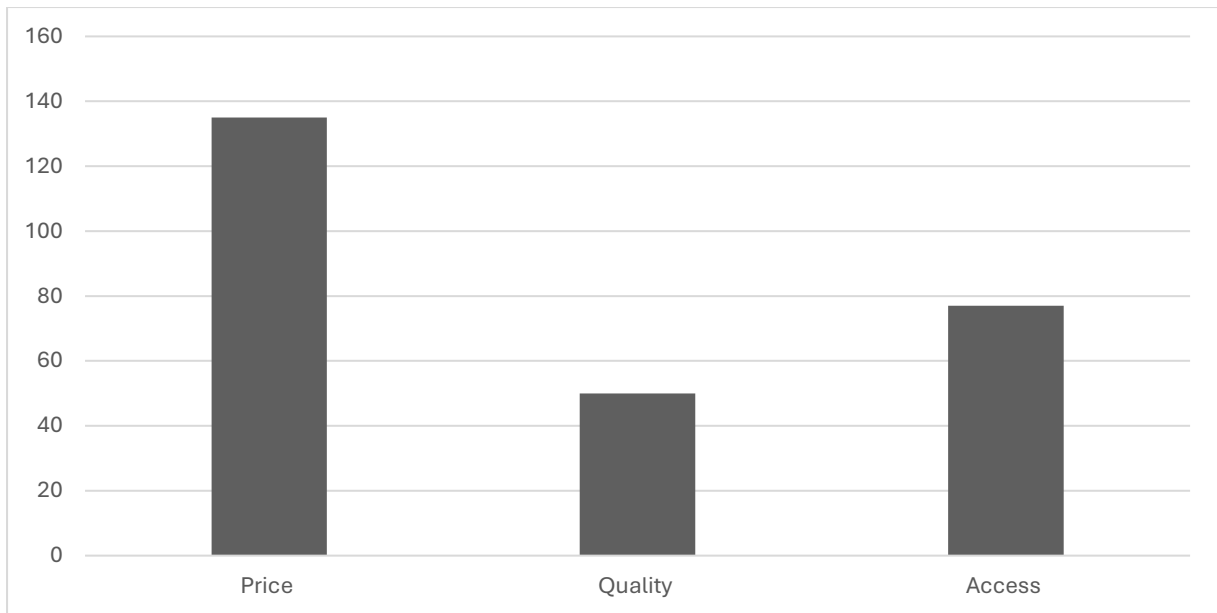
This data is further illuminative once the users are split into medical and recreational subtypes. It shows that the majority of those who do not use the illegal cannabis market are medical users (Figure 3). A smaller percentage (28%) of those now reporting not using the illegal cannabis market and instead opting out for the new prescribed system are recreational users. These are the people who admit to finding ways around the system to obtain prescriptions for medical cannabis.



**Figure Four:** *The percentage of medical and recreational users who report to use the illegal market for cannabis (41%). Source: Own Data.*

Conversely, although most survey respondents claim to currently not engage with the illegal cannabis market to obtain cannabis, a very significant proportion of the respondents do so (Figure 4). The reasons why some medical but primarily recreational users continue to engage with the illegal cannabis market are complex and reflect the complexity of the cannabis community. These reasons have been explored as part of question ten and can be split into three key themes: price, access, and quality (Figure 5). Many respondents describe that cannabis from the pharmacy remains expensive in contrast to the illegal cannabis market, and the word 'price' has been declared to be the main reason 135 times. Some describe that in smaller cities/towns, the price of cannabis from an illegal market can be as low as 27-35PLN (7-9USD/6.30-8EUR). In bigger cities, it can reach about 45PLN (11.50USD/10.50EUR). Importantly, by using the illegal market for cannabis, consumers are not required to pay to see the doctor or to pay for the prescriptions. In addition, they do not have to buy in bulk, and the amount they buy is much more flexible.

The second broad reason for continuous engagement with the illegal cannabis market given by the participants is access. Access has an expansive meaning here. For most users, access here means being able to source cannabis from their local pharmacy since many complain that they are unable to do so, as pharmacies often do not have cannabis in stock. 'Access' has been the main reason for the continuation of the use of the illegal market for cannabis in 77 cases.



**Figure Five:** *The main reason for continuous engagement with the illegal cannabis market.* Source: Own data.

Finally, some cannabis consumers who continue to engage with the illegal cannabis market describe that the quality of cannabis from pharmacies is sometimes substandard to what they can buy from the illegal market. In 50 cases, this is why they continue to use the illegal market for cannabis. Many users state, for example, that cannabis from the pharmacy is often dry. Some likewise complain that they prefer the strains they can receive from the illegal cannabis market. Others also explain that they prefer certain strains for their medical conditions, often unavailable from local pharmacies. Overall, all these findings will now be explored in more depth in the discussion section.

## Discussion

The findings section demonstrates the exponential growth in the medical cannabis market in Poland. It shows that the number of prescriptions, as well as the volume of prescribed cannabis, increased exponentially over the past few years – especially the period stretching from 2021-2023. This section also shows that currently, most survey respondents choose not to engage with the illegal cannabis market (59%). Most of these people have described themselves as medical users, and this comes as unsurprising as these users are now able to obtain a prescription for medical cannabis

with relative ease. This is nevertheless a notable development since, in the early stages of the policy, it was reported that many medical practitioners were hesitant to prescribe medical cannabis (also reflected in Figure 1) – likely due to the lack of training or broader political reasons (Kowalczyk, 2019). However, the context has changed quite significantly since then. A significant percentage are also made up of recreational users, who find ways to obtain prescriptions for cannabis. There are several mechanisms at play here which warrant further research but could be associated with changing willingness of medical practitioners to prescribe cannabis.

The Polish market has, for example, seen an emergence of specialist medical clinics where practitioners could be more inclined to prescribe medical cannabis—these are called *Klinika Konopna* (cannabis clinic). This resembles developments that have taken place in other parts of the world. Cannabis clinics have emerged in Canada (Prosk et al., 2021), Australia (Copeland & Allsop, 2014) and New Zealand (Withanarachchie et al., 2023) to name a few contexts. In the Polish context – a cannabis clinic is a facility that specialises in medical cannabis therapy, which can be either a physical location or partly online. Specialist physicians staff these clinics in fields such as gastroenterology, cardiology, family medicine, psychiatry, and oncology. They also have expertise in cannabis therapy, including its properties, potential uses, dosages, and administration methods. One such clinic, called 'Medicante', notes that their staff have made a conscious effort to educate themselves on cannabis therapy (Rutkowska, 2022). As mentioned at the start of this article, some Polish guidelines on prescribing (e.g., Klimkiewicz, 2022) exist. However, one can only speculate how closely these are being followed in some of these institutions. All in all, the presence of these medical facilities has likely had an impact on the ability of cannabis consumers to access cannabis. The practitioners found in Polish cannabis clinics are likely more inclined to prescribe medical cannabis as a form of medicine due to financial or ideological reasons than traditional practitioners (e.g., a General Practitioner).

What also ought to be considered is that Poland changed how patients engage with the medical system, which may also be relevant in the given context. Treatment with medical cannabis at a cannabis clinic is akin to other forms of medical therapy. It begins with a medical consultation, during which the doctor reviews the patient's medical records, health condition, and symptoms. Or at least it should, in theory. Notably, since early 2020, consultations can be conducted online, and prescriptions

can be sent in an electronic format directly to the patient's phone. The system is called '*Receptomat*.'

Suppose the doctor then determines that medical cannabis could alleviate the symptoms and improve the patient's condition. In that case, they will issue a prescription with the specific dosage and instructions on administering the medication. Instead of a traditional prescription issued by a doctor, however, patients now receive a four-digit code that can be used to purchase specific medicine in every pharmacy in Poland. A follow-up appointment is often scheduled, where the doctor assesses the progress of the treatment and checks on the patient's well-being and any potential side effects. If the treatment is successful, another prescription for medical cannabis is provided; if not, the treatment plan is adjusted, possibly including a change in the cannabis strain. All in all, the presence of a system where the consumer can meet their doctor online and receive an online prescription straight to their mobile phone has also likely had an impact on the ability of cannabis consumers to obtain cannabis, where it might be now quicker and more efficient.

The prescription practices have a dual nature in the given context. It is probably true that many doctors reasonably prescribe cannabis medicine. On the other hand, however, some physicians and patients also abuse the Receptomat system. As mentioned in the previous section, the Polish media began reporting on potential abuses (Money.pl, 2023; Olejak & Raducha, 2023). Some physicians were found to issue hundreds of prescriptions daily, often with inadequate consultations. As a result, in 2023, the Minister of Health issued limits on the number of prescriptions a doctor can issue, but the problem seems to continue and keeps re-emerging in the Polish media. All in all, although Receptomats have made it easier for patients to see their doctors and receive prescriptions, they have also been controversial recently. This is important in the given context as it is plausible that the indiscriminate prescribing by some doctors and in some clinics has significantly contributed to the growth in the number of issued prescriptions and overall distributed cannabis. Although it is also plausible that a particular ideological shift took place among Polish physicians over the past seven or so years, as reflected by the emergence of cannabis clinics, it is unlikely to be the primary driver of this considerable growth. Indiscriminate prescription practices make the Polish policy similar to the Californian policy from 1996-2016.

The lack of engagement with the new market for medical cannabis is just as significant, however. As mentioned, some respondents continue to source cannabis

from the illegal cannabis market. The main reason for continuous engagement among these people is the price of cannabis. The average price of medical cannabis from a pharmacy ranges between 50-70PLN per gram (13-18USD/11.60-16.30EUR) with the average being 55PLN (14USD/12.80EUR) (ZielonaKaretka, 2024), and users must buy in bulk<sup>6</sup>. Comparing the costs to the illegal market is difficult, but as described in the findings section, many cannabis consumers claim that they can source cannabis from cheaper, illicit sources. To these people, this seems to be the most critical factor for continued engagement with the illegal market. These findings are supported by research from other contexts and countries. Research from behaviour economics, for example, has examined price elasticity and whether the availability of legalised cannabis reduces demand for illegal cannabis among Canadian cannabis users. Amlung & MacKillop (2019: 270) for example, conclude that the presence of legal cannabis on the market can disrupt the illegal market. They continue, however, that “when priced the same or slightly higher (i.e., \$10–\$12/g), the legal cannabis was clearly preferred and suppressed illegal purchasing, but above these prices, preferences switched to the illegal option.” Similarly, in another article, Amlung and colleagues (2019: 112) argue that cannabis consumers treat legal cannabis “as superior commodity compared with illegal cannabis” and users are likely to tolerate slightly higher costs, but these costs cannot be excessively high as users might switch to the illegal market. This would support the conclusion of the given research, which is that price is likely to be an essential factor in determining continuous engagement with the illegal cannabis market in Poland. Cited research was, however, conducted within the context of recreational cannabis policy and therefore, replications within the European ‘medical’ contexts are desirable.

Finally, as shown – several respondents also declared that they continue sourcing their cannabis from the illegal market as they have limited access to medical cannabis. What is quite notable is that in most of these cases, users are talking about the unavailability of cannabis in their local pharmacies – as opposed to access to prescriptions where users declare that they were refused access to cannabis on medical grounds. In fact – only a small number of respondents who declared preference for the illegal cannabis market have justified their choice with the inability to obtain a prescription. In addition, many users explain that the availability of different

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<sup>6</sup> Medical cannabis is available in 5g, 10g, and even 15g packages (ZielonaKaretka, 2024)



strains of cannabis is the most important factor to them. This likewise fits previous research findings and serves as a reminder that cannabis users are not a homogenous group. Cummings et al. (2024), for example, show that people use cannabis for various conditions, including relief from pain, improved mental health, and better sleep and decisions to use various strains are sensitive to values and preferences. Others find differences in perceptions of medical and non-medical users regarding different cannabis strains and their applicability (Kvamme et al., 2021). Berey and colleagues (2023) for instance, show that product information, as well as strain and cannabinoid composition, are important for those with medical cannabis cards (MCC). The same users also agreed, for example, that the Indica strain is more likely to produce sedative effects and Sativa is more likely to have stimulating effects, respectively.

## **Conclusion**

This short paper describes the experiences of a sample of cannabis consumers in Poland and how they engage with the legally prescribed market for cannabis, as well as the illegal counterpart. It is plausible that it was the architects' intention of the 2016 amendment to create a policy similar to the Californian legalisation of medical cannabis from 1996, which was considered by many to be the de-facto legalisation of cannabis (Vitiello, 2012). The draft was later amended in 2017, leading to what the policymakers considered a 'stricter' alternative. However, the data gathered here indicates that the current system works in a way that was not intended by the legislators that year. The data from the Ministry of Health shows an exponential change in prescriptions for cannabis products since 2019. The Polish doctors are prescribing more cannabis than ever before, and the volume that is reaching the hands of medical and recreational users has likewise increased significantly to over 2.5t in 2023. The practices of these medical professionals warrant further research, like those conducted in other parts of the world (Withanarachchie et al., 2023).

The data generated here also shows interesting findings about how cannabis consumers engage with the new medical market for cannabis and its illegal counterpart. The key finding here is that a significant proportion of respondents declare that they currently do not use the illegal market for cannabis – instead opting out for the new regulated prescription system. Given the convenience sample used here, this conclusion is not generalisable to all cannabis users in Poland. What this data

indicates, nevertheless, is that the new medical system is probably starting to challenge the illegal cannabis market. Medical users who previously potentially had to use the illegal market for cannabis can now use the new regulated medical one. This is important since, as stated earlier on – for a few years after the legislation was passed in 2017, access to medical cannabis was somewhat limited, and medical professionals were hesitant to prescribe the products. This seems to have changed, and medical users now enjoy better access to medical cannabis, but the data also shows that some recreational users likewise take advantage of its presence and find ways around the system to obtain prescriptions. Future research should try and explore the pathways recreational users take to obtaining medical cannabis qualitatively, for example.

Notably, on the other hand, many cannabis consumers currently engage with the illegal cannabis market. Their reasons for continuous engagement with the illegal cannabis market are complex but primarily associated with pricing, access, and quality of cannabis they find in pharmacies. Future research could focus on exploring how Polish cannabis consumers use cannabis. It would be interesting to systematically describe how different types of cannabis users in Poland use different strains of cannabis for their conditions.

Overall, this short article shows some potential effects brought about by the decision to legalise the medical use of cannabis in 2017. In many ways, as mentioned at the start, this area remains a *terra incognita*, and this article can perhaps be a starting point for a discussion on whether the Polish medical cannabis model is a form of semi-legalisation of recreational use. As argued, the current development in the Polish policy for medical cannabis could resemble the pathway taken by California in 1996 with Proposition 215. This policy was underpinned by lax enforcement and the ease with which cannabis users were able to obtain medical cannabis. A similar model seems to have developed and continues to develop in Poland. There is also space for other similarities to develop. The legalisation of medical cannabis in California in 1996 ultimately paved the way to full cannabis legalisation in 2016. An important mechanism and vehicle for full legalisation here was public opinion, which was likely softened up during that time as cannabis became more normalised. Some research shows that similar mechanisms associated with the normalisation of drugs like cannabis could be taking place in Poland (Los et al., 2023). It will be interesting to see if Poland follows the Californian footsteps in the future. Any steps towards legalisation of recreational

use of cannabis, however, might not be imminent. The Minister of Health, Izabela Leszczyna, expressed (Los, 2024) that “Poland is not ready for the legalisation of cannabis, and [the public] must be better educated before that happens.”

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