Taking Stock – Legalization of Polish Medicinal Cannabis Seven Years Later: Users' Perspectives, Substance Use & Misuse

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Taking Stock – Legalization of Polish

Medicinal Cannabis Seven Years Later: Users' Perspectives, Substance Use & Misuse

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Introduction

The legalisation of medicinal cannabis became a topic of interest in recent decades – both – in academic literature (e.g., Chiu et al., 2021; Gouron et al., 2020; Nutt, 2019; Wagner et al., 2021) and in a broader public sphere (e.g., Segalov, 2024). This is because more countries are changing their cannabis policies and legalising the medical use of cannabis. One of the most well-known cases in the given context is California, where the medical use of cannabis was legalised in 1996. The groundwork for the legalisation of medical cannabis in that state was laid that year with Proposition 215, also known as the Compassionate Use Act, which permitted patients and their primary caregivers to possess and cultivate cannabis for personal medical use upon a physician's recommendation (Vitiello, 2012). This was expanded in 2003 by Senate Bill 420, which established the Medical Marijuana Programme, including a voluntary ID card system and set limits on possession and cultivation. More recently – California legalised the recreational use of cannabis in 2016. Many American states have likewise made similar changes to the legal status of cannabis. These developments are also similar in the Canadian context, where medical cannabis policy was followed with the legalisation of recreational use in 2018. Canada, however, has used the Cannabis Act primarily to limit exposure of people to the illicit drug market for cannabis (Health Canada, 2018).

Several European countries have also, in recent decades, changed their approaches to medical and recreational cannabis (e.g., Bifulco & Pisanti, 2015).. Germany has in 2017 passed the Cannabis Act ('*Cannabisgesetz*') thereby legalising cannabis flowers for medical use (Manthey et al., 2024). More recently, the German government has decided to legalise the recreational use of cannabis, and under the new law, people over the age of 18 are be able to possess substantial amounts of cannabis (up to 25g) from the first of April 2024 (McGuinness, 2024). The Netherlands legalised the cultivation and distribution of medicinal cannabis, much earlier 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, to name a few contexts of change (Nutt, 2019).

This article, however, will focus on a country that seemed to have quietly undergone one of the most profound changes in the European drug policy – Poland. Poland has likewise undergone a significant transition in its drug policy – especially when compared to the context from the early 2000s when the government and other stakeholders cracked down on illicit substances and pushed Poland into the realm of prohibition (Krajewski, 2004a; Los, 2022). In 2017, Polish policymakers decided to legalise the medical use of cannabis, and there are currently several strains of hemp, as well as other cannabis products (e.g., Sativex), available in Poland with varying levels of THC (Delta-9-tetrahydrocannabinol) and CBD (cannabidiol).

As more countries are shifting away from models prioritising complete abstinence and control of drugs, questions are being raised on what can be expected from alternatives like the legalisation of cannabis (Caulkins et al., 2012). Researchers and policymakers alike want to know if legalised cannabis can replace the black market, what users think, are people under the legal age protected from obtaining cannabis, what are some of the potential impacts on law enforcement, and whether the non-medical (recreational) users finding loopholes to obtain medicinal cannabis for recreational purposes (Rivera-Aguirre et al., 2022; Scheim et al., 2020). Other studies have also looked at the perceptions and opinions of the medical staff involved in prescribing medical cannabis (Rønne et al., 2021; Zolotov et al., 2018) and the potential impact of medical cannabis on cannabis-related mental health illnesses (Gouron et al., 2020). The aim of this article is, therefore, to explore some of these effects within the Polish context of the legalisation of medical cannabis. This article will examine the policy's impact on the key audience—recreational and medical users. This evaluation aims to discuss how, under what circumstances, and through which mechanisms the Polish medical cannabis policy works. Notably, it will show that certain legal loopholes have emerged contrary to the wishes of the policymakers, where both – medical and recreational users – can obtain a prescription for medical cannabis with relative ease. Some loose comparisons will also be made with other countries to draw contrasts for international readers (notably Britain). Before that, the following section will provide context and explain how the policy emerged in Poland and how the official stakeholders envisaged it.

Medicinal Cannabis in Poland

The legalisation of medical cannabis in Poland has been described in more detail elsewhere (Krajewski, 2022a; Los, 2024; Wagner et al., 2021) thus, the following will only briefly summarise a rather complex story. The first attempt to legalise access to medical cannabis in Poland commenced in 2016 (Krajewski, 2022b). Very notably, several notable events attracted the attention of the official stakeholders and the media to medicinal cannabis. A specialist doctor – Marek Bachański, was made redundant in November 2015 from *Centrum Zdrowia Dziecka* (a Centre for Children's Health) after using cannabis oil to alleviate symptoms of children suffering from drug-resistant epilepsy. This created a media outcry as parents of children suffering from drug-resistant epilepsy and some other notable medical authorities like Prof. Jerzy Vetulani protested the decision to make Bachański redundant. Following that, in 2017, MP Tomasz Kalita passed away from brain glioma, and this sparked a discussion on whether access to medical cannabis could have helped with his symptoms (Krajewski, 2022b). Both events were arguably instrumental in helping to soften up the already softening public opinion and resulted in a more accommodating political setting (Los, 2023). All in all, the context here is similar, for example, to the context in which the British legalisation of cannabis-based products for medicinal use (CBPMs) took place – as the needs of children were, for example, an essential mechanism in persuading the policymakers (Monaghan et al., 2021).

Overall, two crucial legislative moments must be discussed here. The initial project from 2016 aimed to allow for the cultivation and collection of hemp herb and resin, as well as processing and use under the supervision of a doctor following current medical knowledge. The purpose was to help alleviate medical products' side effects and give people access to therapeutic alternatives to medicinal products. The groups involved would have included scientists, foundations (NGOs), communities, and groups supporting people addicted to drugs. It is important to stress that domestic cultivation would have been allowed. Therapy would have been conducted under medical supervision, and doctors would have to be registered in a specific registry. Finally, hemp cultivation would have been permitted only after obtaining permission from the ‘*Wojewódzki Inspektor Farmaceutyczny*’ (Voievodian Pharmaceutical Inspectorate).

In 2017, the Polish Seim[1] accepted this project but with amendments. As mentioned, the initial proposal intended to allow for the cultivation of different types of hemp by different groups, including those helping people addicted to drugs – and this was perceived as a ‘back door’ legalisation by the policymakers. The proposal from 2017 looks much more ‘European’ than American (Krajewski, 2022b). It focuses more on access via pharmacies and under suitable pharmaceutical supervision rather than simply permitting different groups of stakeholders to take charge of their affairs, as would probably have been the case under the amendment from 2016. Under the legislation from 2017, cannabis acquired the status of a pharmaceutical raw material – a special category of medicine prepared in pharmacies according to doctor’s instructions. Art. 45, section 3 of the *Ustawa o Przeciwdziałaniu Narkomanii* (Act on Counteracting Drug Addiction) (from now on abbreviated as the ‘u.o.p.n’), allowed for the cultivation of fibre hemp – a type in which the sum of THC does not cross 0.20%. Under Art 33b of the u.o.p.n, the use of non-fibrous hemp was only permitted once permission was granted from the President for the Registration of Medicinal Products, Medical Devices, and Biocidal Products.[2] The cultivation of fibrous hemp could have been carried out only for use in the textile, chemical, cellulose and paper, food, cosmetics, pharmaceutical, construction materials, and seed industries.

Access to medical cannabis in the early stages of the policy was nevertheless limited (see statistics published in: FaktyKonopne, 2024a). Some early reports indicated that doctors were hesitant to prescribe medical cannabis – likely due to the lack of guidance or broader political reasons (Kowalczyk, 2019). This might be one of the reasons why the u.o.p.n. was amended again in 2022. Article 49(a) was introduced in July of that year to allow the cultivation of different types of hemp or resin (including non-fibrous) for pharmaceutical use after obtaining permission from the Chief Pharmaceutical Inspector. However, to this moment, no one was willing or able to fulfil the highly restrictive and costly requirements, resulting in the absence of a domestic cultivator/supplier. At this moment, all doctors in Poland are allowed to prescribe

[1] 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.

[2] In Polish: Prezes Urzędu Rejestracji Produktów Leczniczych, Wyrobów Medycznych i Produktów Biobójczych

medical cannabis, and they have much discretion in how they prescribe it, as binding official regulations do not exist. Klimkiewicz (2022) has published a guideline on how to use cannabis medicinally, but these are not binding. It is also worth noting that medical cannabis is not refundable by the Polish health service – NFZ[3] – meaning that patients must fund the treatment themselves. The users of medical cannabis in Poland can buy hemp in bulk of 5g, 10g, or 15g.

Recently published data from the Ministry of Health shows that the market for prescribed cannabis has grown very significantly since the policy enactment (Los, 2024). In 2019, only 2,909 prescriptions were issued for medical cannabis in Poland. This number, however, has grown to 276,807 prescriptions in 2023. Substantial growth can also be seen in the overall volume of medical cannabis issued. 26.1 kg of medical cannabis was dispensed in 2019, and this number has grown to 2.5t in 2023.

Research Design and Ethics

A realist evaluation inspired the research design of this project (e.g., Stevens, 2020). It is not a strict realist evaluation as it did not follow specific 'official' steps associated with a critical evaluation, such as proposition/hypothesis formulation and testing (Pawson & Tilley, 1997). It did nevertheless follow some of the realist ontological and epistemological assumptions by wanting to uncover the 'hidden' mechanisms that could have been activated by the Polish medical cannabis policy from 2017. The aim was to discover how the current medical cannabis policy functions in Poland, who it affects, in what ways, and in what contexts. This closely mimics the CMO realist model (Pawson & Tilley, 1997).

A mixed-methods approach was adopted to answer these questions (Burch & Heinrich, 2016). The qualitative data was obtained through semi-structured and sometimes in-depth interviews with people who work for non-governmental organisations (NGOs) and represent the interests of cannabis users by advocating for change to Polish drug policy, researching drug policy, and sometimes providing legal aid. A few interviews were also conducted with people who use cannabis recreationally

[3] "NFZ" stands for the National Health Fund (Narodowy Fundusz Zdrowia in Polish). It is the main public payer for healthcare services in the country. The NFZ is responsible for financing and ensuring access to healthcare for Polish citizens and residents through contributions from both employees and employers.

and medically (Table One). Sometimes, these categories overlapped, and a user could have also been involved in social activism and the Polish cannabis industry. However, they were only coded once with the type they most strongly associated with.

The interviews were conducted via WhatsApp, Instagram, and Facebook Messenger in the first half of 2024. The interviewees were asked if they consented to be recorded and explained the nature of the research. All the data was anonymised entirely. These interviews performed a vital function as they helped to inform the questionnaire, which was then developed to explore broader perceptions of cannabis users. A set of ten questions was created for that purpose. This was intentionally short, as I did not want to discourage potential participants from taking part. These questions focused on demographics, perceptions of access and quality of cannabis in pharmacies, as well as pricing. I also asked if the interviewees would define themselves as someone using the system for medicinal or recreational purposes. In addition, the questionnaire also asked about gender, age, and where the person resides.

Table One: *Qualitative interviews held with different groups of interest (N = 9)*

Type	Example and Sample Size
Member of a non-governmental organisation representing the voices of users.	Three people working for non-governmental agencies
Medical Users	Two people who described themselves as medical users were interviewed. Both are men.
Recreational Users	Four people who described themselves as recreational users were interviewed. All were men.

The sampling method had multiple stages to it. Firstly, initial contact has been made with NGOs representing the interests of cannabis users. Some already knew me and were willing to participate in the interviews. The snowballing sampling technique was then used to identify other relevant stakeholders interested in participating. Questionnaires, on the other hand, have been disseminated on Facebook groups of cannabis users and those interested in cannabis-related information. Several such groups are on Polish Facebook, and their populations vary from 20,000 to 150,000 users. All these groups tend to be very active, and members exchange information on cannabis accessibility in different parts of Poland, as well as information on cannabis research and even selling vaporisers. An important step here involved creating a relationship with a group admin, who then shared the survey on my behalf, making the users more responsive. Similarly to the Global Drugs Survey (GDS), which uses anonymous, online surveys, this is a non-probability, opportunistic sample, meaning the data here cannot be used to estimate broader population opinions (Winstock et al., 2016). However, it can arguably still be representative of a sub-population at hand – namely, the cannabis users who use these online forums (Andrade, 2021).

Overall, 571 responses were registered. 85% of the respondents identified as men and 15% as women. The average age of these respondents is 34, with the youngest reporting to be 18 and the oldest reporting to be 63. Geographically (Figure 1) shows that three voivodeships[4] seem to dominate the sample—the Mazowieckie, where the capital of Poland, Warsaw, is located, as well as Śląskie and Dolnośląskie. Finally, 41% of these respondents have described themselves as medical users, and 57% as recreational users who still use the medical system.[5]

[4] A voivodeship is Poland's highest-level administration division, equivalent to a province in many other countries. Poland has 16 voivodeships.
[5] 2% decided to not answer this question.

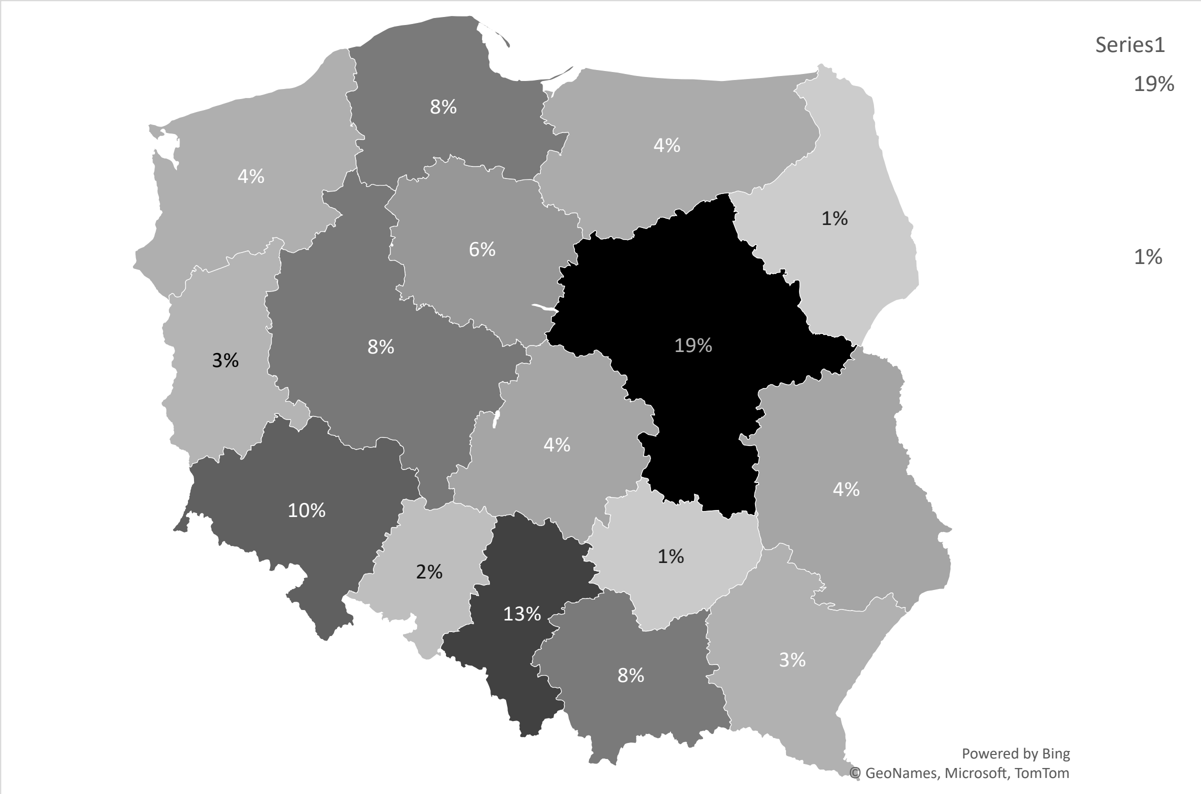

Figure 1: *The percentage of respondents from each voivodeship*

The qualitative data was analysed using thematic analysis, and several different themes emerged relating to pathways of obtaining medical cannabis, access (e.g., how difficult it is to buy), and overall quality. These will be discussed in the following sections. The quantitative data, on the other hand, was analysed using MS Excel and R. As will be apparent in the following sections, the data analysis has been descriptive, and no inferential operations were conducted here.

The following sections will now discuss how the cannabis users, as well as other interviewed stakeholders, describe different pathways to medical cannabis in Poland; this includes an overview of where cannabis users get their prescriptions from. Some attention will be given to how difficult users believe it is to obtain both – the prescription for medical cannabis and medical cannabis from a pharmacy. The following subsection will then summarise what cannabis users think of the state of the cannabis market in Poland – this includes speculations on the price and quality of cannabis.

Findings

Notable findings have been identified with the data, which show the changing nature of access to cannabis for both – recreational and medical users. It is worth re-stating at this point that Polish policymakers wanted to create a model that was stricter than the Californian one (1996-2016), for example, which would have likely been named and considered too lenient and open to abuse (Krajewski, 2022b). It took so long to develop the Polish policy, arguably because policymakers and other stakeholders were worried that this policy would be used as 'back-door legalisation', where recreational users could abuse this system. However, the perspectives of various stakeholders and users indicate that this model took significant steps in that direction. Currently, both – medical and recreational users – have several different pathways to obtain a prescription for medicinal cannabis, which will be described in detail below and summarised in Figure 1. The primary requisite for most involves seeing a *lekarz pierwszego kontaktu* – in other countries, often referred to as a general practitioner (GP) – who will be abbreviated here as a 'doctor.' Alternatively, patients can go directly to a specialist. This model contrasts with countries like Britain, for example, where only specialists are allowed to prescribe cannabis products (Nutt, 2022). If a doctor decides that medical cannabis will be beneficial for a patient, then one obtains a prescription, and cannabis can be purchased from a pharmacy. The patient is expected to use it at home and not in public.

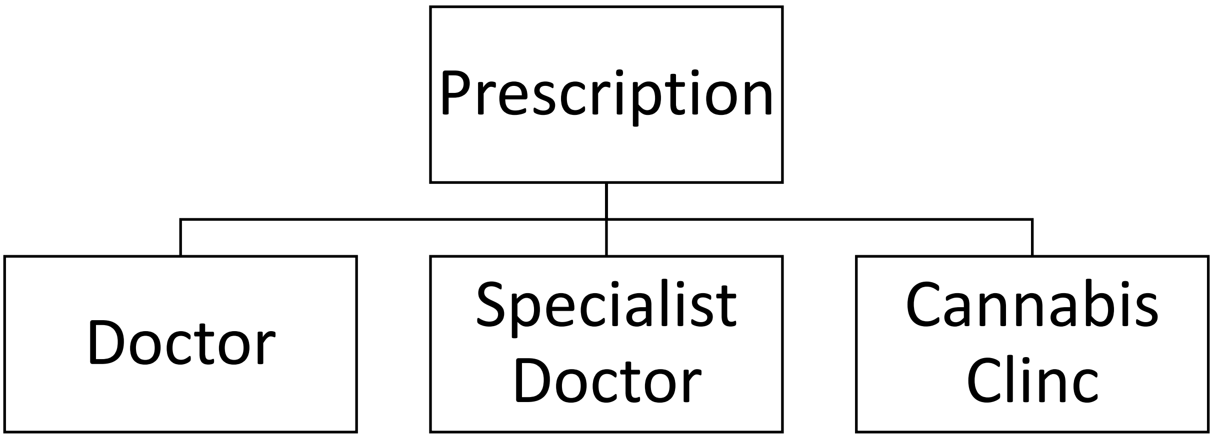

Figure 2: *Pathways to a prescription for medical cannabis in Poland.*

One user (MU1) has mentioned that, besides the ‘traditional’ GP and a specialist, another notable point of access, which emerged in recent years, is now the “Klinika Konopna”, where “doctors started to specialise in cannabis.” The same user has defined Klinika Konopna (from now on cannabis clinic) as a “place where doctors have a better knowledge about cannabis as a form of medicine.” He continues how, in his view, in a cannabis clinic, doctors took conscious steps to educate themselves on the medicinal benefits of cannabis and, for example, attended various seminars to upskill themselves. Similar claims are made on internet websites associated with these clinics (Medicante, 2024). However, one can only speculate about the knowledge of these physicians (Los, 2024). An important point is that these are a new phenomenon that can be brick-and-mortar or online. A quick Google search demonstrates that several cannabis clinics are offering their services in Poland[6]. Each website is laid out similarly and offers initial consultation – often as quickly as 15 minutes. This can also be supplemented with a renewal of prescriptions at a discounted price where the patient is no longer required to meet with a doctor. An important theme which should be explored here is the impact of *e-recepta* (online prescription) on the whole context. On the first of January 2020, the Ministry of Health officially activated the online prescription system. Under this system, the patient must first fill in an online form. A surgery must verify this form, and the patient must undergo an online consultation with a doctor. Instead of a traditional prescription issued by a doctor, the patient then receives an electronic prescription with a four-digit code, which can be used to purchase specific medicine in every pharmacy in Poland.

Surveyed and interviewed users agree that this system has had an impact on their ability to obtain cannabis. One user, for example, comments that “since COVID [early 2020] you can get a prescription [for medicinal cannabis] online … it is very easy” (RU1). In addition, it seems that this type of access has been particularly advantageous for some types of recreational users who feel that it will be easier to get a prescription online or from a doctor who specialises in cannabis than a traditional doctor. Figure 2 supports these conclusions. It shows that the most popular prescription source is Klinka Konopna. Only 20% of respondents have said that they used either a traditional doctor or a traditional specialist doctor to obtain a prescription for medical cannabis.

[6] An example can be viewed here: https://konopnaklinika.pl.

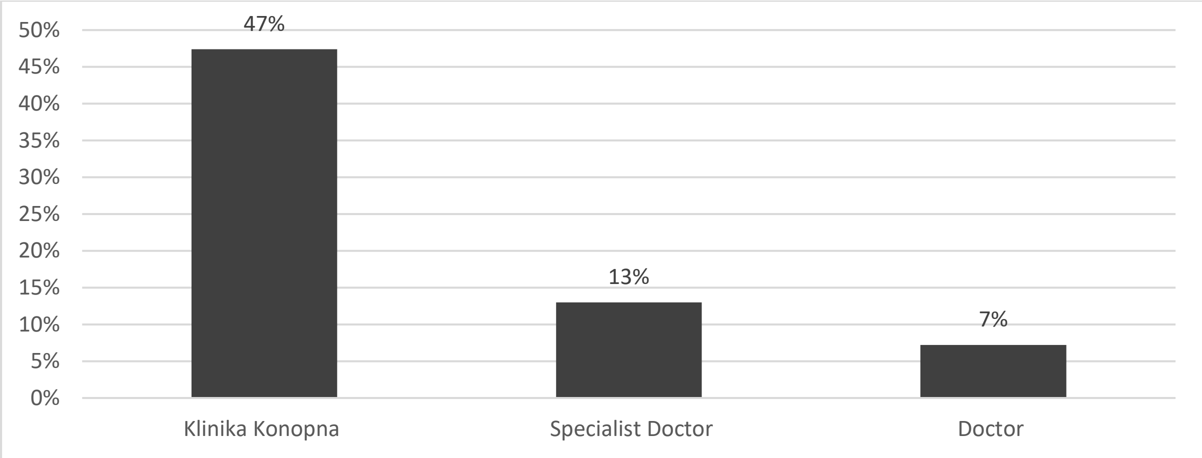

Figure 3: *Chart showing the results for 'where do you get your prescriptions for medical cannabis from' (%)*

It is worth noting again that the initial policy change was motivated by the interests of specific groups of patients – notably children suffering from drug-resistant epilepsy and cancer patients (Krajewski, 2022b). It was therefore assumed in the initial design stages of this project that qualitative interviews would show that some populations of patients would be in a better position to access medical cannabis than others – 'deserving and undeserving' patients of some sort. However – on the contrary – recreational users, medical users and those representing their interests all seem to agree that obtaining a prescription is relatively straightforward for all. One of the NGO workers explains that getting a prescription "is easy" and that all they need to do is "go to Klinika Konopna" and that "as long as they have some medical history, then they have a 95% chance of getting medical cannabis" (NGO2). No evidence here seems to indicate that the current model seems to favour some populations of patients over others.

What became apparent across the interviews is that cannabis clinics are generally much more likely to issue a prescription than traditional doctors. The users and NGO workers describe this in relation to several philosophical and moral splits. One user mentions that in his experience, "there are honest [doctors] who work within the legal framework, and they will not just give it [prescription for medical cannabis] to you" (RU2). However, there are "also the ones where you say … that your back hurts … and then you get the prescription. There is no medical history … simple interview, and you get it." This is a very similar standpoint to another recreational user who explains that “it is difficult to convince an honest doctor … but there are many who do not have a clear conscience” (RU1). This also shows that the current system in Poland can be prone to abuse. In addition, in some ways, it could be starting to resemble its Californian counterpart from 1996-2016 (Los, 2024) which was described as a de-facto legalisation of cannabis and where even recreational users were able to obtain cannabis.

The prescription practices picked up by these users have been a cause of controversy in Poland recently, where the media began to report on the abuse of *E-recepta* by some doctors. Concerns have, for example, been raised over the practices of the cannabis clinics (Money.pl, 2023). This is something that an NGO worker has picked up on, and in his view, Poland has a problem controlling the pharmaceutical industry (NGO2). He continues to explain that some “[doctors online] will issue a prescription for cannabis in five minutes but also other drugs like benzos [benzodiazepines] for 50PLN (13USD).” Another NGO(3) worker sees this whole context through a broader political prism. In some way, his opinion indicates that the policymakers have failed to create a ‘stricter’ model following the amendment from 2017. He concludes that, in his view, the “politicians have created a ‘white market’ where the medical patients – but also other people who want to enjoy themselves can access cannabis” (NG3). Quantitative findings from the questionnaire likewise support this. Figure 4 shows that most respondents (75%) think that it is easy or very easy to get a prescription for medical cannabis and medical cannabis from a pharmacy.

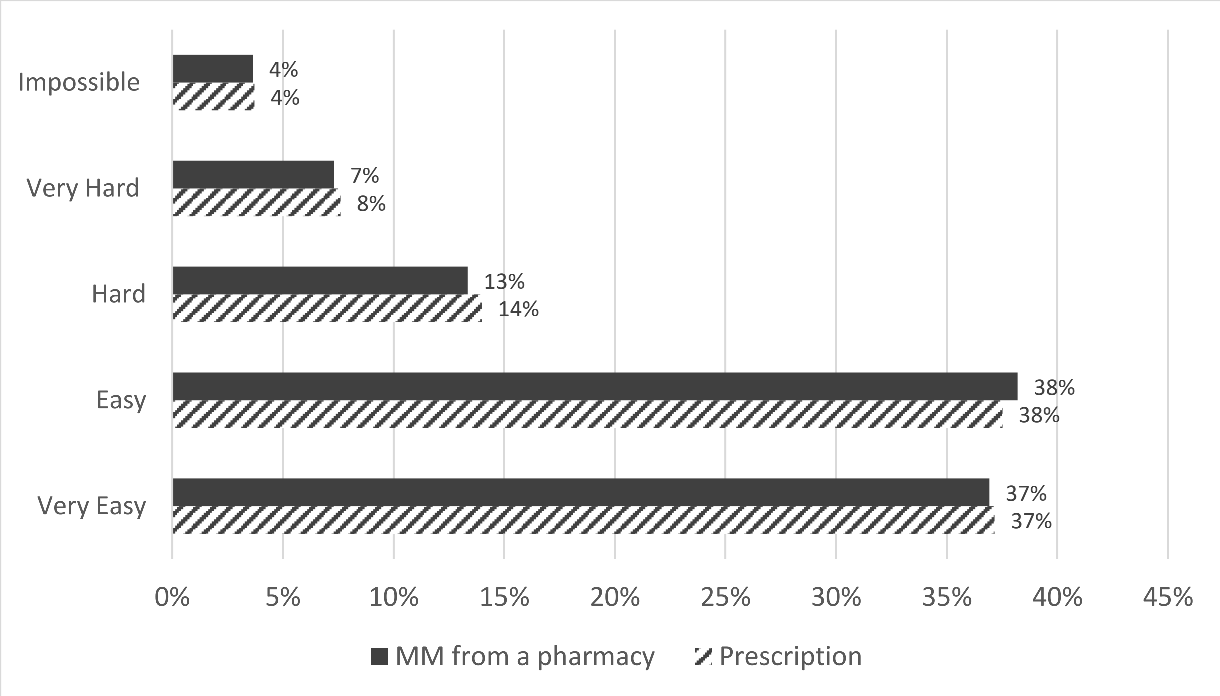

Figure 4: *Chart showing results for 'on a scale from very easy to impossible, how easy is it to get a prescription for medical cannabis, and medical cannabis from a pharmacy? (%)*

Perspectives on the state of the cannabis market and pricing

Data likewise revealed interesting information about what all of those involved think of the current state of the cannabis market in Poland. Two almost unanimous conclusions amongst all interviewees are the concerns over cannabis pricing and access in pharmacies. Figure 5 shows that most respondents (44%) pay around 51-60 PLN (13-16USD) per gram of cannabis in a pharmacy, with a significant percentage (28%) also reporting to pay 61-70PLN per gram (16-18USD). For many users, this is too much. One respondent explains that the biggest problem with the current system "is the price … it is bloody expensive" (RU2). Another interviewee points out how the costs quickly increase if one uses cannabis for a chronic condition, which could potentially require daily use. This is problematic for some, given that, as mentioned in the introduction – the NFZ does not finance medical cannabis treatment. What also ought to be taken into consideration is that prescriptions for medical cannabis "are often much more expensive than normal medicine and can range from 100-250PLN" (25-65USD) (NGO1). This is also on top of the consultation, which ranges from 50-100PLN (13-26USD), putting many medical users in a difficult position, as significant financial resources could be needed to fund their cannabis treatment privately.

To put things into perspective, the average income in Poland was about 8,400PLN (2175 USD) in May 2024 (Statistics Poland, 2024). This depends on the geographic location, and people can expect to earn more in bigger cities like Warsaw, Kraków, or Gdańsk. In smaller towns, however, the average pay ranges from 5000-6000PLN (1295-1555 USD). The illegal cannabis market can, therefore, allow for some savings – especially for those living in smaller towns, earning less, and still wanting to use regularly. Some users explain how in some smaller towns and cities, the price of cannabis from the illegal market can be as low as 27-35 PLN (7-9USD), while in larger cities, it can go up to around 45 PLN (11.50USD). Notably, purchasing cannabis from the illegal market means consumers are not required to pay for a doctor's consultation. Additionally, they are not obligated to buy in bulk, allowing for more flexibility in the purchase amount. One interviewee (NGO2), who is also involved in the cultivation of hemp, explains that, in his view, there are several reasons why the prices are high. These reasons are linked to logistics, bureaucracy, and importation. He explains that the logistics associated with the importation of medical cannabis are complicated. As a result, "warehouses are not being replenished quickly enough, and the supply does not meet the demand."

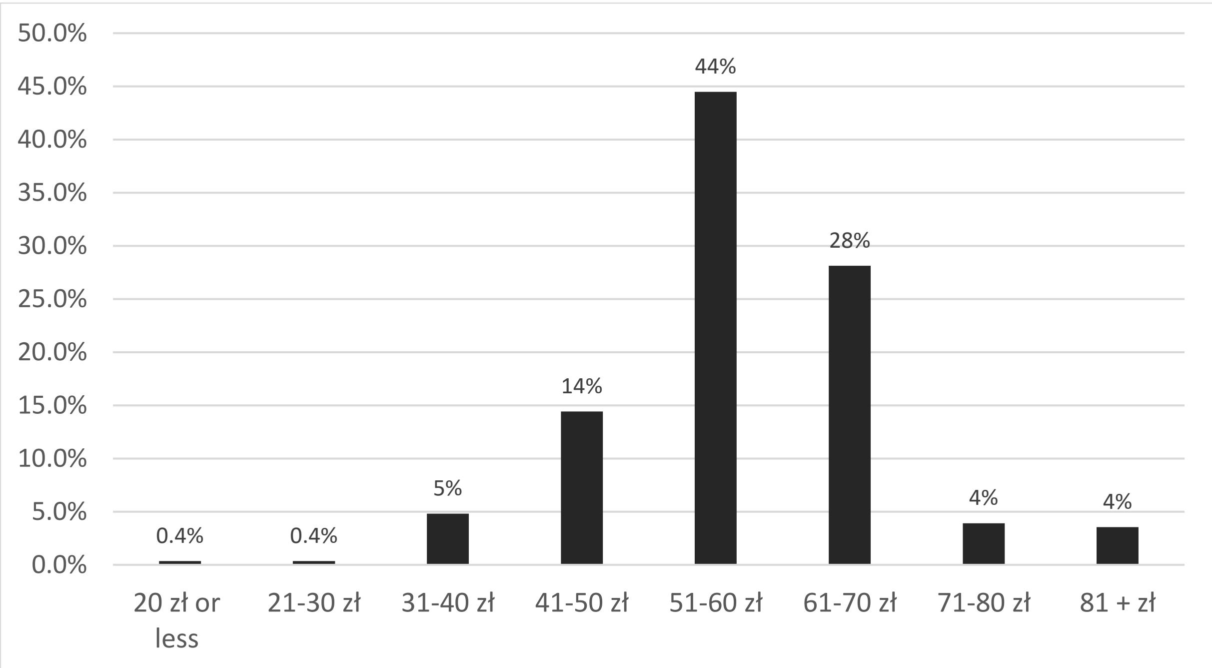

Figure 5: *Chart showing results for 'how much do you pay for medical cannabis (per gram) in your area?' (%)*

Another essential point, in the given context, is the fact that Poland currently does not have a domestic supplier, and importation is the primary source of medical cannabis – mainly from Canada. This creates layers of complexity, potentially impacting the final price and quality of the product. One user who is also involved in the Polish cannabis industry explains, for example, that security itself is costly and that "transport of medical cannabis [once it reaches Poland] needs to happen under armed guards." In addition, "a scientist must then also inspect the product" (RU1).

Other interviewees, however, still believe that the quality checks are insufficient. "There is no real control of what [is being imported]. You need an ombudsman/control person of some sort" (MU1). As a result of that, some users are complaining about the variety of strains available to them in pharmacies as well as the overall quality of cannabis. Another user explains that the "quality of the product varies, and the herb is mostly too dry" (MU2). He speculates that it is perhaps because the product has been warehoused for a long time. Quantitative data support his views to some degree. Figure 6 shows how respondents rate the quality of medical cannabis in their pharmacies. 15% said it was either bad or very bad, with 32% reporting that they consider it average. All that being said, the majority (52%) seem to be satisfied with the quality of cannabis they received from the local pharmacy (good/very good).

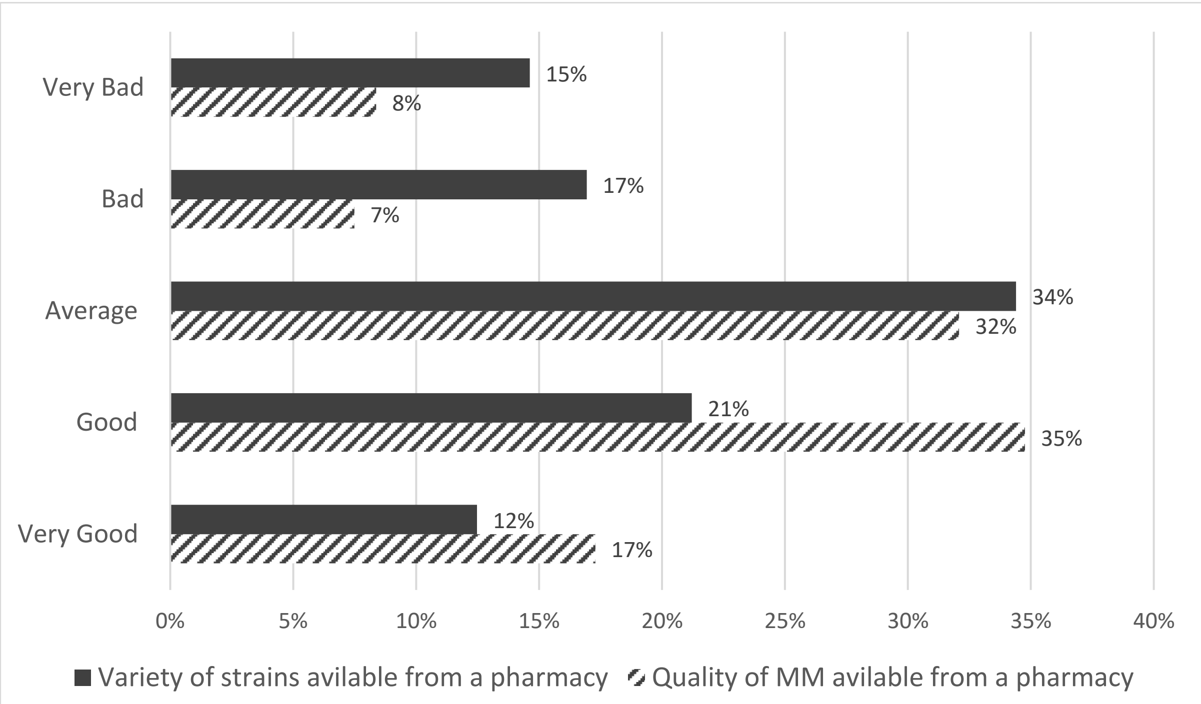

Figure 6: *Chart showing results for 'on a scale from very good to very bad, what do you rate the variety of strains in your pharmacy and quality of MM available from your pharmacy?' (%)*

The final theme worth exploring in the given context involves perceptions of geographic variations in access. Some users point out that in smaller towns, "it is difficult to find pharmacies stocked with cannabis, but in bigger towns and cities of 100,000+ [population], it is much more possible" (RU4). This can also be problematic for those consumers seeking different strains. Figure 6 shows that 32% of users said that the availability of different strains is either bad or very bad in their area, and 34% said that it was average. This leaves 33% (good/very good) who can be considered satisfied. Strains are essential for users as some experience different effects with different strains (Cummings et al., 2024).

There is, however, another context in which the availability of strains is essential to potential users in Poland. Prescriptions under the current system are written out for different strains. If a user receives a prescription for a strain unavailable in their local pharmacy, they will be unable to use it. One user explains how it is important to first "find out what strains they have in the pharmacy and then ask the doctor to give you a prescription for exactly that strain" (MU1). Another potential obstacle for a user is the fact that prescriptions are only valid for 30 days, so if a local pharmacy does not have medical cannabis and another pharmacy is far away, as could be the case with smaller towns, then patients are at risk of losing their prescription and money. Finally, it is also worth noting that medical cannabis has an expiration date, and "sometimes pharmacies discount the cannabis product, which can be even cheaper than the black market" (NGO1). This might be reflected in Figure 5, which shows that a tiny percentage of users (0.8%) report obtaining medical cannabis for 30PLN (8USD) or less.

Conclusion

This article aimed to take stock of the Polish medical cannabis policy seven years later and determine what the users think of the current system. This mixed-methods paper has made several notable conclusions. Firstly, it was shown that users have three key pathways to obtaining medical cannabis. Users can directly visit a general practitioner (*lekarz pierwszego kontaktu*), a specialist doctor, or Klinika Konopna (cannabis clinics), where doctors seem to be particularly inclined to prescribe medical cannabis. Their inclination is potentially due to ideological reasons but more likely financial reasons as the cannabis industry is proving to be very lucrative in Poland. Some physicians could also be working in them to generate additional income.

No one seems to be advantaged or disadvantaged due to their medical conditions by the current system. Users report that some doctors – especially those who specialise in cannabis and can be found in Klinika Konopna, are inclined to issue prescriptions for a significant range of medical conditions. A potential disadvantage of using the system is linked to finances. Respondents believe that medical cannabis is still quite expensive in Poland, and expenses can increase with a person's medical needs. In addition, other expenses also arise, which are associated with paying for consultations. Very notably – contrary to the wishes of the policymakers, it seems that recreational users also use this system and find it relatively easy to do so. In addition, most respondents believe that it is now easy to get both – the prescription for medical cannabis and cannabis from a pharmacy. All in all, the findings here are notable but require additional research since they do not represent the general population of consumers in Poland.

The question of whether the described outcomes are good or bad requires further research as these conclusions are likely going to divide people. Drug policy is a polarised area (e.g. Stevens, 2024). Polish drug policy is equally divided into groups of those who are much more supportive of liberalisation (e.g., the architects of the original amendment from 2016) and those who believe in abstinence-oriented solutions (Los, 2022, 2023). To the more liberal-oriented drug reformers, the fact that many more people, including recreational users, now successfully use the prescription system to get cannabis in Poland might seem like a success. On the other hand, some will see this as the abuse of the law and, quite likely, prescription practices by some medical professionals. As noted in the introduction section, the potential for abuse is likely as guidelines on how to prescribe cannabis and in what circumstances do not exist except for a book published by Klimkiewicz and colleagues (2022), which is not binding, and medical professionals do not have to follow these guidelines. The lack of these guidelines could be one of the prime drivers behind increased prescriptions.

It is also worth setting this article and its findings in a slightly different but relevant context. As this article is being written, a new CBOS (Centre for Investigating Public Opinions) study finds that most respondents in Poland oppose punishing people for using cannabis (FaktyKonopne, 2024). This is a continuation of a trend which is indicative of some degree of normalisation or at least a thawing of political and social attitudes towards drugs like cannabis in Poland (Los et al., 2023). As this area continues to change, it could even be expected that Poland follows some of its European neighbours in legalising the recreational use of cannabis. The author, therefore, encourages more research in this quickly growing area. Quantitative studies highlighting the size of the newly regulated market and its impact are particularly sought after. New companies are showing interest in Polish cannabis markets, and it is estimated that soon, certain firms associated with the government will obtain permission to grow medical cannabis in Poland. This is going to have a potentially significant impact on the size of the illegal cannabis market. However, not much has been written on the topic. More studies could also be done about different groups of patients to understand their perspectives – possibly about needing different strains. The same applies to official stakeholders and practitioners involved in prescribing medical cannabis. Overall, Polish drug policy is changing more quickly than anticipated, and more in-depth research is needed.

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